

REVIEW FOR ACCREDITATION  
OF THE  
MASTER OF PUBLIC HEALTH PROGRAM  
AT  
DES MOINES UNIVERSITY – OSTEOPATHIC MEDICAL CENTER

COUNCIL ON EDUCATION FOR PUBLIC HEALTH  
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## Table of Contents

INTRODUCTION.....	1
MEETING OF CEPH CRITERIA.....	3
Criterion I. Mission and Goals .....	4
Criterion II.A. Accredited Institutions .....	5
Criterion II.B. Organizational Setting .....	7
Criterion III. Governance .....	8
Criterion IV. Resources .....	10
Criterion V.A. Professional Degrees and Concentrations .....	13
Criterion V.B. Core Knowledge, Practice, and Culminating Experience .....	14
Criterion V.C. Learning Objectives .....	16
Criterion V.D. Assessment of Student Achievement .....	17
Criterion V.E. Academic Degrees.....	17
Criterion V.F. Joint Degrees .....	17
Criterion V.G. Nontraditional Format .....	18
Criterion VI. Research .....	18
Criterion VII. Service.....	19
Criterion VIII.A. Faculty Qualifications .....	21
Criterion VIII.B. Faculty Development .....	22
Criterion VIII.C. Faculty Diversity.....	23
Criterion IX.A. Student Recruitment and Admissions .....	24
Criterion IX.B. Student Diversity .....	25
Criterion IX.C. Advising and Career Counseling .....	26
Criterion IX.D. Student Roles in Governance .....	27
Criterion X.A. Ongoing Evaluation.....	28
Criterion X.B. Self-Study Process.....	29

## Introduction

This report presents the findings of the Council on Education for Public Health (CEPH), the recognized accrediting body for graduate schools and programs of public health, about the graduate program in public health at Des Moines University – Osteopathic Medical Center (DMU–OMC). The program's review for accreditation included a self-study process conducted by the program's constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and an on-site visit June 20 and 21, 2005 by a team of external peer reviewers. During the on-site visit, the team had the opportunity to interview both college and university officials, program faculty, students and community representatives. The team also reviewed various documents provided on site, at the request of the team. The site visit team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

The Des Moines University – Osteopathic Medical Center was founded as the Dr SS Still College of Osteopathy in 1898. This occurred just six years after the founding of the first school of osteopathic medicine in Kirksville, Missouri in 1892 by Dr Andrew Still, the founder of the osteopathic medical philosophy; the college in Des Moines was renamed Still College in 1905. The college continued to grow and during the 1940s the name was changed to the Des Moines Still College of Osteopathy and Surgery to reflect the broader curriculum pursued by its medical students. It was during this time that the college acquired a hospital and clinic to provide training facilities for students and additional health care settings for the community. In 1958 the name was again changed, this time to the College of Osteopathic Medicine and Surgery. In 1971, the Dietz Diagnostic Center was established, which became a major outpatient facility associated with the osteopathic medical college. In 1972, the college moved to its present 22-acre site on Grand Avenue in Des Moines. Since the time of its founding, the college has educated almost 10,000 osteopathic physicians. There are currently 22 schools of osteopathic medicine in the United States.

Recognizing the need for additional members on the health care team, the board of trustees in 1980 voted to establish the College of Podiatric Medicine and Surgery (CPMS) and the College of Health Sciences (CHS). These colleges along with the College of Osteopathic Medicine (COM) comprise the medical center.

The CPMS is the first podiatric college in the United States to become part of a health sciences university. The Doctor of Podiatric Medicine (DPM) was awarded by the college for the first time in 1986. It is one of only seven schools of podiatric medicine in the country.

The CHS offers a physician assistant program, health care administration program, physical therapy program, and a public health program. The Master of Public Health (MPH) program was added in 1999, the same year that the university changed its name to the Des Moines University – Osteopathic Medical Center.

The university's commitment to wellness extends beyond education programs in the delivery of health care. Through a free medical care program for the unemployed in central Iowa, "We Do Care," approximately 1,000 temporarily unemployed individuals and their families are provided health care through the university clinic. Students and faculty also provide free health services and screenings to the community and its underserved children and families. The university is also involved in charity events, sporting events, and corporate wellness programs. The MPH program can be a strong addition to this environment of outreach to the community.

This report is prepared in two sections. The first, "Meeting of CEPH Criteria," analyzes the program's compliance with the *Criteria for Accreditation of Community Health/Preventive Medicine Graduate Programs*, amended January 2002. The second section, "Site Team Observations and Recommendations," is not adopted by the CEPH governing body and is intended only to offer consultation and advice of the site visit team to program officials as they proceed with supporting and sustaining the growth and development of the program.

## **Meeting of CEPH Criteria**

This report presents the findings of the Council on Education for Public Health, the nationally recognized accrediting agency for graduate education in public health, about the Master of Public Health program at Des Moines University – Osteopathic Medical Center and the program’s conformance with the criteria. Based on information provided in a self-study document, interviews with the program’s constituents during an on-site visit and review of other materials provided to a team of evaluators, CEPH finds the DMU – OMC MPH program to be in compliance with the criteria in the following ways:

### **Characteristics of a Graduate Program in Community Health/Preventive Medicine**

**To be considered eligible for accreditation review by the Council on Education for Public Health (CEPH) a graduate program in community health/preventive medicine shall have the following characteristics:**

- 1. The program and its faculty shall have the same rights, privileges and status as other programs which are components of its parent institution.**
- 2. The program shall be coordinated with other disciplines which address the health of the community and focus on instruction, research, and community service. The special learning environment of a program shall provide for interdisciplinary communication, development of professional public health concepts and values, and stress problem-solving.**
- 3. The program shall provide access to a wide array of both academic and professional interests and activities that relate to the health of the public. The program should be part of a rich intellectual climate that stimulates and facilitates multidisciplinary exchanges of ideas between academics and professionals. The program should facilitate an environment which stimulates both individual creativity and initiative and collaborative and cooperative activity among its faculty.**
- 4. The program shall have faculty and other human, physical, financial and learning resources to provide both breadth of educational opportunity in the basic public health knowledge areas noted in Criterion V. and depth of educational opportunities in any areas of specialization that may be offered.**
- 5. The program shall plan, develop and evaluate its instructional, research and service programs in such a way as to assure sensitivity to the perceptions and needs of its students and to combine educational excellence with applicability to the world of public health practice.**

These characteristics are evident, for the most part, in the MPH program at DMU–OMC. The program is based in the CHS, one of three colleges in the DMU–OMC. The 45-credit program is a generalist degree. Dual degrees are available in health administration (MPH/MHA), osteopathic medicine (DO/MPH) and podiatry (DPM/MPH).

The MPH program provides students with numerous opportunities to develop public health initiatives for urban and rural populations, as well as underserved populations in the local area. The practitioner-scholar faculty who teach in the program are active participants in the local public health community and bring their experience into the classroom.

The MPH and MHA budgets were combined under the Division of Health Management, which was dissolved in April 2005. Beginning in July 1, 2005, the budgets are separate to support better fiscal accountability. A new business model instituted on the university-level requires that the program cover 85% of its expenses, with most revenues coming from tuition. The program has instituted a practitioner-scholar program which has increased the faculty teaching in the program and brought public health practice directly into the classroom. Practitioner-scholars are health professionals working in the community who have demonstrated aptitude for teaching and advising MPH students. Although 10 full-time, practitioner-scholars, and adjunct faculty devote time to the MPH program, it amounted to only 1.87 full-time equivalent (FTE) faculty in the past academic term, calling into question the adequacy of the resources to support the program.

Students have access to a supportive faculty complement that is involved in teaching and community service, but currently conducts very little research because of the shortage of full-time faculty devoted to the program. The practice community is very supportive of the program and would like to increase interaction with the faculty and students.

The program offers courses in the 5 areas of knowledge basic to public health and ensures that students acquire skills and experience in public health. The culminating experience is incorporated in the internship experience and includes a 60-hour field study, a 60-hour practice related project, and a written paper and oral presentation based on the project. Students admitted to the MPH program after May 1, 2005 are required to complete the capstone course, which is designed to “facilitate the integration and synthesis of content through critical thinking,” and will be considered a culminating experience.

### **Criterion I. Mission and Goals**

**The program shall have a clearly formulated and publicly stated mission with supporting goals and objectives.**

This criterion is met with commentary. The MPH program has a clear and concise mission statement that reflects the vision and values statements developed by the program. The mission statement appears below:

The DMU-MPH program serves humanity through advancing and disseminating core public health knowledge through teaching, research, and practice in an active partnership with our students and the public health community.

There are three goal statements addressing each of the three core functions of the program:

**Educational Goal**

To deliver core public health competencies through a stimulating educational experience using practiced professionals, practitioner scholars, and faculty to meet the needs of a highly motivated student body where feedback is sought and incorporated in a continuous evaluation of the program.

**Service Goal**

To provide leadership to the public health communities through active service on boards and committees, provide public health content expertise to the larger community of health care, and serve as mentors and examples to public health students in community service.

**Research Goal**

To advance public health knowledge from an evidence-based perspective, translate evidence-based knowledge into the public health curriculum, and facilitate the transfer of new knowledge into public health practice.

Each of the goals has objectives by which the program should be able to evaluate progress toward carrying out its missions and meeting its goals. The objectives stated in the self-study are a series of strategies and activities that the program will use to reach its goals. Quantitative objectives should be developed to serve as benchmarks against which the program can compare collected outcome data.

**Criterion II.A. Accredited Institutions**

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

This criterion is met. The university was founded as the Dr S. S. Still College of Osteopathy in 1898. After several name changes, it became known as the Des Moines University – Osteopathic Medical Center. Today the university offers multiple medical and allied health degrees and is comprised of the College of Osteopathic Medicine (COM), the College of Podiatric Medicine and Surgery (CPMS), and the College of Health Sciences (CHS). DMU is a private university operated by a board of trustees and the only educational institution in Iowa limited to providing degrees in the health sciences. Figure 1 depicts the organizational structure of the DMU–OMC.

The CHS is headed by a dean. Several graduate programs are part of the college including: physical therapy; post-professional physical therapy; physician assistant; health administration; and public health. The university has a single campus with an annual enrollment of more than 1,100 students and is located in the downtown area of Des Moines, Iowa. Des Moines, the capital city of Iowa, has a population in excess of 400,000, and is recognized as a center for government, education, business, culture and the arts. The city is home to many insurance companies, one of the largest collections of such businesses in the world.

Figure 1. Organizational Chart of Des Moines University – Osteopathic Medical Center



DMU–OMC is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools. The COM is accredited by the Bureau of Professional Education of the American Osteopathic Association; the CPMS is accredited by the American Podiatric Medical Association. Specialized accrediting agencies accredit the graduate programs in the CHS.

The CHS is headed by a dean who was formerly the director for the Division of Health Management and director of the MPH program. The Division of Health Management, which formerly housed the MPH and MHA programs, and the Division of Physical Therapy were dissolved in April 2005 by the dean of CHS. The directors of the MHA and the MPH programs now report directly to the dean of CHS.

Budgetary and resource allocation through fiscal year 2004 were included in the Division of Health Management and managed by the director of the division who also served as the dean of the college. The MPH and MHA programs and budgets will be separated beginning July 1, 2005. The program director will make the budgetary recommendations directly to the dean of the college. Modifications are made based on need and increases in revenue through increased tuition.

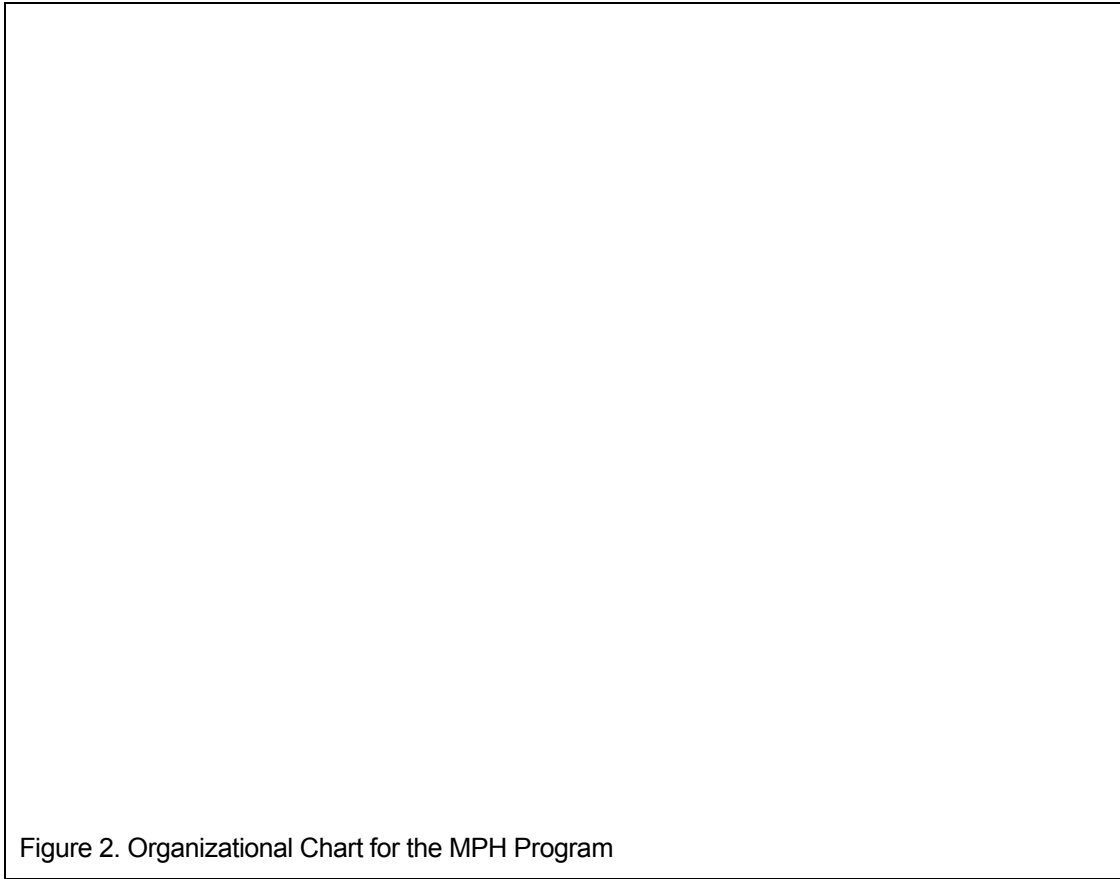
Personnel recruitment is governed by DMU's faculty recruitment policy; hiring decisions are made through interdisciplinary search committees. The MPH program has sole authority over selection and recruitment of adjunct faculty and MPH practitioner-scholars.

### **Criterion II.B. Organizational Setting**

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

This criterion is met. The MPH program is housed in the CHS; the organizational arrangement for the program is presented in Figure 2 on the following page.

In addition to full-time faculty, adjunct instructors, and guest lecturers, the MPH program has adopted the practitioner scholar model of faculty. Practitioner-scholars are health professionals working in the community who have indicated an interest and demonstrated an aptitude for teaching and advising MPH students. Three practitioner-scholars are currently serving the program in this capacity and teach between one and three classes per year. Practitioner-scholars also attend faculty meetings and advise a small number of students for which they receive an additional stipend. These professionals are valued for their interests and accomplishments in the field and provide a venue for keeping up with the changes in public health practice.



Interdisciplinary collaboration and cooperation are fostered in the MPH program in several ways. Faculty serve on committees throughout the university, including curriculum and governance; serve as guest lecturers, services for which they are not reimbursed; and collaborate on research and service activities.

The MPH program has adopted a set of values for education, students, evidence-based practice and community. These values are operationalized throughout the curriculum and practice activities. The program has fair and ethical standards which faculty and students are expected to follow. They are also expected to demonstrate a professional attitude when dealing with others inside and outside the university. These expectations, as well as the honor code, dress and behavior code, and computing ethics policy appear in the student handbook. All faculty are provided and agree to abide by the “statement of professional ethics” as outlined in the DMU Faculty Constitution.

**Criterion III. Governance**

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

This criterion is partially met. DMU policies form the overarching governance for the college and its academic units, including the MPH program. These include faculty bylaws, college policies, and specific programmatic policies. The college faculty and the standing committees of the college are the means by which the faculty exercises its rights and responsibilities related to governance. In order to reflect the changes within the college organization, the bylaws of the CHS were in the process of revision at the time of the site visit but approval was not expected for several months. Until the college bylaws are approved by the faculty, the decision-making processes within the MPH program remain tentative. This includes the role of the practitioner-scholars and the role of students within the governance structures of the program and the college.

The current and proposed standing faculty committees are: the Curriculum Committee; Student Promotion and Evaluation Committee; Performance Improvement Committee; Nomination Committee (proposed); and Bylaws Committee (proposed). Practitioner-scholars are eligible for nomination and election to any standing college committee, with the same voting rights as full-time DMU faculty.

The MPH program interacts with the three current standing committees of the CHS: the Student Performance and Evaluation Committee; Performance Improvement Committee; and the Curriculum Committee. College committees meet at least monthly and additionally when the need arises. The MPH program director, with advice and counsel from the college and program faculty and administration, is responsible for interpreting and administering these policies and committee processes.

The MPH program faculty meets monthly with involvement of the practitioner-scholars and adjunct faculty as deemed necessary for curricular concerns. At these meetings, there are discussions and decisions regarding MPH program planning, curriculum delivery, and other issues relating to instruction; students are not represented in these meetings. The faculty structure in the MPH program is complex, consisting of four classifications of faculty: DMU public health faculty; affiliated DMU faculty; practitioner scholars; and adjunct faculty. This complexity spills over into the structure of the decision-making processes within the MPH program. This is further exacerbated by the role of the existing MHA faculty who remain a part of the "faculty of the whole" even though the Division of Health Management has been dissolved.

Student input is provided through formal and informal channels. A December 2004 meeting with students provided an opportunity to talk directly with the MPH and MHA faculty regarding the programs, curriculum and delivery. These student meetings have been continued on a monthly basis. In addition, a BlackBoard site, called a "Shot of Espresso," was created specifically for student communication. This site serves as a host for student surveys and a suggestion box where students can anonymously enter suggestions. Without question, there are recognized benefits for special student meetings and web-based sites to provide feedback for faculty and staff, but they do not substitute for student involvement in the governance of the MPH program.

The MPH program has an Advisory Committee comprised of 17 healthcare and public health professionals, including students and alumni. Due to the changes in program leadership, the functioning of the Advisory Committee has been sporadic. The chair of the Advisory Committee met with the MPH program director in spring 2004 to discuss the consistency of meetings. A full committee meeting was convened in October 2004 and the discussion revolved around the previous Advisory Committee functioning and the future of the committee. At that time, the committee voted to remain actively involved and expressed the desire to: 1) expand membership across the public health continuum; 2) renew their commitment to the MPH Advisory Committee roles and responsibilities; and 3) serve the program through advice and counsel. Available committee meeting minutes indicate that the Advisory Committee has convened once since the October 2004 revitalization meeting. The program director should develop a formal governance structure that assures input from full-time faculty, practitioner scholars, adjunct faculty, affiliated DMU faculty, advisory committee, and students.

#### **Criterion IV. Resources**

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

This criterion is partially met. The management and operation of a graduate program in public health requires a basic level of infrastructure that includes personnel and information resources. The revised 2005 faculty FTEs for the MPH program are 1.87, of which the MPH program director accounts for 1.0 of the faculty complement. In addition to the expectation of service, teaching, and research, the MPH program director, in collaboration with the college administration, is responsible for management of the program staff, responding to student concerns, managing the accreditation activities, and serving on program and college committees. The remaining 0.87 faculty effort is spread across 10 individuals, including 33% effort from the dean of the college, and a percentage of the director of the MHA program, practitioner scholars, and adjunct faculty time. Faculty resources at this level for an entire graduate degree program with 86 students is very low. Of the required five core courses, three are taught by non-DMU faculty. Despite the strong enthusiasm for teaching and mentoring students, non-university faculty cannot substitute a core faculty who are allied with the university and who contribute to the academic life of the academy.

Given the new business model of the MPH program that requires program assets, most notably tuition revenue, to cover the program's direct expenses, it is imperative that the program leadership have access to the trend-data from the university that describe student enrollment, student academic progress, and tuition revenue. These data are essential for program benchmarking with other graduate public health programs, strategic planning, forecasting the fiscal resources, and systems management.

Table 1. MPH Budget for the Fiscal Years 2002 to 2005.				
Expenditures	2002 Actual	2003 Actual	2004 Actual	2005 Budget*
Salaries & Wages	\$224422	\$147914	\$134761	\$153320
Guest Lecturers	19618	16839	26226	7086
Benefits	37687	29494	17144	24009
Continuing Education	5610	4335	2250	2250
Travels, Meals, Reg	2635	787	1620	1350
Instr/Research supplies	262	150	683	625
Office Expenses	4682	3166	1907	2841
Misc.	23913	8300	7027	15891
Dues & Memberships	2000	1251	2792	2244.00
Phone/Fax/Pagers	4690	4272	4034	4500.00
Total Expenditures	\$343,592	\$216,508	\$187,732	\$214,115
Total Revenue	\$143,675	\$131,275	\$133,4000	\$233,320 YTD

\*Budget as of 3/05

DMU created the MPH program as one of two degree programs in the Division of Health Management in the CHS. Since the last accreditation visit, DMU continued to fund the division which combined the budgets for both the MPH and MHA programs. Beginning in fiscal year 2005, the budgets for the MPH and MHA programs will be separated in order to better account for the financial accountability of each. Table 1 outlines the previous four years of monetary resources for the MPH program. These resources represent approximately 50% of the monetary resources for the Division of Health Management.

DMU operates on a cost-allocation model, which requires all academic programs to generate enough revenue to cover the majority of expenses. In the case of the MPH program, with tuition driven resources, all tuition generated by the program is retained by the program. Because the university recognizes that the MPH program is a cost center rather than a profit center and, as such, tuition cannot cover all expenses, it expects the program to generate 85% of its required revenue, with university resources covering the remaining 15 %.

The downside for this fiscal structure is the disincentive to grow dual degree programs that attract students from the university's clinical degree programs by offering tuition discounts. The program leadership told the site visit team that students in the colleges of medicine and podiatry currently receive a 50% tuition reduction and that negatively impacts the tuition revenue generated by the MPH program. The site visit team was told that the program plans to shift its recruitment efforts toward students who will pay full tuition. However, when the site visit team met with the university president and vice presidents, they explained that although only 50% of the tuition is credited to the program budget for dual degree students, adjustments are made in the final financial accounting for the MPH program and the CHS so that neither is penalized for matriculating dual degree students. When the site visit team mentioned this discussion to the program director and the dean, they said they would pursue clarification of this issue.

The MPH program allows for a range of student enrollment, from one class (typically three hours) per trimester to a full-time load of nine-credit hours. The typical student enrolls for six-credit hours per

semester. This flexibility allows non-traditional, working professionals to adjust the coursework to meet employment demands. Additionally, anyone taking one class during an academic year is considered an active student. While this structure meets the variable circumstances of the student body, it results in an increased complexity of student advisement. Because each student follows an individualized educational plan, the faculty resources required to manage a diverse student body increase.

According to the self-study data, the current student body includes 86 individuals enrolled in 415-credit hours of classes. The program calculated the FTE students based upon individuals taking nine-credit hours per semester (27 for the year) for a yield of 15.37 FTE students. However, the typical DMU MPH student enrolls in 6-credit hours per semester. If student numbers are based upon 18-credits hours per academic year, the yield is 23.05 FTE students. The calculations presented in the self-study which resulted in 15.37 FTE is an underestimation of the actual number of students requiring instruction and advisement.

Data presented to the site visit team for the calendar year 2004, included 823 credit hours of courses over three terms. If the program calculated student FTEs using 823-credit hours and 27 credit hours per year, the resulting student FTE would be 30.41; dividing 823 by 18 credit hours per year would yield 45.61 student FTEs. Obviously, these numbers would result in an even higher student to faculty ratio. Regardless of the numbers used by the program to calculate the student FTE, the student/faculty ratio is unacceptable.

The DMU faculty workload policy requires that full-time faculty divide their responsibilities between teaching (50%), research (25%), and service (25%). A full-time faculty course load is 18-24 credits per year. The program conservatively uses 1.0 FTE to equal 18 credits of instruction. In academic year 2004-2005, the program faculty resources amounted to 2.33 FTEs with the MPH program director accounting for 1.0 FTE. In January, the faculty resources were adjusted to account for the transition of one faculty member to dean of the college and shifts in the practitioner-scholars and adjunct faculty. The revised faculty FTE is 1.87 for the first term in 2005. Faculty resources at this level for an entire degree program are unacceptably low.

The availability of an individual from the university's Enrollment Management Division and a part-time research assistant is a functional addition to the department but does not substitute for faculty resources.

The MPH program is located on the second floor of the Tower Medical Clinic on the university campus. The space allocation includes 16 offices plus a conference room. Full-time faculty and staff have private offices with individual computers. Practitioner-scholars share offices, two faculty per office. Adjunct faculty members do not have offices assigned to them. The distribution of space is subject to change when the CHS moves to the soon to be renovated Academic Center building.

The university supports teaching through the Teaching Learning Technology Center (TLTC). The TLTC is a resource-rich area where faculty can seek assistance with instructional design and technology. The Department of Institutional Computing maintains computer accounts for all enrolled students. These accounts allow access to the library's computer lab and telephone dial-up connections.

A computer lab equipped with over 50 Windows-based personal computers provides students with access to technology. The new building will have additional computer resources available for faculty and students. The MPH program uses Blackboard as a web-based course-management tool. The student portal is available from any on-line computer, which allows access to BlackBoard and e-mail. This is a secure site which can be accessed with username and password.

DMU places a high priority on technology-enhanced instruction, communication, and information management. This commitment is documented by computer access by faculty, faculty PDA's, a wireless campus, increasing support services, and adequate library facilities.

The MPH students have access to a wide variety of community opportunities to conduct applied research and practicum experiences. The rosters of agencies and topics that were presented in the self-study are not mutually exclusive activities. The MPH program staff should take efforts to chronicle student research and practicum experiences and sites separately. With better data management, the MPH program will be able to describe both public health contributions made by students and the contributions that community partners have made to the curriculum of the program.

**Criterion V.A. Professional Degrees and Concentrations**

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

This criterion is met. The program offers the MPH in a generalist course of study which provides courses on evenings, weekends, and/or through distance learning means. Joint degrees are also offered with health care administration, osteopathic medicine, and podiatric medicine. The degree options are noted in Table 2.

Table 2. Concentrations and Degrees Offered by the Program				
Degree/concentration	MPH	MPH/MHA	DO/MPH	DPM/MPH
Generalist	X	X	X	X

The program offers one graduate degree, and the curriculum is designed to meet the continuing educational needs of public health professionals who work during the day, while also providing an evidence-based public health education for full-time and non-working students. Effective May 1, 2005, the curriculum was changed to require 45-credit hours with 32-credit hours considered core content. The remaining 13-credit hours are electives with a variety of courses from which a student may choose. All previous mention of “emphasis areas,” has been or will be eliminated from materials describing the requirements of the program.

The additional five-credits recently added to the curriculum are ethics and law in public health (3 credits) and a public health capstone course (2 credits). These were added as part of the program’s continuous quality improvement process. To date, there is not a description available for the ethics course. A new statistics course, basic statistics and research, is being offered replacing the previous biostatistics class. Although the course title does not accurately reflect the curricular requirements of this course, the student is expected to engage with a department or agency in public health outside the student’s usual work experience. The course is fully defined but the program is reviewing the title of this course, will write a policy outlining the expectations, and plans to rename the course to better reflect its experiential nature. The DMU official catalog, on-line student handbook, and program website need to be updated with the recent curriculum changes; changes to the website should be expected to be completed by June 30, 2005.

#### **Criterion V.B. Core Knowledge, Practice, and Culminating Experience**

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

This criterion is met. The MPH program awards a generalist degree. The core curriculum incorporates the development of public health competencies, core skills and essential services into the 45-credit hour program. The curriculum assures that students demonstrate the integration of knowledge with practical experience in an internship and, effective May 1, 2005, through a capstone culminating experience.

There are no prerequisites for the program orientation, overview of the US health care system, or epidemiology courses. It is recommended that the next three courses be taken after the US health care systems course, although this is not required. The student is required to complete the first six courses before taking the second group of courses. The last required course is the capstone experience, which is a culminating experience, and is completed after the student has completed the 9 required courses. The core courses cover the five basic knowledge areas of public health, as well as courses the program requires for the generalist program. Students also choose 13 hours of electives to complete the 45 credit program.



Course Name	Credit Hours	Prerequisites
Orientation (take within 6 credit hours)	0	None
Overview of the U.S. Health Care System	3	None
Public Health Administration & Management	3	Overview course suggested
Basic Statistics & Research	3	Overview course suggested
Epidemiology	3	Basic Statistics and Research
Survey of Human Health and Disease*	3	Overview course suggested
Ethical & Legal Issues in Public Health	3	Six courses above
Occupational & Environmental Health	3	Six courses above
Behavioral Sciences & Health	3	Six courses above
Health Services Program Evaluation	3	Six courses above
Public Health Capstone	2	Ten courses above
Public Health Internship	3	Core courses

\* Required for students who do not have clinical experience.

The program offers the curriculum in a nontraditional format including weekend, evening and distance learning formats to meet the needs of working professional students. The schedule also ensures the appropriate prerequisites are available. Materials describing the program focus on the improvement of public health practice.

The program previously used ICN, a distance learning, synchronous time, televised extended classroom to offer classes through distance education, but ICN was discontinued by the university in Fall 2004. The decision was based on cost versus usage and the movement in education toward online and web-based learning. The distant students who enrolled in the program because of the ICN location are being accommodated in one of three ways: instructors are hired to deliver DMU courses at the distance location; students enroll in courses that have online course delivery choices; or students attend classes at the DMU campus.

The program faculty continues to assess course delivery methods. Faculty are encouraged to improve their ability to deliver curriculum. Ideas and feedback are provided during the monthly faculty meetings. The practitioner-scholar faculty model increases the capacity to meet the teaching workload. The current director of the MPH program has studied online learning and employed online course delivery and web-assisted techniques in classes previously and this has been very helpful to the program.

The program has an internship coordinator who helps students select the best internship site for their interests and career goals. The information on the internship is included in the intern syllabus. The internship coordinator discusses the internships with the site preceptors, to ensure that the preceptors can provide an appropriate learning environment for the students.

The internship was designed as a culminating experience for students with little or no previous experience in public health. It has three main components:

- a field study, in which the student shadows someone working on a particular project (60 hours);
- a project, such as developing a needs assessment, resource directory, sections of a grant proposal or health education materials (60 hours); and
- a reflective written paper and an oral presentation to faculty and students regarding the project.

An intern management study and public health research project workshop is offered every trimester to help the students prepare for, select, and complete an internship. The students' preceptors are involved with the workshop and complete student evaluation forms, which are given to the internship coordinator.

Students who have at least 2 years of appropriate public health work experience have been able to request to replace the internship with a research project. Students are reviewed on a case by case basis for this option. However, the new curriculum has been adopted and does not accommodate the research project: options for students with significant work experience are currently being considered.

All students who are admitted to the MPH program after May 1, 2005 will be required to take the new capstone course. According to the self-study, "the purpose of the capstone course is to facilitate the integration and synthesis of content through critical thinking; it is also a turning point for the student from formal education to professional practice."

### **Criterion V.C. Learning Objectives**

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

This criterion is met. The core competencies of public health are required and provided through the 32 credits of core courses; the remaining 13 elective credits enable the student to tailor the program to meet individual career goals and interests.

Educational goals and objectives were developed and included in the student handbook. The course objectives and programmatic learning objectives were developed through an inclusive decision-making process that involved faculty, practitioner-scholars, the director of the MPH program, the dean of the CHS, the Advisory Committee, the College Curriculum Committee, student feedback, and investigation of current literature.

The objectives are used to guide curriculum development and delivery. They are communicated to students through the handbook, university catalog, and program webpage. A matrix was developed to show which courses were providing curricular opportunities for the development of educational objectives.

The faculty keeps current with changes to the profession through monthly faculty meetings, literature review, and annual outcome assessments by the university.

### **Criterion V.D. Assessment of Student Achievement**

**There shall be procedures for assessing and documenting the extent to which each student has attained these specified learning objectives and determining readiness for a career in public health.**

This criterion is met with commentary. Faculty members assess student attainment of the learning objectives through a series of activities and techniques including: test scores; class participation; written papers; individual, small group and large group projects; preceptor evaluations of internships; and the capstone course. A matrix relating programmatic educational objectives to individual courses was created and included in the appendices of the self-study. The delivery of the curriculum is tied to practice and theoretical application of current public health theories.

The syllabi are developed according to the course objectives and reviewed at faculty meetings to take advantage of the combined knowledge of the public health faculty. All changes to the syllabi are made by the course instructor with the approval of the program director.

Most of the students attend the program part-time and do not complete the program in two years. Students are not required to enroll in continuous semesters, resulting in completion rates that are not particularly helpful as outcome measures indicating student achievement. The program may want to establish policies regarding the number of trimesters that students may remain active in the program without taking courses in order to encourage program completion. Also, better data collection of course enrollments would improve tracking of student achievement.

The majority of MPH students are employed in the field of public health when they enroll, so job placement rates are not good indicators of program success. However, two-thirds of the students who participated in the 2004 graduate survey took on a higher level of responsibility after entering the MPH program and two-thirds reported being fully capable of assuming a higher-level position following graduation.

### **Criterion V.E. Academic Degrees**

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

This criterion is not applicable.

### **Criterion V.F. Joint Degrees**

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

This criterion is met. Graduation from all the dual degree programs requires satisfactory completion of all of the required MPH courses. Students can apply for admission into the dual MHA/MPH program, for which there is a formal integrated course of study. Students need only apply and be admitted to the university and approved by the directors of the MPH and MHA programs. The dual degree students earn both degrees for 66-semester credits, as opposed to 45 for either the MHA or MPH degrees. Students in the CPMS (DPM/MPH) or in the COM (DO/MPH) may apply for concurrent admission into the MPH program through approval of their respective deans. Up to six credits from the DO or DPM programs are transferred toward elective credits in the MPH.

All joint degree programs have been reviewed by the CHS Curriculum Committee. Print materials currently available show the dual degree programs for the DO and DPM in their respective areas of the catalog and direct interested students to the office of their respective deans for additional information on the dual degree programs. Dual degree students attend classes with other MPH students and are subject to identical evaluation mechanisms.

#### **Criterion V.G. Nontraditional Format**

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

This criterion is not applicable. Although many classes are offered online, some classes are not. It is not possible at this time to complete the program entirely online.

#### **Criterion VI. Research**

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

This criterion is not met. In graduate professional education there is a natural struggle between the utility of the theory and the relevance of practice in the design and delivery of the curriculum. The distinguishing characteristic of graduate education is the importance of the processes of inquiry and discovery. Thus, essential to the quality of graduate professional education in public health is the expectation of the faculty and students to contribute via research and scholarship to the knowledge base of the discipline. The university's revised expectations for scholarship and research for faculty have made this more explicit. Faculty at DMU are expected to devote 25% of their effort in the pursuit of research.

With the minimal faculty resources within the MPH program, not surprisingly, the pursuit of scholarship has not been a priority. As outlined in the self-study and discussed during the site visit, the MPH faculty is aware of the need to be more active in its contribution to the knowledge base in public health. With additional faculty hires, there is a probability that scholarship will increase in importance.

DMU has not traditionally been a research-oriented institution, though the recent emphasis will increase the expectations for faculty in the MPH program. Given that only three of the faculty in the MPH program (two of whom hold major administrative positions) are DMU full-time faculty, the added requirement for research will stretch the existing faculty resources and will require additional faculty positions. Additionally, the practitioner-scholars and the adjunct faculty do not share the same obligation for scholarship; this intensifies the burden of the full-time DMU faculty.

Of critical importance to the research agenda for the MPH program will be the need to pursue research in the areas of health care that focus on the issues of population science and prevention. In order to meet the program research goal “to produce and disseminate new knowledge to the field of public health; to ensure that outcome of faculty scholarly activities is utilized in the classroom to encourage students to utilize public health research in their professional practice,” the MPH program needs to seek out new practice colleagues who can partner with expertise or resources that will underwrite the cost of intellectual inquiry of both faculty and students. This will require a change in the priorities of the DMU faculty in the MPH and MHA programs.

Beyond the expectations for funding, there is a parallel expectation for the dissemination of results via peer-reviewed publication. This, too, will add additional burden to the full-time faculty complement.

Students are required to take an applied research course and use these skills in their internships and capstone experience. The current biostatistics course is taught by a practitioner-scholar, which raises concerns regarding the DMU faculty’s ability to oversee analytic methods taught to the MPH students. In the self-study, the outcomes research course is cited as an excellent example of student scholarship. Yet, this course is not required by the MPH program for its students. In the Des Moines area, there are many opportunities for public health scholarship that are consistent with community needs and faculty capabilities. This can take many forms, such as applied epidemiology, community-based participatory research, community assessments, and program evaluation. These forms of inquiry are relevant to the community, consistent with student interest, provide evidence for public health decision-making, and could generate additional funding for the program.

#### **Criterion VII. Service**

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

This criterion is partially met. Although a recent university policy requires faculty members to dedicate 25% of their time to service, there is no specific information whether the full-time, adjunct or practitioner-scholar faculty of the MPH program provide service on behalf of the MPH program or as individual professionals performing activities on their own behalf.

The service goal focuses on providing expertise and support to academic, professional and community organizations. Currently there are no official agreements with external agencies, although recently collaborative efforts have been implemented with the Free Clinics of Iowa. Such collaborative efforts could be initiated with other community-based organizations that have a need for expertise in developing and evaluating programs targeting particular populations. These community collaborations can provide opportunities for community-based participatory research agreements. This would make it possible for MPH program faculty to enhance their research portfolios while addressing community needs.

The self-study document presents a list of activities conducted by various faculty, which range from speaking at events outside the university to being responsible for funded projects. These activities may or may not include community partnership. There is no description regarding the accomplishments of these activities and the differences they have made for the communities outside the university. Faculty are identified as serving on committees, boards and task forces, which may be viewed as individual service achievements from the viewpoint of the university. It is often difficult to determine if such service would also be viewed as a service achievement of MPH program (ie, if a practitioner-scholar provides service, is it provided as a community practitioner or as a faculty member?). The practitioner-scholars provide access to public health settings as do many students. Select courses require a community project for part of the coursework. In addition, students perform a service through the public health internship. However, a student focusing on a course does not necessarily provide the sufficient array of activity that may be needed to respond to an identified community need.

According to the self-study, the MPH program evaluates the success of its service program by comparing the activities of faculty and students against the stated service goal and objectives. The faculty document their involvement in service activities and a list of those activities was provided in the self-study. Students submit a comprehensive report at the completion any service project pursued for independent study credit.

The self-study document stated that the following service objectives would be used to assess if and how well service objectives were being met and leadership provided by individual MPH program faculty and practitioner-scholar members:

1. Membership on at least two DMU committees (not counted in the CEPH definition of service);
2. Membership on at least two external committees and/or boards;
3. Consulting with at least two outside agencies for the promotion of public health;

4. Presenting workshops, seminars, and/or lectures at least twice annually for the benefit of students, alumni, faculty, healthcare executives and the local community; and
5. Mentorship of students during their internship.

At the time of the site visit, the continuing education activities of the MPH program were somewhat limited but included offering a public health certificate program. The admissions requirements for the certificate program include: a bachelor's degree with a grade point average (GPA) of at least 3.0 and letters of recommendation. The required coursework for the certificate program is developed individually with the student's advisor.

Other continuing education activities include the Geriatric Education Center and the MPH program sponsoring a continuing education lunch during National Public Health Week in April 2005. There was collaboration from many groups in developing educational materials and activities around the state. Although the MPH program believes that continuing education is a very important service component to the program, as is reflected in the DMU workload policy, examples given were generally around the work with the Geriatric Education Center.

Expansion of continuing education efforts to areas that are relevant to the community's public health needs is important. Immediate future plans for the MPH program include completing a needs assessment with the Iowa Department of Public Health in order to evaluate needs for continuing education programming.

#### **Criterion VIII.A. Faculty Qualifications**

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

This criterion is not met. The MPH faculty, the practitioner-scholars, and the adjunct faculty are enthusiastic about their roles in the life of the academy and are eager to do whatever it takes to make the MPH program thrive. The practitioner-scholars are an innovative strategy to expand the faculty, while assuring strong public relevance to the curriculum. This being said, practitioner-scholars are an enhancement to the program, not a substitute for core faculty whose primary allegiance is to the university. The faculty model that relies on non-university resources to provide instruction in the core areas of public health suggests that the MPH program lacks the professional capacity to give surety for its own curriculum. This is untenable. In addition, the reliance on part-time practitioner-scholars severely limits the program faculty to pursue service and scholarship responsibilities. These opportunities would add to the reputation of the individual faculty members, the MPH program, and the DMU. Thus, university-based faculty with preparation in public health disciplines are essential for the future viability and credibility of the MPH program.

Table 4. Distribution of Faculty Effort Devoted to the MPH Program in AY 2004-2005.			
Professional Rank	% Time	Gender	Ethnicity
MPH program director; assistant professor	1.0	F	Caucasian
Dean, CHS faculty;	.33	M	Hispanic
Practitioner Scholar	.25	F	Caucasian
Practitioner Scholar	.13	M	Caucasian
Practitioner Scholar	.13	M	African-American, Ethiopian
Adjunct	.17	M	Caucasian
Adjunct	.08	M	Caucasian
Adjunct	.08	M	Caucasian
MHA program director, adjunct MPH	.08	F	Caucasian
Adjunct faculty	.08	F	Caucasian
Adjunct faculty/DMU	Shared	M	Caucasian

The MPH faculty who delivered 415 credit-hours of instruction in academic years 2004-2005 totaled 2.33 FTE and comprised of 11 individuals whose time commitment to the program ranged from 100% to 8%. While noble in their effort, this level of effort is insufficient to provide the distribution of expected university effort of 50% for instruction, 25% for research, and 25% service. Table 4 outlines these effort distributions, along with selected demographic information.

The development of the practitioner-scholar model as a means of providing instruction is a highly functional way to assure that the issues of public health practice are integrated into the curriculum. The individuals who have been provided this status are part-time employees of the university and are qualified supportive colleagues who are integral in the program. The basis for the practitioner-scholar model is selecting accomplished practitioners who have demonstrated excellence in teaching. Teaching, student advising, and regular attendance at program faculty and committee meetings is an expectation of the practitioner-scholar. Through this model, students are exposed to the most current ideas and techniques in practice. However despite their involvement and commitment, they do not substitute for core faculty in graduate education. At the present time practitioner-scholars are responsible for several core courses and the capstone experience.

The use of adjunct faculty from other units of the university or the community is another strategy to bolster the faculty resources in the program. These individuals are responsible for several core courses in the MPH program. Again, strategic use of highly qualified individuals to augment the instructional program can add to the richness of the curriculum. However, they, too, do not substitute for a core faculty who can insure the integrity and continuity of the curriculum.

#### **Criterion VIII.B. Faculty Development**

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



This criterion is met. The faculty constitution and bylaws, along with the CHS bylaws, are the basis upon which the appointment and advancement of faculty are determined. These documents are readily available through the university's website. The university supports faculty development through an annual stipend of \$1,500.

Faculty members may work part-time and still receive benefits. Practitioner-scholars and adjunct faculty continue to work in public health practice settings, while teaching at DMU. Each year, several faculty enrichment opportunities are made available on campus. During the past year, public health faculty attended "Writing for Success," "Team Building," and "Protection of Human Subjects" workshops.

All MPH faculty and practitioner-scholars, not including adjunct faculty, have academic portfolios that are updated and submitted to the program director and dean annually. After careful review, the program director develops a comprehensive written assessment and annual evaluation for each. Each faculty assists in developing goals for the upcoming year. The discussion for promotion and tenure is initiated at the annual evaluation by the supervisor, (ie, academic dean or dean).

The students complete course evaluations after completion of each course in the MPH program. The evaluations are compiled by the MPH program assistant using BlackBoard. A copy of the results is reviewed by the instructor and program director. Student comments are valued and affect decisions regarding adjunct instructors, curriculum, and methods of delivery.

#### **Criterion VIII.C. Faculty Diversity**

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

This criterion is met. DMU adheres to clearly stated guidelines that prohibits discrimination on the basis of race, sex, marital status, creed, color, national origin, age, disability, or sexual orientation in regards to admission, access to, treatment or employment in its programs or activities. The MPH program acknowledges its commitment to health and social justice and the recognition that health promotion and disease prevention are essential parts of health care delivery. The current MPH faculty composition of 11 individuals consists of four females and seven males. Among these faculty are nine Caucasians, one Hispanic, and one African of Ethiopian descent. While the demographics of Iowa suggest that this level of diversity is consistent with the make up of the state, the practice of public health is inherently multi-cultural. Moreover, the demographics of mid-America are undergoing rapid diversification. In the future, the MPH program, its faculty, its students, and alumni will be practicing public health in a wide-range of communities and cultures. With future faculty hires, whether university-based or practice-based, the MPH program should seek ways to ensure diverse perspectives.

### **Criterion IX.A. Student Recruitment and Admissions**

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

This criterion is met with commentary. Although the university has procedures for recruiting students and policies for admission, a number of information items in the university catalog, on its website, and in the program brochure for the MPH degree were incorrect at the time of the site visit. Also, the accuracy of the data regarding students are suspect since numbers provided by the program did not tally with those provided by the university.

The DMU admissions coordinator works with both the MPH and MHA programs. The university moved to a centralized admissions process approximately two and a half years ago. The coordinator works with an applicant to complete the admissions file which includes an application and fee, personal statement, work or employment history, official college transcripts and a letter of recommendation. Undergraduate information is verified by the admissions coordinator with GPA listed and sent to an academic advisor for an admission recommendation. The academic advisor, in turn, sends the file to the program director and CHS dean for decision, which is communicated by the Admissions Coordinator to the applicant. International applicants are also required to provide TOEFL scores, transcript evaluation report, and a financial responsibility form.

Enrollment plans are developed for each academic year for the MPH program to address the goals, objectives and strategies for student recruitment, admissions and retention. Marketing efforts are developed around current target markets and student profiles in effort to reach appropriate markets, meet admission and retention goals, and stay within budgetary limits. A university-wide admissions strategy committee meets monthly to review progress with the admissions coordinator who reports bi-monthly to the MPH program director. The admissions coordinator assesses the success of the strategies by the number of inquiries, applications, and accepted students related to each strategy. Data are monitored and assessed for increased numbers and cost benefit ratio of the methods.

Online tutorials present prospective students with information regarding student services and class structures. There is a new student orientation course conducted by the dean of the CHS, which provides an introduction to the university and its programs. The student academic advisor and program staff also serve as resources to convey information and to answer student questions.

The procedures for attracting students who are appropriate for the MPH program can be categorized into three techniques: advertising, career fairs, and online information. How students learn about the program is also tracked by the admissions coordinator. Tables 5 and 6 provide information on the number of

applicants, acceptances and admissions, and enrolled students over the past three years as of April 15, 2005.

Year	Applicants	Admissions	Denials
2001-2002	41	24	2
2002-2003	42	33	0
2003-2004	58	55	1
2004-2005 YTD*	47	40	0

\*Numbers accurate on April 15, 2005

The MPH program has a rolling admissions policy and is based on a trimester schedule. Data on students have not been available in a usable format from the central administration for the MPH program. Information covers different years, such as the university fiscal year, the program's academic year, or the calendar year. Without accurate student data presented in a consistent manner, the student/faculty ratio cannot be accurately developed. Formulas for calculating the student/faculty ratio were provided by the MPH program, but as mentioned earlier in this report, the data could not be verified.

	2001-2002	2002-2003	2003-2004	2004-2005*
FTE Students	18	16.22	15.37	
Full-Time Students	6	38	20	
Part -Time Students	91	52	53	
Credits awarded	486	438	415	708

\* YTD March 2005

This table from the program provides the calculation of FTE students. However, it was not possible for the MPH program to provide data for the 2004-2005 academic year. The increase in credit hours to 708 in 2004-2005 in Table 6 appears to be an improbable jump from the previous years, particularly since the spring/summer term had not been determined. There is confusion by the program concerning whether the spring/summer term is counted by the university as the first term of an academic year or the last. Also, it is not clear to which year the tuition revenue for spring/summer is credited.

The ratio of actual students dealing with actual faculty is what is needed to determine if there is adequate numbers of faculty to teach the courses, handle advising, and supervise independent research projects and other faculty-intensive activities. Students state that they are satisfied with receiving the attention and guidance of the faculty in the MPH program, although as the program grows, this will become increasingly time consuming for faculty.

#### **Criterion IX.B. Student Diversity**

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

This criterion is met with commentary. Data from the university show a slight decline in the number of ethnic minorities over a three-year period. Although the MPH program adheres to the university's non-discriminatory policies and procedures, ensuring a more targeted effort for recruiting a more diverse student body is an important strategy. With the new \$2500 scholarship to be awarded to an ethnic minority MPH student, it is even more important to target Historically Black Colleges and Universities, the Hispanic Association of Colleges and Universities, and the association of Tribal Colleges and Universities to identify sources for ethnic minority student recruits.

DMU has a full-time multicultural/international student advisor whose job is to counsel and advise prospective and existing international students regarding admissions requirements and health careers. The admissions coordinator working with the MPH program attends career fairs at many diverse institutions, both in-state and out-of-state.

Accomplishments in measuring the success in achieving a demographically diverse student body are identified through the activities of the enrollment development plan which enumerates the strategies for recruiting a diverse student body. Data in the self-study provide a quantitative look at student diversity. The numbers show only a slight decrease over the three-year period. The total percentage of minorities enrolled has only varied from 35% in 2002-2003 to 39% in 2004-2005. Increasing diversity is a long-term venture that will require various tactics to see what works best. However, any recruitment and admissions strategy needs to take into account the places where a diverse population may live and target recruitment activities accordingly.

### **Criterion IX.C. Advising and Career Counseling**

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

This criterion is met. All incoming students are required to attend an orientation. Recently the MPH program began to require an online component to the orientation including information and quizzes on financial aid, registrar, student wellness, courses, and Blackboard material. All students are assigned a faculty advisor who provides assistance, advice and counsel, as needed, and who serves as a liaison between the student and the academic and administrative communities.

Based upon students' needs and requests, faculty advisors are available to monitor academic achievement and provide guidance and assistance in meeting academic requirements; serve as mentors to students; assist students with the development of study and coping skills; and inform appropriate departments of student concerns. With the introduction of the practitioner-scholar model, the students will be matched with an advisor based on similar interests, geographical location, or the student's professional goals. These mentors can help students in determining the direction of their education or

offer advice with professional questions. The program assistant assists the students with their initial degree plan, before they meet with their mentors.

The university has two dedicated student counselors on staff who are professionally trained to advise students on intervention strategies when they are confronted with family problems, relationship difficulties, substance abuse, limited test-taking and study skills, and time management problems. All services provided by the student counseling center are free and confidential.

Most students who enroll in the MPH program are already employed in a public health position. However, the program shares job opportunities with students when they are made available, and connects students with public health professionals in work settings where students are more likely to succeed.

All students are asked to complete a satisfaction survey regarding their experiences in the MPH program which covers questions about faculty, advising, courses, services and management of the program. Feedback from students is sought formally through student meetings and the survey as well as informally in conversation with the program director.

#### **Criterion IX.D. Student Roles in Governance**

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

This criterion is partially met. Although students' opinions are an important voice in the MPH program, and students serve as non-voting members on two committees, they do not have a formal role in the governance of the program dealing with policy-setting and decision-making. Within a few months of the site visit, student representatives were appointed to the MPH Advisory Committee and the College Curriculum and Performance Improvement Committee. Representatives were also invited to attend monthly program directors' faculty meetings. This nascent student involvement with program governance does not indicate an integral role for students.

MPH students are involved in assessing courses, the curriculum, services provided, and advising through the MPH Advisory Committee. After every class, students evaluate the course and the instructor using a specific course evaluation tool. The results of the evaluations are reviewed by the director of the program and the instructor of the course. The students also complete an annual student survey, which evaluates all the courses and the management of the program. After graduation from the program, students are asked to complete a graduation survey, which evaluates the overall program and all the courses, management, and services.

The self-study indicated that a student-information meeting was held in November 2004 and more are being planned. Student active participation on the identified committees and meetings would help to

define a stronger role for students in the governance of the MPH program. MPH students are currently investigating the feasibility of being actively involved in Student Governance Association in the CHS.

### **Criterion X.A. Ongoing Evaluation**

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

This criterion is partially met. The process for evaluating and monitoring the MPH program includes both informal and formal methods of collecting data. The informal methods include all types of communication between students and faculty, and students and the program director.

The formal process includes individual course evaluations, annual student questionnaires, graduation surveys, and preceptor evaluations of students. Formal meetings with students to gather specific information were also implemented. Data that are collected include admissions and recruitment numbers, enrollment of students and course credits. However, the program needs to have a better system for data collection. The data presented in the self-study were inconsistent and in some cases, inaccurate. In part this was due to the difficulty the university had separating MPH course credits from MHA credits. Now that each course has an MPH and an MHA number, it should be easier to accurately track students from both programs. Obtaining accurate data should be a priority for the program so that it can track students more accurately.

According to the self-study, the MPH program recognizes that quantifying their objectives allows for a baseline to be developed, and creates a platform for continuous quality improvement in all areas of teaching, research, and service. Although the team agrees with the program's premise, it did not find the objectives in the self-study to be quantitative or have target dates for completion.

Recently the program sent a survey to public health professionals regarding an overall evaluation of graduates from the MPH program. The survey requested that the respondents rate the graduates in various areas of performance on the following scale: 1 (outstanding), 2 (highly effective), 3 (effective), 4 (improvement needed), 5 (unacceptable). The average of the survey results varied from 1.88 to 2.08.

Student survey results, internship preceptor surveys, and evaluations of students were provided in the resource room. The outcomes assessment completed by all programs within the university is completed on an annual basis and those reports were also available to the site visit team.

### **Criterion X.B. Self-Study Process**

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

This criterion is met with commentary. The current and former program directors, and others involved in writing the self-study are to be congratulated for submitting it on time given the tremendous turnover of faculty and the short tenure of the new director before the document was due. Also, the many changes suggested by readers' of the preliminary self-study were made in the final document in a timely way. That being said, the data provided in the self-study was inconsistent and sometimes contradictory. Also, there was insufficient participation in the process by the faculty, students, and community practitioners. Much of this was due to the time constraints; however, it is important that the program realize that the next self-study should be more complete and accurate and include the various stakeholders throughout the process.

The self-study process was initiated by the former director of the MPH program who now serves as the dean of the CHS. The new program director was brought on board in late-fall 2004, and she, with the assistance of the research assistant, program assistant, and enrollment management, compiled the self-study document. Progress was communicated with the Advisory Committee, practitioner-scholars, and other MPH and MHA faculty. Because of the importance of this project, and the closeness of the collaborative team members, discussions were held daily regarding progress on the self-study. However, students, alumni and community representatives were not included in the process. Advisory committee members and faculty were sent program updates and did receive a copy of the final self-study.