REVIEW FOR ACCREDITATION
OF THE
PUBLIC HEALTH PROGRAM
AT
DEPAUL UNIVERSITY

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:
January 14-15, 2013

SITE VISIT TEAM:
Cynthia M. Harris, PhD, DABT, Chair
Claude-Alix Joseph, MPH

SITE VISIT COORDINATOR:
Mollie Mulvanity, MPH
Table of Contents

Introduction ................................................................................................................................................... 1

Characteristics of a Public Health Program .................................................................................................. 2

1.0 THE PUBLIC HEALTH PROGRAM ....................................................................................................... 3

1.1 Mission ............................................................................................................................................... 3

1.2 Evaluation and Planning ...................................................................................................................... 4

1.3 Institutional Environment ..................................................................................................................... 4

1.4 Organization and Administration ......................................................................................................... 6

1.5 Governance ......................................................................................................................................... 6

1.6 Resources ........................................................................................................................................... 8

2.0 INSTRUCTIONAL PROGRAMS .......................................................................................................... 12

2.1 Master of Public Health Degree ........................................................................................................ 12

2.2 Program Length ................................................................................................................................. 12

2.3 Public Health Core Knowledge .......................................................................................................... 12

2.4 Practical Skills ................................................................................................................................... 13

2.5 Culminating Experience .................................................................................................................... 13

2.6 Required Competencies .................................................................................................................... 15

2.7 Assessment Procedures ..................................................................................................................... 16

2.8 Academic Degrees ........................................................................................................................... 16

2.9 Doctoral Degrees ............................................................................................................................... 17

2.10 Joint Degrees .................................................................................................................................. 17

2.11 Distance Education or Executive Degree Programs ....................................................................... 17

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE ............................................. 17

3.1 Research .......................................................................................................................................... 17

3.2 Service ............................................................................................................................................... 19

3.3 Workforce Development .................................................................................................................... 20

4.0 FACULTY, STAFF AND STUDENTS .................................................................................................. 21

4.1 Faculty Qualifications ........................................................................................................................ 21

4.2 Faculty Policies and Procedures .......................................................................................................... 22

4.3 Faculty and Staff Diversity .................................................................................................................. 23

4.4 Student Recruitment and Admissions ............................................................................................... 24

4.5 Student Diversity ................................................................................................................................ 25

4.6 Advising and Career Counseling ....................................................................................................... 25

Agenda ........................................................................................................................................................ 26
Introduction

This report presents the findings of the Council on Education for Public Health (CEPH), the recognized accrediting body for public health schools and programs, regarding the Public Health Program at DePaul University. The report assesses the program’s compliance with the Accreditation Criteria for Public Health Programs, amended June 2005. 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 January 2013 by a team of external peer reviewers. During the visit, the team had an opportunity to interview school and university officials, administrators, teaching faculty, students, alumni and community representatives, and to verify information in the self-study document by reviewing materials provided on site in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

Founded in 1898, DePaul University derives its name and fundamental mission from St. Vincent de Paul, the founder of the Congregation of the Mission, a religious community whose members, the Vincentians, established and continue to sponsor DePaul. The DePaul community is above all characterized by ennobling the dignity of each person: the Vincentian value. This value is manifested by the DePaul community as a sensitivity to and care for the needs of each other and of those served, with a special concern for the vulnerable members of society. DePaul respects the religiously pluralistic composition of its students, faculty, and staff and endorses the interplay of diverse value systems beneficial to intellectual inquiry. The university houses 10 colleges and schools: business, communication, computing and digital media, education, law, liberal arts and social sciences (LAS), science and health, theater and the School for New Learning.

The MPH program is housed in LAS as a freestanding program, with a structure and privileges analogous to a department. As an interdisciplinary program, most faculty are housed in other LAS departments or in the college of science and health: currently, three faculty members are solely appointed to the program itself. The program enrolled its first students in fall 2008 and graduated its first cohort of 20 students in 2010. This is the program’s first review for accreditation.
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.

b. The program and its faculty 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 concepts and 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. As a minimum, the program shall offer the Master of Public Health (MPH) 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 DePaul MPH program. The university is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools, and the university’s last review occurred in 2007. The program and its faculty have the same rights, privileges and status as other professional programs, including those housed in departments as well as freestanding programs like the MPH. The program draws on faculty from a wide array of disciplinary backgrounds, with an emphasis on the social sciences, and the program focuses heavily on problem-solving and development of professional public health values, intentionally involving individuals with public health practice experience as much as possible in instruction and student mentorship. The organizational culture values public health culture: in addition to the emphasis on public health practice in instruction, the program’s extensive service agenda provides evidence that community ties are valued and rewarded. The program has ample resources to offer the MPH degree and has established a regular cycle of evaluation and planning that aims to continuously improve the educational experience and to ensure that all program activities continue to support the program’s mission, goals and objectives.
1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

The program shall have a clearly formulated and publicly stated mission with supporting goals and objectives. The program shall foster the development of professional public health values, concepts and ethical practice.

This criterion is met. The program has a mission statement encompassing three aspects of public health education: instruction, research and community service. The mission statement follows: The mission of the Master of Public Health Program at DePaul University is the preservation, enrichment, transmission, and application of interdisciplinary knowledge in public health that emphasizes social justice, service to vulnerable populations, and excellence in public health practice.

The mission statement is disseminated in program materials, the departmental website, brochures and student catalogs. The program developed the current mission statement during the self-study process that was conducted in 2010-2012. During this period, the program established an accreditation workgroup to review the program’s initial mission, goals and objectives and suggest changes. The statements went through the same process with the MPH Executive Committee and, finally, the MPH Council. The MPH Executive Committee reviews the mission, goals and learning outcomes each year and will continue to engage key stakeholders in this process to solicit feedback.

The mission statement is consistent with the values of the university as an urban and Catholic institution of higher learning. It was clear during the site visit that the mission of the MPH program is consistent with the six-stated goals of the university’s strategic plan, Vision Twenty12, which looks to prepare students to be future leaders, serve as a model of diversity and further institutionalize the university’s Vincentian and Catholic identity.

The goals of the MPH program are very consistent developments of the mission’s focus on instruction, research and community service. The goals reflect a commitment to serving the diverse populations and needs of a large urban environment like Chicago; collaborating with public and private sectors; and developing and sharing new knowledge that emerges from research with various sectors to promote a healthy community. Each of the goals has several corresponding objectives, and the associated objectives are stated in measurable terms and clearly aligned with the goal and mission statements. These objectives indicate the intent to increase levels of service, collaborations, publications and new research projects.

The site visit team concluded that the consistent integration of programmatic mission, goals and objectives in public materials and the feedback provided by key stakeholders such as community partners and program alumni demonstrate the institution’s commitment to fulfilling its mission.
1.2 Evaluation and Planning.

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

This criterion is met. The MPH program has developed an overarching evaluation and planning process that monitors efforts towards achieving programmatic goals and objectives. This process was based on best practices identified through faculty’s review of the evaluation plans of other accredited public health programs and on university-wide assessment processes. The program’s evaluation efforts use a range of evidence provided by diverse constituencies. These constituencies include the Executive Committee, faculty, students, alumni and public health partners, including community-based practitioners and practicum preceptors. Stakeholders clearly articulated the program’s evaluation plan during the site visit.

The MPH Executive Committee is energetic and committed to pursue the newly-developed processes, and the associate dean’s office is also integral to the overall success of this effort. The program’s goals and objectives for instruction, research, and service are monitored and evaluated by members of the MPH Executive Committee. Instructor performance monitoring is conducted on a quarterly basis by the director through syllabus review, course evaluation review and classroom observation. The director also monitors progress on research and service objectives on an annual basis.

The site team verified that a plan has been outlined for annually monitoring the mission, goals and objectives, and the self-study provided three years of data on nearly all of the measurable objectives. Program staff and faculty described the various tools that are at their disposal to keep track of student and faculty data, as well as processes for incorporating feedback in order to improve upon the program. The evaluation plan has built in appropriate redundancies.

During the site visit, stakeholders at various levels described how they feel that they have a “voice” in helping to shape the program and cited examples of changes that were made to the program based on their input. Students, preceptors and community partners felt that they have ample opportunity to provide feedback “in real-time” and that the program staff take their comments to heart.

1.3 Institutional Environment.

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

This criterion is met. DePaul University is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools. The university’s next review will take place in 2017. DePaul is the nation’s largest university with a primary mission of teaching and service. The university enrolls approximately 25,000 students, including approximately 8,000 graduate students. DePaul offers
more than 275 programs of study through its ten colleges and schools. Colleges and schools include business, communication, computing and digital media, education, law, liberal arts and social sciences (LAS), science and health, music, theatre and the School for New Learning. The MPH program is housed as a freestanding program in LAS. The College of Science and Health, which was formed in 2011 out of existing units, most of which had previously been housed in LAS, is the organizational home for a number of faculty affiliated with the program, but the program itself made a deliberate decision to remain in LAS, in part to reflect the program’s interdisciplinary nature.

The MPH program director, a position analogous to that of department chair, reports directly to the LAS dean, and the dean reports to the president. The university corporation, through the Board of Trustees, appoints the president. The program’s budget, like all other units in LAS, is included in a proposed budget prepared by the LAS dean and reviewed by the provost. Budgets are largely enrollment-driven, based on a formula, but the provost may identify special priorities for funding, and the university-wide Strategic Resource Allocation Committee (SRAC) also assists in determining allocations beyond those that are enrollment-driven. The program follows LAS academic standards and policies.

The program director has immediate responsibility for personnel decisions, including faculty and staff appointments, and evaluation of faculty and staff with full appointments in the program. None of the faculty members with full-time program responsibilities had been on the tenure track until the fall of 2012. One primary faculty member transitioned to a tenure-track position during 2012, but he has a shared appointment with the College of Science and Health, and tenure and promotion decisions will occur primarily through this other appointment, with input from the program director. All other faculty appointments, promotion and tenure occur through the various DePaul departments that contribute to the program.

All DePaul faculty appointments must formally be made by the president, who typically delegates responsibility to the provost. The dean serves as an intermediate level between the program or department director and the provost in such decision making. The program director, in conjunction with the program’s Executive Committee and the relevant deans, plays a roll akin to “hiring” program faculty in that the program has discretion over which faculty members are assigned to teach program classes and mentor students—if a faculty member from another DePaul unit did not meet program needs, the program director would have the LAS dean’s support in ending that individual’s affiliation with the program and/or reassigning instructional responsibilities.
1.4 Organization and Administration.

The program shall provide an organizational setting conducive to teaching and learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration. The organizational structure shall effectively support the work of the program’s constituents.

This criterion is met. The program is one of 14 graduate programs in LAS, and LAS also houses eight research and service centers and institutes and 28 undergraduate programs. Reporting to the program director are the MPH program manager, the director of community partnerships, MPH program assistants (graduate student workers) and the program’s visiting faculty, when applicable. The program director, program manager and director of community partnerships serve as primary faculty members in addition to their administrative roles. The program director and program manager work together closely and typically meet at least twice a week, and the primary faculty and staff whose primary appointments are with the program (ie, the four primary faculty members and the current visiting faculty member) meet weekly.

The program’s secondary faculty includes full-time DePaul faculty who have significant responsibilities in units other than the MPH program and individuals whose primary appointment is outside of DePaul. Secondary faculty teach required program classes and may serve on committees, such as the ad hoc committee that reviews student capstone projects. Affiliate faculty members, typically DePaul faculty in programs or departments other than the MPH program, support the program in a manner that does not require the same regular time commitment as secondary faculty members. These individuals commit to attending an annual meeting, receive quarterly e-mail updates and may provide programmatic feedback, program instruction and/or student mentoring in some cases upon request.

The program’s faculty complement, in its composition, is a major venue for interdisciplinary communication and collaboration. Faculty from disciplines including anthropology, applied mathematics, environmental sciences and sociology provide instructional and advisory roles to the program and its students. The program also sponsors several interdisciplinary workforce development offerings, which bring together professionals from social work, public health, education and law.

The program follows university policies for student grievances. The policies include a process for for informal resolution, an ombudsperson who serves as a mediator and resource and a formal grievance policy. The program also has a process for students who wish to appeal grades or disciplinary actions regarding alleged misconduct or academic integrity. No students have filed grievances to date.

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 conduct of program evaluation procedures, policy-setting and decision-making.
This criterion is met with commentary. The program’s primary operating committee, which creates all programmatic policies and oversees all policy implementation and program management, is the Executive Committee. The Executive Committee includes the program director, program manager, director of community partnerships and the additional full-time, primary faculty member who has a formal (shared) primary appointment with the MPH program.

The MPH Council consists of secondary faculty members, student representatives, alumni and community representatives, including preceptors and employers. The MPH Council serves as a resource to the Executive Committee, providing feedback on the program’s development and implementation. Council members commit to attending quarterly meetings and serving on ad hoc committees as requested. All Executive Committee members are also members of the MPH Council. Six faculty members from other university departments or programs serve on the MPH Council, as do seven community members, two current students and two alumni. MPH Council members have attended retreats lead by the Executive Committee, have participated in the development of MPH competencies, have served as reviewers for MPH admissions and have served as career advisors/mentors to MPH students whose interests align with their expertise.

The 30-member MPH Community Advisory Board also provides programmatic feedback and may fill instructional or student mentoring roles when requested. Some members represent agencies or organizations involved in collaborative research, service and workforce development efforts with the program.

Finally, the program has a National Advisory Board, which includes public health researchers, practitioners and administrators from outside the Chicago area. The approximately-20-member committee includes faculty members from accredited MPH programs and schools of public health, a representative from the WK Kellogg Foundation, individuals affiliated with the Centers for Disease Control and Prevention and the National Institutes of Health and individuals from other state and federal agencies. This committee has not been convened in person—Executive Committee members have drawn on individual members for advice and review of documents on an as-needed basis. Program leaders explained that both advisory boards serve as a means of formalizing and recognizing linkages with individuals who have indicated a willingness to serve as program resources.

The Executive Committee handles all major programmatic governance functions. The committee is responsible for planning and evaluation, management of the program’s budget, recruitment of new faculty to the program and establishment of program-specific academic standards and policies. This committee or a subset of it reviews all applications, conducts interviews of prospective students and makes admissions decisions.
The Public Health Student Association is the central body for student participation in governance. The program has sponsored numerous volunteer activities on campus and in Chicago, has supported members’ professional development through attendance at national meetings and appoints members to serve on the MPH Council.

The commentary relates to the centrality of the Executive Committee and to the lack of clearly defined roles for the program’s other governance bodies. The Executive Committee has been extremely efficient and effective, and the close collaboration of the four members has clearly expedited decisions and been beneficial to the program. The Executive Committee has successfully defined ad hoc processes to seek stakeholder input in important areas such as competency development, and students, alumni and community stakeholders who met with site visitors felt that their feedback was valued and acted upon. The program has not, however, fully determined how to effectively use three different advisory bodies and integrate information to ensure that decisions are consistently made by a broad-based group of stakeholders. Additionally, the program has no written bylaws or rules to document its governance and operational processes. While reliance on college and university bylaws is sufficient in many areas, the program must be able to identify the specific documents that guide its processes, as well as the areas in which existing policies are not adequate or require modification.

For example, the program has established targets in the areas of instruction, research and service, as required for accreditation. It cannot, however, define a clear approach to make decisions and take action if targets are not met. Another example relates to academic standards and policies: university and college policies do not always address expectations that are specific to the MPH program, such as expectations for performance in the practice experience and culminating experience. The program must codify and clarify roles and responsibilities as well as consistent approaches for planning, faculty recruitment and retention (to the program, rather than to DePaul University), academic standards and policies and research and service expectations for faculty affiliated with the program.

1.6 Resources.

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

This criterion is met with commentary. The program generally has sufficient resources for its instructional, research and service objectives and is supported predominantly by student tuition and fees. A competitive scholarship is available to one student in each cohort based on an essay contest, and this support is provided through the gift of an anonymous donor. Table 1 presents the program’s budget.
Table 1. Program Budget

<table>
<thead>
<tr>
<th></th>
<th>FY09</th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenues:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuition</td>
<td>$331,800</td>
<td>$672,220</td>
<td>$673,800</td>
<td>$628,800</td>
</tr>
<tr>
<td>Scholarships</td>
<td>$(31,750)</td>
<td>$(87,864)</td>
<td>$(105,836)</td>
<td>$(53,175)</td>
</tr>
<tr>
<td>Net Tuition</td>
<td>$300,050</td>
<td>$584,356</td>
<td>$567,964</td>
<td>$575,625</td>
</tr>
<tr>
<td>Total Other Revenue/</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fees</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Operating Revenue/Fees</td>
<td>$300,050</td>
<td>$584,356</td>
<td>$567,964</td>
<td>$575,625</td>
</tr>
</tbody>
</table>

Direct Expenses:

<table>
<thead>
<tr>
<th></th>
<th>FY09</th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-Time Faculty*</td>
<td>162,629</td>
<td>199,463</td>
<td>227,736</td>
<td>28,440</td>
</tr>
<tr>
<td>Full-Time Other Salaries</td>
<td>69,669</td>
<td>114,084</td>
<td>127,185</td>
<td>138,615</td>
</tr>
<tr>
<td>Part-Time Faculty</td>
<td>13,300</td>
<td>18,647</td>
<td>22,566</td>
<td>47,605</td>
</tr>
<tr>
<td>Part-Time Other Salaries</td>
<td>20,660</td>
<td>31,493</td>
<td>39,860</td>
<td>138,615</td>
</tr>
<tr>
<td>Benefits</td>
<td>57,665</td>
<td>82,103</td>
<td>90,877</td>
<td>65,635</td>
</tr>
<tr>
<td>Total Salaries &amp; Benefits</td>
<td>$323,922</td>
<td>$445,790</td>
<td>$508,224</td>
<td>$314,591</td>
</tr>
<tr>
<td>Departmental Expenses</td>
<td>26,962</td>
<td>49,538</td>
<td>37,763</td>
<td>55,122</td>
</tr>
<tr>
<td>Non-Departmental Expenses</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Direct Expenses</td>
<td>$350,884</td>
<td>$495,328</td>
<td>$545,987</td>
<td>$369,712</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>FY09</th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Income</td>
<td>$(50,834)</td>
<td>$89,028</td>
<td>$21,977</td>
<td>$205,913</td>
</tr>
<tr>
<td>Gross Margin (%)</td>
<td>-17%</td>
<td>15%</td>
<td>4%</td>
<td>36%</td>
</tr>
<tr>
<td>Total Indirect Costs</td>
<td>$181,464</td>
<td>$282,076</td>
<td>$202,256</td>
<td>$414,252</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>FY09</th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Income</td>
<td>$(232,299)</td>
<td>$(193,048)</td>
<td>$(180,279)</td>
<td>$(208,339)</td>
</tr>
<tr>
<td>Operating Margin (%)</td>
<td>-77%</td>
<td>-33%</td>
<td>-32%</td>
<td>-36%</td>
</tr>
</tbody>
</table>

Notes:

* MPH does not have dedicated faculty positions because it is an Interdisciplinary Program. Faculty costs shown here are an allocation of the faculty members salaries who taught in this program.

Budget reviews and planning for the upcoming fiscal year occur, at the university level, during spring of each year. The school utilizes a centralized college approach to its annual planning efforts. Each fall, the LAS dean and administrative staff solicit specific line-item budget requests from the program. During the site visit, reviewers learned that the MPH Executive Committee develops the list of budgetary needs and transmits it to the dean, who subsequently reviews the program’s requests alongside all other LAS units and renders a decision regarding approval of the program’s submitted requests.

The university budget process is overseen by the Strategic Resource Allocation Committee (SRAC) – a nine-member committee comprised of the executive vice president, provost, vice-president for finance, two deans (rotating basis) and representatives from the Faculty Council, Staff Council and Student Government Association. Budgets are aggregated from the three major university executive branches:
presidential units, operational units and the academic units. A financial liaison, from each branch, advocates for each unit. Thus, the liaison for the academic units would indirectly advocate for the public health program. The budget is prepared based on several factors including prior year spending and cost share requests. The budget process attempts to build all routine, recurring operating costs into the unit’s base budget on an annual basis. Additional requests are considered as part of the university’s standard process for requesting new monies, which focuses on alignment with university strategic planning. A draft budget is compiled by the SRAC and submitted to the president for review and approval. The budget is then submitted to the University Finance Committee and finally presented to the Board of Trustees for final approval.

Program faculty salaries are paid for with hard money, and funded research is not reflected in the program’s operating budget. Program expenditures are predominantly the support of primary and secondary faculty salaries. Faculty costs are an allocation of the faculty member’s salaries who teach in the program. Functionally, full-time faculty (i.e., the Executive Team), secondary faculty (not dedicated to the MPH Program but with full-time appointments in other university departments), part-time faculty and graduate assistant salaries, constitute the faculty and staff complement and are supported through revenue generated. Fringe benefits are also covered. During the site visit, the MPH program manager also made it clear that expenses included travel support for the Executive Committee, travel support for the capstone advisor to visit practicum sites and travel support for faculty with an accepted presentation or poster at a national or local conference. The program’s budget also includes funding to support the annual health disparities and social justice conference.

The program offers a single MPH concentration in community health practice, and the program meets the required critical mass of core faculty. During the past three years, the program reports four total primary faculty and 12 secondary and tertiary faculty. Currently, four faculty dedicate their full effort to the public health program’s research, teaching and service (one holds a visiting faculty position), and the program director also serves as a primary faculty member, though her time is shared with her home department’s responsibilities. The student/faculty ratio (primary and other) is well below the 10:1 target.

The program’s major “staff” roles, program manager and director of community partnerships, are filled by primary faculty members. These individuals, in consultation with the program director, handle day-to-day administration and planning activities. In addition, the college funds full-time students to work as program assistants.

The program is housed on the fourth floor of Byrne Hall, and eight offices are available to the MPH program faculty and staff for administrative and research use.
Computer labs are available to public health students in Byrne Hall, and students also have ample access to computer labs in other campus buildings. Students have access to 13 computer labs on DePaul’s Lincoln Park Campus, as well as access to all other computer labs at all five DePaul Campuses. All University computers are equipped with appropriate software (including SPSS) for completion of MPH coursework. Faculty and students also have access to the Social Science Research Center (SSRC) within the college, which contains resources for behavioral and social science research. The SSRC provides technical services (eg, data collection, processing analysis, conversion, GIS mapping, survey design and analysis), training, workshops and seminar series, certificate programs, conference space, the ability to reserve lab space and equipment (eg, computers, fax machines, scanner, projector) and research resources (eg, data repositories, specialized software).

In addition, there are several electronic resources available to both students and faculty. Campus Connection is a software platform that provides access to the course catalog, registration services, advising and financial services. Desire to Learn (d2l) is the primary course management system used by the university and provides dedicated access to course materials, including video and audio files.

Program students have access to library resources through the DePaul University Libraries. Articles and indexing databases are accessible from home, office and campus locations. The university provides online full text access to over 47,000 journal titles, at least 1,500 of which directly are health science content. The collection has over 800,000 volumes with a strong and current monograph collection in public health and related fields. Most of the public health collections are in the John T. Richardson Library, one block from the MPH program office. All DePaul students, faculty and staff have access to 75 additional academic libraries through the ‘I-Share’ network of the Consortium of Academic and Research Libraries in Illinois (CARLI). The program has an MPH program subject liaison at the library, and she has created a research guide for the field of public health for informational and research purposes. During the site visit, MPH students and alumni spoke of the value and support of the library in the drafting of their culminating experience projects.

Community resources are readily available and the program for research and service. These resources include partnerships with nearby research-intensive academic institutions such as Northwestern University, University of Chicago and the University of Illinois at Chicago. MPH students interact with students and faculty from these institutions in research and community settings. In addition, the MPH program has a sustained, formal contract with the Chicago Department of Public Health (CDPH) for student practice experiences. DePaul is the only university in the city with such a contract, reflecting the program’s close commitment to community-based health.
The commentary pertains to uncertainty relative to the future of the percentage of tuition that is provided directly back to the program. During the site visit, the program manager indicated that the decrease in the program’s FY12 expenditures is due to some uncertainty regarding future budget revenue. In addition, there is minimal fiscal support for travel support of graduate students to national conferences. Attendance and participation in national venues increases networking potential and sharing of best practices among student peers.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Master of Public Health Degree.

The program shall offer instructional programs reflecting its stated mission and goals, leading to the Master of Public Health (MPH) or equivalent professional masters degree. 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.

This criterion is met. The program offers a single degree with one concentration, the MPH in community health practice. Table 2 presents this offering. In addition to required coursework in the five core public health knowledge areas, students are required to complete requirements in ethics and policy, program evaluation, research methods and several other practice-oriented areas.

<table>
<thead>
<tr>
<th>Table 2. Degree Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic</td>
</tr>
<tr>
<td>Masters Degrees</td>
</tr>
<tr>
<td>Community Health Practice</td>
</tr>
</tbody>
</table>

2.2 Program Length.

An MPH degree program or equivalent professional masters degree must be at least 42 semester credit units in length.

This criterion is met. The degree requires 56 quarter credit units for completion, and all coursework occurs in increments of four credits. By university definition, a four-credit course requires 30 classroom contact hours over a 10-week quarter. The program also offers condensed-session courses, which meet over a five-week term.

2.3 Public Health Core Knowledge.

All professional degree students must demonstrate an understanding of the public health core knowledge.

This criterion is met. The MPH curriculum includes coursework in the five areas of public health knowledge. Required courses include the following: Principles of Epidemiology (PH 502); Introduction to Biostatistics (PH 541); Social and Behavioral Theories in Public Health (PH 511); Principles of Public
Health Administration (PH 513); and Environmental Health Practices (PH 503). All students obtaining the MPH degree must complete the required five courses totaling 20 credit hours. Site visitors reviewed all syllabi and verified that the required courses cover core knowledge topics in appropriate depth.

2.4 Practical Skills.

All professional 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 the students’ areas of specialization.

This criterion is met. All MPH students are required to complete a 250-300 hour field practicum. The practicum offers students an opportunity to apply knowledge and skills learned in course work to real world experiences in local public health agencies and community-based health organizations. The program attempts to match students in appropriate field placements that enable them to experience working with and without supervision within the assigned organization; explore the general operations of the organization; examine the organization's responsibilities and constraints; be exposed to various staff, board and community meetings; and work with a variety of professionals, staff and community members.

The director of community partnerships assists students in selection of placement sites. Based on conversations with agencies and students and the completion of the agreement form, the internship coordinator matches students with the agency based on their concentration areas.

The site visit team consistently heard that the field practicum experience is considered to be a major strength of the program. Although the majority of students are working adults with full-time jobs, most of the students and alumni from the program reported finding tremendous value and sufficient opportunity to develop practice competencies.

Additionally, the program has thorough and well documented policies and procedures regarding preceptor election and evaluation. It was evident from the interviews with key stakeholders that there was plenty of structure regarding preceptor identification within sites, and there are ample opportunities to provide input to improve upon the program. The program staff provided a copy of the learning agreement for the field practicum as well as a sample copy of the evaluation forms completed by students and preceptors to the site review team as requested, and site visitors verified that the documents provide a clear structure and description of all parties’ expectations.

2.5 Culminating Experience.

All 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. The program has a well organized and structured process for the design and implementation of a culminating experience. There are two components of the culminating experience.
These components are: (1) a concurrent three-course capstone course sequence; and (2) the MPH capstone. All MPH students must successfully complete each component prior to being conferred with the MPH degree.

The three-course capstone course sequence is taken concurrently with the capstone practicum and thesis. These courses are: (1) Community Health Assessment (MPH 602). This course is designed to provide the student with integrative skills to complement their practical experiences in the field and involves the development of a literature review, a community health profile and an organizational assessment towards creating a capstone thesis prospectus. (2) Applied Community Health Interventions (MPH 603). This course is designed to provide the student with the background and knowledge to develop a theory-based, population-specific, and community-based public health intervention based on their field work. Students gain competencies on theoretical frameworks, logic models and developing goals and SMART objectives. (3) Capstone Seminar in Community Health Practice. This last course focuses on the final production of the capstone thesis and poster presentation. The thesis provides a brief review of the scientific literature on the issue, describes the manner in which the agency at which they worked approached the problem or issue, evaluates the success or failure of the agency’s approach and summarizes what the students learned about the specific communities or populations involved and about possible approaches to improving health status.

The MPH capstone requires students to integrate information from MPH academic courses with the practicum experience. The director of community partnerships also serves as the capstone advisor. The capstone product is agency-owned, and the preceptor is the primary evaluator of the product. Examples of products include a worksite wellness toolkit for community-based organizations and non-profit organizations, tutoring program on chronic transfusions designed for young sickle cell disease patients at an urban hospital, and development of a state health department health improvement plan.

Students produce a scholarly work and make a formal poster presentation of the capstone to MPH community partners, DePaul colleagues and the general public at the MPH graduate Public Health Forum. The thesis is reviewed by the Capstone Review Committee (MPH program director and two faculty members). An invited, independent panel of judges assesses the merit of the posters, and students compete for an award (Grace Budrys Award for Excellence in Community Health). Examples of capstone thesis/poster titles includes: Northwestern Memorial Hospital’s Healthy Lifestyle Challenge, Post-partum Care for Prentice Ambulatory Care Clinic, Physician Contribution to the HIV Epidemic in Chicago and Gender Variant Sensitivity Survey Project.

During the site visit, students spoke highly of the practicum and capstone experience. The tenacity and commitment of the capstone advisor and consistent organizational skills of the technical advisor were
routinely mentioned and appreciated by alumni, students and preceptors. One student noted initial trepidation regarding the timeframe required for the practicum and capstone and the challenge of integrating completion with a full-time work schedule; however, the experience proved invaluable and the student is a strong advocate for these components.

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 educational programs.

This criterion is met with commentary. The program defines ten competencies that align with the program’s mission, goals and objectives, as well as with DePaul’s university-wide learning goals, which apply to all students (eg, articulate communication, development of service-oriented, socially responsible value and ethical framework). The Executive Committee prepared an initial draft of competencies, which drew on competency sets from the Association of Schools of Public Health (ASPH) and the Council on Linkages between Academia and Public Health Practice.

In December 2010, the program began the process of refining and finalizing the competencies. Program leaders convened two separate groups, one comprised of community practitioners and one comprised of faculty members affiliated with the program. Each session used a facilitator-led nominal group process to reach consensus on a set of competencies and indicators. After the consensus meetings, the Executive Committee reviewed the competencies and indicators against the program’s learning objectives, as presented on course syllabi. For instances in which the program could not identify appropriate learning objectives, the Executive Committee met with faculty members to discuss course revisions. Faculty members who met with site visitors verified their participation in this process and were able to cite examples of changes that they had made to their syllabi and courses based on the programmatic competency review. After this course revision process, the Executive Committee finalized a matrix that lists each competency, the indicators and learning objectives that support development of the competency and the evidence (eg, papers, exams) for competency attainment.

Program leaders discuss competencies with incoming students at orientation. The competencies also appear in the student handbook and on the syllabus for the required course MPH 501, Introduction to Public Health Concepts and Practice.

The program plans to begin another consensus group process to re-examine current program competencies in 2015. The program expects to maintain this biannual review process to ensure the competencies’ continued relevance.
The commentary relates to the fact that not all syllabi for required classes clearly list learning objectives that map to competencies. While the substantive mapping clearly indicates that these courses support development of designated competencies and most course syllabi do list learning objectives, the absence of defined learning outcomes on syllabi for required courses makes the linkages more difficult to track and verify and, potentially, less clear to students and other stakeholders.

2.7 Assessment Procedures.

There shall be procedures for assessing and documenting the extent to which each student has demonstrated competence in the required areas of performance.

This criterion is partially met. The program’s meticulous tracking of evidence and indicators for all of the competencies supports a robust, largely successful student assessment process. Competencies are clearly linked to the coursework, practice experience and capstone experience. Students are required to maintain a 3.0 GPA; those who do not are placed on academic probation and required to meet with the program manager to develop a remedial plan. Fewer than 5% of students have been placed on probation. The program’s required advising sessions also provide an opportunity for students to discuss their competency attainment throughout the program.

The program conducts a pre- and post-test survey of students’ self-assessment of competency attainment. The survey is administered immediately before beginning the program and immediately before graduation. Data have only been collected for one year (ie, data only track students before and after year one of the program at this time), but they indicate an average gain of almost two points on a five-point Likert scale.

The program enrolled its first students in 2008 and has achieved a 100% graduation rate, based on students who have reached the maximum time to graduation, and a 95% job placement rate. The largest groups of students in each of the two cohorts for which employment data are available were employed in non-profit settings.

The program conducted its first alumni survey in spring 2012. Survey results indicate that students feel well-prepared for their positions across all fields of competency, though they reported the lowest level of preparation in the ability to analyze and integrate policy advocacy.

The concern relates to the fact that at the time of the site visit, the program had not yet implemented its employer survey. The program presented a survey instrument and the timeline for administering the survey. The program’s response to the draft site visit report documented that the survey had been fielded in February 2013, with data collection continuing.
2.8 Academic Degrees.

If the program also offers curricula for 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.

2.9 Doctoral Degrees.

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

This criterion is not applicable.

2.10 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 not applicable.

2.11 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 teaching and learning methodologies and to systematically use this information to stimulate program improvements.

This criterion is not applicable.

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 with commentary. The program has an active research program with a focus on community practice. Approximately 90% of all research activities are community-based service and the program’s research portfolio has a focus on health disparities research and a commitment to diverse communities. Primary and other faculty pursue research based on their specific scholarly interests.
The program has a long history of efforts in program development, community-based research, public health education and social justice interventions. For instance, there are research ventures involving partnership with community-based organizations to improve HIV research, evaluation and service at the AIDS Foundation of Chicago’s Prevention Evaluation Demonstration Project. Formal agreements are negotiated and held via DePaul University’s Office of Sponsored Programs and Research.

DePaul University offers a supportive Office of Sponsored Programs and Research. One faculty member spoke very favorably of the support rendered in the submission (pre-award) and post-award process.

Several program faculty have been successful in garnering extramural funding from major federal agencies (eg, NIH and CDC) and city sources. One faculty member was awarded a career development award to support his research endeavors in the development and testing of a syndemic model among gay and bisexual male adolescents and emerging adults. Over the years, the program has garnered a total of greater than $10 million dollars in extramural research funding. Of the 14 primary and secondary faculty documented in the self-study document, five have been involved in research that is grant-funded over the last three academic years. One faculty member is prohibited from research engagement due to her visiting scientist status.

There are also a host of intramural research funding opportunities including the following: Spirit of Ingenuity Awards – honor research that exhibit commitment to the spirit of creative inquiry; Competitive Research Grants Program – provide up to $3,500 to defray expenses associated with research projects likely to result in a scholarly publication or artistic presentation; and the Paid Leave Program, in which faculty may be granted leave for one quarter or one semester at full pay, for two quarters at up to seventy-five percent of normal salary for the period or for a full academic year (three quarters) at up to half of the contract salary. Program faculty are also eligible for participation in the LAS Faculty Summer Research Program. This program provides salary stipends and funding for additional expenses to tenure-track and tenured full-time faculty. Funding is also available to hire undergraduate research assistants. Program faculty have applied for and been awarded funding under a number of these mechanisms.

DePaul MPH graduate students are encouraged to apply for intramural graduate student research grants. Several students have been awarded this funding over the past few years.

The program met the majority of its research targets goals over the last three years. Student involvement in research, however, fell short of the target in 2010-2011 and 2011-2012. Over the years, several students have volunteered to participate in faculty members’ funded research. Few students are actively supported on faculty research grants.
The commentary is based on the fact that less than 50% of faculty are involved in funded research and the lack of formal participation of students on faculty funded research projects.

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. All stakeholders involved in the site visit agreed that service is a major program strength. Program leaders communicated a clear expectation for regular participation in service by both students and faculty.

Faculty are involved in a broad range of local, state and national-level service. Site visitors’ review of the list of service activities noted that the involvement is both varied and substantive. Faculty serve as members of county or municipal boards of health in a number of local jurisdictions.

In addition, faculty and community representatives described regular interactions between the program and governmental and non-profit public health organizations, with faculty members providing formal and informal applications of their expertise. For example, a core faculty member with epidemiology training works many hours per week on-site at the local health department and also serves a local resource, assisting other organizations with technical matters based on his research and professional skills. This faculty relationship provides linkages and opportunities for student involvement as well as providing expanded capacity and expertise for the public health agency.

Faculty and community stakeholders described ways that they felt that they interacted effectively in “keeping their ear to the ground” and linking faculty expertise to a number of local workgroups and taskforces. The level of such requests reflects the community’s high level of enthusiasm for collaboration and eagerness for involvement with program faculty, staff and students. Constituents expressed this interest in engagement enthusiastically and consistently to site visitors.

The Public Health Student Organization is developing as a key resource to support student service opportunities. On-site discussions noted, however, that the program could benefit from additional resources devoted to incentivizing student participation in professional service, in particular. Specifically, resources might be directed to support for joining professional associations and offsetting conference travel.
3.3 Workforce Development.

The program shall engage in activities that support the professional development of the public health workforce.

This criterion is met. The program sponsors an array of educational opportunities for a broad range of public health professionals. Offerings are primarily grant supported, with intramural and foundation support. University-level policies provide support for the program’s workforce development activities.

The MPH program engages in a variety of workforce development strategies with partners such as the Chicago Department of Public Health and the AIDS Foundation of Chicago as well as an array of local community organizations to meet the needs of special target groups, including high school teachers and students, local health department personnel, public health professionals and health care policy makers. Community representatives were enthusiastic about the involvement, services provided and the responsiveness of program faculty and staff in meeting their needs.

One major workforce development offering is the Public Health Boot Camp, an intensive one-week educational program co-sponsored by the program and the AIDS Foundation of Chicago. The goal of the training program is to increase public health practitioners’ knowledge and ability to apply concepts of public health science, theory, and practice, and to provide participants with the necessary tools to take what they have learned and implement it to actual HIV/AIDS programmatic issues. The curriculum emphasizes research and professional development in HIV/AIDS and related health conditions.

In addition, the MPH program hosts a day-long Health Disparities and Social Justice Conference centered on a specific health topic (e.g., women’s health, adolescent health) which is explored in detail. The event is free and open to the public citywide, but the conference was created as a professional development venue for Chicago community-based public health workers.

The program uses a number of primarily qualitative methods to conduct workforce needs assessments and could clearly document the direct linkages between its offerings and community-identified needs.

Workforce development programs are evaluated in several ways including registration data, tests and student course evaluations. Registration data include standard demographic data, detailed information on education and job history, job setting, primary job duty and work sector. Student evaluation of training effectiveness includes evaluations on the value of printed and audio/visual materials, facilities, activities, equipment, tests, coverage of state and federal regulations and the course overall. The program uses these data to inform development of and tailor future offerings.
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, research and teaching competence, and practice experience, is able to fully support the program's mission, goals and objectives.

This criterion is met with commentary. The primary and other faculty are multi- and interdisciplinary in training and interests. A significant number hold advanced degrees in the social sciences, communications and public health, particularly health education. Of the four faculty members who are solely dedicated to the program, only one primary faculty member is at a professorial rank—the remaining fully dedicated faculty members are either instructors or visiting faculty. Two of the primary faculty members are currently doctoral candidates (EdD expected in 2013 and PhD expected in 2014), though all secondary faculty members (except for some adjuncts) have doctoral degrees.

Several faculty have public health practice experience or have held positions involving public health practice. Primary faculty have worked in the following areas of public health throughout their careers: adolescent HIV intervention and prevention, adult education theory and practice, evaluation, global HIV prevention, health education and health promotion, LGBTQ health, tobacco control and women's health. Secondary faculty, drawn from DePaul and from the local public health practice community, provide expertise in biostatistics, epidemiology, environmental health, ethics, global health, health disparities and program evaluation.

The director of community partnerships has active and reciprocal relationships with practitioners in the field and engages them in integrating practice into the didactic course work. Stakeholders indicated that the niche of the DePaul MPH program is community-based training and service. Students and alumni commented that the program's strength lies in the fact that most courses are taught by individuals with extensive practice experience. The site visit confirmed that the current faculty complement qualifications supports a program, with a social justice philosophy, that focuses on community service, training and concern for the underserved.

The commentary pertains to the need to increase the number of primary faculty with doctoral degrees. It was evident that program faculty are well-qualified and successful in their instructional and mentoring responsibilities. At the time of the site visit, two of the four faculty members who are solely dedicated to the program were still completing their doctoral degrees. The program's response to the site visit team's report documented that one of these faculty (the MPH program manager) has now completed all requirements for her doctoral degree and is scheduled to receive the degree in June 2013.
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.

The criterion is met. Policies and procedures that govern faculty appointments are published in the DePaul University Faculty Handbook. All program faculty members must follow the rules and regulations in this document.

The university has a number of internal opportunities for faculty development in the areas of teaching, research and service. Travel awards are awarded on an annual basis by the university to departments and programs. The program has dedicated funding to ensure that primary faculty are granted support to attend professional conferences. The university routinely provides several venues for continued faculty training and development on campus. Other forms of university support for faculty development include the following: competitive grants from the university’s endowment fund (Vincential Endowment Fund); summer stipends and faculty leaves as approved by the Quality of Construction Council based on teaching performance; awards for contribution to economic, cultural and ethical quality of life of the global community (awarded by the university’s Public Service Council); competitive grants and leaves as pilots for securing of external funding (supported by the University Research Council); and paid research leave. One primary faculty member spoke of the value of the university’s annual Teaching, Learning and Assessment Conference. This conference provides workshops on best practice skills in instruction, among other areas. During the site visit, faculty spoke of the importance and success of peer mentoring within the program and university. The program does not formally provide fiscal startup incentives for new faculty hires; however, faculty cited the peer support as invaluable and noted that the lack of formal start-up funds was not a concern, particularly given the hard-dollar funding model for faculty salaries.

In regard to faculty evaluation procedures, there is a continual evaluation and review of faculty competence and performance. The reviews include: (1) annual performance review and (2) evaluation of teaching. The annual performance review includes all full-time university faculty, including visiting scholar lines. The annual performance reviews provides the opportunity for feedback on performance during the past year; a mechanism for communicating expectations; an opportunity for development of and articulation of professional goals; a basis for determining salary recommendations; and a basis for informing the renewal of contracts for non-tenure track faculty. These reviews are written and implemented by the department chair and/or dean. Teaching effectiveness is evaluated by the results of online teaching evaluations. Faculty can access these evaluations shortly after the posting of grades. The program director meets with each program faculty member annually (including adjunct faculty) to evaluate teaching evaluations and overall performance, addressing identified issues and encouraging faculty development as predicated by the results of the evaluation.
Students evaluate each course at the conclusion of the course via the filling out and submission of a course survey. The data address student satisfaction with course design, faculty performance and meeting learning objectives. These evaluations also comprise a major source of data for annual merit review of faculty and are used in reappointment, promotion and tenure decisions.

4.3 Faculty and Staff Diversity.

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

This criterion is met with commentary. The program adheres to the university policies regarding diversity and inclusion. The university “supports and practices the concepts of nondiscrimination in all areas of employment regardless of race, color, religion, sexual orientation, national origin, age, gender, marital status, disability, veteran status, type of discharge from the military, or other legally protected status.”

The program has a relatively diverse total faculty complement. Of a total current faculty complement of 16, seven faculty members are racial or ethnic minorities. Of the four core faculty, one faculty member is Hispanic/Latino and none are African American. Diversity is primarily apparent in the secondary/tertiary faculty. One-third of the total faculty are male.

All staff are part-time program assistants. The staff are diverse with 68% representative of racial and ethnic minorities (African American, native African, Latino and Korean American). In addition, there is greater parity in the number of male staff, in comparison with the faculty complement, given that four of the seven assistants are male.

Program faculty are primarily recruited through the policies and procedures of the departments. Program staff are recruited from the DePaul student population and reflect the diversity of the student population regarding gender, race/ethnicity and first-generation college students. The university places a strong emphasis on social justice and historically marginalized populations. In addition, the strong focus on community-based research and service indicates a focus on health disparities and on the general impact of adverse health outcomes on underserved populations.

The commentary is based on the need for more racial and ethnic minority primary faculty and more specificity and clarity needed in the self-assessment in how re-alignment of program planning and recruitment efforts will assist in meeting program goals will improve faculty and staff diversity.
4.4 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. Most of the program’s recruitment occurs through alumni recommendations, word of mouth and university-level recruitment activities. The program has participated in university-led graduate open house events and has attracted considerable interest at these events. The program maintains a website, and the website serves as a major source for public information and program publicity.

Application requirements include a bachelor’s degree, a personal statement and a resume. Applicants must be able to document completion of prior coursework in introductory biology and statistics. Students for whom English is not the native language must submit TOEFL scores. GRE scores are not required, except for students with a prior GPA below 3.0, but the program encourages all students to submit GRE, MCAT or DAT scores. The program recommends, but does not require, an undergraduate GPA of 3.0.

Executive Committee members, sometimes assisted by other MPH Council members, review all applications. They select a pool of finalists to come to campus for thirty-minute interviews with the Executive Committee. Following the interviews, the Executive Committee makes final admissions decisions. The program has deliberately been selective in its admissions process, maintaining the program’s small size and capacity for individualized attention as a fundamental principle.

For the cohorts that entered in 2009-2010, 2010-2011 and 2011-2012, the program received 116, 103 and 104 applications and accepted 29, 32 and 39 students, respectively. Of these accepted students, 23, 21 and 19 students matriculated.

The program defines two outcome measures that it uses to measure its success in enrolling a qualified student body: graduation rates and practicum supervisor ratings. The program has met or surpassed its targets in both areas.

Program leaders and other stakeholders noted that student recruitment is an area with great potential for growth. One preceptor commented that her experience indicates that DePaul’s program is not consistently well-known in the Chicago community; she praised the program’s faculty and curriculum and noted that the program would be able to attract even more well-qualified students if it had the capacity for better publicity. Faculty also noted that they would benefit from financial or other support from the university that would facilitate increased communication about the program’s curriculum and opportunities.
4.5 Student Diversity.

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

This criterion is met. DePaul University has a commitment to diversity and social justice that supports a diverse student body regarding gender, race/ethnicity, age and first generation college students. The self-study narrative also acknowledges the diversity inherent in the program’s geographic location: Chicago.

Demographically, the program MPH student body is primarily a complement of full-time working professionals and all program courses are offered only in the evening. Admissions interviews may occur in person and via the phone. The self study indicates that the program is working with the university on a new strategic plan which is oriented specifically to identifying innovative recruitment, retention and graduation strategies for diverse students.

The program’s student body is diverse and representative of racial and ethnic minorities. Over the last three years, racial and ethnic minorities have constituted approximately 50% of the total MPH student body. There has a significant increase in the number of first generation students in each of the program’s first three years, and this aligns with the program’s mission. Males make up approximately 20% of the total MPH student body over the last three years.

4.6 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. The program provides a full-day orientation for new students and works diligently at making a positive first impression. For all first-year students, there is a central point of contact for program advisement: the program manager, and the program manager collaborates with faculty and the director of community partnerships to ensure that students are matched to appropriate resources. As students advance in the program, the other faculty take on a larger role in advising.

The program provides career counseling primarily through the program manager, who regularly distributes job listings on the student listserv and also posts job opportunities on a bulletin board in the public health building space. Faculty use their extensive contacts in the practice community to facilitate student career opportunities. Students also report receiving career advice and ideas about opportunities from the numerous community-based guest lecturers who participate in program classes.

Students and alumni report high satisfaction with advising and career counseling. The program has been successful in positioning graduates for promotion in public health organizations. There is a strong commitment to grow and develop local talent.
Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH
ACCREDITATION SITE VISIT

DePaul University
Public Health Program

January 14-15, 2013

Monday, January 14, 2013

8:30 am   Site Visit Team Request for Additional Documents
Grace Budrys, PhD
Kristin M. Jacobson, MPH, PhD (c)
Leah C. Neubauer, MA, EdD (c)

9:00 am   Team Resource File Review

9:30 am   Break

9:45 am   Meeting with Program and Department Administration
Grace Budrys, PhD
Kristin M. Jacobson, MPH, PhD (c)
Leah C. Neubauer, MA, EdD (c)

11:15 am   Break

11:30 am   Meeting with Faculty Related to Curriculum and Degree Programs
Carole Bernet, PhD
Douglas Bruce, PhD MSW
Grace Budrys, PhD
Suzanne Carlberg-Racich, MSPH, PhD
Kristin M. Jacobson, MPH, PhD (c)
John Mazzeo, PhD
Leah C. Neubauer, MA, EdD (c)
Nik Prachand, MPH

12:30 pm   Break

12:45 pm   Lunch with Students
Nyahne Bergeron, Class of 2015
Yaw Boateng, Class of 2013
Johnathon Briggs, Class of 2013
Ashley Brockway, Class of 2014
Hannah Chi, Class of 2015
Jamie Doucet, Class of 2013
Michael Greenier, Class of 2015
Victoria Rivkina, Class of 2013
Tonya Roberson, Class of 2013
Mirella Rodriguez, Class of 2014
Archita Shrivastava, Class of 2016
Melissa Zeilner, Class of 2013

1:30 pm   Break

1:45 pm   Meeting with Faculty Related to Research, Service, Faculty Issues
Carole Bernet, PhD
Douglas Bruce, PhD MSW
Suzanne Carlberg-Racich, PhD,
Kristin M. Jacobson, MPH, PhD (c)
John Mazzeo, PhD
Leah C. Neubauer, MA, EdD (c)
Nik Prachand, MPH
2:30 pm  Break

2:45 pm  Meeting with Alumni
Fran Cebryzynski, MPH, Class of 2012, Senior Associate Director Enrollment Management, DePaul University
Courtney Chambers, MPH, Class of 2012, Training Specialist, MATEC (Midwest AIDS Training & Education Center)
Camdin Gray, MPH, Class of 2011, Case Manager, Ryan White Part D Howard Brown Health Center
Kate Finnegan, MPH, Class of 2012, Project Coordinator & Analyst, The Ruth M. Rothstein CORE Center
Alan D. Johnson, MPH, Class of 2012, Linkage to Care Coordinator, The AIDS Foundation of Chicago
Bashirat Olayanju, MPH, Class of 2011, Ryan White Part B & Quality Improvement Manager, The AIDS Foundation of Chicago
Stephanie Pelligrina, MPH, Class of 2010, Sick Cell Program Coordinator, Ann & Robert H. Lurie Children's Hospital of Chicago
Phillip Prado, MPH, Class of 2012, Health Educator, Center on Halsted
Katie Suleta, MPH, Class of 2010, Research Assistant & Doctoral Candidate, Fogarty AIDS International Training & Research Program, University of Illinois-Chicago, School of Public Health
Talisha Tunstall, MPH, Class of 2012, Patient Care Coordinator, Austin Health Center of Cook County
Shane Zelencik MPH, CIC, Class of 2011, Infection Control Practitioner, NorthShore University HealthSystem

3:30 pm  Break

3:45 pm  Meeting with Community Preceptors and Representatives
Kate Balsley, MPH, QI Manager, Erie Family Health Center
Lilliana DeSantiago-Cardenas, BS, Coordinated School Health Specialist, Chicago Public Schools: Coordinated School Health
Jaime Dircksen, MA, Deputy Commissioner, Chicago Department of Public Health
Caryn Etkin, PhD, MPH, Director of Research, American Joint Replacement Registry
Jess Kane, BA, Executive Director, Chicago Women's Health Center
Kimberly King, MPH, Director, Office of Community Engagement and Cancer Disparities, University of Chicago, Comprehensive Cancer Center
Nik Prachand, MPH, Senior Epidemiologist, Chicago Department of Public Health
Allison Precht, MS, Senior Administrator, Ruth M. Rothstein CORE Center
Kristi Skala, MS, Training and Evaluation Manager, Girls in the Game
Sarah Welch, MPH, Evaluation Manager, Consortium to Lower Obesity in Chicago Children (CLOCC)
Joseph M. Harrington Regional Health Officer, Illinois Department of Public Health, Bellwood Regional Office
Nicole Sisen, CHES, MA, Regional Director Health Initiatives, Illinois Division, American Cancer Society, Inc.
Cynthia Tucker, MS, Director of Prevention, The AIDS Foundation of Chicago

4:45 pm  Resource File Review and Executive Session

5:30 pm  Adjourn

Tuesday, January 15, 2013

8:30 am  Meeting with the President of DePaul University
Rev. Dennis H. Holtschneider, C.M., EdD

9:00 am  Meeting with the Provost of DePaul University
Patricia O’Donoghue, Ph.D

9:30 am  Break and Travel to Lincoln Park Campus

10:30 am  Meeting with the Dean, College of Liberal Arts & Social Sciences
Charles Suchar, PhD

11:15 am  Executive Session and Report Preparation

2:00 pm  Exit Interview