

REVIEW FOR ACCREDITATION
OF THE
PUBLIC HEALTH PROGRAM
AT
DES MOINES UNIVERSITY

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the Public Health Program at Des Moines University (DMU). The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2011*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in October 2015 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

DMU is a private not-for-profit health sciences institution. Offering eight graduate degrees in health sciences and medicine, the institution has a mission to improve the lives of global communities by educating diverse and competent health professionals.

DMU enrolls over 1,700 students and employs over 300 faculty and staff. Sixty-six percent of students are recruited from states other than Iowa. The university's largest program is the Doctor of Osteopathic Medicine (DO), followed by the Doctor of Podiatric Medicine (DPM), the Doctor of Physical Therapy (DPT), the Master of Science in Physician Assistant Studies and the Master of Public Health (MPH) program.

Under the leadership of DMU's 13th president, who held a public health degree, the public health program was developed in 1999 to meet the needs of Iowans and to provide formal public health training to workers in the state. At the time, DMU was one of two institutions of higher learning offering a graduate degree in public health in the state of Iowa, but the only standalone public health program. The MPH program is currently offered on campus and in an online format.

The MPH program received initial accreditation from CEPH in 2002 and the last accreditation review occurred in 2008. A standard seven-year accreditation term was granted, with interim reporting required on plans for improving the program's graduation rates. The interim report was accepted by the Council in spring 2010.

Characteristics of a Public Health Program

To be considered eligible for accreditation review by CEPH, a public health program shall demonstrate the following characteristics:

- a. The program shall be a part of an institution of higher education that is accredited by a regional accrediting body recognized by the US Department of Education or its equivalent in other countries.
- b. The program and its faculty and students shall have the same rights, privileges and status as other professional preparation programs that are components of its parent institution.
- c. The program shall function as a collaboration of disciplines, addressing the health of populations and the community through instruction, research and service. Using an ecological perspective, the public health program should provide a special learning environment that supports interdisciplinary communication, promotes a broad intellectual framework for problem solving and fosters the development of professional public health values.
- d. The public health program shall maintain an organizational culture that embraces the vision, goals and values common to public health. The program shall maintain this organizational culture through leadership, institutional rewards and dedication of resources in order to infuse public health values and goals into all aspects of the program's activities.
- e. The program shall have faculty and other human, physical, financial and learning resources to provide both breadth and depth of educational opportunity in the areas of knowledge basic to public health. At a minimum, the program shall offer the Master of Public Health (MPH) degree, or an equivalent professional degree.
- f. The program shall plan, develop and evaluate its instructional, research and service activities in ways that assure sensitivity to the perceptions and needs of its students and that combines educational excellence with applicability to the world of public health practice.

These characteristics are evident in the MPH program at DMU. The program is located in a regionally accredited university, and its faculty and students have the same rights, privileges and status as other professional programs. The program functions as a collaboration of disciplines, and the university is committed to supporting interdisciplinary communication and collaboration through its participation in initiatives such as the Des Moines Area Interprofessional Collaborative with other academic institutions in the state. The program defines identity statements that clearly support an organizational culture aligned with broader public health values and goals. The program's resources support its degree offerings at the master's level.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met. The mission of the DMU MPH program is to provide an excellent, competency-based, interdisciplinary education that prepares public health leaders who preserve and promote health in our global community.

Referencing the global focus in the mission statement, the program director explained that this focus was derived from the university's focus on health in the international context. Other program constituents also affirmed the program's interest in global communities. Students onsite identified the global focus as a feature that attracts students to the university. The College of Osteopathic Medicine's associate dean for global affairs noted that his responsibilities include finding service and other external learning opportunities at the local, national and international levels.

The program's initial mission was adopted in 2004 and remained in place until 2014. The 2014 revision of the mission, vision, values, goals and objectives involved weekly discussions by faculty members and involved input from the program's Advisory Committee, students and university leaders. Prior to the 2014 revision, there were changes to the goals and objectives in academic year (AY) 2006-2007 and 2011-2012. The mission, vision, values and goals are available on the program's website.

The vision of the MPH program acknowledges its commitment to education, research and service. Its values and goals are consistent with the profession of public health. There are four goals to support the mission, one each for education, service, research and administration. Progress toward each goal is measured through several clearly articulated objectives. Objectives were selected based on current program activities that had been previously measured.

The program has annual retreats each spring and plans for the upcoming retreat to include review of the mission, vision, values, goals and objectives. At the spring 2016 retreat, program faculty plan to discuss the appropriateness of the current objectives, targets and performance data and whether they propel the program in the right direction.

1.2 Evaluation and Planning.

The program shall have an explicit process for monitoring and evaluating its overall efforts against its mission, goals and objectives; for assessing the program's effectiveness in serving its various constituencies; and for using evaluation results in ongoing planning and decision making to achieve its mission. As part of the evaluation process, the program must conduct an analytical self-study that analyzes performance against the accreditation criteria.

This criterion is met with commentary. The program has several measurable objectives for each goal statement that supports its mission. The objectives are supported by well-established data systems with clearly assigned responsible parties. Performance is reviewed at regular faculty meetings and by the MPH Continuing Quality Improvement Committee, which also tracks student performance and university learning objectives. Program performance on service and research objectives are followed up in individual faculty reviews.

The program has met the majority of its objectives, however the targets associated with some objectives are based on general CEPH requirements for accredited programs. The program could benefit from increasing some of these targets beyond CEPH's minimum threshold. An example is the faculty resources target of three core faculty. While the program has met this particular objective, it has not met its student-faculty ratio goal, which implies that the program should aim to increase its faculty resource goal or perhaps aim to decrease student admissions to the program.

The program completed an analytical self-study that was initiated by dividing assignments among the faculty and receiving information from university sources. When drafts were completed, they were circulated for input from university leadership. The MPH Advisory Committee also provided input during later stages of drafting. At the site visit, program stakeholders, including students, indicated that they were familiar with the document.

The commentary relates to the program's use of its objectives and targets in informing plans for program growth. Site visitors heard much about plans for program growth, and evaluation outcomes should support these plans. As the program moves forward with the proposed annual review of objectives, it must ensure that identified targets are congruent with the program's direction and needs, as in the example given above.

1.3 Institutional Environment.

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

This criterion is met. Founded in 1898 as a college of osteopathic medicine, DMU has since expanded its educational offerings to the broader health sciences field, offering eight graduate degrees across three colleges. More recent evolutions in the university's vision and values reflect an embrace of the public health discipline in interdisciplinary research and opportunities for representation in institutional governance.

DMU has been accredited by the Higher Learning Commission since 1986. The institution's most recent reaffirmation of accreditation was granted in AY 2011-2012 for a 10-year term. The university maintains a public list of the names of specialized accrediting bodies to which it responds. Three programs other than public health respond to specialized accreditors, which include the Commission on Osteopathic College

Accreditation, the Commission on Accreditation in Physical Therapy Education and the Accreditation Review Commission on Education for the Physician Assistant.

DMU's academic colleges include the College of Osteopathic Medicine, College of Podiatric Medicine and Surgery and the College of Health Sciences. The College of Health Sciences contains four degree-granting programs: the Master of Health Care Administration (MHA), the DPT, the Master of Science in Physician Assistant Studies and the MPH program. The College of Health Sciences is led by a dean, who reports to the provost, as do all deans. The provost, along with nine other chief administrators, report to the university president/chief executive officer, who in turn reports to the Board of Trustees.

Within the College of Health Sciences, programs function as departments led by a program director/chair, serving as the chief administrative officer. The MPH program director maintains a high degree of autonomy in regards to the program's vision, strategic direction, budget and resource allocation and acquisition of personnel.

In the MPH program, the director is involved in preparing the program's annual budget, which is ultimately approved by the university president. Once the program's budgetary and resource allocation is determined, the program director is allocated these funds to use autonomously. The program's budget is primarily drawn from student tuition.

Indirect cost recoveries at the institution are in the form of facilities and administrative costs. Recovered funds from external grants are allocated at 30% to the program. The program director then determines how these funds are allocated within the program. The program director typically hires a research or teaching assistant with the funds.

Regarding the acquisition and distribution of development funds, the program does not have any involvement, but rather the university's Development Office oversees fundraising for all DMU programs.

The program director has the authority to recruit and select staff and adjunct faculty, with final approval from the university's Human Resources Office. For full-time faculty, the program director initiates the search and interviews candidates. The program director then recommends candidates to the provost, after input from the vice president for research. The College of Health Sciences dean also interviews candidates. The provost makes the final hiring decision.

The MPH program adheres to the university's established academic standards and policies. The program is permitted to initiate curricular changes and admissions standards, among other policies and procedures. Final approval of academic policies and procedures rests with the appropriate college or

university level official, which may include the College of Health Sciences associate dean for academic affairs, the director of admissions or the vice president for enrollment management and student affairs, for example.

1.4 Organization and Administration.

The program shall provide an organizational setting conducive to public health learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration that contribute to achieving the program's public health mission. The organizational structure shall effectively support the work of the program's constituents.

This criterion is met. Housed in the College of Health Sciences, the MPH program director reports directly to the dean of the college and is a tenured associate professor. The director supervises the core faculty to achieve the education, research and service activities of the program. There are four primary faculty members reporting to the director (including one faculty vacancy due to a retirement, for which there is an active search in progress), several secondary faculty and an academic assistant.

During on-site interviews, faculty spoke positively about the leadership, support and encouragement provided by the director and the opportunities for interdisciplinary communication, cooperation and collaboration to achieve the program's public health mission. There is enthusiasm for integrating public health into the training and learning experiences of the health sciences and health care professions at DMU, with ideas for expanding interprofessional education in the future. The College of Health Sciences includes several clinical and non-clinical degree programs, and the MPH program collaborates with other divisions of the college to offer joint degree programs. The MPH faculty serve as guest lecturers across the institution and have students enrolled in their courses who are studying in other health sciences or clinical practice disciplines (ie, MHA and DO). The primary and secondary faculty are collaborating with one another, as well as with other units of the university, such as the Department of Global Health and the associate dean for global affairs to provide students with learning experiences in the global community.

1.5 Governance.

The program administration and faculty shall have clearly defined rights and responsibilities concerning program governance and academic policies. Students shall, where appropriate, have participatory roles in the conduct of program evaluation procedures, policy setting and decision making.

This criterion is met with commentary. The MPH program adheres to the bylaws of the College of Health Sciences and the university to guide its governance processes. The program has authority to develop policies that are not specified by the university or college, as long as the program-level policy is consistent with existing university/college policies. There is an annual review of the student handbook by each primary faculty member, which serves as the usual source of policy development or change.

There are four standing program committees: the Curriculum Committee, Continuing Quality Improvement Committee, Academic Progress Committee and the Advisory Committee. The membership of the three former committees consists of primary faculty. The members of the Advisory Committee are leaders and experts from a variety of external public health organizations. Responsibilities are clearly defined across the program's committees.

The Curriculum Committee is responsible for ensuring that the MPH curricular offerings are sufficient to achieve learning outcomes and competencies. This committee also oversees the faculty peer review process. The Continuing Quality Improvement Committee is responsible for analyzing student performance data, particularly in regards to competency achievement. The Academic Progress Committee also supports the assessment of student achievement by monitoring overall academic progress and making decisions on students' academic concerns and grievances.

All program faculty participate in review of admissions applications, and the program verifies student completion of degree requirements prior to the award of degrees, though these functions are not officially delegated to a standing program committee.

The program forms ad hoc search committees for faculty vacancies. Faculty research and service expectations are contained in individual contracts negotiated at the time of hire, rather than being established by a faculty committee.

There are student representatives on the Advisory Committee. The program also maintains an MPH student club, which provides an avenue for communication with faculty, student networking and engagement in service activities. The university involves students in governance on university-wide committees, and MPH students are nominated for these positions by the program director. Program faculty members are involved in university committees as well and have a voice in governance beyond the program level.

The commentary relates to the lack of student involvement in program governance. While there are student representatives on the Advisory Committee, which does influence program activities, formal student input into curriculum decisions and continuous quality improvement could also be valuable to the program.

1.6 Fiscal Resources.

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

This criterion is met. The program's fiscal resources are adequate and cover faculty salaries and all major expenditures. The MPH program is primarily funded by tuition, with consistent tuition over \$1 million

annually to support the instructional, research and service objectives over the last five years. The tuition rate is reviewed and determined annually by program constituents and college and university leaders. A three percent increase is typical per annum. The decision to increase the cost of the MPH program's tuition is based on a consideration of tuition at peer institutions and a review of the debt load carried by students.

There are internal funding mechanisms in place to financially support faculty professional development (\$25,000 start-up funds for new hires and \$3,000 per year for professional development activities), as well as university-supported research funds available through a competitive review process to support pilot/seed grants in public health.

Indirect costs are a very small percentage of the funds to support the program. The model for indirect cost recovered by the program is 30%, with 5% of that allocated to the principal investigator.

There are some funds available (approximately \$15,000 per year) to support merit-based scholarships and tuition assistance for students who self-identify during their application as meeting a campus diversity goal (under-represented in the student body and/or in the field of public health). There are also funds allocated to support teaching assistants for classes with enrollment above 25 students. Teaching assistants are often MPH alumni.

Table 1 presents the program's budget for fiscal year 2007-2008 through 2014-2015.

Table 1. Sources of Funds and Expenditures by Major Category, 2007 to 2015								
	FY 07-08	FY 08-09	FY 09-10	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15
Source of Funds								
Tuition & Fees	512,650	1,030,460	976,940	1,058,750	1,195,020	1,364,858	1,243,369	1,108,932
University Funds	177,162	38,135	213,733	199,078	140,951	-	109,220	98,597
Grants/Contracts	17,950	30,377	27,896	4,941		9,538	7,714	2,950
Gifts from Donors	11,764	11,015	9,621	11,621	19,942	11,392	10,090	13,457
Endowed Research Fund	-	5,828	7,244	835	3,184	1,157	6,352	-
Total	719,526	1,115,815	1,235,434	1,275,225	1,359,097	1,386,945	1,376,745	1,223,936
Expenditures								
Faculty Salaries & Benefits	397,075	613,840	706,861	722,702	795,049	814,634	821,068	715,444
Staff Salaries & Benefits	37,890	55,896	50,089	81,679	53,921	45,608	48,085	57,218
Operations	18,377	38,537	34,709	10,616	13,077	19,425	19,097	11,269
Travel	4,849	10,474	4,770	6,215	5,683	1,027	1,423	1,081
Student Support	11,000	9,805	10,600	11,452	20,242	9,530	9,840	14,737
Indirect Cost	248,671	386,133	427,725	441,312	470,625	471,819	476,742	423,867
Total	717,862	1,114,685	1,234,754	1,273,976	1,358,597	1,362,043	1,376,255	1,223,616

1.7 Faculty and Other Resources.

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

This criterion is met with commentary. The program possesses the requisite number of faculty for its generalist MPH degree. The program has four primary faculty members, contributing a total of 3.85 FTE (full-time equivalent). A search is currently in progress to hire a fifth primary faculty member at 1.0 FTE.

From AY 2012-2013 to 2014-2015, secondary faculty headcount increased from 18 to 21, and the total FTE contribution of secondary faculty during this period ranged from 3.1 to 4.3. During the fall 2015 semester, the program has 11 secondary faculty contributing a total of 1.3 FTE.

The program follows the DMU Faculty Workload Policy when determining FTE contributions for courses taught. According to the policy, a three-credit hour course is equivalent to .10 FTE. To calculate each faculty member's FTE to the MPH program, each faculty member is assigned 1.0 FTE, and responsibilities outside of the MPH program are subtracted accordingly.

While the program's primary faculty headcount has remained fairly consistent over the past three academic years, the student headcount has steadily decreased, resulting in a student-faculty ratio of 9.11:1 by total faculty in fall 2015, which is below CEPH's recommended 10:1. As of fall 2015, 115 students are enrolled, with a total FTE of 56. In AY 2012-2013, the program had a total student enrollment of 200, with a total FTE of 122. In AY 2013-2014, 190 total students were enrolled in the program, with a total FTE of 111. In AY 2014-2015, 151 students were enrolled, with a total FTE of 98.

In addition to faculty, the program is supported by three non-faculty personnel, which include an academic assistant (1 FTE), an instructional design coordinator (.30 FTE) and a College of Health Sciences data and projects coordinator (.18 FTE).

The MPH program's faculty offices are located in Ryan Hall, one of the five buildings on DMU's 25-acre campus. All of the program's primary faculty are located on campus. Adjunct faculty do not have offices on campus, as many are employed full-time at external organizations. Ryan Hall is shared by faculty of other departments and includes research administration offices and research laboratories. In particular, a social and behavioral sciences laboratory in Ryan Hall is used by two MPH faculty members and their graduate research assistants to digitize and analyze data.

All faculty offices are equipped with computers with network access. While the university does not maintain a student computer lab, the university's library does have computer stations for use. Additionally,

the university library provides asynchronous instruction to students on accessing and utilizing the library's resources. The education librarian assists the program in developing library training modules for MPH students, in addition to providing support to faculty in manuscript and grant preparation. The library provides access to over 50 databases, three of which are useful for MPH students: Public Health (Proquest), Global Health (Ebsco) and GreenFILE (Ebsco). Together, these databases provide access to over three million records and publications. In addition to these electronic databases, the library provides access to print materials, which includes books and journals. The library is in the process of converting much of its print collection into electronic format.

The program has identified three measures by which it assesses the adequacy of its personnel and other resources. The program has set targets to maintain a contingent of at least three core faculty, have a dedicated support staff member contributing 1.0 FTE to the program and maintain a student-faculty ratio equal to or less than 10:1. The program exceeded its core faculty target in each of the last three academic years. The program has not met its student-faculty ratio target over the last three academic years. The program has met its staffing goal for the last three academic years.

The commentary relates to the need for the program to remain attentive to the student-faculty ratio and to the faculty advising load. While the program is currently at a total student-faculty ratio of approximately 9:11:1, ratios in the previous three academic years have exceeded this ratio. The program is expecting to increase the number of applicants through participation in the School of Public Health Application System (SOPHAS), and its student enrollment may increase. Thus, the planned addition of a new primary faculty member will be critical to maintaining the progress in reducing student-faculty ratios. The advising load is primarily divided among the primary faculty, who have an advising load of approximately 40 students. One part-time faculty member assists by serving as an academic advisor to approximately 25 students. The addition of this supplemental advisor has seemed to positively impact the accessibility of faculty advisors. Program administrators are in discussion with university administration on methods to strike a balance between university revenue goals and appropriate student-faculty ratios and advising loads.

1.8 Diversity.

The program shall demonstrate a commitment to diversity and shall evidence an ongoing practice of cultural competence in learning, research and service practices.

This criterion is met. The DMU mission, vision and values reflect diversity and inclusiveness, and program efforts are supportive of the university's work. The university's Compliance Office oversees all policies that support a climate free of harassment and discrimination, including a Code of Conduct for all employees and confidential reporting mechanisms.

The MPH program has identified males and non-whites as under-represented among students, faculty and staff. It also seeks to diversify its student body with more representatives from out of state. Faculty

and staff hiring is guided by the university's affirmative action policy. The program is reaching out to under-represented groups through various means to hire for its vacant faculty position. Student recruitment is supported by the university's student admissions office, including attendance at conferences as a means of outreach. There are scholarships available for diverse students. The university has an Office of Multicultural Affairs to support students and develop policies to accommodate diverse needs.

The program maintains an educational objective that 50% of MPH courses will include content and assessments linked to the program's cultural competency skills domain. The program has met this target over the last three academic years. The program includes its diversity and cultural competence goals in its regular self-evaluation.

The program has one full-time staff member, and as such, has not identified a staff diversity outcome measure.

The program has identified the following goals to achieve a diverse complement of faculty and students: 25% male students, 25% non-white students, 50% non-lowan students, 30% non-white faculty and 20% male faculty. The program has consistently met its goals for non-white and male faculty over the last three years. The student objectives have fluctuated over the last three years, with AY 2013-2014 having the lowest outcomes for the three student goals. Over the last three years, the program has not met its male student goal. In AY 2014-2015, the program met its non-white student goal. In AY 2012-2013, the program met its non-lowan student goal.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

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 and/or an MPH with areas of specialization. The program, depending on how it defines the unit of accreditation, may offer other degrees, if consistent with its mission and resources.

This criterion is met. The program offers a generalist MPH degree and six joint degrees. The program is technically offered in an on-campus and a completely online format. Students do not elect a desired format upon enrollment, but rather enroll in the course format that is available in any given semester. For the purposes of informing prospective and current students, the program's website displays the available format of all courses over the next three semesters. According to the website, most courses are only offered in an online format for the upcoming three semesters. The program now offers the core courses every semester (fall, spring and summer). Table 2 lists the program's degree offerings.

Table 2. Instructional Matrix		
	Academic	Professional
Master's Degrees		
Generalist		MPH*
Joint Degrees		
Healthcare Administration		MPH/MHA
Osteopathic Medicine		MPH/DO
Podiatric Medicine		MPH/DPM
Physical Therapy		MPH/DPT
Law (at Drake University)		MPH/JD
Pharmacy (at Drake University)		MPH/PharmD

*Available in online and on-campus formats

Overall, the program of study is well structured, as courses taken in the recommended sequence build upon and reinforce the competencies gained in previous courses. The program's "Tier" model, categorizes courses according to their rigor into four categories, with increasingly progressive rigor across the tiers.

The Tier 1 grouping consists of four courses that introduce students to general public health concepts, such as the 10 essential services, population data analyses methods, an overview of the US healthcare system and the ecology of health and human disease from a public health perspective. Tier 2 courses build upon the skills gained in Tier 1 courses and deliver content in epidemiology, health program evaluation, health policy/law/ethics and social and behavioral sciences. Students must complete all Tier 1 and Tier 2 courses before enrolling in the capstone and internship.

Students and alumni onsite expressed overall satisfaction with the curriculum and its ability to prepare them for public health practice.

2.2 Program Length.

An MPH degree program or equivalent professional public health master's degree must be at least 42 semester-credit units in length.

This criterion is met. The MPH program requires 45 credit hours for degree completion, which exceeds CEPH's minimum requirement. The program of study consist of 15 credit hours dedicated to core coursework, 19 credit hours of specialty courses beyond the core, five credit hours toward the internship and capstone and six credit hours of electives.

DMU defines one credit hour as one hour of classroom instruction per week with two hours of out-of-class work. Students may begin the program in the fall, spring or summer semester.

2.3 Public Health Core Knowledge.

All graduate professional public health degree students must complete sufficient coursework to attain depth and breadth in the five core areas of public health knowledge.

This criterion is met. The coverage of core knowledge areas is adequate to provide students with sufficient knowledge in the five core public health areas. Waivers of core courses are not permitted. The five public health core areas are addressed through five separate courses, each consisting of three credit hours, for a total of 15 credit hours.

Table 3 presents the required courses addressing the five core knowledge areas of public health.

Core Knowledge Area	Course Number & Title	Credits
Biostatistics	MPH 650: Basic Statistics & Research	3
Epidemiology	MPH 655: Epidemiology	3
Environmental Health Sciences	MPH 651: Occupational and Environmental Health	3
Social & Behavioral Sciences	MPH 654: Social & Behavioral Sciences	3
Health Services Administration	MPH 653: Public Health Administration & Management	3

The site visitors reviewed the syllabi and discussed the courses with instructors and students. In particular, the Basic Statistics & Research course was discussed to determine the extent to which biostatistics is well addressed. The site visitors were satisfied that basic statistical methods are covered in the core coursework. Students who participated in the site visit remarked that they would like this course to provide more application of basic statistical methods to public health topics, including more opportunities to analyze and interpret public health data and to explore how that interpretation relates to addressing public health problems. The course uses SPSS, which is available to students through the university licensing agreement. Some public health workforce representatives who participated in the site visit mentioned SAS as the data analytic software tool that they use in practice because it is less costly.

2.4 Practical Skills.

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

This criterion is met. The program has an internship course that may be taken upon completion of all Tier 1 and 2 courses and a minimum of 24 credit hours. Students may take up to three semesters to complete the internship, which requires 180 contact hours at an external placement site (160 hours of hands-on experience and 20 hours spent completing an e-portfolio documenting the student's experience). No waivers are granted for the internship.

The practicum course instructor serves as the internship coordinator. The coordinator maintains a list of possible internship sites, and the program has begun to develop affiliation agreements. Students work with their advisors, the coordinator and a potential preceptor to develop an internship proposal. Flexibility is provided for site selection. The list of internship placements for the past three years indicates a broad range of opportunities.

The program has clear criteria for approval of preceptors, who are provided with a preceptor manual for orientation. The internship coordinator contacts preceptors with orientation materials. The preceptors who met with the site visit team were enthusiastic about their role and the students. During the on-site meeting, the preceptors were unclear whether the students were completing an internship or a capstone during the experience. The students who met with the site visit team were much clearer on the distinction between the internship and capstone and how each related to competency development and integration.

The coordinator is responsible for student supervision during the internship. Students submit a status report to the coordinator upon completion of 80 hours. The e-portfolio is the final written submission and consists of a description of the experience and reflections and artifacts to demonstrate program competencies. The internship coordinator evaluates the student on the e-portfolio. The focus of the evaluation is attainment of competencies.

The internship grade is pass/fail, and the student must achieve 80% or higher on internship requirements to pass. As a means of providing feedback to the program about preceptors, students have an opportunity to comment on preceptors during their mid- and end-course reports.

2.5 Culminating Experience.

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

This criterion is met. All MPH standalone and joint degree students are required to complete a culminating experience. The experience requires students to demonstrate skills and integration of knowledge acquired across the curriculum, and faculty use the experience as a means to judge whether students have mastered the body of knowledge. Students on site expressed great familiarity with the objectives of the experience, expressing that the experience required a holistic application of the program's competencies.

The culminating experience includes the following components: registration for a two-credit hour capstone course; identification of a preceptor and agency (typically a different preceptor/agency than the practicum); deliverables to the MPH capstone coordinator and preceptor; and a final presentation to the preceptor.

Prior to completing the capstone experience, students must have completed all Tier 1 and Tier 2 courses, in addition to the Community Research course, which is a Tier 2 course. Students are given a maximum of three semesters to complete the culminating experience, though most students complete the experience in two semesters.

Students begin the process of planning for the capstone in the semester prior to registering for the course. Students work with the capstone coordinator to identify a project focus, a preceptor and agency where the student can carry out the project. The preceptor has input on the proposal elements, and the capstone coordinator approves the final proposal.

Students spend significant time on-site at the agency, developing a product that will be both useful for the agency and for the capstone coordinator in determining the students' ability to demonstrate the project's objectives, which are aligned to the program's competencies. Throughout the experience, students submit reports to the capstone coordinator. The student's final capstone deliverables include a written report including a literature review and a final presentation at the host agency.

2.6 Required Competencies.

For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of degree programs. The program must identify competencies for graduate professional, academic and baccalaureate public health degree programs. Additionally, the program must identify competencies for specializations within the degree program at all levels (bachelor's, master's and doctoral).

This criterion is met with commentary. The program has identified 60 competencies, organized into eight domains, derived from the 99 competencies developed by the Council on Linkages between Academia and Public Health Practice. The self-study includes a matrix of the program's competencies mapped to the core courses and the additional required courses. The self-study provides a table that identifies the courses which are sources of primary or reinforcing learning for each competency. The program faculty are in the process of mapping competencies to a list of elective courses.

The selection of competencies included an iterative process involving faculty review and revisions based on feedback from the program's Advisory Committee, which includes members of the public health workforce, preceptors and leaders in the local public health community. Advisory Committee members who participated in the site visit indicated that they were invited to review a draft of the program's competencies and rate them according to how important/relevant the competencies are to preparing students for public health practice. The program used the feedback to make revisions prior to adopting the final set of competencies. Students were not included in the competency selection activity, but are well informed and familiar with the competencies through a number of methods, such as on-line

materials, course syllabi which include a standardized section listing the competencies to be achieved by each course and the Orientation to Public Health and Graduate School course that is required at the start of the curriculum. Students were very enthusiastic about how the competencies are used to design and select internship and capstone learning experiences that will strengthen their skills in areas that they self-identify as weaknesses or targets for self-improvement. The preceptors on site were familiar with the competencies, indicating that competencies were provided to them and used to make decisions about projects for internships and/or culminating experiences.

The commentary relates to the alignment of competencies to the unique aspects of the MPH program at DMU and its mission, goals, values and objectives. The competencies were adopted from the Council on Linkages but have not been modified sufficiently to accurately align with the program's specific mission, values, goals and objectives, including specific focus areas such as global health and interprofessional education. The site visitors noted that faculty, staff, students and program stakeholders placed considerable value on opportunities for global health and interprofessional education, yet the competencies in current form do not emphasize this.

A second commentary relates to inconsistent presentation of the program's competencies across various documents. For example, the capstone syllabus contains the eight domains and one to four sub-competencies within each domain. The internship syllabus only lists the eight domains but does not list the sub-competencies. Students who participated in the site visit thought that they were only assessed against eight competencies, rather than the full range of 66 competencies across the eight domains.

2.7 Assessment Procedures.

There shall be procedures for assessing and documenting the extent to which each student has demonstrated achievement of the competencies defined for his or her degree program and area of concentration.

This criterion is partially met. The program possesses robust procedures for assessing students' demonstration and achievement of competencies. The program relies on course-level assessments and evaluations from experiential curricular components to assess student attainment of competencies. Additionally, the program relies on assessments from the practicum and capstone. At the course level, "formative assessments" occur through discussion board posts and quizzes, which allow the instructor to incrementally gauge students' attainment of course learning objectives. "Summative assessments" also occur at the course level through exams, which provide the instructor with an overall assessment of students' attainment of learning objectives.

Through a newly implemented learning management system, Desire2Learn, the program is able to link course learning objectives to the program's competencies. The program has been using this system since AY 2014-2015. Faculty log into the system to input students' grades for the various formative and

summative course assessment activities, and the Desire2Learn system links the learning objectives associated with each assessment to the program's competencies. The system is then able to show, based on the student's performance on course-level assessment activities, which competencies the student has attained and which competencies are deficient. Reports can also be generated for overall student performance to show trends across the program.

In the internship initiation form, students list learning objectives that they will gain in the internship and then list the activities through which they will gain the objective. Also on the form, students select which of the program's eight competency domains will be addressed in the internship. Students also do a mid-experience report. This report does not ask students to report on the competencies they have identified, but rather it asks for the status on accomplishing the identified objectives from the internship initiation form. The internship coordinator reviews the form and the preceptor signs off on it.

The program collects job placement data through its graduate survey and alumni survey, administered by the College of Health Sciences' data project manager. All graduating students are sent the graduate survey approximately one month before program completion. The alumni survey is sent to recent alumni six months post-graduation. Job placement rates are as follows: 97% for the AY 2012-2013 graduating class, 87% for the AY 2013-2014 graduating class and 92% for the AY 2014-2015 graduating class.

The maximum allowable time to graduate from the MPH program is seven years. The graduation rate of the one cohort that has reached the maximum allowable time to graduate (the cohort entering in AY 2008-2009) is 57.75%. The cohort entering in the following academic year, 2009-2010, began with 49 students and to date, 55.10% of the students have graduated. As of AY 2014-2015, the 2010-2011 cohort has a 36.59% graduation rate, the 2012-2013 cohort a 23.68% graduation rate and the 2013-2014 cohort a 0% graduation rate.

The concern is that the program's graduation rates have not reached CEPH's threshold of 70%, and the program's graduation rates are on average lower than those of other programs at the institution. Program administration identified two important factors contributing to the attrition rate. The first is policies surrounding student leaves of absence, which forced nearly 40 students to be administratively dropped from the program. The second factor is the increasing rigor of the program in recent years. Program administration has been making a concerted effort to ensure that the program's academic standards are rigorous and that students are appropriately challenged.

2.8 Bachelor's Degrees in Public Health.

If the program offers baccalaureate public health degrees, they shall include the following elements:

Required Coursework in Public Health Core Knowledge: students must complete courses that provide a basic understanding of the five core public health knowledge areas defined in Criterion 2.1, including one course that focuses on epidemiology. Collectively, this coursework should be at least the equivalent of 12 semester-credit hours.

Elective Public Health Coursework: in addition to the required public health core knowledge courses, students must complete additional public health-related courses.

Public health-related courses may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.

Capstone Experience: students must complete an experience that provides opportunities to apply public health principles outside of a typical classroom setting and builds on public health coursework. This experience should be at least equivalent to three semester-credit hours or sufficient to satisfy the typical capstone requirement for a bachelor's degree at the parent university. The experience may be tailored to students' expected post-baccalaureate goals (eg, graduate and/or professional school, entry-level employment), and a variety of experiences that meet university requirements may be appropriate. Acceptable capstone experiences might include one or more of the following: internship, service-learning project, senior seminar, portfolio project, research paper or honors thesis.

The required public health core coursework and capstone experience must be taught (in the case of coursework) and supervised (in the case of capstone experiences) by faculty documented in Criteria 4.1.a and 4.1.b.

This criterion is not applicable.

2.9 Academic Degrees.

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

This criterion is not applicable.

2.10 Doctoral Degrees.

The program may offer doctoral degree programs, if consistent with its mission and resources.

This criterion is not applicable.

2.11 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. The program offers six MPH joint degrees with healthcare administration, osteopathic medicine, podiatric medicine, physical therapy, law and pharmacy. Upon review of the joint degree curricula compared to that of the standalone MPH program, site visitors conclude that joint degree students gain equivalent public health knowledge with no gaps in competency coverage identified.

Courses external to the public health program that have been permitted to count toward the MPH degree are aligned with the program's competencies.

All joint degree students must apply and gain admission to the MPH program, though the process is facilitated by students being permitted to apply test scores and recommendation letters from their primary program's application packet. Students must, however, submit a public health-specific personal statement.

Clinical students may complete an elective rotation to substitute for the MPH practicum. The elective rotation is reviewed by the program director for its relevance to public health. Students must also submit a transfer course form to the program director. Joint degree students validated onsite how they are in regular contact with their advisors to receive approval for credits that they want to use toward the MPH degree.

Joint degree students are allowed to waive the Tier 1 course, Survey of Health and Human Disease. This course is replaced by a comparable course offered through the clinical program. Transfer courses must be approved by the student's faculty advisor or the MPH program director.

2.12 Distance Education or Executive Degree Programs.

If the program offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these degree programs must a) be consistent with the mission of the program and within the program's established areas of expertise; b) be guided by clearly articulated student learning outcomes that are rigorously evaluated; c) be subject to the same quality control processes that other degree programs in the university are; and d) provide planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of adult learners. If the program offers distance education or executive degree 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 learning methods and to systematically use this information to stimulate program improvements. The program must have processes in place through which it establishes that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course and degree and receives academic credit.

This criterion is met with commentary. The program offers both on-campus and online courses. The program can be completed 100% through distance learning formats, which include a completely online format and a hybrid format that combines on-campus and online courses. The availability of on-campus course offerings is contingent upon whether a course reaches minimum enrollment, which is seven to ten students.

The online program is being offered in large part due to student demand. Students who participated in the site visit indicated that a major reason for selecting the DMU MPH program is that it offers a flexible online

program. One public health workforce partner who participated in the visit stated that DMU has a unique niche and that the online format makes the program accessible to students who would not otherwise attend. They indicated that the MPH program has dramatically increased the presence of public health trained people in the Iowa workforce.

The faculty (both primary and secondary) expressed that they are well supported with an instructional design and technology staff member. The online classes typically have teaching assistants (typically an MPH alumnus) when enrollment reaches above 25, though some of the class enrollments can be as high as 30 students per section, and faculty may teach up to two sections at a time.

The program has a sound process for verification of student identity (unique username and password) and confirmation of identity at various points in the curriculum through methods such as synchronized video technology and field-based placements with preceptor feedback.

Students who participated in the visit expressed a high level of satisfaction with their online experience and the support and advising provided by faculty through on-line education modalities. Some students expressed disappointment that courses they wanted to take on campus were only offered online due to low enrollment in the classroom modality. In addition, faculty expressed a desire to continue to offer courses in the on-campus format.

In AY 2015-2016, 83% of courses are offered in an online-only format, creating limited opportunities to compare the effectiveness and learning outcomes of the online format to that of the on-campus format. However, online students and courses are evaluated using the same methods as the on-campus format. All online students are required to complete course evaluations. Online courses also contain formative and summative course-level assessments, and the course learning objectives are linked to competencies through the Desire2Learn management system.

The commentary relates to the extent to which the learning outcomes of the online format are being rigorously evaluated, on an ongoing basis, to assess the academic effectiveness of the format and the learning methods used and to systematically use this information to stimulate program improvements. The program has not indicated a systematic method or plan to assess academic effectiveness and learning outcomes that might be unique to distance education in comparison to the face-to-face modality. The MPH program has a fast changing trend moving it away from face-to-face courses, which needs further analysis as it ultimately relates to the program's mission, goals and objectives. The program has new educational technological tools through the Desire2Learn system, which has the capacity to support systematic assessment and compare differences in teaching modalities (online vs. on campus) and

compare academic effectiveness, quality of learning outcomes and competency attainment between modalities.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 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 public health disciplines, including research directed at improving the practice of public health.

This criterion is met. The program is primarily focused on a teaching mission, which includes excellence in teaching and advising activities. The primary faculty indicated that they allocate approximately 20-40% of their time to research. The primary faculty members are largely meeting the program's research objectives by collaborating with community-based public health partners at county health departments and community-based organizations to conduct community-based research and scholarly activities. These activities often include students.

Faculty members are expected to publish a minimum of one scholarly paper (peer-reviewed) per year, and this objective is being met. There are currently no requirements for faculty to obtain externally-funded research. Faculty expressed a passion for social and behavioral determinants of health and a strong commitment to improve community health through education, as seen through faculty who share their expertise in community settings/forums on topics like the Affordable Care Act.

Site visitors noted the university leadership's commitment to grow the research enterprise by supporting faculty involved in public health research. University leaders who participated in the site visit indicated that all faculty should be involved in research, at some level. New hires are given \$25,000 in start-up funds, which can be used to support a program of research in public health. The strategic plan for the university includes public health research as a priority area, and recent data show that the university-wide research portfolio has grown in federally funded investigator-initiated work. Though the vast majority of the program's faculty research is not externally funded, there are increasing opportunities on campus to stimulate and support public health research with competitive internal funding mechanisms. These trends indicate that public health research is valued institutionally and faculty development in this area will be supported by the university.

On-site meetings with faculty confirmed that a few of the primary faculty have applied for and received funds to support their research. The university has an office of sponsored research and programs, which includes a grants management staff member who is working with the public health faculty to inform them of funding opportunities, provide in-service trainings and workshops to promote grant getting and seminars that bring researchers to campus to share their work and foster opportunities for collaboration.

Trends show an increased number of faculty applying to these mechanisms and also looking for external funds.

3.2 Service.

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

This criterion is met. The university values service as an essential component of its activities, as acknowledged in its vision statement. The program contributes to this vision. The university's community relations manager oversees the development of community-engaged activities for faculty and students. The manager met with the program's Advisory Committee to identify priority service activities.

Service is an expectation for faculty promotion and tenure. Faculty members set annual service goals that can range from 20-40% of effort and are evaluated as an important component of performance. At the site visit, the program director expressed concerns that service effort on the part of faculty can impede time devoted to scholarship. The director is working on balancing faculty time between service and research that is in line with university initiatives to increase scholarship.

The university supports faculty engagement in service by providing time off for community service as well as recognizing exemplary activity through awards. Service is acknowledged for professional and community-based activities. The list of primary faculty service contributions is extensive and includes a small number of funded activities.

Students participate in service through MPH student club-sponsored activities. Some are community-based and most are to serve the university community. One faculty member noted that students have suggested adding service-learning opportunities to particular courses. This request had not been formalized, but faculty are open to student initiatives.

The program identified service objectives related to primary faculty involvement in external service committees or projects, delivery of health education/promotion seminars to external audiences, students sharing internship/capstone results with external stakeholders and participation in service-learning experiences by the MPH student club. The program has consistently met each outcome measure for the last three years.

3.3 Workforce Development.

The program shall engage in activities other than its offering of degree programs that support the professional development of the public health workforce.

This criterion is met with commentary. The university has a continuing medical education department that coordinates continuing education activities. Program faculty participate in workforce development activities organized by this department.

The program gathers workforce development needs information from its Advisory Committee. As a result of feedback, the program has opened enrollment in core courses to non-degree seeking professionals. There has been no systematic assessment of workforce development needs. However, it was apparent to site visitors that the small primary faculty has responded to identified specific professional workforce needs, such as training in population-based oral health interventions for public health oral hygienists. A member of the public health workforce who met with site visitors expressed a recent awareness of the availability of faculty for workforce development and as a result, was tapping into one of the primary faculty's expertise in sexually transmitted infections to fulfill some departmental training needs.

Many of the continuing education courses provided by core program faculty were attended predominantly by practitioners. Core faculty also offer online pedagogical training to adjunct faculty.

The program is a member of a collaborative of public and private Iowa universities and colleges that deliver professional development activities on global health called the Heartland Global Health Consortium.

The commentary relates to the lack of a systematic assessment of community workforce development needs. A formal needs assessment will be done as a student capstone in the current academic year. One important benefit of the assessment will be ensuring that community stakeholders and partners have greater awareness of the availability and capacity of program faculty for workforce development.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The program's faculty complement is multidisciplinary in nature and includes adequate public health practice expertise and public health educational training to support the core and generalist specialization, with PhD-prepared faculty in fields relevant to public health, such as rural sociology, education and social psychology. One primary faculty member holds a public health degree. The faculty are well defined (as primary and secondary), and are able to fully support the program's mission, goals and objectives. The faculty are especially strong in the depth of practice experiences, with several secondary faculty holding leadership positions in practice settings. Seven of the eleven secondary faculty members hold public health degrees.

The faculty have demonstrated a high level of instructional competence and are passionate about public health education and excellence in practice experiences. The faculty possess the qualifications and professional experience, and have demonstrated competence in public health practice. The students indicated satisfaction with the faculty instruction and supervision in experiential learning activities (ie, internship and capstone), as well as opportunities to participate in research and collaborate with faculty.

4.2 Faculty Policies and Procedures.

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. Faculty are provided with a university-wide faculty handbook, which provides detailed information on faculty evaluations; faculty grievance procedures; recruitment and hiring; appointments/rank, promotion and tenure; sabbaticals; and transfers to administrative appointments. Faculty who met with site visitors were very comfortable with the clarity of expectations for their performance and how it will be evaluated and the process and procedures for promotion and tenure.

The faculty and program director described a well-defined process for annual reviews, faculty goal setting in a collaborative manner, assessment of goal attainment each year and planning for research, teaching and service expectations for the year to come. The communication between faculty and the program director indicated a supportive environment for professional development and advancement. Faculty are provided with \$3,000 per year for professional development activities (such as membership in professional organizations, conference registration and related travel).

Faculty who are on the tenure-track have five years from the date of appointment to be reviewed for tenure eligibility. At year three of this cycle, tenure-track faculty participate in a mid-tenure review process, in which they have a portfolio of work reviewed by the program director, the College of Health Sciences dean and the provost. In the area of instructional competence, faculty participate in a peer-to-peer course review, in which a primary faculty member is paired with a secondary faculty member to review one another's course syllabus, content, learning objectives and related instructional design. This peer-to-peer instructional on campus. Faculty commented that this model is a useful tool to obtain feedback on their own course and to learn from the instructional methods applied by another instructor.

Faculty on the tenure-track receive feedback on their mid-tenure review package. The feedback may involve recommendations regarding adjustments that can be made to achieve success on the tenure track. During the site visit, faculty indicated that they feel comfortable with and confident in their understanding of the expectations and the process for tenure review and have the tools and resources needed to achieve tenure. Faculty with an appointment greater than 0.2 FTE receive an annual performance appraisal, and this was confirmed on site by secondary faculty.

4.3 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. Student recruitment and admissions is conducted by the university's Office for Admissions and Enrollment, overseen by the director of admissions. The program has strategized and implemented policies to better select qualified students capable of succeeding in graduate public health education. Such efforts have included requiring students to submit standardized test scores in the admissions application.

To aid in recruitment efforts, the program joined the SOPHAS application system. The program has identified students in DMU's clinical programs as a prospective demographic for the program, and as such, conducts recruitment efforts particularly targeted toward these students. The program aims to ensure that clinical students enrolling have the interests and motivation to pursue public health education. The MPH program is marketed to local public health agencies and associations and to undergraduate programs by sending mailings about the program's offerings.

In AY 2013-2014, 97 students applied to the MPH program. Since fall 2013, the program has seen a slight decrease in the number of applicants, however the program anticipates application growth from its participation in SOPHAS beginning in spring 2016. Over the last three years, the program has accepted anywhere between 72-80% of its applicants. Seventy-one percent to 90% of students that were accepted have enrolled, on average. The program hopes that SOPHAS will allow it to be more selective in its application process.

The commentary relates to the recruitment of students into the on-campus offering. The program has experienced a decline in the enrollment of its on-campus format and frequently experiences cancelations in on-site courses, as courses may not reach the minimum enrollment threshold of seven to ten students. If the on-campus program is advertised to students as a viable option, the shortage of available on-site courses due to low enrollment may not serve to meet the expectations of students who are anticipating a primarily on-campus program. Site visitors learned of the primary barriers to students enrolling in on-campus courses, which include the fact that students work full-time and traveling to campus is inconvenient for their busy schedules. Reviewers learned that the program is exploring initiatives to increase the viability of the on-campus program, which include offering a joint bachelor's/master's degree.

4.4 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 with commentary. Students are assigned an advisor upon their acceptance of an enrollment offer with a seat deposit fee. Most advisor/student interactions occur via email. Advisors contact enrolling students within 48 hours of assignment with an introduction and digital copy of the student handbook. The student handbook indicates that students may approach the program director if they have a problem with the assigned advisor. At the site visit, faculty indicated that students seeking a different advisor had not been an issue. Site visitors were reassured that it would not be a problem to reassign advisors if a problem arose.

All primary faculty and one secondary faculty member serve as advisors. The advisee load is 40-50 students and 25 for the secondary faculty member. Student advising is part of the faculty teaching load but there is no formal accounting of the time. As faculty described their advising efforts to site visitors, it appeared to consume a significant amount of time. Advisor responsibilities were described to include development of plans of study, regular review of course progress and other repetitive activities. Overall, students who met with site visitors expressed satisfaction with student advising.

The program director is responsible for orienting faculty to the advisor role. The DMU Center for Teaching and Learning also provides a seminar on faculty advising.

There is not a program-specific career counseling service. The MPH student club works with the program to provide opportunities such as employer networking events and tips for applying to jobs. Job opportunities are provided to students when faculty are made aware of them. In the site visit meeting with students, a student noted that career counseling was an area for which more support could be provided.

The program distributes a student opinion questionnaire every fall to assess students' satisfaction with academic advising. The program assesses the survey data on a two-year cycle. Data as of 2012 indicated that 67-85% of students were satisfied with the four aspects of academic advising assessed on the questionnaire. The aspect with the lowest satisfaction rating (of 67%) was related to the academic advisor's concern about the student's success as an individual. More recent data as of 2014 indicate that satisfaction with this aspect has remain the same, at 67%. Satisfaction with the other three aspects (relating to the approachability, availability and knowledge of the advisor) decreased slightly from the 2012 reporting period, but number still indicates that 78-80% of students are satisfied with these three aspects of academic advising.

Student satisfaction with career counseling is not assessed. The program has recently communicated with the university's Student Services Department about ways in which the department can support the program's career advising efforts. The MPH Advisory Committee has provided the following recommendations to the program to enhance career advising: guide students on how to use their internship portfolio to support career exploration; implement new methods for orienting and supporting advisors; create a communications calendar to ensure that all students are reached by advisors at vital points during their program of study; and increase opportunities for networking and mentorship between MPH students and public health professionals. For alumni of the program, the MPH Advisory Committee recommended that the program set up social media groups (eg, LinkedIn or Facebook) and connect alumni with the activities and resources of the university's Alumni Relations Department. The program states that the academic assistant will work with the program director to implement these plans.

University guidelines and policies direct how students communicate and resolve concerns or grievances. These procedures are delineated in the student handbook. No formal complaints were filed during the reporting period.

The commentary relates to the lack of formal career counseling. While the program's student club does provide employment access opportunities, the need for consistent career counseling was identified as a need during the site visit but has not been formally addressed by the program.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

Des Moines University Public Health Program

October 26–27, 2015

Monday, October 26, 2015

- 8:30 a.m. Site Visit Team Request for Additional Documents
Rachel Reimer, PhD, MPH Program Director
- 8:45 a.m. Team Resource File Review
- 9:30 a.m. Break
- 9:45 a.m. Meeting with Program and Department Administration
Rachel Reimer, PhD, MPH Program Director
- 10:45 a.m. Break
- 11:00 a.m. Meeting with Faculty Related to Curriculum and Degree Programs
Rachel Reimer, PhD, Core Faculty
Pamela Duffy, PhD, Core Faculty
Simon Geletta, PhD, Core Faculty
Carolyn Beverly, MD, MPH, Core Faculty
Devrim Ozdemir, PhD, Instructional Design Coordinator
Steve Quirk, MPP, Part time Faculty
Anne Negus, MET, Part time Faculty
Debra Kane, RN, PhD, Part time Faculty
Erin Barkema, MPH, Internship Coordinator
- 12:00 p.m. Break
- 12:15 p.m. Lunch with Students
Ms. Manpreet Kang, SC President
Ms. Marym Lakhani, SC Vice President
Ms. Samra Uzunovic, SC Treasurer
Ms. Kelsey Millonig (dual degree, DPM)
Mr. Philip McCarthy (dual degree, DO)
Ms. Kris Anderson (dual degree, MHA)
Mr. Jack Flaherty
Ms. Molly Gosselink
Ms. Victoria Paris
- 1:15 p.m. Break
- 1:30 p.m. Meeting with Faculty Related to Research, Service, Workforce Development, Faculty Issues
Pamela Duffy, PhD, Core Faculty
Simon Geletta, PhD, Core Faculty
Carolyn Beverly, MD, MPH, Core Faculty
Louis Lex, PhD, Part time faculty
Shelly Horak, MPH, Part time Faculty and Academic Advisor
Holly Hulsebus, MPH, Part time Faculty
Mollie Lyon, BS, Part-time Faculty
Dan Royer, MPA, Part-time Faculty
Erika Eckley, JD, Part-time Faculty
- 2:30 p.m. Break
- 2:45 p.m. Resource File Review and Executive Session
- 3:45 p.m. Break

- 4:00 p.m. Meeting with Alumni, Community Representatives, Preceptors
 Yogesh (Yogi) Shah, MD, MPH, Associate Dean, Global Affairs, Des Moines University (Community Representative)
 Vernon (Vern) Delpesce, BS, President, YMCA of Greater Des Moines (Community Representative)
 Jeneane Moody, MPH, Executive Director, Iowa Public Health Association (Preceptor)
 Rick Kozin, MS, Director, Polk County Health Department (Preceptor)
 Shelley Horak, MPH, Executive Director, Dallas County Public Health Nursing Services (Preceptor)
 Rebecca Goldsmith, MPH, Community Health Consultant, Iowa Department of Public Health (Preceptor)
 Daniel Hoffman-Zinnel; MA, CHES, Director of Education & Outreach, Planned Parenthood of the Heartland (Preceptor)
 Taylor Antolik, CPT, MPH, Pharmacy Technician, UnityPoint Health (Alumna)
 Sylvia Petersen, MPH, Community Health Consultant, Iowa Department of Public Health (Alumna)
- 5:00 p.m. Adjourn

Tuesday, October 27, 2015

- 8:30 a.m. Meeting with Institutional Academic Leadership/University Officials
 Angela Franklin, PhD, President & CEO
 Karen McLean, PhD, Provost
 Kimberly Brown, PhD, VP for Enrollment & Student Affairs
 Jeffrey Gray, PhD, VP for Research
 Mark Peiffer, CPA, MBA, Chief Financial Officer
 Jodi Cahalan, PhD, Dean, College of Health Sciences
- 9:15 a.m. Break
- 9:30 a.m. Executive Session and Report Preparation
- 11:30 a.m. Working Lunch, Executive Session and Report Preparation
- 12:30 p.m. Exit Interview