MISSION:

The Ph.D. in Health Services and Policy is the oldest program of its kind in the country, established in 1950, that provides instruction in core content areas and advanced training in a choice of specialized fields. The program uses an apprentice-style model to build research expertise. The Ph.D. mission statement is embedded in the Department’s mission statement. Within the Departmental Strategic Plan, the Ph.D. has distinct strategic goals and objectives.

Departmental Mission Statement:

The mission of the Department of Health Management and Policy is educating executives, policy makers, and researchers and advancing knowledge about health management and policy to improve personal and public health services. The Department carries out its mission by:

- Educating MHA students for executive positions in health organizations;
- Educating MPH students in health policy and administration;
- Educating doctoral students for careers in health services research, education, and policy leadership;
- Conducting health services, management, and policy research; and
- Providing consultative services and continuing education for Department constituencies including The University of Iowa, private and public health organizations, communities, and healthcare executives.

ADMISSION PROCESSES AND CRITERIA:

Student demand and recruitment: The data provided by the Graduate College for applications, admissions, and enrollment is not consistent with the department’s internal documents. Table 1 provides the department’s data. For our records we only count completed applications which is most likely the cause of the discrepancy. As Table 1 indicates, the level of demand for the Ph.D. has been relatively constant across years. One area that is below our expectations is recruitment of minority students. In addition, while we have a reasonably good geographic reach in applicants, it would be advantageous to penetrate more areas outside the Midwest, especially growth areas such as the South.

<table>
<thead>
<tr>
<th>Ph.D. Applications, Admissions, and First Year Enrollment 2004-2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed Applications</td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>2004</td>
</tr>
<tr>
<td>2005</td>
</tr>
<tr>
<td>2006</td>
</tr>
<tr>
<td>2007</td>
</tr>
<tr>
<td>2008</td>
</tr>
<tr>
<td>Average</td>
</tr>
</tbody>
</table>

Criteria for selection: Admission to the Ph.D. program is based on standardized test scores (GRE), undergraduate and/or graduate grade point average, a resume, personal statement, and three letters of recommendation as well as interviews (normally on-site for domestic students and phone interviews for international students) with faculty in their area of research interest. The expectation for the undergraduate GPA is 3.2. For standardized tests, the expectations are 1100 (Quantitative plus Verbal) for GRE. Weight is given to research interest and experience plus work experience as reflected in the resume and personal statement. Due to the nature of our rigorous coursework...
and research, we also screen international students on both their TOEFL scores and the quality of their answers on their phone interviews.

**Success in enrolling the highest quality students admitted:** As shown in Table 1, our admission criteria are stringent with an average admission rate of 24%. Of those admitted, on average, 81% do enroll in the program. On average, 10% of enrolled students are from underrepresented populations.

**Financial aid commitments:** We fund all doctoral students with graduate research assistant (GRA) positions – usually half time which pays around $20K a year plus it covers all tuition. For the most part, the GRA positions are funded by Department faculty through the externally-funded research grants and contracts. The GRA positions are specifically assigned for doctoral students to work with faculty mentors on their research. They are immersed in research projects as an apprentice, and usually develop a CV that includes peer-reviewed journal publications – which are very important for getting academic and research jobs upon graduation.

**PROGRAM OUTCOMES:**

**Degree completion and time-to-degree:** The Ph.D. program is typically completed in four years. In the past 5 years we have graduated 7 Ph.D. students, 1 in 3 years, 3 in 4 years, and 3 in 5 years for an average time to completion of 4.28 years. The program is designed for full-time students. Part-time students are considered on a case-by-case basis, but none have been admitted since 2004. Of those who were admitted earlier, one is still enrolled.

**Graduate student fellowships, awards, honors, and/or publications:**
To help our doctoral students be best positioned to compete for jobs we encourage them to collaborate with faculty on research projects, co-author publications and present their research findings at professional meetings. Each year our students attend and present at professional meetings. Recent award and honors are listed below.

<table>
<thead>
<tr>
<th>Year</th>
<th>Award and Other Honors</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>Numerous students attended and presented posters and their research at local and national meetings with one student getting an outstanding student poster award. One student received the Kirschstein National Research Service Award (NRSA) fellowship from the National Institute on Aging. She also received a Graduate Merit Fellowship from the University of Iowa Graduate College to supplement the NRSA Fellowship and provide a fifth year of support.</td>
</tr>
<tr>
<td>2005</td>
<td>Two students won best student poster awards and another won a T. Anne Cleary International Dissertation Research Fellowship.</td>
</tr>
<tr>
<td>2006</td>
<td>The Bonnie J. and Douglas S. Wakefield Award was established in 2006. The goal of the award is to identify and reward students who exemplify the mission of the HMP Ph.D. Program in terms of excellence or promise of excellence in health services and policy research. Evidence of proficiency, such as published, submitted, or significant progress in writing health services and policy research manuscripts is especially considered. Up to two awards of $1,000 are awarded annually, to be used by the winners for professional development. To date we have made two awards annually for a total of eight recipients.</td>
</tr>
<tr>
<td>2007</td>
<td>One student was awarded The University of Iowa Dean’s Graduate Fellowship</td>
</tr>
</tbody>
</table>

A strategic goal of the Ph.D. program is placement of our graduates in universities, either as members of faculty or as research scientists. A key objective for achieving this goal is to graduate Ph.D. students who have at least three peer-reviewed publications by the time they enter the job market. Our HMP doctoral students are becoming increasingly productive in terms of publications. Almost all recent graduates have reached this goal and the average number of publications in recent years for our Ph.D. students as a group has been 7 peer-reviewed publications.

We believe that having multiple peer-reviewed publications positions our doctoral graduates well for competing in the job market, but also helps our students experience an integral facet of health services research and achieve an in-depth understanding of specific research methodological and content issues. Publishing papers during doctoral training is highly encouraged because it contributes substantially to success in searches for academic, research
institute, and government policy positions – as evidenced by the list of outstanding placements of our recent graduates.

**Graduate student placements:** Our doctoral students are well prepared to make valuable contributions to the field of health care in a variety of settings as evidenced by the placements of our recent graduates listed here.

From 2003 – 2008 12 students have graduated with 7 accepting academic positions in Colleges or Universities, 1 postdoc, 2 in self/industry and 2 in government. From the sampling listed below the recent graduates have transitioned to interesting position at first-rate institutions and have continued to develop the work that formed the basis of their dissertation.

**Adaeze Akamigbo,** PhD, 2007 moved to Chicago to complete a Post-Doctoral Fellowship at the University of Chicago and is now Senior Researcher at the Health Research and Education Trust (HRET).


**Lori Dolan,** PhD 2004 was the first doctoral student to take advantage of this option. Lori is now an Assistant Research Scientists in the Orthopaedic Surgery Department of the University of Iowa Hospitals and Clinics (UIHC).


**Pengxiang “Alex” Li,** PhD, 2007 relocated to Philadelphia and is a Health Services Research Scientist in the Department of Internal Medicine at the University of Pennsylvania.


**Sara Imhof,** PhD 2005 moved to Washington DC to join the Government Accounting Office. She has recently moved back to the Iowa City area as Regional Director of the Concord Coalition.


**PROGRAM CHARACTERISTICS:**

**Primary objectives:** The mission of the University of Iowa Department of Health Management and Policy Ph.D. Program is to educate doctoral students for leadership roles in health services research, education, and policy in universities, government, and health organizations. The Department aims to prepare doctoral students to compete for these leadership roles by: 1) offering a curriculum that prepares them; 2) offering them financial support and hands-on training through GRAs; 3) providing an apprentice model that trains them in research; 4) creating opportunities and expectations for students to have multiple publications; and 5) creating opportunities for students to have multiple opportunities to develop presentation and teaching skills.

**Strengths:** First, we have a solid curriculum that trains our doctoral students in core content areas, health services research applications, and mastering the scientific method. Second, we have dedicated faculty who spend considerable time and energy mentoring these students. Third, we endorse an apprentice-style approach to training which gives our students a depth of research experience. We approved an option several years ago whereby doctoral students can use three publishable manuscripts as the basis for their dissertation. We think this option is paying off. In addition, helping doctoral students collaborate on and lead publications is a core objective of our strategic plan. An important goal of our PhD program is to mentor doctoral students in research design, methods, and reporting. HMP faculty set a goal related to each doctoral student graduate having at least three publications at the time of graduation. To reach this goal, HMP faculty work closely with doctoral students, include them in work related to faculty publications, and assist doctoral students to realize their own publications.
Program Size: Given these objectives and nature of our focus on intensive mentoring, our program size of about 10 Ph.D. students at any given time seems about right.

Comparison to similar programs: Our program size appears consistent with other research-focused Ph.D. programs.

Weaknesses and challenges: One weakness of the program is location. Iowa does not sound like an attractive place, especially for non-Midwestern potential students. Thus, our applicant pool is not as geographically diverse as we would like. Another considerable challenge is that there is not a natural “feeder” for the program in terms of masters degrees. In particular, there are only a few masters programs in the country in health services research. Thus, we must find a way to attract students who graduate from business schools or with a MPH or MHA to the program, and that transition can be challenging from a practice-focused masters to a research-focused Ph.D. program. This lack of a feeder program is a huge challenge for making accomplished applicants aware of the opportunities in this type of Ph.D. program.

CONCLUSIONS:
Given the challenges of marketing this type of Ph.D. program to qualified applicants, we are proud of the “product” we produce in terms of well-qualified and competitive graduates who have achieved considerable success in terms of scientific contributions while in the program and first-rate positions upon graduation.
MISSION:

The Master of Health Administration (MHA) program is the largest program in the Department of Health Management and Policy in terms of student enrollment. The MHA mission statement is embedded in the Department’s mission statement. Within the Departmental Strategic Plan, the MHA has distinct strategic goals.

Departmental Mission Statement:

The mission of the Department of Health Management and Policy is educating executives, policy makers, and researchers and advancing knowledge about health management and policy to improve personal and public health services. The Department carries out its mission by:

- Educating MHA students for executive positions in health organizations;
- Educating MPH students in health policy and administration;
- Educating doctoral students for careers in health services research, education, and policy leadership;
- Conducting health services, management, and policy research; and
- Providing consultative services and continuing education for Department constituencies including The University of Iowa, private and public health organizations, communities, and healthcare executives.

ADMISSION PROCESSES AND CRITERIA:

Student demand and recruitment: The data provided by the Graduate College for applications, admissions, and enrollment is not consistent with the department’s internal documents. We believe this may be related to the number of dual degree students in the MHA program. Table 1 provides the department’s data. It should also be noted that due to early and frequent pre-application communications between potential applicants and the department’s staff some students determine early on that the MHA is not the best fit for their career goals and interests and do not complete applications. Also, the dual degree students (MHA/MBA, MHA/JD, and MHA/MA) and the students who simultaneously pursue an MHA and an MPH take at least one to two extra semesters to graduate. Accordingly, the department has determined that approximately 25 incoming students per year is the desirable number for optimal advising and placement. As Table 1 indicates, the level of demand for the MHA has been relatively consistent, with the exception of one anomalous year (2006). The number of students enrolled as a percent of those admitted has remained in the mid-to-upper 70 percent range for the past three years. One area that is below our expectations is recruitment of minority students. In addition, while we have a reasonably good geographic reach in applicants, it would be advantageous to penetrate more areas outside the Midwest, especially growth areas such as the South.

Criteria for selection: Admission to the MHA program is based on standardized test score (primarily GRE and GMAT), undergraduate grade point average, a resume and personal statement, and three letters of recommendation as well as interviews (normally on-site for domestic students and phone interviews for international students) with three faculty members and two executives. The expectation for the undergraduate GPA is 3.0. For standardized tests, the expectations are 1100 (Quantitative plus Verbal) for GRE or 600 (Total) for the GMAT. Weight is given to leadership and work experience as reflected in the resume and personal statement. Due to the nature of our mandatory summer internship and the nationally competitive post-graduation fellowships, for which most of our students apply, we also screen international students on both their TOEFL scores and the quality of their answers on their phone interviews.

Success in enrolling the highest quality students admitted: The MHA enrolled students are consistently stronger than those prospective students who withdraw from consideration after their application is complete. Further, between 2004 – 2007, we were able to enroll almost 70% of the students we considered to be of the highest caliber based on GPAs and standardized test scores.
**Success in enrolling a diverse student cohort:** In terms of racial and ethnic diversity, the MHA is below desired levels. Between 2004 and 2008, only 7% of the enrolled students were members of traditionally underrepresented groups. In terms of other characteristics, from 2004-2008 57% of enrolling students were women. The most common undergraduate majors represented included liberal arts (38%), business (28%), and science and engineering (15%).

**Financial aid commitments:** The MHA program enjoys the ability to award several scholarships through funding by alumni and friends of the program. Of the 14 alumni-sponsored scholarships, five are used in recruiting students. These range from $500 to $2500. Through the MHA tuition surcharge, we provide approximately 20 students tuition scholarships each year ranging from $1000 to full in-state tuition. In addition, since 2004, we have awarded between four and eight 25% graduate assistantships to incoming students. Overall, approximately 35% of the MHA students receive some form of graduate assistantship with the department.

**PROGRAM OUTCOMES:**

**Degree completion and time-to-degree:** Of the 135 students who enrolled in the MHA between 2004 and 2007, only four have failed to complete the degree. The normal MHA program is completed in two years. Students enrolled in the dual degrees, or who take both the MHA and the MPH, typically take an extra one to two semesters. Part time students are accepted only in special circumstances. Only two part time students have enrolled since 2004. Of these, one left the program and the other is expected to graduate in December 2009.

**Graduate student fellowships, awards, honors, and/or publications:** Several students have won fellowships and other awards. One student won a $3500 American College of Healthcare Executives (ACHE) Foster McGaw Scholarship in 2004 and another student won a $1000 Ron Ross Scholarship that same year. In 2007 a student won a $4000 ACHE Albert W. Dent Scholarship. In addition, between 2004 and 2008, six students received Association of University Programs in Health Administration Foster G. McGaw scholarships, ranging from $375 to $1000. One student received a John Deere Health scholarship for $2500 in the 2005-2006 academic year. Between 2007 and 2009, six students received full-instate tuition Graduate Diversity Scholarships. Three students have been awarded $1000 UI Interdisciplinary Fellowships in Aging.

**Graduate student placements:** During the 2004-2008 timeframe, 91% percent of MHA graduates were placed in fellowships or job within three months after graduation. Most MHA graduates (51%) entered into nationally competitive administrative fellowships/residencies. Another 16% elected to obtain jobs at hospitals or medical group practice. Another 9% joined consulting or law firms.

**PROGRAM CHARACTERISTICS:**

**Program Size:** The program’s mission focuses on training students to become executives in health and health care organizations. It is incumbent on programs like our MHA to provide students with practical experience as well as didactic training. In addition, the MHA has its own accrediting body, the Commission on Accreditation of Healthcare Management Education (CAHME) which includes requirements for exposure to practice. Accordingly, the MHA includes a required summer internship. In addition, the MHA program involves a number of site visits to health care organizations and all the logistical and financial obligations associated with organizing those visits. As noted above, most graduates seek an administrative fellowship/residency. There are a limited number of such fellowships available, and most are nationally competitive. The faculty spend a great deal of time advising students as they prepare to apply for these fellowships. In order to successfully place students in the summer internship and to have a strong placement rate in the competitive fellowships the faculty has determined that approximately 25 students is the appropriate size for the MHA program.
Comparison to similar programs: Programs such as ours tend to have a regional draw, although a few have very strong national reputations. Based on comparable missions, location, and rankings the programs against which we compare ourselves are at the University of Alabama, University of Michigan, University of Minnesota, University of Missouri, University of North Carolina, Ohio State University, Rush University, St. Louis University, Virginia Commonwealth University, and University of Washington. Of these, based on follow-up interviews with students who are accepted into our program and go elsewhere, our chief competitors appear to be the University of Michigan and University of Minnesota, followed by St. Louis University.

Strengths and weaknesses: One of the strengths of our program is the consistently high rankings in the U.S. News and World Report rankings. While we have significant concerns about the methods used to develop those rankings, potential students do look at them when deciding where to apply. A second strength is our alumni network of over 1,000 living alums. These relationships have been instrumental in our ability to place students for summer internships as well as post-graduate jobs. In addition, the alumni support the program through scholarship funding, guest lectureships, mentorships, and site visit locations. A third strength is the ongoing support provided by UIHC in terms of adjunct faculty who teach several core courses, guest lecturers, and co-sponsoring graduate assistantships.

One weakness of the program is location. Iowa does not sound like an attractive place, especially for non-Midwestern potential students. In addition, site visits for interviews tend to involve day-long or overnight trips. Also related to location, taking students on site visits to health care organizations tends to involve overnight stays because there are few hospitals or health care systems close to Iowa City, other than small rural hospitals.

Another weakness compared to some programs, such as Minnesota and Michigan, is low levels of funding available for student recruitment, both in terms of financial aid and in terms of making visits to undergraduate campuses.

Opportunities: Given the national shift in population, we should attempt to take advantage of our strong alumni network in states that are growing in population. We also should build upon our strong relationship with UIHC for more experience-based educational opportunities.

CONCLUSIONS: The University of Iowa’s MHA program has great strength and excellent potential. The program is among the oldest in the United States, is consistently ranked among the top MHA programs and has a large, active alumni base, many of whom are in CEO or other senior level positions, which supports the department, its students, and the University in a great number of ways. Our students are highly competitive in obtaining fellowships and jobs at excellent organizations. We need to identify ways to compete more successfully for a more diverse student body in terms of traditionally underrepresented populations and geographic origin.

<table>
<thead>
<tr>
<th>Year</th>
<th>Apps</th>
<th>Admit</th>
<th>Enroll</th>
<th>Admit % Apps</th>
<th>Enroll % Admit</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>58</td>
<td>40</td>
<td>29</td>
<td>69.0%</td>
<td>72.5%</td>
</tr>
<tr>
<td>2005</td>
<td>59</td>
<td>43</td>
<td>30</td>
<td>72.9%</td>
<td>69.8%</td>
</tr>
<tr>
<td>2006</td>
<td>72</td>
<td>33</td>
<td>26</td>
<td>45.8%</td>
<td>78.8%</td>
</tr>
<tr>
<td>2007</td>
<td>58</td>
<td>31</td>
<td>26</td>
<td>53.4%</td>
<td>83.9%</td>
</tr>
<tr>
<td>2008</td>
<td>64</td>
<td>32</td>
<td>24</td>
<td>50.0%</td>
<td>75.0%</td>
</tr>
<tr>
<td>Ave.</td>
<td>62.2</td>
<td>35.8</td>
<td>27</td>
<td>58.2%</td>
<td>76.0%</td>
</tr>
</tbody>
</table>