

**CEPH Accreditation Criteria.**  
**December 2007**  
**2.0 Instructional Programs**

**2.1. a. The program shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional master’s degree. The program may offer a generalist MPH degree or an MPH with areas of specialization. The program, depending upon how it defines the unit of accreditation, may offer other degrees, professional and academic, if consistent with its mission and resources.**

As an integral part of a nationally recognized medical university, the Masters of Public Health program at DMU is dedicated to high standards of scholarship. The cross-professional interaction between the various medical and healthcare professionals that the institutional atmosphere provides not only encourages interdisciplinary engagements but also fosters broadening perspectives of faculty and students. The public health program is especially committed to evidence-based practice and lifelong learning, and as such provides Iowa public health professionals with a much needed opportunity to be more effective agents for the ethical distribution of health resources. The program is also poised to expand its reach to a nationwide market through an online delivery system.

The program currently offers a graduate public health degree at the master’s level or the option of a graduate public health certificate consisting of 20 public health credits. All of the MPH courses are offered in a “nontraditional” format, meaning that courses are offered in the evenings, weekends, and/or distance learning formats.

The program 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. Assessment and evaluation tools include tests, projects, presentations, and papers. Students can complete the program completely on campus, or completely online, or through a combination of both classroom and online courses. In fact, 100% of the 2007 graduates who completed the 2007 MPH Graduate Survey stated that they completed their MPH degrees through a combination.

The MPH Program has dual-degree agreements in place with Master of Health Care Administration, Doctor of Osteopathic Medicine, Doctor of Podiatric Medicine, Physician Assistant, and Doctor of Physical Therapy. Copies of these policies can be found in Appendix 2.10.a Dual Degrees.

Table 2.1.a Degrees and Certificate Options

<b>Degree/concentration</b>	<b>MPH</b>	<b>Public Health Certificate</b>	<b>MPH/MHA</b>	<b>DO/ MPH</b>	<b>DPM/ MPH</b>	<b>PA/ MPH</b>	<b>DPT/ MPH</b>
Generalist Public Health Curriculum	X	X	X	X	X	X	X

Students complete an evaluation of every course in the DMU MPH program, and this information is considered as important data for decision-making. The student evaluations for all courses for the past three years can be found in the CEPH Resource File under 2.1.a MPH Course Evaluations. Students in the program are evaluated through the means already described (e.g. course completion, grades, culminating projects, preceptor evaluation) and this standard is

applied to all students no matter the course delivery. Syllabi are reviewed by the director before each term, and instructional design, teaching and assessment methods are discussed at the monthly MPH MHA Faculty meetings. See CEPH Resource File 2.1.a MPH Syllabi.

In the past (from 1999 through 2005) the distance course delivery has depended on the use of the Iowa Communication Network (ICN) closed-circuit TV. This provided a distance learning opportunity to students that were at various locations throughout Iowa in a synchronous mode. The ICN as a teaching modality was discontinued in 2005 – being replaced by an Internet/web based delivery system using the DMU supported Blackboard server. Since that time, there has been an increased usage of Internet based online delivery of content. The number of online course participants has steadily increased, but the proportion of courses completed online is also increasing. The online delivery has allowed the program to recruit students that are outside the State of Iowa. See Appendix 2.1.a MPH Annual Calendar and Enrollment Report.

The program faculty continue to assess the online course delivery methods comparing them against the performances in the classroom interface. Faculty have been encouraged and given opportunities to improve their ability to deliver their curriculum online. Ideas and feedback are shared during the monthly faculty meetings. The current director of the MPH program has studied online learning and employed online course delivery and web-assisted techniques, successfully training instructors on this delivery mode and implementing this as an option for MPH students.

### **2.1.b Official Publication**

Current curriculum information is available in the MPH Viewbook and DMU Catalogue and online at the MPH program's website at <http://www.dmu.edu/mph>. These publications are available in the CEPH Resource File, under 4.4.b and 4.4.c, admissions and recruitment material. A copy of the MPH Viewbook is also included in this report under Appendix 4.4.b.

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

This criterion is met. Strengths: The DMU MPH program offers one type of degree and one type of certificate. The curriculum is appropriate for this degree and certificate option. All students adhere to an approved curriculum. Students admitted after May 1, 2005, are required to complete 45 credits. Dual degree agreements are in place with the MHA, DO, DPM, PA, and DPT programs. Systems are in place to track and elicit feedback regarding the curriculum. Weaknesses: The program has experienced change in the curriculum, growth in student numbers, growth in online course delivery, and adapting to these changes takes time to ensure consistent systems. While the MPH Program continually gathers data on the program operations, trends take time to show consistent results.

### **2.2.a. Program Length and credit hours**

The program is designed to provide comprehensive public-health practice experience to professionals seeking the degree in a sufficiently flexible schedule. Students can register to get their degree on a full-time schedule or they can participate on a part-time basis. Students who are registered full-time normally take one and a half to two years to complete all the program requirements and graduate with a degree. Part time students normally finish their training and qualify for the graduate degree within two to three years. The average time-to-graduate as of 2007 is 2.6 years.

The following assumption is used when determining credit hours for both face-to-face classes and online course delivery: 1 academic credit = 15 classroom or learning hours + (15 to 45 hours) of outside class reading, research, writing, interviewing, application, or other assessment activity. Therefore, for a 2-credit course, the equation would equal 30 + (30 to 90) hours. A 3-credit class would equal 45 + (45 to 135) hours.

**2.2.b Minimum Degree Requirements**

The curriculum has evolved over the past three years as has been described in section 1.2. For students enrolled prior to May 1, 2005, there is a grandfather provision: They must complete a 40-credit program of study. For students enrolled May 1, 2005 through December 31, 2006, there is a grandfather provision: They must complete a 45-credit degree program of 32 core credits and 13 elective credits. For students enrolled starting January 1, 2007, they must complete a 45-degree program of 38 core credits and 7 elective credits. Each of these programs of study are included in Appendix 1.3.c.

**2.2.c Degrees Awarded in Past Three Years**

Students are approved for graduation only if they meet the program of study under which they were admitted and have earned a cumulative 3.0 GPA. Students have seven years to complete that program of study. No one is waived from any program requirement, although transfer credits are approved on an individual basis. The MPH program has a policy where advisors can approve up to 6 credits of transfer credit, but more than that must be approved by the entire MPH faculty. In addition, the MPH program has a policy that students must complete 24 credits in the MPH program in order to be conferred a MPH degree from DMU. Credits from previously earned degrees may be accepted as transfer into the MPH program.

Table 2.2.c MPH Graduates

	<b>FY 0405 (May 05)</b>	<b>FY 0506 (May 06)</b>	<b>FY 0607 (May 07)</b>
MPH Graduates	16	30	28

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

This criterion is met. Strengths: All students adhere to an approved curriculum. Students admitted after May 1, 2005, are required to complete 45-credits. Policies are in place that guide transfer credit. Weaknesses: Current curriculum is in place, but with two programs of study that are grandfathered in. This is, at times, confusing for students and time-consuming to implement.

**2.3.a Public Health Core Knowledge:**

The MPH required curriculum has been adapted to prepare students on the Council of Linkages Competences for Public Health Practice (<http://www.phf.org/Link.htm>). All students admitted after January 1, 2007, are required to complete 38 credits of core courses (described below) and an additional 7 elective credits. Each student is also required to complete a 180-hour Internship experience that culminates in a self-assessment portfolio using the eight domains for public health practice (see Appendix 2.3.a). Students are required to maintain a 3.0 GPA throughout their MPH program. If a student falls below a 3.0, then he or she is placed on academic probation and given a limited time frame to improve their academic performance.

DMU will not confer a degree to any MPH student who does not have a cumulative GPA of 3.0 or greater

One goal of the Program in 2008 is to explicitly connect all courses to the Council on Linkages Competencies through either references in the syllabus or on the course Blackboard site so that students can continually gauge their progress toward public health practice skills. Table 2.3.a highlights core courses and the Public Health Competency the course primarily addresses. Communication skills, cultural competency, leadership and systems thinking are considered to be cross-cutting competencies to be demonstrated in each course. The courses that are not in bold include multiple competencies in the curriculum. Please see Appendix 2.3.a for the complete list of courses and associated public health competencies.

Table 2.3.a MPH program of study

MPH #	Course	Credits	Core Competencies
620	Orientation	0	
621	<b>Overview of the U.S. Health Care System</b>	3	Basic Public Health Science
650	<b>Basic Statistics &amp; Research</b>	3	Analytic Assessment
653	<b>Public Health Administration &amp; Management</b>	3	Policy Development/Program Planning
655	<b>Epidemiology</b>	3	Analytic Assessment
657	Survey of Human Health & Disease	3	
771	<b>Community Needs Assessment</b>	3	Community Dimensions
625	<b>Health Care Financial Management I</b>	3	Financial Planning and Management
651	Occupational & Environmental Health	3	*
652	Public Health Ethical & Legal Issues	3	*
654	Social and Behavioral Science	3	*
645	Health Services Program Evaluation	3	*
658	Public Health Internship	3	*
660	Public Health Capstone	2	*
Electives	MPH electives, MHA courses, GER courses, or other	7	*

\* Multiple competencies addressed

**2.3.b Assessment of the extent to which this is criterion.**

This criterion is met. Strengths: Students are assessed for competency in public health knowledge throughout the curriculum. The MPH Program will continue to improve programs based on students' achieved competencies. Weaknesses: Since we are still working to directly and succinctly connect each syllabus to the Council on Public Health Linkages, and measure this connection through end-of-course evaluations, we have not yet had the opportunity to improve all courses based on the competency evaluations. However, full-time faculty have initiated this process.

#### **2.4. a Practical skills, placement, and preceptors**

The primary program component that is designed to deliver practical public health skills among students is the Internship requirement (see Appendix 2.4.a). The 180-hour minimum Internship involves an experience that adds to the student's knowledge of public health (whether that be a job-shadowing experience or a project or focused research). The final student product for the Internship experience is a portfolio including a self-assessment based on the Public Health Competencies (see Appendix 2.3.a). Starting in the fall 2006, all students who apply to enter the program, will conduct a "pre-program" assessment based on the Public Health Competencies as a required part of the application process (see Appendix 2.4.a Applicant Self-Assessment).

In addition to the Internship experience, the DMU-MPH program offers additional opportunities to foster public health service/practice in the program. The faculty duties have been structured in such a way as to promote individual faculty research and service activities. This setup is put into place to allow the MPH students to have the opportunity to participate in practical public health research and/or service practice. Students are also encouraged to pursue their own interests through an independent study, up to 3 credits for the MPH program. Students receive mentorship and other assistance from program faculty as requested.

Public health covers a spectrum spanning from before birth to after death. Students who are considering their Internship are asked by faculty, "What do you want to know? What do you want to do in public health?" Once they answer this question, then various agencies that would make good Internship sites are identified by the student, the student's advisor, and/or the Internship coordinator. The student is asked to meet with potential Internship sites, define an experience, and submit an Internship Initiation form. All full-time faculty have had substantial experience with numerous potential preceptors in the geographical area, thus the preceptor-student fit is more likely to be ascertained prior to the Internship. Upon approval of the Internship Initiation experience by the Internship Coordinator, the student still be enrolled in the Internship course (by the Internship Coordinator) and they may begin their Internship. The Internship Coordinator meets with or contacts potential preceptors based upon the student or preceptor request. Students submit monthly Internship reports that are verified by their preceptor. Preceptor qualifications are based on student needs, educational goals and experiences, and qualifications assessed by the Internship Coordinator. Preceptors evaluate the student at the end of the experience. These preceptor evaluations are kept with the students' Internship file. The Internship Coordinator evaluates the student portfolio. Internship projects can be found in Table 1.6.h.

No student is waived from the Internship requirement.

#### **2.4.b Agencies and Preceptors for the past two years.**

Please see Table 1.6.h and Appendix 1.6.k for a list of agencies where public health students have completed their Internships, the preceptors who have mentored them, and titles of their projects.

#### **2.4.c Data on students receiving a waiver of the practice experience.**

Not Applicable. All students complete an Internship.

**2.4.d Data on dual degree MPH students who completed their Internship as a clinical rotation for each of the last three years.**

The following table shows the number of dual-degree MPH students graduating in the past three years. Dual-degree students complete their MPH Internship experience as part of one of their elective or rural rotations. Their plan for the experience must meet the MPH Internship requirements in order to be accepted. In order to successfully pass the Internship, all students must submit a portfolio reflecting 180 hours and a final written product.

Table 2.4.d Dual-Degree MPH Graduates

	<b>DO/MPH</b>	<b>DPM/MPH</b>	<b>DPT/MPH</b>	<b>PA/MPH</b>
FY 0405	4	0	0	0
FY 0506	12	0	0	0
FY 0607	3	0	0	0

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

This criterion is met. Strength: All students in the DMU MPH program must complete a practical Internship experience resulting in increased understanding of public health competencies. Weaknesses: There is not a student evaluation of the Internship experience. Developing this evaluation tool and system is a goal for the FY 2007/08. In addition, dual-degree students are not treated any differently than any other MPH student, which means that data regarding dual-degree students is also not tracked. Creating a system where this information can be obtained upon request is a goal for FY 2007/08.

**2.5.a Culminating Experience**

Beginning May 1, 2005, all students admitted into the MPH program must complete a 2-credit culminating Capstone project. Prior to May 1, 2005, this project was part of the MPH Internship experience. Now, the 2-credit Capstone project is the student's opportunity to *produce a product* for an agency or organization, or to conduct original research. Where the Internship is an opportunity to have hands-on experience, the Capstone course was designed to allow students the opportunity to *apply* their didactically acquired public-health knowledge in a real-life setting taking the lead on an important public health project. The Capstone project is the final step in the students' program of study.

For the Capstone, students will 1) provide an in-depth analysis of a clearly defined public health problem, 2) integrate and apply prior knowledge to develop appropriate strategies or solutions, 3) develop a plan of action, 4) measure or assess the impact of recommended actions on the stakeholders, 5) prepare and written report and oral presentation on the project. See Appendix 2.5.a for the syllabus. Faculty discuss the student's goals for future public health positions, then appropriate agencies are identified by the student, the student's faculty advisor, and/or the Capstone coordinator. The student meets with potential Capstone sites, defines an experience, and submits a Capstone Project Proposal that has been approved by the potential Capstone preceptor. Upon approval of this proposal, the Capstone Coordinator will enroll the student in the course and that student may begin their Capstone experience. The Capstone Coordinator meets with or contacts potential preceptors upon the student or preceptor request.

Preceptor qualifications are based on what the student needs in order to meet his or her educational goals and desired experiences. Preceptors evaluate the student, the final project, and the oral presentation of the report.

All Capstone experiences require completion of the DMU Institutional Review Board (IRB) Human Subjects' Protection application. If the student is undertaking original research, then this completed application is forwarded on to the DMU IRB. Otherwise, the application is maintained in the student's Capstone file. Capstone submission requires students to provide evidence that the student has a plan to pursue publication possibilities. See Appendix 2.5.a for a description of the Capstone requirements.

There are no waivers of the Capstone course.

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

This criterion is met with commentary. Strengths: All students are required to complete a culminating Capstone project. Weaknesses: The Capstone is a new requirement, with a new process. Systems are still being created to ensure that all MPH students submit the IRB, and adhere to all requirements specified in the process of securing a Capstone site. In addition, there is no formal recognition of Preceptor Qualifications. Improvements in this process will be made in the FY 0708.

### **2.6.a Required Competencies**

The DMU MPH program has newly recommitted to the Council on Linkages between Academia and Public Health practice competencies, as mentioned in 2.3.a. Each course contributes to the overall program competencies, and the Internship portfolio results in each student assessing their own individual skill using rubrics created by the program. Courses are designed to contribute to students' public health competency knowledge and this program emphasizes students' ability to apply their classroom knowledge. In addition, new applicants are asked to assess their incoming skills on these competencies. This self-assessment for applicants is new in FY 0607. Ultimately, our goal is to collect post-program student data electronically in order to compare incoming students and outgoing graduates on these skills. Currently, the process allows for incoming students to have a baseline to compare themselves during the time of their internship.

### **2.6.b Program Matrix**

See Appendix 2.6.b for the MPH Program Matrix, connecting MPH program competencies to each of the core courses.

### **2.6.c Competencies by Specialty Area**

Not Applicable. The DMU MPH program offers one generalist degree with no specialty area.

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

The competencies for the DMU MPH program originated with the Council on Linkages between Academia and Public Health practice. The competencies were created into matrices and are used as the basis of a self-assessment during every Internship as a post-program assessment (since Fall 2006). Instructors and students were asked to review these rubrics, and they were

shared with the MPH Advisory Committee for their feedback and approval. These rubrics are available on the MPH MHA Student Portal page available to all admitted students. In addition, each new applicant is asked to complete an abbreviated self-assessment using these same competencies as part of the MPH application process as a pre-program assessment (since Fall 2006). Fall 2007 will be the first time this data is collected and analyzed for pre-program information.

Instructors are asked to periodically verify that their courses contribute toward the attributed competencies. The most recent review by instructors took place in Winter, 2007.

It is also the intention of the program to connect each course to the program competencies through the course Blackboard sites. By the end of FY 200708, each course will have a link to the program competencies pertinent to that particular course. See Appendix 2.6.d where the MPH Program Matrix has been divided by courses.

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

The MPH Advisory Committee is the first connection between the DMU MPH program and public health practice (see Appendix 1.5.c MPH Advisory Committee duties). Adjunct faculty are also working public health professionals, and they bring their perspective of pertinent public health practice to the classroom and to the MPH program director. MPH full-time faculty serve on multiple public health committees that keep them current on changes in public health practice (See Table 3.2.b for a list of committees).

The DMU MPH program recently revised its curriculum to better prepare students for public health practice. The curricular decisions were based on a comparison of the 2006 curriculum and competencies to the Council on Linkages between Academia and Public Health practice competencies. Changes were discussed with the MPH Advisory Committee, students, and faculty. Then, the curriculum was revised and approved by the MPH Advisory Committee. The CHS Curriculum Committee approved the revisions to the MPH curriculum and necessary updates to courses.

Program competencies are reviewed annually during the CHS Performance Improvement process that results in an annual MPH Program Report every Fall. When competencies no longer appear to adequately prepare students for public health practice as determined by various sources, then the issue is discussed with the MPH Advisory Committee, full-time and adjunct faculty, and students or graduates. Program competencies are revised and approved by MPH faculty, the course instructors who are affected, the MPH director, and the MPH Advisory Committee.

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

This criterion is met. Strengths: The program is structured to instruct students in practical skills based on national competencies. There is a mechanism in place to annually review the public health competencies through the University Performance Improvement Committee Report; and to solicit regular feedback regarding public health skills, through the MPH Advisory Committee, Graduate Surveys, and Alumni and Employer Surveys. Weaknesses: The changes in program assistance have affected the schedule of deployment of surveys. The Alumni and Employer Surveys are being disseminated Fall 2007 for the first time since 2004.

**2.7.a Assessment procedures for monitoring and evaluating student progress in achieving the expected competencies.**

Student achievement is measured through course completion, earned grades, GPA, Internship experiences, and preceptor evaluation, fulfillment of a culminating Capstone experience, and student surveys. Evaluation of student performance in courses is based on demonstration of the associated Public Health Competencies (which are also identified as objectives) for each course. For example, a student may demonstrate analytical skills through examinations, written reports, or verbal presentations in a course. The Internship experience and Capstone experience are similarly evaluated by successful mastery of the Public Health Competencies. Student progress through the program is tracked, although our student population does not usually intend on completing their degree within a two-year or even three-year time frame. DMU MPH students are primarily part-time working adults who require course flexibility. These students are not required to enroll in continuous semesters; therefore, graduation rates are tracked depending on the year students were admitted, including numbers admitted, numbers graduated, numbers continuing with classes, and numbers no longer actively pursuing their degree. (See Appendix 2.7.a).

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

See Table 2.7b for Student Achievement Outcome Measures. The implementation of a policy for probation (student must maintain a 3.0 or greater grade average) has increased the number of students on probation. It is not known why graduation rates have decreased and attrition rates have increased, however, faculty now review all student applications to admit only those students that show high probability of graduation.

Table 2.7.b Outcome Measure for Student Achievement

<b>Outcome Measure</b>	<b>Target</b>	<b>FY 0405</b>	<b>FY 0506</b>	<b>FY 0607</b>
Number of students who applied to the program. (Enrollment)	Increase	65	99	112
Number of students who have been accepted into the program. (Enrollment)	Increase	56	66	63
Number of students who initially enroll in program.	Increase	30	75	55
Number of students who graduate.	Increase	16	30	28
Percentage of students enrolled 4 yrs before this year who have graduated.	Increase	92% (2001)	90% (2002)	45% (2003)
Percentage of students enrolled 4 yrs before this year who are no longer completing classes.	Decrease	4% (2001)	10% (2002)	33% (2003)
Number of students on probation	Decrease	0	0	5
Number of students dismissed from the program	Decrease	0	0	1

### **2.7. c Degree completion rates and job placement**

Students enrolled in the DMU MPH program are frequently employed full-time in a public health field, making measures on job placement difficult to interpret. However, comments from the 2007 Graduates Survey found the following:

- 100% of the 2007 graduates completed their degree within 4 years.
- 82% enrolled in between 4-9 credits per term, averaging 6.75 credits per term.
- 100% completed the MPH program through classroom and online formats.
- 94% are employed full-time, with an average annual salary of 36,700, and the most commonly reported salary range as \$50,000-\$60,000.
- 94.12% said the program helped them develop entry-level competencies in public health. 87.5% agreed in 2006.
- 82.35% agreed that they would recommend the DMU MPH program to others, while 100% agree in 2006.

The DMU MPH Program caters to employed individuals. The 2006/07 Student Opinionaire found 38% of the students who completed the Opinionaire were employed full-time at the same time they were in the program. Totals from the application information shows that during FY 0607, 71.4% of applicants reported being employed, while 25% reported being employed in FY 0506, and 39.6% reported being employed in FY 0405.

Graduation data are not available for students who entered in 1998, 1999, and 2000.

### **2.7.d Destination of graduates for each of the last three years (percentage)**

<b>Destination</b>	<b>FY 0405</b>	<b>FY0506</b>	<b>FY0607</b>
Graduates (#)	16	30	28
Government	6	10	18
Non-profit	6	7	18
Health Care Facility	19	23	29
Private Practice	0	0	0
University/Research	6	0	0
Proprietary	0	3	4
Further Education	12	50	18
Non-health	0	0	4
Non-employed	0	0	4
Unknown	56	7	7

### **2.7.e Performance on professional certification examinations**

Not Applicable

### **2.7.f Data from periodic assessments of alumni and employers of graduates regarding the ability of the program's graduates to effectively perform the competencies in a practice setting.**

The MPH Employer Survey is scheduled to be deployed in September 2007. The Alumni Survey will also be deployed in September 2007.

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

This criterion is met with commentary. Strengths: Students and graduates exhibit high employment rates. The program tracks a number of measures to gauge student success in the program. Weaknesses: Now that we can successfully track attrition, we realize that attrition will need to be investigated. Also, the Employer Survey and the Alumni Survey have not yet been deployed when they should have been deployed in FY 2006/07 leaving those assessment measures blank for this document. These surveys will be completed in September 2007.

**2.8. If the program also offers curricula for academic degrees, students pursuing them shall obtain a broad introduction to public health.**

Not Applicable

**2.9 Doctoral Degrees.**

Not Applicable.

**2.10.a Joint Degrees.**

The DMU MPH program offers joint degrees with other programs on the DMU campus, including the Doctor of Osteopathic Medicine (DO/MPH), Doctor of Podiatric Medicine (DPM/MPH), Doctor of Physical Therapy (DPT/MPH), Master of Physician Assistant (PA/MPH), and Master of Health Care Administration (MHA/MPH). All joint degrees require completion of the core MPH curriculum with adaptations based on the requirements of the students' other degree plan. For example, transfer credit is accepted for MPH 657 Survey of Human Health and Disease and three elective credits because of the curriculum in the clinical programs (DO, DPM, DPT, PA). In the MHA dual degree, students are required to take the MHA Law and Ethics class, and are not required to take the MPH Ethical and Legal Issues class

More specifically, DO/MPH, DPM/MPH, and DPT/MPH students are eligible to transfer up to 6 credits of successfully completed course work from their primary program (DPT) into their MPH degree plan. The MPH Internship may be completed during the clinical phase of the their program if the requirements of each program are being met. DPT/MPH students must complete the Capstone Project. PA/MPH students are eligible to transfer up to 7 credits of successfully completed course work from their primary program (PA) into their MPH degree plan. PA students completing a four-week public health rotation may receive transfer credit for the Internship requirement. The master's project that the PA program requires may be used as the capstone project with the addition of a portfolio. Students pursuing the MPH or MHA degrees are encouraged to apply for a second degree (MHA or MPH) once they have successfully completed 9 credits in their primary (first) program) at a 3.0 or above. If admission to the second program is achieved within 7 years of the first degree, the student will follow the 64-credit dual degree program. If their admission into the second program is greater than 7 years after their completion of the first program, then credits may be applied to their second degree. (See Appendix 2.10.a Joint Degrees Policies).

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

This criterion is met. The MPH program offers only one degree, the generalist public health degree, and everyone who graduates with the DMU MPH has completed the general curriculum.

### **2.11.a Distance Education Program**

The DMU MPH program can be completed either on-site, online, or a combination of both types of courses. DMU offers one type of MPH degree, a generalist public health degree or certificate, and each course is offered both online and in the classroom at least once annually. The current exceptions to this are the MPH 657 Survey of Human Health and Disease, which is offered only online and all students are required to participate in this course online, and the MPH 652 Public Health Ethical and Legal Issues course which has been offered online in FY 0506, in the classroom in FY 0607, and online in FY 0708. It will be offered in both formats in FY 0809.

Students are encouraged to choose the delivery format that suits their learning style and schedule. According to the 2006/7 Student Opinionaire, 20% of students are taking the MPH program classroom courses exclusively and 10% are taking the program online courses exclusively. Seventy percent asking the MPH program through a combination of both online and classroom courses. One hundred percent of the 2007 MPH graduates completed the program through a combination of both online and classroom delivery methods. The curriculum is the same for all students, no matter how they choose to experience the program.

Online courses adhere to term dates, often with weekly assignment postings. The online courses and classroom courses are not always offered in the same term. An annual calendar is posted to the MPH registration page to provide students the opportunity to see when courses will be offered online and in the classroom so that they can make scheduling decisions.

All courses, online or in the classroom, are evaluated by students using the same evaluation form. This information is being collected and provides the opportunity to compare delivery techniques, instructor skill, and student learning in both modes of delivery. This data has been collected since Fall 2006. (See Appendix 2.11.a Comparison of Course Evaluations).

All students have access to all DMU services, although students who live too far away to come to campus must access information and services via telephone calls and email. The director and faculty are available visit with students on a regular basis - and by appointment - during day and evening hours.

### **2.11. b Description of distance education model.**

Please refer to 2.11.a for a description of the education model. Please see Figure 2.11.b for examples of Blackboard course pages.

The screenshot displays the Blackboard Academic Suite interface. At the top, there is a navigation bar with 'My Institution' and 'Courses' tabs, and links for 'Home', 'Help', and 'Logout'. Below this is a breadcrumb trail: 'COURSES > K. 1F. 07/08 - OVERVIEW OF US HEALTH CARE SYSTEM - CLASSROOM > ANNOUNCEMENTS'. A vertical navigation menu on the left includes buttons for 'Announcements', 'Course Information', 'Competencies', 'Staff Information', 'Student Policies', 'Course Documents', 'Assignments', 'Communication', 'Discussion Board', 'Groups', 'External Links', 'Audio Files', 'Tools', 'Bb Tutorials', 'Course Evaluations', and 'Exam Area'. The main content area features a date filter for 'August 21, 2007 - August 28, 2007' and an announcement from 'Sun, Aug 26, 2007' by Jay Willsher. The announcement text asks for preparation for the first weekend and lists four tasks: reviewing the syllabus, reading *The Eleventh Hour* book, reviewing chapters 1, 2, 3, and 4 of *Delivering Health Care In America*, and reviewing the student introduction.

Figure 2.11.b Example of Blackboard Course Page

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

This criterion is met. Strengths: DMU offers one generalist MPH degree or generalist 20-credit public health certificate. There is one program of study to which all students are held accountable with minimal adaptations. All students take the same core courses and have the same flexibility with electives. When given this choice, 70% of current students take classes both face-to-face and online. 58% of new applicants in the FY 0607 said that they wanted to take the program online. The MPH program has been innovative in its ability to provide online courses to students. Weaknesses: Online is a new delivery method, and efforts to capture data specific to online courses is new and we are still perfecting our data collection for this modality.