REVIEW FOR ACCREDITATION
OF THE
SCHOOL OF PUBLIC HEALTH
AT THE
UNIVERSITY OF CALIFORNIA, BERKELEY

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:
April 24-26, 2023

SITE VISIT TEAM:
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CRITERIA:
Accreditation Criteria for Schools of Public Health & Public Health Programs, amended August 2021
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INTRODUCTION

State law established the University of California (UC) in 1868 by merging the College of California and the Agricultural, Mining, and Mechanical Arts College, a land grant institution. This original University of California was built in Berkeley on the territory of xučyun (Huichin), the ancestral and unceded land of the Chochenyo speaking Ohlone people, the successors of the sovereign Verona Band of Alameda County. UC Berkeley is part of the UC system, which includes nine other campuses located throughout the state. The Board of Regents and the UC Office of the President govern the UC system campuses, and each campus maintains a distinct identity.

UC Berkeley houses the following fourteen colleges, schools, and divisions: colleges of engineering, environmental design, letters and science, and natural resources; schools of business, information, law, optometry, public health, public policy, and social welfare; graduate schools of education and journalism; and the division of computing, data science, and society. UC Berkeley offers undergraduate degrees in 80 majors and 120 graduate and professional programs, including 90 doctoral programs of study. As of October 2021, UC Berkeley enrolled 31,800 undergraduate and 13,200 graduate students and employed more than 3,000 faculty and nearly 3,200 other academic personnel.

The Western Association of Schools and Colleges (WASC) reaccredited UC Berkeley most recently in 2015, with the next full review scheduled for 2024. In addition to CEPH, the campus responds to seven other specialized accrediting bodies, including the Council on Social Work Education, Association to Advance Collegiate Schools of Business, Accreditation Board for Engineering and Technology, and the National Architectural Accrediting Board.

The California state legislature established the School of Public Health in 1943. The school delivers public health programs at three degree levels that are housed within six academic divisions: biostatistics, community health sciences, environmental health sciences, epidemiology, health policy and management, and infectious diseases and vaccinology. The school offers a Bachelor of Arts in public health. It offers the MPH degree in ten concentrations: environmental health sciences; epidemiology; epidemiology/biostatistics; global health and environment; health and social behavior; health policy and management; infectious diseases and vaccinology; maternal, child, and adolescent health; and public health nutrition, as well as an interdisciplinary option. It also offers a generalist DrPH degree. The school offers an MA and PhD in biostatistics, and MS and PhD degrees in environmental health sciences and in epidemiology. Additionally, the school offers an MS in global health and environment, the PhD in infectious diseases and immunity, and three health policy concentrations: health economics, organizations and management, and population and data science. Qualified students can also enroll in the accelerated BA-MPH or one of six concurrent degree programs: MPH-MBA, MPH-MCP, MPH-MI, MP-MPP, MPH-MSW, and MS-MD. As of fall 2022, the school enrolled 1,262 students: 406 undergraduates, 645 MPH students (including 13 accelerated BA-MPH and 47 joint MPH students), 57 MA/MS students (including 33 joint MD-MS students), 42 DrPH students, and 112 PhD students.

The American Public Health Association accredited the school in 1946 as the first accredited school of public health west of the Mississippi River. The school has maintained accreditation since then. The most recent CEPH accreditation review occurred in spring 2016, and the school received an accreditation term of seven years. Since that time, the school has submitted interim reports resulting from compliance and substantive change reviews in 2018 and 2020 related to MPH foundational and concentration curricula. The Council acted to accept those reports as evidence of compliance in these areas.
### Instructional Matrix - Degrees and Concentrations

<table>
<thead>
<tr>
<th>Bachelor’s Degrees</th>
<th>Categorized as public health</th>
<th>Place based</th>
<th>Distance based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health</td>
<td>BA</td>
<td>X</td>
<td>BA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Master's Degrees</th>
<th>Academic</th>
<th>Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biostatistics</td>
<td>MA</td>
<td>X</td>
</tr>
<tr>
<td>Environmental Health Sciences</td>
<td>MS, MPH</td>
<td>X</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>MS, MPH</td>
<td>X</td>
</tr>
<tr>
<td>Epidemiology/Biostatistics</td>
<td>MPH</td>
<td>X</td>
</tr>
<tr>
<td>Global Health &amp; Environment</td>
<td>MS, MPH</td>
<td>X</td>
</tr>
<tr>
<td>Health &amp; Medical Sciences*</td>
<td>MS</td>
<td>X</td>
</tr>
<tr>
<td>Health &amp; Social Behavior</td>
<td>MPH</td>
<td>X</td>
</tr>
<tr>
<td>Health Policy &amp; Management</td>
<td>MPH</td>
<td>X</td>
</tr>
<tr>
<td>Infectious Diseases &amp; Vaccinology</td>
<td>MPH</td>
<td>X</td>
</tr>
<tr>
<td>Interdisciplinary</td>
<td>MPH</td>
<td>X</td>
</tr>
<tr>
<td>Maternal, Child, &amp; Adolescent Health</td>
<td>MPH</td>
<td>X</td>
</tr>
<tr>
<td>Public Health Nutrition</td>
<td>MPH</td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Doctoral Degrees</th>
<th>Academic</th>
<th>Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health</td>
<td>DrPH</td>
<td>X</td>
</tr>
<tr>
<td>Biostatistics</td>
<td>PhD</td>
<td>X</td>
</tr>
<tr>
<td>Environmental Health Sciences</td>
<td>PhD</td>
<td>X</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>PhD</td>
<td>X</td>
</tr>
<tr>
<td>Health Policy: Health Economics</td>
<td>PhD</td>
<td>X</td>
</tr>
<tr>
<td>Health Policy: Organizations and Management</td>
<td>PhD</td>
<td>X</td>
</tr>
<tr>
<td>Health Policy: Population and Data Science</td>
<td>PhD</td>
<td>X</td>
</tr>
<tr>
<td>Infectious Diseases &amp; Immunity</td>
<td>PhD</td>
<td>X</td>
</tr>
<tr>
<td>Joint Degrees (Dual, Combined, Concurrent, Accelerated Degrees)</td>
<td>Public Health Concentration</td>
<td>Academic</td>
</tr>
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<td>---------------------------------------------------------------</td>
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</tr>
<tr>
<td><strong>2nd Degree Area</strong></td>
<td></td>
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</tr>
<tr>
<td>Accelerated Bachelor’s to MPH (4+1)</td>
<td>Epidemiology/Biostatistics, Maternal, Child, &amp; Adolescent Health, Public Health Nutrition</td>
<td>BA-MPH</td>
</tr>
<tr>
<td>Master of Business Administration (MBA)</td>
<td>Health Policy &amp; Management</td>
<td>MPH-MBA</td>
</tr>
<tr>
<td>Master of City Planning (MCP)</td>
<td>Environmental Health Sciences, Health &amp; Social Behavior</td>
<td>MPH-MCP</td>
</tr>
<tr>
<td>Master of Journalism (MJ)</td>
<td>Environmental Health Sciences, Epidemiology/Biostatistics Health &amp; Social Behavior, Infectious Diseases &amp; Vaccinology</td>
<td>MPH-MJ</td>
</tr>
<tr>
<td>Master of Public Policy (MPP)</td>
<td>Health Policy &amp; Management</td>
<td>MPH-MPP</td>
</tr>
<tr>
<td>Medical Doctorate (MD)</td>
<td>Health &amp; Medical Sciences*</td>
<td>MS-MD</td>
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* The Health and Medical Science concentration is available only to students enrolled in the UC Berkeley-UC San Francisco Joint Medical Program.
## A1. ORGANIZATION & ADMINISTRATIVE PROCESSES

<table>
<thead>
<tr>
<th>Criterion Elements</th>
<th>Compliance Finding</th>
<th>Team’s Evidence for Compliance Finding</th>
<th>School/Program Response</th>
<th>Council Comments</th>
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</thead>
<tbody>
<tr>
<td>Met</td>
<td></td>
<td>Click here to enter text.</td>
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</tr>
<tr>
<td>Designates appropriate committees or individuals for decision making, and implementation</td>
<td>Met</td>
<td>The school has a well-defined structure with a dean; two associate deans; five assistant deans; one chief of diversity, equity, inclusion, and belonging; and six division chairs that allows for effective and efficient management of the school.</td>
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</tbody>
</table>
| Faculty have opportunities for input in all of the following:  
- degree requirements  
- curriculum design  
- student assessment policies & processes  
- admissions policies & decisions  
- faculty recruitment & promotion  
- research & service activities | Met | The school has six standing committees: Faculty Council; Educational Policy and Curriculum Committee; Undergraduate Management Committee; Online Education Committee; Academic Personnel Committee; and Student Affairs Committee. Membership is different for each committee; however, generally, each committee includes faculty members from across divisions and, if appropriate, a student representative. | | |
| Ensures all faculty regularly interact with colleagues & are engaged in ways that benefit the instructional program | Met | The Faculty Council is the executive body of the school’s faculty and includes six at-large voting members elected by the senate faculty with one representing each division. The Educational Policy and Curriculum Committee (EPCC) has many responsibilities including monitoring and evaluating degree requirements and curricula as well as recommending policy, criteria, and procedures (including assessment processes), and approves new courses. The Online Education Committee, a subcommittee of EPCC, recommends policies for online education, sets | | |
curricular priorities, and reviews faculty involvement in the online master's program.

The Undergraduate Management Committee (UGMC), another sub-committee of EPCC, is responsible for reviewing the undergraduate curriculum and courses and recommends policy, criteria, procedures, prerequisites, and program revisions.

After the EPCC, the university's Graduate Council or Undergraduate Council review and approve degree requirements, while the campus Committee on Courses of Instruction reviews and approves new courses, modification of existing courses, and requests for changes in course and graduation requirements.

The Student Affairs Committee (COSA) advises student support services and faculty on policies to emphasize consideration of under-represented minorities and recommends policy, criteria, and procedures for scholarship, awards, and honors.

Faculty admissions committees for each program set admissions criteria and send admissions decisions to the university’s Graduate Division (the administrative agency of the Graduate Council) or Office of Undergraduate Admissions Undergraduate Committee for final approval.

The Academic Personnel Committee monitors and develops academic personnel policies and provides advice to the dean on a range of topics including personnel issues, appointment of ad hoc committees for faculty promotion or search, and equity and inclusion issues related to academic personnel.
For faculty recruitment, the Dean’s Office leads the process at the school level with input from each division and the faculty at-large. The school forms a search committee that sends its recommendation to the dean, who calls a meeting with faculty to discuss the recommendation and forwards it to campus.

For faculty promotion, the Academic Personnel team within the Dean’s Office notifies faculty when they are eligible. If the case is merit based within the faculty member’s rank, the dean submits the case to the university’s Academic Personnel Office for processing for final approval. If the case is a threshold case such as mid-career appraisal, final appraisal/promotion to tenure, or promotion to professor, the Academic Personnel Committee appoints a two-member ad hoc committee to review it. The ad hoc committee submits a detailed evaluation to the Faculty Council who reviews it with members and the Dean’s Office. Once eligible faculty have voted, the dean sends the case to campus.

Individual faculty members pursue research projects that align with their interests and expertise with support from the associate dean for research and the director of research development at the school level and multiple university level offices. The Dean’s Office manages requests for changes or upgrades to space assigned for faculty research.

Service expectations are set by the UC Berkeley Academic Senate and campus administration. The school expects all faculty members to participate in school-level committees as part of their service. Faculty also participate on
university committees. For example, school faculty are members of the UC Berkley Academic Senate and Academic Senate committees including the Undergraduate Council; Committee of Research; and the Education Policy Committee.

During the site visit, reviewers confirmed that faculty interact with each other through various means including monthly all-faculty meetings, regular division meetings, school committee meetings, Berkley Public Health Talks, town halls, and faculty retreats. Reviewers validated evidence of non-primary instructional faculty attendance at events through invitation lists with RSVP’s tracked.

### A2. MULTI-PARTNER SCHOOLS & PROGRAMS

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<th>Criterion Elements</th>
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<th>Team’s Evidence for Compliance Finding</th>
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<th>Council Comments</th>
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<tbody>
<tr>
<td>Not Applicable</td>
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### A3. STUDENT ENGAGEMENT

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<th>Criterion Elements</th>
<th>Compliance Finding</th>
<th>Team’s Evidence for Compliance Finding</th>
<th>School/Program Response</th>
<th>Council Comments</th>
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</thead>
<tbody>
<tr>
<td>Met</td>
<td></td>
<td>Students have formal methods to participate in policy making and decision making and are engaged as members of decision-making bodies. The school primarily engages students in policy making and decision making through participation on school committees. Students sit on the Faculty Council, as well as the Educational Policy and Curriculum Committee and the Undergraduate</td>
<td>Click here to enter text.</td>
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<tr>
<td>Students engaged as members on decision-making bodies, where appropriate</td>
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</table>
Management Committee. The school also encourages students to participate in university level committees but does not track participation.

Additionally, the School of Public Health Student Government, which consists of both graduate and undergraduate students, serves as the liaison between the larger student body and school administration. In collaboration with the dean and the assistant dean for students, the student government hosts monthly student town hall meetings where the dean and assistant dean provide updates. Students can also raise concerns or ask questions regarding their education or student experience.

The school also has 18 active student groups, including the Alianza Latine for Public Health Action and the Asian and Pacific Islander Women’s Circle, that allow students to forge relationships with faculty in their areas of interest. Several students also engage in the Anti-Racist Community for Justice and Social Transformative Change Program and advocate for anti-racism curricular changes in the school.

Students and faculty who met with site visitors reported active student involvement with committee work, such as curriculum decisions.
## A4. AUTONOMY FOR SCHOOLS OF PUBLIC HEALTH

<table>
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<th>Criterion Elements</th>
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<th>Council Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operates at highest level of organizational status &amp; independence</td>
<td>Met</td>
<td>The school operates at an appropriate level of independence and organizational status. The school’s dean and all other deans within the university report to the executive vice chancellor and provost, who reports to the president.</td>
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## A5. DEGREE OFFERINGS IN SCHOOLS OF PUBLIC HEALTH

<table>
<thead>
<tr>
<th>Criterion Elements</th>
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<th>School/Program Response</th>
<th>Council Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offers professional public health master’s degree in at least three distinct concentrations</td>
<td>Met</td>
<td>The school offers an MPH in 10 distinct concentrations, exceeding this criterion’s requirement. The school also exceeds this criterion’s requirement for doctoral degrees, offering the DrPH in one concentration and PhD in seven concentrations.</td>
<td>Click here to enter text.</td>
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</tr>
<tr>
<td>Offers public health doctoral degree programs in at least two distinct concentrations</td>
<td>Met</td>
<td>The instructional matrix in the introduction of this report presents the school’s entire list of degrees and concentrations.</td>
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## B1. GUIDING STATEMENTS

<table>
<thead>
<tr>
<th>Criterion Elements</th>
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<th>School/Program Response</th>
<th>Council Comments</th>
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</thead>
<tbody>
<tr>
<td>Defines a vision, mission statement, goals, statement of values</td>
<td>Met</td>
<td>The school’s vision is “health equity and social justice for all.”</td>
<td></td>
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<tr>
<td>Taken as a whole, guiding statements address instruction, scholarship, service</td>
<td></td>
<td>The school’s mission is “…to improve population health, especially for the most vulnerable, through:</td>
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<td></td>
<td></td>
<td>• Transformational research on the major public health threats and opportunities of today and tomorrow</td>
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<td></td>
<td></td>
<td>• Preeminent education that challenges convention and develops diverse leaders who transform the</td>
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<td></td>
<td></td>
<td>health of our communities</td>
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<td></td>
<td></td>
<td>• Radical collaborations to meet priority health needs and achieve health equity in our increasingly</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>diverse communities”</td>
<td></td>
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<tr>
<td>Taken as a whole, guiding statements define plans to 1) advance the field of</td>
<td></td>
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<tr>
<td>public health &amp; 2) promote student success</td>
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<tr>
<td>Guiding statements reflect aspirations &amp; respond to needs of intended service area(s)</td>
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<tr>
<td>Guiding statements sufficiently specific to rationally allocate resources &amp; guide</td>
<td>Met</td>
<td>The school defines a set of values and principles of community that illustrate the overarching</td>
<td></td>
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<tr>
<td>evaluation of outcomes</td>
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<td>commitment to inclusion and social justice.</td>
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<td></td>
<td></td>
<td>Goals focus on innovation in research, changemaking through education, and social impact through</td>
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<td></td>
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<td>moral arc-bending.</td>
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<td></td>
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<td>While the school does not target its efforts toward specific geographic areas, the guiding</td>
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<tr>
<td></td>
<td></td>
<td>statements emphasize serving increasingly diverse communities, especially the most vulnerable.</td>
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<td></td>
<td></td>
<td>They also seek to address the most pressing public health threats, including climate change,</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>pandemics, chronic diseases, and social inequality.</td>
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</tbody>
</table>
Taken together, the vision, mission, goals, and values position the school to advance the field of public health and promote student success through a focus on instruction, scholarship, and service. The guiding statements are both aspirational and specific enough to clearly guide the school forward and allow evaluation of outcomes.

### B2. EVALUATION AND QUALITY IMPROVEMENT

<table>
<thead>
<tr>
<th>Criterion Elements</th>
<th>Compliance Finding</th>
<th>Team’s Evidence for Compliance Finding</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Collects &amp; reviews all measures in Appendix 1</td>
<td>Met</td>
<td>The school has a well-defined evaluation plan that focuses on student success and advancing the field of public health. Appropriate decision makers collect and review all measures included in the accreditation criteria, as well as data on self-defined indicators. Based on a review of the materials provided in the ERF, stakeholder groups throughout the school — including the Dean’s Cabinet, the Public Health Alumni Association, program managers, and others — regularly review evaluation findings that school leaders communicate through targeted presentations during regularly scheduled meetings. The school consistently implements its strategic approach to evaluation over time.</td>
<td>Click here to enter text.</td>
<td></td>
</tr>
<tr>
<td>Measures mission &amp; goals &amp; addresses unit’s unique context</td>
<td></td>
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<tr>
<td>Reviews &amp; discusses data</td>
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<tr>
<td>Makes data-driven quality improvements</td>
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<tr>
<td>Consistently implements evaluation plan(s) over time</td>
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</tbody>
</table>
school-defined measure tracks student enrollment in designated “Changemaker” courses, which directly links to the school’s educational goals.

The school provides evidence of the translation of evaluation findings into programmatic changes. For example, the school notes a 64% increase in enrollment in online courses among students in on-campus programs. In response, the school increased advising to ensure that students enroll in appropriate online courses and took steps to increase collaboration between on-campus and online programs for better curricular alignment. The two other specific examples outlined by the school show a similarly explicit process for careful review of relevant data and involvement of critical decision-makers in changes aligned with the school’s mission and goals.

During the site visit, school leaders remarked on the value of developing a comprehensive evaluation plan concurrently with updates to the strategic plan, ensuring alignment between the two. They emphasized the importance of including all voices in the process, as well as the importance of collecting real time data to allow for real time improvements. Examples included the following: using student exit surveys and course evaluations to quickly identify faculty who could benefit from additional teaching support; tracking trends in research metrics to identify faculty who need to increase research productivity to be successful in merit and promotion reviews; and implementing pulse surveys (twice per semester) to gain actionable data on climate issues that school leaders can promptly address. The site visit team heard about the use of data to guide decision making throughout the site visit from various offices and teams within the school.
demonstrating a strong commitment to data-driven quality improvement throughout the school.

### B3. GRADUATION RATES

<table>
<thead>
<tr>
<th>Criterion Elements</th>
<th>Compliance Finding</th>
<th>Team’s Evidence for Compliance Finding</th>
<th>School/Program Response</th>
<th>Council Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collects, analyzes &amp; accurately presents graduation rate data for each public health degree offered</td>
<td>Met</td>
<td>The school reports graduation rates for each degree offered, all of which exceed the CEPH-defined thresholds. Bachelor’s students (BA) have two years to complete the program, and the school begins counting students one term after they declare the major, typically in the spring term of the academic year. The school presents graduation rates beginning with the 2019-20 cohort, which reported a 94% graduation rate. Subsequent cohorts have enough students actively enrolled to make it possible to meet or exceed this criterion’s 70% threshold. MPH students have five years to complete the degree, and the school presents graduation rates for each degree program beginning with the 2017-18 cohort, which reported a 94% rate. The next two cohorts exceed this criterion’s threshold prior to meeting the maximum time to graduation, and subsequent cohorts have enough students enrolled to make it possible to exceed or meet this criterion’s 70% threshold. MA and MS students have four years to complete the degree, and the school presents graduation rates for each degree program beginning with the 2018-19 cohort. The first two cohorts presented a 100% and 95% rate,</td>
<td>Click here to enter text.</td>
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</tr>
<tr>
<td>Achieves graduation rates of at least 70% for bachelor’s &amp; master’s degrees, 60% for doctoral degrees</td>
<td>Met</td>
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</table>
Doctoral students (DrPH and PhD) have six years to complete the degree. The school presents data beginning with the 2016-17 cohort, which indicate a 100% graduation rate for DrPH students and an 85% graduation rate for PhD students. Graduation rates across subsequent cohorts, based on the number of students still enrolled in each cohort at the time of the site visit, all have the potential to meet or exceed this criterion’s 60% threshold. According to data the school presents in the self-study document, doctoral students across all eight concentrations are progressing through their programs of study in a timely manner.

### B4. POST-GRADUATION OUTCOMES

<table>
<thead>
<tr>
<th>Criterion Elements</th>
<th>Compliance Finding</th>
<th>Team’s Evidence for Compliance Finding</th>
<th>School/Program Response</th>
<th>Council Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met</td>
<td>Collects, analyzes &amp; presents data on graduates’ employment or enrollment in further education post-graduation for each public health degree offered.</td>
<td>The school collects post-graduation placement information for each of its public health degree offerings with an exit survey distributed to students in the weeks prior to graduation and supplements these data through personal outreach or internet searches to minimize unknown outcomes. The school achieves post-graduation outcome rates, most of which exceed the 80% CEPH-defined threshold.</td>
<td>Click here to enter text.</td>
<td></td>
</tr>
<tr>
<td>Chooses methods explicitly designed to minimize number of students with unknown outcomes</td>
<td>Achieves rates of at least 80% employment or enrollment in</td>
<td>The data represented graduates for the three years of 2020 through 2022. Bachelor’s graduates with known</td>
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</table>
further education for each public health degree

- outcomes report positive placements in the last three years, with 96-100% reporting employment, enrollment in further education, or not seeking employment or continuing education by choice (known outcomes of 93%, 79%, and 83%).

- All MA and MS graduates in the 2020, 2021, and 2022 cohorts report being employed or enrolled in further education. The school reports known outcomes for 100% of the MA and MS cohorts for all three years.

- Nearly all MPH graduates with known outcomes report positive placement in the last three years (99%, 100%, 99%). All graduates report positive placement except for five MPH graduates who reported they were actively seeking employment or enrollment in further education (known outcomes of 93%, 92%, 91%).

- All doctoral program graduates report being employed or continuing education/training in the last three years. The school reported zero unknown DrPH and one unknown PhD outcome for each of the past three years.

### B5. ALUMNI PERCEPTIONS OF CURRICULAR EFFECTIVENESS

<table>
<thead>
<tr>
<th>Criterion Elements</th>
<th>Compliance Finding</th>
<th>Team’s Evidence for Compliance Finding</th>
<th>School/Program Response</th>
<th>Council Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met</td>
<td></td>
<td>The school collects quantitative and qualitative data on alumni perceptions of the curriculum and preparation for post-graduation placements using an alumni survey. The Dean’s Office partnered with RISE: Berkeley Public Health</td>
<td>The 2023 BPH Alumni Survey was distributed in September 2023 to recent MPH, DrPH, MA, MS, PhD, and BA graduates and collected</td>
<td>The Council reviewed the school’s response, including attachments, and concluded that the school has demonstrated compliance with this</td>
</tr>
</tbody>
</table>
Careers & Leadership Office in July 2022 to pilot a survey of recent alumni. They deployed the survey to individuals who had graduated from the MPH and DrPH programs in the years 2019, 2020, and 2021, targeting graduates with the most exposure to the current curriculum. A total of 113 respondents completed the survey: 110 MPH graduates and three DrPH graduates.

The survey collected responses using Likert scales of preparedness and relevance in nine competency areas. At least 80% of respondents reported feeling moderately to extremely prepared in each competency area: diversity and culture (93%), evidence-based approaches to public health (92%), systems thinking (87%), planning and management to promote health (86%), interprofessional practice (86%), public health and health care systems (84%), communication (84%), policy in public health (82%), and leadership (80%). Twenty-one percent of respondents felt slightly or not at all prepared in the leadership competency area.

Additionally, alumni selected which courses were important to their development for each competency area. Results reflect the effectiveness of program requirements in developing the foundational competencies, with respondents most frequently citing a breadth course as most important, followed by a required program course and a required applied practice experience.

In terms of qualitative feedback, the survey included open-ended questions asking about ways in which their education could have better prepared them for their current job/career, the school’s anti-racism workshops quantitative and qualitative data on alumni perceptions of curricular effectiveness and preparedness for post-graduation destinations. The 2023 BPH Alumni Survey summary narrative, presentation to school leadership and program representatives, and appendix with data by degree and program are provided with the school response (see attachment B5.1 Alumni Survey).
and classes, meaningful community service activities, and meaningful professional development activities.

The school found that the feedback was useful and informed specific competency areas to improve and strengthen in program curricula. During the site visit, school leaders said that the findings were consistent with what faculty found through other methods such as course evaluations and informal feedback.

The school would like to increase future response rates. Plans include reducing the number of optional and open-ended questions, encouraging faculty to send reminders to alumni of their programs, addressing the survey to preferred email addresses not associated with UC Berkeley, and continuing to enter alumni who complete the survey into a raffle for gift cards.

The concern relates to the fact that the school has not collected and reviewed alumni perceptions data from degree programs other than the MPH; although DrPH graduates were included in the data collection, the responses were not sufficient for meaningful interpretation. The school plans to incorporate improvements to the alumni survey based on findings from the pilot and will deploy it annually to all degree programs, including the BA, MA, MS, and PhD, starting in 2023. During the site visit, reviewers verified the school’s plan to integrate all degree programs into the annual cycle of collecting and analyzing data from alumni surveys starting in the next academic year to ensure that feedback is representative of the overall student body at all degree levels.
### C1. FISCAL RESOURCES

<table>
<thead>
<tr>
<th>Criterion Elements</th>
<th>Compliance Finding</th>
<th>Team’s Evidence for Compliance Finding</th>
<th>School/Program Response</th>
<th>Council Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial resources currently adequate to fulfill stated mission &amp; goals &amp; sustain degree offerings</td>
<td>Met</td>
<td>The school’s financial resources are adequate to advance the mission and sustain degree offerings. The school has achieved a balanced budget over the past four years. Although school leaders note that the impact of the university’s new financial sustainability plan on general funds remains uncertain, school leaders are advocating for increased weighting of graduate student credit hours if general fund allocations will be based in part on student credit hours. Revenue from tuition and fees has increased by 70% from $6.4 to $10.9 million in five years, primarily from a 78% increase in student enrollment in the online MPH program. Philanthropy income through gifts and endowments has remained strong, averaging $12.8 million annually. The school expected a 23% decrease in contract and grant funding over the five-year period due to a generational transition in faculty. School leaders anticipate that this trend will reverse as junior faculty become more established and their grant funding rates increase. During the site visit, university leaders noted that the new budgeting process will give deans more autonomy on spending and reward stewardship of resources.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial support appears sufficiently stable at time of site visit</td>
<td></td>
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</tbody>
</table>

Annually, the university issues a budget call. The call requires the school to submit a balanced budget and, if this is not possible, provide strong rationale and request approval to draw down on reserves. The school prepares a
budget at the unit level (e.g., academic division, research center, student services, etc.). The school plans include expectations for research units to operate within projected research funding levels; for administrative units to operate with campus directed salary increases and modest non-salary related cost increases; and for academic units to include funding for ladder-rank faculty salary costs and allocated additional funding to cover temporary academic salary support and non-salary related expenses based on a formula that considers student enrollment, student credit hours, and graduate student researcher opportunities.

The dean and the school’s chief financial officer review any budget requests that exceed the prior year’s budget and prioritize these requests for funding based on the critical nature of the request and breadth of impact funding the ask will have on the school. The school allocates any projected surplus to fund the highest priority requests.

Support for faculty salaries varies by appointment type. University general funds, which are state funds, and other central resources (primarily tuition) cover ladder-rank faculty salaries each academic year. General funds primarily cover teaching salaries for in-residence faculty, adjunct faculty, and lecturers. A combination of contracts and grants, gifts, and other incomes cover the remaining academic year salary for these appointment types and for summer salaries. A standard pay scale with rank and steps, adjusted for market competitiveness and cost of living, determines faculty salary. Union rules establish lecturer salary.
Approval for a new faculty position is determined during the annual budget process based on the school’s five-year faculty recruitment strategic plan and the annual academic faculty recruitment plan. The dean’s office leads this process with input from each division and the faculty at-large. The university requires that the Budget Committee of the Academic Senate and the executive vice chancellor/provost approve requests for funding for new primary faculty. During the site visit, the executive vice chancellor described efforts to secure funding to grow the number of ladder-track positions. They already have added 37 new positions across the university toward a goal of 100 new hard money faculty positions.

General fund allocations cover operational costs such as supplies, materials, equipment, services, rent, utilities, and miscellaneous expenses. General funds do not automatically cover operational cost increases over the years, so the school has allocated a combination of additional sources including contract and grant funding, tuition from the school’s self-supporting graduate degree program (online MPH), professional degree supplemental tuition, and gifts, including endowments.

Funding for student support comes from gifts and endowments, contracts and grants, business contracts, tuition, and general funds. The school provides direct financial support to students through scholarships. In 2021-22, this support amounted to $4.6 million. Students can earn additional support through graduate student researcher, instructor, reader, and tutor positions offered throughout the school. In 2021-22, students holding these positions earned close to $3.9 million in salary and $3 million in fee remission.
Faculty development funding varies by appointment type and by individual. New senate faculty negotiate development expenses as a portion of start-up funds during the hiring process. Both senate and non-senate faculty can build up discretionary funds for development expenses with salary offsets through contracts, grants, and consulting services.

### C2. FACULTY RESOURCES

<table>
<thead>
<tr>
<th>Criterion Elements</th>
<th>Compliance Finding</th>
<th>Team’s Evidence for Compliance Finding</th>
<th>School/Program Response</th>
<th>Council Comments</th>
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<tbody>
<tr>
<td>Met</td>
<td></td>
<td>The school has adequate faculty resources to support all degree offerings, and all concentrations meet the minimum primary instructional faculty (PIF) requirements. As of spring 2023, the school reported 54 PIF and 117 non-PIF. All PIF are allocated to the school at 1.0 FTE. Reviewers verified suitable double counting of PIF when applicable.</td>
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</table>
Ratios for bachelor’s cumulative or experiential activity are appropriate, if applicable

Ratios for mentoring on doctoral students’ integrative project are appropriate, if applicable

Students’ perceptions of class size & its relation to quality of learning are positive (note: evidence may be collected intentionally or received as a byproduct of other activities)

Students are satisfied with faculty availability (note: evidence may be collected intentionally or received as a byproduct of other activities)

theses and three doctoral dissertations per faculty member.

The self-study presents quantitative and qualitative data from the 2022 exit survey according to degree level, with response rates of 71% for undergraduates and 66% for graduates. Regarding class size, 71% of bachelor’s respondents, 89% of master’s respondents, and 83% of doctoral respondents agreed that class size was conducive to their learning. Similarly, 82% of bachelor’s, 78% of master’s, and 82% of doctoral respondents were satisfied or very satisfied with the availability of instructional faculty.

Reviewers validated student satisfaction with these two measures during the site visit meeting with students representing all degree levels, concentrations, and delivery formats.

As noted in Criterion B5, the exit survey asks open-ended questions to elicit feedback on faculty qualifications, overall learning experience, school strengths, and school weaknesses. The school reviewed the responses to these questions for qualitative comments about class size and faculty availability. In the 2022 exit surveys, some graduate students identified relatively small class sizes as a school strength, and no undergraduate students commented on class size. While comments about faculty availability varied, most graduate and undergraduate student comments mentioned it as a strength.

During the site visit, the dean mentioned that the school had lost 25% of its faculty complement over five years due to retirement and deaths. School leaders strategically
work to fill the vacant positions. Newer members of the faculty complimented the school's recruitment efforts.

# C3. STAFF AND OTHER PERSONNEL RESOURCES

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<tr>
<th>Criterion Elements</th>
<th>Compliance Finding</th>
<th>Team’s Evidence for Compliance Finding</th>
<th>School/Program Response</th>
<th>Council Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff &amp; other personnel are currently adequate to fulfill the stated mission &amp; goals</td>
<td>Met</td>
<td>The school has 224 (185.8 FTE) unshared staff and 26 (21.9 FTE) shared staff to support its programs, faculty, and students. The majority (146) are in researcher or research support roles. Student affairs (16) and finance and administration (15) are the next largest staff functions. In addition, the school employs approximately 350 students. Half are in student assistant positions, supporting administrative needs, and the other half are in graduate student instructor and graduate student researcher positions, supporting instructional and research-related needs. Each academic division has a staff manager, and the academic programs have managers/student advisors. The school has been successfully adding new positions to enhance student and career advising, as well as other support services. The school has dedicated staff in the university's shared services organization (i.e., Berkeley Regional Services) to provide pre-award and post-award research administration support and to handle data processing related to payroll and human resources information management. The school's staff resources are stable and sufficient to effectively operate all aspects of the school.</td>
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</table>
## C4. PHYSICAL RESOURCES

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<tr>
<th>Criterion Elements</th>
<th>Compliance Finding</th>
<th>Team’s Evidence for Compliance Finding</th>
<th>School/Program Response</th>
<th>Council Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical resources adequate to fulfill mission &amp; goals &amp; support degree programs</td>
<td>Met</td>
<td>The school currently occupies more than 90,000 assignable square feet of space, spanning 11 physical locations, including several wet laboratories, to accommodate faculty, students, and staff. In late spring 2018, the school moved to the newly constructed Berkeley Way West building. The eight-story, 330,000-square-foot, LEED Silver building houses the School of Public Health, the UC Berkeley School of Education, and the College of Letters &amp; Sciences' Department of Psychology. Faculty office space and staff workspace are primarily on the 5th and 6th floors of Berkeley Way West. The 1st and 2nd floors are student-centric, with classrooms, including two large colloquia rooms. The 2nd floor houses student services and admissions, including undergraduate student advising, the DREAM (Diversity, Respect, Equity, Action, Multiculturalism) office, and RISE: Berkeley Public Health Careers &amp; Leadership Office, as well as a student lounge and shared student spaces. Doctoral students have additional space dedicated to them on the 5th floor. Berkeley Way West is outfitted with the latest technology, with numerous equipped conference rooms and classrooms. The new building has brought most students, faculty, and staff together in one location. The main exception is the wet lab faculty, primarily in the Division of Infectious Diseases and Vaccinology. Several campus buildings house</td>
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<tr>
<td>Physical resources appear sufficiently stable</td>
<td>Met</td>
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wet lab facilities, all within walking distance of Berkeley Way West. The school also maintains space in University Hall for several research centers/groups and for the UC Berkeley-UCSF Joint Medical Program, and in two other nearby locations for additional large research centers. The school also has physical locations in Richmond and Salinas, California, and in Washington, DC.

The school currently has sufficient physical space to operate its programs and to support students, faculty, and staff. During the site visit, school leadership, faculty, and students expressed satisfaction with the new spaces and amenities available to them in the Berkeley Way West building. There is expansion potential within the Berkeley Way West building, since the university leases upper floors to private tenants and can revert to university occupancy when needed for expansion.

During the site visit, students and faculty mentioned a recent challenge with the physical spaces used by the Joint Medical Program (MS/MD) in an older campus building. When the heating system failed, the school provided the program with temporary administration and classroom space in the Berkeley Way West building until the program can move into new spaces in the Golden Bear Center. Students and program leaders expressed gratitude for the school’s prompt response and the resolution of the situation.
## C5. INFORMATION AND TECHNOLOGY RESOURCES

<table>
<thead>
<tr>
<th>Criterion Elements</th>
<th>Compliance Finding</th>
<th>Team’s Evidence for Compliance Finding</th>
<th>School/Program Response</th>
<th>Council Comments</th>
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<tr>
<td>Met</td>
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<tr>
<td>Adequate library resources, including personnel, for students &amp; faculty</td>
<td>Met</td>
<td>The university created the Marian Koshland Bioscience, Natural Resources and Public Health Library in 2018 when the staff and resources of the Sheldon Margen Public Health Library merged with the Marian Koshland Bioscience Library. The public health and optometry librarian is the principal contact for the school within the library, but due to public health’s interdisciplinary nature, subject specialty librarians in sociology, anthropology, law, political science, environmental design, biology, engineering, and business also provide assistance and resources. The public health and optometry librarian provides guest lectures, workshops and course-based instruction, communication about new library resources and services, research consultations for faculty and students, acquisition of databases, journals, datasets, books, and other resources, and development of subject and course-specific research guides for public health courses. The library maintains over 75 public health research guides, including a research guide for nearly every online MPH course.</td>
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<tr>
<td>Adequate IT resources, including tech assistance for students &amp; faculty</td>
<td>Met</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Library &amp; IT resources appear sufficiently stable</td>
<td>Met</td>
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</table>

The UC Berkeley Library holds 13.5 million volumes, and the new University of California-wide online library catalog provides students with access to over 50 million volumes across all campuses. Among the specialized resources available to public health faculty and students are the Global Health Database, Embase, CINAHL, PHAROS,
The university provides technology support for undergraduate and graduate students, including free software and device lending. The Library Technology Lending Program provides short-term loans of laptops, adapters, chargers, headphones, projectors, and other accessories for up to 14 days. The Student Technology Equity Program (STEP) provides need-based, long-term loans for laptops, Wi-Fi hotspots, and other tech hardware to students on a rolling basis throughout the academic year. Wireless connections are available across the campus. High performance computing and secure computing options are available to students involved in faculty research programs.

The university provides each faculty member with their own computer, software, and technology support. REDCap software is available for secure data collection for research projects. Remote file access is available to those traveling or working from more than one location. Faculty use bcourses, the university’s learning management system, to post lecture materials, homework, and readings as well as to promote discussion between students. Savio is a high-performance computing, networking, and file system available through faculty computing allowances for principal investigators and their research teams and collaborators.

The student helpdesk at Student Tech Services provides free tech support to all graduate, professional, and undergraduate students. Helpdesk services are available in-person, by phone, by email, and over Zoom. The student
Helpdesk assists with resolving Wi-Fi problems, connecting to the campus network, accessing, and optimizing free campus software (including Adobe, Microsoft, Zoom, etc.), troubleshooting personal device issues, removing malware, ensuring security, and locating campus resources for device lending and hardware discounts.

IT Client Services provides technical support for faculty, staff, and student employees through the IT service desk, device provisioning, device support, and engineering and security teams. The Research Information Technology group provides research computing technologies, consulting, and community for the Berkeley campus. The D-Lab offers workshops, training, and advisory services to assist with the full cycle of research projects including research design, survey methods, sample design, data acquisition, statistical methods, evaluation, and communication of results. D-Lab provides boot camp style training for students in R and other statistical programs that students need to complete their biostatistics requirements. During the site visit, several students expressed great satisfaction with the support they received through D-Lab and felt that more students needed to be aware of and use those services.

In the spring 2022 exit survey, 72% of graduate students and 49% of undergraduate students reported being satisfied or very satisfied with school services and resources, including the public health library. While library and IT services appear to be adequate and stable, qualitative feedback identified that many undergraduates were not aware of public health library services. Internet connectivity during the pandemic negatively impacted the availability of library electronic resources for
undergraduate students. New undergraduate public health students now receive a library orientation session and periodically receive emails from the librarian on public health resources.

### D1. MPH & DRPH FOUNDATIONAL PUBLIC HEALTH KNOWLEDGE

<table>
<thead>
<tr>
<th>Criterion Elements</th>
<th>Compliance Finding</th>
<th>Team’s Evidence for Compliance Finding</th>
<th>School/Program Response</th>
<th>Council Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensures grounding in foundational public health knowledge through appropriate methods (see worksheet for detail)</td>
<td>Met</td>
<td>A set of required courses that MPH students typically complete during the first year ensure grounding in foundational public health knowledge. Defined course sets and sequences cover the same quantitative and qualitative core and subject matter breadth in environmental health sciences, health and social behavior, and health policy and management, although specific course numbers and titles vary by concentration and delivery mode. The school requires DrPH students who have not completed an MPH from a CEPH-accredited school or program to complete Foundations of Public Health Practice, a three-credit online course that covers foundational public health knowledge. The course is equivalent to three credit hours, though students do not enroll in the course for credit. Reviewers validated that the course covers all 12 knowledge areas. Reviewers were not able to validate coverage of foundational knowledge area 1—public health history, philosophy, and values—through the printed course materials provided with the self-study. Discussions with faculty during the site visit clarified how two courses,</td>
<td>Click here to enter text.</td>
<td>The Council reviewed the self-study and team’s report and noted no reason for the met with commentary finding. Therefore, the Council acted to change the team’s finding of met with commentary to a finding of met.</td>
</tr>
</tbody>
</table>
Health and Social Behavior Breadth Course and Theories of Health and Social Behavior, ground students in foundational knowledge area 1. Additionally, reviewers validated the school’s plan to implement a common curricular resource in the next iteration that will consistently cover this knowledge area across all concentrations and delivery formats. The D1 worksheet summarizes reviewers’ findings.

### D1 Worksheet

<table>
<thead>
<tr>
<th>Foundational Knowledge</th>
<th>Yes/CNV</th>
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</thead>
<tbody>
<tr>
<td>1. Explain public health history, philosophy &amp; values</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Identify the core functions of public health &amp; the 10 Essential Services</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Explain the role of quantitative &amp; qualitative methods &amp; sciences in describing &amp; assessing a population’s health</td>
<td>Yes</td>
</tr>
<tr>
<td>4. List major causes &amp; trends of morbidity &amp; mortality in the US or other community relevant to the school or program</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Discuss the science of primary, secondary &amp; tertiary prevention in population health, including health promotion, screening, etc.</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Explain the critical importance of evidence in advancing public health knowledge</td>
<td>Yes</td>
</tr>
<tr>
<td>7. Explain effects of environmental factors on a population’s health</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Explain biological &amp; genetic factors that affect a population’s health</td>
<td>Yes</td>
</tr>
<tr>
<td>9. Explain behavioral &amp; psychological factors that affect a population’s health</td>
<td>Yes</td>
</tr>
<tr>
<td>10. Explain the social, political &amp; economic determinants of health &amp; how they contribute to population health &amp; health inequities</td>
<td>Yes</td>
</tr>
<tr>
<td>11. Explain how globalization affects global burdens of disease</td>
<td>Yes</td>
</tr>
<tr>
<td>12. Explain an ecological perspective on the connections among human health, animal health &amp; ecosystem health (e.g., One Health)</td>
<td>Yes</td>
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</tbody>
</table>

### D2. MPH FOUNDATIONAL COMPETENCIES

<table>
<thead>
<tr>
<th>Criterion Elements</th>
<th>Compliance Finding</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Assesses all MPH students, at least once, on their abilities to demonstrate each foundational</td>
<td>Met</td>
<td>A set of required courses that MPH students typically complete during the first year ensures coverage of the MPH foundational competencies. As noted in Criterion D1,</td>
<td>Click here to enter text.</td>
<td>The Council reviewed the self-study and team’s report and noted no reason for the met with commentary</td>
</tr>
<tr>
<td>competency (see worksheet for detail)</td>
<td>sets of courses spanning 10 to 18 credit hours cover the same competencies and content, although specific course numbers and titles vary by concentration and delivery format. Quantitative core courses include Epidemiologic Methods I and II, Planning Methods Gateway Part 1 and 2, Intermediate Biostatistics for Public Health, Introduction to Probability and Statistics, and Introduction to Multivariate Statistics. Qualitative core courses include Organizational Behavior and Management in Health Care, Strategic Management in the Health Sector, and Interdisciplinary Seminar. Breadth courses include health and social behavior (Health and Social Behavior Breadth Course), environmental health sciences (Environmental Health Sciences Breadth Course), and health policy and management (Health Policy and Management Breadth Course). The school assesses all MPH students, including combined degree students, on their ability to demonstrate each foundational competency. Assessment opportunities include quizzes, exams, case study analysis, papers, team video project workbook, poster presentation, community asset mapping, editorial letter, policy memo, technical brief, negotiation exercise, group strategy project, public story presentation, and a causal loop diagram. Site visitors were able to validate most of the foundational competencies through written materials provided with the self-study. During the site visit, the instructor for PB HLTH 200J explained that he weaves the role of ethics in the finding. Therefore, the Council acted to change the team’s finding of met with commentary to a finding of met.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
policy-making process (foundational competency 12) into lectures and interactive discussions sessions that follow the Bardach model from the lens of multiple stakeholders, and the Op-Ed assignment requires students to apply that policy approach to incorporate ethical issues from various stakeholder perspectives.

The faculty instructor for W200F explained that historically an oral presentation of a policy brief for a non-technical audience was required of students (foundational competency 19). The instructor who delivered the course in 2022 omitted it from the syllabus, but it has been re-established for the 2023 iteration of the course.

Faculty instructors for PB HLTH 290, 223C and 224A explained how students interact directly with professionals from fields and sectors outside of public health in the courses to fulfill foundational competency 21.

The faculty members stated that they will add specific language to assignment descriptions in course materials so that students have a clear understanding of how they will attain all elements of competencies in the course setting.

During the site visit, MPH students expressed satisfaction with the MPH foundational curriculum, and results from alumni surveys indicate graduates’ satisfaction, particularly with competencies attained in the breadth courses.

The D2 worksheet summarizes reviewers’ findings.
### MPH Foundational Competencies

<table>
<thead>
<tr>
<th>Competency</th>
<th>Yes/CNV</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Apply epidemiological methods to settings &amp; situations in public health practice</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Select quantitative &amp; qualitative data collection methods appropriate for a given public health context</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Analyze quantitative &amp; qualitative data using biostatistics, informatics, computer-based programming &amp; software, as appropriate</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Interpret results of data analysis for public health research, policy, or practice</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Compare the organization, structure &amp; function of health care, public health &amp; regulatory systems across national &amp; international settings</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Discuss the means by which structural bias, social inequities &amp; racism undermine health &amp; create challenges to achieving health equity at organizational, community &amp; systemic levels</td>
<td>Yes</td>
</tr>
<tr>
<td>7. Assess population needs, assets &amp; capacities that affect communities’ health</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Apply awareness of cultural values &amp; practices to the design, implementation, or critique of public health policies or programs</td>
<td>Yes</td>
</tr>
<tr>
<td>9. Design a population-based policy, program, project or intervention</td>
<td>Yes</td>
</tr>
<tr>
<td>10. Explain basic principles &amp; tools of budget &amp; resource management</td>
<td>Yes</td>
</tr>
<tr>
<td>11. Select methods to evaluate public health programs</td>
<td>Yes</td>
</tr>
<tr>
<td>12. Discuss the policy-making process, including the roles of ethics &amp; evidence</td>
<td>Yes</td>
</tr>
<tr>
<td>13. Propose strategies to identify stakeholders &amp; build coalitions &amp; partnerships for influencing public health outcomes</td>
<td>Yes</td>
</tr>
<tr>
<td>14. Advocate for political, social or economic policies &amp; programs that will improve health in diverse populations</td>
<td>Yes</td>
</tr>
<tr>
<td>15. Evaluate policies for their impact on public health &amp; health equity</td>
<td>Yes</td>
</tr>
<tr>
<td>16. Apply leadership and/or management principles to address a relevant issue</td>
<td>Yes</td>
</tr>
<tr>
<td>17. Apply negotiation &amp; mediation skills to address organizational or community challenges</td>
<td>Yes</td>
</tr>
<tr>
<td>18. Select communication strategies for different audiences &amp; sectors</td>
<td>Yes</td>
</tr>
<tr>
<td>19. Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing &amp; through oral presentation</td>
<td>Yes</td>
</tr>
<tr>
<td>20. Describe the importance of cultural competence in communicating public health content</td>
<td>Yes</td>
</tr>
<tr>
<td>21. Integrate perspectives from other sectors and/or professions to promote &amp; advance population health</td>
<td>Yes</td>
</tr>
<tr>
<td>22. Apply a systems thinking tool to visually represent a public health issue in a format other than standard narrative</td>
<td>Yes</td>
</tr>
</tbody>
</table>
## D3. DRPH FOUNDATIONAL COMPETENCIES

<table>
<thead>
<tr>
<th>Criterion Elements</th>
<th>Compliance Finding</th>
<th>Team’s Evidence for Compliance Finding</th>
<th>School/Program Response</th>
<th>Council Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assesses all DrPH students, at least once, on their ability to demonstrate each foundational competency (see worksheet for detail)</td>
<td>Met</td>
<td>The DrPH curriculum requires all DrPH students to successfully complete courses in program planning and needs assessment, foundations of public health leadership and practice, pedagogy, public health ethics, two courses in research design and methods, and six DrPH seminar courses titled A through F. The school assesses students on their ability to demonstrate the foundational competencies using assignments such as a case study analysis, strategic plan, facilitation plan, performance management plan, and individual development plan. The concern relates to the lack of evidence for faculty assessment of individual student attainment of foundational competencies 6, 14, and 15 in the final group assignment of PB HLTH 205. The site visit team confirmed that the school is implementing methods to assess individual student competency in other group assignments. In March 2023, the school hosted teaching town halls to disseminate pedagogical best practices. During the site visit, several faculty members reported that they are working with the school’s team of four instructional designers to refine grading rubrics and pilot approaches such as incorporating self and peer assessments and using online technology (i.e., Google Docs tracking functions) to evaluate individual</td>
<td>Effective Spring 2024, in PB HLTH 205, for each group assignment, the final grade will be calculated according to a rubric that assigns 80% of the total points based on group work (with each group member receiving the same grade), 10% of the total points based on the student self-assessment assignment, and 10% of the total points based on assessment of the student’s contributions by groupmates. Foundational Competencies 6, 14, and 15 are assessed in Assignment 4 and the Final Presentation. The PB HLTH 205 syllabus, assignment descriptions, Assignment 4 self-assessment grading rubric and self-assessment question prompts, and Final Presentation self-assessment grading rubric and self-assessment question prompts are provided with the school response (see attachment D3.1).</td>
<td>The Council reviewed the school’s response, including attachments. We regret any errors or misinterpretation of information provided during the site visit. The Council concluded that the school has demonstrated compliance with this criterion. Therefore, the Council acted to change the team’s finding of partially met to a finding of met.</td>
</tr>
</tbody>
</table>
student contributions and competence in group assignments. The D3 worksheet summarizes reviewers' findings.

<table>
<thead>
<tr>
<th>DrPH Foundational Competency</th>
<th>Yes/CNV</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Explain qualitative, quantitative, mixed methods &amp; policy analysis research &amp; evaluation methods to address health issues at multiple (individual, group, organization, community &amp; population) levels</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Design a qualitative, quantitative, mixed methods, policy analysis or evaluation project to address a public health issue</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Explain the use &amp; limitations of surveillance systems &amp; national surveys in assessing, monitoring &amp; evaluating policies &amp; programs &amp; to address a population’s health</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Propose strategies for health improvement &amp; elimination of health inequities by organizing stakeholders, including researchers, practitioners, community leaders &amp; other partners</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior &amp; policies</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Integrate knowledge, approaches, methods, values &amp; potential contributions from multiple professions, sectors, &amp; systems in addressing public health problems</td>
<td>Yes</td>
</tr>
<tr>
<td>7. Create a strategic plan</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Facilitate shared decision making through negotiation &amp; consensus-building methods</td>
<td>Yes</td>
</tr>
<tr>
<td>9. Create organizational change strategies</td>
<td>Yes</td>
</tr>
<tr>
<td>10. Propose strategies to promote inclusion &amp; equity within public health programs, policies &amp; systems</td>
<td>Yes</td>
</tr>
<tr>
<td>11. Assess one’s own strengths &amp; weaknesses in leadership capacities, including cultural proficiency</td>
<td>Yes</td>
</tr>
<tr>
<td>12. Propose human, fiscal &amp; other resources to achieve a strategic goal</td>
<td>Yes</td>
</tr>
<tr>
<td>13. Cultivate new resources &amp; revenue streams to achieve a strategic goal</td>
<td>Yes</td>
</tr>
<tr>
<td>14. Design a system-level intervention to address a public health issue</td>
<td>Yes</td>
</tr>
<tr>
<td>15. Integrate knowledge of cultural values &amp; practices in the design of public health policies &amp; programs</td>
<td>Yes</td>
</tr>
<tr>
<td>16. Integrate scientific information, legal &amp; regulatory approaches, ethical frameworks &amp; varied stakeholder interests in policy development &amp; analysis</td>
<td>Yes</td>
</tr>
<tr>
<td>17. Propose interprofessional and/or intersectoral team approaches to improving public health</td>
<td>Yes</td>
</tr>
<tr>
<td>18. Assess an audience’s knowledge &amp; learning needs</td>
<td>Yes</td>
</tr>
<tr>
<td>19. Deliver training or educational experiences that promote learning in academic, organizational or community settings</td>
<td>Yes</td>
</tr>
<tr>
<td>20. Use best practice modalities in pedagogical practices</td>
<td>Yes</td>
</tr>
</tbody>
</table>
## D4. MPH & DRPH CONCENTRATION COMPETENCIES

<table>
<thead>
<tr>
<th>Criterion Elements</th>
<th>Compliance Finding</th>
<th>Team’s Evidence for Compliance Finding</th>
<th>School/Program Response</th>
<th>Council Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met</td>
<td></td>
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</tr>
<tr>
<td>Defines at least five distinct competencies for each concentration or generalist degree in MPH &amp; DrPH. Competencies articulate an appropriate depth or enhancement beyond foundational competencies</td>
<td>The school defines at least five competencies for its MPH in environmental health sciences (7); epidemiology (6); epidemiology/biostatistics (7); global health and environment (5); health and social behavior (7); health policy and management (10); infectious diseases and vaccinology (7); maternal, child, and adolescent health (5); and public health nutrition (5). The school defines six concentration competencies for the DrPH in public health.</td>
<td>DrPH The specific assessment examples provided for DrPH concentration competencies were individual, not group, assignments (Table 4.1.10 in the self-study report and included in the ERF). During the site visit, DrPH program faculty explained how students are individually assessed on the concentration competencies, which is referenced in paragraphs four through six of this criterion (D4) in the team’s draft report.</td>
<td>The Council reviewed the school’s response, including attachments, and concluded that the school has demonstrated compliance with this criterion. Therefore, the Council acted to change the team’s finding of partially met to a finding of met.</td>
<td></td>
</tr>
<tr>
<td>Assesses all students at least once on their ability to demonstrate each concentration competency</td>
<td>The competencies are distinct and appropriately depict a depth of knowledge in each concentration area. Reviewers noted that one health policy and management competency appears to overlap with MPH foundational competency 15, but the concentration has nine other appropriate competencies, exceeding this criterion’s minimum requirements. Reviewers were able to validate the teaching and assessment of most competencies by reviewing course syllabi and other supporting materials provided with the self-study. The assessments for each MPH concentration are distinct and include assignments such as presenting to the class and facilitating discussion about an environmental or occupational health problem and potential solutions; using R tidyverse packages to clean and manage data; writing a technical or policy brief on a global environmental or occupational health topic; developing an evaluation plan for a community health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If applicable, covers &amp; assesses defined competencies for a specific credential (e.g., CHES, MCHES)</td>
<td>N/A</td>
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</tbody>
</table>

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intervention; and presenting policy alternatives for a specific health challenge.

Assessments for each DrPH concentration are distinct and more advanced than the MPH and include applying a human rights framework to analyze the limits of ethical principals in a scholarly article, presenting a theory concept map with a social justice orientation, and completing discrete components of a student's dissertation, such as the prospectus.

The site visit team validated some remaining competencies by reviewing additional materials made available during the site visit and from faculty members’ explanations of course content and student assignments.

While reviewers were able to validate that faculty assess each student on all elements of each of the DrPH concentration competencies, the program director stated the course syllabi and assignment instructions will be revised to align with the competency statements more clearly.

The first concern relates to reviewers’ inability to validate that faculty assess individual student demonstration of competencies in group assignments in the DrPH concentration in public health and the following MPH concentrations: epidemiology (competencies 4 and 5); and epidemiology/biostatistics (competencies 5 and 6). This issue was also present in health and social behavior (competencies 1 and 3), but this concentration has seven competencies, so reviewers were able to validate compliance with this criterion’s requirement for at least five appropriate competencies and assessments.

Public Health Nutrition MPH
Effective AY23-24, the grading rubrics for the policy analysis paper in PB HLTH 206B and PB HLTH W206B and the case report assignment in PB HLTH 206D have been updated to specify assessment of interdisciplinary approaches to integrate social, political, economic, and ecological dimensions to contextualize nutrition, food systems and health problems. Grading rubrics for PB HLTH 206B and PB HLTH W206B, and the syllabus for PB HLTH 206D are provided with the school response (see attachments D4.1-D4.3).

Health and Social Behavior MPH
Effective Spring 2024, in PB HLTH 205, for each group assignment, the final grade will be calculated according to a rubric that assigns 80% of the total points based on group work (with each group member receiving the same grade), 10% of the total points based on the student self-assessment assignment, and 10% of the total points based on assessment of the student’s contributions by groupmates. HSB MPH Concentration Competencies 1 and
As explained in Criterion D3, the school has assigned four instructional designers to support faculty in implementing assessment methods for evaluation of individual students' competency demonstration in group assignments.

The second concern relates to reviewers' inability to validate assessment of interdisciplinary approaches to integrate social, political, economic, and ecological concerns (competency 5) with the policy analysis paper in PB HLTH 206B, W206B, and 206D associated with the public health nutrition concentration.

The D4 worksheets summarize reviewers' findings.

3 are assessed in Assignment 4 and the Final Presentation. The PB HLTH 205 syllabus, assignment descriptions, Assignment 4 self-assessment grading rubric and self-assessment question prompts, and Final Presentation self-assessment grading rubric and self-assessment question prompts are provided with the school response (see attachment D3.1; the same document was provided to respond to Criterion D3).

D4 Worksheet

<table>
<thead>
<tr>
<th>MPH in Environmental Health Sciences Concentration Competencies</th>
<th>Comp statement acceptable as written?</th>
<th>Comp taught and assessed?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes/No</td>
<td>Yes/CNV</td>
</tr>
<tr>
<td>1. Analyze how the sources and health effects of major environmental and occupational hazards are identified and assessed.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Use the principles of exposure science to analyze environmental and occupational exposures.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Identify factors that affect vulnerability of sub-populations to health effects of environmental and occupational exposures.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Use risk assessment and other methods to assess environmental health hazards and identify mitigative measures.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Systematically analyze environmental health policies or regulations for their impact on population health or environmental justice.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Explain how environmental protection and environmental health are promoted through basic principles and approaches of environmental policy development and implementation.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>7. Review and interpret prior research on an environmental health problem to identify knowledge gaps, articulate research questions, and describe appropriate methods to fill these gaps.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>MPH in Epidemiology and Biostatistics (2-year, 4+1, Online)</td>
<td>Comp statement acceptable as written?</td>
<td>Comp taught and assessed?</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>---------------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Concentration Competencies</td>
<td>Yes/No</td>
<td>Yes/CNV</td>
</tr>
<tr>
<td>1. Demonstrate methodological expertise for epidemiological research in choosing appropriate study designs, in calculating and interpreting measures of disease and association, in identifying and addressing sources of bias in studies, in estimating and interpreting confounding and effect measure modification, and in applying causal frameworks to the assessment of causality in associations.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Implement methods of data management and cleaning for epidemiologic data sets, including using SAS and/or R.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Recognize and conduct appropriate regression analysis techniques to analyze data from medical and other public health studies.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Interpret study findings including critically identifying strengths and limitations of individual studies.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Describe the history of epidemiology.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>6. List and explain the core principles underlying the ethics of human research (ie, autonomy/respect for person; justice; beneficence; and non-maleficence).</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>7. Apply specialized biostatistical methods for categorical and time-to-event outcomes to the analysis of advanced medical and epidemiological study designs.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MPH in Epidemiology (11-Month)</th>
<th>Comp statement acceptable as written?</th>
<th>Comp taught and assessed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concentration Competencies</td>
<td>Yes/No</td>
<td>Yes/CNV</td>
</tr>
<tr>
<td>1. Demonstrate methodological expertise for epidemiological research in choosing appropriate study designs, in calculating and interpreting measures of disease and association, in identifying and addressing sources of bias in studies, in estimating and interpreting confounding and effect measure modification, and in applying causal frameworks to the assessment of causality in associations.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Apply data analysis and programming techniques of epidemiologic investigations.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Interpret study findings including critically identifying strengths and limitations of individual studies.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Describe the history of epidemiology.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>5. List and explain the core principles underlying the ethics of human research (i.e., autonomy/respect for person; justice; beneficence; and non-maleficence).</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Apply epidemiologic approaches to social, medical, and public health programs to enhance students’ related graduate professional work or goals.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MPH in Global Health and Environment</th>
<th>Comp statement acceptable as written?</th>
<th>Comp taught and assessed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concentration Competencies</td>
<td>Yes/No</td>
<td>Yes/CNV</td>
</tr>
</tbody>
</table>

39
<table>
<thead>
<tr>
<th>MPH in Health and Social Behavior Concentration Competencies</th>
<th>Comp statement acceptable as written? Yes/No</th>
<th>Comp taught and assessed? Yes/CN*V</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Distill and apply theory and empirical evidence to develop an implementable intervention or program plan to improve health, including literature review and logic model/theory of change.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Evaluate the effects of community intervention programs or policies.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Respectfully develop and evaluate theory-informed interventions for governmental and/or non-governmental organizations to promote health.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Identify ethical challenges and principles for guiding public health planning, implementation and evaluation.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Apply critical social analysis to issues of race and ethnicity, gender and sexuality, economic status, colonialism and other important axes of difference and power as they impact health and public health practice.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Apply key social scientific approaches to understanding racism and developing anti-racist and intersectional approaches to public health.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>7. Apply a trauma-informed lens to public health research and practice.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
### MPH in Health Policy and Management

**Concentration Competencies**

<table>
<thead>
<tr>
<th>Comp statement acceptable as written?</th>
<th>Comp taught and assessed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
<td>Yes/CNV</td>
</tr>
</tbody>
</table>

| 1. Apply skills in collaboration, coaching and influencing to achieve organizational, policy or strategic initiative goals. | Yes | Yes |
| 2. Evaluate and select options for effective diffusion of innovation within a healthcare organization. | Yes | Yes |
| 3. Utilize an inclusive approach to management decision making. | Yes | Yes |
| 4. Analyze financial statements, cost, and managerial information to assess and promote the financial health of a unit, organization, or system. | Yes | Yes |
| 5. Apply analytic tools and techniques to make sound short and long-term investment decisions within a health care environment. | Yes | Yes |
| 6. Examine dynamics in the design, adoption, or implementation of health policies. | Yes | Yes |
| 7. Analyze policies for their impact on health and health equity. | No* | Yes |
| 8. Understand how to use advocacy tools to change health policy. | Yes | Yes |
| 9. Utilize economic theory to assess the efficiency and equity of current and proposed health policies. | Yes | Yes |
| 10. Analyze the role of incentives in shaping behaviors of health sector stakeholders. | Yes | Yes |

*Reviewers validated at least five distinct concentration competencies.

### MPH in Infectious Diseases and Vaccinology

**Concentration Competencies**

<table>
<thead>
<tr>
<th>Comp statement acceptable as written?</th>
<th>Comp taught and assessed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
<td>Yes/CNV</td>
</tr>
</tbody>
</table>

| 1. Apply the following frameworks of principles of infectious disease to describe each infectious disease: microbiology, epidemiology, clinical spectrum, immunology, pathogenesis, treatment, and prevention. | Yes | Yes |
| 2. Describe the major viral, bacterial, fungal, and parasitological agents of infectious diseases of humans and the nonhuman animal sources of some of these infectious agents. | Yes | Yes |
| 3. Discuss how infectious diseases impact public health problems. | Yes | Yes |
| 4. Describe how the social, behavioral, environmental, and administrative/policy components of public health affect infectious disease occurrence and distribution. | Yes | Yes |
| 5. Discuss how infectious disease surveillance systems are used to detect, control, and prevent outbreaks, and how they are used to study modes of infectious disease transmission, predict trends, and monitor response to interventions. | Yes | Yes |
| 6. Assess different epidemiological, statistical, or computational biological methodologies and assessment techniques to analyze infectious disease modes of transmission and risk factors. | Yes | Yes |
| 7. Discuss the role of local, state, federal, and international public health agencies in the prevention and control of infectious diseases. | Yes | Yes |
### MPH in Maternal Child and Adolescent Health Concentration Competencies

<table>
<thead>
<tr>
<th>Comp statement acceptable as written?</th>
<th>Comp taught and assessed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
<td>Yes/CNV</td>
</tr>
</tbody>
</table>

1. Discuss a problem facing MCAH populations with an evidence-based rationale for why it is a topic of importance.  
2. Identify and evaluate the relative contribution of individual and environmental factors associated with maternal and child health.  
3. Identify a maternal and child health issue and evaluate a policy solution.  
4. Interpret results of epidemiologic studies of maternal and child health problems and synthesize published epidemiological literature in order to summarize current knowledge and develop and test strong research questions that will advance knowledge in the field of maternal and child health.  
5. Apply basic principles of quantitative research and epidemiology for understanding and addressing MCH problems.

### MPH in Public Health Nutrition Concentration Competencies

<table>
<thead>
<tr>
<th>Comp statement acceptable as written?</th>
<th>Comp taught and assessed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
<td>Yes/CNV</td>
</tr>
</tbody>
</table>

1. Describe the magnitude, distribution, and trends of nutrition problems in populations.  
2. Explain dietary influences including social determinants on health outcomes and identify population-based strategies to improve nutritional health.  
3. Assess the nutritional status of individuals using anthropometric, diet and biochemical methods.  
4. Evaluate nutrition research and interpret the implications for public health policies and programs, identifying key issues that address social inequities.  
5. Apply interdisciplinary approaches to integrate social, political, economic, and ecological dimensions to contextualize nutrition, food systems and health problems and opportunities.
### DrPH in Public Health Concentration Competencies

<table>
<thead>
<tr>
<th>Competency</th>
<th>Comp statement acceptable as written?</th>
<th>Comp taught and assessed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ethics &amp; principles: Identify and apply ethical principles of social justice and human rights in public health research and practice.</td>
<td>Yes/No</td>
<td>Yes/CNV</td>
</tr>
<tr>
<td>2. Social justice orientation: Demonstrate an understanding of the multiple mechanisms by which social, political, economic, and historical factors contribute to health inequities.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Community focus: Integrate community centered focus in the assessment, development, and dissemination of public health research, policy, and practice.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Transdisciplinary training: Formulate, analyze, and advocate for multi-sector solutions to improve population health across interdisciplinary settings.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Applied practice-based research: Translate rigorous research and evidence-based best practices to transform public health systems to meet the needs of local or global communities.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Practice-based leadership: Identify personal leadership strengths and opportunities for growth in practice-based settings, through awareness of self, ability to work with and through others, and ability to identify and work through organizational dynamics.</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### D5. MPH APPLIED PRACTICE EXPERIENCES

<table>
<thead>
<tr>
<th>Criterion Elements</th>
<th>Compliance Finding</th>
<th>Team’s Evidence for Compliance Finding</th>
<th>School/Program Response</th>
<th>Council Comments</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Partially Met</td>
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<tr>
<td>All MPH students produce at least two work products that are meaningful to an organization in appropriate applied practice settings</td>
<td>The applied practice experience requirement for students in the two-year MPH programs, concurrent degree MPH programs, and 4+1 MPH programs requires a minimum of 400 hours (e.g., 10 weeks, 40 hours per week) and takes place between the end of their first and start of their second year of enrollment. Students in the online professional MPH program complete at least 130 hours for their practicum, typically completed part-time over multiple months after their first semester in the program.</td>
<td>Starting with the 11-month MPH student cohorts entering in summer 2023, the UC Berkeley School of Public Health Careers &amp; Leadership Office (RISE Office) established policies identifying allowable courses and projects for 11-month MPH students to fulfill their APE requirement and processes for</td>
<td>The Council reviewed the school’s response, including attachments, and appreciates the attention to building a process based on existing structures that will meet the unique needs of 11-month MPH students. The Council understands that this change is in the early stage of implementation and reviewed the</td>
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<tr>
<td>All students demonstrate at least five competencies, at least three of which are foundational</td>
<td>Since 2017, the school has not allowed waivers of the applied practice experience requirement. Applied practice experiences may be with governmental, non-governmental, non-profit, industrial, and for-profit settings or appropriate university-affiliated settings. University-affiliated settings must be primarily focused on community engagement, typically with external partners. RISE: Berkeley Public Health Careers &amp; Leadership Office (RISE) provides the academic and administrative structure for the practice component of the MPH program for both students and practicum organizations. The RISE team offers appointments and hosts events and training activities for all MPH programs. The RISE has field consultants who work with students in designated MPH programs to provide additional individual and program-specific support. Field consultants also review and approve all practicum documentation requirements, including ensuring each student attains at least five competencies in at least two work products. The RISE Office also provides resources for preceptors, including written guidelines, expectations, and best practices, as well as a webinar hosted annually each May. During the site visit, students expressed a great deal of satisfaction with the support they received to find, develop, and complete their APEs from the RISE staff, their program managers, and individual faculty. During the site visit, program faculty, field consultants, and RISE leaders described extensive collaborations and frequent interactions to establish and apply the standards for evaluating work products and assessing competency attainment. After training, all field consultants are students to work with their faculty program director and the RISE Office to identify competencies, monitor progress, and be assessed on competency attainment for their APE. Student samples are provided with the school response (see attachment D5.1 11-Month MPH APE).</td>
<td>documentation that is currently available. The Council looks forward to reviewing documentation in the future that demonstrates full implementation of a compliant process and requests that, if possible, the school provide completed documentation for the same students whose preliminary forms were provided with the response.</td>
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</tbody>
</table>
qualified to evaluate student work products and competencies. The director of practice within RISE is a faculty position and serves as the instructor of record for PB HLTH 297, Public Health Field Placement, a three-credit course.

The school supports the online platform PHLEX (Public Health Leadership & Experience Exchange) to house postings from partner organizations, alumni, and public health professionals from diverse sectors and geographic locations. MPH students also use the PHLEX to submit required documentation for the applied practice experience. Field consultants, preceptors, and faculty use PHLEX to review documentation and complete review for grading. A practicum confirmation form details the organization, preceptor, timeline, compensation, and likely objectives and activities for the practicum. The practicum learning agreement documents learning goals and expectations between the student and the organization and identifies the competencies the student plans to demonstrate, the planned activities and timelines associated with these competencies, and two work products the student plans to complete by the end of the experience. At the end of the practicum, students submit two written products that demonstrate relevant competencies that the student identified in their learning agreement. End of the practicum evaluations include student assessments and requested feedback from preceptors. Most programs also require students to present their APE during a seminar session.

The practicum must address a minimum of six unique competencies: at least three foundational competencies, at least two concentration-specific competencies, and at
least one leadership, professionalism, and advocacy competency.

The school provided a list of over 350 student practice placements for the past two calendar years. At least 250 placements were unique. Students completed their APEs with various local and state public agencies in California and across the nation, public school systems, non-health agencies of local government, federal health organizations, healthcare organizations, pharmaceutical and health technology organizations and companies, policy organizations, laboratories and other research or policy activities at UC Berkeley and in other academic settings, and international organizations.

The reviewed portfolios from students in the two-year MPH program and the online MPH program all provided at least two work products that would be meaningful to the host organization and demonstrated competencies. A student in the joint MCP/MPH program completed a traffic collision analysis for the City of Oakland Department of Transportation. A student in the joint MPP/MPH program completed a behavioral health research project for the Hill Physicians Medical Group PPO Team. A student in the MPH epidemiology concentration completed an assessment of agricultural fumigant use and emergency department visits for the California Office of Environmental Health Hazard Assessment. A student in the MPH infectious diseases and vaccinology concentration evaluated community provider treatment practices for gonorrhea and early syphilis at the Kennedy Krieger Institute. A student in the MPH nutrition concentration produced nutrition security policy briefs for Shape Up San Francisco. A student in the online MPH program prepared a report on
a demonstration project for COVID-19 vaccine access for farmworkers and their families in North Carolina for the National Center for Farmworker Health.

During the site visit, preceptors at practice sites universally praised the students, noted the high quality of their work for the organizations, and valued the fresh perspectives they brought to issues. Several preceptors reported that practice experiences frequently led to offers of employment upon graduation. One preceptor, who is the co-founder of a community health organization, advocated for more stipend support for students who seek practice experiences with small, and often underfunded, organizations serving underserved and minority populations.

The concern relates to the APE for the 11-month MPH program. In the self-study document, the school described a course-based practice experience but provided no documentation for reviewers to validate how faculty ensure students meet the requirements and provided no student work products for review. During the site visit, faculty clarified that the 11-month MPH in health policy and management (HPM) has started to use the RISE-based documentation and evaluation structure for APE planning and assessment. Faculty for the 11-month MPH in public health nutrition program described practice experiences during the program planning course that require groups of two to three students to work with a client organization to research a relevant issue and develop a program plan for the organization. Faculty for the 11-month degree in epidemiology described use of the first semester seminar course to have students work on a project at their home organization under the guidance of an on-site preceptor.
RISE leaders described their recent work to establish the 11-month HPM process as best practice. Working with the other 11-month programs, they are formalizing requirements for this enhanced APE (APEX) that they will pilot with the 11-month student cohorts entering in summer 2023.

### D6. DRPH APPLIED PRACTICE EXPERIENCE

<table>
<thead>
<tr>
<th>Criterion Elements</th>
<th>Compliance Finding</th>
<th>Team’s Evidence for Compliance Finding</th>
<th>School/Program Response</th>
<th>Council Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students complete at least one applied project that is meaningful for an organization &amp; to advanced public health practice</td>
<td>Met</td>
<td>The DrPH program requires students to complete a residency that is a structured field experience normally completed in the summer between the first and second academic years. Students complete a residency of 320 hours (equivalent to eight weeks at 40 hours per week). Students may submit a written request to seek approval to complete a shorter residency (minimum 180 hours over nine weeks) based on concurrent experience related to the student’s research and professional goals.</td>
<td>Click here to enter text.</td>
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<tr>
<td>Project(s) allow for advanced-level collaboration with practitioners</td>
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<tr>
<td>Project(s) include reflective component</td>
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<tr>
<td>Qualified individuals assess each work product &amp; determine whether it demonstrates attainment of competencies</td>
<td></td>
<td>Students register for PH 297, Field Residency, for three credit units. Residency activities are under the joint supervision of a designated preceptor from the organization and the school’s DrPH doctoral residency supervisor. The preceptor is a professional working with health issues who has expertise in the assigned project areas, experience and status within the organization, and an interest and competence in supervising and mentoring.</td>
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<tr>
<td>Processes in place to ensure that project(s) demonstrate at least five competencies, including at least one related to leadership</td>
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</table>
The residency may be at the student’s current work setting but needs to be in a role that is new and/or stretches the student with new skills or responsibilities. A residency agreement identifies the student’s learning objectives and interests and integrates these with the site’s needs and opportunities.

A work plan aligns six learning objectives with associated competencies, proposed activities, evidence of learning/products, and timeline. The six required learning objectives include a leadership competency and map to three domains: 1) context (systems and contexts; organizational), 2) capabilities (technical skills and competencies; leadership skills and abilities; core and specialty knowledge), and 3) career (general skills and knowledge). Students tie each objective to competencies, for a total of at least six foundational and/or concentration-specific competencies, including at least one leadership competency.

During the site visit, the faculty program director described the residency experience as highly tailored to the student’s professional goals. There is a multi-point process to develop the residency plan, and the program director has a mid-residency site meeting with the student and preceptor to ensure the experience is on track.

Following the completion of the residency, students meet with the residency supervisor to review the residency products and debrief on the experience, as an opportunity to reflect on growth on individual learning objectives, achievement of competencies, and opportunities for future growth.
Students must produce at least one tangible product (e.g., grant application, research analysis, policy analyses, program plans, evaluation designs, article for publication) during the residency to demonstrate the competencies developed during the placement.

The DrPH program provided a list of 30 practice sites used by students in the past three years. The sites were appropriate settings for students to engage in advanced work with public health practitioners. Sites included the San Francisco Department of Public Health, the Gobee group engaged in technology innovations for global health, UCSF School of Nursing’s Community Health Services, a parents’ advocacy group in Croatia, UCSF/Kenya Medical Research Institute, Avenir Health engaged globally in social and economic development, UCSF Institute for Health Policy Studies, Pathfinders International in Bangladesh, and the school’s Youth Participatory Action Research hub.

The site visit team reviewed work products from five students. All students produced one or more work products that were appropriate for a doctoral-level degree. One student conducted a study to explore the key health issues, challenges encountered, coping strategies implemented, and support needed by unaccompanied female minors during their migration journey, border crossing, and after arrival in the US. Another student worked with the school’s Office of Diversity, Equity, Inclusion, and Belonging on anti-racism initiatives and presented a report on performative allyship. Another student conducted qualitative research and prepared a manuscript on resiliency and barriers to successful aging among rural Latina women.
During the site visit, the faculty program director noted that reflection has been part of a one-on-one debrief with the student of their residency experience. Going forward, the program plans to strengthen and formalize the reflective component. The DrPH program will implement a session for students to briefly present on and reflect about their residency experience to other students in their cohort and to first-year students who are preparing for their residency experiences.

## D7. MPH INTEGRATIVE LEARNING EXPERIENCE

<table>
<thead>
<tr>
<th>Criterion Elements</th>
<th>Compliance Finding</th>
<th>School/Program Response</th>
<th>Council Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students complete project explicitly designed to demonstrate synthesis of foundational &amp; concentration competencies</td>
<td>Met</td>
<td>Most students complete an integrative learning experience (ILE) that requires them to synthesize foundational and concentration competencies. The ILE format varies by concentration. Both environmental health sciences and global health and environment students enroll in the MPH seminar course, write a master’s thesis, and select at least one foundational competency and at least one concentration competency.</td>
<td>In the Online/On-Campus MPH (OOMPH) program, the comprehensive exam long essay competency synthesis questions and grading rubric with competency synthesis as an assessment area were initiated in Spring 2023. The OOMPH comprehensive exam grading rubric, concentration specific long essay competency synthesis questions, and student sample responses from the Spring 2023 Comprehensive Exam and Summer 2023 Comprehensive Exam are provided with the school response (see attachment D7.1 OOMPH Comprehensive Exam ILE). The Council reviewed the school’s response, including attachments, and concluded that the school has demonstrated compliance with this criterion. Therefore, the Council acted to change the team’s finding of partially met to a finding of met.</td>
</tr>
<tr>
<td>Project occurs at or near end of program of study</td>
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<td></td>
</tr>
<tr>
<td>Students produce a high-quality written product</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty reviews student project &amp; validates demonstration &amp; synthesis of specific competencies</td>
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</table>

For epidemiology and biostatistics, students develop a master’s paper with pre-selected foundational and concentration competencies. Health and social behavior students choose one of three options: a public health analysis, quantitative research project, or master’s thesis with pre-selected foundational and concentration competencies.
For health policy and management, MPH and MPH/MBA students complete a capstone project while MPH/MPP students complete an advanced policy analysis. Students select at least one foundational competency and at least one concentration competency. Infectious disease and vaccinology students complete a comprehensive paper, and maternal, child, and adolescent health students complete a capstone research project, both with pre-selected foundational and concentration competencies.

Public health nutrition students complete an ILE paper (11-month students complete a data analysis using STATA and accompanying paper), and on-campus interdisciplinary students complete an MPH research project, both with pre-selected foundational and concentration competencies.

Online MPH students across all concentrations complete a comprehensive exam, with two long essay questions. Starting in spring 2023, students will answer one long essay question pertaining to their concentration and a second question that will cover foundational competencies.

All joint degree students meet the same requirements as standalone MPH students in the same concentration, with minor variations as noted above. Site visitors confirmed that projects occur near the end of the program for all concentrations via instructional documentation in the ERF.

Faculty engage with students and provide feedback and support throughout the ILE regardless of the concentration and option. Faculty members validate synthesis of competencies for some of the concentrations.
via oral presentations of student projects or reviewing drafts of projects throughout the process. Prior to academic year 2022-23, the ILE processes did not include documentation of specific competencies synthesized and an evaluation of competency synthesis as part of the grading rubric for all concentrations. ILEs initiated in the 2022-23 academic year will require selection, synthesis, and evaluation of both foundational and concentration competencies with rubrics or agreement documents.

Site visitors reviewed rubrics and advisor agreement documentation for all concentrations aside from public health nutrition before the site visit and validated that faculty assess products for competency synthesis. During the site visit, public health nutrition faculty explained that they select more than one foundational and concentration competency for the students to synthesize in their ILE projects, which are broken down into component deliverables during the culminating course, “Food & Nutrition Policy & Programs.”

Examples of student projects include “Recovery and Resilience in the Canal Community: An In-Depth Analysis of Economic Impacts and Solutions During the COVID-19 Pandemic;” “Mistreatment in Perinatal Health Care and Mental Health During COVID-19;” “Health Densification? Transit Oriented Development, Green Spaces and Human Impacts;” “Gwendolyn’s Light: Mental Health Promotion and Depression Prevention for High School Aged Youth in Alameda;” and “Relationship between Cognition and Tau Protein Deposition Measured by PET in Subjects with Normal Cognition and within the Alzheimer’s Disease Spectrum: A Systematic Review and Meta-analysis.” The
site visit team validated that the student samples in all campus-based formats are of high quality.

During the site visit, faculty explained that students synthesize more than one each of the foundational and concentration competencies, though reviewers did not see evidence that ILE guidelines and assessment methods for all concentrations explicitly stated this requirement.

Students who met with site visitors said that faculty are available and helpful for their ILE projects.

The concern relates to the reviewers’ inability to validate that the comprehensive exam required for online students’ ILE provides an opportunity for synthesis of more than one foundational and one concentration competency. The site visit team reviewed sample answers to the comprehensive exam questions and found that while students are asked to apply different competencies, the questions do not prompt synthesis of competencies. However, site visitors learned that efforts were underway to implement a more detailed competency assessment system for online students.

**D8. DRPH INTEGRATIVE LEARNING EXPERIENCE**

<table>
<thead>
<tr>
<th>Criterion Elements</th>
<th>Compliance Finding</th>
<th>Team’s Evidence for Compliance Finding</th>
<th>School/Program Response</th>
<th>Council Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students generate field-based products consistent with advanced practice designed to influence programs, policies or systems</td>
<td>Met</td>
<td>DrPH students fulfill the integrative learning experience by completing one of three dissertation options: a standard dissertation, a three-paper option, or a single dissertation.</td>
<td>Click here to enter text.</td>
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</tr>
<tr>
<td>Products allow students to demonstrate synthesis of foundational &amp; concentration competencies</td>
<td>The standard dissertation option follows a specified format that incorporates seven elements outlined in the DrPH student handbook. The three-paper option consists of three articles of publishable quality. The third option, a single-dissertation format such as a book, is an alternative option that must be approved by the student's dissertation committee. Students self-identify four competencies (two foundational DrPH competencies and two DrPH concentration competencies) and develop a dissertation prospectus in consultation with their dissertation and qualifying exam chair and other committee members. DrPH students complete the dissertation prospectus prior to the qualifying exam. Two doctoral seminars (PH 293E and PH 293F) support the completion of the dissertation research. The dissertation chair and the committee review and approve the final dissertation. The dissertation is complete when all committee members have approved the final product and signed off on the DrPH dissertation completion form. The self-study materials presented four high quality dissertations. One dissertation examined how private nonprofit hospital community benefit in the United States aligns with health, and the extent to which racial health inequities are addressed. Another sample dissertation examined the modifiable risk factors associated with eating disturbances, waist-to-height ratio, and cardiovascular biomarkers among a well-characterized cohort of black and white girls in the United States from the National Heart, Lung, and Blood Institute Growth and Health Study (NGHS).</td>
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<tr>
<td>Qualified individuals assess student performance &amp; ensure that competencies are addressed</td>
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</table>
Students from the DrPH program indicated that they feel well supported throughout their program and in their dissertation work. The DrPH students noted their satisfaction with the small class sizes and individual attention and support.

### 9. PUBLIC HEALTH BACHELOR'S DEGREE FOUNDATIONAL DOMAINS

<table>
<thead>
<tr>
<th>Criterion Elements</th>
<th>Compliance Finding</th>
<th>Team’s Evidence for Compliance Finding</th>
<th>School/Program Response</th>
<th>Council Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Curriculum ensures that all elements of all domains are covered at least once (see worksheet for detail)</td>
<td>Met</td>
<td>Required coursework for the bachelor’s degree includes the following six courses:</td>
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<tr>
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<td>• PB HLTH 150A: Introduction to Epidemiology and Human Disease</td>
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<td>• PB HLTH 150B: Human Health and the Environment in a Changing Word</td>
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<td>• PB HLTH 150D: Introduction to Health Policy and Management</td>
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<td>• PB HLTH 150E: Introduction to Community Health &amp; Human Development</td>
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<td></td>
<td></td>
<td>• PB HLTH 142: Introduction to Probability and Statistics in Biology and Public Health</td>
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<td></td>
<td></td>
<td>• DATA 8: Foundations of Data Science</td>
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<tr>
<td>If curriculum intends to prepare students for a specific credential (e.g., CHES), curriculum addresses the areas of instruction required for credential eligibility</td>
<td></td>
<td>Site visitors verified coverage of each of the 11 foundational domains through review of materials.</td>
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<tr>
<td></td>
<td></td>
<td>During the site visit, faculty shared examples of how the core curriculum covers domains. In PB HLTH 150A, students learn about and discuss the 10 greatest public health achievements to demonstrate public health impacts and implications overtime and effects on current</td>
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</table>
practices. They also assess public health functions and practices across the globe and health implications through a COVID-19 lens.

Through case studies in PB HLTH 150E, students critically assess health inequities and community determinants of health, as well as core public health concepts and values.

In PB Health 150D, students review case examples through the lens of the core societal functions of public health, assessment, policy development, and assurance.

The D9 worksheet summarizes reviewers' findings.

### D9 Worksheet

<table>
<thead>
<tr>
<th>Public Health Domains</th>
<th>Yes/CNV</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Concepts and applications of basic statistics</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Foundations of biological and life sciences</td>
<td>Yes</td>
</tr>
<tr>
<td>3. History &amp; philosophy of public health as well as its core values, concepts &amp; functions across the globe &amp; in society</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Basic concepts, methods &amp; tools of public health data collection, use &amp; analysis &amp; why evidence-based approaches are an essential part of public health practice</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Concepts of population health, &amp; the basic processes, approaches &amp; interventions that identify &amp; address the major health-related needs &amp; concerns of populations</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Underlying science of human health &amp; disease, including opportunities for promoting &amp; protecting health across the life course</td>
<td>Yes</td>
</tr>
<tr>
<td>7. Socioeconomic, behavioral, biological, environmental &amp; other factors that impact human health &amp; contribute to health disparities</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Fundamental concepts &amp; features of project implementation, including planning, assessment &amp; evaluation</td>
<td>Yes</td>
</tr>
<tr>
<td>9. Fundamental characteristics &amp; organizational structures of the US health system as well as the differences between systems in other countries</td>
<td>Yes</td>
</tr>
<tr>
<td>10. Basic concepts of legal, ethical, economic &amp; regulatory dimensions of health care &amp; public health policy &amp; the roles, influences &amp; responsibilities of the different agencies &amp; branches of government</td>
<td>Yes</td>
</tr>
<tr>
<td>11. Basic concepts of public health-specific communication, including technical &amp; professional writing &amp; the use of mass media &amp; electronic technology</td>
<td>Yes</td>
</tr>
<tr>
<td>Criterion Elements</td>
<td>Compliance Finding</td>
</tr>
<tr>
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</tr>
<tr>
<td>Met</td>
<td>The school ensures that all public health bachelor's students demonstrate the two foundational competencies.</td>
</tr>
</tbody>
</table>
During the site visit, students expressed satisfaction with the curriculum and coverage of the foundational competencies. The D10 worksheet summarizes reviewers’ findings.

### D10 Worksheet

<table>
<thead>
<tr>
<th>Competency Elements</th>
<th>Yes/CNV</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Public Health Communication</strong></td>
<td></td>
</tr>
<tr>
<td>Oral communication</td>
<td>Yes</td>
</tr>
<tr>
<td>Written communication</td>
<td>Yes</td>
</tr>
<tr>
<td>Communicate with diverse audiences</td>
<td>Yes</td>
</tr>
<tr>
<td>Communicate through variety of media</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Information Literacy</strong></td>
<td></td>
</tr>
<tr>
<td>Locate information</td>
<td>Yes</td>
</tr>
<tr>
<td>Use information</td>
<td>Yes</td>
</tr>
<tr>
<td>Evaluate information</td>
<td>Yes</td>
</tr>
<tr>
<td>Synthesize information</td>
<td>Yes</td>
</tr>
</tbody>
</table>

### D11. PUBLIC HEALTH BACHELOR’S DEGREE CUMULATIVE AND EXPERIENTIAL ACTIVITIES

<table>
<thead>
<tr>
<th>Criterion Elements</th>
<th>Compliance Finding</th>
<th>Team’s Evidence for Compliance Finding</th>
<th>School/Program Response</th>
<th>Council Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students complete cumulative &amp; experiential activities</td>
<td>Met</td>
<td>Students complete a cumulative, integrative, and scholarly or applied experience or inquiry project that serves as a capstone to their education experience through the approved capstone course in the final year or the final two semesters prior to graduation. The school publishes the list of approved capstone course options for the current academic year with a note that they are subject to change.</td>
<td>Click here to enter text.</td>
<td>The Council reviewed the self-study, team’s report, and school’s response and concluded that there are no issues that give rise to commentary. Therefore, the Council acted to change the team’s finding</td>
</tr>
<tr>
<td>Activities require students to integrate, synthesize &amp; apply knowledge &amp; program encourages exposure to local-level professionals &amp; agencies</td>
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</tbody>
</table>
Capstone course options include a senior research seminar, a preparation for public health practice seminar, and a range of topic-specific courses such as maternal and child nutrition and drinking water and health.

The approved capstone courses provide opportunities for students to integrate, synthesize, and apply concepts and methods presented in the breadth courses.

Sample cumulative projects include the following:

- Recommendation Against Use of Virus-neutralizing Monoclonal Antibody Treatment for COVID-19. Analysis provided for Kaiser Permanente
- San Francisco Excess Deaths and 911-Medically related calls during the 2017 Labor Day Heat Wave Event for the San Francisco Health Department
- The Past, Present, and Future of International Food Assistance: A Synthesis Report for Petaluma Bounty

The approved capstone courses offer a variety of ways for students to gain exposure to public health agencies and professionals including guest speakers, field trips, and applied learning projects.

During the site visit, students expressed that they felt supported throughout their undergraduate experience. Partners and preceptors during the site visit expressed great satisfaction in engaging with students in a range of ways including precepting student internships, giving guest lectures, and collaborating on course assignments.

The commentary relates to the students who select the senior research seminar to meet their capstone requirement. During the site visit, faculty shared that...
students in the seminar produce high-quality honors theses; in some of the sample theses provided, there was student collaboration with public health professionals. However, the seminar core content and requirements do not include consistent engagement with public health agencies or professionals.

D12. PUBLIC HEALTH BACHELOR’S DEGREE CROSS-CUTTING CONCEPTS AND EXPERIENCES

<table>
<thead>
<tr>
<th>Criterion Elements</th>
<th>Compliance Finding</th>
<th>Team’s Evidence for Compliance Finding</th>
<th>School/Program Response</th>
<th>Council Comments</th>
</tr>
</thead>
</table>
| Program ensures opportunities available in all cross-cutting areas | Met                | The core coursework and community and professional service opportunities expose students to the 12 cross-cutting concepts and experiences.  
During the site visit, a faculty member shared an example of organizational and community dynamics. In PB HLTH 150 D: Introduction to Health Policy and Management, a guest speaker who is the chair of a local hospital board discusses organizational and community dynamics with regards to barriers to enacting health care system reforms and addressing systemic inequities.  
A staff member explained that the RISE career services office hosts events and activities such as networking with alumni, mock interviews, and resume workshops.  
The core curriculum includes group projects that cover teamwork and leadership, and during the site visit, students shared many examples of opportunities for active engagement in school decision making and student participation. | Click here to enter text.                           |                   |
government. The D12 worksheet summarizes reviewers' findings.

### D12 Worksheet

**Cross-cutting Concepts & Experiences**

<table>
<thead>
<tr>
<th>Yes/CNV</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Advocacy for protection &amp; promotion of the public’s health at all levels of society</td>
</tr>
<tr>
<td>2. Community dynamics</td>
</tr>
<tr>
<td>3. Critical thinking &amp; creativity</td>
</tr>
<tr>
<td>4. Cultural contexts in which public health professionals work</td>
</tr>
<tr>
<td>5. Ethical decision making as related to self &amp; society</td>
</tr>
<tr>
<td>6. Independent work &amp; a personal work ethic</td>
</tr>
<tr>
<td>7. Networking</td>
</tr>
<tr>
<td>8. Organizational dynamics</td>
</tr>
<tr>
<td>9. Professionalism</td>
</tr>
<tr>
<td>10. Research methods</td>
</tr>
<tr>
<td>11. Systems thinking</td>
</tr>
<tr>
<td>12. Teamwork &amp; leadership</td>
</tr>
</tbody>
</table>

### D13. MPH PROGRAM LENGTH

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<tr>
<th>Criterion Elements</th>
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<th>School/Program Response</th>
<th>Council Comments</th>
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</thead>
<tbody>
<tr>
<td>Met</td>
<td></td>
<td>The school requires MPH students to successfully complete 42 to 48 units to earn the degree. The campus-based MPH curriculum takes most students two years to complete the required 48 units. Four MPH plans of study require 42 semester units: 1) joint MPH plans for students enrolled concurrently with other graduate degrees, 2) the 4+1 MPH for those who have successfully completed the BA in public health at UC Berkeley, 3) the On-</td>
<td>Click here to enter text.</td>
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</tbody>
</table>
Campus/Online MPH for working, mid-career professionals, and 4) the 11-month accelerated MPH for a limited number of professionals who have at least a master’s degree or its equivalent.

Program description materials contain sufficient detail on elective credit hours for concentrations by division. Reviewers confirmed that all MPH students, including those enrolled in joint degrees, complete at least 42 semester hours of public health coursework.

Degree credits are measured in semester units, as specified by UC Berkeley’s Academic Senate Regulation. One semester unit of academic credit is the equivalent of 15 classroom lecture hours or seminar contact hours.

### D14. DRPH PROGRAM LENGTH

<table>
<thead>
<tr>
<th>Criterion Elements</th>
<th>Compliance Finding</th>
<th>Team's Evidence for Compliance Finding</th>
<th>School/Program Response</th>
<th>Council Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>DrPH requires at least 36 semester-credits, 48 quarter-credits of post-master’s coursework or equivalent</td>
<td>Met</td>
<td>The DrPH is a full-time campus-based program. The required course work consists of four full-time semesters (48 units = 720 seminar contact hours) and a minimum of 12 units of dissertation research credits (equivalent to 180 hours of dissertation contact hours), for a minimum total of 60 units. Reviewers validated that all students complete at least 36 credits of post-master’s coursework, not including internship hours or dissertation writing. Eight of the required courses (23 credits) are post-master’s level, and DrPH students are expected to work with their faculty</td>
<td>Click here to enter text.</td>
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<tr>
<td>Defines credits appropriately—e.g., credit for thesis writing or independent internship hours not included in 36</td>
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</tbody>
</table>
advisor to identify appropriate upper division courses to fulfill the public health ethics, research methods, and elective requirements.

### D15. BACHELOR'S DEGREE PROGRAM LENGTH

<table>
<thead>
<tr>
<th>Criterion Elements</th>
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<th>Team’s Evidence for Compliance Finding</th>
<th>School/Program Response</th>
<th>Council Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required credit hours commensurate with other similar degrees in institution</td>
<td>Met</td>
<td>Students in the Bachelor of Arts in Public Health complete a minimum of 120 semester units, including 36 upper division units, 21 required units, 10 elective units, and three units for the required capstone in their senior year. The school accepts transfer credit according to agreement policies between the California community colleges and UC Berkeley.</td>
<td>Click here to enter text.</td>
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<tr>
<td>Clear, public policies on coursework taken elsewhere, including at community colleges</td>
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</table>

### D16. ACADEMIC AND HIGHLY SPECIALIZED PUBLIC HEALTH MASTER'S DEGREES

<table>
<thead>
<tr>
<th>Criterion Elements</th>
<th>Compliance Finding</th>
<th>Team’s Evidence for Compliance Finding</th>
<th>School/Program Response</th>
<th>Council Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defines specific assessment activity for each of the foundational public health learning objectives (see worksheet for detail)</td>
<td>Met</td>
<td>The school offers the following academic public health master’s degrees: MA in biostatistics and MS in environmental health sciences, epidemiology, global health and environment, and health and medical sciences.</td>
<td>Click here to enter text.</td>
<td></td>
</tr>
<tr>
<td>Depth of instruction in 12 learning objectives is equivalent to 3-semester-credit course</td>
<td></td>
<td>Students in all academic master’s degrees receive coverage and demonstrate the 12 foundational public</td>
<td></td>
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</tr>
<tr>
<td>Ensures curriculum is grounded in appropriate competencies</td>
<td>health learning objectives in the PB HLTH W200: Foundation of Public Health Practice course; students have the option to enroll in this course for credit or not for credit. This 13-week online course includes readings, lectures, videos, online activities, group assignments, quizzes, discussion forums, and a final exam. The depth of instruction and the number of assessment opportunities is equivalent to a three-credit course.</td>
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<tr>
<td>Curriculum addresses scientific &amp; analytic approaches to discovery &amp; translation of public health knowledge</td>
<td>Each academic master’s curriculum is grounded in a set of five to six competencies outlining the knowledge and skills associated with each degree. In addition, each requires appropriate coursework in population-based scientific and analytic approaches. Required courses in epidemiology and biostatistics (e.g., Epidemiologic Methods I/II, Introduction to Multivariate Statistics, Statistical Analysis of Categorical Data) cover quantitative methods, while PB HLTH W200: Foundation of Public Health Practice covers qualitative methods.</td>
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<tr>
<td>Instruction in scientific &amp; analytic approaches is at least equivalent to a 3-semester-credit course</td>
<td>Students in each academic master’s degree program complete an appropriately rigorous final research project. Formats, which differ by department, include systematic literature reviews, formal meta-analyses, research articles, theses, or a comprehensive examination. The format of the comprehensive exam includes both written deliverables and an oral exam. Student handbooks or other documentation (in the case of the MS in health and medical sciences) include guidelines on the development of these culminating projects.</td>
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</tr>
<tr>
<td>Students produce an appropriately rigorous discovery-based paper or project at or near end of program</td>
<td>The team’s review of the samples provided in the ERF confirmed that products in each degree program are appropriately rigorous and of high quality. During the site</td>
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<tr>
<td>Students have opportunities to engage in research at level appropriate to program’s objectives</td>
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</tbody>
</table>
visit, the team heard multiple examples of the many research opportunities available to students in the school, including research assistantships.

The D16 worksheet summarizes reviewers’ findings.

D17. ACADEMIC PUBLIC HEALTH DOCTORAL DEGREES

<table>
<thead>
<tr>
<th>Criterion Elements</th>
<th>Compliance Finding</th>
<th>Team’s Evidence for Compliance Finding</th>
<th>School/Program Response</th>
<th>Council Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>defines specific assessment activity for each of the foundational public health learning objectives (see worksheet for detail)</td>
<td>Met</td>
<td>The school offers the following academic public health doctoral degree concentrations: biostatistics, environmental health sciences, epidemiology, health policy (with specialization in health economics),</td>
<td>Click here to enter text.</td>
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<tr>
<td>Requirement</td>
<td>Description</td>
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</tr>
<tr>
<td>Depth of instruction in 12 learning objectives is equivalent to 3-semester-credit course</td>
<td>Students in all academic doctoral degrees receive coverage and demonstrate the 12 foundational public health learning objectives in PB HLTH W200: Foundation of Public Health Practice, described in Criterion D16.</td>
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</tr>
<tr>
<td>Ensures curriculum is grounded in appropriate competencies</td>
<td>Each academic doctoral curriculum is grounded in a set of between four and eight competencies outlining the knowledge and skills associated with each advanced degree. Curricula for each degree include sufficient doctoral-specific coursework, with adequate course offerings to allow students who also earned master’s degrees in the program to deepen their knowledge. During the site visit, the team clarified that doctoral students in biostatistics draw on a broad range of doctoral-level courses from across the university. For example, they enroll in courses in statistics, computer science, data science, and computational precision health.</td>
<td></td>
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</tr>
<tr>
<td>Curriculum addresses scientific &amp; analytic approaches to discovery &amp; translation of public health knowledge</td>
<td>In addition, each academic public health doctoral degree requires significant coursework in population-based scientific and analytic approaches. Required courses in epidemiology and biostatics (e.g., Epidemiologic Methods I/II, Introduction to Multivariate Statistics, Statistical Analysis of Categorical Data) cover quantitative methods, while PB HLTH W200: Foundation of Public Health Practice covers qualitative methods.</td>
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<td></td>
</tr>
<tr>
<td>Instruction in scientific &amp; analytic approaches is at least equivalent to a 3-semester-credit course</td>
<td>Students in all academic doctoral degree programs produce an appropriately advanced research project at the conclusion of their program; the format of this project can take the form of a traditional dissertation or a series</td>
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</tr>
<tr>
<td>Students produce an appropriately advanced research project at or near end of program</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Students have opportunities to engage in research at appropriate level</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Curriculum includes doctoral-level, advanced coursework that distinguishes program from master’s-level study</td>
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</tbody>
</table>
of research manuscripts suitable for publication. The team’s review of the samples provided in the supporting documents confirmed that products in each degree program are appropriately rigorous and of very high quality.

Doctoral students have ample opportunities to engage in research. During the site visit, students described research collaborations with faculty and participating in research groups and labs; they also noted the availability of paid research opportunities as well as support provided for students who apply for research funding.

The D17 worksheet summarizes reviewers’ findings.

<table>
<thead>
<tr>
<th>Foundational Knowledge</th>
<th>Yes/CNV</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Explain public health history, philosophy &amp; values</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Identify the core functions of public health &amp; the 10 Essential Services</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Explain the role of quantitative &amp; qualitative methods &amp; sciences in describing &amp; assessing a population’s health</td>
<td>Yes</td>
</tr>
<tr>
<td>4. List major causes &amp; trends of morbidity &amp; mortality in the US or other community relevant to the school or program</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Discuss the science of primary, secondary &amp; tertiary prevention in population health, including health promotion, screening, etc.</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Explain the critical importance of evidence in advancing public health knowledge</td>
<td>Yes</td>
</tr>
<tr>
<td>7. Explain effects of environmental factors on a population’s health</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Explain biological &amp; genetic factors that affect a population’s health</td>
<td>Yes</td>
</tr>
<tr>
<td>9. Explain behavioral &amp; psychological factors that affect a population’s health</td>
<td>Yes</td>
</tr>
<tr>
<td>10. Explain the social, political &amp; economic determinants of health &amp; how they contribute to population health &amp; health inequities</td>
<td>Yes</td>
</tr>
<tr>
<td>11. Explain how globalization affects global burdens of disease</td>
<td>Yes</td>
</tr>
<tr>
<td>12. Explain an ecological perspective on the connections among human health, animal health &amp; ecosystem health (e.g., One Health)</td>
<td>Yes</td>
</tr>
</tbody>
</table>
### D18. ALL REMAINING DEGREES

**Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments**
--- | --- | --- | --- | ---
Not Applicable |  |  |  | 

### D19. DISTANCE EDUCATION

**Criterion Elements** | **Compliance Finding** | **Team’s Evidence for Compliance Finding** | **School/Program Response** | **Council Comments**
--- | --- | --- | --- | ---
Instructional methods support regular & substantive interaction between & among students & the instructor | Met | The school offers and fully administers an online MPH for four concentrations: epidemiology and biostatistics; health policy and management; interdisciplinary; and public health nutrition. | Click here to enter text. | 
Curriculum is guided by clearly articulated learning outcomes that are rigorously evaluated | Met | The online offerings use a hybrid model with mostly online instruction and two visits to campus totaling 15 days. Campus visits allow online students to meet their peers in the campus-based formats as well as faculty that teach outside of the online offerings. The programs offer courses in seven-, eight-, and 15-week formats through fall, spring, and summer semesters. Courses include asynchronous instruction, graded asynchronous structured discussion sessions, applied team projects, synchronous lab sessions, and optional live journal club sessions. Faculty also provide synchronous office hours. |  | 
Curriculum is subject to the same quality control processes as other degree programs in the university | Met |  |  | 
Curriculum includes planned & evaluated learning experiences that are responsive to the needs of online learners | Met |  |  | 
Provides necessary administrative, information technology & student/faculty support services | Met |  |  | 
Ongoing effort to evaluate academic effectiveness & make program improvements | Met | The school began offering the online modality to extend its learning environment and to reduce the existing shortage of trained public health professionals in |  | 

69
Processes in place to confirm student identity & to notify students of privacy rights and of any projected charges associated with identity verification

California and nationally. The online modality offers students who cannot attend place-based programs an opportunity to pursue their MPH.

To ensure rigor, the admissions standards and program quality are the same as the on-campus format. The Online MPH Steering Committee and the Online Education Faculty Steering Committee (a Faculty Council subcommittee) monitor academic rigor, and the Graduate Council reviews the online program for academic rigor and student outcomes on a three-year cycle.

Online courses undergo the same course review and approval process as on-campus courses at both the school and university level. The school reviews online courses annually for student learning and satisfaction and updates courses to remain current. The school also uses three metrics to evaluate the program: student satisfaction, student learning, and instructor satisfaction. Teaching teams, which include an instructional designer, debrief annually for each online course, consider the three metrics, and identify areas for improvement. Improvements include updating course materials and providing instructors with additional course development support as needed.

School faculty and staff provide all administrative, IT, and student support services in-house. The online program’s leadership includes an executive director who is responsible for marketing, recruitment, program administration, financial management, and strategic planning, as well as a faculty director, academic director, and a faculty lead for each concentration to oversee the curriculum.
The director of online student services and advising oversees academic, practicum, and career advising. The director monitors student progress closely and provides support to students and instructors at the first sign of under-performance. The school also receives IT support including exam proctoring, educational technology, and instructional design support through the instructional design team.

Student verification starts once a student matriculates; they receive an official CalNet ID which is required to access all campus systems including the learning management system that hosts course material. The university also uses a two-step authentication process with the CalNet ID, which requires students to authenticate with a timed passcode sent via text every two weeks. Student identity is also verified during their first intensive on-campus visit via driver’s license or passport to receive their student ID card. Faculty also engage with students regularly via Zoom as part of courses and group projects. Finally, each course has a proctored exam, which requires the proctor to verify each student’s ID before beginning the exam.

## E1. FACULTY ALIGNMENT WITH DEGREES OFFERED

<table>
<thead>
<tr>
<th>Criterion Elements</th>
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<th>Team’s Evidence for Compliance Finding</th>
<th>School/Program Response</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Faculty teach &amp; supervise students in areas of knowledge with which they are thoroughly familiar &amp;</td>
<td>Met</td>
<td>The school's 54 Primary Instructional Faculty (PIF) are well qualified to teach and supervise students. All hold a PhD, another doctoral degree in affiliated areas of public health</td>
<td>Click here to enter text.</td>
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</table>
qualified by the totality of their education & experience across the areas of concentrations offered, or an MD degree.

Faculty education & experience is appropriate for the degree level (e.g., bachelor’s, master’s) & nature of program (e.g., research, practice) Degrees cover a range of fields including health promotion; social and behavioral health; health policy and management; gerontology; environmental health; epidemiology; biostatistics; infectious diseases; maternal, child and adolescent health; nutrition; and global health.

Non-PIF (117) who provide regular instruction hold PhD, DrPH, MD, ScD, MPH, MPP, JD, or MBA degrees. Twenty-six non-PIFs also have an MPH degree. Non-PIF have the requisite academic training and expertise appropriate to their areas of instruction and for their other responsibilities within the school, which complement the expertise of the PIF.

### E2. INTEGRATION OF FACULTY WITH PRACTICE EXPERIENCE

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Employs faculty who have professional experience in settings outside of academia &amp; have demonstrated competence in public health practice</td>
<td>Met</td>
<td>The school employs several PIF with significant practice experience in settings outside of academia. Those experiences include service as the director for HIV with the Global Health Program of the Bill and Melinda Gates Foundation; a clinical psychologist for adolescents; a physician with over 30 years practice experience in family medicine and emergency medicine, including 20 years with the City of Berkeley Public Health Division; a nutrition officer and consultant in Zimbabwe and Zambia and with</td>
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<tr>
<td>Encourages faculty to maintain ongoing practice links with public health agencies, especially at state &amp; local levels</td>
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</table>
Regularly involves practitioners in instruction through variety of methods & types of affiliation

the World Bank; a physician who served as an Epidemic Intelligence Service officer and in leadership roles with Centers for Disease Control and Prevention; a healthcare analyst and manager for a large medical organization; and an environmental health advisor for USAID’s Bureau for Global Health. In addition, the school’s dean directed HRSA’s Maternal and Child Health Bureau during the Obama Administration.

The school employs over 100 non-PIF as adjuncts, clinical faculty, lecturers, and joint appointments. Many non-PIF work in practice-based organizations, such as local and state public health and other governmental agencies, healthcare organizations, local and international non-governmental organizations, and consultancies. These faculty integrate their practice experiences into instruction: for example, the vice president of the California Endowment and the senior advocate of Consumers Union’s West Coast office have co-taught a course on advocacy.

The school recently launched the changemaker initiative to equip students with the knowledge, tools, skills, and competencies needed for leading organizational, systems, community, societal, and global change. Primarily practice-based faculty and their community partners teach four micro-courses on leading change, community organizing, public health communication, and public health advocacy.

School faculty invite current public health practitioners, many of whom are program alumni, as guest lecturers in various courses. One example is the executive director of La Clinica de La Raza, a federally qualified health center.
Health department staff teach many of the online courses, such as “R for Public Health.”

## E3. FACULTY INSTRUCTIONAL EFFECTIVENESS

<table>
<thead>
<tr>
<th>Criterion Elements</th>
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</thead>
<tbody>
<tr>
<td>Met</td>
<td></td>
<td>The school evaluates faculty instructional effectiveness through two types of faculty evaluations. Faculty undergo regular merit evaluations every two to three years depending on rank as well as intermittent evaluations for promotion specific to threshold steps; instructional effectiveness is a core element of these merit evaluations. Faculty evaluations include detailed descriptions of teaching quantity and quality. Input for teaching reviews comes from a variety of sources including formal student course evaluations (at the end of each semester), input from former students, the Committee on Teaching Excellence, and the Academic Personnel Committee. Faculty members’ contribution in curriculum development and usage of innovative teaching methods accompanies the student course evaluation data. The school provides many resources to support instructional effectiveness including the Center for Teaching and Learning (university-level), four instructional designers at the school who support the faculty and programs, the Instructional Resiliency Pedagogy Project, teaching town halls, and formal faculty teaching programs such as the Anti-Racist Faculty Pedagogy Academy. During the site visit, several faculty members said that the Center for Teaching and Learning is Click here to enter text.</td>
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is an important source of support for all faculty in pursuing instructional improvement and technology.

To ensure that courses are current, faculty review all course syllabi regularly for currency in the discipline. The review begins in the division, moves to the Educational Policy and Curriculum Committee, and then the University Committee on Curriculum and Instruction. Faculty members also engage in professional development to maintain currency in their areas of instructional responsibility. The school reviews non-PIF after their sixth year of teaching; this includes a review of content expertise and currency of course resources.

The school lists three indicators related to faculty instructional effectiveness. The first is faculty currency, which two committees review. The Changemakers External Task Force charge is to advance additional public health skill competencies. The Educational Policy and Curriculum Committee reviews 10-12% (20-30 courses) of curricula every academic year.

The second indicator is faculty instructional technique review via student satisfaction and student course evaluations. Since 2020, the average instructor effectiveness scores for faculty have been 6.30 mean and 6.59 median on the rating scale of one to seven.

The third indicator tracks teaching assistants trained in pedagogical techniques. UC Berkley requires that all first-time graduate student instructors train on pedagogical techniques.
## E4. FACULTY SCHOLARSHIP

<table>
<thead>
<tr>
<th>Criterion Elements</th>
<th>Compliance Finding</th>
<th>Team’s Evidence for Compliance Finding</th>
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<tr>
<td>Met</td>
<td>Policies &amp; practices in place to support faculty involvement in scholarly activities</td>
<td>The school’s reappointment, tenure, and promotion criteria provide expectations for research and scholarly activities. Expectations include a consistent pattern of growth in research and scholarship; evidence of excellence and productivity to support advancement; as well as impact on knowledge and/or practice that addresses public health needs. The school has intentionally decided to engage in a holistic wide range of research areas. Research expectation metrics vary by discipline, and the school offers a junior faculty mentorship program.</td>
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<tr>
<td>Faculty are involved in research &amp; scholarly activity, whether funded or unfunded</td>
<td>Type &amp; extent of faculty research aligns with mission &amp; types of degrees offered</td>
<td>Faculty integrate their own experiences with scholarly activities into instructional activities</td>
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<tr>
<td>Faculty integrate their own experiences with scholarly activities into instructional activities</td>
<td>Students have opportunities for involvement in faculty research &amp; scholarly activities</td>
<td>The university and school offer resources to support faculty research. At the university level, the Sponsored Projects Office, Berkley Research Development Office, Contract and Grant Accounting, and Berkley Regional Services for Professional Schools Region provide support. These offices help faculty identify potential funding opportunities and to develop proposals, provide training with budgeting and submission, and provide support throughout the entire grant administration lifecycle. At the school level, the associate dean of research and director of research development lead support of the research activities such as providing grant development and writing workshops, one-on-one grant writing consultations, strategy, planning, and promoting and coordinating collaborative research. The director of</td>
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research development is also responsible for informing the faculty about currently funded research and publications. The associate dean of research oversees research policy and regulatory compliance.

The school provides several student opportunities for involvement with faculty research and scholarly activities through the Undergraduate Research Apprenticeship Program, Youth Equity Discovery Experience, California Emerging Infections Program, the Center for Healthcare Organizational and Innovation Research, and California Breast Cancer Research Program and others. Additionally, faculty integrate their research and scholarly activities in courses. For example, one faculty member integrates his published articles into PB HLTH 231A: Analytic Methods for Health Policy and Management to demonstrate how to apply techniques taught. During the site visit, students said that there is an abundance of research support from the faculty at the school.

The school makes decisions about faculty advancement on research and scholarly activities based on publication record, including impact and quality, invitation to deliver lectures, prizes and awards, extramural grant funding, and contributions to diversity, equity, and inclusion.

The school selected four indicators that capture faculty research and scholarship outcomes. The indicators include the percentage of faculty participating in research activities, total research funding, number of grant submissions, and grant success rate.

The percentage of faculty participating in research activities increased from 90% in 2019 to 93% in 2021. The
The total research funding was $86.2 million in 2019 and dropped to $49.7 million in 2020 and $59.5 million in 2021, as a result of the retirements noted in Criterion C2. The number of grant submissions was 274 in 2019, 296 in 2020 and dropped to 227 in 2021. The grant success rate was 43% in 2019, 47% in 2020, and 46% in 2021. All indicators have met or exceeded the school’s self-defined targets for each year.

### E5. FACULTY EXTRAMURAL SERVICE

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<th>Criterion Elements</th>
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<tr>
<td>Met</td>
<td></td>
<td>University and public service is one of the four criteria considered for appointment, promotion, and appraisal. “Services by members of the faculty to the community, state, and nation, both in their special capacities as scholars and in areas beyond those special capacities when the work done is at a sufficiently high level and of sufficiently high quality, should likewise be recognized as evidence for promotion.” The school identifies faculty extramural service as an expectation that reflects commitment to the school’s aim to improve the health and welfare of the communities with which the school collaborates and serves. Extramural service may include professional service, efforts to improve public health, participation in community programs, policy development, outreach, and support of diversity, equity, and inclusion. Salary support for ladder-rank faculty is inclusive of service activities, including extramural service activities.</td>
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The school’s director of research development, pre- and post-award personnel, and a business contracts office are available to identify and support funding opportunities for service-oriented or community-based initiatives. The school is recruiting a senior executive dean for practice and chief social impact officer who will help facilitate faculty extramural service activities for collective social impact.

Review of faculty CVs document that faculty members have served and are serving on numerous and varied boards, committees, and advisory groups of local, state, national, and international organizations, both governmental and nongovernmental. Faculty CVs almost uniformly delineate strong records of non-university service.

The self-study highlighted several examples of extramural service that involved students. For over 10 years, an HPM faculty member has served on the board of trustees of a community-based hospital that serves a predominantly public insurance population in San Francisco. She incorporates her experience as a board member, and now board chair, into courses on healthcare strategy and healthcare finance to address issues of capital investments, hiring organizational leadership, and organizational governance.

The instructor and students in the Drinking Water and Health course worked with the city of Berkeley to locate and map all public water fountains in the city and identify disparities in location and condition based on the socioeconomic status of neighborhoods. Their work helped guide the city’s maintenance work.
The instructor and students in an undergraduate mental health course worked with an associate executive dean to develop a new peer advising group to help reduce student stress.

A September 2022 survey of faculty identified 37 faculty-student service collaborations. Faculty self-reported faculty-student collaborations in PB HLTH 204A: Mass Communication in Public Health and PB HLTH 223C: Strategic Management in the Health Care Sector, and programs such as the Youth Equity Discovery Initiative and Berkeley Kavli Center for Ethics, Science, and the Public.

During the site visit, the associate dean for faculty and academic affairs reiterated the school’s commitment to extramural service and collaborations and the resulting expectations of faculty. She identifies one of her roles as articulating that commitment, those expectations, and the resulting faculty accomplishments when preparing packages for faculty advancement and promotion.

### F1. COMMUNITY INVOLVEMENT IN SCHOOL/PROGRAM EVALUATION & ASSESSMENT

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<tr>
<td>Engages with community stakeholders, alumni, employers &amp; other relevant community partners. Does not exclusively use data from supervisors of student practice experiences</td>
<td>Met</td>
<td>The school regularly engages with stakeholders, including alumni and public health leaders, for input on strategic planning, curriculum content and currency, and alignment of curricula with public health practice and research needs. Formal structures for input include the Dean’s Advisory Board and the Public Health Alumni Association.</td>
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<td>Ensures that constituents provide regular feedback on all of these:</td>
<td>The school established the Dean’s Advisory Board in 1993 to advise the dean and support the school’s mission. The current board includes 15 members representing leaders across the public health workforce, and some are also alumni.</td>
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<tr>
<td>• student outcomes</td>
<td>The Public Health Alumni Association (PHAA) fosters personal and professional relationships among students and alumni. The volunteer board of directors leads the association and comprises 18 elected directors, one director appointed by the dean, and three student representatives appointed by the student body. The dean serves as an ex-officio board member. The PHAA meets regularly throughout the academic year, and through its standing committees, sponsors programs, events, and activities to promote the mutual professional development of students and alumni.</td>
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<td>• curriculum</td>
<td>The school convenes two additional constituent groups to strengthen community engagement. The Changemakers External Task Force is a group of 16 members representing public health executives and advisors who have led change in health organizations and systems. The school formed the task force to ensure that students enhance their public health competencies in leadership, communication, community organizing, and advocacy.</td>
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<td>• overall planning processes</td>
<td>The school formed the Community Action Board Planning Committee in spring 2021 to ensure representation of diverse community voices in the school’s decision-making and goals of becoming an anti-racist institution. Honoraria support the five members.</td>
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<td>• self-study process</td>
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Additionally, the school gathers input on the effectiveness of the curriculum and changing public health practice needs from surveys of practicum preceptors, alumni, and employers. For example, recent findings from the alumni survey indicate that alumni seek further development in leadership competencies. In response, the school formed the Changemakers External Task Force. Feedback from preceptors not only informs which competencies are most important in different work settings, but also provides the school and faculty with insights for improving the process for current and future preceptor organizations.

The school’s external partners contribute to ongoing school operations. School leaders facilitate presentations and discussions at regularly scheduled meetings to collect feedback, discuss findings, and monitor plans for improvements. Criterion B2 provides additional information about how the school engaged stakeholder groups with updating the strategic plan and aligning it with meaningful measures to evaluate the school’s progress in advancing its mission.

During the site visit meeting with stakeholders, members of the Dean’s Advisory Board and PHAA confirmed their involvement with the strategic plan update and self-study preparation. A board member described his positive experiences sharing feedback directly with the dean. PHAA directors, preceptors, and employers also shared examples of providing feedback to the dean and other school leaders. One employer said she finds it exciting when public health positions in her organization are filled by former students, including ones she mentored. All meeting participants expressed that the school invites
their feedback, responds appropriately, and treats them as valuable community partners.

## F2. STUDENT INVOLVEMENT IN COMMUNITY & PROFESSIONAL SERVICE

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<tr>
<td>Makes community &amp; professional service opportunities available to all students</td>
<td>Met</td>
<td>The school provides numerous community and professional service opportunities that are available to all students. These opportunities expose students to contexts in which public health work is performed outside of an academic setting and emphasize the importance of learning and contributing to professional advancement of the field.</td>
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<tr>
<td>Opportunities expose students to contexts in which public health work is performed outside of an academic setting &amp;/or the importance of learning &amp; contributing to professional advancement of the field</td>
<td></td>
<td>The school’s student services office begins sending communications to students in the summer before they matriculate to establish a line of communication and provide information. The assistant dean for students sends a Friday Note and a weekly student digest each week to share a curated list of events, opportunities, and resources. The school’s orientation introduces all public health students to community members and resources to connect with student organizations and networks. Starting in fall 2020, all incoming students participate in a virtual, interactive anti-racism workshop facilitated by alumni to provide them with skills that will help them in service work. The same alumni teach an elective course each spring, “Anti-Racist and Racial Justice Praxis,” to</td>
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teach students skills and tools to advance an anti-racist agenda within the field.

The school’s chief of diversity, equity, inclusion, and belonging writes monthly statements to increase the visibility and amplify the voices of community members. Each statement includes opportunities for students to engage in community actions or events, as well as training and mental health resources.

RISE: Berkeley Public Health Careers & Leadership Office provides additional leadership and training experiences such as Leadership Day, Leadership Boot Camp, Public Health 291 leadership course, Public Health Leadership and Experience Exchange (PHLEX), and Career Champions.

The DREAM office (Diversity, Respect, Equity, Action, Multiculturalism) supports the creation of a public health workforce that mirrors the demographics of communities by providing professional development and community service opportunities for prospective and current students who have faced historical, economic, and educational barriers.

The school’s student government and university campus have dozens of committees for students to engage in shaping policy in a wide range of areas such as environmental, housing, and transportation initiatives. Students have participated in community and professional service through affinity and cohort groups such as the Alianza Latinx for Public Health Action, Asian & Pacific Islander Women’s Circle, and Black Advocates for Equity in Health.
Reviewers confirmed during the site visit meeting with students that the school provides ample community and service opportunities for all students, as well as relevant training and support to prepare students to fully engage in the opportunities.

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<tr>
<td>Provides activities that address professional development needs of the current public health workforce</td>
<td>Met</td>
<td>The school regularly provides activities that address professional development needs of the local, regional, national, and global public health workforce through multiple modalities including workshops, webinars, and micro-courses. The school collects and responds to feedback to tailor professional development opportunities to expressed needs. The school describes four recent examples in the self-study document. Two activities were in response to the COVID-19 pandemic. During the first year of the pandemic, the school addressed the need to disseminate factual, evidence-based information to counter the abundance of misinformation by delivering, “COVID-19: Disparities, Dialogue, &amp; Dissemination (A Communication Training Series).” The school’s RISE office partnered with three registered student organizations to host the six-part training series from January through March 2021, serving 94 external participants. Three school faculty were among the featured speakers who explained COVID-19 health disparities and how to communicate COVID-19 research and findings to the public.</td>
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The school’s Labor Occupational Health Program (LOHP) partnered with UCLA’s Labor Occupational Safety and Health Program (LOSH), to develop and launch the Young Worker Leadership Academy. The program is in response to the absence of youth in the California Partnership for Young Worker Health and Safety, a statewide working group representing teachers, parents, job trainers, enforcement and education agencies, and employers. During the annual three-day program, the academy teaches high school students from around California about their rights in the workplace and strategies for making changes in their communities. Since 2005, 23 academies trained over 500 youth workers, who served their communities through activities such as promoting job safety and presenting to school boards to advocate for policy change.

The Statewide Education of Dental Professionals in California: Patient Communications is an ongoing training program delivered by the school’s Health Research for Action center in partnership with dental professionals to jointly develop and conduct trainings to dental professionals in California and other states and has served over 2,000 participants.
During the site visit, stakeholders expressed high satisfaction with the professional development opportunities UC Berkeley provides for the current public health workforce. Stakeholders said that the school asks them about their professional development needs and works to address them.

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## G1. DIVERSITY & CULTURAL COMPETENCE

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<tr>
<td>Defines appropriate priority population(s)</td>
<td>Met</td>
<td>The school defines underrepresented minority (URM) applicants and students as individuals self-reporting as American Indian/Alaska Native, Black/African American, Native Hawaiian/Pacific Islander, or Chicano/Latino. Additionally, the school is committed to first generation, low income, disabled, neurodiverse, LGBTQI+, undocumented, and formerly incarcerated individuals as well as those formerly in the foster system, student parents, immigrants, and veterans. The school selected these populations based on the university’s diversity statement, which identifies the need to remove barriers to recruitment, retention, and advancement for individuals from historically excluded populations that are currently underrepresented.</td>
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<td>Identifies goals to advance diversity &amp; cultural competence, as well as strategies to achieve goals</td>
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<tr>
<td>Learning environment prepares students with broad competencies regarding diversity &amp; cultural competence</td>
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<tr>
<td>Identifies strategies and actions that create and maintain a culturally competent environment</td>
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<tr>
<td>Practices support recruitment, retention, promotion of faculty (and staff, if applicable), with attention to priority population(s)</td>
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<tr>
<td>Practices support recruitment, retention, graduation of diverse students, with attention to priority population(s)</td>
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Regularly collects & reviews quantitative & qualitative data & uses data to inform & adjust strategies.

Perceptions of climate regarding diversity & cultural competence are positive.

bodies, and the state of California. They invest funding and effort to reach out and recruit a large applicant pool.

The school established the Anti-racism, Diversity, Equity, Inclusion, Belonging, and Justice (ADEIBJ) Strategic Framework 2022 with goals related to teaching and learning, social impact, belonging, and infrastructure. Examples of goals include:
1. Advance effectual anti-racist and racial justice pedagogy and praxis in school curriculum.
2. Recruit, admit, and matriculate diverse cohorts of student changemakers in public health and social justice.
3. Increase financial opportunities unique to supporting intersectional identities.
4. Attract, hire, and retain invisibilized and absent faculty, other academics, and staff by strengthening ADEIBJ processes and practices.

The school engages in many strategies to achieve the goals set out in the strategic plan including offering satellite advising hours with the Education Opportunity Program (EOP) office to host bi-weekly advising sessions for undergraduate public health students from underrepresented populations. Other campus partners also provide pre-application workshops to underrepresented populations.

The school completed a two stage process as part of the strategic plan, an anti-racism community needs assessment and a diversity, equity, inclusion, belonging, and justice data review and inventory collection, which will inform the policies and procedures for graduate student recruitment and admissions such as expanding networksof...
prospective students and establishing pipelines for underrepresented applicants by building partnerships with minority serving institutions, community based organizations, and campus clubs. Strategies focused on faculty and staff include updating its faculty search plan, training faculty equity advisors in diversity practices for faculty searches, and joining the first university faculty cluster hire efforts.

The school maintains a culturally competent environment through a variety of methods including hosting an Anti-racism Student Experience Workgroup, hosting an anti-racism training during welcome week, and requiring graduate students to complete a course on community-based participatory methods. Other examples include weaving cultural competence in courses such as PH 210: Foundations of Maternal and Child Health Policy, Practice and Science and hosting a Weight Inclusive Public Health Symposium, a Sexual Violence and Sexual Harassment Prevention Committee, and a Wellness and Sustainability Committee.

To measure its success with recruiting and admitting its priority populations, the school uses data from ASPPH and Cal Answers. It also collects demographic information about faculty through Cal Answers. Among the school’s graduate programs, the MPH program has had the highest acceptance for URM students between 2019 and 2022. The school also tracks enrollment, student completions, and faculty/staff demographics to monitor progress. Between 2019 and 2021, URM graduate student enrollment headcounts increased from 152 to 215. During the same time period, URM faculty increased slightly from 16% to
18%, and URM staff, representing 20% of total staff, remained stable.

The school uses multiple methods to measure faculty, staff, and student perceptions of the school’s climate. The school used the annual climate survey from 2016 through 2019 and sent it to all faculty, other academics, staff, and students. The data showed that discrimination by position and race/ethnicity still occurs, that there is a disconnect between how faculty and staff thought they prioritized mental health versus treatment of students, and a lack of opportunities for creating and strengthening community within the school. As a result of the findings, the dean and his leadership team focused on advancing the strategic plan, promoting mental health and well-being, and supporting community building.

The school’s 2020 baseline anti-racism survey was administered to all academics, faculty, staff, and students to gain perspective on the school as an anti-racist institution. Two significant results were that students were more likely than other members of the community to identify as targets of racial mistreatment and that students were more motivated to learn and employ anti-racism techniques than other members of the community. In response to the results, the school established the Student Experience Workgroup, which set goals focusing on anti-racism education through implementation of an elective course, incorporating content and behaviors in syllabi, and incorporating anti-racism community agreements into environmental health sciences courses.

The school switched to more frequent student pulse surveys to collect data in real time. During the 2021-22
academic year, 88% of respondents scored courses at 4.0 or higher out of 5.0 when asked about whether courses foster a respectful and inclusive environment. The school supplements these methods with course evaluations looking at climate and instructor engagement. Across these methods, perceptions of climate were generally positive including ratings of an average of 6.58 out of 7.0 for climate regarding faculty. During the site visit, faculty and staff said that they also collected qualitative data such as information on microaggressions, and the dean has discussed findings during regular meetings with the faculty and students. The school has a feedback loop to improve the climate.

During the site visit, members of Dean’s Advisory Committee talked highly about the dean’s perspective and actions toward increasing diversity at the school. They mentioned that there is an open conversation and transparency about diversity.

One alumni board member also said that the dean shared the cultural climate survey result with them and invited their feedback.

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<tr>
<td>Students have ready access to advisors from the time of enrollment</td>
<td>Met</td>
<td>Each graduate student has a faculty advisor in their area of concentration who is prepared to discuss the student's program of study, academic progress, and career goals.</td>
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Advisors are actively engaged & knowledgeable about the curricula & about specific courses & programs of study.

is the faculty advisor’s responsibility to assist the student in developing an optimal program that meets the requirements for the degree and ensures sufficient flexibility to meet the student’s individual goals. Faculty advisors are expected to be available to advise students during orientation week, early in each student’s first semester, and at least once per semester. In addition, there are graduate student affairs officers (GSAOs) who are responsible for the administrative advising of graduate students. GSAOs remind students about registration and fellowship deadlines, stay abreast of university requirements, and manage requisite administrative paperwork. Program managers also advise students on enrollment policies and procedures and track and review student progress on degree requirements. Program managers, GSAOs, and faculty program directors host regular check-ins with students and are available for one-on-one advising appointments. Program staff also send announcements throughout the semester so that students are aware of upcoming deadlines and resources for academic and professional development and student well-being. Some programs schedule group advising sessions attended by all students, faculty advisors, the faculty program director, and the program manager.

Qualified individuals monitor student progress & identify and support those who may experience difficulty.

Orientation, including written guidance, is provided to all entering students.

Faculty advisors for graduate students are assigned by the faculty program director based on each student’s research and professional interests and faculty availability. For PhD programs, faculty advisors are identified during the PhD admissions process; a faculty advisor is matched with a student based on interests and funding opportunities and is identified in the admission offer letter. The faculty program director meets with any faculty member who is new to the advisor role to discuss.
advisor responsibilities and introduce advising resources. Programs document the roles and responsibilities of faculty advisors in their student handbooks and other handouts shared with faculty.

The undergraduate program managers also serve as academic advisors, offering remote and in-person advising services for currently declared undergraduate students, prospective public health majors, global public health minors, and prospective transfer students. They advise students on public health major application requirements, course enrollment procedures, planning for study abroad, and applying for the 4+1 MPH program. Advisors review student progress on degree requirements, identify problems with academic progression, and recommend interventions. The academic advisors select and support a cohort of student peer advisors as another resource for new students.

Annually, the school has a student orientation to welcome new graduate students. Students are greeted by the school dean, graduate division dean, and the assistant dean for students, and get to meet with faculty, staff, and other students. Orientation includes topical breakout sessions: in 2022 those included library services, data services, mental health supports, concurrent program meetups, and doctoral program meetups. Other sessions provide opportunities to meet their cohort, the faculty, and learn about their specific program(s). Specific programs, including the 11-month MPH programs and 4+1 MPH programs, host events to provide new graduate students with an overview of degree requirements, program policies, student resources, and research and service opportunities. The online MPH program has
virtual orientations for the fall and spring incoming cohorts that are conducted over a one-week period.

All undergraduate students newly admitted to the public health major are invited to participate in an online new student orientation program conducted by the academic advisors after the fall and spring application cycles.

In addition to the school’s student handbook, each program has a program-specific student handbook with course requirements and recommended course sequencing; most also include descriptions of the advising process, including expectations for student initiative in that process.

The 2022 annual exit survey (66% response rate) documented that over 90% of graduate students were satisfied or very satisfied with academic advising in terms of the knowledge of their faculty advisor in their specific field and in general in the field of public health; 79% were satisfied with the availability and accessibility of their faculty advisor. From the undergraduate student exit survey (71% response rate), students rated satisfaction (satisfied or very satisfied) with public health academic advisors at 78% regarding selecting courses and at 89% for establishing a plan to complete the major.

During the site visit, students from both the residential and online programs reported that faculty advisors and program managers were readily available to provide guidance, resolve issues, and ensure the student remains on track for graduation. After describing the ways they support students, one program manager summarized
with “we are the one who make things happen” for students.

### H2. CAREER ADVISING

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<td>Students have access to qualified advisors who are actively engaged &amp; knowledgeable about the workforce &amp; provide career placement advice</td>
<td>Met</td>
<td>The school’s career services team, located within the RISE, consists of the director of career services (1.0 FTE) and two career and practicum specialists (2.0 FTE). The masters-trained director, who was recruited from the university’s career center four years ago, has extensive experience with graduate and undergraduate students in healthcare and public health fields. The specialists have master’s degrees in counseling and extensive experience in career development with graduate students and early-career professionals. Specialists complete an extensive onboarding and training process facilitated by the director, including significant shadowing, and receive ongoing training on best practices in counseling techniques, public health careers, and technical systems. The career services team provides one-on-one career counseling, practicum support for MPH students, an online platform for students and alumni, employer and community partnerships, trainings and workshops, and accessible digital resources. Students and alumni may schedule one-on-one counseling regarding career development, job search, networking, job offers, resume writing, application for professional or advanced degrees, etc. In 2021-22, 2.0 FTE staff provided 840 one-on-one sessions. In January 2020, career services launched the</td>
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<td>Variety of resources &amp; services are available to current students</td>
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<tr>
<td>Variety of resources &amp; services are available to alumni</td>
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PHLEX to manage appointments; support students searching for educational and job opportunities; post school, employer, and community events and opportunities; and structure practicum support services.

In 2021-22, career services hosted 1,355 postings on PHLEX: the majority were full-time jobs, 222 were practicum opportunities, and 143 were on-campus student positions. Through PHLEX, career services distribute a weekly student digest of new opportunities and upcoming deadlines for jobs, fellowships, and practicums. The RISE office uses an internal Google site, accessible to users within the berkeley.edu domain, to house digital resources such as sample resumes and cover letters, job search guides, and video recordings of past virtual events.

Undergraduate public health students primarily receive career support services from the campus career center. Services available include advising appointments (online and in-person), access to Handshake (job portal), job search skills (resume and cover letter assistance, networking, interviewing), support in identifying internships, fellowships, and research opportunities, graduate school resources, and career fairs, workshops, events, and courses. Undergraduate public health majors also have access to PHLEX. The undergraduate program promotes on-campus and off-campus career opportunities and public health events through a weekly newsletter that is sent out to prospective students, public health majors, and global public health minors.

The school hosted its 22nd annual Career Café in 2022. Career services staff recruited public health professionals.
to serve as breakout group hosts for a virtual event that invites current students to learn about diverse career paths within public health through small-group networking with alumni/professionals around various themes (healthcare operations, community-engaged research). The 2022 event had 27 professionals (70% were alumni) interact with over 100 students. In February 2022, career services staff recruited 15 professionals to serve as mock interviewers for 30-minute virtual sessions with graduate students: 47 mock interviews were scheduled. Three years after graduation, an MPH alumna made extensive use of career services to explore a job change into a new sector, handle the application and interview process, consider multiple offers, and negotiate for her new position.

In the 2022 exit survey (140 respondents, 66% response rate), 77% of graduate students reported being satisfied or very satisfied with the RISE office, including career services. For undergraduate students, 60-65% were satisfied or very satisfied and 30-35% were neutral regarding advice on career options from both public health academic advisors and faculty advisors. The responses were similar regarding providing networking contacts.

During the site visit, school leaders noted the important role of the RISE career services team in preparing and supporting students as they enter the workforce or pursue further graduate study. Students and faculty both reported the equally important role of faculty in providing individualized career advice during academic advising and collaboration for capstone projects. Students reported benefiting from connections with alumni that were
facilitated by the career services team. During the site visit, alumni reported strong enduring connections with and career advice from faculty after graduation.

## H3. STUDENT COMPLAINT PROCEDURES

<table>
<thead>
<tr>
<th>Criterion Elements</th>
<th>Compliance Finding</th>
<th>Team’s Evidence for Compliance Finding</th>
<th>School/Program Response</th>
<th>Council Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Defined set of policies &amp; procedures govern informal complaint resolution &amp; formal student complaints &amp; grievances</td>
<td>Met</td>
<td>The school’s student handbook has sections devoted to the school’s grade grievance and appeals procedures and to graduate appeal procedures with hyperlinks to relevant university policies and procedures. The grounds for grade grievances include the following: application of non-academic criteria, such as considerations of race, politics, religion, sex, or other criteria not directly reflective of performance related to course requirements; sexual harassment, and improper academic procedures that unfairly affect a student’s grade.</td>
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<tr>
<td>Procedures are clearly articulated &amp; communicated to students</td>
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<tr>
<td>Depending on the nature &amp; level of each complaint, students are encouraged to voice concerns to unit officials or other appropriate personnel</td>
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<td>Graduate appeal procedures provide a graduate student an opportunity to resolve complaints about dismissal from graduate standing, placement on probationary status, denial of readmission to the same program, disputes over joint authorship of research in accordance with joint authorship policies of campus departments or units, and other administrative or academic decisions that terminate or otherwise impede progress toward academic or professional degree goals. For grade appeals, the student submits the case in writing to the school’s assistant dean for students, who forms an ad hoc grievance committee composed of three faculty</td>
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<tr>
<td>Designated administrators are charged with reviewing &amp; resolving formal complaints</td>
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<tr>
<td>All complaints are processed &amp; documented</td>
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98
members, including a committee chair, only two of whom may be from the same program. The grievance committee also includes two students in good standing appointed by the graduate student council. The grievance committee’s recommendation must be reviewed by the university's Committee on Courses of Instruction.

The university’s Office for the Prevention of Harassment and Discrimination oversees campus compliance with University of California and UC Berkeley policies prohibiting protected category discrimination and harassment (including sexual harassment and violence). It maintains a detailed website with policies and procedures, and related procedural flow charts, for students, faculty, and staff. The university also has an Ombuds Office for Students and Postdoctoral Appointees, which has a mission to provide an informal dispute resolution process in which the Ombudsperson advocates for fairness, justice, respect for differences, and reasonable solutions to student and postdoctoral issues and concerns.

When a concern is expressed by a student, the individual (faculty, staff, or other campus official) hearing the concern encourages the student to bring the issue to the attention of the school’s assistant dean for students, the chief of diversity, equity, inclusion and belonging, or other student services staff or faculty. It is the school’s desire to resolve the issue with the least disruption to the student through informal discussions with the instructor or faculty advisor. During the site visit, the chief of diversity, equity, inclusion, and belonging (DEIB) reported maintaining a spreadsheet of all concerns received. Annually, she summarizes the nature of those concerns and resolutions.
in a report for school leadership and faculty. The chief of DEIB noted that many students just want to come forward to let someone that they trust be aware of their observation or concern.

If the student is not comfortable with the school's process, the assistant dean for students will refer the student to the campus ombudsperson for consultation and mediation. The ombudsperson will schedule an informal meeting with the student and others involved. If these informal procedures fail to settle the matter, the student may initiate a formal grievance within the school. A student may make a complaint directly to the university.

In the past three years, there have been two formal student complaints. A DrPH student filed a complaint against a faculty member for differential treatment by race and for fostering an overall negative classroom environment. The faculty member was informed of the complaint and there was a meeting with the faculty member, the executive associate dean, the assistant dean for students, and the campus-wide vice provost for faculty equity and welfare. Ultimately, the faculty member was provided a list of resources to support behavior modification and was removed from the teaching team for the cohort for the following academic year to give them a chance to work on their teaching and to avoid further harm to the students. The faculty member also provided an unsolicited written apology to the students.

An MPH student complained about mistreatment due to race in relation to an accusation of cheating. The situation could not be resolved informally, and the school recommended that the student make a formal complaint.
to the university and allow the regular campus-wide process to unfold.

### H4. STUDENT RECRUITMENT & ADMISSIONS

<table>
<thead>
<tr>
<th>Criterion Elements</th>
<th>Compliance Finding</th>
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<th>School/Program Response</th>
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<tr>
<td></td>
<td>Met</td>
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<tr>
<td>Implements recruitment policies designed to locate qualified individuals capable of taking advantage of program of study &amp; developing competence for public health careers</td>
<td></td>
<td>For the graduate programs, in-person and online admission and recruitment events are presented throughout the year. Online webinars with general information about degree options, application process, and tuition fees and financial aid are available about once a month, and attendance ranges from 20 to 50 participants. The admissions team also conducts office hours, workshops, and concentration specific events during the fall season with attendance ranging from five to 15 attendants. Anually, the school hosts campus-based sessions for prospective students. The master’s pre-application advising session is hosted after the application period has opened to help prospective students learn about how to prepare a strong application and assess if the school is the right fit. About 125 to 135 prospective applicants attend. A fall conference hosted by current students engages about 100 prospective students both in person and online. The spring visit day engages about 130 to 150 admitted students online and in person in getting to better know the school and the specific concentrations, faculty, and opportunities. In addition, the online MPH program actively recruits students year-round.</td>
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<tr>
<td>Implements admissions policies designed to select &amp; enroll qualified individuals capable of taking advantage of program of study &amp; developing competence for public health careers</td>
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</table>
The school also participates in professional and graduate recruitment activities for prospective students, including the annual APHA conference, the virtual This is Public Health Graduate School Fair, joint events hosted by Powerhouse, California Forum for Diversity in Graduate Education, UC Davis Pre-health Conference, UC Merced Graduate and Professional School Fair, NIH Graduate and Professional School Fair, Cal State University - East Bay, Graduate School Recruitment Fair at Morehouse College, and Boston College: Healthcare Graduate School Fair.

Partnering with community-based organizations and professional programs such as Mentoring in Medicine and Science, California Department of Public Health-Cal State University Health Sciences Internship, Health Career Connection (HCC), and Americorps Health Fellows has allowed the school to broaden its reach with individuals from underrepresented backgrounds who already have demonstrated a commitment to pursuing public health, medical, or science careers.

For the undergraduate major, UC Berkeley students apply to the public health major in their fourth or fifth term. The school coordinates with the Letters & Science College biological sciences advising neighborhood to share information about the major and to host joint information sessions during Golden Bear Orientation for incoming freshmen and transfer students. The public health major hosts two information sessions during the first week of classes, a general information session and a transfer-oriented information session. During the school year, the undergraduate public health program team, including student peer advisors, hosts general information and pre-application workshops with various partners on campus.
The program also maintains a prospective student email listserv for students interested in the public health major or global public health minor.

The university’s graduate division dictates graduate program admissions requirements. Basic requirements include a bachelor’s degree or recognized equivalent from an accredited institution; a satisfactory scholastic average, usually a minimum B average (3.0) or equivalent (focused on work completed in the last two years of a bachelor’s degree program and in all post-baccalaureate coursework); enough undergraduate training to do graduate work in their chosen area of study; evidence of English language proficiency; and required applications materials, including CV or resume, statement of purpose, personal history statement, letters of recommendation, and transcripts. Students may submit an exception memo to the above requirements, which the dean of the graduate division would review and approve.

In addition to the graduate division’s requirements for admission, some programs have program-specific requirements for an application to be reviewed. For example, online MPH applicants need at least one college-level mathematics or statistics course completed with at least a grade of B+ or equivalent. DrPH applicants must have a minimum of two years of professional public health experience post-master’s degree that shows progressive responsibility and evidence of leadership potential. Health policy and management 11-month MPH applicants must be clinicians holding doctoral degrees (MD, DDS, PharmD, etc.) or on that pathway (student, resident, fellow). The MPH and DrPH programs have made the GRE optional only through 2023, when the requirement will be reassessed.
The GRE requirement for MS, MA, and PhD programs is at the discretion of the academic divisions.

The school appoints a head graduate advisor (HGA) with oversight over admissions policies and practices for the MPH and DrPH programs. Academic graduate groups for MS, MA, and PhD programs have their own designated faculty HGA. The student services admissions and recruitment unit oversees centralized admissions procedures and policies. The admissions team and individual program managers serve as liaisons with the graduate division. Each academic program has its own processes for determining the makeup of its admissions committees. Most programs have a combination of faculty and student reviewers. DREAM (Diversity, Respect, Equity, Action, Multiculturalism) office staff support admissions committees by providing input and advocating for students from underrepresented backgrounds. Leadership encourages programs to have an equity advisor and individuals from a diversity of backgrounds on each committee.

Individual programs use their own rubrics. Rubrics are to be holistic and include measures related to diversity and other non-cognitive measures. Each year, the admissions team and chief of DEIB offer holistic review and admissions training for reviewers. Programs recommend applicants for admission: the graduate division reviews/approves applicants and sends official offer letters. The application deadline is December 1 for most programs. Application review takes place between December and April with 85-90% of applicants having an admissions decision before mid-March.
The online MPH program is a professional self-supporting degree program with admissions review standards set by the director of academic advising and lead faculty of the interdisciplinary program. They review the standards annually to ensure compliance with graduate division requirements. The online MPH admissions and recruitment team oversees the application process. Within each area of study, the team sends completed applications to the faculty admissions committees for first and second application reviews with the academic lead faculty providing the final faculty review. The team submits admission recommendations to the graduate division for final review and approval.

The public health undergraduate major has two application cycles, one at the end of fall semester and one at the end of the spring semester. Students must have completed specific courses as part of the admissions requirements (seven units of biological sciences, one year of math, and three social science courses) by the end of their fourth or fifth semester at UC Berkeley. Students may not apply to the major past their fifth semester at UC Berkeley. The major will accept transfer credit, AP credit, and IB credit to fulfill some of the requirements. Student applications include statement of purpose (500-600 words total), personal history statement (400 words), unofficial transcripts, prerequisite information and GPA calculation form, and resume or CV. Students with a GPA of 2.75 or lower on the prerequisite course are asked to explain why they have been experiencing academic difficulties in their personal history statement.

The school caps the public health major at 440 seats. If the total number of applicants keeps the total class size below
the school admits all applicants without further review. If not, multiple committee members conduct a holistic review of all applicants and look at academics (grades and course load), leadership, work/volunteer experience, and essays. Academic performance and a student’s ability to articulate their passion for public health are equally important in the review process.

The school has been successful in meeting or exceeding its targets for enrollment of students accepted for admission to its graduate programs. In 2021-22, 59% of priority underrepresented students and 65% of priority first-generation students accepted offers of admission. During the site visit, school leaders noted that the biggest barrier to enrolling accepted students is the financial burden of the cost of living in the Bay Area.

During the site visit, school and program leaders discussed their efforts to ensure that accepted students have the academic background to be successful in their graduate studies. They reported intentional efforts to be very transparent regarding the expected rigor or specific focus of what each degree program offers. DREAM office staff provide a one-week summer seminar just before the first day of class to provide some students with extra resources for a successful entry into the academic environment. Matriculating students also can access online resources to be better prepared for the required epidemiology and biostatistics courses.
## H5. PUBLICATION OF EDUCATIONAL OFFERINGS

<table>
<thead>
<tr>
<th>Criterion Elements</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Met</td>
<td></td>
<td>The university and the school provide current, accurate, and publicly available online resources, including course catalogs, academic calendars, admissions policies, grading policies, academic integrity standards, and degree completion requirements.</td>
<td>Click here to enter text.</td>
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<tr>
<td>Catalogs &amp; bulletins used to describe educational offerings are publicly available</td>
<td>Met</td>
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<tr>
<td>Catalogs &amp; bulletins accurately describe the academic calendar, admissions policies, grading policies, academic integrity standards &amp; degree completion requirements</td>
<td>Met</td>
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<tr>
<td>Advertising, promotional &amp; recruitment materials contain accurate information</td>
<td>Met</td>
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AGENDA

Sunday, April 23, 2023

5:00 pm  Site Visit Team Executive Session

Monday, April 24, 2023

8:45 am  Team Setup on Campus

9:15 am  Guiding Statements and Evaluation

<table>
<thead>
<tr>
<th>Participants</th>
<th>Topics on which participants are prepared to answer team questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Michael Lu, MD, MS, MPH - Dean</td>
<td>Guiding statements – process of development and review? (Criterion B1)</td>
</tr>
<tr>
<td>2. Julianna Deardorff, PhD - Associate Dean of Faculty and Academic Affairs</td>
<td>Evaluation processes – how does program collect and use input/data? (Criteria B2, F1)</td>
</tr>
<tr>
<td>3. Mahasin Mujahid, PhD, MS, FAHA - Epidemiology Division Head</td>
<td>Resources (personnel, physical, IT) – who determines sufficiency? Acts when additional resources are needed? (Criteria C2-C5)</td>
</tr>
<tr>
<td>4. Jennifer Ahern, PhD, MPH - Associate Dean for Research</td>
<td>Budget – who develops and makes decisions? (Criterion C1)</td>
</tr>
<tr>
<td>5. Deborah Barnett, PhD, MS - Chief of Curriculum &amp; Instruction</td>
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<tr>
<td>6. Ché L Abram, MBA - Chief of Diversity, Equity, Inclusion and Belonging</td>
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<tr>
<td>7. Quin Hussey, MPH - Assistant Dean for Students</td>
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<tr>
<td>8. Michelle Azurin, MPH - Associate Director of Admissions and Recruitment</td>
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<tr>
<td>9. Denise Cronin - Assistant Dean for Financial Affairs &amp; CFO</td>
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<tr>
<td>10. Seana Van Buren - Assistant Dean of Administration &amp; Chief of Staff</td>
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<tr>
<td>11. Anne Clayman, JD, MBA - Senior Organizational Consultant</td>
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10:30 am  Break
### Curriculum 1 - MPH and DrPH Foundational Knowledge and Competencies, MPH (EHS, GHE, EPI, HSB, HPM, MCAH), MBA/MPH (HPM), MPP/MPH (HPM), MSW/MPH (HSB, MCAH), MCP/MPH (HSB, EHS), MJ/MPH (HSB, EHS, EPI/BIO), DrPH, BA

<table>
<thead>
<tr>
<th>Participants</th>
<th>Topics on which participants are prepared to answer team questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Deborah Barnett, PhD, MS - Chief of Curriculum &amp; Instruction</td>
<td>MPH &amp; DrPH Foundational knowledge (Criterion D1)</td>
</tr>
<tr>
<td>2. Jay Graham, PhD, MBA, MPH - EHS/GHE MPH Faculty Program Director</td>
<td>Foundational competencies – didactic coverage and assessment (Criteria D2 &amp; D3)</td>
</tr>
<tr>
<td>3. Sadie Costello, PhD, MPH - EHS Associate Adjunct Professor</td>
<td>MPH &amp; DrPH Concentration competencies – development, didactic coverage, and assessment (Criterion D4)</td>
</tr>
<tr>
<td>4. Gladys Stout - EHS Program Manager</td>
<td>MPH &amp; DrPH Integrative learning experiences (Criteria D7 &amp; D8)</td>
</tr>
<tr>
<td>5. Patrick Bradshaw, PhD - Epi Associate Professor</td>
<td>Public health bachelor’s degrees (Criteria D9-D12)</td>
</tr>
<tr>
<td>6. Mahasin Mujahid, PhD, MS, FAHA - Epidemiology Division Head</td>
<td>Distance education (Criterion D19)</td>
</tr>
<tr>
<td>7. Sandi McCoy, PhD, MPH - Epi Professor in Residence</td>
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<tr>
<td>8. Lauren Krupa, MS - EPI/BIOS Program Manager</td>
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<tr>
<td>9. Kim MacPherson, MPH, MBA - HPM MPH Faculty Director, MBA/MPH and MPP/MPH concurrent degrees</td>
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<tr>
<td>10. Denise Herd, PhD - CHS Division Chair, HSB Faculty Program Director</td>
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<tr>
<td>11. Jessica Ko, MA - HSB Program Manager</td>
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<tr>
<td>12. Julie Deardorff, PhD - MCAH MPH Faculty Program Director</td>
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<tr>
<td>13. Corinne Riddell, PhD, MSc - Biostatistics Assistant Adjunct Professor</td>
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<tr>
<td>14. Carly Strouse, MPH, DrPH - DrPH Faculty Program Director</td>
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<tr>
<td>15. Lisa Barcellos, PhD, MBA - Interdisciplinary Program Faculty Director</td>
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</tr>
<tr>
<td>16. Patricia Cruz - Undergraduate Academic Advisor &amp; Co-Manager</td>
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<tr>
<td>17. Lauren Magsanay, MA - Undergraduate Academic Advisor &amp; Co-Manager</td>
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<tr>
<td>18. Robin Flagg, PhD, MPH – HPM Lecturer</td>
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#### Break & Lunch in Executive Session

#### Curriculum 2 - MPH (IDV, Interdisciplinary, PHN), MJ/MPH (IDV), PhD (IDI)

<table>
<thead>
<tr>
<th>Participants</th>
<th>Topics on which participants are prepared to answer team questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Deborah Barnett, PhD, MS - Chief of Curriculum &amp; Instruction</td>
<td>Concentration competencies – development, didactic coverage, and assessment (Criterion D4)</td>
</tr>
<tr>
<td>2. Fenyoug Liu, PhD - Infectious Disease Professor</td>
<td>Integrative learning experiences (Criteria D7 &amp; D8)</td>
</tr>
<tr>
<td>3. Eva Harris, PhD - IDI PhD Faculty Program Director</td>
<td>Academic public health degrees (Criteria D17)</td>
</tr>
<tr>
<td>4. Teresa Liu - IDV Program Manager</td>
<td>Distance education (Criterion D19)</td>
</tr>
<tr>
<td>5. Anke Hemmerling, PhD, MPH - Interdisciplinary MPH Faculty Program Director</td>
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<tr>
<td>6. Barbara Laraia, PhD, MPH, RD - PHN Faculty Program Director</td>
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<tr>
<td>7. Carol Hui, MS, RD - PHN Program Manager</td>
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### Participants

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<thead>
<tr>
<th>Number</th>
<th>Name</th>
<th>Degree and Field</th>
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<tbody>
<tr>
<td>1</td>
<td>Erin Buckner, 11-month MPH, MCAH</td>
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<tr>
<td>2</td>
<td>Sylvana Marquina, 11-month MPH, MCAH</td>
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<td>3</td>
<td>Sydney Tucker, 2-year MPH, Epidemiology</td>
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<td>4</td>
<td>Alondra Ruiz, 2-year MPH, HPM</td>
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<td>5</td>
<td>Jeenal Mehta, 2-year MPH, HPM</td>
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<td>6</td>
<td>Annalisa Watson, 2-year MPH, MCAH</td>
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<td>7</td>
<td>Maddy Griffith, 2-year MPH, MCAH</td>
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<td>8</td>
<td>Abena BakenRa, 4+1, Epidemiology</td>
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<td>9</td>
<td>Oscar Ramos, 4+1, Epidemiology</td>
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<td>10</td>
<td>Larissa Benjamin, DrPH</td>
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<td>11</td>
<td>Silvana Larrea Schiavon, DrPH</td>
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<td>12</td>
<td>Jessica Fields, JMP (MS, HMS)</td>
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<tr>
<td>13</td>
<td>Alex Drakos, MBA/MPH</td>
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<td>14</td>
<td>Ariel Siegel, MPH, Health &amp; Social Behavior, EPCC Student Representative</td>
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<tr>
<td>15</td>
<td>Pamela Torresdey, MPH, Health Policy &amp; Management, Student Government Co-Lead</td>
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<tr>
<td>16</td>
<td>Brent Siegel, MPH, IDV</td>
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<tr>
<td>17</td>
<td>Stephanie Pass, OOMPH, Epi/Bio</td>
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<td>18</td>
<td>Debbie Lindes, OOMPH, HPM</td>
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<td>19</td>
<td>Jacqueline Denkabe, OOMPH, PHN</td>
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<tr>
<td>20</td>
<td>Agastya Mondal, PhD, Epidemiology</td>
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<tr>
<td>21</td>
<td>Emily Liu, PhD, Epidemiology</td>
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### Topics on which participants are prepared to answer team questions

- Student engagement in school operations ([Criterion A3](#))
- Curriculum (competencies, APE, ILE, etc.) ([Criterion D](#))
- Resources (physical, faculty/staff, IT) ([Criteria C2-C5](#))
- Involvement in scholarship and service ([Criteria E4, E5, F2](#))
- Academic and career advising ([Criteria H1 & H2](#))
- Diversity and cultural competence ([Criterion G1](#))
- Complaint procedures ([Criterion H3](#))

### Schedule

- **2:00 pm**  Break & Transport to Hotel
- **3:00 pm**  Students' Feedback & Input (hosted via Zoom)
- **4:00 pm**  Site Visit Team Executive Session
- **5:00 pm**  Adjourn
Tuesday, April 25, 2023

8:45 am Team Setup on Campus

9:30 am Curriculum 3 - PhD (BIOS, EHS, EPI, HPM), MA (BIOS), MS (EHS, GHE, JMP - HMS), MPH APE, DrPH APE, OOMPH ILE

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>1. Deborah Barnett, PhD, MS - Chief of Curriculum &amp; Instruction</td>
<td>Applied practice experiences (Criteria D5 &amp; D6)</td>
</tr>
<tr>
<td>2. Alan Hubbard, PhD - Biostatistics Division Head</td>
<td>Academic public health degrees (Criteria D16 &amp; D17)</td>
</tr>
<tr>
<td>3. Lauren Krupa, MS - EPI/BIOS Program Manager</td>
<td>Distance education (Criterion D19)</td>
</tr>
<tr>
<td>4. Sadie Costello, PhD, MPH - EHS Associate Adjunct Professor</td>
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<td>5. Gladys Stout - EHS Program Manager</td>
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<td>6. Mahasin Mujahid, PhD, MS, FAHA - Epidemiology Division Head</td>
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<tr>
<td>7. Will Dow, PhD - HP PhD Faculty Director</td>
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<tr>
<td>8. Jyothi Marbin, MD - JMP Faculty Program Director</td>
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<tr>
<td>9. Gustavo Valbuena, MD, PhD - JMP Head of Foundational Sciences Through Problem Based Learning Curriculum</td>
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<tr>
<td>10. Carly Strouse, MPH, DrPH - DrPH Faculty Program Director</td>
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<tr>
<td>11. Jen Lachance, DrPH - DrPH Continuing Lecturer (DrPH APE)</td>
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<tr>
<td>12. Caitlin Green, MA - Director of Career Services (MPH APE)</td>
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<tr>
<td>13. Kandis Rodgers, MA - Career and Practicum Specialist (MPH APE)</td>
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<tr>
<td>14. Evan vanDommelen-Gonzalez, DrPH, MPH - Berkeley Public Health Online Faculty Program Director</td>
<td></td>
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</table>

10:45 am Break
### Instructional Effectiveness

<table>
<thead>
<tr>
<th>Participants</th>
<th>Topics on which participants are prepared to answer team questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Amanda Brewster, PhD, MSc - Assistant Professor of Health Policy and Management</td>
<td>Currency in areas of instruction &amp; pedagogical methods (Criterion E1)</td>
</tr>
<tr>
<td>2. Sadie Costello, PhD, MPH - EHS Associate Adjunct Professor</td>
<td>Scholarship and integration in instruction (Criteria E3 &amp; E4)</td>
</tr>
<tr>
<td>3. Alejandro Schuler, PhD - Biostatistics Assistant Professor in Residence</td>
<td>Extramural service and integration in instruction (Criterion E5)</td>
</tr>
<tr>
<td>4. Julianna Deardorff, PhD - Associate Professor and Program Head, MCAH; Associate Dean of Faculty and Academic Affairs</td>
<td>Integration of practice perspectives (Criterion E2)</td>
</tr>
<tr>
<td>5. Jennifer Ahern, PhD, MPH - Professor of Epidemiology; Associate Dean for Research</td>
<td>Professional development of community (Criteria F3)</td>
</tr>
<tr>
<td>6. Fenyong Liu, PhD - Infectious Disease Professor</td>
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<tr>
<td>7. Deborah Barnett, PhD, MS - Chief of Curriculum &amp; Instruction</td>
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</tbody>
</table>

11:00 am

#### Break & Lunch in Executive Session

#### 12:45 pm Strategies & Operations

<table>
<thead>
<tr>
<th>Participants</th>
<th>Topics on which participants are prepared to answer team questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Michael Lu, MD, MS, MPH - Dean</td>
<td>Diversity and cultural competence – who develops the targets, who reviews the data and how are changes made based on the data? (Criterion G1)</td>
</tr>
<tr>
<td>2. Ché L Abram, MBA - Chief of Diversity, Equity, Inclusion and Belonging</td>
<td>Recruiting and admissions, including who chose the measures and why did they choose them (Criterion G1)</td>
</tr>
<tr>
<td>3. Julianna Deardorff, PhD - Associate Dean of Faculty and Academic Affairs</td>
<td>Advising and career counseling, including who collects and reviews the data (Criteria H1 &amp; H2)</td>
</tr>
<tr>
<td>4. Michelle Azurin, MPH - Associate Director of Admissions and Recruitment</td>
<td>Staff operations (Criterion C3)</td>
</tr>
<tr>
<td>5. Caitlin Green, MA - Director of Career Services</td>
<td>Complaint procedures (Criterion H3)</td>
</tr>
<tr>
<td>6. Quin Hussey, MPH - Assistant Dean for Students</td>
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<tr>
<td>7. Seana Van Buren - Assistant Dean of Administration &amp; Chief of Staff</td>
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<tr>
<td>8. Denise Cronin - Assistant Dean for Financial Affairs &amp; CFO</td>
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</table>

1:45 pm

#### Break & Transport to Hotel
3:00 pm  Stakeholder/ Alumni Feedback & Input (hosted via Zoom)

<table>
<thead>
<tr>
<th>Participants</th>
<th>Topics on which participants are prepared to answer team questions</th>
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</thead>
<tbody>
<tr>
<td>1. Janet Leader - PHAA Board (MPH 1983)</td>
<td>Involvement in school evaluation &amp; assessment (Criterion F1)</td>
</tr>
<tr>
<td>2. BingYune Chen - PHAA Board (MPH 2010)</td>
<td>Perceptions of current students &amp; school graduates</td>
</tr>
<tr>
<td>3. David Newhouse - PHAA Board (MPH 1979)</td>
<td>Perceptions of curricular effectiveness (Criterion B5)</td>
</tr>
<tr>
<td>5. Charis Baz - Alumni (MPH 2017)</td>
<td>Integration of practice perspectives (Criteria D7 &amp; D8)</td>
</tr>
<tr>
<td>6. Dick Levy - Dean's Advisory Board</td>
<td>School delivery of professional development opportunities (Criterion F3)</td>
</tr>
<tr>
<td>7. Michael Bird - Dean's Advisory Board (MPH 1983)</td>
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</tr>
<tr>
<td>9. Tammy Pilisuk - Internship/Practicum Preceptor, CDPH Immunization Branch</td>
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<tr>
<td>10. Roberto Vargas - Internship/Practicum Preceptor, Contra Costa Regional Medical Center</td>
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<td>11. David Moore - Internship/Practicum Preceptor, Intrinsic Environment, Health &amp; Safety</td>
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<td>12. Alli Cuentos - Internship/Practicum Preceptor, SisterWeb</td>
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<tr>
<td>13. Wendi Gosliner, Internship/Practicum Preceptor, Project Scientist/Unit Director, Nutrition Policy Institute</td>
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<tr>
<td>14. Lony Haley Nelson, Internship/Practicum Preceptor, Training, Exercise and Credentialing Coordinator, San Francisco Department of Emergency Management (SFDEM)</td>
<td></td>
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</tbody>
</table>

4:00 pm  Site Visit Team Executive Session

5:00 pm  Adjourn

Wednesday, April 26, 2023

8:30 am  University Leaders (hosted via Zoom)

<table>
<thead>
<tr>
<th>Participants</th>
<th>Topics on which participants are prepared to answer team questions</th>
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</thead>
<tbody>
<tr>
<td>1. Ben Hermalin, PhD - Executive Vice Chancellor and Provost</td>
<td>School's position within larger institution (Criteria A1 &amp; A4)</td>
</tr>
<tr>
<td>2. Vicky Plaut, PhD, MSc - Vice Provost for the Faculty</td>
<td>Provision of school-level resources (Criterion C)</td>
</tr>
<tr>
<td>3. Lisa Garcia Bedolla, PhD - Vice Provost for Graduate Studies and Dean of the Graduate Division</td>
<td>Institutional priorities</td>
</tr>
<tr>
<td>4. Dania Matos, JD - Vice Chancellor for the Division of Equity &amp; Inclusion</td>
<td></td>
</tr>
<tr>
<td>5. Rachel Morello-Frosch, PhD, MPH - Budget Committee Member, Academic Senate / EHS Professor, SPH</td>
<td></td>
</tr>
</tbody>
</table>
9:00 am  Break & Check Out of Hotel
10:00 am  Site Visit Team Executive Session
12:00 pm  Site Visit Team Working Lunch
1:00 pm   Exit Briefing