Self Study Document

Submitted to

Council on Education for Public Health

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# Table of Contents

From the Executive Director............................................................................................................. 2

1.0 The Public Health Program......................................................................................................... 3
  1.1 Mission................................................................................................................................... 3
  1.2 Evaluation and Planning......................................................................................................... 10
  1.3 Institutional Environment....................................................................................................... 30
  1.4 Organization and Administration.......................................................................................... 37
  1.5 Governance............................................................................................................................ 43
  1.6 Resources............................................................................................................................... 49

2.0 Instructional Programs.................................................................................................................. 62
  2.1 Master of Public Health Degree............................................................................................. 62
  2.2 Program Length.................................................................................................................... 68
  2.3 Public Health Core Knowledge.............................................................................................. 70
  2.4 Practical Skills....................................................................................................................... 72
  2.5 Culminating Experience......................................................................................................... 80
  2.6 Required Competencies......................................................................................................... 82
  2.7 Assessment Procedures......................................................................................................... 96
  2.8 Academic Degrees............................................................................................................... 101
  2.9 Doctoral Degrees................................................................................................................. 102
  2.10 Joint Degrees...................................................................................................................... 103
  2.11 Distance Education or Executive Degree Programs.......................................................... 106

3.0 Creation, Application and Advancement of Knowledge............................................................... 107
  3.1 Research............................................................................................................................... 107
  3.2 Service.................................................................................................................................. 132
  3.3 Workforce Development....................................................................................................... 140

4.0 Faculty, Staff and Students.......................................................................................................... 149
  4.1 Faculty Qualifications............................................................................................................ 149
  4.2 Faculty Policies and Procedures............................................................................................ 173
  4.3 Faculty and Staff Diversity.................................................................................................... 178
  4.4 Student Recruitment and Admissions.................................................................................... 183
  4.5 Student Diversity.................................................................................................................. 187
  4.6 Advising and Career Counseling........................................................................................... 190
APPENDIX…………………………………………………………………………. 193
Template E………………………………………………………………………….. 194
Appendix 1 Survey of Interest in Degree Programs………………………… 215
Appendix 2 Course Evaluations................................................................. 217
Appendix 3 Exit Interview........................................................................... 218
Appendix 4 Student Evaluation Tool.......................................................... 226
Appendix 5 Practicum Site Evaluation Tool................................................ 227
Appendix 6 Generalist Concentration Survey.......................................... 228
Appendix 7 36-Hour and 42-Hour Plans of Study.................................... 229
Appendix 8 Practicum Contract................................................................. 231
Appendix 9 Core Competency Assessment Tool...................................... 232
Appendix 10 Core Competency Assessment Before/After Capstone........ 240
Appendix 11 Peer Observations of Teaching Tool.................................... 249
Appendix 12 Draft Policy for Peer Observation of Teaching.................... 253
Appendix 13 Graduate Application Domestic.......................................... 255
Appendix 14 Graduate Application International.................................... 257
Appendix 15 MPH Application................................................................. 259
Appendix 16 Recommendation Form....................................................... 263
Appendix 17 MPH Advising Form............................................................ 265
Appendix 18 Generalist Plan of Study....................................................... 266
Appendix 19 Epidemiology Plan of Study................................................ 267
Appendix 20 Social Behavioral Health Plan of Study.................................. 268
From the Executive Director of the University of Kansas Master of Public Health Program

The mission of the University of Kansas Master of Public Health program (KU-MPH program) is to provide teaching, research, and service activities that prepare public health practitioners, health care providers, and researchers to develop and apply population-based and individual approaches to maintaining and improving the public's health in the Heartland and the nation.

Since its inception, the KU-MPH program has graduated over 300 students, more than three-quarters of whom have remained in Kansas and joined the state’s public health workforce. The KU-MPH program, through rigorous training in community-based approaches to public health, prepares students to lead local departments of health, work in community organizations, become public health medical practitioners, and pursue more advanced training in public health.

The faculty’s commitment to the health of underserved populations is made evident not only through their teaching, but also in their work with state and local health departments, community organizations, minority-serving educational institutions, and a seven million dollar research budget funded by federal, state, and non-profit agencies. The KU-MPH faculty serves veterans, adults and children in the American Indian/Alaska Native, Latino, and Black communities, as well as the everyday needs of urban and rural Kansans.

The KU-MPH program operates on two campuses, Wichita and Kansas City, KS. It continues to be the only Council on Education for Public Health (CEPH) accredited Master of Public Health (MPH) program in the state of Kansas. The program was first accredited by CEPH in 1998 and was accredited again in 2003 for a full seven-year period. Since the last accreditation the program has grown substantially. Student enrollment has increased from 25 students in 2003 to 35 students in 2010. Course offerings have also increased from 25 unique classes in 2003 to 39 unique classes in 2010. Finally, the program has developed and implemented two new concentrations in Epidemiology and Social and Behavioral Health for fall 2010.

The KU-MPH program would like to thank the CEPH site visit team for their commitment to public health education. The program hopes you enjoy your visit to the Heartland and the University of Kansas.
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.

1.1a A clear and concise mission statement from the program as a whole.

The mission of the KU-MPH program is to provide teaching, research and service activities that prepare public health practitioners, health care providers, and researchers to develop and apply population-based and individual approaches to maintaining and improving the public’s health in the Heartland and the nation.

1.1b One or more goal statements for each major function by which the program intends to attain its mission, including instruction, research and service.

**Educational Goals:**
1) Prepare MPH students for professional careers
2) Provide education and training for our local, state and regional public health workforce

**Research Goal:**
3) Conduct research that will strengthen the science base for public health policy and practice

**Service and Practice Goal:**
4) Lead and support service and practice activities to meet public health needs

**Program Environment Goal:**
5) Develop and maintain an organizational structure that supports the faculty and staff as they accomplish the mission of the MPH program

1.1c A set of measurable objectives relating to each major function through which the program intends to achieve its goals of instruction, research and service.

**Education Goals:**
1) Prepare MPH students for professional careers

**Objectives/Targets**
Objective 1.1 Enroll a qualified student body
- Enroll 15-25 new students on the Kansas City campus and 10-15 new students on the Wichita campus each year
- Recruit and enroll a diverse student body
• Ensure that at least 90% of degree-seeking new enrollees have undergraduate GPA ≥ 3.0

Objective 1.2 Ensure adequate graduation rates
• Achieve eighty percent graduation rate for degree-seeking students within five years of enrollment
• Target students at three and four years post-enrollment to develop a plan of study to finish the degree within five years (all students meet with an advisor at least once a semester)
• Structure the curriculum to accommodate needs of employed students by providing at least three evening or web-based courses during the fall and spring semesters

Objective 1.3 Teach a high quality, competency-based curriculum
• Receive student evaluations of greater than or equal to four out of five on at least two of the four quality indicators on all courses
• Include core public health competencies on one hundred percent of course syllabi
• Ensure that all students will self-assess skill levels in core public health competencies periodically during training: faculty will assess each student’s competency level during completion of the capstone. Design and field test materials that could be used to assist competency development by means of portfolios.

Objective 1.4 Educate students about public health practice
• Include public health practice in one hundred percent of capstones (beginning with fall 2004 enrollment cohort)
• Involve at least eight faculty/adjunct faculty from public health practice involved in teaching each year (four on each campus)

Objective 1.5 Ensure MPH graduates are adequately prepared for careers in public health
• Ensure that at least 60% of surveyed alumni report being adequately prepared for a career in public health practice
• Ensure that at least 60% of surveyed employers of MPH graduates are satisfied with their employee’s preparation

2) Provide education and training for our local, state and regional public health workforce

Objectives/Targets
Objective 2.1 Lead workforce development planning activities in our region
• Commit at least two faculty to be members of the Kansas Public Health Workforce Development Committee each year
• Commit at least two faculty to participate in other such planning activities each year
Objective 2.2 Provide public health continuing education
- Contribute at least two public health continuing education courses in our region annually through faculty and teaching involvement
- Investigate and develop the feasibility of offering certificate programs to physicians, residents and public health practitioners

Research Goal:
3) Conduct research that will strengthen the science base for public health policy and practice

Objectives/Targets
Objective 3.1 Author scholarly publications
   Publish at least 20 scholarly works (peer-review journal articles or book chapters) annually by the
Objective 3.2 Conduct research for vulnerable populations
   - Address vulnerable populations through at least two faculty research projects on each campus each year

Objective 3.3 Provide opportunities for students to become involved in research
   - Enlist research participation from five or more students from each campus each year

Objective 3.4 Conduct public health practice research
   - Involve at least three faculty persons from each campus in public health practice research

Service and Practice Goal:
4) Lead and support service and practice activities to meet public health needs

Objectives/Targets
Objective 4.1 Assist organizations devoted to the public’s health
   - Devote service from at least two faculty or staff each year to leadership roles to the public’s health-related organizations

Objective 4.2 Provide technical assistance to public health practitioners
   - Provide technical assistance by faculty to at least two public health programs in our region each year

Objective 4.3 Students will participate in service activities to enhance the public’s health
   - Conduct at least one service activity involving students on each campus each year

Program Environment Goal:
5) Develop and maintain an organizational structure that supports the faculty and staff as they accomplish the mission of the KU-MPH program

Objectives/Targets

Objective 5.1 Maintain a strong, bi-campus organizational structure for managing the program

- Accomplish evidence-based strategic planning through quarterly meetings of the Executive Council, with regular input from the dean, the faculty and students, and regional stakeholders
- Implement program priorities will be implemented through the bi-campus Operations Committee, which will meet at least monthly
- Uses the following core program-wide data systems for program management: enrollment, comprehensive student database, baseline and periodic student competencies, competencies in course learning objectives, course evaluations, bi-campus budget, periodic surveys for special initiatives

Objective 5.2 Advance strategic planning and curricular changes through Curriculum Committee initiatives

- Create a handbook for the Curriculum Committee outlining policies and procedures for transfer of credit, waivers, course approvals and further curricular directions of the KU-MPH program
- Create faculty peer evaluations and produce protocol for administration

Objective 5.3 Foster professional development among our faculty

- Achieve faculty promotion at intervals expected by the University of Kansas

1.1d A description of the manner in which mission, goals and objectives are developed, monitored and periodically revised and the manner in which they are made available to the public.

Development:

The mission, goals, and objectives of the KU-MPH program were developed collaboratively based on needs assessments for the program and input from internal and external stakeholders for the program. The Operations Committee, Executive Council, standing committees, bi-campus faculty, students, and the External Advisory Committee all provide guidance for the program. In addition, the KU-MPH program conducts surveys with both potential employers and graduates of the program to solicit formal feedback regarding the program components. The Operations Committee meets monthly, the bi-campus faculty and the Executive Council meet quarterly, the standing committees meet as needed, and the External Advisory Committee meets every year. These meetings also provide a format to solicit input to modify and develop mission, goals, and objectives for the KU-MPH program.
The approval of changes in the mission, goals, objectives, and targets occur under the purview of the Executive Council. The KU-MPH executive director and the Operations Committee make revisions based on the feedback and input from various internal and external stakeholders and forward them to the Executive Council. Program faculty, students, alumni, and public health professionals in the field have also been involved in this process through their participation in KU-MPH program meetings, as described above, and discussions with the members of the Operations Committee or standing committee chairs.

**Monitoring and periodic revision:**

The KU-MPH program goals, objectives, and targets are reviewed annually and revisions are made accordingly. Recommendations for changes are solicited from bi-campus faculty, students, and the External Advisory Committee. These recommendations are reviewed by the Operations Committee, consisting of the executive director, site directors, and assistant directors of the KU-MPH program. The Operations Committee approves changes on an annual basis and integrates changes into program operations accordingly. All final changes are presented to the executive dean at an annual meeting between MPH leadership and the executive dean.

Periodically, the KU-MPH program also solicits feedback from stakeholders about specific program changes. For example, in 2009, the program conducted a survey (Appendix 1: Survey of Interest in Degree Programs) of current students, graduates, public health employers, and other public health stakeholders in the state and region. The emphasis of this survey was to determine the level of interest in MPH concentrations and priority areas for development. The survey results were shared with faculty and the External Advisory Committee. These activities led to the development of initial concentrations in Epidemiology and Social and Behavioral Health. The KU-MPH program will officially offer these two concentrations to the fall 2010 entering class.

**Availability to the public:**

Since the KU-MPH program’s inception, its mission, goals, and objectives have been, and continue to be, made available to the public through the MPH Annual Report, which is posted on the KU-MPH program website (www.kumc.edu/mph).

1.1e **A statement of values that guide the program, with a description of how the values are determined and operationalized.**

The faculty, students, and staff of the KU-MPH program are committed to the following public health values: health, equity, diversity, empowerment, integrity, dignity, and knowledge for individuals and communities. These reflect the fundamental, overarching principle of respect for the dignity and intrinsic worth of persons, considered individually or collectively, regardless of gender, sexual orientation, race, religion, or ethnic affiliation.
From these values, the following guiding ethical principles are directly or implicitly derived:

1) Beneficence. KU-MPH activities strive to prevent or to alleviate physical and psychosocial impediments to achieving and maintaining the public’s health. Faculty and students identify public health risk factors and provide preventive interventions to reduce disease and disability. This includes fostering appropriate lifestyle choices, personal responsibility, and health-promoting behavior.

2) Individual justice. The KU-MPH program embraces all population groups without discrimination. KU-MPH faculty and students strive to ensure that each person has affordable access to health and health care that is equal to that of other individuals to the fullest extent possible.

3) Social justice. While health and health care resources should be equitably allocated, such allocation should be consistent with the preservation of resources essential to other socially-valued purposes and projects.

4) Respect for autonomy. KU-MPH faculty and students will strive to inform the public about physical, environmental, and behavioral risk factors. This includes the evidence for or against such factors that an individual needs to assess risks, make informed decisions, and provide informed consent. KU-MPH students and faculty will strive to present such information without bias and with insight into potential pitfalls of information reported in the popular media or influenced by commercial or other interests.

5) Collaboration. The KU-MPH faculty and students will seek to engage community, county, and state legislative bodies as well as administrative agencies in collaborative endeavors toward the achievement of all of these objectives.

The KU-MPH program seeks to engage community, county and state legislative bodies and administrative agencies in collaborative endeavors toward the achievement of all of these objectives.

Additionally, community partnerships, bridges, and feedback, built by means of student capstone projects, Sedgwick County Health Department in Wichita, Wyandotte County Health Department in Kansas City, collaborations with Haskell Indian Nations University and the WALD Center (a virtual training center run by the KU-MPH program in partnership with the state health department) are examples of program commitment to fair and ethical dealings with special populations.

Student input in the program is assured by membership on key committees, periodic needs surveys regarding curriculum, and student and alumni surveys that assess satisfaction with program activities. Self-study documents have been readily available to students and the public for scrutiny, and announcements regarding the
CEPH accreditation process have been publicly posted on the KUMC (www.kumc.edu) and KU-MPH web site.

The faculty committees function in terms of the professional values and concepts and ethics of public health. These committees show the ethical process and outcomes of shared governance, role modeling for students, and student involvement. In terms of the KU-MPH Curriculum and Admissions Committees, the many different professional needs of students are recognized and considered, and students are admitted who are able to meet the many different public health needs of their communities. In terms of research, cooperation and collaboration and ethical conduct is fostered within and outside of the campus environment, and is modeled for students as they are involved in research activities.

Assurance that these goals are operationalized is the responsibility of the Executive Council and the executive director for the KU-MPH program.

1.1f Assessment of the extent to which this criterion is met.

This criterion is met. The KU-MPH program has a clear mission with an accompanying set of goals and objectives. The KU-MPH program goals and objectives cover education, research, service and practice, and program environment. Faculty, students, and staff are committed to public health values and ethical practice standards.
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.

1.2a Description of the evaluation procedures and planning processes used by the program, including an explanation of how constituent groups are involved in these processes.

The KU-MPH program has an established system for evaluation procedures and planning processes. Feedback and data from various sources and formal meetings are used to assist the program and assess the level of success in achieving the program’s mission, goals, and objectives. If any change is recommended, the change is discussed by the appropriate committees, including the Admissions, Curriculum or Research Committees, and by the Operations Committee and Executive Council before final implementation. The different mechanisms and tools used in the evaluation and planning of the KU-MPH program are described in the following table.

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<thead>
<tr>
<th>Table 1.2.a. Evaluation and Planning Processes</th>
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<tbody>
<tr>
<td><strong>Evaluation Mechanism</strong></td>
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<tr>
<td>Standing Committees and Faculty Meetings</td>
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<tr>
<td>Evaluation Mechanism</td>
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<td>Curriculum Committee</td>
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<td>Research Committee</td>
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<td>Evaluation Mechanism</td>
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<td>Operations Committee (Monthly)</td>
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<td>Evaluation Mechanism</td>
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<td>Executive Council (Quarterly)</td>
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Table 1.2.a. Evaluation and Planning Processes

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<tr>
<th>Evaluation Mechanism</th>
<th>Item/Frequency</th>
<th>Description</th>
<th>Objective Measured</th>
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<tbody>
<tr>
<td>Bi-campus MPH Faculty Meeting (Quarterly)</td>
<td>KU-MPH faculty from Wichita and Kansas City meet quarterly to discuss the progress of the KU-MPH program and provide input and feedback on different initiatives to strengthen the program.</td>
<td>Objective 2.2 Provide public health continuing education</td>
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<td>Objective 3.3 Provide opportunities for students to become involved in research</td>
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<td>Objective 5.1 Maintain a strong, bi-campus organizational structure for managing the program</td>
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<td>Objective 5.2 Advance strategic planning and curricular changes through Curriculum Committee initiatives</td>
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<td>Ad hoc Concentrations Work Group</td>
<td>MPH Concentrations (Meet as needed June 2008 – December 2009)</td>
<td>KU-MPH faculty from Wichita and Kansas City meet as necessary to discuss the feasibility of creating MPH concentrations. Committee also creates suggested curriculum and presents it to bi-campus faculty.</td>
<td>Objective 1.3 Teach a high quality competency-based curriculum</td>
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<td>Objective 1.4 Educate students about public health practice</td>
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<td></td>
<td>Objective 1.5 Ensure MPH graduates are adequately prepared for careers in public health</td>
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<td></td>
<td>End of each semester</td>
<td>Every course in the KU-MPH program is evaluated by the students. The course content and the instructors are evaluated by site directors. The course evaluations are discussed with each instructor to determine how best to improve the course. (Appendix 2: Course Evaluations)</td>
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<td>Evaluation Mechanism</td>
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<td>Capstone Orientation</td>
<td>Assistant and site directors (Twice a year)</td>
<td>The site directors along with the assistant directors conduct an orientation meeting for all students to discuss the practicum experience and requirements. Kansas City conducts this meeting at the beginning of the fall and spring semesters and Wichita conducts this meeting at the beginning of the spring semester.</td>
<td>Objective 1.2 Ensure adequate graduation rates</td>
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<td>Objective 1.4 Educate students about public health practice</td>
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<tr>
<td>Course Syllabus Review</td>
<td>Curriculum Committee and Instructors (Annually for core courses, every 2 years for elective courses)</td>
<td>The Curriculum Committee initiates the review of syllabi for all core courses. Then the responsible faculty from Wichita and Kansas City meet to discuss the course syllabi and any changes that need to be implemented.</td>
<td>Objective 1.3 Teach a high quality competency-based curriculum</td>
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<td>Objective 1.4 Educate students about public health practice</td>
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<td>Objective 1.5 Ensure MPH graduates are adequately prepared for careers in public health</td>
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Table 1.2.a. Evaluation and Planning Processes
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<tr>
<td>Faculty Review</td>
<td>Department chair</td>
<td>Department chairs (Kansas City and Wichita) conduct an annual review for all faculty to assess their progress toward tenure and promotion. Areas of discussion include research, teaching, and service.</td>
<td>Objective 2.1 Lead workforce development planning activities in our region_Emphasis added to highlight relevant objectives.</td>
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<td>Objective 2.2 Provide public health continuing education_Updated to reflect the objective's correct order.</td>
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<td>Objective 3.1 Author scholarly publications_Updated to reflect the objective's correct order.</td>
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<td>Objective 3.2 Conduct research for vulnerable populations_Updated to reflect the objective's correct order.</td>
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<td>Objective 3.4 Conduct public health practice research_Updated to reflect the objective's correct order.</td>
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<td></td>
<td>Objective 4.1 Assist organizations devoted to public’s health_Updated to reflect the objective's correct order.</td>
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<td>Objective 5.3 Foster professional development among our faculty_Updated to reflect the objective's correct order.</td>
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<tr>
<td>Exit Interviews</td>
<td>Assistant directors</td>
<td>All graduating students complete an exit interview (Appendix 3: Exit Interview) to obtain feedback on their experience in the KU-MPH program.</td>
<td>Objective 1.5 Ensure MPH graduates are adequately prepared for careers in public health_Updated to reflect the objective's correct order.</td>
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<td>(End of each semester)</td>
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<td>Alumni Survey</td>
<td>Assistant directors</td>
<td>The KU-MPH program maintains an alumni database and conducts alumni surveys on a periodic basis to obtain information on current employment and feedback on improving the KU-MPH program.</td>
<td>Objective 1.5 Ensure MPH graduates are adequately prepared for careers in public health_Updated to reflect the objective's correct order.</td>
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<td>(Every 2-3 years)</td>
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<tr>
<td>Evaluation Mechanism</td>
<td>Item/Frequency</td>
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<td>Objective Measured</td>
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<td>Practicum Site Mentor Evaluations of Students</td>
<td>Assistant directors/Practicum site mentors (Every semester)</td>
<td>Each student’s practicum experience will be evaluated by the practicum site mentor. This feedback is utilized to determine in part whether the student should be awarded “honors” for their practicum experience. (Appendix 4: Student Evaluation Tool)</td>
<td>Objective 1.4 Educate students about public health practice</td>
</tr>
<tr>
<td>Student Evaluations of Practicum Site Mentors</td>
<td>Assistant directors/Students (Every semester)</td>
<td>Each student will evaluate their experience with their practicum site mentor and site. (Appendix 5: Practicum Site Evaluation Tool)</td>
<td>Objective 1.4 Educate students about public health practice</td>
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<tr>
<td>MPH Student Database</td>
<td>Assistant directors (Every semester)</td>
<td>The KU-MPH program maintains an MPH Student Database to track the progress of all students as well as assess student information for any given cohort.</td>
<td>Objective 1.2 Ensure adequate graduation rates</td>
</tr>
<tr>
<td>MPH Student Organizations</td>
<td>Assistant directors/Site directors/Executive director (Every semester)</td>
<td>The MPH Student Organization meets at least once a semester to discuss projects and service activities for the KU-MPH program. The MPHSO officers meet with the site directors and executive director as needed.</td>
<td>Objective 3.3 Provide opportunities for students to become involved in research</td>
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Objective 4.1 Assist organizations devoted to public’s health

Objective 4.2 Provide technical assistance to public health practitioners

Objective 4.3 Students will participate in service activities to enhance the public’s health

Appendix 4: Student Evaluation Tool

Appendix 5: Practicum Site Evaluation Tool
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<th>Evaluation Mechanism</th>
<th>Item/Frequency</th>
<th>Description</th>
<th>ObjectiveMeasured</th>
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<tr>
<td>Dean and EVC Updates</td>
<td>Executive director/Site directors/Assistant directors (Annually)</td>
<td>The KU-MPH program administration meets with the dean and EVC at least once a year to provide updates and discuss the progress of the program as well as to determine future MPH initiatives.</td>
<td>Objective 5.1 Maintain a strong, bi-campus organizational structure for managing the program</td>
</tr>
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</table>
1.2b Description of how the results of evaluation and planning are regularly used to enhance the quality of the programs and activities.

The evaluation and planning process and mechanisms described above provide a system of ongoing data collection from various internal and external sources regarding the quality of the KU-MPH program. All stakeholders, including students, graduates, faculty, community members, employers, administration, and External Advisory Committee members provide input for the KU-MPH program. The Operations Committee coordinates the majority of these activities and makes sure that all recommendations and changes are carried out through proper channels in the program and university.

Specific examples of how the results of the evaluation and planning have been used to enhance the program are listed below:

1) In 2009, the KU-MPH program conducted a survey of employers, current students, graduates, and community organizations (Appendix 1: Survey of Interest in Degree Programs) to obtain feedback on program improvement. The survey specifically assessed which concentrations were in higher demand from the local and regional public health community. As a result of this survey, in addition to the continuous program evaluation, the KU-MPH program began offering concentrations in Epidemiology and Social and Behavioral Health in the fall 2010 semester.

2) In 2007, the KU-MPH program increased the total required credit hours from 36 credits to 42 credits, to comply with the new CEPH program requirements. This was also an opportunity to obtain feedback from graduates, employers, the External Advisory Committee, and public health stakeholders to improve other aspects of the program. Although the core 15 credit hours for the KU-MPH program remained the same, the program added two additional required courses: a one-credit epidemiology laboratory to supplement the core Principles of Epidemiology course, and a three-credit data management course to strengthen students’ data management skills. Both of these recommendations were made by public health employers as well as graduates of the program.

3) In 2007, the KU-MPH program began conducting a yearly Public Health Careers Seminar. This seminar was created from feedback received from students and from exit interviews (Appendix 3: Exit Interview) regarding questions about careers in public health. Students were exposed to many different careers in public health as well as given resources to assist in creating a resume and how to search for jobs. In addition, a new link was added to the webpage allowing students to search public health jobs in Kansas as well as national internship opportunities (http://mph.kumc.edu/employment.html).
The evaluation and planning processes listed in section 1.2a actively reviews program quality with respect to improving the MPH program's mission, goals and objectives. The curriculum committee meets each semester to review new courses that are proposed for the program and as a result, the program has added 14 new courses since the last site visit in 2003.

1.2c Identification of outcome measures that the program uses to monitor effectiveness in meeting its mission, goals and objectives. Target levels should be defined and data regarding the program's performance must be provided for each of the last three years.

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enroll a qualified student body</td>
<td>10-15 new students/year – Wichita 15-25 new students/year – KC</td>
<td>27 new students admitted/enrolled</td>
<td>31 new students admitted/enrolled</td>
<td>35 new students admitted/enrolled</td>
</tr>
<tr>
<td>Enroll and recruit a diverse student body</td>
<td>9% non-white students</td>
<td>9% non-white students</td>
<td>39% non-white students</td>
<td>37% non-white students</td>
</tr>
<tr>
<td>90%+ of degree-seeking new enrollees have undergraduate GPA &gt;3.0</td>
<td>Mean undergraduate GPA = 3.51</td>
<td>Mean undergraduate GPA = 3.36</td>
<td>Mean undergraduate GPA = 3.325</td>
<td></td>
</tr>
<tr>
<td>Ensure adequate graduation rates</td>
<td>80% graduation rate within 5 years of enrollment as a degree-seeking student</td>
<td>76.6%</td>
<td>73.6%</td>
<td>80%</td>
</tr>
<tr>
<td>Target students at 3 and 4 years enrollment to develop a plan of study to finish degree within 5 years (all students will meet with an advisor at least once a semester)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Outcome Measure</td>
<td>Target</td>
<td>2007-08</td>
<td>2008-09</td>
<td>2009-10</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Structure curriculum to accommodate needs of employed students (provide at least 3 evening or web-based courses in fall and spring semesters)</td>
<td>19 evening courses in fall/spring; 13 online courses in fall/spring</td>
<td>20 evening courses in fall/spring; 12 online courses in fall/spring</td>
<td>15 evening courses in fall/spring; 17 online courses in fall/spring</td>
<td></td>
</tr>
<tr>
<td>Teach a high-quality, competency-based curriculum</td>
<td>All courses will receive student evaluations of 4+ out of 5 (5 = best score possible) on at least 2 of the 4 quality indicators (1-Instructor demonstrated expertise of the subject; 2-overall, instructor demonstrated effectiveness as a teacher; 3-overall organization of the course; 4-overall quality of the course)</td>
<td>Expertise = 4.60 Effectiveness = 4.52 Organization = 4.27 Overall quality = 4.34</td>
<td>Expertise = 4.68 Effectiveness = 4.55 Organization = 4.50 Overall quality = 4.49</td>
<td>Expertise = 4.63 Effectiveness = 4.51 Organization = 4.46 Overall quality = 4.47</td>
</tr>
<tr>
<td>100% of course syllabi will include core public health competencies</td>
<td>100%</td>
<td>79%</td>
<td>86%</td>
<td></td>
</tr>
<tr>
<td>Outcome Measure</td>
<td>Target</td>
<td>2007-08</td>
<td>2008-09</td>
<td>2009-10</td>
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<tr>
<td>--------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>All students will self-assess skill levels in core public health competencies periodically during training. Faculty will assess each student's competency level during completion of the capstone</td>
<td>100%</td>
<td>100%</td>
<td>97%</td>
<td></td>
</tr>
<tr>
<td>Educate students about public health practice</td>
<td>100% of capstones will include public health practice</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>The program will have at least 8 faculty/adjunct faculty from public health practice involved in teaching each year (4 of each campus)</td>
<td>Kansas City = 22, Wichita = 7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kansas City = 14, Wichita = 5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kansas City = 13, Wichita = 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure MPH graduates are adequately prepared for careers in public health</td>
<td>At least 60% of surveyed alumni report being adequately prepared for a career in public health practice</td>
<td>Not conducted</td>
<td>Met</td>
<td>Not conducted</td>
</tr>
<tr>
<td></td>
<td>At least 60% of surveyed employers of MPH graduates are satisfied with their employee’s preparation</td>
<td>Not conducted</td>
<td>Met</td>
<td>Not conducted</td>
</tr>
</tbody>
</table>
Table 1.2.c.2. Program Measures for Providing Education and Training for Public Health Workforce

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead workforce development planning activities in our region</td>
<td>At least 2 faculty will be members of the Kansas Public Health Workforce Development Committee each year</td>
<td>4 faculty</td>
<td>4 faculty</td>
<td>4 faculty</td>
</tr>
<tr>
<td></td>
<td>At least 2 faculty will participate in other such planning activities each year</td>
<td>4 faculty</td>
<td>5 faculty</td>
<td>6 faculty</td>
</tr>
<tr>
<td>Provide public health continuing education</td>
<td>At least 2 public health continuing education courses in our region will include the faculty as teachers each year. All programs mentioned are led by MPH faculty.</td>
<td>Distinguished Visiting Scholar Series (DVSS), Kansas Public Health Leadership Institute (KPHLI)</td>
<td>DVSS, KPHLI, Core Public Health Program (CPH), Public Health Grand Rounds (PHGR)</td>
<td>DVSS, KPHLI, CPH, PHGR</td>
</tr>
<tr>
<td></td>
<td>Investigate and develop the feasibility of offering certificate programs to physicians, residents and public health practitioners</td>
<td>NA</td>
<td>Discussed and transferred over to the Master of Science in Clinical Research Program administration</td>
<td>NA</td>
</tr>
</tbody>
</table>

Table 1.2.c.3. Program Measures for Conducting Research to Strengthen the Science Base for Public Health Policy and Practice

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author scholarly publications</td>
<td>The number of scholarly authorships (peer-review journal articles or book chapters) by the faculty as a whole will total at least 20 on each campus each year</td>
<td>91 peer-reviewed journal articles</td>
<td>63 peer-reviewed journal articles and book chapters</td>
<td>48 peer-reviewed journal articles and book chapters</td>
</tr>
<tr>
<td>Conduct research for vulnerable populations</td>
<td>At least 2 faculty research projects will address vulnerable populations on each campus each year</td>
<td>18 faculty</td>
<td>13 faculty</td>
<td>15 faculty</td>
</tr>
<tr>
<td>Provide opportunities for students to become involved in research</td>
<td>5+ students from each campus will participate in research each year</td>
<td>10 students</td>
<td>10 students</td>
<td>11 students</td>
</tr>
<tr>
<td>Conduct public health practice research</td>
<td>At least 3 faculty persons from each campus will conduct public health practice research</td>
<td>8 faculty</td>
<td>8 faculty</td>
<td>10 faculty</td>
</tr>
<tr>
<td>Outcome Measure</td>
<td>Target</td>
<td>2007-08</td>
<td>2008-09</td>
<td>2009-10</td>
</tr>
<tr>
<td>-----------------</td>
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</tr>
<tr>
<td>Assist organizations devoted to the public’s health</td>
<td>At least 2 faculty or staff will assume leadership roles in organizations devoted to the public’s health each year</td>
<td>10 faculty</td>
<td>12 faculty</td>
<td>10 faculty</td>
</tr>
<tr>
<td>Provide technical assistance to public health practitioners</td>
<td>At least 2 public health programs in our region will receive technical assistance from our faculty each year</td>
<td>6 programs</td>
<td>6 programs</td>
<td>10 programs</td>
</tr>
<tr>
<td>Students will participate in service activities to enhance the public’s health</td>
<td>At least one service activity involving a group of students will occur on each campus each year</td>
<td>8 service activities</td>
<td>5 service activities</td>
<td>8 service activities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain a strong, bi-campus organizational structure for managing the program</td>
<td>Evidence-based strategic planning will be accomplished through quarterly meetings of the Executive Council, with regular input from the Dean, the faculty and students, and regional stakeholders</td>
<td>Met 16 times</td>
<td>Met 22 times</td>
<td>Met 34 times</td>
</tr>
<tr>
<td>Program priorities will be implemented through the bi-campus Operations Committee, which will meet at least monthly</td>
<td>Met 7 times</td>
<td>Met 11 times</td>
<td>Met 10 times</td>
<td></td>
</tr>
<tr>
<td>The following core program wide data systems will be used for program management: (enrollment, student database, student competencies, competencies in course learning objectives, course evaluations, bi-campus budget, periodic surveys for special initiatives)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>
Table 1.2.c.5. Program Measures to Develop and Maintain an Organizational Structure that Supports the Faculty and Staff to Accomplish the Mission of the MPH Program

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advance strategic planning and curricular changes through Curriculum Committee initiatives</td>
<td>Create a handbook for the Curriculum Committee outlining policies and procedures for transfer of credit, waivers, course approvals and further curricular directions of the MPH program</td>
<td>Yes</td>
<td>Yes</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>Create faculty peer evaluations and produce protocol for administration</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Foster professional development among our faculty</td>
<td>Faculty will achieve promotion at intervals expected by the University of Kansas</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

GPA’s have declined slightly over the past three years as the program has increased the number of students admitted under the “provisional” status for admissions. A student is admitted “provisionally” if he or she has a cumulative undergraduate GPA under 3.0. This increase in “provisional” admits is due to the increase in the number of students admitted to the KU-MPH program from resource poor institutions with limited learning opportunities. Although these students had slightly lower GPA’s, they had strong ties to public health and increased the diversity of our program with respect to experience, culture, and background.

1.2d An analytical self-study document that provides a qualitative and quantitative assessment of how the program achieves its mission, goals and objectives and meets all accreditation criteria, including a candid assessment of strengths and weaknesses in terms of the program’s performance against the accreditation criteria.

This self-study document, including all the supporting materials, provides a quantitative and qualitative assessment of how the KU-MPH program achieves its mission, goals, and objectives and meets all accreditation criteria.

The KU-MPH program continues to be the only CEPH accredited MPH program in the state of Kansas. The program has grown over the past seven years and continues to provide public health training for the state. The Departments of Preventive Medicine and Public Health in Kansas City and Wichita have also grown in the total number of faculty, including an increase in the number of research and public health practice faculty in both departments.

Specific areas of strength since the last accreditation review include:
1) Increased total program credit hours from 36 to 42
2) Fully implemented program-wide planning and evaluation processes
3) Integrated measurable objectives and targets
4) Implemented a program-wide data collection and management system
5) Strengthened bi-campus organizational structure
6) Provided additional student scholarship and research support through grants and faculty research projects
7) Increased faculty so that more elective courses can be offered:
   o Wichita Campus:
     ▪ Hired adjunct faculty Deborah Fromer (public health practitioner) to teach Reproductive Epidemiology and Women’s Health Seminar. Both are web-based classes, which expanded course offerings for both campuses.
     ▪ Hired new Department Chair Douglas Bradham, DrPH (spring 2009), who has expertise in health economics.
     ▪ Hired adjunct Sonja Armbruster (public health practitioner) to teach Health Communications, which is also a web-based course.
     ▪ Hired department faculty Amy Chesser, PhD (summer, 2009) to teach Health Communication and to develop and teach Health Promotion and Health Behavior.
     ▪ Hired department faculty Monica Fisher, DDS, PhD (spring 2009) to teach epidemiology courses and support development of epidemiology concentration.
     ▪ Hired two department faculty who are biostatisticians (accepted offers in spring 2010 to start in summer 2010) Phillip Twumasi-Ankrah, PhD and Fanglong Dong, PhD, to teach statistics and research related coursework.
   o Kansas City Campus:
     ▪ Hired adjunct faculty Sally Mountcastle, PhD, MSPH to teach a course in emergency preparedness and a course in child and family health. Both are web-based classes allowing the courses to be offered to students on both campuses.
     ▪ Hired Denice Curtis, DDS, MPH, DrHS (public health practitioner) to teach Infectious Disease Epidemiology, which is also a web-based course.
     ▪ Hired adjunct faculty Sarah Finocchiaro-Kessler, PhD, MPH to teach Reproductive Health in Developing Countries.
     ▪ Hired adjunct faculty Paula Livingston, DDS, MPH (public health practitioner) to develop a new course on oral health. This web-based course is being offered for the first time in the fall 2010 semester.
8) Implemented two new concentrations: Epidemiology (effective fall semester 2010) and Social and Behavioral Health (effective fall semester 2010); continue to offer generalist curriculum.
9) Increased the percentage of under-represented minority students from 9% in 2007 to 28% in 2010.
10) Strong MPH Student Organization: MPHSO Co-President Rachel Frische was awarded the KUMC 2009-2010 Student Leadership Award.

Specific weaknesses of the program include:
1) Lack of sufficient environmental health faculty. Currently, there are two environmental health faculty; however, students are not offered a variety of courses in the environmental health sciences. Both campuses are currently advertising for environmental health faculty.

2) The program’s generalist curriculum allows students to choose 17 hours of electives. State and local public health stakeholders have recently been surveyed and the KU-MPH program plans to focus the generalist curriculum by fall 2011.

3) The program’s public health advocacy efforts adequately support the state of Kansas, but could be stronger. The KU-MPH faculty and students support the Kansas Public Health Association (KPHA) every year through conference participation/presentations, board membership, and public health day capitol visits. The workforce development program, Kansas Public Health Leadership Institute (KPHLI) has had scholar projects which have led to legislative changes in public health. One of the faculty members, Marvin Stottlemire, JD, PhD, teaches a KU-MPH course in public health policy and law. He is a former president of KPHA and continues to support public health and testify in support of public health legislation.

1.2e An analysis of the program’s responses to recommendations in the last accreditation report (if any).

1) Program-wide planning and evaluation processes. In 2003, separate committees on the Wichita and Kansas City campuses were abolished. Each of the KU-MPH committees (Admissions, Curriculum, Research, Operations, and Executive Council) now consists of faculty from both campuses, as well as a student representative from each campus. In addition to these standing committees, other planning and program evaluation meetings that have bi-campus representation include: Dean’s oversight meetings, bi-campus faculty meetings, ad hoc committees on developing the MD/MPH program, and ad hoc committees on development of the two new concentrations.

2) Utilization of data to evaluate the KU-MPH program and make strategic planning decisions. The KU-MPH program utilizes data related to graduation rates, attrition rates and assessments to determine how to lower attrition rates. The data has also been used to modify admissions procedures to better accommodate students who were not truly committed to an MPH. The non-degree seeking status option has been used for students who are interested in specific coursework rather than completing an MPH degree.

Cumulative graduation rates are tracked and a target of 80% graduation by five years has been set. Another outcome measure for the KU-MPH program is providing evening and web-based courses to accommodate
non-traditional students. The target for this objective is to provide at least three evening or web-based courses per semester per campus.

In addition to the initiative on graduation rates, the program conducted several quantitative and qualitative needs assessments related to curriculum. These were part of an initiative to ensure that students achieve the skills described in the core public health competencies adopted by the Council on Linkages between Academia and Public Health Practice. Information was sought from newly-enrolled students, members of the KU-MPH External Advisory Committee, alumni and others. A curriculum matrix was created to identify the competencies that may not receive reinforcement in multiple required courses.

3) Evidence for measurable program objectives and targets. The KU-MPH program has five goals. Objectives are laid out for each goal, and targets are used to assess progress towards meeting each objective. Program evaluation data for each target are discussed in the annual reports.

The annual reports are arranged according to the current year’s program goals, objectives, and targets. The reports close with the goals, objectives, and targets adopted for the next year. Most program objectives remain the same from year to year, but the targets are dynamic. Targets change as new initiatives are launched to respond to program data or to adapt to changing circumstances in public health.

A deliberative, bi-campus process is utilized to measure and adapt the program targets. Each year, targets are adapted to quantify outcomes for a specific initiative. A target may have several components in any given year.

4) Evidence for a program-wide data collection and management system. The following program goal was adopted to track management of the KU-MPH program and its data: “Develop and maintain an environment that supports faculty and staff as they accomplish the mission of the MPH program.” One of the objectives for this goal is, “Maintain a strong, bi-campus organizational structure for managing the program.” A target under this objective was, “Program-wide data collection and management systems will be improved by setting up a bi-campus shared computer directory and developing additional databases.” The password protected, shared computer directory has been very useful to Operations Committee members on both campuses. The directory contains key documents such as standardized forms, meeting minutes, and data reports. The main data systems and the software used for data storage and analysis are:

- Enrollment (Excel)
- Comprehensive Student Database (Access/SPSS/SAS)
- Course evaluations (Excel/SPSS/SAS)
- Baseline and periodic student competencies (Excel/SPSS)
- Competencies in course learning objectives (Excel/SPSS)
- Bi-campus revenues and expenditures (Excel)
- Periodic surveys for special initiatives (Excel/SPSS)

In summary, the KU-MPH program has successfully met all of the recommendations from the previous site visit. A strong bi-campus organizational structure is in place. This structure allows for maintenance of data systems for strategic planning and program evaluation. For each program objective, measurable targets have been established.

1.2f A description of the manner in which the self-study document was developed, including effective opportunities for input by important program constituents, including institutional officers, administrative staff, teaching faculty, students, alumni and representatives of the public health community.

This self-study document was developed with input from different constituents but was written by members of the KU-MPH Operations Committee, who met regularly between August 2009 and September 2010 to gather information from various KU-MPH program data sources to provide information for the self-study document. Members of the Admissions, Curriculum, and Research Committee also provided input and information for the self-study document. The chairs of these committees reviewed the drafts of the self-study document and provided input early on in the process.

The Executive Council members reviewed the early drafts of the document as well, and provided feedback on the different sections. The bi-campus faculty were given a paper draft of the document once it was complete. They were asked to review and make comments on their hard copies so that the Operations Committee could then compile the revisions into the electronic version, and ultimately the final version of the self-study. The updated draft was then shared via email with various students, alumni, public health practitioners, and the External Advisory Committee for review and comment before the document was finalized.

1.2g Assessment of the extent to which this criterion is met.

This criterion is met. The KU-MPH program maintains an explicit process for evaluating and monitoring the overall efforts against its mission, goals, and objectives. Clear outcome measures have been developed regarding students, workforce development, research, and service. Internal and external information sources provide data for thorough program evaluation. Additionally, distinct processes are in place to successfully address this program’s unique bi-campus needs.
1.3 Institutional Environment. The program shall be an integral part of an accredited institution of higher education.

1.3a A brief description of the institution in which the program is located, along with the names of accrediting bodies (other than CEPH) to which the institution responds.

The KU-MPH program is housed in the only school of medicine in Kansas. It is an integral part of an accredited institution of higher learning, the University of Kansas (KU), which is part of the Kansas Board of Regents system. KU is accredited by the North Central Association of Colleges and Schools (NCACS). KU was most recently reviewed for accreditation in 2005 and was granted ten years of continuous accreditation without stipulations.

KU opened its doors in 1866, progressed rapidly to full undergraduate and beginning graduate-level work, and in 1896 organized its Graduate School and awarded its first doctoral degree, a PhD in mathematics. Within the Kansas Board of Regents system, KU accounts for about 70% of all doctoral study and a large percentage of all other graduate work in the liberal arts and sciences, fine arts, and a number of professional fields.

The KU School of Medicine was re-accredited by Liaison Committee on Medical Education (LCME) in 2006 for the maximum of eight years. The School of Medicine’s Graduate Medical Education (GME) was also accredited through April 2006 and was commended by their accrediting body on their meticulous effort and organization for the site visit.

The university offers the Master of Arts degree in 46 fields, the Master of Science in 30 fields, specific professional master’s degrees in 16 programs, a professional degree of Specialist in Education, the Doctor of Philosophy degree in 62 fields, and professional doctorates of Education, Engineering, and Musical Arts. Through these degree programs, non-degree-oriented enrollments, and through off campus work on the Lawrence and Kansas City campuses, the university currently enrolls about 6,000 graduate students.

Educational, research, and service programs are offered on the main campus in Lawrence, and on campuses in Kansas City, Wichita, and Overland Park. The University of Kansas Medical Center (KUMC), located in Kansas City, Kansas, houses the Schools of Medicine, Nursing and Allied Health and also the KU Hospital Authority. Wichita, Kansas, also serves as a site for the KU School of Medicine. Third year medical students in the School of Medicine can choose to either stay in Kansas City, or move to the Wichita campus for their two remaining clinical years. Additionally, more than 100 international study and cooperative research programs are available to students and faculty members.

The graduate faculty consists of the vice chancellor for academic affairs, the deans of the graduate schools and all other colleges, and regular faculty members. Regular faculty are recommended for appointment to the graduate faculty by the chairpersons of their departments and approved by the Graduate Council. Recommendations for graduate faculty status are based on rank (above instructor),
degree in the field, training or experience, scholarly or professional work, and the need for the faculty member to hold graduate faculty status.

KU is committed to excellence. The university fosters a multicultural environment in which the dignity and rights of the individual are respected. Intellectual diversity, integrity, and disciplined inquiry in the search for knowledge are of paramount importance. KU offers numerous programs out of its many colleges and schools, most all of which are accredited if an accrediting body is available to the program. Within the health and medical profession, KU offers a number of accredited clinical programs. These include:

**UNIVERSITY OF KANSAS MEDICAL CENTER**

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Accrediting Body</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALLIED HEALTH</strong></td>
<td></td>
</tr>
<tr>
<td>Dietetics and Nutrition</td>
<td>American Dietetic Association</td>
</tr>
<tr>
<td>Cytotechnology</td>
<td>Commission on Accreditation of Allied Health Education Programs</td>
</tr>
<tr>
<td>Health Information Management</td>
<td>Commission on Accreditation of Allied Health Education Programs</td>
</tr>
<tr>
<td>Hearing and Speech</td>
<td>American Speech, Language and Hearing Association</td>
</tr>
<tr>
<td>Medical Technology</td>
<td>National Accrediting Agency for Clinical Laboratory Sciences</td>
</tr>
<tr>
<td>Nurse Anesthesia</td>
<td>Council on Accreditation of Nurse Anesthesia Educational Programs/Schools</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>American Occupational Therapy Association</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>American Physical Therapy Association - Master's Program</td>
</tr>
<tr>
<td>Respiratory Therapy</td>
<td>Commission on Accreditation of Allied Health Education Programs</td>
</tr>
<tr>
<td><strong>NURSING</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kansas State Board of Nursing</td>
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<tr>
<td></td>
<td>National League of Nursing</td>
</tr>
<tr>
<td></td>
<td>American Nurses Credentialing Center, Commission on Accreditation</td>
</tr>
<tr>
<td><strong>MEDICINE</strong></td>
<td></td>
</tr>
<tr>
<td>MD Program</td>
<td>Liaison Committee on Medical Education</td>
</tr>
</tbody>
</table>

31
1.3b One or more organizational charts of the university indicating the program’s relationship to the other components of the institution, including reporting lines.

Organizational charts providing an overview of the KU-MPH program’s relationship to the other components of KUMC are presented below (Figure 1.3b-1). The KU-MPH program is located in the Departments of Preventive Medicine and Public Health within the School of Medicine in Wichita and Kansas City. KUMC has three schools (Medicine, Nursing, and Allied Health). KUMC also has an Office of Academic Affairs, which also houses the Office of Graduate Studies. The Office of Academic Affairs provides the oversight of all graduate programs in the Schools of Medicine, Nursing, and Allied Health, and the maintenance and processing of faculty appointments and records.

The executive vice chancellor of KUMC also currently serves as the executive dean of the School of Medicine. The School of Medicine is located on two campuses, the Kansas City campus and the Wichita campus. Each year, 175 medical students begin their medical education on the Kansas City campus. After the first two years of medical school, approximately 65 of the original cohort of 175 entering class complete the last two clinical years of medical school on the Wichita campus. Many clinical departments are located on both campuses. In 2001, the Departments of Preventive Medicine and Public Health were reorganized to allow for more efficient administration and to parallel the organization of the medical school in general, where each branch of the medical school in Kansas City and Wichita has two departments. For example, there is a Department of Pediatrics in both Kansas City and Wichita; there is a Department of Internal Medicine in both Kansas City and Wichita. This was seen as a natural evolution of the department as it matured. The two “new” departments of Preventive Medicine were renamed Preventive Medicine and Public Health, reflecting their joint sponsorship of the KU-MPH program, which is the unit being offered for re-accreditation review.

The department chairs in the School of Medicine report to the dean, H. David Wilson, in Wichita and the executive dean, Barbara Atkinson, in Kansas City. The dean of the School of Medicine in Wichita reports to the executive dean and the executive vice chancellor of KUMC, Dr. Barbara Atkinson. The executive vice chancellor reports to the chancellor of the university, Dr. Bernadette Gray-Little.
1.3c A brief description of the university practice regarding:

- **Lines of accountability, including access to higher-level university officials**
- **Prerogatives extended to academic units regarding names, titles and internal organization**
- **Budgeting and resource allocation, including budget negotiations, indirect cost recoveries, distribution of tuition and fees, and support for fund-raising**
- **Personnel recruitment, selection and advancement, including faculty and staff**
- **Academic standards and policies, including establishment and oversight of curricula**

**Lines of accountability, including access to higher-level university officials:**

The KU-MPH executive director reports directly to the executive dean of the School of Medicine and executive vice chancellor of KUMC (Dr. Atkinson) – Kansas City, who reports to the Chancellor of the University of Kansas – Lawrence (Dr. Atkinson).
Bernadette Gray-Little). The KU-MPH executive director and site directors also meet quarterly with the dean of the School of Medicine – Wichita (Dr. Wilson) to provide updates and discuss the needs of the KU-MPH program. The KU-MPH executive director also reports to the vice chancellor of the Office of Academic Affairs and dean of Graduate Studies (Dr. Allen Rawitch) for all program matters including approval of new courses and concentrations (Figure 1.4a-1).

Prerogatives extended to academic units regarding names, titles and internal organization:

Each Department of Preventive Medicine and Public Health responds to overall policies set by the Kansas Board of Regents within the framework prescribed for agencies of the State of Kansas, much of which is defined by state law or by regulations issued by the Kansas Department of Administration. Within the Regent’s framework, each department establishes its policies and requires that the KU-MPH program respond to the overall system of governance in place for the university with regard to operation. This includes budgeting and resource allocation, personnel recruitment, selection and advancement, and establishment of academic standards and policies. University governance documents are on file in the program offices or on the KU website. Budgeting and resource allocation is ultimately the responsibility of the executive director of the KU-MPH program in conjunction with the advice of the Executive Council.

In addition to the line relationships described above, KU has a faculty governance structure which exercises determining influence with regard to policy decisions on academic standards and policies, and to the system of advancement of faculty in matters of promotion and tenure.

Budgeting and resource allocation, including budget negotiations, indirect cost recoveries, distribution of tuition and fees, and support for fund-raising:

The budget and resource allocation, including budget negotiations, flow from the chancellor to the executive vice chancellor at KUMC. The executive vice chancellor distributes the budget to the schools, and the schools allocate the budget to departments and centers. The KU-MPH executive director has a separate budget meeting with the executive vice chancellor to obtain a budget for the KU-MPH program. The majority of these funds are used to operate the day to day functions of the KU-MPH program including marketing, scholarships, adjunct faculty, staff support, supplies, travel, memberships, and recruitment.

Indirect cost recoveries at KUMC apply to all faculty bringing in grant funds. The department and the principal investigator recover a portion of each grant funded.

Additional resources for the KU-MPH program, which include faculty, staff, and other expenditures, come through the Departments of Preventive Medicine and Public Health. The department chairs work with KU-MPH program to identify program needs and provide assistance for special projects.
Personnel recruitment, selection and advancement, including faculty and staff:

KU is an equal opportunity employer. KU has a human resources office that monitors all hiring decisions and practices. Recruitment of new faculty occurs through posting of positions on the KU jobs website, as well as in national journals and publications. The KU-MPH site directors, as well as the executive director, serve as members of the search committee for hiring new faculty with teaching responsibilities in the KU-MPH program. The approval of hiring faculty candidates begins with the respective search committee, department chair, dean, executive vice chancellor of KUMC, and the chancellor.

All faculty, regardless of their tenure status (i.e., tenured, tenure track, research track, etc), undergo an annual faculty review with their respective department chairs on each campus. In addition to the annual reviews, each junior faculty member undergoes a mid-cycle tenure review at year three in preparation for promotion to associate professor with tenure. The department chairs consult with the Operations Committee to discuss the educational goals and teaching needs of the program for each new academic year. The executive director, with input from the site directors, retains the sole authority over final selection and recruitment of adjunct instructors and the KU-MPH practitioner faculty. The Office of Faculty Affairs in the Office of Academic Affairs processes all paperwork related to faculty appointments, including KUMC appointment forms, appointment letters, notice of non-reappointment, title changes, etc. In addition, it processes paperwork related to promotion and tenure, emeritus designation, and distinguished professor designation, from the schools to the vice chancellor for academic affairs, the executive vice chancellor, and the chancellor. For detailed information, see the Official Handbook for Faculty and Unclassified Staff, which is maintained by the Office of Academic Affairs.

Staff promotion in the KU-MPH program is based on annual performance and reviews are conducted by the KU-MPH site directors as well as the department chairs.

Academic standards and policies, including establishment and oversight of curricula:

Academic standards and policies of all graduate academic programs are subject to the standards set by the Office of Graduate Studies (see Graduate Catalog: www.catalogs.ku.edu/graduate/). Oversight of academic standards and policies occurs at the program, department, medical center, and university levels, in accordance with the University of Kansas policies and standards associated with academic quality.

In the KU-MPH program, academic standards and policies are the responsibility of the Curriculum Committee, which adheres to the policies of the Office of Graduate Studies. This committee is charged with recommending to the Executive Council major revisions of existing courses as well as the ongoing evaluation of the program’s curriculum. Any major additions or significant changes to a course must be approved by the Curriculum Committee before forwarding to the KUMC Graduate Council for approval.

Routine curriculum matters such as course or curriculum revisions (new courses) are addressed by the teaching faculty member, the Curriculum Committee, the
Operations Committee, and the Office of Graduate Studies. More substantive matters, such as new programs or degrees, require approval from the Board of Regents after the approval from the Office of Graduate Studies.

The MPH Student Handbook also specifies standards, policies, regulations, responsibilities, and potential actions regarding academic performance or misconduct. The MPH Student Handbook is on the program website at http://mph.kumc.edu/.

1.3d If a collaborative program, descriptions of all participating institutions and delineation of their relationships to the program.

Not applicable.

1.3e If a collaborative program, a copy of the formal written agreement that establishes the rights and obligations of the participating universities in regard to the program’s operation.

Not applicable.

1.3f Assessment of extent to which this criterion is met.

This criterion is met. The KU-MPH program is administratively housed within the Kansas City and Wichita Departments of Preventive Medicine and Public Health, and is offered by the University of Kansas School of Medicine. The School of Medicine and the University of Kansas have both been successful in achieving and maintaining full accreditation.
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.

1.4a One or more organizational charts showing the administrative organization of the program, indicating relationships among its component offices or other administrative units and its relationship to higher-level departments, schools and divisions.

The bi-campus KU-MPH program is located within the Departments of Preventive Medicine and Public Health in the School of Medicine in Kansas City and Wichita. The KU-MPH program has autonomy within the departments, and maintains policies and actions relevant to its operation and mission. The line of authority for the KU-MPH program flows from the site directors to the executive director directly to the executive dean of the School of Medicine and executive vice chancellor of the KU Medical Center (Dr. Atkinson) (Figure 1.4a-1). In addition, the executive director also reports to the vice chancellor and dean of the Office of Academic Affairs and Graduate Studies (Dr. Rawitch) for all academic and program issues relating to admissions, course approvals, new concentrations, and awarding of final degree approvals. Final approval for new courses, student admissions, new concentrations, new programs, awarding of degrees must be obtained from the Office of Academic Affairs and Graduate Studies. Therefore, the executive director reports to Dr. Rawitch for all academic matters related to the KU-MPH program and he reports to the executive dean (Dr. Atkinson) for budgetary and broader programmatic issues.

Figure 1.4a-2 shows the structure of the KU-MPH program and the reporting lines as well as the program committees. The assistant directors report to the site directors, who report to the executive director.
1.4b Description of the roles and responsibilities of major units of the organizational chart.

The executive director of the KU-MPH program reports directly to the executive dean of the School of Medicine (Dr. Atkinson). The KU-MPH executive director also reports to the vice chancellor of the Office of Academic Affairs and dean of Graduate Studies (Dr. Allen Rawitch) for all academic matters including approval of new courses and concentrations, as well as all issues related to the MPH students. The KU-MPH executive director and site directors also meet quarterly with the dean of the School of Medicine – Wichita (Dr. Wilson) to provide updates and discuss the needs of the KU-MPH program.

The KU-MPH Executive Council consists of the KU-MPH executive director, the site directors, the assistant directors, the chairs of the three standing committees, and the chairs of the two Departments of Preventive Medicine and Public Health.

The executive director (Dr. Choi) of the KU-MPH program oversees the entire program over both campuses and is ultimately responsible for the management of the program. The executive director serves at the pleasure of the executive dean of the
School of Medicine (Dr. Atkinson). The primary responsibilities of the executive director are to:

- Serve as the chair of the Executive Council, and to plan and direct the Executive Council monthly meetings.
- Establish and direct the following components of the program (marketing efforts, admissions processes and procedures, curriculum, student activities, faculty research and professional activities).
- Monitor the planning and evaluation system (planning initiatives and systematic strategic review, faculty evaluation and student tracking system, alumni tracking system).
- Represent the program at all Office of Graduate Studies meetings.
- Provide KU-MPH executive council representation at professional meetings (American Public Health Association, Association for Prevention Teaching and Research, Association of Schools of Public Health, Kansas Public Health Association, Kansas Health Foundation, and Kansas Health Institute).
- Lead the communication and accreditation procedures with CEPH (point person for accreditation with the executive secretary of CEPH, lead activities for accreditation, prepare and submit correspondence, self-study reports and interim reports).
- Supervise and conduct evaluations of the assistant directors as well as the site directors, and to perform other duties as assigned by the executive dean.

The site directors (Dr. Hawley and Dr. Ramaswamy), manage the day to day operations of the program on each campus. The primary responsibilities of the site directors are to:

- Coordinate course scheduling each semester with the help from the assistant directors.
- Assign student advisors for incoming students with appropriate faculty.
- Update the MPH Student Handbook and program website as necessary.
- Lead communication to faculty about deadlines and program needs each semester.
- Confirm course schedules for the program each semester and to coordinate with instructors and chair for approval.
- Represent the KU-MPH program whenever the executive director is unable to attend university, state, or national meetings.
- Manage student concerns and issues related to academics.
- Coordinate ad-hoc committees when necessary to address improvements in the program.
- Serve on the Operations Committee.
- Serve on the Executive Council.
- Assign campus faculty to bi-campus committees.
- Assign student representatives each year for bi-campus committees.
• Oversee completion of all baseline/capstone/graduation self-assessment of competencies.
• Provide orientation for students.
• Provide capstone orientation session for students.
• Serve as advisor to the MPH Student Organization (MPHSO).
• Attend and support all campus events and activities for MPHSO and the program.
• Review admissions for respective campus after each admissions meeting.
• Oversee contract for part-time instructors.
• Oversee budget expenses for campus regarding travel and approval from chair if needed.
• Complete exit interviews with each graduating student.
• Course evaluation reviews with each faculty.
• Oversee campus specific marketing plan.

The assistant directors (Melissa Armstrong and Tanya Honderick), assist the site directors and the executive director in managing the day to day operations of the program on each campus. The primary responsibilities of the assistant directors are to:

• Assist in coordination of course scheduling each semester.
• Schedule all classrooms and equipment for all courses in the KU-MPH program.
• Coordinate new student orientations for all new students.
• Coordinate student capstone orientations, once a semester on each campus.
• Maintain the website with current information.
• Support KU-MPH standing committees.
• Support MPHSO activities.
• Coordinate assignment of student reps each year for bi-campus committees.
• Coordinate communication materials needed for faculty about deadlines and teaching schedules each semester.
• Administer completion of all baseline/capstone/graduation self-assessment of competencies.
• Coordinate recruitment and prospective student application materials.
• Maintain program statistics and compile MPH Annual Reports.
• Maintain student records for the program.
• Collect and maintain program data and meeting minutes of all MPH related committees.
• Serve as program liaison (for students and faculty) to Academic Affairs and the Registrar’s Office.
• Coordinate attendance and represent program at recruiting events, such as state and national conferences.
1.4c Description of the manner in which interdisciplinary coordination, cooperation and collaboration are supported.

Interdisciplinary coordination, cooperation and collaboration are supported through many channels in the KU-MPH program. Since KUMC encompasses the School of Medicine, School of Nursing, and School of Allied Health, students from different programs enroll across the three schools to gain interdisciplinary training.

The KU-MPH program is closely affiliated with the Department of Biostatistics and the Department of Health Policy and Management, which are also in the School of Medicine (Figure 1.3b-1). The core biostatistics requirement, in addition to several elective courses in biostatistics, is taught by a faculty member in the Department of Biostatistics. The majority of KU-MPH elective courses in health care systems and management are taught by faculty in the Department of Health Policy and Management.

The KU-MPH program also has dual and joint degree programs with the Schools of Nursing and Medicine as well as the Applied Behavioral Science doctoral program on the Lawrence campus. KU-MPH students can also choose to take elective courses in the Department of Applied Behavioral Science. All KU-MPH students are allowed to take any KU course at the graduate level with the advisor’s approval, which may be requested during their academic advising meeting each semester.

1.4d Identification of written policies that are illustrative of the program’s commitment to fair and ethical dealings.

The KU-MPH program adheres to the written policies of the university as outlined in the following documents:

- MPH Student Handbook [http://www.kumc.edu/mph/students/handbook.pdf](http://www.kumc.edu/mph/students/handbook.pdf)
- KUMC Graduate Students Handbook [http://www.kumc.edu/studenthandbook/](http://www.kumc.edu/studenthandbook/)
- Graduate Catalog [http://www.catalogs.ku.edu/graduate/](http://www.catalogs.ku.edu/graduate/)

1.4e Description of the manner in which student grievances and complaints are addressed, including the number of grievances and complaints files for each of the last three years.

The MPH Student Handbook clearly delineates how student complaints and grievances are addressed, under the section, “Student Grievance Procedures.” There have been no student grievances and complaints filed in the past three years.

1.4f Assessment of the extent to which this criterion is met.

This criterion is met. The KU-MPH program has clear and effective chains of command that are conducive to teaching and learning, research and service. Program and university policies are widely available to students, faculty, and staff.
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.

1.5a Description of the program’s governance and committee structure and processes, particularly as they affect:

- General program and policy development
- Planning
- Budget and resource allocation
- Student recruitment, admission and award of degrees
- Faculty recruitment, retention, promotion and tenure
- Academic standards and policies
- Research and service expectations and policies

General program and policy development:

The program’s governance and committee structure involve many levels of oversight including program, School of Medicine, and the Office of Graduate Studies at KUMC.

The executive director of the KU-MPH program is assisted by the site directors on each campus (Kansas City and Wichita). In addition, the assistant directors on each campus also support in the management of the KU-MPH program. Together, the executive director, site directors, and assistant directors comprise the KU-MPH Operations Committee that manages the day-to-day operations of the program.

The KU-MPH program also maintains bi-campus committees on Admissions, Curriculum, and Research. Faculty and students from Wichita and Kansas City serve on all three committees. The Admission Committee screens and selects applicants for admission into the KU-MPH program. The Curriculum Committee reviews all courses, syllabi, and faculty qualifications, and assures that all criteria and standards set forth by CEPH are met. The Research Committee helps coordinate research and practicum opportunities for all MPH students.

The KU-MPH Executive Council consists of the executive director, site directors, assistant directors, chairs of the three bi-campus standing committees and the chairs of the Department of Preventive Medicine and Public Health.

These standing committees in the KU-MPH program provide structure, planning, and direction for the KU-MPH program.

Planning:

The Operations Committee meets monthly to plan and discuss the daily operations of the KU-MPH program. The committee meets to discuss both operational and strategic planning issues relevant to the program and to the workforce training in Kansas and the region. Issues related to the curriculum, including courses and scheduling, are also discussed. Interactions with the External Advisory Committee are
also maintained by the Operations Committee. All the agendas and minutes from the Operations Committee are maintained by the assistant directors and are available electronically on a shared bi-campus drive.

Data sources for planning include faculty meetings, External Advisory Committee meetings, student feedback, course evaluations, and other surveys. Planning is a collaborative process involving all stakeholders of the KU-MPH program.

Budget and resources allocation:

The executive director of the KU-MPH program submits a budget recommendation to the executive vice chancellor and executive dean of the School of Medicine who works with the associate dean for finance to allocate the final budget for the KU-MPH program. The executive director also discusses program needs with the department chairs regarding funds that come through the departments to cover faculty salaries for teaching. The executive director is solely responsible to the executive vice chancellor for proposal and management of the budget designated specifically for the KU-MPH program. The executive director of the KU-MPH program oversees the budget that is allocated specifically to the program to operate the day-to-day functions. This budget covers the salary for the administrative assistants, assistant directors, as well as partial funding for the site directors and executive director. The majority of this budget is devoted to student scholarships, adjunct faculty, marketing, membership fees, travel, and other operating costs related to running the KU-MPH program.

Student recruitment, admission and award of degrees:

Student recruitment and admission begins with marketing the KU-MPH program through local, regional, and national conferences, as well as by word of mouth. The entire KU-MPH team, including staff, faculty, alumni, and current students are all involved with student recruitment either formally or informally. The majority of students in the KU-MPH program are non-traditional. In an effort to cater to those students, the program offers online and evening classes that can be taken later in the day for working adults. In addition, minority students are recruited by attending minority conferences throughout the region and visiting specific undergraduate institutions in the state and region. This has been successful as the number of minority students enrolled in the KU-MPH program has increased in the last three years.

The Admissions Committee meets once a year to review all applications and admit students into the program. The committee also meets to discuss and review other strategies for recruitment and other issues related to admissions. The Office of Graduate studies in the Office of Academic Affairs is responsible for awarding the degree as well as verifying that all graduating students have met the KU-MPH program requirements for graduation.

Faculty recruitment, retention, promotion and tenure:

Faculty recruitment and retention is primarily led by the department chairs with input and collaboration from the KU-MPH executive director as well as other KU-MPH
faculty. For all faculty searches and recruitment, KU-MPH faculty served on the search committees and provided input towards the selection process.

The KU-MPH executive director provides input to the chairs about faculty performance related to teaching, service, and scholarly activity. The department chairs conduct annual faculty reviews for each faculty member and the executive director provides input on matters related to the KU-MPH program.

Promotion and tenure guidelines (“Guidelines for Academic Promotion and the Award of Tenure” found at www.kumc.edu/som/facaffairs/pandt) are available to each faculty member upon beginning their appointment at KUMC. Each faculty member applying for promotion and tenure is reviewed by the departmental Promotion and Tenure Committee, followed-by the School of Medicine Promotion and Tenure Committee prior to obtaining final approval from the executive dean/executive vice chancellor, chancellor, and Board of Regents.

Academic standards and policies:

Academic standards and policies are established by KUMC and the School of Medicine. They are further specified by the Office of Academic Affairs, which oversees all academic degrees at the graduate level. The KU-MPH academic standards and policies follow the standards set by the Office of Academic Affairs and Office of Graduate Studies, as well as maintaining program specific standards and policies. The KU-MPH program academic standards and policies are also maintained through KU-MPH program assessments, competencies, course requirements, and the MPH Student Handbook.

Research and service expectations and policies:

Research and service expectations and policies for faculty are officially described in the Guidelines for Academic Promotion and the Award of Tenure.

1.5b A copy of the constitution, bylaws or other policy document that determines the rights and obligations of administrators, faculty and students in the governance of the program.

KUMC faculty bylaws and policy documents can be found on the KUMC Faculty Governance Overview webpage at www.kumc.edu/som/facgov/.

1.5c A list of standing and important ad hoc committees, with a statement of charge, composition and current membership for each.

1) Admissions Committee. Consists of one chair (Dr. Elizabeth Ablah - Wichita), faculty from Kansas City (Drs. Christine Daley, Theresa Shireman, Won Choi), faculty from Wichita (Jack Brown), one MPH student from the Kansas City campus, and one MPH student from the Wichita campus. The Admissions Committee meets at least once a year and as needed to discuss
issues related to the application process, such as admission regulations, application forms and any topics delegated by the Executive Council.

2) Curriculum Committee. Consists of one chair (Dr. Christie Befort – Kansas City), faculty from Kansas City (Dr. Megha Ramaswamy), faculty from Wichita (Drs. Suzanne Hawley, Amy Chesser, and Frank Dong), one MPH student from the Kansas City campus, and one MPH student from the Wichita campus. The Curriculum Committee meets at least twice a year and as needed to discuss course evaluations, needs assessments, and to review all curricular changes, new courses and transfer credit requests. The Curriculum Committee also meets to discuss any issues related to curriculum and any topics delegated by the Executive Council.

3) Research Committee. Consists of one chair (Dr. Nicole Nollen- Kansas City), faculty from Kansas City (Dr. John Neuberger), faculty from Wichita (Drs. Judy Johnston, Paul Uhlig, and Ruth Wetta-Hall), one MPH student from the Kansas City campus, and one MPH student from the Wichita campus. The Research Committee meets at least twice a year and as needed to discuss faculty research as well as student involvement in research. The Research Committee also meets to discuss any issues related to research that may be delegated by the Executive Council.

4) Operations Committee. Consists of the Kansas City (Dr. Megha Ramaswamy) and Wichita (Dr. Suzanne Hawley) site directors and assistant directors (Tanya Honderick and Melissa Armstrong), and is chaired by the executive director (Dr. Won Choi). This committee meets monthly to manage the program in an evidence-based manner, implement marketing initiatives, oversee data management and analysis, and to solve operational problems.

5) Executive Council. Consists of the chairs of Preventive Medicine and Public Health in Kansas City (Dr. Edward Ellerbeck) and Wichita (Dr. Douglas Bradham), standing committee chairs (Drs. Elizabeth Ablah, Christie Befort, and Nicole Nollen), site directors (Drs. Suzanne Hawley and Megha Ramaswamy), assistant directors (Melissa Armstrong and Tanya Honderick) and the executive director (Dr. Won Choi). The Executive Council meets quarterly to accomplish all strategic planning and review progress of all aspects of the program by means of review of minutes of the standing committees, the quarterly bi-campus meeting of the entire KU-MPH program faculty and the KU-MPH student organization. The site directors and the executive director provide reports on any topics under consideration. The Executive Council also reviews information from key programs led by KU-MPH program faculty, including the Workforce and Leadership Development (WALD) Center, the Kansas Core Public Health Program and others. Primary functions of the Executive Council focus on making final decisions about the program’s policies and directions of growth. The Executive Council makes the final decision on admission for each applicant after reviewing the
recommendations of the Admissions Committee. Additionally, the Executive Council sets forth the annual goals and objectives (work plan) for the KU-MPH Operations Committee, the KU-MPH standing committees on Admissions, Curriculum, and Research, as well as the External Advisory Committee.

6) External Advisory Committee. Consists of members from stakeholder groups such as public health practitioners in Kansas, practitioners at the interface of public health and medicine, and other interests such as public health policy. This group meets annually to give input regarding educational needs assessment data and other program feedback. Members are randomly assigned to terms of two or three years, but appointments may be renewed as necessary.

7) Ad Hoc Concentrations Committee. Consists of faculty from the Kansas City and Wichita campuses as well as both assistant directors. This committee was charged with assessing the feasibility of offering two new concentrations, as well as discussing curricular and competency requirements for any newly developed concentrations.

1.5d Identification of program faculty who hold membership on university committees, through which faculty contribute to the activities of the university.

KU-MPH faculty on both the Wichita and Kansas City campus are very active on university committees, through which they contribute to the activities of the university. Below is a list of the faculty and the university committees.

<table>
<thead>
<tr>
<th>Faculty member</th>
<th>University Committee</th>
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<tbody>
<tr>
<td>Sue Min Lai</td>
<td>Departmental Promotion and Tenure Committee</td>
</tr>
<tr>
<td>Won Choi</td>
<td>School of Medicine Promotion and Tenure Committee</td>
</tr>
<tr>
<td>Theresa Shireman</td>
<td></td>
</tr>
<tr>
<td>Christie Befort</td>
<td>Faculty Council Representative</td>
</tr>
<tr>
<td>Christine Daley</td>
<td>Research Committee and Elections Committee</td>
</tr>
<tr>
<td>Elizabeth Ablah</td>
<td>Dean’s Excellence in Leadership Award Committee; School of Medicine Faculty Council; School of Medicine Faculty Liaison Committee</td>
</tr>
<tr>
<td>Douglas Bradham</td>
<td>Dean’s Search Committee; Associate Dean for Research Search Committee</td>
</tr>
<tr>
<td>Suzanne Hawley</td>
<td>Wichita Representative for Women in Medicine and Science</td>
</tr>
<tr>
<td>Ruth Wetta-Hall</td>
<td>Institutional Review Board (KUSM-W); Chair of School of Medicine Research Committee</td>
</tr>
</tbody>
</table>
1.5e Description of student roles in governance, including any formal student organizations, and student roles in evaluation of program functioning.

There are several formal ways for students to provide input to the program and have integral roles in governance. There are three bi-campus standing committees: Admissions, Curriculum, and Research. One current KU-MPH student from each campus is nominated by the respective site director to serve as a voting member on each of these three committees. The term of service for student members of these committees is one year, but may be renewed.

The KU-MPH Student Organization (MPHSO) membership includes all students enrolled in the KU-MPH program and/or those who are actively seeking dual degrees. The officers consist of co-presidents, co-secretaries, and co-treasurers to represent both the Kansas City and Wichita campuses. Election of the officers and roles and responsibilities are outlined in the KU-MPH Student Handbook. The MPHSO develop and implement multiple service projects and social gatherings throughout the year in order to fulfill their mission statement:

*The MPHSO at the University of Kansas School of Medicine strives to broaden perspectives of the MPH students through community service, involvement with the public health community, and the development of a dynamic network of current students, alumni and public health leaders.*

Finally, student input may be provided to the Executive Council through assistant directors, site directors and the executive director, although primary channels are through the MPH Student Organization and the student members of the standing committees on Admissions, Curriculum, and Research.

1.5f Assessment of the extent to which this criterion is met.

This criterion is met. The KU-MPH program administration and faculty have clearly defined rights and responsibilities concerning program governance and policies.
1.6 Resources. The program shall have resources adequate to fulfill its stated mission and goals, and its instructional, research and service objectives.

1.6a A description of the budgetary and allocation processes, sufficient to understand all sources of funds that support the teaching, research and service activities of the program. This should include, as appropriate, discussion about legislative appropriations, formula for funds distribution, tuition generation and retention, gifts, grants and contracts, indirect cost recovery, taxes or levies imposed by the university or other entity within the university, and other policies that impact on the resources available to the program.

The KU-MPH program budget consists of several sources of funds. University funds, tuition and fees, grants and contracts, indirect cost recovery, endowment, and other departmental funds.

University funds are allocated by the executive vice chancellor of KUMC to the departments as well as the KU-MPH program. University funds to the department chairs cover the state base for faculty salaries to cover costs related to teaching in the KU-MPH program. Beginning in fiscal year 2008, the KU-MPH program received a separate budget from the Departments of Preventive Medicine and Public Health to help cover the operating costs of the KU-MPH program. The KU-MPH operating budget includes administrative staff compensation, adjunct faculty teaching, printing, supplies, marketing, travel to conferences, equipment and technology fees, scholarships for tuition, research assistantships for KU-MPH students, and general operational expenses. The KU-MPH program has continued to receive this direct support from the Executive Vice Chancellor Dr. Barbara Atkinson since the KU-MPH program is an important area of the School of Medicine.

Tuition and fees are currently retained by KUMC with some allocation back to the KU-MPH program. The majority of the tuition and fees that are recovered as a source of funds for the KU-MPH program are tuition and fees associated with online courses in the program.

Grants and contracts are also additional sources of funds for the KU-MPH program. Over the past five years, funding was received from the Kansas Health Foundation to improve the program. These funds continue to be used to bring in consultants, to create new courses, and also to create new concentrations.

Indirect cost recovery are funds retained by the faculty and department for successfully bringing in grants and contracts to the university for their research.

Endowment funds are funds provided to the University Endowment office to fund specific programs. The KU-MPH program currently has an endowment fund specifically dedicated to the MD/MPH program called the “Steward Scholarship.”
1.6b A clearly formulated program budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, which is longer. If the program does not have a separate budget, it must present an estimate of available funds and expenditures by major category and explain the basis of the estimate. This information must be presented in table format as appropriate to the program. See CEPH Data Template A.

Table 1.6.b.1. Sources of Funds and Expenditures by Major Category, Fiscal Years 2006 to 2010

<table>
<thead>
<tr>
<th>Source of Funds</th>
<th>2005-06</th>
<th>2006-07</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition &amp; Fees</td>
<td>$22,812</td>
<td>$13,891</td>
<td>$46,388</td>
<td>$84,600</td>
<td>$50,551</td>
</tr>
<tr>
<td>State Appropriation</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>University Funds</td>
<td>$1,204,817</td>
<td>$1,086,023</td>
<td>$1,019,395</td>
<td>$692,285</td>
<td>$668,063</td>
</tr>
<tr>
<td>Grants/Contracts</td>
<td>$316,132</td>
<td>$332,519</td>
<td>$687,653</td>
<td>$818,660</td>
<td>$986,261</td>
</tr>
<tr>
<td>Indirect Cost Recovery</td>
<td>$11,553</td>
<td>$19,480</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Executive Vice Chancellor’s commitment and direct support for the MPH program</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>$278,000</td>
<td>$337,000</td>
</tr>
<tr>
<td>Endowment</td>
<td>$66,903</td>
<td>$48,498</td>
<td>$45,407</td>
<td>$17,617</td>
<td>$263,694</td>
</tr>
<tr>
<td>Other (explain) – Fee for Service</td>
<td>$1,250</td>
<td>$1,364</td>
<td>$3,814</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Other (explain) – Dept Funds</td>
<td>$180,807</td>
<td>$68,025</td>
<td>---</td>
<td>$37,839</td>
<td>$30,813</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$1,804,274</td>
<td>$1,569,800</td>
<td>$1,802,657</td>
<td>$1,929,001</td>
<td>$2,336,382</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty Salaries &amp; Benefits</td>
<td>$1,543,011</td>
<td>$1,313,539</td>
<td>$1,466,757</td>
<td>$1,273,096</td>
<td>$1,585,060</td>
</tr>
<tr>
<td>Staff Salaries &amp; Benefits</td>
<td>$148,587</td>
<td>$158,856</td>
<td>$153,683</td>
<td>$179,673</td>
<td>$193,723</td>
</tr>
<tr>
<td>Operations</td>
<td>$22,372</td>
<td>$42,721</td>
<td>$66,113</td>
<td>$65,105</td>
<td>$73,465</td>
</tr>
<tr>
<td>Travel</td>
<td>$12,369</td>
<td>$11,172</td>
<td>$6,277</td>
<td>$7,921</td>
<td>$27,420</td>
</tr>
<tr>
<td>Student Support (Teaching and Scholarships)</td>
<td>$61,673</td>
<td>$35,330</td>
<td>$72,031</td>
<td>$51,355</td>
<td>$61,220</td>
</tr>
<tr>
<td>University Tax</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$1,788,012</td>
<td>$1,561,618</td>
<td>$1,764,810</td>
<td>$1,575,873</td>
<td>$1,940,888</td>
</tr>
</tbody>
</table>

- The fluctuations in the faculty salaries and benefits under the “Expenditures” category is due to the yearly changes in faculty percent effort with respect to teaching and advising in the KU-MPH program.
- Starting in 2008-2009, the executive vice chancellor allocated specific funds for the MPH program to cover costs related to adjunct teaching, marketing, travel, operations, meetings, memberships and other related expenses.
- In 2009, the program received a three-year grant from the Kansas Health Foundation to expand the program and develop new concentrations in Epidemiology and Social and Behavioral Health (Endowment - $263,694).
Table 1.6.b.2. MPH Specific Budget for Non-Personnel Costs: FY 2006

<table>
<thead>
<tr>
<th>Expenditures for non-personnel costs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Marketing and Promotion</td>
<td>$ 4,219.90</td>
</tr>
<tr>
<td>Memberships</td>
<td>$ 2,474.00</td>
</tr>
<tr>
<td>Travel</td>
<td>$ 9,894.68</td>
</tr>
<tr>
<td>Administrative Costs</td>
<td>$ 13,106.59</td>
</tr>
<tr>
<td>Meeting Costs</td>
<td>$ 5,036.26</td>
</tr>
<tr>
<td>Teaching</td>
<td>$ 20,488.06</td>
</tr>
<tr>
<td>Student Scholarships and Awards</td>
<td>$ 41,185.05</td>
</tr>
<tr>
<td>Other</td>
<td>$ 9.09</td>
</tr>
<tr>
<td><strong>Total Expended</strong></td>
<td><strong>$ 96,413.63</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Revenues used to pay non-personnel costs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>State Dollars</td>
<td>$ 31,779.00</td>
</tr>
<tr>
<td>KU Endowment</td>
<td>$ 10,961.00</td>
</tr>
<tr>
<td>Scholarship Grants</td>
<td>$ 13,658.88</td>
</tr>
<tr>
<td>Research Indirects</td>
<td>$ 11,553.00</td>
</tr>
<tr>
<td>Student Payments</td>
<td>$ 1,250.00</td>
</tr>
<tr>
<td>E-Learning Fees</td>
<td>$ 22,812.48</td>
</tr>
<tr>
<td>Departmental Funds</td>
<td>$ 20,661.73</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>$ 112,676.09</strong></td>
</tr>
</tbody>
</table>

*Remaining non-personnel revenues are carried over to the next fiscal year.*
### Table 1.6.b.3. MPH Specific Budget for Non-Personnel Costs: FY 2007

#### Expenditures for non-personnel costs

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marketing and Promotion</td>
<td>$ 7,173.34</td>
</tr>
<tr>
<td>Memberships</td>
<td>$ 2,211.00</td>
</tr>
<tr>
<td>Travel</td>
<td>$ 8,961.05</td>
</tr>
<tr>
<td>Administrative Costs</td>
<td>$15,842.00</td>
</tr>
<tr>
<td>Meeting Costs</td>
<td>$ 8,382.53</td>
</tr>
<tr>
<td>Teaching</td>
<td>$12,635.60</td>
</tr>
<tr>
<td>Student Scholarships and Awards</td>
<td>$ 22,693.93</td>
</tr>
<tr>
<td>Other</td>
<td>$ 11,322.78</td>
</tr>
<tr>
<td><strong>Total Expended</strong></td>
<td><strong>$ 89,222.23</strong></td>
</tr>
</tbody>
</table>

#### Revenues used to pay non-personnel costs

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance Forward from FY2006</td>
<td>$ 16,262.46</td>
</tr>
<tr>
<td>State Dollars</td>
<td>$ 36,595.00</td>
</tr>
<tr>
<td>KU Endowment</td>
<td>$ 11,205.00</td>
</tr>
<tr>
<td>Scholarship Grants</td>
<td>$ 5,912.93</td>
</tr>
<tr>
<td>Research Indirects</td>
<td>$ 19,480.00</td>
</tr>
<tr>
<td>Student Payments</td>
<td>$ 1,364.00</td>
</tr>
<tr>
<td>E-Learning Fees</td>
<td>$ 13,891.19</td>
</tr>
<tr>
<td>Departmental Funds</td>
<td>$ 8,956.73</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>$ 113,667.31</strong></td>
</tr>
</tbody>
</table>

*Remaining non-personnel revenues are carried over to the next fiscal year.*
Table 1.6.b.4. MPH Specific Budget for Non-Personnel Costs: FY 2008

<table>
<thead>
<tr>
<th>Expenditures for non-personnel costs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Marketing and Promotion</td>
<td>$10,733.00</td>
</tr>
<tr>
<td>Memberships</td>
<td>$3,354.00</td>
</tr>
<tr>
<td>Travel</td>
<td>$6,277.00</td>
</tr>
<tr>
<td>Administrative Costs</td>
<td>$16,286.00</td>
</tr>
<tr>
<td>Meeting Costs</td>
<td>$7,733.00</td>
</tr>
<tr>
<td>Teaching</td>
<td>$12,591.00</td>
</tr>
<tr>
<td>Student Scholarships and Awards</td>
<td>$32,607.00</td>
</tr>
<tr>
<td>Other</td>
<td>$15,614.00</td>
</tr>
<tr>
<td><strong>Total Expended</strong></td>
<td><strong>$105,195.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Revenues used to pay non-personnel costs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance Forward from FY2007</td>
<td>$24,445.08</td>
</tr>
<tr>
<td>State Dollars</td>
<td>$38,313.00</td>
</tr>
<tr>
<td>KU Endowment</td>
<td>$45,407.00</td>
</tr>
<tr>
<td>Scholarship Grants</td>
<td>$52,723.00</td>
</tr>
<tr>
<td>Research Indirects</td>
<td>$0.00</td>
</tr>
<tr>
<td>Student Payments</td>
<td>$7,129.00</td>
</tr>
<tr>
<td>E-Learning Fees</td>
<td>$39,259.00</td>
</tr>
<tr>
<td>Departmental Funds</td>
<td>$0.00</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>$211,909.00</strong></td>
</tr>
</tbody>
</table>

*Remaining non-personnel revenues are carried over to the next fiscal year.*
Table 1.6.b.5. MPH Specific Budget for Non-Personnel Costs: FY 2009

<table>
<thead>
<tr>
<th>Expenditures for non-personnel costs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Marketing and Promotion</td>
<td>$ 21,651.00</td>
</tr>
<tr>
<td>Memberships</td>
<td>$ 4,474.00</td>
</tr>
<tr>
<td>Travel</td>
<td>$ 7,718.00</td>
</tr>
<tr>
<td>Administrative Costs</td>
<td>$ 27,588.00</td>
</tr>
<tr>
<td>Meeting Costs</td>
<td>$ 10,318.00</td>
</tr>
<tr>
<td>Teaching</td>
<td>$ 18,638.00</td>
</tr>
<tr>
<td>Student Scholarships and Awards</td>
<td>$ 32,717.00</td>
</tr>
<tr>
<td>Other</td>
<td>$ 1,277</td>
</tr>
<tr>
<td><strong>Total Expended</strong></td>
<td><strong>$ 124,381.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Revenues used to pay non-personnel costs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance Forward from FY2008</td>
<td>$ 105,895.00</td>
</tr>
<tr>
<td>State Dollars</td>
<td>$ 47,991.00</td>
</tr>
<tr>
<td>KU Endowment</td>
<td>$ 7,128.00</td>
</tr>
<tr>
<td>Scholarship Grants</td>
<td>$ 45,153.00</td>
</tr>
<tr>
<td>Grants</td>
<td>$ 13,360.00</td>
</tr>
<tr>
<td>Student Payments</td>
<td>$ 3,755.00</td>
</tr>
<tr>
<td>E-Learning Fees</td>
<td>$ 43,006.00</td>
</tr>
<tr>
<td>Departmental Funds</td>
<td>$ 0.00</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td><strong>$ 266,288.00</strong></td>
</tr>
</tbody>
</table>

*Remaining non-personnel revenues are carried over to the next fiscal year.*
If the program is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget. This should be accompanied by a description of how tuition and other income is shared, including indirect cost returns for research generated by public health program faculty who may have their primary appointment elsewhere.

Not applicable.

A concise statement or chart concerning the number (headcount) of core faculty employed by the program as of fall for each of the last three years.

<table>
<thead>
<tr>
<th>Table 1.6.d.1. Core Faculty Headcount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Faculty</td>
</tr>
<tr>
<td>--------------</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

*All faculty were assigned to the Generalist concentration for FY08, FY09 and FY10. Faculty were assigned to concentrations beginning in Fall 2010.

<table>
<thead>
<tr>
<th>Table 1.6.d.2 Faculty Headcount by Concentration Area – Fall 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidemiology</td>
</tr>
<tr>
<td>Number of Assigned Faculty</td>
</tr>
</tbody>
</table>
1.6e A table showing faculty, students, and student/faculty ratios, organized by specialty area, for each of the last three years. These data must be presented in table format and include at least: a) headcount of primary faculty who support the teaching programs, b) FTE conversion of faculty based on % time or % salary support devoted to the instructional programs, c) headcount of other faculty involved in the teaching programs (adjunct, part-time, secondary appointments, etc), d) FTE conversion of other faculty based on estimate of % time commitment, e) total headcount of core faculty plus other faculty, f) total FTE of core and other faculty, g) headcount of students in department or program area, h) FTE conversion of students, based on 9 or more credits per semester as full-time, i) student FTE divided by regular faculty FTE and j) student FTE divided by total faculty FTE, including other. All programs must provide data for a), b) and i) and may provide data for c), d) and j) depending on whether the program intends to include the contributions of other faculty in its FTE calculations. Note: CEPH does not specify the manner in which FTE faculty must be calculated, so the program should explain its method in a footnote to this table. In addition, FTE data in this table must match FTE data presented in 4.1.a. and 4.1.b. See CEPH Data Template B.

| Table 1.6.e. Faculty, Students and Student/Faculty Ratios by Department or Specialty Area |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
|                                 | Core Faculty                    | Other Faculty                  | Total Faculty                   | Students                        | Student/Faculty Ratio           |                                 |                                 |                                 |                                 |
|                                 | HC Core Faculty                 | FTEF Core*                     | HC Other Faculty                | FTEF Other                      | Total Faculty                   | Total FTEF                     | HC Students                     | FTE Students                    | SFR by Core FTEF                | SFR by Total FTEF               |
| MPH – Generalist (fall 2007)    |                                 |                                |                                |                                | Total Faculty                   |                                |                                |                                |                                 |
|                                 | 30                              | 13.47                          |                                 |                                |                                | 44                             | 15.41                          | 77                             | 52.11                           | 3.87                           | 3.38                           |
| MPH – Generalist (fall 2008)    |                                 |                                |                                |                                |                                | 30                             | 10.54                          | 25                             | 1.58                            |                                | 55                             | 12.12                          | 74                             | 50.44                           | 4.79                           | 4.16                           |
| MPH – Generalist (fall 2009)    |                                 |                                |                                |                                |                                | 27                             | 11.16                          | 44                             | 4.55                            |                                | 71                             | 15.71                          | 82                             | 59.89                           | 5.37                           | 3.81                           |
| *MPH - Generalist (fall 2010)   |                                 |                                |                                |                                |                                | 16                             | 3.76                           | 29                             | 2.45                            |                                | 45                             | 6.21                           | 82                             | 58.33                           | 15.5                           | 9.39                           |
| *MPH - Epi (fall 2010)          |                                 |                                |                                |                                |                                | 5                              | 2.33                           | 0                              | 0                               |                                | 5                              | 2.33                           | 7                              | 6.33                            | 2.71                           | 2.71                           |
| *MPH – Soc/Beh (fall 2010)      |                                 |                                |                                |                                |                                | 7                              | 3.875                          | 0                              | 0                               |                                | 7                              | 3.875                          | 5                              | 4.67                            | 1.21                           | 1.21                           |

For 2007-2009, all faculty are assigned to the generalist concentration.

*Fall 2010 numbers are not final. Spring 2011 faculty contributions have not been finalized.
*Formula to determine annualized MPH Faculty FTE %

Teaching MPH graduate students

Traditional classroom delivery
- Established course: 4% / credit hr
- New/substantially revised course: 5% / credit hr

Web-based delivery
- Established course: 5% / credit hr
- New/substantially revised course: 7% / credit hour

Independent study
- 2% / credit hr

Capstone committee
- Chair: 2% / credit hr
- Member: 1% / credit hr

Advising individual students
- 1% / student/ year

MPH graduate program leadership/service
- Site director: 40% / year
- Executive director: 40% / year
- Standing committee membership:
  - Admissions Committee: 2% / year
  - Curriculum, Research, Executive Council: 1% / year
- Standing committee chair-ship: Add 2% / year

Formula to determine full time equivalent student

Students enrolled in > 9 credit hours = 1.0 FTE
All other students were calculated based on number of hours enrolled divided by nine
Only official fall semester 20-day headcounts provided by the University of Kansas Office of Planning and Analysis were used. Non-degree students were not included.

1.6f A concise statement or chart concerning the availability of other personnel (administration and staff).

The KU-MPH program has two assistant directors, who serve as the day-to-day program directors on the two campuses. In addition, each campus has 0.50 FTE administrative assistants to assist the assistant directors with the day-to-day operations of the KU-MPH program and to meet the student needs for education.

1.6g A concise statement or chart concerning amount of space available to the program by purpose (offices, classrooms, common space for student use, etc.), by program and location.

Faculty and administrative office space:

The KU-MPH program has approximately 8,500 square feet of faculty office space in Kansas City and 6,200 square feet of faculty office space in Wichita. KU-MPH
faculty have private offices within the Department of Preventive Medicine and Public Health in both Kansas City and Wichita.

Classrooms:

The majority of KU-MPH classes on the Kansas City campus are held in two main buildings. The School of Nursing building includes 6 levels with more than 100,000 square feet of state-of-the-art technological research facilities and classrooms. The ground floor contains an atrium, a multimedia auditorium and administrative offices. Classes are typically held on the lower level and ground floors. In the School of Medicine, Orr Major has several conference rooms, classrooms and lecture halls equipped with at a minimum a computer and projection screen. Many of these classrooms are also equipped with whiteboard, DVD/VCR, Elluminate!, and Camtasia Relay® technology.

The majority of KU-MPH classes on the Wichita campus are held near the Department of Preventive Medicine and Public Health in the Santa Fe Room and the PC Classroom. The Santa Fe Room seats 50 students and is equipped with televideo equipment as well as state-of-the-art audio visual and projection equipment. The PC Classroom has 13 individual computers for student use that include all the necessary software packages for curricular needs including PASW® (formerly SPSS®), SAS®, EpiInfo™ and the entire Microsoft Office® package.

Common Space for Student Use:

Study space is available for all KUMC students on the first and ground floors of the Student Center building. The ground floor offers couches and other comfortable seating. The first floor offers both individual offices and group study space. For recreational activities, a game room is located on the ground floor. The game room is equipped with a pool table, card table, television, stereo, kitchenette, and both food and soda vending machines. A computer lab is available to students on the first floor of the Student Center. Two computer workstations are also available for student use in the KU-MPH office in Kansas City. These workstations include Microsoft Office®, SAS®, SPSS®, and printing capabilities.

In Wichita, students have access to the campus 24 hours a day, seven days a week via secured access cards. Students can assess the 10 library computers and four study rooms. Students also have 24 hour access to the Student Lounge that is equipped with two private computer rooms, four private study rooms and a full kitchen area.

1.6h A concise statement or floor plan concerning laboratory space, including kind, quantity and special features or special equipment.

The laboratory space used by the KU-MPH students is computer laboratory space, which is described in the preceding criterion.
1.6i A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty, administration and staff.

KUMC Department of Information Resources (IR) has implemented an Ethernet backbone/high speed network that has over 5000 workstations and 75 Novell® fileservers providing access to the Internet (1 and 2) at a speed of 45 Megabits per second, with more than a dozen mini- and main-frame computer systems connected. Computer resources accessible over the Ethernet include email, the Library Catalog, and CD-ROM databases, a World Wide Web server, the hospital information system, an administrative main frame system, and several Unix-based platforms. Remote access to KUMC is also available. Teleconference and telephone services at the university are also provided by Information Resources, which maintains a Lucent 8710 PBX bridgeline. The bridgeline allows up to 50 simultaneous calls on one phone line. The teleconferencing bridgeline is caller initiated, is provided at no charge, and is available 24-hours per day, seven days per week. Information Resources provides telephone help for all network, personal computer, or voice-related problems from 7:00 a.m. to 10:00 p.m. Monday through Friday.

The executive, site, and assistant directors, as well as faculty, staff and administration on both the Kansas City and Wichita campuses have DOS-based Pentium® chip computers with Ethernet access and HP® printers. Printers are also available through the Novell® network. The heart of this system is the campus Ethernet backbone, which connects all of the networks on the KUMC, Lawrence, Regents Center, and Wichita campus to one another and a number of outstanding local resources. These include PULSE: The KUMC On-line Information System, which is the campus’s well-developed resources such as MEDLINE®, CINAHL®, PsychINFO® and others; the library catalog system; the Hospital Information System; and other large-scale computing devices.

Students have access to computer resources in various campus buildings that are available 24/7 as well as the Archie R. Dykes Library. Some additional KUMC schools and departments also have local computer labs. Four workstations are available in the KUMC campus KU-MPH office. All run on Microsoft Windows® XP have Microsoft Office® programs, educational applications, SAS®, SPSS®, EndNote® and the GroupWise® email system. Wireless Internet access is also available in numerous buildings across campus. On the Wichita campus, the PC Classroom and Farha Medical Library have computer workstations available for KU-MPH students.

1.6j A concise statement of library/information resources available for program use, including description of library capabilities in providing digital (electronic) content, access mechanisms and guidance in using them, and document delivery services.

The Archie R. Dykes Library and Logan Clendening History of Medicine Library on the Kansas City campus have combined holdings of 180,000 monographs; 1,283 unique print serial titles; and support more than 40 scientific databases that are
available in a variety of media, including CD-ROM and at faculty desktop computers via the Information System Network. Nearly 1,550 journals are also available online. A variety of services are offered to students to assist in research including computer training and library instruction which helps build skill and confidence in library research, information management, and software. In addition, librarians are available to act as “library liaisons” to assist students within specific areas of study. There are currently three library liaisons for the School of Medicine. The ILLiad™ system is the system used for requesting items through document delivery. Items may be obtained from the library collection or from another library.

The George J. Farha Medical Library on the Wichita campus serves the University of Kansas School of Medicine-Wichita medical students, KU-MPH students, residents, faculty and staff. In addition, the public is assisted with medical information. In close collaboration with Dykes Library in Kansas City, the Farha Medical Library has access to all the books, medical journals and online subscriptions held by KUMC. The library has wireless access and a computer lab with 10 computers with Internet connections, a networked printer, a scanner, PDA docking stations and zip, CD, and 3.5 drives. Software on the library computer lab machines consists of Microsoft Office® 2003, GroupWise® email, Internet Explorer®, EndNote®, Microsoft Office® Visio, EpilInfo™, SAS® and SPSS®. All KU-MPH students can print and make copies free of charge.

Situated approximately 40 miles from KUMC campus, the Watson and Anschutz Libraries on the Lawrence campus of the University of Kansas have extensive holdings in social, behavioral, and physical sciences. Books or articles that are not held by the University of Kansas libraries can be ordered easily through an interlibrary loan system (over 88,000 items were accessed from either KUMC campus or the University of Kansas Lawrence/Edward campuses through the interlibrary loan system during FY 2005).

1.6k A concise statement describing community resources available for instruction, research and service, indicating those where formal agreements exist.

Community resources are available for instruction, research, and service. All state and local public health departments and community-based public health organizations are available for collaboration. The KU-MPH program has formal agreements with the state and local public health departments in Kansas as well as the majority of the community-based public health organizations concentrated near the Wichita or Kansas City campuses. All of these organizations provide practicum experience and opportunities for KU-MPH students to gain public health experience and to contribute their specific skills in public health.

1.6l A concise statement of the amount and source of “in-kind” academic contributions available for instruction, research and service, indicating where formal agreements exist.
In-kind contributions include faculty participation from the Departments of Biostatistics and Health Policy and Management. The faculty from Biostatistics who teach the core requirement in biostatistics as well as elective courses for the KU-MPH program are in-kind contributions as the KU-MPH program does not provide compensation to those faculty. The same is true for faculty in the Department of Health Policy and Management where KU-MPH students take elective courses towards the MPH degree. Finally, these faculty, at times, also provide advising and mentoring to MPH students on their capstones when their expertise is required.

1.6m Identification of outcome measures by which the program may judge the adequacy of its resources, along with data regarding the program’s performance against those measures for each of the last three years. At a minimum, the program must provide data on institutional expenditures per full-time-equivalent student, research dollars per full-time-equivalent faculty, and extramural funding (service or training) as a percent of the total budget.

Table 1.6.m. summarizes the resource-related outcomes for the KU-MPH program over the past three years. The Operations committee, and the Executive Council, in reviewing the program goals and objectives, has come up with these measures by which the program can monitor KU-MPH resources.

<table>
<thead>
<tr>
<th>Table 1.6.m. Outcome Measures for Adequacy of KU-MPH Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome Measure</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>Student to faculty ratio</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Percentage of core and concentration courses offered at minimum once per year</td>
</tr>
<tr>
<td>MPH Expenditures per FTE student</td>
</tr>
<tr>
<td>Research dollars per MPH core FTE faculty</td>
</tr>
<tr>
<td>Extramural funding as % of total budget</td>
</tr>
</tbody>
</table>

1.6n Assessment of the extent to which this criterion is met.

This criterion is met. The KU-MPH program has adequate resources to fulfill its mission, goals, and instructional, research, and service objectives. The average class size for a KU-MPH course is low, which enhances the quality of the student/faculty interactions.
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.

The areas of knowledge basic to public health include:

Biostatistics—collection, storage, retrieval, analysis and interpretation of health data; design and analysis of health-related surveys and experiments; and concepts and practice of statistical data analysis;

Epidemiology—distributions and determinants of disease, disabilities and death in human populations; the characteristics and dynamics of human populations; and the natural history of disease and the biologic basis of health;

Environmental health sciences—environmental factors including biological, physical and chemical factors that affect the health of a community;

Health services administration—planning, organization, administration, management, evaluation and policy analysis of health and public health programs; and

Social and behavioral sciences—concepts and methods of social and behavioral sciences relevant to the identification and solution of public health problems.

2.1a An instructional matrix (see CEPH Data Template C) presenting all of the program’s degree programs and areas of specialization, including undergraduate, masters and doctoral degrees, as appropriate. If multiple areas of specialization are available, these should be included. The matrix should distinguish between professional and academic degrees and identify any programs that are offered in distance learning or other formats. Non-degree programs, such as certificates or continuing education, should not be included in the matrix.
### Table 2.1.a. Instructional Matrix – Degree/Specialization

<table>
<thead>
<tr>
<th>Degree Conferred - Specialization</th>
<th>Academic</th>
<th>Professional</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPH-Generalist Degree</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>MPH-Epidemiology Concentration</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>MPH-Social and Behavioral Health Concentration</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Degree Conferred</th>
<th></th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD / MPH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MS (Public Health Nursing) / MPH</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>PhD / MPH</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

As indicated in section 2.1.b. below, the generalist curriculum is currently being revised, given the development of two new concentrations. The timeframe for the redesign of the generalist curriculum is as follows: It is anticipated that an ad-hoc committee will be formed in fall 2010 to redesign the curriculum, and the new generalist curriculum will be approved by the Graduate Council by fall 2011 for incoming students.

#### 2.1b The bulletin or other official publication, which describes all curricula offered by the program. If the university does not publish a bulletin or other official publication, the program must provide for each degree and area of specialization identified in the instructional matrix a printed description of the curriculum, including a list of required courses and their course descriptions.

The KU-MPH curriculum can be found in three locations:

1. The 2009-2011 Graduate Catalog. This publication is in print format or may be found online at [www.catalogs.ku.edu/graduate/](http://www.catalogs.ku.edu/graduate/).
2. The KU-MPH website: [www.kumc.edu/mph](http://www.kumc.edu/mph).
3. The MPH Student Handbook. This publication is also in print format or may be found online at [http://mph.kumc.edu/students/handbook.pdf](http://mph.kumc.edu/students/handbook.pdf).

All three publications provide details and course descriptions for the existing generalist degree and the three joint degrees. The latest Graduate Catalog (2009-2011) was printed before the new concentrations were approved, and therefore does not reflect these changes. The KU-MPH website and MPH Student Handbook were revised to reflect the addition of the two new concentrations. The KU-MPH website also offers links to MD/MPH Program Brochure, the KU School of Nursing, and Applied Behavioral Science. The KU Timetable is updated every semester and provides course descriptions and specific information about in-class and web-based course offerings, course instructors and prerequisites.

The following tables provide a list of courses and course descriptions for the Epidemiology concentration and Social and Behavioral Health concentration. These concentrations were available to students admitted in fall 2010.
### MPH Concentration in Epidemiology

Epidemiology is the study of patterns of disease and injury in human populations and the application of this study to the control of health problems.

### MPH Degree Requirements: Concentration in Epidemiology

Each candidate must complete a minimum of 42 credit hours toward the MPH degree.

**Core Courses (15 credit hours)**
- PRVM 800 Principles of Epidemiology
- BIOS 714 Fundamentals of Biostatistics I
- PRVM 818 Social & Behavioral Aspects of Public Health
- PRVM 827 Public Health Administration
- PRVM 830 Environmental Health

**Program Requirement (4 credit hours)**
- PRVM 802 Principles of Epidemiology Lab
- PRVM 875 Management of Public Health Data

**Concentration Elective Courses (12 credit hours minimum)**

Students are required to take:
- PRVM 841 Advanced Epidemiology I: Methods in Cross-Sectional and Case-Control Studies (3)
- PRVM 842 Advanced Epidemiology II: Methods in Longitudinal Studies (3)

**Students may choose 6 credits from:**
- PRVM 803 Introduction to Clinical Research (1)
- PRVM 805 Public Health Seminar (1)
- PRVM 807 Field Epidemiologic Investigation (2)
- PRVM 808 Clinical and Translational Research Seminar (1)
- BIOS 810 Clinical Trials (3)
- PRVM 811 Introduction to Pharmacoepidemiology (3)
- PRVM 815 Surveillance and Control of Infectious Disease (3)
- PRVM 816 International Health (3)
- PRVM 832 Environmental and Occupational Epidemiology (2)
- PRVM 836 Epidemiology in Aging (3)
- PRVM 838 Reproductive Epidemiology (3)
- PRVM 850 Cancer Epidemiology (3)
- PRVM 853 Responsible Conduct of Research (1)
- PRVM 859 Tobacco and Public Health (3)

**General Elective Courses (5 hours)**

**Capstone Courses (6 credit hours)**

**Practicum:**
- PRVM 891 Public Health Practicum
- PRVM 893 Public Health Project
### Table 2.1.b. Two New Concentration Curriculums – Effective fall 2010

<table>
<thead>
<tr>
<th>MPH Concentration in Social and Behavioral Health</th>
<th>The social and behavioral sciences in public health address the psychological, behavioral, social, and cultural factors related to individual and population health. Research and practice in social and behavioral health contributes to the development, implementation, and evaluation of programs to promote and sustain healthy lives for diverse groups and populations.</th>
</tr>
</thead>
</table>

### MPH Degree Requirements: Concentration in Social and Behavioral Health

Each candidate must complete a minimum of 42 credit hours toward the MPH degree.

**Core Courses (15 credit hours)**

- PRVM 800 Principles of Epidemiology
- BIOS 704 Principles of Statistics in Public Health or BIOS 714 Fundamentals of Biostatistics I
- PRVM 818 Social & Behavioral Aspects of Public Health
- PRVM 827 Public Health Administration
- PRVM 830 Environmental Health

**Program Requirement (4 credit hours)**

- PRVM 802 Principles of Epidemiology Lab (1)
- PRVM 875 Management of Public Health Data (3)

**Concentration Elective Courses (12 credit hours minimum)**

**Methodological and Cultural Competency Foundations (9 credit hours)**

- PRVM 821 Research Methods in Public Health (3) OR PRVM 835 Evaluation Methods in Public Health (3)
- PRVM 849 Qualitative Methods in Public Health (3) OR PRVM 856 Community-Based Participatory Research (3)
- PRVM 845 Cultural Competency in Public Health (3) OR PRVM 852 Health Care for Special Populations (3) OR PRVM 863 Health Disparities in Public Health (3)

**Content Electives (3 credit hours minimum)**

- PRVM 825 Child and Family Health (3)
- PRVM 843 Obesity in Public Health (3)
- PRVM 854 Population and Community Mental Health (3)
- PRVM 855 Seminar in Women’s Health (3)
- PRVM 859 Tobacco and Public Health (3)
- PRVM 877 Health Communication (3)

**General Elective Courses (5 credit hours minimum)**

**Capstone Courses (6 credit hours)**

**Practicum:**
- PRVM 891 Public Health Practicum
- PRVM 893 Public Health Project
As stated before, the generalist curriculum is currently being revised. Students taking the generalist curriculum are allowed to create an individualized course of study with a faculty advisor, based on the students’ educational interests and career goals. Capstones are tailored with Capstone Committee chairs to help students develop mastery of desired competencies. With the development of two new concentrations, the importance of narrowing the scope of the generalist curriculum has been realized. The generalist curriculum will be used as a way to fill gaps in education and skills required by the public health workforce in the state of Kansas. In particular, those areas not addressed by the two new concentrations in Social and Behavioral Health and Epidemiology, are meant to guide the development of a more focused generalist curriculum.

To guide the revision of the generalist curriculum, a survey (Appendix 6: Generalist Concentration Survey) was conducted in April 2010 of public health stakeholders: the KU-MPH External Advisory Committee members, program alumni, and public health workers in Kansas. The survey asked for feedback regarding the revision of the generalist curriculum in order to better meet the public health workforce needs of the state. Stakeholders were asked to rank the importance of each of the five core areas of public health, several content areas that could be offered through coursework (health policy and law, public health informatics, leadership, health disparities, and research and evaluation methods), and the public health skill areas described by the Council on Linkages Between Academia and Public Health Practice.

One hundred and twenty-three stakeholders responded to the survey and ranked communication, policy development, and leadership/systems thinking skills as their highest priority areas. These findings were presented at a meeting with the External Advisory Committee members in June 2010. They provided additional feedback and stressed the importance of a generalist curriculum that includes the skills and competencies required of an entry level public health worker in a variety of settings (local and state health departments, health care administering agencies, and public health non-profits agencies). Given these responses, the generalist curriculum is currently being revised to focus more on training the public health workforce in program administration, health communication, policy development, and leadership.

An Ad-Hoc Generalist Curriculum Committee is now being formed to further develop the generalist curriculum. Once the revised curriculum is reviewed by the Operations Committee, the curriculum will be shared with the bi-campus faculty, the Executive Council and the KUMC Graduate Council for approval. It is anticipated that the new generalist curriculum will be approved by the Graduate Council by fall 2011. Finally, the Council on Education for Public Health (CEPH) will be notified of new curriculum.

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

This criterion is met. The KU-MPH program is a professional degree program, offering a generalist degree in addition to new concentrations in Epidemiology and Social and Behavioral Health. The generalist curriculum is currently being revised in order to meet the public health needs of the state and the region. One dual and two joint interdisciplinary degrees are also available through this program. KU-MPH
curricula for all degrees are found in several locations, including electronic and paper formats. Given the development of two new concentrations, the generalist curriculum continues to be revised in order to meet the needs of the public health workforce in Kansas and the region.
2.2 Program Length. An MPH degree program or equivalent professional masters degree must be at least 42 semester credit units in length.

2.2a Definition of a credit with regard to classroom/contact hours.

Credit hours are defined by the Office of Graduate Studies. Per university definition, one credit hour equals one contact hour per week for a full 16-week semester.

2.2b Information about the minimum degree requirements for all professional degree curricula shown in the instructional matrix. If the program or university uses a unit of academic credit or an academic term different than the standard semester or quarter, this should be explained and an equivalency presented in a table or narrative.

The KU-MPH program requires completion of a minimum of 42-credit hours in order to qualify for graduation.

2.2c Information about the number of MPH degrees awarded for less than 42 semester credit units, or equivalent, over each of the last three years. A summary of the reasons should be included.

<table>
<thead>
<tr>
<th>Graduating Class</th>
<th>Completed 36-Credit Hour Program</th>
<th>Completed 42-Credit Hour Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007 – 2008</td>
<td>34</td>
<td>3</td>
</tr>
<tr>
<td>2008 – 2009</td>
<td>24</td>
<td>5</td>
</tr>
<tr>
<td>2009 – 2010</td>
<td>18</td>
<td>13</td>
</tr>
</tbody>
</table>

The KU-MPH program increased its credit hours to 42 beginning with students admitted in fall 2007. During the last three years, 76 students graduated from the KU-MPH program having completed the former 36-credit hour program. In fall 2010, seven students who were admitted into the program under the 36-credit hour catalog were actively enrolled. Because the KU-MPH program added courses to the curriculum, all necessary courses required for graduation are still available except for PRVM 812 Biostatistical Laboratory. However, students who need to complete the 36-credit hour program also have the ability to take the new required statistical application course PRVM 875 Management of Public Health Data. PRVM 875 is a three-credit hour course that replaced the previous one-credit hour statistical laboratory. Additionally, all students have the option to take the new courses that were added to enhance the 42-credit hour curriculum. Finally, all student files of those students on the 36-credit hour catalog are clearly marked and include a 36-credit hour plan of study to aid in advising (Appendix 7: 36-Hour and 42-Hour Plans of Study).

Because the KU-MPH program allows students seven years to complete the degree, and is comprised of a large percentage of part time students, the program will
continue to have students graduate from the 36-credit hour program through spring 2014.

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

This criterion is met. The KU-MPH program complies with all credit hour requirements of the KUMC Office of Graduate Studies. The KU-MPH program increased its credit hours from 36 to 42 starting with the admission class of fall 2007 in order to meet CEPH requirement.
2.3 Public Health Core Knowledge. All professional degree students must demonstrate an understanding of public health core knowledge.

2.3a Identification of the means by which the program assures that all professional degree students have a broad understanding of the areas of knowledge basic to public health. If this means is common across the program, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

The KU-MPH program requires that all students, regardless of concentration, complete five core courses. These courses address core knowledge in public health. Core courses include:

1) PRVM 800 Principles of Epidemiology
2) BIOS 704 Principles of Statistics in Public Health or BIOS 714 Fundamentals of Biostatistics I
3) PRVM 818 Social and Behavioral Aspects of Public Health
4) PRVM 827 Public Health Administration
5) PRVM 830 Environmental Health

In fall 2007, the KU-MPH program adopted a 42-credit hour curriculum that added two new required courses. The KU-MPH Curriculum Committee suggested adding these courses after reviewing needs assessment data from the KU-MPH External Advisory Committee and alumni, who said that preparing students with a strong set of analytic/assessment skills is highly desirable. The required courses are:

1) PRVM 802 Principles of Epidemiology Lab
2) PRVM 875 Data Management in Public Health.

Students in the KU-MPH program are held to a rigorous academic standard. Each student must maintain a grade point average of 3.0 or higher and may only receive a grade of “A” or “B” in a core course. The bi-campus faculty recently discussed this standard and agreed that KU-MPH students should also earn an “A” or “B” in the two additional required courses. This change will go into effect for the fall 2010 entering class.
2.3b Assessment of the extent to which this criterion is met.

This criterion is met. The KU-MPH program ensures that all students receive public health core knowledge through required course work. The advising, grading, and capstone processes all serve to assess the students’ understanding of public health core knowledge. Engagements with the public health workforce and program alumni enable the program to keep the curriculum relevant.
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.

The capstone experience is designed to serve as a demonstration of proficiency in the KU-MPH curriculum and may begin after the core courses and at least six-credit hours of electives have been completed. As the culminating experience of the program, the capstone consists of two components, including a practicum and project. The practicum is an opportunity for students to interact with experts and leaders in public health practice through a supervised field experience. Students are expected to commit approximately 400 contact hours (ten weeks, full time) to the practicum experience. This includes time spent writing the project, which integrates the practicum experience with knowledge and theory gained throughout the KU-MPH curriculum. The capstone is supported by a field preceptor, faculty advisors and the KU-MPH assistant director.

Goals of the practicum are found in the MPH Student Handbook:

- To broaden and hone student proficiency in a specified area of public health practice through a meaningful field experience.
- To demonstrate integration of knowledge and a deeper understanding of public health practice through the completion of one or a series of practice-related projects.
- To expose the student to the expertise and leadership of a public health professional, as embodied by the preceptor.

2.4a **Description of the program's policies and procedures regarding practice placements, including selection of sites, methods for approving preceptors, approaches for faculty supervision of students, means of evaluating practice placement sites, preceptor qualifications and criteria for waiving the experience.**

**Selection of sites:**

KU-MPH students are encouraged to begin thinking about their capstone experience very early in the program. An introduction to the capstone is given during the New Student Orientation held before the beginning of the semester each fall. This introduction is followed by Capstone Orientation sessions held twice a year on the Kansas City campus (due to the volume of students) and once a year in Wichita. Local agencies and potential preceptors are invited to the Capstone Orientation in order to familiarize KU-MPH students with local learning opportunities.

Students are also encouraged to begin visiting with their faculty advisor early in the curriculum about their interests and professional goals in order to shape the capstone experience. The advisor and other faculty mentors who the students encounter throughout the program serve as potential links to relevant practicum opportunities.
Some students choose to complete their practical experience in their workplace. Page 22 of the MPH Student Handbook outlines specific criteria for completion of the practical experience in the workplace:

The student may do a practicum at his or her work site, but 1) it needs to be a mentored learning experience done prospectively under the direction of the capstone committee, with particular attention to the Council on Linkages Core Competencies, and 2) it needs to go above and beyond the usual job description in some way. This means the practicum should have some elements of a special project. Also, the practicum should be a new project that is initiated.

Finally, the KU-MPH director, site directors, and assistant directors on each campus continually network across the state for potential partnerships. Communication between the KU-MPH offices and students takes place electronically through group emails to all students to advertise opportunities as they arise.

Methods for approving preceptors:

The primary responsibility for approving the selected practicum site, project and field preceptor lies with the KU-MPH faculty member who serves as the chair of the student’s capstone committee.

Faculty supervision of students:

Students are encouraged to discuss their practicum plans with their faculty advisor at least one semester before enrolling in PRVM 891 Public Health Practicum. This discussion should include plans for the project and who will serve as chair of the capstone committee.

The committee chair must be a faculty member with primary appointment in the Department of Preventive Medicine and Public Health in Kansas City, the Department of Preventive Medicine and Public Health in Wichita, or the Department of Biostatistics in Kansas City. The role of the chair is described on page 22 and 23 of the MPH Student Handbook:

The faculty chair of the committee will have oversight responsibility for scheduling and grading. The practicum committee chair is responsible for coordinating all university-related details regarding the student’s field experience. The chair is responsible for maintaining contact with the preceptor throughout the course of the practicum and mediating any problems that may develop within the field placement.

The capstone committee consists of the chair and two additional faculty members. Students who select the Epidemiology or Social and Behavioral Health concentration must have at least one committee member who is considered a specialist in their concentration area. For example, a student who selects the Epidemiology concentration must have a faculty member on their committee who is trained in
Epidemiology. One of the committee members may also be the field preceptor, if he or she holds a master’s degree or higher and has obtained a temporary graduate faculty appointment.

The student is expected to develop a Practicum Contract (Appendix 8: Practicum Contract) to outline objectives and timeline, and will present this to the committee and field preceptor. Additionally, the student is expected to maintain close communication with the committee and field preceptor to identify problems and report progress throughout the semester. Ultimately, the committee is responsible for evaluation of the achievement of practicum objectives, timeliness, and quality of the completed project, written document and verbal presentation.

Evaluation of practice placement sites:

Students have the opportunity to formally provide feedback on the practicum experience through the Exit Interview (Appendix 3: Exit Interview) and participation in the Curriculum Committee. Review of Exit Interviews from FY08 and FY09 shows an average score of 4.2 (on a one to five scale) for the question related to practical experience, which indicates that students agree that there are appropriate opportunities for field work experience in the KU-MPH program.

In fall 2009, the KU-MPH program initiated a formal tool to allow students to evaluate their practicum site and preceptor (Appendix 5: Practicum Site Evaluation Tool). Students and faculty were encouraged to provide feedback about the evaluation tool throughout the spring 2010 semester in order to assure its usefulness and appropriateness in assessing the practicum experience. Students are given the assessment tool before their defense and encouraged to turn it in their respective assistant director.

Another informal method of evaluating practice sites includes faculty interactions with field preceptors and the host agency. Similarly, faculty evaluation of the student’s written report and capstone defense serve as indicators of the quality of the field experience. The assistant director serves as a support to students, faculty, and field preceptors, and should be informed of any concerns or issues encountered during the semester.

Preceptor qualifications:

The MPH Student Handbook also addresses the qualifications of the field preceptor. The student should identify a field preceptor who will fulfill the following role requirements:

1. *Indicate willingness to host the student. This is preferably done in writing.*

2. *Orchestrate and facilitate the student’s experience by identifying mechanisms by which the student can become familiar with the host agency, and mechanisms by which the student can secure the necessary contacts, documents and resources to complete the project.*
3. Maintain adequate communication with the student to discuss progress and problems.

4. Participate in student evaluation through student observation, conferring with others with whom the student is working closely, and reviewing written materials submitted by the student for the project.

Criteria for waiving practice experience:

The KU-MPH program does not allow students to waive the practice experience.

2.4b Identification of agencies and preceptors used for practice experiences for students, by specialty area, for the last two academic years.

<table>
<thead>
<tr>
<th>Community Organization</th>
<th>Preceptor Name / Credentials</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prairie Band Potawatomie Nation</td>
<td>John Holtz, MBA, FACHE</td>
<td>2008</td>
</tr>
<tr>
<td>Mayetta, KS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart to Heart International</td>
<td>Scott Koertner, MPH, Director of Logistics</td>
<td>2008</td>
</tr>
<tr>
<td>1021 Pacific Avenue</td>
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</tr>
<tr>
<td>Kansas City, KS 66102</td>
<td></td>
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</tr>
<tr>
<td>University of Kansas Hospital</td>
<td>Jon Scheinman, MD, Professor, Nephrology</td>
<td>2008</td>
</tr>
<tr>
<td>Department of Pediatrics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3901 Rainbow Blvd</td>
<td></td>
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<tr>
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<tr>
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<td>Glazala Perveen, MBBS, PhD, MPH, Health Officer</td>
<td>2008</td>
</tr>
<tr>
<td>100 SW Jackson</td>
<td></td>
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</tr>
<tr>
<td>Topeka, KS 66612</td>
<td></td>
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<tr>
<td>Children's Mercy Hospitals and Clinics</td>
<td>Mary-Anne Jackson, MD, Infectious Diseases</td>
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</tr>
<tr>
<td>2401 Gillham Road</td>
<td></td>
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<tr>
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<tr>
<td>Unified Government of Wyandotte County</td>
<td>Greg Stephenson, BA, Division Head, Community Health Services</td>
<td>2008</td>
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<tr>
<td>Public Health Department</td>
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</tr>
<tr>
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<tr>
<td>Kansas City, KS 66101</td>
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</tr>
<tr>
<td>University of Kansas Medical Center</td>
<td>Jeffrey M. Burns, MD, Assistant Professor, Director of the Alzheimer &amp; Memory Center &amp; AD Clinical Research Program</td>
<td>2008</td>
</tr>
<tr>
<td>Department of Neurology</td>
<td></td>
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<tr>
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<tr>
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<tr>
<td>University of Kansas Medical Center</td>
<td>Dr. Jeff Holzbierlein, MD, Associate Professor, Urology</td>
<td>2008</td>
</tr>
<tr>
<td>3901 Rainbow Blvd</td>
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<td>Agency Name</td>
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</tr>
<tr>
<td>-------------</td>
<td>---------</td>
<td>----------------</td>
</tr>
<tr>
<td>City of Wichita Department of Environmental Health</td>
<td>1900 E 9th St N, Wichita, KS 67214</td>
<td>Aaron Henning, PE</td>
</tr>
<tr>
<td>Sedgwick County Health Department</td>
<td>1900 E. 9th Street, Wichita, KS 67214</td>
<td>Pamela Martin, ARNP</td>
</tr>
<tr>
<td>Swope Health Central</td>
<td>3801 Blue Parkway, Kansas City, MO 64130</td>
<td>Tricia Snow, MPH, CHES</td>
</tr>
<tr>
<td>University of Kansas School of Medicine-Wichita Internal Medicine</td>
<td>1010 N Kansas, Wichita, KS 67214</td>
<td>K. James Kallail, PhD</td>
</tr>
<tr>
<td>Sedgwick County Health Department</td>
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<td>Sonja Armbruster, MAC</td>
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<tr>
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<td>El Centro</td>
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<td>Cielo Fernandez Ortega, MS</td>
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<tr>
<td>University of Kansas Medical Center School of Nursing</td>
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<td>Carol Smith, PhD</td>
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<td>Cynthia Larcom</td>
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<td>Table 2.4.b. Practical Experience Agencies and Preceptors</td>
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<tr>
<td>Jeff DeGraffenreid, EdD</td>
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<tr>
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<tr>
<td>Dawn McGlasson, RDH, BSDH, MPH</td>
<td></td>
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<tr>
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<tr>
<td>Christine M. Daley, PhD, MA, SM</td>
<td></td>
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<tr>
<td>Assistant Professor, Preventive Medicine and Public Health</td>
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<td>Biagio Pagano, MPH</td>
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<tr>
<td>Phil Griffin</td>
<td></td>
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<tr>
<td>Anne Nelson, LMFT</td>
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</tr>
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Table 2.4.b. Practical Experience Agencies and Preceptors

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<tr>
<td>Unified Government Public Health Department</td>
<td>Joseph Connor, MBA Director</td>
<td>2010</td>
</tr>
<tr>
<td>619 Ann Avenue</td>
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<tr>
<td>Kansas City, KS 66101</td>
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<tr>
<td>Centerpoint Medical Center</td>
<td>Arthur Lee Brock, MD Attending Gastroenterologist</td>
<td>2010</td>
</tr>
<tr>
<td>19600 E. 39th Street Independence, MO 64057</td>
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<tr>
<td>Kansas Department of Health and Environment</td>
<td>Katherine Weno, DDS, JD Director, Office of Oral Health</td>
<td>2010</td>
</tr>
<tr>
<td>1000 SW Jackson</td>
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<tr>
<td>Topeka, KS 66612</td>
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<tr>
<td>Heart to Heart International</td>
<td>Florence Ndikum-Moffer, PhD, MPH Program Manager, U.S. Healthcare</td>
<td>2010</td>
</tr>
<tr>
<td>401 S. Clairborne Road, Suite 302 Olathe, KS 66062</td>
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<tr>
<td>Kansas State Department of Education</td>
<td>Darrel Lang, EdD. Health and Physical / HIV / AIDS and Human Sexuality Education Program Consultant</td>
<td>2010</td>
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<tr>
<td>120 SE 10th Street</td>
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<tr>
<td>Topeka, KS 66612</td>
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<tr>
<td>Metropolitan Coalition for Responsible Sex Education</td>
<td>Navváb McDaniels Coordinator</td>
<td>2010</td>
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<td>3601 Main Street</td>
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<td>Kansas City, MO 64111</td>
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<tr>
<td>University of Missouri-Kansas City Department of Psychology</td>
<td>Kathy Goggin, PhD MOTIV8 Adherence Project</td>
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<tr>
<td>4825 Troost, Ste 111-D</td>
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<tr>
<td>University of Kansas Schiefelbusch Institute of Lifespan Studies</td>
<td>Kandace Fleming, PhD Assistant Scientist, Statistical and Information Officer</td>
<td>2010</td>
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<tr>
<td>1000 Sunnyside Avenue</td>
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<tr>
<td>Lawrence, KS 66045</td>
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<tr>
<td>Truman Medical Center-Hospital Hill</td>
<td>Gary Salzman, MD Professor of Medicine</td>
<td>2010</td>
</tr>
<tr>
<td>2301 Holmes Street</td>
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<tr>
<td>Kansas City, MO 64108</td>
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</table>

2.4c Data on the number of students receiving a waiver of the practice experience for each of the last three years.

Table 2.4.c. Number of Students Who Waived the Practice Experience

<table>
<thead>
<tr>
<th>Number of Practice Waivers Granted</th>
<th>2007-2008</th>
<th>2008-2009</th>
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</table>
2.4d Data on the number of preventive medicine, occupational medicine, aerospace medicine, and public health and general preventive medicine residents completing the academic program for each of the last three years, along with information on their practicum rotations.

The KU-MPH program does not allow students to replace the capstone practical experience with practicum rotations.

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

This criterion is met. All KU-MPH students are required to complete a practicum. Students are actively involved in their practicum placement. The Capstone Committee, led by the faculty chair, a faculty concentration specialist and a highly qualified practicum mentor, guide and evaluate the experience. In the future, the KU-MPH program may re-evaluate the requirement to have a faculty member expert specific to a student’s concentration on a Capstone Committee and revise if necessary to enhance the practical experience.
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.

2.5a Identification of the culminating experience required for each degree program. If this is common across the program’s professional degree programs, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

In order to meet graduation requirements for the KU-MPH program, students in the Epidemiology and Social and Behavioral Health concentrations, as well as those taking the generalist curriculum, are required to complete an oral defense (capstone defense). The requirements for the capstone are common across all three curricula, and include the following: selecting a topic for the practicum and then successfully selecting a site for the practicum project; selecting and finalizing a practicum committee; conducting a core competency assessment before and after the practicum that demonstrates mastery of additional skills upon completion of the capstone; agreeing on a contract with the capstone committee and completing the agreed upon time/work commitment at the site; successfully completing a practicum report that is organized according to guidelines in the MPH Student Handbook, including an introduction, methods, results, discussion, conclusion sections and human subjects approval; and successfully completing an oral defense. Additionally, section 2.4a explains that students completing a concentration must have a faculty person from his/her concentration area on the Capstone Committee. The committee is ultimately responsible for judging the success of each student in meeting these criteria.

In order to schedule a capstone defense, students must have completed the following:

1) Apply for Graduation in the KU Enroll and Pay system by the specified deadline

2) Rectify all holds and incomplete grades, and be in good academic standing

3) Enroll in at least one-credit hour of PRVM 893: Public Health Project in the defense semester

4) Complete all requirements for degree

5) Submit a complete draft of the capstone document to the MPH assistant director and Capstone Committee

6) Provide the CV/resume for any committee member who is not currently an active member of the KUMC Graduate Faculty
After obtaining the permission of the Capstone Committee chair, the student will contact his/her respective assistant director at least one month in advance to schedule an oral presentation that coincides with the guidelines for graduation set forth by the Office of Graduate Studies. Students must complete their capstone defense in the semester in which they wish to graduate.

During the defense, the student gives a 30-45 minute oral presentation with accompanying PowerPoint slides to his or her faculty committee, the site preceptor, other KU-MPH students and faculty, and any other guests. The presentation provides a comprehensive review of the student’s practical experience. Once a student presents the background, methods, results, discussion and conclusions of their capstone project, faculty and others in the audience are given the opportunity to ask questions regarding the final product. The capstone defense is intended to offer the committee an opportunity to assess the adequacy of a student’s understanding of his/her work, and to offer that student an opportunity to refine or clarify the written content of the final document. The presentation also identifies the core competencies that were addressed during the practical experience.

In order to evaluate the capstone defense, committee members use the guidelines for the practicum report to evaluate the capstone defense and practicum report. Students are evaluated in the following areas: public health significance of project, use of public health skills in project, quality and completeness of the written report, clarity and comprehensiveness of the oral defense, and professionalism throughout the process. In addition, practicum site mentors use a standardized form to evaluate the student’s performance at the site (Appendix 4: Student Evaluation Tool). This form asks supervisors to assess attendance, motivation/initiative, communication, interaction with others, ability to work on a team, meet deadlines, general knowledge, and leadership. Taken together, the committee reaches a determination of the grade for the capstone defense (satisfactory, unsatisfactory, honors). Honors designation is given to those students who exceed expectation in all areas described above.

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

This criterion is met. All KU-MPH students, regardless of concentration area, are required to complete a capstone defense in the semester they wish to graduate. This defense can only be scheduled with permission of the student’s Capstone Committee Chair and in accordance with program and Office of Graduate Studies guidelines.
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.

2.6a Identification of core public health competencies that all MPH or equivalent professional masters degree students are expected to achieve through their courses of study.

The KU-MPH program has adopted the Council on Linkages (COL) Core Competencies for Public Health Professionals as the core discipline competencies for all concentrations. These original Tier 2 competencies were chosen as the most recognized and supported broad public health competencies in the field by highly diverse public health organizations across the nation. This same competency set is also used with the KU-MPH program’s primary workforce development training activities and partners. Now that the new COL competencies have become recently available, the KU-MPH program is in discussion about the adoption of this revised set to be used by the KU-MPH program. One objective is for this revision to occur in sequence with other workforce training programs affiliated with the KU-MPH program from across the state.

For KU-MPH courses, all competency domains are addressed in multiple courses as seen in Table 2.6.a.1., and many competencies are addressed in more than one core or required course. In addition, each course is linked to specific competency domains and sub-competencies, and the learning activities through which these are achieved (noted in Table 2.6.b.1).

<table>
<thead>
<tr>
<th>Domains</th>
<th>Total # Competencies in Domain</th>
<th>Competencies Taught in &gt; 2 Required Courses other than Practicum</th>
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<tr>
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<td>FY08</td>
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<tr>
<td>1. Analytic/assessment skills</td>
<td>11</td>
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<tr>
<td>2. Policy development/program planning skills</td>
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<td>3. Communication skills</td>
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<td>4. Cultural competency skills</td>
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<td>5. Community dimensions of practice skills</td>
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<td>6. Basic public health skills</td>
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<td>7. Financial planning and management skills</td>
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<tr>
<td>8. Leadership/systems thinking skills</td>
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</table>
2.6b A matrix that identifies the learning experiences by which the core public health competencies are met. If this is common across the program, a single matrix will suffice. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

All students in the KU-MPH program, regardless of concentration area, are expected to master the core public health competencies listed in Table 2.6.b.1.

<table>
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<th>Competency</th>
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<tr>
<td>Analytic/Assessment Skills</td>
<td>PRVM 800</td>
<td>Exam</td>
</tr>
<tr>
<td>1. Defines a problem</td>
<td>PRVM 802</td>
<td>Literature Review</td>
</tr>
<tr>
<td></td>
<td>BIOS 704</td>
<td>Group Presentation</td>
</tr>
<tr>
<td></td>
<td>PRVM 818</td>
<td>Discussion Group</td>
</tr>
<tr>
<td></td>
<td>PRVM 827</td>
<td>Written Paper</td>
</tr>
<tr>
<td></td>
<td>PRVM 830</td>
<td>Field Trip</td>
</tr>
<tr>
<td></td>
<td>PRVM 875</td>
<td>Poster Presentation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Case Study</td>
</tr>
<tr>
<td>2. Determines appropriate uses and limitations of both quantitative and</td>
<td>PRVM 800</td>
<td>Exam</td>
</tr>
<tr>
<td>qualitative data</td>
<td>PRVM 802</td>
<td>Literature Review</td>
</tr>
<tr>
<td></td>
<td>BIOS 704</td>
<td>Group Presentation</td>
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<td></td>
<td>PRVM 827</td>
<td>Discussion Group</td>
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<td>PRVM 830</td>
<td>Written Paper</td>
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<td>PRVM 875</td>
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<td>Poster Presentation</td>
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<td></td>
<td></td>
<td>Case Study</td>
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<tr>
<td>3. Selects and defines variables relevant to defined public health problems</td>
<td>PRVM 800</td>
<td>Exam</td>
</tr>
<tr>
<td></td>
<td>PRVM 802</td>
<td>Literature Review</td>
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<td>BIOS 704</td>
<td>Group Presentation</td>
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<td>PRVM 830</td>
<td>Written Paper</td>
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<td>PRVM 875</td>
<td>Field Trip</td>
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<td>Poster Presentation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Case Study</td>
</tr>
<tr>
<td>4. Identifies relevant and appropriate data and information sources</td>
<td>PRVM 800</td>
<td>Exam</td>
</tr>
<tr>
<td></td>
<td>PRVM 802</td>
<td>Literature Review</td>
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<td></td>
<td>BIOS 704</td>
<td>Group Presentation</td>
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<td>PRVM 827</td>
<td>Discussion Group</td>
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<td>Written Paper</td>
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<td>PRVM 875</td>
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<td>Poster Presentation</td>
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<td></td>
<td></td>
<td>Case Study</td>
</tr>
<tr>
<td>5. Evaluates the integrity and comparability of data and identified gaps</td>
<td>PRVM 800</td>
<td>Exam</td>
</tr>
<tr>
<td>in data sources</td>
<td>PRVM 802</td>
<td>Literature Review</td>
</tr>
<tr>
<td></td>
<td>BIOS 704</td>
<td>Group Presentation</td>
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<td>PRVM 827</td>
<td>Discussion Group</td>
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<td>PRVM 830</td>
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<td>PRVM 875</td>
<td>Field Trip</td>
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<td></td>
<td></td>
<td>Poster Presentation</td>
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<td></td>
<td></td>
<td>Case Study</td>
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<tr>
<td>6. Applies ethical principles to the collection, maintenance, use and</td>
<td>PRVM 800</td>
<td>Exam</td>
</tr>
<tr>
<td>dissemination of data and information</td>
<td>PRVM 802</td>
<td>Literature Review</td>
</tr>
<tr>
<td></td>
<td>PRVM 827</td>
<td>Group Presentation</td>
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<tr>
<td></td>
<td>PRVM 875</td>
<td>Written Paper</td>
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<td></td>
<td>Case Study</td>
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<tr>
<td>Competency</td>
<td>Courses Offered</td>
<td>Learning Activities</td>
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</tr>
<tr>
<td><strong>Analytic/Assessment Skills</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Partners with communities to attach meaning to collected quantitative</td>
<td>PRVM 827, PRVM 830</td>
<td>Exam, Written Paper, Oral Presentation, Field Trip, Case study</td>
</tr>
<tr>
<td>and qualitative data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Makes relevant inferences from quantitative and qualitative data</td>
<td>PRVM 800, PRVM 802, BIOS 704, PRVM 827, PRVM 830,</td>
<td>Exam, Literature Review, Group Presentation, Discussion Group, Written Paper, Field Trip, Poster Presentation, Case Study</td>
</tr>
<tr>
<td></td>
<td>PRVM 875</td>
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<tr>
<td>9. Obtains and interprets information regarding risks and benefits to the</td>
<td>BIOS 704, PRVM 818, PRVM 827, PRVM 830, PRVM 875</td>
<td>Exam, Discussion Group, Written Paper, Oral Presentation, Field Trip, Poster Presentation, Case Study</td>
</tr>
<tr>
<td>community</td>
<td></td>
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</tr>
<tr>
<td>10. Applies data collection processes, information technology applications,</td>
<td>PRVM 802, BIOS 704, PRVM 827, PRVM 830, PRVM 875</td>
<td>Exam, Group Presentation, Discussion Group, Written Paper, Field Trip, Poster Presentation, Case Study</td>
</tr>
<tr>
<td>and computer systems storage/retrieval strategies</td>
<td></td>
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</tr>
<tr>
<td>11. Recognizes how the data illuminates ethical, political, scientific,</td>
<td>PRVM 800, PRVM 802, PRVM 827, PRVM 830, PRVM 875</td>
<td>Exam, Literature Review, Group Presentation, Written Paper, Field Trip, Poster Presentation, Case Study</td>
</tr>
<tr>
<td>economic, and overall public health issues</td>
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<tr>
<td><strong>Policy Development/Program Planning Skills</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Collects, summarizes and interprets information relevant to an issue</td>
<td>PRVM 800, PRVM 802, PRVM 818, PRVM 827, PRVM 830</td>
<td>Exam, Literature Review, Group Presentation, Discussion Group, Written Paper, Field Trip, Case Study</td>
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<tr>
<td>13. States policy options and writes clear and concise policy statements</td>
<td>PRVM 800, PRVM 827, PRVM 830</td>
<td>Exam, Literature Review, Group Presentation, Written Paper, Field Trip, Case Study</td>
</tr>
<tr>
<td>Competency</td>
<td>Courses Offered</td>
<td>Learning Activities</td>
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</tr>
<tr>
<td>Policy Development/Program Planning Skills</td>
<td></td>
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</tr>
<tr>
<td>14. Identifies, interprets, and implements public health laws, regulations, and policies related to specific programs</td>
<td>PRVM 827, PRVM 830</td>
<td>Exam, Oral Presentation, Written Paper, Field Trip, Case Study</td>
</tr>
<tr>
<td>15. Articulates the health, fiscal, administrative, legal, social and political implications of each policy</td>
<td>PRVM 800, PRVM 827, PRVM 830</td>
<td>Exam, Literature Review, Group Presentation, Written Paper, Field Trip, Case Study</td>
</tr>
<tr>
<td>16. States the feasibility and expected outcomes of each policy option</td>
<td>PRVM 800, PRVM 827, PRVM 830</td>
<td>Exam, Literature Review, Group Presentation, Written Paper, Field Trip, Case Study</td>
</tr>
<tr>
<td>17. Utilizes current techniques in decision analysis and health planning</td>
<td>PRVM 827</td>
<td>Exam, Oral Presentation, Written Paper, Case Study</td>
</tr>
<tr>
<td>18. Decides on the appropriate course of action</td>
<td>PRVM 800, PRVM 827, PRVM 830</td>
<td>Exam, Literature Review, Group Presentation, Written Paper, Field Trip, Exam</td>
</tr>
<tr>
<td>19. Develops a plan to implement policy, including goals, outcomes, and process objectives and implementation steps</td>
<td>PRVM 800, PRVM 827, PRVM 830</td>
<td>Exam, Literature Review, Group Presentation, Written Paper, Field Trip, Case Study</td>
</tr>
<tr>
<td>20. Translates policy into organizational plans, structures, and programs</td>
<td>PRVM 800, PRVM 827, PRVM 830</td>
<td>Exam, Literature Review, Group Presentation, Written Paper, Field Trip, Case Study</td>
</tr>
<tr>
<td>21. Prepares and implements emergency response plans</td>
<td>PRVM 800, PRVM 827, PRVM 830</td>
<td>Exam, Literature Review, Group Presentation, Written Paper, Field Trip, Case Study</td>
</tr>
<tr>
<td>22. Develops mechanisms to monitor and evaluate programs for their effectiveness and quality</td>
<td>PRVM 827, PRVM 830</td>
<td>Exam, Oral Presentation, Written Paper, Field Trip, Case Study</td>
</tr>
<tr>
<td>Competency</td>
<td>Courses Offered</td>
<td>Learning Activities</td>
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<tr>
<td>---------------------------------------------------------------------------</td>
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</tr>
<tr>
<td><strong>Communication Skills</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Communicates effectively both in writing and orally, or in other ways</td>
<td>PRVM 800, PRVM 802, BIOS 704, PRVM 818, PRVM 827, PRVM 830, PRVM 875</td>
<td>Exam, Literature Review, Group Presentation, Discussion Group, Written Paper, Field Trip, Poster Presentation, Case Study</td>
</tr>
<tr>
<td>24. Solicits input from individuals and organizations</td>
<td>PRVM 800, PRVM 818, PRVM 827, PRVM 830, PRVM 875</td>
<td>Exam, Literature Review, Group Presentation, Discussion Group, Written Paper, Field Trip, Poster Presentation, Case Study</td>
</tr>
<tr>
<td>25. Advocates for public health programs and resources</td>
<td>PRVM 818, PRVM 827, PRVM 830</td>
<td>Exam, Discussion Group, Written Paper, Oral Presentation, Field Trip, Case Study</td>
</tr>
<tr>
<td>26. Leads and participates in groups to address specific issues</td>
<td>PRVM 818, PRVM 827, PRVM 830</td>
<td>Exam, Discussion Group, Written Paper, Oral Presentation, Field Trip, Case Study</td>
</tr>
<tr>
<td>27. Uses the media, advanced technologies, and community networks to communicate information</td>
<td>PRVM 827, PRVM 830</td>
<td>Exam, Oral Presentation, Written Paper, Field Trip, Case Study</td>
</tr>
<tr>
<td>28. Effectively presents accurate demographic, statistical, programmatic, and scientific information for professional and lay audiences</td>
<td>PRVM 800, PRVM 802, BIOS 704, PRVM 827, PRVM 830, PRVM 875</td>
<td>Exam, Literature Review, Group Presentation, Discussion Group, Written Paper, Field Trip, Poster Presentation, Case Study</td>
</tr>
<tr>
<td><strong>Attitudes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29. Listens to others in an unbiased manner, represents points of view of others, and promotes the expression of diverse options and perspectives</td>
<td>PRVM 802, BIOS 704, PRVM 818, PRVM 827, PRVM 830, PRVM 875</td>
<td>Exam, Group Presentation, Discussion Group, Written Paper, Field Trip, Poster Presentation, Case Study</td>
</tr>
<tr>
<td>Competency</td>
<td>Courses Offered</td>
<td>Learning Activities</td>
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<tr>
<td>----------------------------------------------------------------------------</td>
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</tr>
<tr>
<td><strong>Cultural Competency Skills</strong></td>
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</tr>
</tbody>
</table>
| 30. Utilizes appropriate methods for interacting sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds, and persons of all ages and lifestyle preferences | PRVM 827  
PRVM 830                                      | Exam  
Oral Presentation  
Written Paper  
Field Trip  
Case Study    |
| 31. Identifies the role of cultural, social, and behavioral factors in determining the delivery of public health services | PRVM 800  
PRVM 802  
PRVM 827  
PRVM 830                                      | Exam  
Literature Review  
Group Presentation  
Written Paper  
Field Trip  
Case Study    |
| 32. Develops and adapts approaches to problems that take into account cultural differences | PRVM 827  
PRVM 830                                      | Exam  
Oral Presentation  
Written Paper  
Field Trip  
Case Study    |
| 33. Understands the dynamic forces contributing to cultural diversity      | PRVM 827                                      | Exam  
Oral Presentation  
Written Paper  
Case Study    |
| 34. Understands the importance of a diverse public health workforce        | PRVM 827                                      | Exam  
Oral Presentation  
Written Paper  
Case Study    |
| **Community Dimensions of Practice Skills**                                |                       |                                      |
| 35. Establishes and maintains linkages with key stakeholders               | PRVM 827                                      | Exam  
Oral Presentation  
Written Paper  
Case Study    |
| 36. Utilizes leadership, team building, negotiation, and conflict resolution skills to build community partnerships | PRVM 827                                      | Exam  
Oral Presentation  
Written Paper  
Case Study    |
| 37. Collaborates with community partners to promote health of the population | PRVM 818  
PRVM 827                                      | Exam  
Discussion Group  
Written Paper  
Oral Presentation  
Case Study    |
| 38. Identifies how public and private organizations operate within a community | PRVM 827                                      | Exam  
Oral Presentation  
Written Paper  
Case Study    |
| 39. Accomplishes effective community engagements                           | PRVM 827                                      | Exam  
Oral Presentation  
Written Paper  
Case Study    |
<table>
<thead>
<tr>
<th>Competency</th>
<th>Courses Offered</th>
<th>Learning Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>40. Identifies community assets and available resources</strong></td>
<td>PRVM 818, PRVM 827, PRVM 830</td>
<td>Exam, Discussion Group, Written Paper, Oral Presentation, Field Trip, Case Study</td>
</tr>
<tr>
<td><strong>41. Develops, implements, and evaluates a community public health assessment</strong></td>
<td>PRVM 827</td>
<td>Exam, Oral Presentation, Written Paper, Case Study</td>
</tr>
<tr>
<td><strong>42. Describes the role of government in the delivery of community health services</strong></td>
<td>PRVM 818, PRVM 827, PRVM 830</td>
<td>Exam, Discussion Group, Written Paper, Oral Presentation, Field Trip, Case Study</td>
</tr>
<tr>
<td><strong>43. Identifies the individuals' and organization’s responsibilities within the context of the Essential Public Health Services and core functions</strong></td>
<td>PRVM 827, PRVM 830</td>
<td>Exam, Oral Presentation, Written Paper, Field Trip, Case Study</td>
</tr>
<tr>
<td><strong>44. Defines, assesses, and understands the health status of populations, determinants of health and illness, factors contributing to health promotion and disease prevention, and factors influencing the rise of health services</strong></td>
<td>PRVM 800, PRVM 802, PRVM 818, PRVM 827, PRVM 830</td>
<td>Exam, Literature Review, Group Presentation, Discussion Group, Written Paper, Field Trip, Case Study</td>
</tr>
<tr>
<td><strong>45. Understands the historical development, structure, and interaction of public health and health care systems</strong></td>
<td>PRVM 827</td>
<td>Exam, Oral Presentation, Written Paper, Case Study</td>
</tr>
<tr>
<td><strong>46. Identifies and applies basic research methods used in public health</strong></td>
<td>PRVM 800, PRVM 802, BIOS 704, PRVM 827, PRVM 830, PRVM 875</td>
<td>Exam, Literature Review, Group Presentation, Discussion Group, Written Paper, Field Trip, Poster Presentation, Case Study</td>
</tr>
<tr>
<td><strong>47. Applies the basic public health sciences including behavioral and social sciences, biostatistics, epidemiology, environmental public health, and prevention of chronic and infectious diseases and injuries</strong></td>
<td>PRVM 800, PRVM 802, PRVM 827, PRVM 830</td>
<td>Exam, Literature Review, Group Presentation, Written Paper, Field Trip, Case Study</td>
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<tr>
<td>Competency</td>
<td>Courses Offered</td>
<td>Learning Activities</td>
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<tr>
<td>Community Dimensions of Practice Skills</td>
<td>PRVM 800, PRVM 802, BIOS 704, PRVM 818, PRVM 827, PRVM 830, PRVM 875</td>
<td>Exam, Literature Review, Group Presentation, Discussion Group, Written Paper, Field Trip, Poster Presentation, Case Study</td>
</tr>
<tr>
<td>48. Identifies and retrieves current relevant scientific evidence</td>
<td></td>
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</tr>
<tr>
<td>49. Identifies the limitations of research and the importance of observations and interrelationships</td>
<td>PRVM 802, BIOS 704, PRVM 827, PRVM 830, PRVM 875</td>
<td>Exam, Group Presentation, Discussion Group, Written Paper, Oral Presentation, Field Trip, Poster Presentation, Case Study</td>
</tr>
<tr>
<td>Attitudes</td>
<td>PRVM 802, BIOS 704, PRVM 818, PRVM 827, PRVM 830, PRVM 875</td>
<td>Exam, Group Presentation, Discussion Group, Written Paper, Poster Presentation, Case Study</td>
</tr>
<tr>
<td>50. Develops a lifelong commitment to rigorous critical thinking</td>
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</tr>
<tr>
<td>Financial Planning and Management Skills</td>
<td>PRVM 800, PRVM 802, PRVM 827</td>
<td>Exam, Literature Review, Group Presentation, Written Paper, Field Trip, Case Study</td>
</tr>
<tr>
<td>51. Develops and presents a budget</td>
<td>PRVM 800, PRVM 827, PRVM 830</td>
<td>Exam, Literature Review, Group Presentation, Written Paper, Field Trip, Case Study</td>
</tr>
<tr>
<td>52. Manages programs within budget constraints</td>
<td>PRVM 800, PRVM 827</td>
<td>Exam, Literature Review, Group Presentation, Written Paper, Case Study</td>
</tr>
<tr>
<td>53. Applies budget processes</td>
<td>PRVM 827</td>
<td>Exam, Oral Presentation, Written Paper, Case Study</td>
</tr>
<tr>
<td>54. Develops strategies for determining budget priorities</td>
<td>PRVM 800, PRVM 827, PRVM 830</td>
<td>Exam, Literature Review, Group Presentation, Written Paper, Field Trip, Case Study</td>
</tr>
<tr>
<td>55. Monitors program performance</td>
<td>PRVM 800, PRVM 802, PRVM 827, PRVM 830</td>
<td>Exam, Literature Review, Group Presentation, Written Paper, Field Trip, Case Study</td>
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<tr>
<td>Competency</td>
<td>Courses Offered</td>
<td>Learning Activities</td>
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<tr>
<td><strong>Financial Planning and Management Skills</strong></td>
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<td></td>
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<tr>
<td>56. Prepares proposals for funding from external sources</td>
<td>PRVM 800, PRVM 827, PRVM 830</td>
<td>Exam, Literature Review, Group Presentation, Written Paper, Field Trip, Case Study</td>
</tr>
<tr>
<td>57. Applies basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts</td>
<td>PRVM 800, PRVM 827, PRVM 830</td>
<td>Exam, Literature Review, Group Presentation, Written Paper, Field Trip, Case Study</td>
</tr>
<tr>
<td>58. Manages information systems for collection, retrieval, and use of data for decision-making</td>
<td>PRVM 827, PRVM 830, PRVM 875</td>
<td>Exam, Oral Presentation, Written Paper, Field Trip, Poster Presentation, Case Study</td>
</tr>
<tr>
<td>59. Negotiates and develops contracts and other documents for the provision of population-based services</td>
<td>PRVM 827</td>
<td>Exam, Oral Presentation, Written Paper, Case Study</td>
</tr>
<tr>
<td>60. Conducts cost-effectiveness, cost-benefit, and cost-utility analyses</td>
<td>PRVM 827</td>
<td>Exam, Oral Presentation, Written Paper, Case Study</td>
</tr>
<tr>
<td><strong>Leadership and Systems Thinking Skills</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>61. Creates a culture of ethical standards within the organization and communities</td>
<td>PRVM 827</td>
<td>Exam, Oral Presentation, Written Paper, Case Study</td>
</tr>
<tr>
<td>62. Helps create key values and shared vision and uses these principles to guide action</td>
<td>PRVM 827</td>
<td>Exam, Oral Presentation, Written Paper, Case Study</td>
</tr>
<tr>
<td>63. Identifies internal and external issues that may impact delivery of essential public health services (i.e., strategic planning)</td>
<td>PRVM 818, PRVM 827</td>
<td>Exam, Discussion Group, Written Paper, Oral Presentation, Case Study</td>
</tr>
<tr>
<td>64. Facilitates collaboration with internal and external groups to ensure participation of key stakeholders</td>
<td>PRVM 827</td>
<td>Exam, Oral Presentation, Written Paper, Case Study</td>
</tr>
<tr>
<td>65. Promotes team and organizational learning</td>
<td>PRVM 827</td>
<td>Exam, Oral Presentation, Written Paper, Case Study</td>
</tr>
</tbody>
</table>
Table 2.6.b.1 Learning Experiences for Each Core Competency – Generalist Curriculum

<table>
<thead>
<tr>
<th>Competency</th>
<th>Courses Offered</th>
<th>Learning Activities</th>
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</thead>
<tbody>
<tr>
<td>Leadership and Systems Thinking Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>66. Contributes to development, implementation, and monitoring of organizational performance standards</td>
<td>PRVM 818 PRVM 827</td>
<td>Exam Discussion Group Written Paper Oral Presentation Case Study</td>
</tr>
<tr>
<td>67. Uses the legal and political system to effect change</td>
<td>PRVM 827</td>
<td>Exam Oral Presentation Written Paper Case Study</td>
</tr>
<tr>
<td>68. Applies theory of organizational structures to professional practice</td>
<td>PRVM 827</td>
<td>Exam Oral Presentation Written Paper Case Study</td>
</tr>
</tbody>
</table>

2.6c Identification of a set of competencies for each specialty area identified in the instructional matrix, including professional and academic degree curricula.

Until fall 2010, all generalist students were only responsible for mastering the core public health competencies in Table 2.6.b.1. With the addition of the two new concentrations in Epidemiology and Social and Behavioral Health, students in those concentrations will be required to master additional competencies. Therefore, in addition to the mastery of core public health competencies expected of all graduates of the KU-MPH program, graduates of the two new concentrations in Epidemiology and Social and Behavioral Health are expected to master the additional concentration-specific competencies appended below in Tables 2.6.c.1 and 2.6.c.2.

Competencies for both concentrations were developed by two separate ad-hoc concentration competency committees (one committee for each concentration). Committees were comprised of core faculty in each respective competency. All competencies were based on competencies expected by graduates in each concentration, according to committee members’ experience in the field of practice; competencies outlined by the Association of Schools of Public Health; and existing competencies required of all MPH students regardless of concentration, which were derived from the Council on Linkages between Academia and Public Health Practice.
Table 2.6.c.1. Public Health Competencies Expected for All KU-MPH Graduates with a Concentration in Epidemiology

<table>
<thead>
<tr>
<th>Competency</th>
<th>Courses Offered*</th>
<th>Learning Activities</th>
</tr>
</thead>
</table>
| 1. Understand the historical context of epidemiology and articulate contemporary epidemiologic & public health problems to lay and professional audiences | PRVM 841  
PRVM 842 | Written Paper  
Oral presentation  
Exam  
Data Analysis  
Study Design |
| 2. Locate, assemble, and critically appraise existing data, information, and knowledge resources | PRVM 841  
PRVM 842  
PRVM 875 | Written Paper  
Oral presentation  
Exam  
Data Analysis  
Study Design |
| 3. Design and implement studies to advance the knowledge-base of disease processes, and further improve the health of the public | PRVM 841  
PRVM 842  
PRVM 875 | Written Paper  
Oral presentation  
Exam  
Data Analysis  
Study Design |
| 4. Acquire skills to analyze, synthesize, and interpret epidemiologic data | PRVM 841  
PRVM 842  
PRVM 875 | Written Paper  
Oral presentation  
Exam  
Data Analysis  
Study Design |
| 5. Comprehend basic ethical and legal principles pertaining to the collection, maintenance, use and dissemination of epidemiologic data | PRVM 841  
PRVM 842  
PRVM 875 | Written Paper  
Oral presentation  
Exam  
Data Analysis  
Study Design |
| 6. Understand the interrelation between key players in the public health arena. | PRVM 841  
PRVM 842 |                                                |

* Concentration core courses are listed in the table above. However, content elective courses are not. This is because each of the content elective courses varies in scope and course objectives. Therefore students will be exposed to varying additional competencies depending on elective course selection.
<table>
<thead>
<tr>
<th>Competency</th>
<th>Courses Offered*</th>
<th>Learning Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Apply basic theories, concepts, and models from a range of social and behavioral disciplines to public health research and practice.</td>
<td>PRVM 818, PRVM 856, PRVM 845, PRVM 852, PRVM 863</td>
<td>Literature Review, Written Paper, Discussion Group, Oral Presentation, Fieldwork</td>
</tr>
<tr>
<td>2. Describe the social and behavioral factors that affect the health of individuals and populations, including how these factors may account for health disparities.</td>
<td>PRVM 818, PRVM 845, PRVM 852, PRVM 863</td>
<td>Literature Review, Written Paper, Discussion Group, Oral Presentation, Fieldwork</td>
</tr>
<tr>
<td>3. Apply evidence-based research procedures for studying public health problems, planning, implementing, and evaluating public health programs.</td>
<td>PRVM 821, PRVM 835, PRVM 849, PRVM 856</td>
<td>Written Paper, Discussion Group, Oral Presentation, Article Critique, Research Proposal, Exam</td>
</tr>
<tr>
<td>4. Identify the role of social, community, and cultural factors in both the onset and solution of public health problems across diverse and underserved populations.</td>
<td>PRVM 818, PRVM 856, PRVM 845, PRVM 852, PRVM 863</td>
<td>Literature Review, Written Paper, Discussion Group, Oral Presentation, Fieldwork</td>
</tr>
<tr>
<td>5. Use community input and linkages to conduct in-depth analysis of public health problems, develop, and promote public health programs for special populations.</td>
<td>PRVM 849, PRVM 856, PRVM 845, PRVM 852, PRVM 863</td>
<td>Written Paper, Discussion Group, Oral Presentation, Fieldwork, Research Proposal</td>
</tr>
</tbody>
</table>

* Concentration core courses are listed in the table above. However, content elective courses are not because each of the content elective courses varies in scope and course objectives. Therefore students will be exposed to varying additional competencies depending on elective course selection.

Electives in each of the concentrations guarantee competency attainment based on careful review by the Curriculum Committee and Ad-Hoc Concentrations Committees. Electives for each of the concentrations were chosen specifically based on competencies associated with each course and described in each syllabus.

Currently, students graduating with a concentration in Social and Behavioral Health or Epidemiology are required to master more competencies than those with the generalist degree. Competency requirements for the generalist curriculum will be revisited and revised in the coming year. Discussions have begun and key stakeholders have been surveyed, as already described, to seek input about critical competencies and course work. When sufficient data has been gathered, additional competencies will be linked to the redesigned generalist curriculum. Therefore students graduating with the generalist degree will be expected to master both the core public health competencies listed in Table 2.6.b.1., as well as additional competencies specific to the redesigned generalist curriculum.
2.6d A description of the manner in which competencies are developed, used and made available to students.

The KU-MPH program adopted the Core Competencies for Public Health Professionals developed by the Council on Linkages between Academia and Public Health. Mastery of these competencies is currently required by all KU-MPH graduates. Over the past two years, the KU-MPH program underwent an evaluation process of determining specific concentrations to develop. State-wide stakeholder data indicated that both Epidemiology and Social and Behavioral Health areas of concentration would be high priorities. The process of the developing competencies for the concentration curriculum, as seen above (see Tables 2.6.c.1. and 2.6.c.2.) consisted of ad hoc sub-committees for each concentration. The competencies for the two new concentrations in Social and Behavioral Health and Epidemiology were created by faculty experts in the concentration area. The term “faculty expert” was defined as faculty who has taught course work in concentration related topics for the KU-MPH program, received academic training in the topic, and conducted research in the topic area. The ad hoc sub-committees used the Council on Linkages competencies and Association of Schools of Public Health competencies as guides while developing concentration-specific competencies. The process of the sub-committees was to review, discuss, and create a unified definition of the concentration area as well as competencies needed to support the identified definition. The final set of concentration competencies reflected consensus agreement by faculty experts that were seen as fundamental skills critical for attainment in an MPH degree. The depth of these skills was interpreted as coursework covering such competencies multiple times through multiple learning methods. Ultimately, each concentration’s competencies were developed in accordance with the mission of the KU-MPH program, the specific curriculum needs, and expertise of faculty on the ad-hoc sub-committees. Those competencies are described above.

KU-MPH students become familiar with the core competencies at New Student Orientation. A Core Competency Self Assessment tool (Appendix 9: Core Competency Assessment Tool) is completed by each student at New Student Orientation in order to assess skill level in each of the 68 competencies. The student uses this self-assessment as an advising tool while meeting with his/her advisor to formulate a plan of study for the program.

Students complete a second Core Competency Self Assessment prior to beginning the capstone experience (Appendix 10: Core Competency Assessment Before/After Capstone). The tool is then reviewed with the Capstone Committee chair to address any competencies that are not yet met at a basic skill level. The assessment tool instructs the student to review the tool with the chair and discuss any underdeveloped skills that the student has identified. The student and chair then consider ways of building undeveloped skills during the practicum. The practicum contract, final paper, and capstone defense help to document how competencies are achieved. Upon completion of the capstone process, the Committee Chair verifies that the student has demonstrated mastery of the identified concepts by reviewing and signing the “KU-MPH Core Competency Assessment Before and After Capstone” form. Finally, students complete a third Core Competency Self Assessment upon exiting the program. All three assessment tools are kept in the student file upon completion.
For students in each of the new concentrations (Social and Behavioral Health and Epidemiology), the set curriculum (described in section 2.1.b.) prescribes additional concentration-specific competencies. Advisors explain each of the competencies to concentration students, and concentration students self-assess their skill level in each of these competencies prior to beginning coursework, before the capstone experience, and upon exiting the program. Concentration students also follow the procedures described above that pertain to Core Competencies for all KU-MPH students (meeting with an advisor, planning courses according to competency development, and self-assessment of skill level).

Additionally, each course syllabus includes a list of the competencies that a course will address. Instructors discuss the competencies as they relate to specific learning objectives within the course. Students and advisors are encouraged to utilize this tool to select courses that would help develop skill-sets that the student lacks.

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

Students’ self-assessment of the core competencies helps advise the program’s direction. For example, in FY05, incoming students ranked their skills as lowest for competencies related to financial planning, management, health policy and law. Stakeholder input from public health practitioners and graduates agreed that KU-MPH students needed to acquire advanced skills in health administration, public health policy, and epidemiologic methods, including field experiences and data management. Needs assessment data was used to formulate program objectives for FY05. Grant funding was obtained to support further development of the MPH curriculum based on the data (Needs Assessment and Planning for MPH Curriculum Development at KUMC. Nielsen, M. (PI), Frazier, L.M., Choi W.S., Kansas Health Foundation, $30,000). The grant provided an opportunity to create a new course in Health Policy and Law, and integrate additional curriculum into the required Public Health Administration course.

In FY07, needs assessment data from the Kansas Department of Health and Environment and an alumni survey was utilized to add Data Management in Public Health and Epidemiology Lab to the required courses. As discussed in Section 2.3, these additions bolstered the analytic/assessment domain of the competencies.

An informal survey of the KU-MPH program stakeholders was conducted in April 2010 (Appendix 6: Generalist Concentration Survey) to help focus the generalist degree in the coming years. Information from this survey will guide the efforts of narrowing and focusing the competencies for the generalist degree students.

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

This criterion is met. KU-MPH students are familiar with the set of core competencies that they should master upon graduation. The core competencies are addressed in all required courses and are integrated into a variety of learning activities. Data from student self-assessment, workforce development, and alumni inquiries are utilized to create ad update course offerings to enhance competency achievement.
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.

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

Students in the KU-MPH program are evaluated for progress in achieving the expected competencies upon entry to the program, during their coursework, during the practicum, and at the final capstone presentation. As discussed in Section 2.6, each KU-MPH course links learning activities to a particular competency. Students are evaluated in each learning activity and are expected to receive a course grade of “A” or “B” to successfully complete the course requirement. Students are expected to maintain an overall grade point average of 3.0, and are placed on academic probation if this expectation is not met.

Students also self assess their progress in achieving the core competencies. They are expected to integrate any undeveloped skills into the practicum experience. Students conduct a meeting to review and sign a Practicum Contract (Appendix 8: Practicum Contract) with their Capstone Committee. At that meeting, students submit a self-assessment of the core competencies (Appendix 10: Core Competency Assessment Before/After Capstone) and propose an action-plan for meeting any competencies that are rated as fairly undeveloped. After review, the committee accepts the plan, and verifies the plan’s satisfactory completion at the time of the student’s final capstone presentation.

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

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target</th>
<th>2007 - 2008</th>
<th>2008 - 2009</th>
<th>2009 - 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure adequate graduation rates</td>
<td>80% graduation rate within 5 years of enrollment as a degree-seeking student</td>
<td>2002 admission cohort = 87% graduation rate</td>
<td>2003 admission cohort = 73% graduation rate</td>
<td>2004 admission cohort = 68% graduation rate</td>
</tr>
<tr>
<td>Target students at 3 and 4 years enrollment to develop a plan of study to finish degree within 5 years (all students will meet with an advisor at least one a semester)</td>
<td>FY04 and FY05 21 attritioned students reviewed; 5 are currently enrolled, 3 on Leave Of Absence, 5 formally withdrew and 8 FY05 and FY06 22 attritioned students reviewed; 5 are currently enrolled</td>
<td>FY06 and FY07 21 attritioned students reviewed; 5 are currently enrolled</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 2.7.b. Outcome Measures for Evaluating Student Achievement

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target</th>
<th>2007 - 2008</th>
<th>2008 - 2009</th>
<th>2009 - 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structure</td>
<td></td>
<td>Evening</td>
<td>Evening</td>
<td>Evening</td>
</tr>
<tr>
<td>curriculum</td>
<td></td>
<td>classes = 19</td>
<td>classes = 20</td>
<td>classes = 15</td>
</tr>
<tr>
<td>to accommodate</td>
<td></td>
<td>Web-based</td>
<td>Web-based</td>
<td>Web-based</td>
</tr>
<tr>
<td>needs of</td>
<td></td>
<td>classes = 13</td>
<td>classes = 12</td>
<td>classes = 17</td>
</tr>
<tr>
<td>employed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>students</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(provide at</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>least 3 evening</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or web-based</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>courses in</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>fall and spring</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>semesters)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.7c If the outcome measures selected by the program do not include degree completion rates and job placement experience, then data for these two additional indicators must be provided, including experiential data for each of the three years. If degree completion rates, in the normal time period for degree completion, are less than 80%, an explanation must be provided. If job placement, within 12 months following award of degree is less than 80%, an explanation must be provided.

Degree completion rates:
As reported above, the KU-MPH program did not meet 80% graduation rates within 5 years for the 2003 and 2004 admission cohorts. From the 2003 admission cohort, three students discontinued enrollment due to medical school acceptance and one student withdrew after completing one course. From the 2004 admission cohort, four students discontinued enrollment in order to pursue other clinical degrees and one student has requested a leave of absence.

Each year, the assistant directors contact attritioned students and outline the necessary requirements for the student to complete their degree. In the last year, students from each of these admission cohorts have expressed an interest in completing their degrees. The assistant directors on both campuses continue to contact attritioned students periodically in order to facilitate degree completion. The University of Kansas Office Graduate Studies allows students seven years to complete a graduate degree.

Job placement rates:
While the KU-MPH program does not have a specific target regarding job placement, data is compiled on the number of students reporting employment at graduation via the Exit Interview. The table below illustrates the number of students who self-reported employment at graduation.
Table 2.7.c.1. Number of Students Reporting Employment at Graduation from Exit Interviews

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>14</td>
<td>16</td>
<td>22</td>
</tr>
<tr>
<td>Not Employed</td>
<td>6</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Did Not Answer</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Total % Employed</td>
<td>63.6%</td>
<td>64%</td>
<td>79%</td>
</tr>
</tbody>
</table>

The rates reported above do not equal the target of 80%. However, not all students return their Exit Interviews (Appendix 3: Exit Interview) after graduation. Additionally, 20-30% of graduates continue their education and do not seek employment immediately after graduation from the KU-MPH program. Currently, the Exit Interview does not have a question assessing who will seek further education. However, follow-up interviews indicate that 24-31% of graduates seek further education after graduation rather than obtaining full time employment.

Table 2.7.c.2. Number of Students Seeking Further Education after MPH Graduation

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Further Education</td>
<td>11 (29.7%)</td>
<td>9 (31%)</td>
<td>6 (24%)</td>
</tr>
</tbody>
</table>

2.7d A table showing the destination of graduates for each of the last three years. The table must include at least the number or percentage of graduates by program area each year going to a) government (state, local, federal), b) nonprofit organization, c) hospital or health care delivery facility, d) private practice, e) university or research institute, f) proprietary organization (industry, pharmaceutical company, consulting), g) further education, h) non-health related employment, or i) not employed. See CEPH Data Template D.

Table 2.7.d. Destination of Graduates

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>Government</td>
<td>7</td>
<td>19%</td>
<td>7</td>
</tr>
<tr>
<td>Nonprofit Organization</td>
<td>2</td>
<td>5%</td>
<td>0</td>
</tr>
<tr>
<td>Hospital or Healthcare Delivery Facility</td>
<td>10</td>
<td>27%</td>
<td>9</td>
</tr>
<tr>
<td>Private Practice</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>University or Research Institute</td>
<td>6</td>
<td>16%</td>
<td>4</td>
</tr>
<tr>
<td>Proprietary Organization</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>Further Education</td>
<td>11</td>
<td>30%</td>
<td>9</td>
</tr>
<tr>
<td>Non-health Related Employment</td>
<td>1</td>
<td>3%</td>
<td>0</td>
</tr>
<tr>
<td>Not Employed</td>
<td>0</td>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>37</td>
<td>29</td>
<td>25</td>
</tr>
</tbody>
</table>

2.7e In public health fields where there is certification of professional competence, data on the performance of program’s graduates on these national examinations for each of the last three years.
Two graduates from the KU-MPH program took the Certified Public Health (CPH) exam offered in August 2008 by the National Board of Public Health Examiners. Additionally, six graduates took the CPH exam in August 2009. Less than ten students from the KU-MPH program completed the CPH exam, therefore a Director’s Report was not issued to outline whether or not graduates passed the exam. Additionally, a request for information regarding pass rates of KU-MPH students was sent to Molly Eggleston at NBPHE who responded that pass rates for KU-MPH students would not be made available to the program.

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

A survey conducted in spring 2009 (Appendix 1: Survey of Interest in Degree Programs), asked KU-MPH graduates and public health practitioners from the state of Kansas about the need for creating concentrations within the KU-MPH program. This survey was sent to KU-MPH alumni, members of the External Advisory Committee, health department medical directors and administrators and current scholars and past fellows of the Kansas Public Health Leadership Institute (KPHLI). Table 2.7.f.1 describes the characteristics of survey respondents. The following tables provide select data from that survey.

| Table 2.7.f.1. Alumni/Employer Survey 2009 – Characteristics of Respondents (N=242) |
|-------------------------------------------------|-------------------------------|
| **Respondent**                              | **Percentage**               |
| Current student                             | 20.2%                        |
| KU-MPH graduate                             | 29.3%                        |
| MPH graduate (other university)             | 5.8%                         |
| Public health employee                      | 44.6%                        |

| Table 2.7.f.2. Alumni/Employer Survey 2009 – Respondent’s Employers (N=218) |
|-------------------------------------------------|-------------------------------|
| **Employment category**                         | **Percentage**               |
| State health department/jurisdiction           | 19.3%                        |
| Local health department/jurisdiction           | 40.4%                        |
| Hospital or community health clinic           | 13.8%                        |
| College or university                         | 20.2%                        |
| Law enforcement/fire/emergency response        | 0.5%                         |
| Community-based organization                  | 3.2%                         |
| Business                                      | 2.8%                         |
Table 2.7.f.3. Alumni/Employer Survey 2009 – Desire for Concentrations (N=273)

<table>
<thead>
<tr>
<th>Perception</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creating concentrations for the MPH program would be beneficial for you or your colleagues.</td>
<td>142 (52%)</td>
<td>117 (43%)</td>
<td>13 (4.5%)</td>
<td>1 (.5%)</td>
</tr>
<tr>
<td>Development of MPH concentrations would be beneficial for your current or future employment.</td>
<td>106 (40%)</td>
<td>123 (45%)</td>
<td>36 (13%)</td>
<td>6 (2%)</td>
</tr>
<tr>
<td>A MPH degree with concentrations would better prepare MPH students to fill the public health needs of Kansas.</td>
<td>136 (50%)</td>
<td>120 (44%)</td>
<td>15 (5.5%)</td>
<td>1 (.5%)</td>
</tr>
</tbody>
</table>

Respondents were also asked to indicate their judgment of the relative importance of each potential concentration area. See table 2.7.f.4 on the following page.

Table 2.7.f.4. Alumni/Employer Survey 2009 – Mean Respondent Judgment of Importance of Each Concentration

<table>
<thead>
<tr>
<th>Concentration Area</th>
<th>Rank Avg.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidemiology</td>
<td>2.29</td>
</tr>
<tr>
<td>Public Health Administration</td>
<td>2.76</td>
</tr>
<tr>
<td>Social and Behavioral Health</td>
<td>2.85</td>
</tr>
<tr>
<td>Environmental Health</td>
<td>3.26</td>
</tr>
<tr>
<td>Biostatistics</td>
<td>3.83</td>
</tr>
</tbody>
</table>

1 – Most Important                           5 – Least Important

Although the 2009 Alumni/Employer survey did not specifically ask employers and graduates to assess their ability to perform the competencies in the workplace, this survey did assess an overall desire for concentration development in the KU-MPH program beyond the generalist degree program.

Some qualitative survey comments suggested that a concentration would make graduates more “marketable to an employer.” Other comments suggested graduates would possess a more “defined area of expertise” and would further develop the core skill sets. A large majority of the comments spoke to the need for the KU-MPH program to develop a doctoral program.

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

This criterion is met with commentary. The KU-MPH program has a system in place to continuously monitor student attainment of all the core competencies. The program objective that focuses on ensuring adequate graduation rates not only tracks graduation, but also allows for yearly reviews of attritioned students and allows for periodic interventions. While the graduation rate is not 80% at five years for all admission cohorts, the Office of Graduate Studies allows seven years for degree completion. Student employment at graduation is also tracked through periodic surveys of KU-MPH alumni and public health stakeholders.
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.

Not applicable.
2.9 Doctoral Degrees. The program may offer doctoral degree programs, if consistent with its mission and resources.

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.

2.10a Identification of joint degree programs offered by the program and a description of the requirements for each.

The KU-MPH program offers one dual degree program (MD/MPH) and two joint degree programs (PhD/MPH and MS Nursing/MPH).

**MD/MPH:**

The MD/MPH program is a dual degree program with the KU School of Medicine that requires students to complete all requirements for both the MD and MPH. Students must meet admission requirements for both degree programs. Typically, students apply to the KU-MPH program during their second year of medical school. Students then take one year off from medical school to complete the 42-credit hour MPH degree. This is done either between the second and third year of medical school, or between the third and fourth year of the medical school curriculum. MPH coursework begins in the summer for these students, rather than in the fall, so that all MPH requirements are completed by May, or July if necessary. The dual MD/MPH may be completed on either the Kansas City or Wichita campus over a five year time period.

<table>
<thead>
<tr>
<th>Year</th>
<th>Medical School</th>
<th>Medical School</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>Medical School</td>
<td>Medical School</td>
</tr>
<tr>
<td>Two</td>
<td>Medical School</td>
<td>Medical School</td>
</tr>
<tr>
<td></td>
<td>Take USMLE Step I (May)</td>
<td>Take USMLE Step I (May)</td>
</tr>
<tr>
<td>Three</td>
<td>Complete MPH (June-May or July)</td>
<td>Medical School/1st year of clinical</td>
</tr>
<tr>
<td>Four</td>
<td>Medical School</td>
<td>Complete MPH (June-May or July)</td>
</tr>
<tr>
<td>Five</td>
<td>Medical School</td>
<td>Complete final year of Medical School</td>
</tr>
</tbody>
</table>

Medical students are able to complete the MPH requirements in one year according to the following schedule: 6 credits of electives in summer; 18 credits of core courses and electives in fall; 18 credits of remaining core courses and electives in spring, including capstone courses. Elective selection is somewhat limited for these students because of this short time frame for completion of the degree. This is certainly a limitation for medical students and will be a consideration of the revised generalist curriculum. Because this is a dual degree, no medical courses are shared.

**PhD/MPH:**

The PhD/MPH program is a joint degree program offered in conjunction with the Department of Applied Behavioral Sciences on the KU campus in Lawrence. Students
must apply to each program separately, and must meet the 72-credit hour requirements for the doctoral degree and the 42-credit hours for the MPH degree. Some Applied Behavioral Science courses are shared and can serve as MPH electives. Students in this joint degree program meet the public health core competencies because they are required to successfully complete all MPH core and required courses (see tables 2.6.a.1. and 2.6.b.1.). The MPH capstone experience serves as another opportunity for these joint degree students to master public health competencies.

<table>
<thead>
<tr>
<th>Table 2.10.a.2. Joint PhD Applied Behavioral Sciences/MPH Curriculum</th>
</tr>
</thead>
<tbody>
<tr>
<td>PhD (Applied Behavioral Science) Courses</td>
</tr>
<tr>
<td>ABSC 710 Community Health and Development</td>
</tr>
<tr>
<td>ABSC 735 Research Methods I</td>
</tr>
<tr>
<td>ABSC 796 Principles of Behavior I</td>
</tr>
<tr>
<td>ABSC 807 Design and Evaluation of Community Health Promotion Methods</td>
</tr>
<tr>
<td>ABSC 861 Applied Behavioral Analysis I</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
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<tr>
<td></td>
</tr>
<tr>
<td>Total Applied Behavioral Science Hours (15 credits to be selected from courses listed above; 2 additional credits to be selected from MPH program):</td>
</tr>
<tr>
<td>Total Combined Program Hours:</td>
</tr>
</tbody>
</table>

**MS Nursing/MPH:**

The KU School of Nursing and the Department of Preventive Medicine and Public Health partner to offer this joint degree, allowing students to earn the MS in Nursing and the MPH degrees in 59-credit hours rather than the 81-credit hours it would take to complete the degrees individually. This program is designed especially for experienced baccalaureate-prepared nurses interested in community or public health. Students in this joint degree program complete all MPH core and required courses, along with the six hours of capstone experience, and therefore meet the public health core competencies (see tables 2.6.a.1. and 2.6.b.1.). Nursing courses serve as MPH electives in this joint degree program. See table 2.10.a.3. on the following page.
### Table 2.10.a.3. Joint MS Nursing/MPH Curriculum

<table>
<thead>
<tr>
<th>MS (Nursing-Public Health) Courses</th>
<th>Master of Public Health Courses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NRSG 748 Theories for Practice &amp; Research</td>
<td>PRVM 800 Principles of Epidemiology</td>
<td>3</td>
</tr>
<tr>
<td>NRSG 754 Health Care Research</td>
<td>BIOS 704 Principles of Statistics in Public Health OR BIOS 714 Fundamentals Of Biostatistics I</td>
<td>3</td>
</tr>
<tr>
<td>NRSG 755 Healthcare Professional Issues &amp; Roles</td>
<td>PRVM 802 Principles of Epidemiology Lab</td>
<td>1</td>
</tr>
<tr>
<td>NRSG 880 Organizational Foundations for Leading Change</td>
<td>PRVM 805 Public Health Seminar</td>
<td>1</td>
</tr>
<tr>
<td>NRSG 808 Social Context for Healthcare Policy</td>
<td>PRVM 815 Surveillance &amp; Control of Infectious Disease</td>
<td>3</td>
</tr>
<tr>
<td>NRSG 820 Organizational Communication &amp; Program Planning</td>
<td>PRVM 818 Social &amp; Behavioral Aspects of Public Health</td>
<td>3</td>
</tr>
<tr>
<td>NRSG 826 Global Perspectives &amp; Diversity in Health Care</td>
<td>PRVM 827 Public Health Administration</td>
<td>3</td>
</tr>
<tr>
<td>NRSG 885 Evaluation &amp; Analysis for Health Care Effectiveness</td>
<td>PRVM 830 Environmental Health</td>
<td>3</td>
</tr>
<tr>
<td>NRSG 809 Health Promotion &amp; Complementary Therapeutics</td>
<td>PRVM 875 Management of Public Health Data</td>
<td>3</td>
</tr>
<tr>
<td>NRSG 827 Advanced Concepts in Public Health Nursing</td>
<td>PRVM 891/NRSG 829 Community Health Practicum</td>
<td>3</td>
</tr>
<tr>
<td>NRSG 828 Public Health Nursing: Practicum I</td>
<td>PRVM 893 Community Health Project</td>
<td>3</td>
</tr>
<tr>
<td>NRSG 898 Research Project</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td><strong>Total Nursing Hours:</strong></td>
<td><strong>30</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total MPH Hours:</strong></td>
<td><strong>29</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total Combined Program Hours:</strong></td>
<td><strong>59</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

This criterion is met. Students in the dual and joint degree programs meet the curricular and credit hour requirements outlined for CEPH accreditation. The programs have been developed and reviewed for content between programs and are approved by the Graduate Council and the Office of Graduate Studies.
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 articulate 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.

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.

3.1a A description of the program’s research activities, including policies, procedures and practices that support research and scholarly activities.

The Departments of Preventive Medicine and Public Health on both campuses are actively engaged in research in the five public health sciences: social and behavioral sciences, administration, biostatistics, epidemiology, and environmental health. Specific research areas of interest include tobacco control, cancer surveillance, obesity and physical activity, health services and outcomes, environmental health, health literacy, child health, access to care, and workforce development, among others. Research productivity of the KU-MPH faculty is reflected in the large number of faculty publications. While dedicated to advancing knowledge in public health sciences, research publications also focus on unique public health needs in this region. Hence, the research program reflects the mission statement of the KU-MPH program.

The extent and vitality of the research program are reflected by the substantial revenue from research grants and contracts, amounting in academic year 2008-2009 to $818,600. A full listing of grant and contract funding sources is provided in Template E, Table 3.1.c., Research Activity of Primary and Secondary Faculty from academic year 2007-2008 through academic year 2009-2010.

The robust research program at KU-MPH includes active participation from students. In addition to research activities that may be conducted as part of the capstone experience, students use smaller research projects conducted for elective courses to present posters and abstracts at local, regional, and national conferences. KU-MPH students’ scholarly class projects often win the Kansas Public Health Association poster competition. The prize for that competition is a scholarship to attend the annual American Public Health Association meeting.

Research findings from the KU-MPH program are often communicated to the public locally through talks given for the community by faculty members through the monthly Live and Learn lecture series, lectures from the Distinguished Visiting Scholars series and the Clinical Translational Research Seminar provided to health professionals and KUMC faculty, as well as through quotes provided for health articles in local television, radio, and print media outlets such as the *Wichita Eagle* and the *Kansas City Star*, one of the nation’s largest newspapers, and the local broadcast of National Public Radio (NPR). In addition, faculty share research findings through the publication of articles in a wide variety of top-rated peer-reviewed public health and scientific journals, as well as many scholarly book chapters that assist the practitioner.

Competitive research grants have been received from federal sources and national foundations, including the National Institutes of Health, the Centers for Disease Control and Prevention, the US Environmental Protection Agency, the Robert Wood Johnson Foundation, the Health Resources and Services Administration, American
Cancer Society and the Susan G. Komen Foundation, among others (see Template E). These funds have been allocated for studies ranging from very focused hypothesis-testing projects to broader evaluations of public health practice.

Research grants received from state or regional funding sources are less available in Kansas than in some other states, but KU-MPH faculty have been able to obtain some research funding from these sources. Research grants have been awarded by sources such as the Sunflower Foundation, the Kansas Health Foundation, the Kansas Health Policy Authority, the United Methodist Health Ministry Fund, and others. Research projects funded by these Midwest-focused sources initiate service endeavors or support collaboration with community organizations to generate or answer health-related research questions.

The research expertise of the KU-MPH faculty is well recognized throughout the School of Medicine. In fact, faculty from other departments have enrolled in the KU-MPH program to enhance their own research skills, and KU-MPH graduates have been hired as research staff by other university departments. KU-MPH faculty also include biostatisticians and other content experts who are highly sought after as co-investigators on grants in other KUMC departments and centers, such as the Center on Aging, the Kidney Institute, and the Cancer Center. These activities are consistent with the mission statement of the KU-MPH program, which focuses on enhancing the population health skills of health care providers.

Policies, procedures, and practices that support research by KU-MPH faculty are in place at all levels of administration. For example, a scholarly atmosphere is encouraged through monthly departmental meetings. Additionally, mechanisms are in place to mentor junior faculty with numerous resources/training offered by the Office of Professional Development and Faculty Affairs. There is an associate dean for faculty development on both the Kansas City and Wichita campuses. Finally, research productivity is a formal part of the promotion and tenure process at the university, and therefore is a key component of each faculty member’s annual performance evaluation with the department chair.

KU-MPH faculty also have access to resources, policies, and procedures that help them to administer research. Through its Research Institute, KUMC/School of Medicine-Wichita (and research administration offices in Wichita and Kansas City) maintains policies and procedures to help faculty members financially administer all sponsored research. All proposals and applications for research or sponsored programs, including grant proposals, material transfer agreements, consulting agreements, or contract proposals submitted to an outside agency by School of Medicine faculty and staff must be processed through the University of Kansas Medical Center Research Institute (KURI) for institutional approval prior to submission to funding agencies. KURI also provide notices of funding opportunities to appropriate faculty, as well as periodic training in support of research, ranging from grantsmanship to research ethics.
3.1b A description of current community-based research activities and/or those undertaken in collaboration with health agencies and community-based organizations. Formal research agreements with such agencies should be identified.

The KU-MPH faculty have built a strong community-based research tradition by partnering with local health agencies and other community-based organizations in and around the Kansas City and Wichita metropolitan areas. Recent community-based research activities in which KU-MPH program faculty (and may include students) in both Kansas City and Wichita have been a part of:

1) **Kansas Cancer Registry.** KU-MPH faculty, Dr. Sue-Min Lai in Kansas City, now operates the Kansas Cancer Registry (KCR), which has been used to evaluate cancer treatments, develop preventive screening measures, and analyze cancer clusters. The KCR has also been used for such statewide initiatives as Kansas Healthy People 2000 and 2010. One of the more common uses of the KCR database is to present health care providers with information about appropriate and necessary cancer treatment. The data is also used for Midwest regional cancer prevention and control planning issues. KCR receives support at both the state and national level.

2) **Kansas City Indian Center (KCIC – formerly the Heart of American Indian Center).** KUMC and the Kansas City Indian Center have teamed up to help Native Americans stop smoking and improve their overall health. This partnership has been working to provide health screenings as well as smoking cessation services to their smokers for the last five years. Several KU-MPH students have worked on this project to gain experience in working with an underserved community. This collaborative effort has resulted in several NIH grants related to cancer screening and smoking cessation (see Template E, 3.1.c). One such grant is a community based participatory research grant (Daley-PI, with KCIC serving as a subcontract on the grant). Students can also choose to participate in a supplement to the grant that provides the program using telemedicine.

3) **Haskell Indian Nations University (Haskell).** The KU-MPH program also works closely with the Haskell Indian Nations University, a four-year tribal college located in Lawrence, Kansas. Two of the faculty (Drs. Christine Daley and Won Choi) have taught undergraduate public health courses (Introduction to Community & Public Health and Introduction to Epidemiology) to American Indian/Alaska Native students at Haskell to help recruit American Indian/Alaska Native graduates into the KU-MPH program. As a result of these efforts, Dr. Daley was recently awarded a Susan G. Komen for the Cure grant to provide scholarships and stipends to American Indian/Alaska Native students to obtain their MPH degree from the KU-MPH program. This grant will fund three American Indian/Alaska Native students per year for the next three years. Drs. Daley and Choi are also working with Haskell to create an
undergraduate pre-health professions academic club that will help pipeline students into the KU-MPH program. The club will also allow Haskell students to be paired with researchers in the KU-MPH program who will serve as mentors to advise on course selection and prepare for graduate study. This pipeline is funded by a recently-awarded National Center on Minority Health & Health Disparities Center of Excellence grant.

4) American Indian Health Research & Education Alliance (AIHREA). The KU-MPH program is one of the founding members of AIHREA, an alliance of institutes of higher education and community-based organizations with faculty support focused on improving the health of Native people. AIHREA provides opportunities for KU-MPH students to work with community organizations (e.g. – American Indian Council, Inc., Four Winds Community Center), local tribes (e.g. – Ioway Nation of Kansas and Nebraska, Kickapoo Nation), and other partners. In addition, students regularly participate in the Annual AIHREA Health and Wellness Pow Wow, the only the pow wow in the country that combines the dance with a health fair that provides free screenings and referrals into safety net clinics. Students can then participate in case management and follow-up with participants. Over 800 screenings were provided at this year’s event and 118 participants require follow-up in the coming months. The screenings are a part of a free primary care screening clinic, funded by the Health Care Foundation of Greater Kansas City. The clinic travels throughout the Kansas City Metro and to the four reservations in the state and other Native communities. KU-MPH students help to keep the clinic running and provide health education to participants.

5) Youth Outreach and Prevention. With faculty support, students in the KU-MPH program who are interested in prevention of disease through youth outreach can work with AIHREA partners Johnson County Community College (JCCC) and Haskell Indian Nations University. JCCC currently has multiple projects working with American Indian youth focused on reducing initiation of cigarette smoking and improving overall health through physical activity. Haskell has several physical activity programs for children and college students for whom KU-MPH students regularly volunteer.

6) Healthier Haskell. The Healthier Haskell program is based at Haskell Indian Nations University and was created to improve physical activity and diet among American Indian families. The KU-MPH program has joined with Healthier Haskell to provide health education and screenings for participants. In addition, KU-MPH students have helped organize and provide athletic physicals for Haskell athletes through Healthier Haskell.

7) Cancer Screening and Education. Through funding from the National Cancer Institute and Susan G. Komen for the Cure, faculty in the KU-MPH program (Drs. Daley and Choi) have conducted the largest ethnographic needs assessments ever done in the American Indian community, focused on
barriers to breast cancer and colorectal cancer screening. Based on the data collected in these studies, KU-MPH students now have the opportunity to help with development of culturally-tailored interventions and educational materials. These interventions and materials are being developed in conjunction with AIHREA partners the American Indian Council, Inc., and the American Indian Heartland Cancer Network.

8) Swope Health Services. Swope Health Services is a community-based clinic located in urban Kansas City, serving over 50,000 patients per year. Swope has been in the community for 40 years, has a strong history of service to disadvantaged community members, and has a reputation for advocating for the rights of its constituents. Clinic fees are on a sliding scale. Approximately 90% of Swope patients have incomes below the federal poverty level. Swope is well-known and trusted within the area African American community. The majority of clinic staff are African American, and 75% of Swope patients are African American. The Department of Preventive Medicine and Public Health has had a close academic-community partnership with Swope Health Services for over a decade. Drs. Lisa Cox, Won Choi, Nicole Nollen, Christi Befort, and Babalola Faseru have been involved with Swope-based research and service efforts that have received private and federal funding. Notably, Swope has been the study site for three NCI-funded R01 smoking cessation clinical trials for African American smokers. These projects have provided treatment to over 1800 African Americans in the surrounding community. The partnership with Swope has also provided rich educational and training experiences for graduate students within the KUMC and KU graduate programs. These opportunities have included KU-MPH students: KU-MPH students have been involved as graduate research assistants, have gained experience as health education counselors, and have completed practicum and capstones related to ongoing Swope projects. KU-MPH students have had the opportunity to present their work at local and national conferences and have received national awards for these efforts.

9) El Centro, Inc. Five years ago, Dr. Ana Paula Cupertino started a community-based participatory research (CBPR) program to reduce cancer-related health disparities among Latinos in partnership with El Centro, Inc., the largest Latino community social services organization in the greater Kansas City area. El Centro, Inc. began in 1976 with the mission: “to create and sustain opportunities that empower families” and continues to “open the door to economic power leading to unified families and healthy communities;” El Centro operates on a $2.4 million annual budget, employs 39 FTEs, and has five locations in areas with high concentration of Latinos. El Centro, Inc. offers bilingual services in pre-k education, a youth summer camp, adult education, emergency assistance and health care case management, financial literacy and home buyer education counseling, domestic violence prevention and intervention, policy advocacy and senior programs. As requests for emergency funds and payment for medical bills began to grow,
El Centro became increasingly interested in preventive health services for the community. Through various programs El Centro serves approximately 4,000 families annually. Together Dr. Cupertino and El Centro, Inc. have developed and implemented a variety of community-based programs including the training of promotores de salud to reduce cancer-related disparities. In particular, smoking cessation training for community health workers has been developed, implemented, and evaluated. A sub-contract with El Centro, Inc. is in place to develop a community based coalition to promote a healthier environment that can be translated in more physical activities, healthier diet and more health screening in the Latino community.

10) Mexican Ministry, Migration, and Health Program. KUMC and the Ministry of Health of the United Mexican States has recently signed an agreement on cultural, educational and research cooperation in December 2009. Cooperation in specific areas, including issues related to migration and health, will include, joint research and educational activities; exchange of invitations to scholars (faculty and research personnel) for lectures and visits and to medical, nursing, allied health and graduate students for clinical experiences and research; development of a coordinated bilateral effort to conduct research, teaching and information exchange in the field of migrants and health to promote access to the health services for Mexican migrants and their families. In particular, this agreement will allow us to establish a strong collaboration with the National Institute of Public Health in Cuernavaca, Mexico.

11) Coalition of Hispanic Women Against Cancer. The Coalition of Hispanic Women Against Cancer (the Coalition) provides education and cancer screening programs to Latinos in the greater Kansas City area. Since its foundation in 1996, the Coalition has helped to reduce cancer-related disparities by providing an average of 12 mobile mammography “outings” per year, providing free or low cost breast screening to approximately 350 women per year, and providing skin cancer screening. Multiple collaborative opportunities have stemmed from this relationship, including a variety of health fairs, health summits, and other community activities to promote cancer screening and education to Latinos in this region. In particular, the Coalition has partnered with Dr. Cupertino in identifying smokers and referring them to cessation resources available including the Kansas state quit line.

12) Kansas City, Missouri Health Department (KCMO-HD). On July 1, 2005, a five-year memorandum of understanding (MOU) was signed between the Kansas City, Missouri, Health Department and the Department of Preventive Medicine and Public Health at the University of Kansas Medical Center. It was renewed in 2010 for an additional five years. The purpose was to facilitate interaction between public health practitioners and public health academics. The agreement includes joint activities in collecting and analyzing data, conducting program evaluations, improving the education of
public health students through practicum experiences, service on advisory committees of the Health Department, identification of useful research projects, providing technical assistance, and engaging in activities important to the KCMO Health Director. Under this agreement Bert Malone, MPA of the Health Department has assisted in teaching a class in our MPH core course in Environmental Health and in selecting topics and speakers for our series entitled Public Health Grand Rounds (Public Health Seminar). Dr. John Neuberger has assisted the health department in analyzing data on the evaluation of the food handler training program. This work was done collaboratively with Dr. Ellen Averett of the Department of Health Policy and Management, KUMC. Dr. Neuberger has also testified in front of the Kansas City, Missouri, City Council on the hazards of environmental tobacco smoke and on the need for an appropriate ordinance, served on the food advisory board, and served on the lead advisory board of KCMO-HD. He has worked with the health department's epidemiologist on studying brain cancer patterns by zip code. A number of our students have completed their practicum at the health department.

13) Celebrating Healthy Families - Health Focus Event. For the past five years a coalition of eight organizations has implemented an effort to address health disparities in the Latino community. The organizations are: Heart to Heart International, El Centro, Inc., Coalition of Hispanic Women Against Cancer, Cancer Information Services, Cancer Center, Truman Hospital, Health Care Foundation for Greater Kansas City, and the KUMC Department of Preventive Medicine and Public Health. Through collaboration with these organizations, the health focus event was able to provide 65 screeners, seven physicians/dentists, and 133 community volunteers to provide screenings, health information, and follow-up care to participants.

The health focused event created awareness among the Latino community in Kansas City about the importance of healthy lifestyles, preventive screenings, and medical resources in the community. Cooking demonstrations of Latin American dishes were available throughout the day to demonstrate how to prepare low-cost healthy meals with few ingredients. To promote and encourage physical activity, Mexican folklore dances and Zumba aerobic sessions were performed on-site to demonstrate fun and creative options for physical movement.

Additionally, the event offered a variety of screenings to more than 1000 uninsured Latinos on: cholesterol, blood pressure, glucose, BMI, skin cancer, vision, mental health, prostate cancer, dental, and smoking cessation services. All participants received a copy of an English/Spanish language chart and results explaining the normal to abnormal ranges for each of the following: cholesterol, blood pressure, glucose, and BMI. Volunteer screeners documented and reviewed the screening results with the participants. Before leaving the event participants spoke with a community
health worker “Promotora” and/or a Health Focus Committee Member who reinforced the screening result ranges, provided culture and language level appropriate educational materials, and explained that a trained case manager would be contacting them to discuss potentially abnormal results and would assist in connecting them to medical care as needed.

This event empowered the Latino community with the knowledge, resources, and responsibility to take care of their health issues, thereby reducing the risk of chronic diseases and enhancing the rate of healthy families in their community. In addition, this event has presented the opportunity to train medical students, nursing students and KU-MPH students in culturally appropriate care.

14) **Via Christi Prevention and Health Center.** KU-MPH faculty member James Early, MD, is the founder and developer of The Prevention and Health Center for the Via Christi Regional Medical Center of Wichita. This Center includes the development of adult obesity treatment programs, institutional wellness programs, a corporate wellness initiative, a curriculum for behavioral education of medical personnel, and other clinical preventive and nutrition programs.

15) **Adolescent Sexual Health Education.** Since 2005, Dr. Ruth Wetta-Hall has partnered with two community-based organizations, Pure and Simple Health Education and Future Leaders Outreach Network, to develop, implement, and evaluate two adolescent sexual health education programs – one based in Kansas City and one in Wichita/Sedgwick County. Both programs have been funded through the Department of Health and Human Services, Administration for Children and Families, Family and Youth Services Bureau. The Kansas City-based program (Future Leaders Outreach Network) provides sexual health and character development education to high-risk, inner city, African-American youth, while the Sedgwick County-based program (Pure and Simple Health Education) has a dual focus of both rural and urban youth. Community mobilization, parental engagement, and school and youth-based organization collaboration have been central to the success and ongoing funding of both programs.

16) **Environment Health Awareness.** In October 2008, two of the KU-MPH faculty (Dr. Elizabeth Ablah and Mr. Jack Brown) received funding from the EPA to conduct the project WIRE (Wichita Initiative to Renew the Environment), a CARE Level I cooperative agreement. WIRE is a two-year community collaborative project led by KUSM-W and the local group, Environmental Leadership Council, to sustain partnerships dedicated to understanding, educating the community about, and reducing toxic risks and environmental pollutants that impact inner-city Wichita. Project staff established WIRE by forming a 10 person Design Team (DT) and a 25 person Environmental Leadership Council (ELC).
17) Sedgwick County Health Department. On January 1, 2005, a MOU agreement was created between the Sedgwick County Health Department and the University of Kansas School of Medicine-Wichita to formalize the county's interaction with KU-MPH students. The agreement includes the county offering clinical facilities for the conduct of programs and research for MPH students. To date, the Sedgwick County Health Department has provided a practicum site for 15 student Capstones and numerous other Special Topics courses. In addition, four employees of the Sedgwick County Health Department currently have faculty appointments within the MPH program.

18) Stroke Impact Scale. (Dr. Sue Min Lai) The Stroke Impact Scale was developed to quantify impact of stroke on impairment, disability, and quality of life. The instrument is the only scale that is validated to comprehensively assess stroke impact from the perspectives of patients, care givers, and health care professionals including neurologists, neurosurgeons, and rehabilitation specialists. This scale was patented under KUMC in 1999 and is currently being used in a multitude of international clinical drug trials and has become one of the outcome measures used by physicians for patient care. This scale has been translated into the following languages: Australian English, Austrian German, Belgian Dutch, Belgian French, Canadian French, Danish, Dutch, French, German, Italian, Japanese, Norwegian New Zealand English, Portuguese, Spanish, Swedish, UK English, and others.

19) Scoliosis Research Society (SRS-22r). (Drs. Asher, Lai, Burton) The SR-22r was developed and refined for evaluating short- and long-term outcomes after surgical outcomes in both pediatric and adult patients. The SRS-22r was officially adopted by the Scoliosis Research Society to be the outcome measure for patients with scoliosis. This outcome scale has been translated into Spanish, Hebrew, Turkish, Persian, Chinese, Japanese and others.

20) Strengthening the Implementation of Quality Improvement in Public Health Departments in Kansas. (Dr. Wetta-Hall) In an effort to enhance the dissemination of quality improvement methods in public health across the state, Dr. Wetta-Hall collaborated with two public health organizations in Kansas. This work received support from a local foundation grant in partnership with the Lawrence-Douglas County Health Department. The funds are being used to develop a QI program (forms, process, training materials, and training) that may serve as a model for the state. In addition to helping a local health department, Dr. Wetta-Hall will be able to use the examples of QI work in her Performance Improvement course (to be offered in the fall 2010). The QI project also involved facilitating a two day program that involved a cross-functional team for the Kansas Electronic Disease Surveillance System. This session not only documented (using flow diagrams) the data entry process, it revealed where and how delays were
occurring. The end product was a work plan that has enhanced the cooperation between the Kansas Department of Health and Environment and local health departments. This work was ground breaking in the development and dissemination of QI in the state of Kansas. This project was funded by the Kansas Association of Local Health Departments (KAHLID).

21) Strengthening Disaster Preparedness at a Regional Medical Center Kansas. (Dr. Ruth Wetta-Hall) A five-year partnership (2004-2009) with the Via Christi Regional Medical Center Burn Center focused on the dissemination and evaluation of a state-wide burn disaster training course offered to health providers in Kansas. Evaluation results were used to improve the course content and delivery and resulted in three publications in peer reviewed journals.

22) Disaster Preparedness Plan for Local Health Department Association for Kansas. (Dr. Ruth Wetta-Hall) Dr. Wetta-Hall partnered with the Kansas Association of Local Health Departments to support the design and implementation of a Biological Incident Plan among Local Health Departments (2006). Working with various public health preparedness coordinators from local health departments across the state, the plan was designed, developed and disseminated to health departments across Kansas.

23) Improving Access to Healthcare among Vulnerable Populations in Sedgwick County, Kansas. Dr. Ruth Wetta-Hall has a ten-year history of collaboration with the Central Plains Regional Health Care Foundation (CPRHCF), the Medical Society of Sedgwick County, area hospitals and city/county government, all of whom are partners in the Sedgwick County Project Access program. Project Access connects uninsured adults in Sedgwick County, Kansas to donated medical care services including safety-net clinics, physician offices, hospitals, durable medical equipment and participating pharmacies. Not only has Dr. Wetta-Hall participated in the design and implementation of the local Project Access program, she has also been the evaluator for programs implemented by CPRHCF. Most recently, she analyzed health service claims associated with Project Access patients for the first eight years of operation.

24) Kansas Health Policy Authority. Dr. Theresa Shireman leads the department’s efforts to collaborate with the Kansas Health Policy Authority to maintain an active agreement for the KHPA data repository. This data repository is an excellent source of health data for capstone opportunities for KU-MPH students.

In addition to the MOU with the KCMO and Sedgwick County health departments, the Department of Preventive Medicine and Public Health at KUMC has discussed establishing an MOU with the following: the Kansas Department of Health and Environment (KDHE), the Kansas Public Health Association (KPHA), the Lawrence-
Douglas County Health Department, the Wyandotte County/Unified Government Health Department, and the Independence Missouri Health Department. These agreements are projected to be in place by the end of the year.

Data in Template 3.1.c. provides a column of all grants and contracts that are community-based research activities. In addition, the community-based research activities related to public health practice are listed.

The table below provides quantified evidence of faculty participation in community-based research, including that focused on public health practice.

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target</th>
<th>Academic year 2007-2008</th>
<th>Academic year 2008-2009</th>
<th>Academic year 2009-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program faculty will participate in Public Health Practice/Community-Based Research</td>
<td>At least three faculty persons will conduct public health practice research.</td>
<td>8 faculty</td>
<td>8 faculty</td>
<td>10 faculty</td>
</tr>
</tbody>
</table>

2007-2010:
- Building Quality Improvement Capacity. Wetta-Hall R. Lawrence-Douglas County Health Department (PI) Sunflower Foundation. June 2009-December
2010.


3.1c A list of current research activity of all primary and secondary faculty identified in 4.1.a. and 4.1.b., including amount and source of funds, for each of the last three years. This data must be presented in table format and include at least the following: a) principal investigator, b) project name, c) period of funding, d) source of funding, e) amount of total award, f) amount of current year’s award, g) whether research is community based, and h) whether research provides for student involvement. Only research funding should be reported here; extramural funding for service or training grants should be reported elsewhere. CEPH data Template E.

Template E (See Appendix) provides a list of current research activity among all primary and secondary faculty for three years, from academic year 2007-2008 through academic year 2009-2010.

3.1d Identification of measures by which the program may evaluate the success of its research activities, along with data regarding the program’s performance against those measures for each of the last three years. For example, programs may track dollar amounts of research funding, significance of findings (e.g., citation references), extent of research translation (e.g., adoption by policy or statute), dissemination (e.g., publications in peer-reviewed publications, presentations at professional meetings), and other indicators.
All of the faculty have been research-active with at least one grant during the period of academic year 2007-2008 through academic year 2009-2010. KU-MPH faculty also authored 100+ journal articles during this same time period. Most faculty averaged two or three publications per year.

Besides active research dollars, additional outcome measures for the success of research activities include:
   a) The number of publications generated by faculty.
   b) The quality of journals in which faculty publish (peer-reviewed journals in PubMed).
   c) The extent to which faculty conduct research with vulnerable populations.
Data on these outcome measures is provided over the last three years in the table below:

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target</th>
<th>Academic year 2007-2008</th>
<th>Academic year 2008-2009</th>
<th>Academic year 2009-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of scholarly publications generated by faculty</td>
<td>The number of scholarly authorships (peer-review journal articles or book chapters) by the faculty as a whole will total at least 30 each year</td>
<td>91</td>
<td>63</td>
<td>48</td>
</tr>
<tr>
<td>Quality of scholarly publications generated by faculty</td>
<td>Each year, program faculty will publish in at least 5 different peer-reviewed journals demonstrating a diverse range of public health related topics</td>
<td>46</td>
<td>64</td>
<td>26</td>
</tr>
<tr>
<td>The extent to which faculty conduct research with vulnerable populations</td>
<td>At least two faculty research projects will address vulnerable populations on each campus each year (4 total faculty)</td>
<td>18 faculty</td>
<td>13 faculty</td>
<td>15 faculty</td>
</tr>
</tbody>
</table>

Quality of publications by faculty are not only assessed in terms of whether they appear in scholarly journals that require a peer-review process, but also whether those journals are indexed in PubMed Central (website: http://www.ncbi.nlm.nih.gov/pmc). PubMed Central is a free digital archive of biomedical and life sciences journal literature at the U.S. National Institutes of Health (NIH). To be in PubMed, a journal must qualify on two levels: the scientific quality of the publication and the technical quality of its digital files. This supports the degree of dissemination and impact of research conducted by KU-MPH faculty. There has been no identified consequence when faculty do not meet this target, as it has been met and exceeded at an exponential level. Faculty annual assessments/reviews by the department chair focus on research activity consistent with KU promotion and tenure guidelines.

Specific examples of research publications that meet one or more of the above outcome measures include the following:
Academic year 2007-2008:


- Trewet CB, **Shireman TI**, Rigler SK, Howard PA. Do ACE Inhibitors/Angiotensin II Type 1 Receptor Antagonists Reduce Hospitalizations in Older Patients with Heart Failure? A Propensity Analysis. Drugs & Aging. 2007;24(11):945-955.


• Sangowawa, A.O., Owoaje E.T, Ekanem S.E.U., Fasere B., Adekunle B.J.
  Reasons for poor/non-use of Crash Helmets by Commercial motorcyclists in Oyo
  state, Nigeria. Conference proceedings, 14th International Conference on Road
  Safety on Four Continents 2007; 486-497.

Academic year 2008-2009:
• Ablah E, Haug A, Konda K, Tinius AM, Ram S, Sadler T, Liow K. Exercise and
  epilepsy: a survey of Midwest epilepsy patients. Epilepsy & Behavior. 2009
• Ablah E, Hawley SR, Konda KM, Wolfe D, Cook DJ. Evaluation of health
  2008 Fall;37(3):144-149.
• Befort CA, Nollen N, Ellerbeck EF, Sullivan DK, Thomas JL, Ahluwalia JS.
  Motivational interviewing fails to improve outcomes of a behavioral weight loss
  program for obese African American women: a pilot randomized trial. Journal of
• Cox LS, Cupertino AP, Mussulman LM, Nazir N, Greiner KA, Mahnken JD,
  Ahluwalia JS, Ellerbeck EF. Design and baseline characteristics from the KAN-
  QUIT disease management intervention for rural smokers in primary care.
• Davis AM, James RL, Curtis RM, Felts SM, Daley CM. Pediatric obesity
  attitudes, services, and information among rural parents; a qualitative study.
  Obesity. 2008 Sept;16(9):2133-2140.
• Dzewaltowski DA, Estabrooks PA, Welk G, Hill J, Milliken G, Karteroliotis K,
  Johnston JA. Healthy youth places: a randomized controlled trial to determine
  the effectiveness of facilitating adult and youth leaders to promote physical
  activity and fruit and vegetable consumption in middle schools. Health Education
• Ely AC, Befort C, Banitt A, Gibson C, Sullivan D. A qualitative assessment of
  weight control among rural Kansas women. Journal of Nutrition Education and
• Filbert E, Chesser A, Hawley SR, St Romain T. Community-based participatory
  research in developing an obesity intervention in a rural county. Journal of
• Lewis-Moss RK, Paschal AM, Redmond M, Green BL, Carmack C. Health
  attitudes and behaviors of African American adolescents. Journal of Community
• Nollen NL, Befort C, Davis AM, Snow T, Mahnken J, Hou Q, Story M, Ahluwalia
  JS. Competitive foods in schools: Availability and purchasing in predominately
  rural small and large high schools. Journal of the American Dietetic Association.
• Papsdorf TB, Ablah E, Ram S, Sadler T, Liow K. Patient perception of generic
  antiepileptic drugs in the Midwestern United States. Epilepsy & Behavior. 2009
• Pulvers KM, Kaur H, Nollen NL, Greiner KA, Befort CA, Hall S, Born W,
  Fitzgibbon ML, Ahluwalia JS. Comparison of body perceptions between obese


- Cupertino AP, Wick JA, Richter KP, Mussulman L, Nazir N, Ellerbeck EF. The Impact of Repeated Cycles of Pharmacotherapy on Smoking Cessation: A

Academic year 2009-2010:


- Cupertino AP, Wick JA, Richter KP, Mussulman L, Nazir N, Ellerbeck EF. The Impact of Repeated Cycles of Pharmacotherapy on Smoking Cessation: A


3.1e A description of student involvement in research.

KU-MPH students have extensive exposure to research because faculty in the program have an excellent track record for extramural funding in the last three years and faculty regularly employ KU-MPH students as research assistants and data analysts on such research studies. For example, at least four students have been employed every year as graduate research assistants during the past three years on one faculty member’s research project. In 2009-2010, 12 students served as graduate research assistants on faculty research projects. Another research program in rural clinics has employed one to three students at any given time during the past three years. Students also work on research studies in other university departments to investigate epilepsy, obesity, primary care lifestyle counseling, and tobacco use. These research projects, while based at the university, typically involve partnerships with state departments of health, education, community-based organizations, and advisory boards.

KU-MPH students present their research at local, regional, and national professional meetings. These included but are not limited to the annual Kansas Public Health Association conference, the American Public Health Association conference, and
the annual KU Student Research Forum. In addition, a number of KU-MPH student projects have resulted in peer-reviewed publications. Quantified targets and examples of publications are provided below.

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target</th>
<th>Academic year 2007-2008</th>
<th>Academic year 2008-2009</th>
<th>Academic year 2009-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students actively involved in research</td>
<td>At least five students from each campus will participate in research each year (10 students total per year)</td>
<td>10 students</td>
<td>10 students</td>
<td>11 students</td>
</tr>
</tbody>
</table>

The KU-MPH program has also tracked student involvement in research by reviewing the authors of posters at the Kansas Public Health Association Annual Meeting, the annual school of medicine research symposia, faculty CVs, and departmental annual reports. The following publications and presentations by KU-MPH students reported findings from research projects and thus constitute student involvement in research. Presentation venues included local, regional and national professional meetings (student names provided in bold type).

**Academic year 2007-2008:**

**Peer-Reviewed Journal Manuscripts with Students as Co-Authors:**


Professional Conference Presentations with Students as Co-Authors:


Academic year 2008-2009:

Peer-Reviewed Journal Manuscripts with Students as Co-Authors:

- Saville SK, Wetta-Hall R, Hawley SR, Molgaard CA, St.Romain T, Hart TA. An assessment of a pilot asthma education program for childcare providers in a high prevalence county. Respir Care. 2008 Dec;53(12):1591-6...
Professional Conference Presentations with Students as Co-Authors:


- **Weir M**, Daley CM, **Braiuca SL**, Kaur B, Greiner KA. (2008) Colorectal cancer screening barriers, attitudes, and knowledge among American Indian women over age 50 in Kansas. University of Kansas Cancer Center Fall Symposium, Kansas City, KS.


Hawley SR, Roser J, Houser LJ, Marsh L, Paschal AM, St.Romain T. Assessing barriers and motivators for Hispanics to seek mental health services and treatment: a mixed method approach. American Public Health Association Annual Convention; October 25-29, 2008; San Diego, CA.


Academic year 2009-2010:

Peer-Reviewed Journal Manuscripts with Students as Co-Authors:


Professional Conference Presentations with Students as Co-Authors:


3.1f  **Assessment of the extent to which this criterion is met.**

This criterion is met. The KU-MPH faculty is very active in research. The main outcome measures used by the program include public health practice research, scholarly publications, addressing vulnerable populations, and student involvement in research. KU-MPH faculty members also present at conferences at the local, state and national level.

Many students graduating between July 1, 2007, and July 1, 2010, presented or will present their work at local, regional, or national meetings, which included the Kansas Public Health Association Annual Conference and the annual meeting of the American Public Health Association. Students have also participated in research that was developed for peer-reviewed publication.

The sections above show the amount of grant funding faculty have received over the past three years, targets and outcomes for levels of participation in community-based/public health practice research, targets and outcomes reflecting faculty scholarship and work with vulnerable populations, one of the program’s key research goals, and student involvement in these research activities. All targets have been met or exceeded by the program faculty and students.
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.

3.2a Description of the program’s service activities, including policies, procedures and practices that support service. If the program has formal contracts or agreements with external agencies, these should be noted.

In order to be consistent with the program mission, KU-MPH service activities involve providing expertise as public health researchers, students, and practitioners to people working in, educating for, or promoting policy in the field of public health practice.

To emphasize the importance of service and to promote participation in service activities, annual service reports by each faculty member are reviewed by the chairs of the Departments of Preventive Medicine and Public Health, who meet individually with each faculty member to discuss his or her participation in service activities.

During annual faculty assessments, each faculty member must outline 1) service, 2) teaching, and 3) research accomplishments for the past year and plans for the coming academic year and review these with the chair. These three areas, included in annual assessments, are the same areas of assessment for the KUMC promotion and tenure process. Achievements to merit academic promotion and/or award of tenure must include service activities (KUMC Guidelines for Academic Promotion and the Award of Tenure).

3.2b A list of program’s current service activities, including identification of the community groups and nature of the activity over the last three years.

The list of service activities provided below demonstrates success in the service arena for the KU-MPH program. All KU-MPH faculty have been involved in at least one service activity during the last three years. Most of KU-MPH faculty have been involved in multiple service activities during the last three years. Service occurred in a wide variety of settings and a variety of levels, from front-line health intervention to service on national Boards.

Selected service activities/volunteer leadership roles held by KU-MPH faculty and staff include:

Academic year 2007-2008:
- Medical Director and Chief Health Officer, Wyandotte County Health Department (Dr. Allen Greiner). Wyandotte is the county in which Kansas City is located, and has many significant public health issues.
- Interim State Epidemiologist, KDHE, adjunct faculty member D. Charles Hunt, MPH.
- Medical Director and Chief Health Officer, Sedgwick County Health Department (Dr. Fredrickson)
- Director of Public Health, Johnson County Health Department, adjunct assistant professor Leon Vinci, DHA.
• Director, Bureau of Epidemiology and Disease Prevention, KDHE, adjunct assistant professor Gianfranco Pezzino, MD, MPH.
• KPHA (Committee chairships by Drs. Wetta-Hall, Richter, Hawley, and Ms. Shirley Orr and Melissa Armstrong)
• Lead Consultant, BRFSS, Council of State and Territorial Epidemiologists (D. Charles Hunt)
• Chair, Protocol Review and Data Monitoring Committee, Kansas Masonic Cancer Research Institute (Dr. Mayo)
• Director, Kansas Cancer Registry (Dr. Lai)
• Chair, Kansas Cancer Data Release Advisory Board (Dr. Lai)
• Director, American Indian Health Research and Education Alliance (Dr. Daley)
• Director, Continuing Education in Epidemiology, American Public Health Association (Dr. Neuberger)
• Abstinence Education Consults, Inc. Community Advisory Board Member (Dr. Wetta-Hall)

Academic year 2008-2009:
• Tobacco Treatment Specialist Training Program Accreditation Commission, Association for the Treatment of Tobacco Use and Dependence (ATTUD), Dr. Richter serves as Commissioner)
• Medical Director and Chief Health Officer, Wyandotte County Health Department (Dr. Allen Greiner). Wyandotte is the county in which Kansas City is located, and citizens experience many significant public health issues.
• Deputy State Epidemiologist, KDHE, adjunct faculty member D. Charles Hunt, MPH.
• Director of Public Health, Johnson County Health Department, adjunct assistant professor Leon Vinci, DHA.
• KPHA (Committee chairships by faculty members Drs. Wetta-Hall, Richter, Hawley, adjuncts Ms. Shirley Orr and Dr. Marvin Stotlemire and MPH Assistant Director Ms. Melissa Armstrong)
• Lead Consultant, BRFSS, Council of State and Territorial Epidemiologists (adjunct faculty member D. Charles Hunt, MPH)
• Chair, Protocol Review and Data Monitoring Committee, Kansas Masonic Cancer Research Institute (Dr. Mayo)
• Director, Kansas Cancer Registry (Dr. Lai)
• Chair, Kansas Cancer Data Release Advisory Board (Dr. Lai)
• Director, American Indian Health Research and Education Alliance (Dr. Daley)
• Vice Chair, Education Board, American Public Health Association (Dr. Neuberger)
• Governing Council, Epidemiology Section, American Public Health Association (Dr. Neuberger)
• National Leadership Development Network: (Dr. Hawley was the Chair-elect of Executive Board)
• Member, Sedgwick County Health Department, Center for Health Equity Advisory Board (Dr. Hawley)
• Abstinence Education Consults, Inc. Community Advisory Board Member (Dr. Wetta-Hall)

Academic year 2009-2010:
• National Public Leadership Development Network: (Dr. Hawley is the Chair of Executive Board)
• Director, Kansas Cancer Registry (Dr. Lai)
• KPHA (Committee chairships by faculty members Drs. Wetta-Hall, Shireman, and Hawley, adjunct Dr. Marvin Stottlemire and MPH assistant directors Ms. Melissa Armstrong and Ms. Tanya Honderick)
• Deputy State Epidemiologist, KDHE, adjunct faculty member D. Charles Hunt, MPH.
• National Board of Public Health Examiners. Item writer for 2010 Certification exam (Dr. Wetta-Hall)
• Abstinence Education Consults, Inc. Community Advisory Board Member (Dr. Wetta-Hall)
• Member, Sedgwick County Health Department, Center for Health Equity Advisory Board (Dr. Hawley)
• Hosted and facilitated Healthy People 2020 Public Meetings for planning objectives for Healthy People 2020, of Department of Health and Human Services, Office of Disease Prevention and Health Promotion (T. Honderick, Dr. E. Ellerbeck, Dr. D. Bradham, Dr. R. Wetta-Hall, Dr. J. Neuberger, Dr. M. Ramaswamy)
• Hosted and organized research integrity conference, "Challenges in Research Collaborations with Underserved Populations: African-American, Latino, and Native American Communities; Prisoners, People with Disabilities, Rural Populations. Department of Health and Human Services, Office of Research Integrity (M. Ramaswamy, W. Choi, T. Honderick, K.E. Greiner, C. Daley, P. Cupertino).

In addition, specific faculty leadership and service activities within the MPH program and the school of medicine were recognized with the following awards:

Academic year 2007-2008:
• Departmental Outstanding Faculty Award: This was awarded for outstanding teaching, service, and research to Dr. Christine Daley (Kansas City).
• Golden Apple Outstanding Faculty Award: This was awarded for outstanding teaching, service and research to Dr. Angelia Paschal (Wichita).
• Kansas Health Foundation Excellence in Public Health Teaching Awards: Awarded to Dr. Elizabeth Ablah (Wichita) and Dr. Aimee James (Kansas City). These awards were given for an outstanding contribution to public health through teaching activities.
• Fifth Annual Faculty Diversity Award: Awarded to Dr. Angelia Paschal (Wichita) for her commitment to providing a culturally diverse environment.
• **Kansas Public Health Association Samuel J. Crumbine Medal:** This is the highest award given in the state for meritorious Service in Public Health and awarded to Dr. Kimber Richter in 2007.

**Academic year 2008-2009:**

• **Kansas Health Foundation Excellence in Public Health Teaching Awards:** Awarded to Dr. Theresa Shireman (Kansas City) and Dr. Angelia Paschal (Wichita). These awards were given for an outstanding contribution to public health through teaching activities.

• **Golden Apple Outstanding Faculty Award:** This was awarded posthumously to Dr. Doren Fredrickson (Wichita) for outstanding teaching, service, and research.

**Academic year 2009-2010:**

• **Excellence in Public Health Teaching Awards:** Awarded to Dr. Nicole Nollen (Kansas City) and Dr. Elizabeth Ablah (Wichita). These awards were given for an outstanding contribution to public health through teaching activities.

**3.2c Identification of measures by which the program may evaluate the success of its service efforts, along with data regarding the program’s performance against those measures for each of the last three years.**

Service in the KU-MPH program by faculty is measured in two primary ways: A) the extent to which faculty in the program assist organizations devoted to public health, and B) the extent to which faculty provide technical assistance to public health practitioners. Program targets regarding the program’s performance on these two indicators have been met and exceeded over the last three years.

<table>
<thead>
<tr>
<th>Table 3.2.c. Program Measures for Service and Practice Activities to Meet Public Health Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome Measure</strong></td>
</tr>
<tr>
<td>Assist organizations devoted to the public’s health</td>
</tr>
<tr>
<td>Provide technical assistance to public health practitioners</td>
</tr>
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</table>

Examples of technical assistance provided to public health practitioners by KU-MPH faculty include the following:

**Academic year 2007-2008:**

• **The Sedgwick County Health Department** was assisted by Wichita faculty member Dr. Doren Fredrickson in his role as medical director and chief health
- Kansas Department of Health and Environment (KDHE) received technical assistance for developing the public health workforce
  - Dr. Elizabeth Ablah assisted with preparedness activities for the state and county.
  - Dr. Suzanne Hawley participated on statewide committees dedicated to providing continuing education for the public health workforce.
  - Dr. Angelia Paschal created a best practices for immunizations program for local health departments and identified key indicators for clinical practice.
  - Dr. Paula Cupertino serves on the Kansas Tobacco Prevention for Specific Populations to address tobacco-related disparities.
- Kansas Health Policy Authority was assisted by Kansas City faculty member Dr. Theresa Shireman on a project to promote health care screening of Kansas Medicaid recipients.
- Kansas Foundation for Medical Care was assisted by Kansas City Faculty members Dr. Theresa Shireman & Dr. Edward Ellerbeck for a Centers for Medicaid and Medicare quality improvement project.
- KDHE was assisted in implementing the state’s Comprehensive Cancer Plan through committee service from the following faculty:
  - Ms. Judy Johnston
  - Dr. John Neuberger
  - Dr. Sue-Min Lai
  - D. Charles Hunt (adjunct faculty)
  - Dr. Allen Greiner

Academic year 2008-2009:
- Johnson County Health Department was assisted by Kansas City faculty member Dr. Neuberger, who served on the Community Health Advisory Process (CHAP) committee.
- Health Department of Kansas City, Missouri
  - Dr. Neuberger served on the Advisory Board for the Childhood Lead Poisoning Prevention Program.
  - Dr. Neuberger served on the Food Protection Advisory Board.
- KDHE received technical assistance for developing the public health workforce
  - Dr. Elizabeth Ablah assisted with preparedness activities for the state and county, including an evaluation of the KS TRAIN system.
  - Dr. Suzanne Hawley participated on statewide committees dedicated to providing continuing education for the public health workforce.
  - Dr. Kimber Richter presented evidence-based approaches for programs to address smoking cessation in cardiovascular risk reduction grant applications.
  - Dr. Kimber Richter presented a webinar about treating tobacco dependence for optimal quality of care in diabetes.
- The Sedgwick County Health Department was assisted by Dr. Elizabeth Ablah in evaluating their worksite wellness programs.
• **Kansas Health Policy Authority** was assisted by Kansas City faculty member Dr. Theresa Shireman on a project to promote health care screening of Kansas Medicaid recipients.

• **Department of Health and Human Services (DHHS), Administration for Children and Families, Family and Youth Services Bureau** was assisted by Dr. Ruth Wetta-Hall in teaching program evaluation to funded grantees in varying regions of the country.

**Academic year 2009-2010:**

• The **Wyandotte County Health Department** was served by Medical Director and Chief Health Officer, Dr. Allen Greiner.

• State Epidemiologist, KDHE, adjunct faculty member D. Charles Hunt, MPH.

• **KPHA** received technical assistance and support for committee chairships by faculty members in KC: Dr. Marvin Stottlemire, Dr. Theresa Shireman

• **KPHA** board membership by staff and students in KC: Tanya Honderick, RN, MS, MPH, BC (Secretary), Marvia Jones (Student Section Chair

• Dr. Chris Daley served as Director, **American Indian Health Research and Education Alliance**

• Vice Chair, Education Board, **American Public Health Association** (Dr. Neuberger)

• Governing Council, Epidemiology Section, **American Public Health Association** (Dr. Neuberger)

• Director, **Kansas Cancer Registry** (Dr. Lai)

• Chair, **Kansas Cancer Data Release Advisory Board** (Dr. Lai)

• Steering Committee, **Kansas Statewide Comprehensive Cancer Prevention and Control** (Dr. Lai)

• Steering Committee, **U. S. Melanoma Cancer Monograph** (Lai)

• Elizabeth Ablah served on the **WIRE** initiative in Sedgwick County in an effort to promote a grassroots campaign to support environmental issues.

• Suzanne Hawley served as President of the **National Leadership Network**

• Ruth Wetta-Hall assisted the **Lawrence-Douglas County Health Department** on quality improvement issues regarding patient care and future accreditation processes.

**3.2d Description of student involvement in service.**

KU-MPH students participate in service in a variety of ways:

1. The practicum experience often provides free service to a community based agency.

2. Volunteering personal time in a public health setting (community based initiatives, state, and/or national organizations).

3. Participation in the MPH Student Organization (MPHSO): The MPHSO is responsible for organizing students throughout the semester to perform community service. Assistant directors either post or mail information about service opportunities to help recruit student participants.

4. Membership on KU-MPH standing committees.
Specifically, the KU-MPH program sets a target for at least one service activity involving a group of students each year, on each campus. Activities by the MPH SO are listed below by year:

Academic year 2007-2008:
- Volunteered at two Latino health fairs in Kansas City, KS.
- Volunteered at American Indian Health and Wellness Pow Wow
- Hosted a bi-campus coat drive to provide warm winter clothing for Kansas City area and Wichita area refugees.
- Volunteered at the Bodies Revealed exhibit at Union Station Science Museum in Kansas City, MO.
- Participated in a joint “One Health” lecture series with the Public Health Club at Kansas State University.
- Volunteered with the Smoke Free campaign in Kansas City, MO.
- Participated in the Dole Institute’s Health Care Reform Seminar in Lawrence, KS.
- Volunteered at several agencies/events in Wichita, including:
  - Sedgwick County Health Department,
  - Wesley Hospital,
  - Inter-Faith Ministries,
  - Vietnamese Women Wellness Day,
  - Step Up for SIDS annual fundraiser, and
  - Give Kids a Smile Day at GraceMed Clinic in Wichita, Kansas.

Academic year 2008-2009:
- Volunteered at the JayDoc Free Clinic
- Volunteered at American Indian Health and Wellness Pow Wow
- Food drive for Kansas City area food banks
- Food drive for Kansas Food Bank Warehouse in Wichita
- Volunteered at Give Kids a Smile Day at GraceMed Clinic
- Volunteered at several agencies in Wichita, including Sedgwick County Health Department; Wesley Hospital; Inter-Faith Ministries

Academic year 2009-2010:
- Fall 2009 service: “This is Public Health” awareness campaign.
- The MPH SO Supported the Hispanic Women against Cancer Coalition by purchasing an item at their fundraiser auction. The MPH SO purchased a social event donated by Howl at the Moon in the KC Power and Light District.
- Collection of supplies for Heart to Heart International to make Haiti Care Kits.
- Spring 2010 service for National Public Health Week April 6-11th: can food drive to benefit local food pantries in both Wichita and Kansas City
- Volunteered at Give Kids a Smile Day at GraceMEd Clinic
- Organized a wellness initiative for children at the Center for Health and Wellness
In addition, KU-MPH students who exemplify outstanding community service have been awarded the KU-MPH outstanding graduate student award as well as other recognitions contributing to the KU-MPH program and the school of medicine. Awards have been granted as follows:

Academic year 2007-2008:
- The MPHSO was awarded KU’s Student Organization of the Year in 2007-2008 for outstanding community contribution.
- MPH Outstanding Graduate Awards: Tammy Tolliver and Amanda Myers both received the Analee E. "Betsy" Beisecker Award on the Kansas City campus, named in honor of a late faculty member. Li Jia received the award on the Wichita campus.
- Student Research Forum Award: Awarded to KU-MPH Student Kelsie Cropp for outstanding achievement in Student Research for her presentation on Gender Differences in Autism at the KU Student Research Forum.

Academic year 2008-2009:
- MPH Outstanding Graduate Awards: The Analee E. “Betsy” Beisecker Award was given to Florence Ndikum-Moffor (Kansas City). The Doren D. Fredrickson Public Health Excellence Award, named for a late Wichita faculty member, was given to Laura Quick (Wichita).

Academic year 2009-2010:
- MPH Outstanding Graduate Awards: The Analee E. “Betsy” Beisecker Award was given to Rachel Frische and Ashli Owen (Kansas City). The Doren D. Fredrickson Public Health Excellence Award, named for a late Wichita faculty member, was given to Eric Chau.

3.2e Assessment of the extent to which this criterion is met.

This criterion is met. KU-MPH faculty are involved in numerous service activities and, as such, find many opportunities to include students in areas of service and/or research. All KU-MPH faculty and staff are currently involved in at least one service activity, and many have multiple service activities.
3.3 Workforce Development. The program shall engage in activities that support the professional development of the public health workforce.

3.3a Description of the program’s continuing education activities, including policies, procedures, practices, and evaluation that support continuing education and workforce development strategies.

During the last three years, the KU-MPH degree program has increased continuing education activities that support the professional development of not only current students, but also alumni and other health practitioners throughout the state of Kansas. A wide variety of continuing education opportunities supporting MPH credit, continuing education credit, and competency development have been available from both the Wichita and Kansas City campuses. Training content and delivery method has been developed and modified to be consistent with the preferences reported in comprehensive surveys of the state and local-level public health workforces conducted by the Kansas Department of Health and Environment/Saint Louis University in 2003 and 2005, respectively.

1) Distinguished Visiting Scholar Series. By exposing students, faculty, and staff to interdisciplinary experts and innovators with national reputations, the scholar series is intended to bring new ideas and energy to the campus through didactic lectures, individual mentoring, and brainstorming sessions. It is also intended to bring geographically and departmentally isolated KU colleagues together in an intellectual and scholarly setting to stimulate collaboration. The series hosts scholars with broad appeal to members of the KUMC community. In addition, many visiting scholars have specialized expertise in content areas of interest to KU faculty and are of assistance to faculty conducting their own work. Since its program inception in 2002, the Distinguished Visiting Scholar Series has hosted 51 different speakers from across the country. Evaluation surveys conducted following each of these sessions.

2) WALD Center. The KU-MPH program offers many continuing education opportunities in a coordinated effort through the Kansas Public Health Workforce and Leadership Development (WALD) Center (www.waldcenter.org). The Kansas Public Health WALD Center has been active since 2002 as a web-based public health education, training, and research center. It is administered through an academic-practice partnership between KU-MPH program leadership and the Kansas state health department.

Through its web-based structure, the WALD Center provides accessible continuing education content to the widely distributed and largely rural Kansas workforce. In order to remain accessible to the widespread rural workforce, project activities are held on-site for participants, or are held centrally and interspersed with web-based content in order to decrease the burden of travel. The WALD Center unites several major public health projects, enabling the widespread promotion of competency-based public health workforce
development and leadership in the state. Key WALD Center continuing education programs include the Kansas Public Health Leadership Institute and the Kansas Core Public Health Program, which are explained in detail below.

Kansas Public Health Leadership Institute (KPHLI)

Structure:
The Kansas Public Health Leadership Institute (KPHLI) (http://www.waldcenter.org/kphli/) is a year-long competency-based training program that allows participants to develop their leadership knowledge and skills in order to strengthen organizational effectiveness and positively impact public health systems in Kansas. The KPHLI's vision is an educated, collaborative, and highly competent workforce of public health leaders dedicated to improving the health of all Kansans.

The KPHLI draws scholars from all geographical areas of the state and a diversity of organizations, including local public health departments, the state health department, universities, private practice, mental and environmental health, and other allied fields. The KPHLI structure includes an orientation, four quarterly sessions, and a capstone session. The program began in 2003 and has trained 154 public leaders in 41 of 105 Kansas counties to date. 57 of these participants have taken part in the program since academic year 2007-2008. Specific participating agencies are listed below under section 3.3c (Table 3.3.c.1).

Training sessions are held centrally in Wichita, Kansas, with the exception of one regional session held each fall. Since 2007, the CDC has funded the Kansas Missouri Oklahoma Regional Leadership Institute (KMOLI), and KPHLI participants share an annual KMOLI training session with fellow public health workers from Missouri and Oklahoma. The KMOLI session provides an opportunity for the three member states to share resources and best practices for public health workforce and leadership development.

Content:
The KPHLI curriculum is based upon the ecological model, defined as “a model of health that emphasizes the linkages and relationships among multiple determinants affecting health.” Training modules are informed by public health leadership competencies developed by the National Public Health Leadership Development Network. The curriculum includes training in systems thinking, crisis leadership, team building, cultural competency, and collaborative leadership.

Over the training cycle, scholars create an individual development plan as well as an applied capstone project. The capstone is designed to serve as the demonstration of proficiency in the KPHLI curriculum, as scholars
synthesize and integrate knowledge gained in the KPHLI and apply this to a practice-based project. Upon completion of the capstone and other requirements, scholars graduate from the KPHLI and become members of the Kansas Public Health Leadership Academy.

**Evaluation:**
A content evaluation follows each training session and assesses participant’s perceptions of the effectiveness of speakers, the applicability of program content to their job, and the session’s most and least useful aspects. Participants are also requested to provide suggestions for future program topics that would be useful, ensuring the KPHLI’s continued relevance to current public health leaders.

Pre and post each KPHLI training cycle, participants are given two nationally developed competency assessments: the Public Health Core Competency Assessment, developed by the Council on Linkages, and the Public Health Leadership Competency Assessment, developed by the National Public Health Leadership Development Network. The former are endorsed by the CDC’s Centers for Public Health Preparedness and HRSA’s Public Health Training Centers as quantifiable signs of a public health worker’s knowledge, skill, and ability. The latter competency set has been endorsed by its state and regional public health leadership institutional members over the past decade. KPHLI faculty and staff have recently conducted a five-year review of data and found significant self-reported competency improvement in all domains of both competency assessments following KPHLI training.

**Continuing Education:**
Following successful completion of the KPHLI, graduates are able to apply for 3 credit hours of MPH elective credit if they so choose. Continuing education credit (CE, CNE, and CME) is also provided for each training session, courtesy of the CDC.

**Kansas Core Public Health Program (CPH).**

**Structure and Content:**
The Kansas Core Public Health Program (CPH) represents a complete revamp of the long-established Kansas Public Health Certificate Program, which was previously conducted by the KU-MPH program, the Kansas Department of Health and Environment (KDHE), the Kansas Association of Local Health Departments (KALHD), and the Kansas Health Foundation. The revised CPH program, developed in calendar year 2008 and first implemented in academic years 2008-2009 and 2009-2010 (calendar year 2009) by KU-MPH faculty and KDHE staff, builds on the collaborative strengths of those partnerships and includes curriculum and
structural adaptations to make the program more accessible to working public health professionals.

The intended audience for this continuing education program is public health workers who are new to the field or who may have begun working in public health without a health degree. 30 workers graduated from the 2009 (academic years 2008-2009 and 2009-2010) CPH program. 22 more are currently progressing through the 2010 (academic year 2009-2010) CPH training cycle and will complete training in November 2010. Specific participating sites are listed in the table below under section 3.3c (Table 3.3.c.2).

The CPH program consists of six two-day sessions over the course of a year. Five of the six cover the ten essential services of public health to give participants a thorough grounding in the field, while the final includes the presentation of a practice-based capstone project. Over the course of the year, students complete web-based inter-session trainings to increase their knowledge. CPH training sites are located in the population centers of Wichita and Topeka, which are connected via ITV for each training session.

**Evaluation:**
A content evaluation follows each session. It assesses speaker effectiveness, relevance of content to the essential service being discussed, and degree to which the inter-session assignments helped with the fulfillment of session objectives. Participant feedback informs CPH director decisions about how to shape the future curriculum in order to teach new public health professionals about the field most effectively.

**Continuing Education:**
Continuing education credit (CNE) is granted for each CPH session by the Kansas State Board of Nursing. In addition, CPH graduates who are interested in pursuing an MPH can receive 3 hours of elective credit following the successful completion of the program.

3) **Public Health Grand Rounds.** Another significant continuing education activity of the KU-MPH program is the Public Health Grand Rounds series, a weekly lecture series on a variety of timely public health topics of interest to KU-MPH students, faculty and staff, and the public health workforce in general. Since academic year 2007-2008, the Public Health Grand Rounds series has been administered through the Kansas City campus in partnership with the University of Kansas Area Health Education Center in Pittsburg, Kansas. Lectures are webcast using Elluminate software and are available upon registration to any site around the state that has Internet access.
For each lecture, attendees are able to receive continuing nursing or medical education credit. Enrolled KU-MPH students are also able to receive MPH elective credit for attending the entire lecture series. Participating sites in the Public Health Grand Rounds series include state and local health department employees; university faculty, staff, and students; hospitals; and private public health and medical practitioners. Specific participating sites are listed in the table below under section 3.3c (Table 3.3.c.3).

**Evaluation:**
Participants complete a content evaluation following each Grand Rounds lecture, which offers them the opportunity to indicate additional topics of interest to the public health workforce, as well as areas of strength and needs for growth.

4) **Kansas Learning Management System (LMS).** Kansas TRAIN, the state’s Learning Management System (LMS), is an on-line premier learning resource for public health and affiliated professionals ([https://ks.train.org](https://ks.train.org)), which KU-MPH faculty have used to deliver training. Kansas TRAIN is part of the national Training Finder Real-time Affiliate Integrated Network (TRAIN) and is currently managed by the Kansas Department of Health and Environment (KDHE). Kansas’s LMS is one of the most utilized and recognized systems in the country for continuing education and workforce development. It currently houses hundreds of on-line and live courses in public health (360+ courses in KS and 1,500+ nationally as of 4-19-10). In Kansas, there are 29,974 TRAIN user accounts, with ½ million accounts nationally. Many on-line courses are free and provide CEUs, with post-test evaluations following the courses. Additionally, many of the live trainings (e.g., local conferences and workshops) require registration on the KS-TRAIN system, so users can document state-wide public health training opportunities on a single transcript.

The WALD center and KU-MPH faculty have helped to develop/sponsor several KS-TRAIN trainings over the past several years. Some of these include Cultural Competency modules, Psychological Response to Disasters and Terrorism modules, Emergency Preparedness modules, and all WALD on-site training programs.

Course evaluations are available and conducted for these offering and available within this LMS system. In addition, TRAIN courses that have been developed by the WALD center have had additional evaluations surveyed to live pilot audiences in the development of the on-line training.

3.3b **Description of certificates.**

The KU-MPH program does not offer certificates.
3.3c List other educational institutions or public health practice organizations, if any, with which the program collaborates to offer continuing education.

The KU-MPH program collaborates frequently with the state health department, the Kansas Department of Health and Environment (KDHE), to offer the above continuing education opportunities. KDHE is a key partner for the WALD Center’s activities, providing the linkages to practicing public health workers that help ensure that continuing education opportunities remain focused and relevant. Both the Kansas Public Health Leadership Institute (KPHLI) and the Kansas Core Public Health Program (CPH) are jointly directed by KU-MPH faculty and KDHE staff. The CPH curriculum is also informed by input from One Health Kansas, based at Kansas State University, and the Kansas Association of Local Health Departments.

The KPHLI program also maintains regional partnerships with universities and public health practice organizations in Missouri and Oklahoma in order to provide regionally-based KMOLI training. These include:

- Missouri Department of Health and Senior Services
- Heartland Center for Public Health and Community Leadership at Saint Louis University’s School of Public Health
- Kansas Department of Health and Environment
- University of Kansas School of Medicine-Wichita
- Oklahoma State Department of Health
- Oklahoma University College of Public Health.

The Public Health Grand Rounds series is organized through collaboration with the university’s key outreach organization, the Pittsburg site of the University of Kansas Area Health Education Center.

In addition to these significant collaborations, the KU-MPH program ensures that its continuing education efforts reach public health workers from a wide variety of agencies and geographic areas, in order to best ensure that education and training are provided equitably to workers in medically underserved rural populations. Participating agencies are listed in the tables that follow.
Table 3.3.c.1. Kansas Public Health Leadership Institute Participating Agencies

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>KUMC, Department of Preventive Medicine and Public Health</td>
<td>Rooks County Health Department</td>
<td>KUSM-W, Department of Preventive Medicine and Public Health</td>
</tr>
<tr>
<td>Wichita State University</td>
<td>Wichita Area Technical College</td>
<td>Priority Care Pediatrics, LLC, Kansas City, MO</td>
</tr>
<tr>
<td>Ottawa County Health &amp; Aging Services</td>
<td>KU Medical Center</td>
<td>Kansas State University, College of Veterinary Medicine</td>
</tr>
<tr>
<td>Preventive Medicine Associates, LLC</td>
<td>KDHE, Bureau of Environmental Field Studies</td>
<td>KDHE, Center for Health and Environmental Statistics</td>
</tr>
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<td>Salina Regional Health Center</td>
<td>Cleveland Chiropractic College</td>
<td>Mitchell County Health Department</td>
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<tr>
<td>Barber County Community Health Department</td>
<td>University of Kansas</td>
<td>KDHE, Office of the Secretary</td>
</tr>
<tr>
<td>Research and Extension, Kansas State University</td>
<td>Kansas Public Health Association</td>
<td>KDHE, Forbes Field</td>
</tr>
<tr>
<td>Primary Care Associates, Wichita</td>
<td>K-State Research &amp; Extension, Northeast Area</td>
<td>Kansas State Research and Extension</td>
</tr>
<tr>
<td>FDA, Kansas City District, Wichita RP</td>
<td>K-State Research &amp; Extension, Meade County Extension</td>
<td>KDHE, Laboratories</td>
</tr>
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<td>Lawrence-Douglas County Health Dept Johnson County Environmental Department</td>
<td>Wichita Women’s Initiative Network</td>
<td>Sedgwick County Health Department</td>
</tr>
<tr>
<td>COMCARE of Sedgwick County</td>
<td>Sedgwick County Government Health Department</td>
<td>Kansas Health Institute</td>
</tr>
<tr>
<td>Clay County Health Department</td>
<td>Stevens County Health Department</td>
<td>Sedgwick County Health Dept. Johnson County Health Department</td>
</tr>
<tr>
<td>KDHE, Bureau of Disease Control and Prevention</td>
<td>SIDS Network of Kansas</td>
<td>KDHE, Office of Health Promotion</td>
</tr>
<tr>
<td>KDHE, Center for Health and Environmental Statistics</td>
<td>KDHE, Bureau of Kansas Health Administration</td>
<td>Association of Community Mental Health Centers of Kansas</td>
</tr>
<tr>
<td>Kansas Division of Emergency Management</td>
<td>KDHE, Bureau of Local and Rural Health</td>
<td>Kansas State Department of Education</td>
</tr>
<tr>
<td>Kansas Association of Local Health Departments</td>
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<td>Sedgwick County Health Department</td>
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<tr>
<td>Shawnee County Health Agency North Annex</td>
<td></td>
<td>KUMC</td>
</tr>
<tr>
<td>Wabaunsee Co. Health Department</td>
<td></td>
<td>Center for Health and Wellness, Wichita, KS</td>
</tr>
<tr>
<td>KDHE, Office of Health Promotion</td>
<td></td>
<td>City of Wichita</td>
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<tr>
<td>Kansas Adjutant General’s Office</td>
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### Table 3.3.c.2. Kansas Core Public Health Program Participating Agencies

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<tbody>
<tr>
<td>City of Wichita Environmental Services</td>
<td>KDHE, BFH-Children &amp; Families</td>
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<tr>
<td>Comcare</td>
<td>Wallace County Health Department</td>
</tr>
<tr>
<td>Flint Hills Community Health Center/Lyon Co. Health Dep.</td>
<td>Kearney County Health Department</td>
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<tr>
<td>Franklin County Health Dept.</td>
<td>Harper County Health Department</td>
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<tr>
<td>Hamilton County Health Dept</td>
<td>Johnson County Public Health Dept.</td>
</tr>
<tr>
<td>Johnson County Health Department</td>
<td>Lawrence-Douglas County Health Department</td>
</tr>
<tr>
<td>KDHE</td>
<td>Flint Hills Community Health Center/Lyon County Health Dept.</td>
</tr>
<tr>
<td>KDHE Office of Health Promotion</td>
<td>Shawnee County Health Agency</td>
</tr>
<tr>
<td>KDHE, Center for Public Health Preparedness</td>
<td>Johnson County Health Department</td>
</tr>
<tr>
<td>KDHE, Bureau of Local and Rural health, KS Statewide</td>
<td></td>
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<tr>
<td>Farmworker Health Program</td>
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<tr>
<td>KUMC</td>
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<tr>
<td>Lane County Health Department</td>
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<tr>
<td>Lawrence-Douglas County Health Department</td>
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<tr>
<td>Leavenworth County Health Department</td>
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<td>Lyon County Health Department</td>
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<td>Morton County Health Dept</td>
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<td>Ness County Health Department</td>
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<tr>
<td>Oswego County Hospital</td>
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<tr>
<td>Pawnee County Health Department</td>
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<tr>
<td>Sedgwick County Health Department</td>
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<tr>
<td>Shawnee County Health Agency</td>
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<tr>
<td>United Methodist Churches</td>
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### Table 3.3.c.3. Public Health Grand Rounds Participating Agencies

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<tbody>
<tr>
<td>Chautauqua Health Dept., Sedan, KS</td>
<td>Philadelphia Water Department, Philadelphia, PA</td>
<td>Dickinson Co. Health Dept., Abilene, KS</td>
</tr>
<tr>
<td>Harvey County Health Department, Newton, KS</td>
<td>Dickinson Co. Health Dept., Abilene, KS</td>
<td>Junction City-Geary Co. Health Dept., Junction City, KS</td>
</tr>
<tr>
<td>Jefferson Co. Health Dept., Oskaloosa, KS</td>
<td>KUMC, Kansas City, KS</td>
<td>KUMC, Kansas City, KS</td>
</tr>
<tr>
<td>KDHE, Topeka, KS</td>
<td>KUSD-W, Wichita, KS</td>
<td>KUSD-W, Wichita, KS</td>
</tr>
<tr>
<td>KUMC, Kansas City, KS</td>
<td>Lawrence-Douglas Co. Health Dept., Lawrence, KS</td>
<td>Lyon Co. Health Dept., Emporia, KS</td>
</tr>
</tbody>
</table>

147
3.3d  **Assessment of the extent to which this criterion is met.**

This criterion is met. KU-MPH faculty have developed a strong network of collaborative partnerships with universities and public health practice agencies in Kansas and throughout the region. These partnerships provide avenues for developing and distributing continuing education content. They also serve as a means for connecting members of the public health workforce with needed educational content and providing graduate or continuing education credit in support of workers’ professional development. Program evaluation methods cover educational content and assess competency development, a necessary preparatory step for public health agencies and workers to achieve accreditation in the future.
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.
A table showing primary faculty who support the degree programs offered by the program. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit. This information must be presented in table format and include at least the following: a) name, b) title/academic rank, c) FTE or % time, d) tenure status or classification*, e) gender, f) race, g) graduate degrees earned, h) discipline in which degrees were earned, i) institutions from which degrees were earned, j) current teaching areas, k) current research interests, and l) current and past public health practice activities. *Note: classification refers to alternative appointment categories that may be used at the institution. See CEPH Data Template F.

The KU-MPH program has utilized between 27 and 30 core faculty members in the last three years. In FY10, the KU-MPH program utilized 27 faculty members. This group of faculty have diverse educational backgrounds including such areas of specialization as epidemiology, biostatistics, health services research, behavioral psychology, medical sociology, environmental health and medicine.

The table below lists the core faculty as of Fall 2010 for the KU-MPH program. For the FTE calculations, both the department FTE and the contribution to the MPH program is listed in Table 4.1.a.

Table 4.1.a. Current Core Faculty Supporting Degree Offerings of School or Program by Department/Specialty Area

<table>
<thead>
<tr>
<th>Department/ Specialty Area</th>
<th>Name</th>
<th>Title/ Academic Rank</th>
<th>Tenure Status or Classification*</th>
<th>FTE or % Time</th>
<th>Gender</th>
<th>Race/ Ethnicity</th>
<th>Graduate Degrees Earned</th>
<th>Institution</th>
<th>Discipline</th>
<th>Teaching Area</th>
<th>Research Interest</th>
<th>Current/ Past PH Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Medicine and Public Health – Kansas City Epidemiology</td>
<td>Won Sup Choi</td>
<td>Associate Professor</td>
<td>Tenured</td>
<td>Dept = 1.0 MPH FY11 = 1.0, FY10 = 1.0, FY09 = 1.0, FY08 = 1.0</td>
<td>M</td>
<td>Asian</td>
<td>PhD</td>
<td>University of California, San Diego/ San Diego State University Boston University School of Public Health</td>
<td>Epidemiology</td>
<td>Epidemiology</td>
<td>Prevention and Control for Tobacco Use, Cigarette-related Disease Risks, Adolescent Smoking</td>
<td>See CV in Resource Room</td>
</tr>
<tr>
<td>Department/ Specialty Area</td>
<td>Name</td>
<td>Title/ Academic Rank</td>
<td>Tenure Status or Classification*</td>
<td>FTE or % Time</td>
<td>Gender</td>
<td>Race/ Ethnicity</td>
<td>Graduate Degrees Earned</td>
<td>Institution</td>
<td>Discipline</td>
<td>Teaching Area</td>
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<td>Current/ Past PH Activities</td>
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<tr>
<td>Preventive Medicine and Public Health – Kansas City Epidemiology</td>
<td>Babalola Faseru</td>
<td>Research Assistant Professor</td>
<td>Tenure Track</td>
<td>Dept = 1.0 MPH</td>
<td>M</td>
<td>Black</td>
<td>MD</td>
<td>MPH</td>
<td>Obafemi Awolowo University, Nigeria University of Kuopio, Finland</td>
<td>Medicine &amp; Surgery</td>
<td>Epidemiology</td>
<td>Nicotine Dependence and Smoking Cessation</td>
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<tr>
<td>Preventive Medicine and Public Health – Kansas City Epidemiology</td>
<td>Sue Min Lai</td>
<td>Professor</td>
<td>Tenured</td>
<td>Dept = 1.0 MPH</td>
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<td>Asian</td>
<td>MBA</td>
<td>MS</td>
<td>PhD</td>
<td>Miami University, Acron, OH Temple University, Pennsylvania University of Pittsburgh, Pennsylvania</td>
<td>Accounting</td>
<td>Disease Epidemiology</td>
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<td>Preventive Medicine and Public Health – Kansas City Generalist</td>
<td>Ana Paula Cupertino</td>
<td>Assistant Professor</td>
<td>Tenure Track</td>
<td>Dept = 1.0 MPH</td>
<td>F</td>
<td>Latino</td>
<td>MS</td>
<td>PhD</td>
<td>Universidade de Brasilia – Brazil University of California, Davis</td>
<td>Social Psychology</td>
<td>Health Disparities</td>
<td>Cancer Prevention, Tobacco Cessation and Prevention among Rural Smokers and Latinos</td>
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<tr>
<td>Department/ Specialty Area</td>
<td>Name</td>
<td>Title/ Academic Rank</td>
<td>Tenure Status or Classification*</td>
<td>FTE or % Time</td>
<td>Gender</td>
<td>Race/Ethnicity</td>
<td>Graduate Degrees Earned</td>
<td>Institution</td>
<td>Discipline</td>
<td>Teaching Area</td>
<td>Research Interest</td>
<td>Current/ Past PH Activities</td>
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<tr>
<td>Preventive Medicine and Public Health – Kansas City Generalist</td>
<td>Edward F. Ellerbeck</td>
<td>Professor</td>
<td>Tenured</td>
<td>Dept = 1.0</td>
<td>M</td>
<td>White</td>
<td>MD</td>
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<td>Preventive Medicine and Public Health – Kansas City Generalist</td>
<td>Kimberly K. Engelman</td>
<td>Associate Professor</td>
<td>Tenure Track</td>
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<td>F</td>
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</table>

* Classification of faculty may differ from school to school, but may refer to teaching, research, service faculty or tenured, tenure-track, non-tenure-track faculty or alternative appointment categories used by the school.

**FY11 numbers are not final. Numbers listed are projections for the academic year that ends June 30, 2011.
4.1b If the program uses other faculty in its teaching programs (adjunct, part-time, secondary appointments, etc), summary data on their qualifications should be provided in table format and include at least a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to teaching program, e) gender, f) race, g) graduate degrees earned, h) disciplines in which degrees were earned, and i) contributions to the teaching program. See CEPH Data Template G.

The KU-MPH program has utilized 68 adjunct, secondary and volunteer faculty in the last three years. These faculty are from other departments in the School of Medicine including Internal Medicine, Family and Community Medicine, Neurology, Obstetrics and Gynecology, Office of Research, Urology and Biostatistics. Many of the program’s adjunct and volunteer faculty are from the state public health department (Kansas Department of Health and Environment), local health departments of community non-profit organizations. These adjuncts serve on capstone committees and occasionally teach MPH courses.

<table>
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<tr>
<th>Department/ Specialty Area</th>
<th>Name</th>
<th>Title/Academic Rank</th>
<th>Title &amp; Current Employer</th>
<th>FTE or % Time</th>
<th>Gender</th>
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<td>Byron J. Gajewski</td>
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<td>Black</td>
<td>MD, PhD</td>
<td>Internal Medicine</td>
<td>Capstone Member</td>
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<td>Preventive Medicine and Public Health – Kansas City</td>
<td>Kennedy</td>
<td>Adjunct</td>
<td>Fellowship Director and Attending Physician, Department of Emergency Medicine, Children’s Mercy Hospital</td>
<td>FY10=.03</td>
<td>M</td>
<td>Unknown</td>
<td>MD</td>
<td>Medicine, Emergency Medicine, Pediatrics</td>
<td>Capstone Member</td>
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<tr>
<td>Preventive Medicine and Public Health – Kansas City</td>
<td>Patricia Kluding</td>
<td>Adjunct</td>
<td>Physical Therapy and Rehabilitation Sciences</td>
<td>FY09=.06</td>
<td>F</td>
<td>Unknown</td>
<td>PhD</td>
<td>Physical Therapy</td>
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<tr>
<td>Preventive Medicine and Public Health – Kansas City</td>
<td>Hope Krebill</td>
<td>Adjunct</td>
<td>Director, Midwest Cancer Alliance, University of Kansas Medical Center</td>
<td>FY09=.03</td>
<td>F</td>
<td>White</td>
<td>MSW</td>
<td>Cancer</td>
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<tr>
<td>Preventive Medicine and Public Health – Kansas City</td>
<td>Darrel Lang</td>
<td>Adjunct</td>
<td>Program Consultant, Kansas State Department of Education</td>
<td>FY10=.03</td>
<td>M</td>
<td>White</td>
<td>EdD</td>
<td>Education</td>
<td>Capstone Member</td>
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<td>Preventive Medicine and Public Health – Kansas City</td>
<td>Susan Crain Lewis</td>
<td>Adjunct</td>
<td>President/CEO, Mental Health America of the Heartland</td>
<td>FY11=.06</td>
<td>F</td>
<td>American Indian</td>
<td>LMSW</td>
<td>Administrative Practice</td>
<td>Capstone Member</td>
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<td>Department/ Specialty Area</td>
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<td>Paula Livingston</td>
<td>Adjunct</td>
<td>Coordinator, Metropolitan Coalition for Responsible Sex Education</td>
<td>FY11=.21</td>
<td>F</td>
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<td>Oral Health</td>
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<td>Adjunct</td>
<td>Deputy Director, Office of Oral Health, Kansas Department of Health and Environment</td>
<td>FY10=.03</td>
<td>F</td>
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<td>MPH</td>
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<td>Preventive Medicine and Public Health – Kansas City</td>
<td>Dawn McGlasson</td>
<td>Adjunct</td>
<td>Physician, Private Practice</td>
<td>FY09=.06</td>
<td>F</td>
<td>White</td>
<td>MPH</td>
<td>Oral Health</td>
<td>Capstone Member</td>
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<tr>
<td>Preventive Medicine and Public Health – Kansas City</td>
<td>Sally Mountcastle</td>
<td>Adjunct</td>
<td>Assistant Professor</td>
<td>FY11=.15 FY10=.33</td>
<td>F</td>
<td>White</td>
<td>PhD</td>
<td>Infectious Disease Epidemiology</td>
<td>Family and Child Health, Emergency Preparedness</td>
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<td>Preventive Medicine and Public Health – Kansas City</td>
<td>Florence Ndikum-Moffor</td>
<td>Adjunct</td>
<td>Education Director and Public Information Officer, Unified Government Public Health Department of Wyandotte County</td>
<td>FY10=.03</td>
<td>F</td>
<td>Black</td>
<td>PhD</td>
<td>International Health</td>
<td>Capstone Member</td>
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<td>Biago Pagano</td>
<td>Adjunct</td>
<td>Education Director and Public Information Officer, Unified Government Public Health Department of Wyandotte County</td>
<td>FY10=.06</td>
<td>M</td>
<td>White</td>
<td>MPH</td>
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<td>Capstone Member</td>
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<td>Portnoy Adjunct</td>
<td>Chief, Section of Allergy, Asthma &amp; Immunology, Children’s Mercy Hospital</td>
<td>FY11= .03 FY10= .03</td>
<td>M</td>
<td>White</td>
<td>MD</td>
<td>Medicine, Pediatrics</td>
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<td>Roberts Adjunct</td>
<td>Environmental Health Officer, Divisions of Health and Environment, Kansas Department of Health and Environment</td>
<td>FY09= .02</td>
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<td>Epidemiology</td>
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<td>Preventive Medicine and Public Health – Kansas City</td>
<td>Rebecca Ross Adjunct</td>
<td>Program Improvement Coordinator, Kansas Health Policy Authority</td>
<td>FY11= .01 FY10= .06</td>
<td>F</td>
<td>White</td>
<td>MS</td>
<td>Public Health Administration</td>
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<td>Preventive Medicine and Public Health – Kansas City</td>
<td>Gary Salzman Adjunct</td>
<td>Professor of Medicine and Section Chief, University of Missouri-Kansas City</td>
<td>FY10= .03</td>
<td>M</td>
<td>White</td>
<td>MD</td>
<td>Internal and Pulmonary Medicine</td>
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<td>Department of Pediatrics – Kansas City</td>
<td>Jon Scheinman Adjunct</td>
<td>Professor, Pediatrics, University of Kansas School of Medicine</td>
<td>FY09= .01</td>
<td>M</td>
<td>Unknown</td>
<td>MD</td>
<td>Pediatrics</td>
<td>Capstone Member</td>
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<td>Preventive Medicine and Public Health – Kansas City</td>
<td>Marvin G. Stottlemire Adjunct</td>
<td>Associate Professor</td>
<td>FY11= .27 FY10= .43 FY09= .30 FY08= .27</td>
<td>M</td>
<td>White</td>
<td>PhD JD</td>
<td>Political Science, Law</td>
<td>Public Health Administrati on, Policy and Law</td>
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<td>Title &amp; Current Employer</td>
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<td>VanVeldhuizen</td>
<td>Adjunct</td>
<td>Professor, Internal Medicine, University of Kansas School of Medicine</td>
<td>FY09=.06</td>
<td>M</td>
<td>Unknown</td>
<td>MD</td>
<td>Hematology/Oncology</td>
<td>Capstone Member</td>
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<td>Preventive Medicine and Public Health – Kansas City</td>
<td>Vines</td>
<td>Adjunct</td>
<td>Assistant Professor, Microbiology, Molecular Genetics and Immunology Department, University of Kansas School of Medicine</td>
<td>FY10=.01</td>
<td>F</td>
<td>Unknown</td>
<td>PhD</td>
<td>Genetics and Immunology</td>
<td>Capstone Member</td>
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<td>Preventive Medicine and Public Health – Kansas City</td>
<td>Victoria Wangia</td>
<td>Adjunct</td>
<td>University of Kansas School of Nursing</td>
<td></td>
<td>F</td>
<td>Black</td>
<td>MS</td>
<td>Health Informatics</td>
<td>GIS</td>
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<td>Weingartner</td>
<td>Adjunct</td>
<td>Deputy Director – Operations and Response, Shawnee County Health Agency</td>
<td>FY10=.01</td>
<td>F</td>
<td>Unknown</td>
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<td>Sports Administration</td>
<td>Capstone Member</td>
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<td>Preventive Medicine and Public Health – Kansas City</td>
<td>Katherine Weno</td>
<td>Adjunct</td>
<td>Director, Office of Oral Health, Kansas Department of Health &amp; Environment</td>
<td>FY10=.06</td>
<td>F</td>
<td>White</td>
<td>DDS, JD</td>
<td>Oral Health</td>
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<td>Internal Medicine – Wichita</td>
<td>K. James Kallail</td>
<td>Secondary</td>
<td>Professor</td>
<td>FY10=.15 FY08=.24</td>
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<td>Obstetrics and Gynecology – Wichita</td>
<td>Linda M. Frazier</td>
<td>Secondary</td>
<td>Professor</td>
<td>FY10=.06 FY08=.07</td>
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<td>Medicine</td>
<td>Capstone member</td>
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<td>Title &amp; Current Employer</td>
<td>FTE or % Time</td>
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<td>Race or Ethnicity</td>
<td>Highest Degree Earned</td>
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<tr>
<td>Obstetrics and Gynecology – Wichita</td>
<td>David A. Grainger</td>
<td>Secondary</td>
<td>Assoc. Dean Research/Professor</td>
<td>FY10=.125 FY09=.01 FY08=.005</td>
<td>M</td>
<td>White</td>
<td>MD</td>
<td>Medicine</td>
<td>Capstone member</td>
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<tr>
<td>Office of Research/ Pediatrics</td>
<td>Carolyn R. Schmidt</td>
<td>Secondary</td>
<td>Assistant Professor</td>
<td>FY11=.06 FY09=.12 FY08=.18</td>
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<td>White</td>
<td>PhD</td>
<td>Community Psychology</td>
<td>Capstone member</td>
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<td>Preventive Medicine and Public Health – Wichita</td>
<td>Sonja M. Armbruster</td>
<td>Adjunct</td>
<td>Community Health Assessment Coordinator/ Sedgwick County Health</td>
<td>FY10=.06 FY09=.16 FY08=.04</td>
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<td>Communication</td>
<td>Public Health Administration</td>
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<td>Preventive Medicine and Public Health – Wichita</td>
<td>Deborah Barkin Fromer</td>
<td>Adjunct</td>
<td>Epidemiologist/ Sedgwick County Health Department</td>
<td>FY11=.30 FY10=.21 FY09=.15 FY08=.04</td>
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<td>White</td>
<td>MPH</td>
<td>Public Health</td>
<td>Epidemiology, Capstone member</td>
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<tr>
<td>Preventive Medicine and Public Health – Wichita</td>
<td>Shirley Orr</td>
<td>Adjunct</td>
<td>Director of Local Health/ Kansas Department of Health and Environment</td>
<td>FY10=.03 FY09=.03 FY08=.11</td>
<td>F</td>
<td>White</td>
<td>MHS</td>
<td>Health Services/Nursing</td>
<td>Public Health Administration</td>
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<td>Preventive Medicine and Public Health – Wichita</td>
<td>Douglas Parham</td>
<td>Adjunct</td>
<td>Assistant Professor/ Wichita State University</td>
<td>FY10=.12</td>
<td>M</td>
<td>White</td>
<td>PhD</td>
<td>Communicative Sciences</td>
<td>Biostatistics</td>
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</table>
Faculty in the KU-MPH program integrate perspectives from the field of practice by:

1) Collaborating with practitioners in the field on research projects. For example, two faculty members currently partner with the American Indian Heartland Cancer Network as part of the University of Kansas-based American Indian Health Research and Education Alliance. Another faculty member partners with the Kansas Center for Health Disparities in conjunction with the Kansas Department of Health and Environment. Several additional faculty members work with the state and local health departments, as well as with the Kansas Public Health Association.

2) Placing KU-MPH students in the field for practicum experiences and developing relationships with practicum site mentors. Students complete their capstone projects at over 50 sites in Kansas City and Wichita, including community-based clinics, health departments, health case management agencies, and at community-based organizations that serve immigrant and indigent communities.

3) Taking students on fieldtrips to public health agencies. Two examples include taking fieldtrips for the environmental health course to city water treatment facilities and visits with county health department personnel on restaurant inspections.

4) Utilizing an External Advisory Committee to inform KU-MPH program and faculty activities. Twenty members of the External Advisory Committee, made up of people from the state health department, local health departments, and local health foundations, convene an annual meeting to discuss KU-MPH program activities and future plans of the program and faculty.

5) Maintaining a group of volunteer faculty and/or core faculty that includes members from the community and field of practice for the purpose of collaborative research and student advising. For the last three years, the KU-MPH program has had between 15 and 29 public health practitioners serving on its faculty. These faculty are health officers in the two largest counties in Kansas, which added public health practice experience to the program (Dr. Greiner, Wyandotte County and Dr. Fredrickson, Sedgwick County). Other faculty public health practitioners have expertise in epidemiology (Mr. Hunt, KDHE and Dr. Posner, CDC), rural health and workforce development (Ms. Orr, KDHE), health education (Dr. Burbach and Ms. Armbruster), environmental health and public health administration (Ms. Blackburn and Mr.
Brown). Dr. Jason Eberhart-Phillips, as KDHE’s director of health, held an adjunct appointment, as did Elaine Schwartz, the executive director of the Kansas Public Health Association.

Additionally, the KU-MPH program has an annual target that states at least eight faculty/adjunct faculty from public health practice will be involved in teaching each year (four on each campus). The number of public health practitioners with formal faculty appointments in the departments during FY08, FY09 and FY10 are shown in Table 4.1.c. The Kansas Department of Health and Environment (KDHE) and local county health departments are the primary practice sites for most of these faculty.

| Table 4.1.c. Number of Public Health Practitioners Among KU-MPH Faculty |
|---------------------------|---------------------|---------------------|
|                          | Kansas City | Wichita |
| FY08                     | 22          | 7        |
| FY09                     | 14          | 5        |
| FY10                     | 13          | 6        |

4.1d Identification of outcome measures by which the program may judge the qualifications of its faculty complement, along with data regarding the performance of the program against those measures for each of the last three years.

| Table 4.1.d.1. Maintain a Qualified Faculty Complement |
|-----------------------------------------------|-----------------|
| Outcome Measure                              | Target | FY10 |
| Maintain a Qualified Faculty Complement      | Educational preparation - all faculty have terminal degrees | 93% of the primary teaching faculty have terminal degrees |
| Maintain a Qualified Faculty Complement      | Maintain a multidisciplinary faculty complement | Faculty have primary training in the following disciplines: Psychology, Sociology, Anthropology, Medicine, Public Health, Dentistry, and Urban Affairs |
| Maintain a Qualified Faculty Complement      | Maintain breadth in teaching areas | Faculty teach in environmental health, health communication, health disparities, obesity, epidemiology, tobacco, leadership, social and behavioral aspects of health, health administration, biostatistics and data management, and serve as capstone members |
| Maintain a Qualified Faculty Complement      | Maintain breadth in research interests | Faculty’s primary research areas are in environmental health nutrition/obesity, tobacco, health services, health communication, health disparities, public health and medical education, cancer, oral health, workforce development, and pharmacoconomics. |

4.1e Assessment of the extent to which this criterion is met.

This criterion is met. The KU-MPH program has a qualified faculty complement, as evidenced by the number of faculty holding terminal degrees (93%), the multidisciplinary training of the faculty (in the social and behavioral sciences, public health, and medicine), and breadth of teaching and research interests.
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.

4.2a A faculty handbook or other written document that outlines faculty rules and regulations.

The University of Kansas School of Medicine, under which the KU-MPH program and affiliated departments exist, make available a faculty handbook that outlines faculty rules and regulations, including information on the university’s organizational structure, governance, recruitment strategies, appointment, research, teaching, and promotion. This handbook can be found at: http://www2.kumc.edu/aa/fa/pdf/Handbook.pdf.

4.2b Description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.

Faculty in the KU-MPH program and Departments of Preventive Medicine and Public Health have several opportunities for development, in particular opportunities for continuing education, internal funding, and support for research from the university.

Faculty in the KU-MPH program may attend public health grand rounds, medicine grand rounds, or lectures in other medical school departments. The public health grand grounds, in particular, take place in Kansas City weekly, but are broadcast live to the state health departments, local health departments, and Area Health Education Centers (AHEC). A Distinguished Visiting Lecturer is hosted by the Department of Preventive Medicine several times a year, giving faculty the opportunity to hear about work at other institutions, to collaborate on projects, and to brainstorm ideas for new research. The School of Medicine offers several faculty retreats throughout the academic year, oriented towards various aspects of faculty development: research, content-specific development, professional networking, and social activities.

The School of Medicine offers six different funding mechanisms for pilot research: research transitioning from the pilot stage to extramurally funded projects, and cross-disciplinary collaborations.

The Research Institute at the School of Medicine also supports all faculty with grant applications, from reviewing applications, setting up budgets for grants, and submitting final applications to non-profit, state, and federal agencies. The School of Medicine also has 12 research support facilities, for example laboratory and bioinformatics support. The School of Medicine has 18 research centers, and the KU-MPH faculty currently collaborate with or have the potential for collaboration with half of these centers (http://www.kumc.edu/research.html).

In addition to these resources, faculty are also given standard sources of support: leave of absence for sabbatical, vacation, sick leave, bereavement leave, military leave, as well as leave with/without pay; every single faculty member is oriented upon employment to university policies, health care coverage options, retirement options, computer and building security, and available mentoring through the KU School of Medicine.
There are also several institutional and external opportunities available for improving teaching skills and methods, as well as grant-writing, for example through courses and workshops in the Department of Teaching and Learning Technologies, a regular KU School of Medicine Educators’ Breakfast Series, and grant-writing workshops organized through the KUMC Research Institute.

4.2c Description of formal procedures for evaluating faculty competence and performance.

As per the faculty handbook, faculty competence and performance are evaluated annually in the following manner:

1) Each faculty member is evaluated annually by the department chairperson, according to criteria and methods established in the department for research, teaching, and service.

2) The department chairperson invites faculty to submit a portfolio of relevant information for the purposes of evaluation, including for example, peer evaluation of teaching, student evaluations of teaching, and documentation of scholarly activity. The department chairperson provides the evaluation to the faculty member in writing, prior to being adopted and placed in the faculty member’s personnel file.

3) If the faculty member’s performance requires improvement, the written evaluation specifically identifies areas and strategies for improvement.

4) The faculty member may provide a written response to his or her evaluation, which will also be placed into his or her personnel file.

5) The department chairperson also reviews the assignment of differential effort with the faculty member and decides what changes are appropriate and practical.

Faculty mentoring is built into the process of annual departmental review. In addition, the department chairperson can recommend, or the faculty member can request, outside mentorship opportunities. Mentoring is also available and encouraged for all faculty through the Associate Dean of Professional Development and Faculty Affairs, the same body that helps coordinate promotion and tenure at the institution.

The different categories for faculty rank and appointment type, based on evaluation of faculty performance at the department and institution level, are as follows: professor, associate professor, assistant professor and instructor. These titles can be modified as appropriate to the faculty member’s primary relationship to KUMC by the prefix clinical, research, visiting, adjunct or courtesy added to the principal title; e.g., “research” indicates the primary relationship is the conduct of research or clinical investigation.
4.2d Description of the processes used for student course evaluation and evaluation of teaching effectiveness.

KU-MPH program administrative staff send out a standardized student course evaluation form (Appendix 2: Course Evaluations) to all instructors teaching KU-MPH courses. This form is administered electronically (if a web-based course) or in-person. The results are tabulated and forwarded to the program site directors and department chairperson. Every semester, the site directors discuss the evaluation with each respective faculty member. Student course evaluations are then placed in the faculty member’s personnel file to be considered in the annual evaluation with the department chair and eventually in tenure and promotion review.

Additionally, the KU-MPH program has an annual target that all courses will receive student evaluations of equal to or greater than four out of five on at least two of the four quality indicators: instructor expertise, instructor effectiveness, course organization and course quality. Course evaluations are completed confidentially by students using a scale where a rank of (1) represents an unsatisfactory rating, and a rank of (5) represents an outstanding rating. Data from courses taught during FY08, FY09, and FY10 are shown in Table 4.2.d.1. The student response rate per course was 74.3% in FY09 compared to 75.9% in FY08. Since the number of students per class was small (median 10.5 students), the quality indicators are interpreted with some caution because of the potentially large statistical influence of a single data point (i.e. one student’s concerns).

Table 4.2.d.1. Summary of quality indicators from student evaluations of courses for FY08, FY09, and FY10

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<th>FY08</th>
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<tbody>
<tr>
<td>Mean</td>
<td>Min</td>
<td>Max</td>
<td>Mean</td>
</tr>
<tr>
<td>Instructor</td>
<td>4.60</td>
<td>2.75</td>
<td>5.0</td>
</tr>
<tr>
<td>Demonstrated expertise of the subject</td>
<td>Overall, instructor demonstrated effectiveness as a teacher</td>
<td>4.52</td>
<td>3.0</td>
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<tr>
<td>Overall organization of course</td>
<td>4.27</td>
<td>3.31</td>
<td>5.0</td>
</tr>
<tr>
<td>Overall quality of course</td>
<td>4.34</td>
<td>3.43</td>
<td>5.0</td>
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There were four courses in FY08, two courses in FY09 and five courses in FY10 that did not meet the target. Site directors as well as department chairs reviewed each course evaluation with the instructor and addressed any deficiencies or suggested course changes as necessary.

In addition to student course evaluations of teaching effectiveness, the KU-MPH program has a voluntary program for peer observation of teaching effectiveness (Appendix 11: Peer Observation of Teaching Tool). Recommendations and a policy for conducting peer observations were put into place in FY08. The recommended policy for conducting peer observations in the KU-MPH program was:

1) Core courses will be peer reviewed once every two years.

2) Elective courses will be peer reviewed every other year in which it is provided or every year that it is offered by a different instructor.

3) One faculty member as recommended by the Curriculum Committee and/or the site directors will assess the reviewed course.

4) Standardized forms developed for the course review will be utilized.

Due, in part, to the voluntary nature of this policy, there was low uptake by faculty. A new policy is currently being developed by the site directors to make peer observation of all KU-MPH course instructors mandatory. This new policy will likely follow the four procedures outlined above. It is expected that this policy will begin to be instituted in FY11 (Appendix 12: Draft Policy for Peer Observation of Teaching).

4.2e Description of the emphasis given to community service activities in the promotion and tenure process.

Service is an integral part of faculty tenure and promotion, one of three emphasis areas in promotion and tenure considerations – research, teaching, and service. As per the faculty handbook, service is defined as:

1) Service to the Medical Center, which may include patient care and treatment.

2) Service to the academic unit, meaning participation in faculty meetings, program and departmental committees, and service to students though application review and service on Capstone Committees, for example.

3) Service to the university, by sitting on school and university-wide committees.

4) Service to the profession, that is, participation in professional activities at the local, national, and/or international level.

5) Service to the community, state, nation, and world, as appropriate to the faculty member’s work and goals.
4.2f Assessment of the extent to which this criterion is met.

This criterion is met. The KU-MPH program has successfully met the criterion set forth on faculty policies and procedures. The university’s faculty handbook clearly outlines the requirements for faculty performance, evaluation, and the role of community service. There is a substantial amount of support for faculty development through continuing education and research support, both financial and instrumental. Finally, the program has a systematic method of utilizing student course evaluations for measuring teaching effectiveness. One of the program goals is to improve and routinize faculty peer observations of teaching, starting in FY11.
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.

4.3a  Summary demographic data on the program’s faculty, showing at least gender and ethnicity; faculty numbers should be consistent with those shown in the table in 4.1.a. Data must be presented in table format. See CEPH Data Template H.

Table 4.3.a. Summary Demographics for Current Core and Other Faculty as of Fall 2010

<table>
<thead>
<tr>
<th></th>
<th>Core Faculty</th>
<th>Other Faculty</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td># % Male</td>
<td>11</td>
<td>13</td>
<td>24</td>
</tr>
<tr>
<td># % African American Male</td>
<td>1</td>
<td>--</td>
<td>1</td>
</tr>
<tr>
<td># % Caucasian Male</td>
<td>7</td>
<td>11</td>
<td>18</td>
</tr>
<tr>
<td># % Hispanic/Latino Male</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td># % Asian/Pacific Islander Male</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td># % Native American/Alaska Native Male</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td># % Unknown/Other Male</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td># % International Male</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td># % Female</td>
<td>17</td>
<td>16</td>
<td>33</td>
</tr>
<tr>
<td># % African American Female</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td># % Caucasian Female</td>
<td>12</td>
<td>10</td>
<td>22</td>
</tr>
<tr>
<td># % Hispanic/Latino Female</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td># % Asian/Pacific Islander Female</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td># % Native American/Alaska Native Female</td>
<td>--</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td># % Unknown/Other Female</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td># % International Female</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>TOTAL</td>
<td>28</td>
<td>29</td>
<td>57</td>
</tr>
</tbody>
</table>

4.3b  Summary demographic data on the program’s staff, showing at least gender and ethnicity. Data must be presented in table format. See CEPH Data Template I.

Table 4.3.b. Summary Demographic Data for Full-Time Staff as of Fall 2010

<table>
<thead>
<tr>
<th></th>
<th>Full-Time Staff</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td># % Female</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td># % African American Female</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td># % Caucasian Female</td>
<td>75%</td>
<td>75%</td>
</tr>
<tr>
<td># % Hispanic/Latino Female</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td># % Asian/Pacific Islander Female</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td># % Native American/Alaska Native Female</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td># % Unknown/Other Female</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td># % International Female</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>
4.3c Description of policies and procedures regarding the program’s commitment to providing equitable opportunities without regard to age, gender, race, disability, sexual orientation, religion or national origin.

KUMC is an equal opportunity employer. As per the faculty handbook the university is committed in its policies to equal opportunity, affirmative action, and non-discriminatory practices with regard to age, gender, race, disability, sexual orientation, religion, and national origin. To that end, the executive vice chancellor promotes and enforces policies to ensure non-discrimination for students, residents, employees and the public via the Equal Opportunity Office (EOO). EOO policies and procedures are found online at [http://www.kumc.edu/eoo/policies.html](http://www.kumc.edu/eoo/policies.html).

As per the faculty handbook, the director of the Equal Opportunity Office is responsible for:

1) Developing and maintaining an effective AA/EO compliance program, including nondiscrimination policies and procedures, and ensuring that they are readily available to all faculty, staff, residents, students and the public.

2) Developing and maintaining effective internal complaint procedures, facilitating informal resolution of concerns whenever feasible, investigating complaints of illegal discrimination, and participating in the determination of administrative responses.

3) Providing training, education and advice to the campus community regarding University policies and procedures governing Affirmative Action, equal opportunity, nondiscrimination, illegal harassment, discrimination complaint procedures and reasonable accommodation.

4) Developing effective and meaningful monitoring, auditing and reporting to ensure compliance with state and federal requirements governing employment, academic admissions and financial aid; and acting as the institution’s Title IX Coordinator.

5) Overseeing compliance with the Americans with Disabilities Act, the Federal Rehabilitation Act, and provision of services to students with disabilities.

Through the Equal Opportunity and Nondiscrimination policy ([http://www.kumc.edu/eoo/docs/Equal_Opportunity_and_Nondiscrimination_Policy_2006_01.pdf](http://www.kumc.edu/eoo/docs/Equal_Opportunity_and_Nondiscrimination_Policy_2006_01.pdf)), the executive vice chancellor affirms that the institution shall:

1) Develop and enforce University policies governing recruitment and selection for both employment and academic admissions to remove barriers to equal opportunity and prevent illegal discrimination.

2) Ensure that all decisions affecting students, residents and employees conform to the principles of equal opportunity and nondiscrimination.
3) Administer personnel actions such as hiring, promotion, separation, compensation, benefits (within the limits of the law), transfers, layoffs, returns from layoff, University-sponsored training, education, tuition assistance, and social or recreational programs with fairness and equity, regardless of race, color, creed, religion, national origin, ancestry, sex, age, disability, sexual orientation, or status as a Vietnam-era or disabled veteran.

4) Ensure that affirmative action employment placement goals are not used for the following reasons: to justify either a preference or an adverse effect upon an individual solely on the basis of his/her race, color, religion, sex or national origin to create set-asides for specific groups; or to supersede merit selection principles.

5) Prohibit discrimination in the operation of all University programs, activities and services.

6) Ensure that no prohibited pre-employment or pre-admission inquiries are made on application forms or during interviews.

7) Cooperate with federal and state agencies in fulfilling its obligations under the laws of the United States and the State of Kansas.

4.3d Description of recruitment and retention efforts used to attract and retain a diverse faculty and staff, along with information about how these efforts are evaluated and refined over time.

As per the faculty handbook:

The Human Resource departments on both the Kansas City and Wichita campuses are responsible for conducting recruitment. When the position belongs to a job group that is underutilized, the search shall include recruitment efforts that are targeted to attract members of the underutilized group. Such efforts may include advertising in publications known to reach the affected group, making personal contacts with affected group members, or contacting professional associations that serve affected groups. The Equal Opportunity Office shall provide annually a list of underutilized job groups to the Human Resource departments.

Department chairs at each of the campuses, and sometimes the KU-MPH executive director, also reach out personally to a diverse set of faculty candidates to improve the KU-MPH program’s ability to be competitive in attracting faculty from top institutions and diverse backgrounds. It is also the intention of all the Faculty Search Committees to recruit faculty committed to working in underserved communities. Faculty visits to the campuses include meetings with a range of faculty members throughout the School of Medicine, as well as meetings with existing diverse faculty.
Included in those visits are trips to local and ethnic restaurants and information about diversity in surrounding neighborhoods, cities, and schools. A strong effort is made to answer questions related to the existence and promotion of diversity in the community. Various hiring incentives, such as moving packages, house hunting trips, spousal hiring arrangements, and generous research start-up packages are also offered. As the departments and KU-MPH program grows, it is expected that new and innovative ways to continue to attract a diverse set of faculty will be developed.

4.3e Description of efforts, other than recruitment and retention of core faculty, through which the program seeks to establish and maintain an environment that supports diversity.

The promotion of diversity among the faculty, in particular faculty service and research, is an important part of the departmental missions. KU-MPH faculty engage in research primarily with underserved groups - Latino immigrants, American Indians/Alaska Natives, the African American community, rural populations, and with prisoners. In order to promote an environment that supports diversity, this type of service and research is encouraged at the departmental level, in the KU-MPH program, and in the School of Medicine. By supporting these efforts, an environment conducive to the retention of a diverse set of faculty and recruitment of a qualified and diverse student body is created.

In addition to service and research activities that support diversity, the KU-MPH program also have curricular elements that foster an environment supportive of diversity. Every year, KU-MPH students are offered two of these three courses: Cultural Competency, Health Disparities, and Health Care for Special Populations. Electives in Health Literacy, Community-Based Participatory Research (with a special emphasis on hard-to-reach groups), and a Seminar in American Indian Health are also offered. In FY11, several new courses will be offered: Gender, Race, Class, and Health; Migrant Health; and Rural Health. This course complement fosters an environment supportive of diversity - both for the faculty teaching these courses and students taking them.

4.3f Identification of outcome measures by which the program may evaluate its success in achieving a diverse faculty and staff, along with data regarding the performance of the program against those measures for each of the last three years.

<table>
<thead>
<tr>
<th>Table 4.3.f.1. Achieving a Diverse Faculty and Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome Measure</strong></td>
</tr>
</tbody>
</table>
| Achieving a Diverse Faculty and Staff | Maintain gender equity in faculty and staff complement | Faculty: 42% Male; 58% Female  
Staff: 100% Female |
| Achieving a Diverse Faculty and Staff | Maintain a diverse faculty and staff | Faculty: White 70%; Asian 16%; Black 7%; Hispanic 4%; American Indian 3%; Not Specified 0%  
Staff: White 75%; Asian 25% |
4.3g Assessment of the extent to which this criterion is met.

This criterion is met with commentary. Though there are many supports in place for fostering an environment that celebrates diversity (through faculty recruitment, service, research, and teaching), the KU-MPH program unfortunately does not have a terribly diverse faculty and staff complement. The KU-MPH program is close to achieving gender equity in its faculty complement, but it fails at maintaining gender equity among staff. There is some diversity among the KU-MPH faculty, which is reflective of other Midwestern academic/medical institutions. However, the KU-MPH faculty make-up does not reflect the diversity of the United States as a whole. Among the KU-MPH staff, racial minorities are sorely under-represented. The KU-MPH program remains committed to improving the recruitment of a diverse faculty and staff specifically in the areas of gender, race, and ethnicity. Special attention is paid to the recruitment of a diverse staff.
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.

4.4a Description of the program’s recruitment policies and procedures.

The KU-MPH program’s recruitment policies and procedures are consistent with the mission of the program, to “provide teaching, research and service activities that prepare public health practitioners, health care providers, and researchers to develop and apply population-based and individual approaches to maintaining and improving the public's health in the heartland and the nation.” Each year, representatives from KU-MPH attend a variety of recruitment events within the university, at local and regional conferences, and at the national level. Program brochures and fliers are also distributed to regional undergraduate institutions, residency program directors, and the University of Kansas Premedical Admissions Office.

Applicants to the KU-MPH program represent a diverse group of undergraduates, public health professionals, as well as practitioners and clinicians. Therefore, the different recruitment activities target each of these groups. A booth with banners, brochures, promotional materials and KU-MPH staff available to answer questions are utilized for program promotion. In order to recruit applicants, the program attends the following conferences annually:

1) Kansas Public Health Association Conference

2) American Public Health Association Conference

3) Statewide Premedical Student Conference

4) Governor’s Public Health Conference

Faculty and staff attend other recruitment events as needed to target other applicant groups. Examples include:

1) US Public Health Service Professionals Conference

2) National Association of Medical Minority Educators Conference and Recruiting Fair

3) Partnerships for Indian Education Conference

Faculty also use undergraduate and professional school (e.g. medical school) teaching opportunities to recruit students. KU-MPH staff also visit other educational institutions for direct recruitment. Examples of such institutions include:
1) University of Kansas – undergraduate and medical school courses

2) Wichita State University – undergraduate courses

3) Haskell Indian Nations University – undergraduate courses

Finally, and perhaps most effectively, the KU-MPH program’s website (http://www.kumc.edu/mph) serves as a primary recruitment tool. The website includes information about course offerings, curriculum, faculty, admissions, and contact information for the KU-MPH program offices. Walk-in visits are encouraged just as much as email/phone inquiries, and face-to-face contact has traditionally been a successful recruitment method for this program.

The KU-MPH program expects to utilize its funds to attract a national audience and more diverse set of students. Recruitment activities have resulted in a growth in the diversity within the program. Those efforts will continue.

4.4b Statement of admissions policies and procedures.

Applicants for admission to the KU-MPH program must meet all requirements for admission to the University of Kansas Office of Graduate Studies (http://www.catalogs.ku.edu/graduate/geninfo/admission.shtml) and the KU-MPH program (http://www.kumc.edu/mph/admission.html). All applicants must submit a University of Kansas Office of Graduate Studies application (Appendix 13: Graduate Application Domestic; Appendix 14: Graduate Application International), a supplemental KU-MPH application (Appendix 15: MPH Application) that includes short essays and a personal statement, official transcripts for all undergraduate and graduate course work, three letters of recommendation (Appendix 16: Recommendation Form) accompanied by a recommendation form, and a $60 application fee. Applicants who have not earned a doctoral or other terminal degree, must also submit a GRE or MCAT score. Other scores, such as GMAT, LSAT and PCAT have also been accepted by the admissions committee.

Application materials may be submitted to the appropriate campus via U.S. mail or in person by the admission deadline each spring. The admission deadline was recently revised by the Operations Committee, moving from March 31st to March 1st each year. This was done at the request of the Admissions Committee members to allow more time for application review. Additionally, this will allow applicants to be informed of their admission status earlier in the year. This change will be implemented for fall 2011 admission. Information regarding this change has already been posted to the KU-MPH website and changed in application and recruitment materials.

Each assistant director maintains paper files for applications on respective campuses. Applications that are deemed to be complete are then reviewed annually by the Admissions Committee. The committee is comprised of a chair, four faculty members, and two student representatives - distributed across campuses. Each committee member is given a notebook with copies of each applicant’s materials. Committee members review applicants and assign a score of one to five (one being the highest). Scores are then averaged and applicants are rank ordered and discussed by
the committee via televideo conference based on average scores. Students are admitted after group discussion and according to the number of spots available on each campus.

In 2010-2011, the Admissions Committee discussed reviewing applications in an NIH-style review where each applicant was reviewed by three randomly selected reviewers. This change was implemented in order to account for the volume of applicants. An Admissions Committee Handbook was used as a guide for this process. The committee’s final recommendations for new admissions are then reviewed and approved by the Operations Committee, Executive Council, and finally the Office of Graduate Studies.

4.4c Examples of recruitment materials and other publications and advertising that describe, at a minimum, academic calendars, grading, and the academic offerings of the program. If a program does not have a printed bulletin/catalog, it must provide a printed web page that indicates the degree requirements as the official representation of the program. In addition, references to website addresses may be included.

The recruitment materials for the KU-MPH program are available in printed brochures, online, and in the Graduate Catalog. The Master of Public Health Degree program brochure describes the program requirements, the courses offered, and faculty resources. The Graduate Catalog is available in print or online and describes all graduate degree programs and grading policies: [http://www.catalogs.ku.edu/graduate/](http://www.catalogs.ku.edu/graduate/). The academic calendars are made available on the Office of Graduate Studies website: [http://www2.kumc.edu/aa/gradstudies/grad_cal.htm](http://www2.kumc.edu/aa/gradstudies/grad_cal.htm). All admission materials are available on the KU-MPH website ([http://www.kumc.edu/mph/admission.html](http://www.kumc.edu/mph/admission.html)).

4.4d Quantitative information on the number of applicants, acceptances and enrollment, by specialty area, for each of the last three years. Data must be presented in table format. See CEPH Data Template J.

<table>
<thead>
<tr>
<th>Table 4.4.d. Quantitative Information on Applicants, Acceptances, and Enrollments by Program Area, FY08 – FY10</th>
<th>Academic Year 2007 to 2008</th>
<th>Academic Year 2008 to 2009</th>
<th>Academic Year 2009 to 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generalist</td>
<td>Applied</td>
<td>53</td>
<td>71</td>
</tr>
<tr>
<td></td>
<td>Accepted</td>
<td>36</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>Enrolled</td>
<td>29</td>
<td>31</td>
</tr>
</tbody>
</table>

4.4e Quantitative information on the number of students enrolled in each specialty area identified in the instructional matrix, including headcounts of full- and part-time students and a full-time-equivalent conversion, for each of the last three years. Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of
students in any program or specialization. Data must be presented in table format. See CEPH Data Template K.

Table 4.4.e. Students Enrolled in each Degree Program (Area of Specialization) Identified in Instructional Matrix for each of the last 3 years

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HC FT</td>
<td>HC PT</td>
<td>FTE</td>
</tr>
<tr>
<td>23</td>
<td>54</td>
<td>52.11</td>
<td></td>
</tr>
</tbody>
</table>

* Only official fall semester 20-day headcounts provided by the University of Kansas Office of Planning and Analysis were used. Non-degree students were not included.

4.4f Identification of outcome measures by which the program may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the program against those measures for each of the last three years.

The KU-MPH program annually evaluates its success in enrolling a qualified student body by three targets, described in the following table.

Table 4.4.f. Enrolling a Qualified Student Body

<table>
<thead>
<tr>
<th>Outcome Measure</th>
<th>Target</th>
<th>Academic Year 2007-2008</th>
<th>Academic Year 2008-2009</th>
<th>Academic Year 2009-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enroll a Qualified Student Body</td>
<td>Enroll 10-15 new students/year in Wichita; 15-25 new students/year in Kansas City</td>
<td>Enrolled 21 in Kansas City and 6 in Wichita</td>
<td>Enrolled 22 in Kansas City and 9 in Wichita</td>
<td>Enrolled 23 in Kansas City and 12 in Wichita</td>
</tr>
<tr>
<td>Enroll a Qualified Student Body</td>
<td>A diverse student body will be recruited and enrolled</td>
<td>White 91%; Asian 6%; Black 3%; Hispanic 0%; American Indian 0%; Not Specified 0%</td>
<td>White 48%; Asian 10%; Black 10%; Hispanic 13%; American Indian 7%; Not Specified 13%</td>
<td>White 63%; Asian 3%; Black 14%; Hispanic 3%; American Indian 11%; Not Specified 6%</td>
</tr>
<tr>
<td>Enroll a Qualified Student Body</td>
<td>≥90% of degree-seeking new enrollees will have an undergraduate GPA ≥3.0</td>
<td>92.5% of new degree-seeking enrollees have GPA above 3.0</td>
<td>87% of new degree-seeking enrollees have GPA above 3.0</td>
<td>86% of new degree-seeking enrollees have GPA above 3.0</td>
</tr>
</tbody>
</table>

4.4g Assessment of the extent to which this criterion is met.

This criteria is met. The number of applicants and enrollments have increase steadily and the number of enrollments have met KU-MPH program capacity in the last three admissions cycles. The program continues to attract and enroll a relatively diverse student body. Approximately 90% of all applicants have an undergraduate GPA above 3.0.
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.

4.5a **Description of policies, procedures and plans to achieve a diverse student population.**

The KU-MPH program’s policy on diversity can be found in the KU-MPH Admissions Handbook:

The MPH program is committed to equal opportunity and nondiscrimination and does not discriminate on the basis of race, ethnicity, religion, sex, age, sexual orientation, marital status, disability, or veteran status.

The U.S. Supreme Court ruled that admissions programs can consider special factors including SES, discipline, and sex when reviewing each application. For the MPH Program, employment at the Kansas Department of Health & Environment (KDHE), for example, might be relevant and supersede a MPH requirement (e.g., a low GRE score). The MPH Executive Council pointed out that individuals already working in public health jobs could benefit from the MPH Program. These qualitative aspects of admission might also vary by campus (Wichita versus Kansas City).

Starting fall 2005, the KU-MPH application consists of additional items that address diversity and which should be considered when evaluating applications. These items take into account an applicant’s background and life experiences, which include information about public health experience, culturally diverse experiences, and experiences in overcoming diversity.

It is the goal of the KU-MPH program to enroll a diverse and qualified student body. Recruitment activities are used to attract a diverse student body comprised of students of different ethnicities, backgrounds, and career paths. The admissions process allows for an applicant’s diversity characteristics to be considered. In 2005, the KU-MPH program also secured the Avis G. McPike Scholarship from the KU Endowment to award students for leadership and diversity. To date, these scholarships have provided $52,737 to fund student tuition.

4.5b **Description of recruitment efforts used to attract a diverse student body, along with information about how these efforts are evaluated and refined over time.**

The KU-MPH program administrators work closely with individuals within the University of Kansas to distribute and disseminate information about the program to diverse groups of potential students. These individuals include:

- Dean, Cultural Enhancement and Diversity
**4.4c** Quantitative information on the demographic characteristics of the student body, including data on applicants and admissions, for each of the last three years. Data must be presented in table format. See CEPH Data Template L.
Table 4.5.c. Demographic Characteristics of Student Body from 2007 to 2010

<table>
<thead>
<tr>
<th></th>
<th>Academic Year 2007-2008</th>
<th>Academic Year 2008-2009</th>
<th>Academic Year 2009-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>M</td>
</tr>
<tr>
<td><strong>African American</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Accepted</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Enrolled</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Caucasian</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied</td>
<td>9</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td>Accepted</td>
<td>7</td>
<td>16</td>
<td>5</td>
</tr>
<tr>
<td>Enrolled</td>
<td>6</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td><strong>Hispanic/Latino</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Accepted</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Enrolled</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Asian Pacific Islander</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applied</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Accepted</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Enrolled</td>
<td>0</td>
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4.5d Identification of measures by which the program may evaluate its success in achieving a demographically diverse student body, along with data regarding the program’s performance against these measures for each of the last three years.

As noted, the KU-MPH program accounts for diversity not only by ethnicity, but by background characteristics included in the KU-MPH application, such as economic advantage, experience working with diverse populations, and other related life experiences. As table 4.4.f. demonstrates, a diverse student body has been recruited and enrolled each year.

4.5e Assessment of the extent to which this criterion is met.

This criterion is met. Through recruiting efforts and an extensive application, the KU-MPH student body continues to grow in diversity.
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.

4.6a Description of the advising and career counseling services, including sample orientation materials such as student handbooks.

KU-MPH students are each assigned an academic advisor upon entry to the program. The academic advisor is a faculty person whom the KU-MPH Operations Committee assigns. The student typically “matches” with the advisor in some way (i.e. career path, research interests, or undergraduate background). Students are expected to have a face-to-face meeting with their academic advisor at least once per semester. Topics to be discussed include course selection (Appendix 17: MPH Advising Form; Appendix 18 Generalist Plan of Study; Appendix 19 Epidemiology Plan of Study; Appendix 20 Social and Behavioral Health Plan of Study), research interests, capstone projects, and career pursuits. The advisors are expected to direct students to available resources as needed. A student is allowed to change advisors at his/her request, as long as this change is agreeable with the faculty advisor, and is approved by the site director. Preferably this should be done before the end of the second term. Any change in advisor should be documented in writing, and placed in the student’s file.

In addition to receiving career counseling from an advisor, students also have the opportunity to attend career opportunities presentations held in conjunction with the capstone orientation each semester. Representatives from state and local public health agencies are invited to speak with students about careers in public health, as well as current employment and/or project opportunities. In addition, students preparing for the capstone are required to meet with a member of the KU-MPH Operations Committee (either site director or assistant director) to discuss career options following the capstone. Most students are already in pursuit of a career when they begin the capstone experience and are either already working in a public health related position, or intend to apply for further educational training, such as a doctoral program. Those students who are seeking employment are counseled in resume and CV writing (books may be borrowed from the KU-MPH Office), job searching (search engines available on the KU-MPH website), and are directed to specific employment opportunities that may have been advertised to the KU-MPH program. In fact, all students and recent alumni receive list-serve announcements from the KU-MPH office with employment opportunities deemed relevant.

The MPH Student Handbook is introduced to students at New Student Orientation and is always available on the KU-MPH website. Updates to the handbook are made as policies and procedures are updated, and students are notified in writing of these changes.

4.6b Description of the procedures by which students may communicate their concerns to program officials, including information about how these procedures are publicized and about the aggregate number of complaints submitted for each of the last three years.
Students are encouraged to communicate any concerns to program officials and are informed of the official grievance policy at New Student Orientation and via the MPH Student Handbook. Students may present a grievance to the executive director for resolution. Hearings are typically held at the unit level unless deemed under the auspice of Graduate Studies. A full description of the policy is available in the Student Handbook (http://mph.kumc.edu/students/handbook.pdf).

Any student who believes his/her work in a course warrants a grade other than that assigned by the faculty member, should communicate this to the instructor, and provide a justification for this opinion. The student must make this request within one semester of receiving the grade. If the faculty member does not agree that the grade needs to be changed, the student may appeal to his/her respective site director. If the faculty member and the site director disagree, then a third faculty member, such as the KU-MPH program executive director, will provide the final opinion as to the appropriate grade for the course.

There have been no grievances filed in the last three years.

4.6c Information about student satisfaction with advising and career counseling services.

Each student, upon graduation, completes an Exit Interview. Graduates answer questions on a scale of one (strongly disagree) to five (strongly agree). Questions related to student satisfaction with advising and career counseling follow.

“The advising system of the KU-MPH program meets the needs of students”

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<tr>
<th>Year</th>
<th>Mean Score</th>
</tr>
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<td>FY09</td>
<td>4.12</td>
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<td>FY10</td>
<td>4.67</td>
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“The MPH curriculum prepares students for public health careers”

<table>
<thead>
<tr>
<th>Year</th>
<th>Mean Score</th>
</tr>
</thead>
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<tr>
<td>FY08</td>
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<tr>
<td>FY10</td>
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</table>

A qualitative question also asks how professional development can be improved and strengthened. In FY09, the Operations Committee conducted the first Careers in Public Health seminar that was available to students on both campuses. Additionally, a link on the KU-MPH webpage called “Employment Opportunities” was created to assist students by linking them to public health job search websites. Finally, the Operations Committee began inviting public health practitioners to speak at Capstone Orientation sessions each year in order to provide students with the opportunity to speak with public health practitioners across the state regarding employment at local and state health departments.
In an effort to continue preparing students for the public health workforce as well as strengthen the advising system, the Operations Committee added an objective for FY10 to supplement career advising by providing students with more exposure to jobs in public health.

On both measures of career preparation, the mean scores improved significantly from FY08 to FY10. We attribute this change to greater exposure for students to public health practitioners through the Capstone process; new and improved Capstone evaluation tools; and more rigorous Capstone orientations, which were facilitated twice a year by the KU-MPH program Assistant Directors. We believe the improvements in the Capstone process might have led to improved career preparation in FY10.

4.6d *Assessment of the extent to which this criterion is met.*

This criterion is met. Students engage in an active advising system and are satisfied with the program’s support. Students have access to career advising throughout the duration of the program and receive placement support.
APPENDIX
### Template E (3.1.c.) Research Activity of Primary and Secondary Faculty for Each of the Last 3 Years

#### Table 3.1.c. Research Activity of Primary and Secondary Faculty from 2007 to 2010 – Kansas City Campus

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Principal Investigator &amp; Department or Concentration*</th>
<th>Funding Source</th>
<th>Funding Period Start/End</th>
<th>Amount Total Award</th>
<th>Amount 2007-08</th>
<th>Amount 2008-09</th>
<th>Amount 2009-10</th>
<th>Community-Based Y/N</th>
<th>Student Participation Y/N</th>
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<tbody>
<tr>
<td>Bridging the Gap in Cancer Disparities among Obese African American Women</td>
<td>Befort Cardador, Christie Ann; Preventive Medicine &amp; Public Health Social &amp; Behavioral</td>
<td>Am Cancer Society</td>
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<td>Group vs Individual phone-based weight control among rural women</td>
<td>Befort Cardador, Christie Ann; Preventive Medicine &amp; Public Health Social &amp; Behavioral</td>
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<td>Equivalent Weight Loss with Phone and Clinic</td>
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<td>Secondary Cancer Prevention through Exercise and Weight Control among Rural Breast Cancer Survivors</td>
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<td>Phone-Based Weight Management in Breast Cancer Survivors</td>
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<td>Integrating Health Policy and Management Content into the Masters of Public Health Program at the University of Kansas</td>
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<td>Celebrating Health Families</td>
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<td>Needs and Barriers to Mammography in a Heterogeneous American Indian/Alaska Native Population</td>
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<td>Using CBPR to Implement Smoking Cessation in an Urban American Indian Community</td>
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<td>Addressing Health Disparities Among American Indians through Primary Care Screening</td>
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<td><strong>Funding Source</strong></td>
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<td><strong>Amount 2008-09</strong></td>
<td><strong>Amount 2009-10</strong></td>
<td><strong>Community-Based Y/N</strong></td>
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<td>Disease Management of Smoking in Rural Primary Care</td>
<td>Ellerbeck, Edward F.; Preventive Medicine &amp; Public Health Generalist</td>
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<td>KU Medical Center Clinical Research Curriculum Program</td>
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<td>09/19/2005 - 07/31/2010</td>
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<tr>
<td><strong>Project Name</strong></td>
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<td>Development of a Comprehensive Mammography Services Quality Index</td>
<td>Engelman, Kimberly Kay; Preventive Medicine &amp; Public Health Generalist</td>
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<tr>
<td>Use of Novel Tailored Reminders in Rural Primary Care</td>
<td>Engelman, Kimberly Kay; Preventive Medicine &amp; Public Health Generalist</td>
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<td>Implementation Intentions to Promote Colon Cancer Screening in Rural Primary Care</td>
<td>Engelman, Kimberly Kay; Preventive Medicine &amp; Public Health Generalist</td>
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<tr>
<td>Babalola Faseru, MD, MPH</td>
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<td>Enhancing Tobacco Use Treatment for African American Light Smokers</td>
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### John S. Neuberger, DrPH

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<td>Evaluation of the Food Handler Training Program of the Kansas City, Missouri Health Department</td>
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<td>Residential Radon Exposure and Multiple Sclerosis: A Pilot Study</td>
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### Nicole L. Nollen, PhD

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<td>A Technology Delivered Intervention to Promote Healthy Habits and Prevent Weight Gain among Rural Children</td>
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### Megha Ramaswamy, PhD, MPH

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<td>Ramaswamy, Megha; Preventive Medicine &amp; Public Health Social &amp; Behavioral</td>
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### Kimber P. Richter, PhD, MPH

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<td>Richter, Kimber K.; Preventive Medicine &amp; Public Health Generalist</td>
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<td>Training Mental Health Providers: Strengthening Organizational Capacity to Treat Co-Occurring Nicotine Dependence Among People With Mental Illness</td>
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<td>Can Motivational Interviewing be Effective for Smoking Cessation?</td>
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**Theresa I. Shireman, PhD, RPh**

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<td>Cardiovascular Outcomes Measures in the USRDS: Preliminary Data for Therapeutic Effectiveness Grant Applications</td>
<td>Shireman, Theresa Irene; Preventive Medicine &amp; Public Health Generalist</td>
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<td>A team model of hypertension care in African Americans</td>
<td>Shireman, Theresa Irene; Preventive Medicine &amp; Public Health Generalist</td>
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<td>Student Participation Y/N</td>
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<td>B2853R A Multidisciplinary Risk Management Program for Reducing Cardiac Risk</td>
<td>Bradham, Douglas; Preventive Medicine &amp; Public Health Generalist</td>
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<td>07/01/2003 – 06/30/2007</td>
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<td>Effectiveness of Practice Guidelines for Disease Modifying Therapy in Multiple Sclerosis within the Veteran’s Health Administration</td>
<td>Bradham, Douglas; Preventive Medicine &amp; Public Health Generalist</td>
<td>Berlex Pharmaceuticals</td>
<td>11/01/2005 – 12/31/2007</td>
<td>$100,000</td>
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<td>IIR 05-205 Examining Healthcare Patterns and MS Outcomes with VHA and Medicare Data</td>
<td>Bradham, Douglas; Preventive Medicine &amp; Public Health Generalist</td>
<td>VHA and HSR&amp;D</td>
<td>01/31/2007 – 06/30/2008</td>
<td>$589,800</td>
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<td>IIR-05-123-1 Predicting Antibiotic Resistant Bacteria Carriage at Hospital Admissions</td>
<td>Bradham, Douglas; Preventive Medicine &amp; Public Health Generalist</td>
<td>VHA</td>
<td>09/01/2006 – 03/30/2012</td>
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<td>CSP 556 Sub-Study: Health Economics and Cost Analysis for CSP 556</td>
<td>Bradham, Douglas; Preventive Medicine &amp; Public Health Generalist</td>
<td>VHA</td>
<td>04/01/2008 – 03/30/2012</td>
<td>$10,098</td>
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<th>Funding Period Start/End</th>
<th>Amount Total Award</th>
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<th>Amount 2009-10</th>
<th>Community - Based Y/N</th>
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<tr>
<td>NA</td>
<td>Brown, Jack</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
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</table>
### Amy Chesser, PhD

<table>
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<th>Funding Period Start/End</th>
<th>Amount Total Award</th>
<th>Amount 2007-08</th>
<th>Amount 2008-09</th>
<th>Amount 2009-10</th>
<th>Community Based Y/N</th>
<th>Student Participation Y/N</th>
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<tbody>
<tr>
<td>Pandemic Flu Risk Communication Drill</td>
<td>Chesser, Amy; Preventive Medicine &amp; Public Health Generalist</td>
<td>Sedgwick County Health Department</td>
<td>09/01/2008</td>
<td>$8,764</td>
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<td>$8,764</td>
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<tr>
<td>Communicating with the Uninsured Population in the Wichita MSA: A Qualitative Study using CHAT</td>
<td>Chesser, Amy; Preventive Medicine &amp; Public Health Generalist</td>
<td>Central Plains Regional Health Care Foundation</td>
<td>05/01/2009</td>
<td>$4,705</td>
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<td>Pure and Simple Lifestyle Community-Based Abstinence Education</td>
<td>Chesser, Amy; Preventive Medicine &amp; Public Health Generalist</td>
<td>Health and Human Services, Administration for Children and Families, Family and Your Services Bureau</td>
<td>2005-2008</td>
<td>$177,313</td>
<td>$49,860</td>
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<td>Wellness Initiative Data Management Project</td>
<td>Chesser, Amy; Preventive Medicine &amp; Public Health Generalist</td>
<td>Dean's Funding</td>
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### James Early, MD

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<th>Amount 2009-10</th>
<th>Community Based Y/N</th>
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<tr>
<td>Development of Worksite Wellness Web-Based Assessment Tool</td>
<td>Early, James; Preventive Medicine &amp; Public Health Social &amp; Behavioral</td>
<td>Kansas Department of Health and Environment</td>
<td>08/01/2009-6/29/2010</td>
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<td>--</td>
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<td>$40,000</td>
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<tr>
<td>Monica Fisher, DDS, MS, MPH, PhD</td>
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<tr>
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<td><strong>Funding Source</strong></td>
<td><strong>Funding Period Start/End</strong></td>
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<td><strong>Amount 2008-09</strong></td>
<td><strong>Amount 2009-10</strong></td>
<td><strong>Community-Based Y/N</strong></td>
<td><strong>Student Participation Y/N</strong></td>
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<tr>
<td>Oral Health Disparities among High-Risk Populations</td>
<td>Fisher, Monica; Preventive Medicine &amp; Public Health Epidemiology</td>
<td>NIH</td>
<td>2005-2010</td>
<td>$631,530</td>
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<td>$163,191</td>
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<th>Linda Frazier, MD, MPH</th>
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<tbody>
<tr>
<td><strong>Project Name</strong></td>
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<tr>
<td>Risk Factors for Lower Live Birth Rates among Racial and Ethnic Minorities Treated with Assisted Reproductive Technologies</td>
</tr>
<tr>
<td>Improving Employment among Gynecologic Cancer Survivors</td>
</tr>
<tr>
<td>Improving Communication with IVF Patients about Risks such as Multiple Births</td>
</tr>
<tr>
<td>Employment in Women with Cancer: A Quality of Survivorship Intervention</td>
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<tr>
<td>Exercise in Pregnancy: Overcoming Barriers to Physical Activity</td>
</tr>
<tr>
<td>Project Name</td>
</tr>
<tr>
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</tr>
<tr>
<td>Kansas Missouri Oklahoma Regional Leadership Institute</td>
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<tr>
<td>Kansas Public Health Leadership</td>
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<tr>
<td>KU MPH Expansion</td>
</tr>
<tr>
<td>Prevalence of Developmental Disabilities Among Children with Epilepsy in Rural Populations</td>
</tr>
<tr>
<td>Kansas Public Health Leadership Institute</td>
</tr>
<tr>
<td>Project Name</td>
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<tr>
<td>------------------------------------------------------------------------------</td>
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<tr>
<td>Self-Care Training and Evaluation</td>
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<tr>
<td>Keep It Simple: Healthy Eating and Community Discussions for the African American Community</td>
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<tr>
<td>Breakthrough Club of Sedgwick County (BTC)</td>
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<tr>
<td>Healthy Congregations 2 Initiatives</td>
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<tr>
<td>Komen for the Cure</td>
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<tr>
<td>KSU Consultants of PLANTS</td>
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<tr>
<td>Project Name</td>
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<tr>
<td>Immunization Technology Project</td>
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<tr>
<td>BELARC Informatics Services in Kansas (BelManage Project)</td>
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<td>PERK</td>
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<td>Chautauqua Informatics for County Health Departments</td>
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<td>Technical Assistance for STI Surveillance in Rural Kansas Communities</td>
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Cari Ahlers-Schmidt, PhD
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<th>Funding Period Start/End</th>
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<th>Amount 2008-09</th>
<th>Amount 2009-10</th>
<th>Community - Based Y/N</th>
<th>Student Participation Y/N</th>
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<tr>
<td>Evaluating Opportunities for Technological Communication from Physicians: A Kiosk-Based Study</td>
<td>Ahlers-Schmidt, Cari; Office of Research Generalist</td>
<td>Wichita Graduate Medical Education/Kansas Bioscience Authority</td>
<td>2009</td>
<td>$19,371</td>
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<tr>
<td>Parent Interviews to Examine the Feasibility of a Text Messaging Reminder System for Immunization Appointment</td>
<td>Ahlers-Schmidt, Cari; Office of Research Generalist</td>
<td>Dean’s Funding</td>
<td>2009</td>
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<tr>
<td>Developing a Mobile Phone Text Reminder System for Vaccinations</td>
<td>Ahlers-Schmidt, Cari; Office of Research Generalist</td>
<td>Kansas Bioscience Authority/Wichita Graduate Medical Education</td>
<td>2009-2010</td>
<td>$10,787</td>
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**Paul Uhlig, MD, MPA**

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<th>Amount Total Award</th>
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<th>Amount 2009-10</th>
<th>Community - Based Y/N</th>
<th>Student Participation Y/N</th>
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<tr>
<td>Regional Simulation Initiative</td>
<td>Uhlig, Paul; Preventive Medicine &amp; Public Health Generalist</td>
<td>University of Kansas School of Medicine-Wichita; Faculty Initiatives</td>
<td>2008</td>
<td>$20,000</td>
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<td>$20,000</td>
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Ruth Wetta-Hall, RN, PhD, MPH, MSN

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<th>Funding Period Start/End</th>
<th>Amount Total Award</th>
<th>Amount 2007-08</th>
<th>Amount 2008-09</th>
<th>Amount 2009-10</th>
<th>Community - Based Y/N</th>
<th>Student Participation Y/N</th>
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<tr>
<td>Performance Improvement Facilitation, Improving Data Entry for the Electronic Disease Surveillance System (EDSS)</td>
<td>Wetta-Hall, Ruth; Preventive Medicine &amp; Public Health Generalist</td>
<td>Kansas Association of Local Health Departments</td>
<td>07/21/2009 – 07/30/2009</td>
<td>$3,026</td>
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<td>Pure and Simple Lifestyle Project, Leadership for Program Evaluation</td>
<td>Wetta-Hall, Ruth; Preventive Medicine &amp; Public Health Generalist</td>
<td>Department of Health and Human Services, Administration for Children and Families, Family and Youth Services Bureau</td>
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<td>$177,660</td>
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<td>$41,103</td>
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<td>Project Access: Descriptive Epidemiology of Eight Years of Health Resource Use by Low-Income Uninsured Adults</td>
<td>Wetta-Hall, Ruth; Preventive Medicine &amp; Public Health Generalist</td>
<td>Central Plains Regional Health Care Foundation</td>
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<td>$10,000</td>
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<td>$10,000</td>
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<td>Title</td>
<td>Investigator(s)</td>
<td>Organization</td>
<td>Fiscal Years</td>
<td>Total Budget</td>
<td>Direct Costs</td>
<td>Effort</td>
<td>Show of Effort</td>
<td>Show of Distinctness</td>
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<tr>
<td>Pure and Simple Lifestyle Community-Based Abstinence Education</td>
<td>Wetta-Hall, Ruth; Preventive Medicine &amp; Public Health Generalist</td>
<td>Health and Human Services, Administration for Children and Families, Family and Your Services Bureau</td>
<td>2005-2008</td>
<td>$177,313</td>
<td>$49,860</td>
<td>--</td>
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<td>Wesley Trauma Services Consultation, Research Design, Analysis, Manuscript development</td>
<td>Wetta-Hall, Ruth; Preventive Medicine &amp; Public Health Generalist</td>
<td>Wesley Medical Center</td>
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<td>$94,971</td>
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<td>Enhanced Care Management within a Medicaid Population in Sedgwick County, Kansas</td>
<td>Wetta-Hall, Ruth; Preventive Medicine &amp; Public Health Generalist</td>
<td>Central Plains Regional Healthcare Foundation</td>
<td>2006-2007</td>
<td>$23,450</td>
<td>$23,450</td>
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Appendix 1: Survey of Interest in Degree Programs

MPH Survey

1. Please indicate how well you agree or disagree with the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a. Creating concentrations for the MPH program would be beneficial for you or your colleagues.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>1b. Development of MPH concentrations would be beneficial for your current or future employment.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>1c. A MPH degree with concentrations would better prepare MPH students to fill the public health needs of Kansas.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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2. Based on your employment or training/staffing needs, please order the following MPH concentrations from most important (1) to least important (5).

   - Epidemiology
   - Social & Behavioral Aspects of Public Health
   - Environmental Health
   - Public Health Administration
   - Biostatistics

3. Would you or someone you work with be interested in enrolling in a doctoral program in Public Health?
   
   ☐ Yes
   ☐ No
   ☐ Maybe

   If yes, in what area of Public Health? __________________________

4. Would you be interested in enrolling in a certificate in Public Health (e.g. selected MPH courses leading to an MPH)?
   
   ☐ Yes
   ☐ No
   ☐ Maybe

5. We are interested in your feedback regarding a need for MPH concentrations and/or a doctoral program in Public Health at KUMC. Please provide your comments here.

   _______________________________________________________
   _______________________________________________________
   _______________________________________________________
6. Please indicate how well you agree or disagree with the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>6a. A Biostatistics graduate program (MS and PhD) would be a valuable</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>resource to the University of Kansas, Kansas residents, or the Kansas</td>
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</tr>
<tr>
<td>City Metro area.</td>
<td></td>
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</tr>
<tr>
<td>6b. I would have been interested in receiving a graduate degree in</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Biostatistics (MS and/or PhD) if it had been available at KUMC when I</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>started my graduate work.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c. I am currently or potentially would be interested in receiving a</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>graduate degree in Biostatistics (MS and/or PhD) if it were available at</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>KUMC.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Which most accurately describes your relationship to the University of Kansas Master of Public Health Program?

☐ Current student
☐ KU-MPH Graduate
☐ MPH graduate (other university)
☐ Public Health employee
☐ Other (please specify)

8. Tell us about the organization you work for.

☐ State health department/jurisdiction
☐ Local health department/jurisdiction
☐ Hospital or community health clinic
☐ College or University
☐ Law enforcement/fire/emergency response
☐ Community-based organization
☐ Business
☐ Other (please specify)
Appendix 2: Course Evaluations

Instructor-related questions (1-5 scale)
1. Instructor demonstrated expertise of the subject
2. Overall, instructor demonstrated effectiveness as teacher

Course-related questions
3. Overall organization of course
4. Overall quality of course

Strengths of this course

Biggest weakness of this course

How could course be improved?

Web-based courses: Overall, please describe how your experience taking a web-based class was different from your experiences taking a classroom course.
Appendix 3: Exit Interview

Master of Public Health Exit Interview

Date __________________

Instructions: Please rate and comment on each item on the questionnaire using the following scale:
5 – Strongly Agree  4 – Agree  3 – Neutral  2 – Disagree  1 – Strongly Agree  U – Do Not Know, Cannot Evaluate

Part I  Governance

1. _____ KU-MPH recruits student with the ability to succeed as public health practitioners.
   (Comments)

2. _____ KU-MPH recruits students with diverse cultural and professional backgrounds.
   (Comments)

3. _____ KU-MPH serves students without regard for race, ethnicity or gender.
   (Comments)

4. _____ The advising system of KU-MPH meets the needs of students.
   (Comments)

5. _____ Students have meaningful participation in the governance of KU-MPH.
   (Comments)

6. _____ Students have adequate opportunities to evaluate courses in the KU-MPH program.
   (Comments)

7. _____ Students have adequate opportunities to evaluate the MPH curriculum as a whole.
   (Comments)
Part II  Curriculum

8. _____ The MPH curriculum prepares students for public health careers.

   (Comments)

9. _____ The MPH curriculum prepares students for a variety of positions in the public health sector.

   (Comments)

10. _____ The MPH curriculum incorporates and integrates experiential learning.

    (Comments)

11. _____ There are appropriate opportunities for field work experience in the MPH program.

    (Comments)

12. _____ The MPH curriculum includes the basic knowledge, skills and values appropriate for a career in public health.

    (Comments)

13. _____ The MPH curriculum has integrative experiences that facilitate review and application of material covered throughout the curriculum.

    (Comments)

14. _____ After successfully completing the MPH curriculum, students should have learned to identify the economic, social and political factors that determine health conditions.

    (Comments)

15. _____ The KU-MPH program seeks continuous improvement in teaching and in the curriculum.

    (Comments)
Part III  Faculty Resources

16. _____ Full-time KU-MPH faculty are adequately prepared for classes.
(Comments)

17. _____ Full-time KU-MPH faculty are proficient in the subjects that they teach.
(Comments)

18. _____ Part-time KU-MPH faculty are adequately prepared for classes.
(Comments)

19. _____ Part-time KU-MPH faculty are proficient in the subjects that they teach.
(Comments)

20. _____ The KU-MPH faculty draw upon research in their teaching.
(Comments)

21. _____ The KU-MPH program is adequately supported by the University.
(Comments)
### Part IV  Courses

**Instructions:** Please evaluate course areas and individual courses using the following scale:

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>superior</td>
</tr>
<tr>
<td>4</td>
<td>above average</td>
</tr>
<tr>
<td>3</td>
<td>average</td>
</tr>
<tr>
<td>2</td>
<td>below average</td>
</tr>
<tr>
<td>1</td>
<td>inferior</td>
</tr>
</tbody>
</table>

22. _____ Overall MPH Curriculum  
   *(Comments)*

23. _____ Environmental Health  
   Instructor:  
   *(Comments)*

24. _____ Principles of Epidemiology  
   Instructor:  
   *(Comments)*

25. _____ Principles of Statistics in Public Health  
   Instructor:  
   *(Comments)*

26. _____ Public Health Administration  
   Instructor:  
   *(Comments)*

27. _____ Social and Behavioral Aspects of Public Health  
   Instructor:  
   *(Comments)*

28. What was the most relevant and useful course in the program?  
   *(Comments)*

29. What was the least relevant course in the program?  
   *(Comments)*
Part V  General Thoughts

30. Is the KU-MPH curriculum balanced within and between topic areas?

31. What topics would you:
   Eliminate:
   
   
   
   Add
   
   
   
32. What courses would you:
   Eliminate
   
   
   
   Add
   
   
   
33. In terms of professional development, what skill areas need to be:
   Eliminated
   
   
   
   Added
   
   
   

34. What are your strongest skills?


35. What are your weakest skills?


36. How can professional development be improved and strengthened?


37. How can integration of the curriculum be improved and strengthened?


38. What changes need to be made in the KU-MPH program as a whole?


Please review the KU-MPH mission statement. What changes, if any, would you like to see made?

MISSION STATEMENT: The mission of the KU-MPH program is to provide teaching, research and service activities that prepare health care providers, public health practitioners and researchers to develop and apply population-based and individual approaches to maintaining and improving health in the heartland and the nation.

<table>
<thead>
<tr>
<th>Part VII</th>
<th>Personal Information</th>
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<tbody>
<tr>
<td>□ Female</td>
<td>□ Male</td>
</tr>
<tr>
<td>□ Year entered program</td>
<td>□ Year completed program</td>
</tr>
<tr>
<td>□ Full-time student</td>
<td>□ Part-time student</td>
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<tr>
<td>□ Highest degree held when you entered the program (e.g., BA, RN, MD, etc)</td>
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</tr>
<tr>
<td>□ Total years of post college experience when you entered the program.</td>
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<tr>
<td>□ Total years of post college health care experience when you entered the program.</td>
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<tr>
<td>□ Have you completed the Outcomes Concentration?</td>
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</tbody>
</table>

Type of organization in which you expect to work after graduation.

□ Consulting □ Hospital □ Insurer □ Group practice □ Long term care facility □ Other (please describe) __________________________

Are you employed now or do you have a firm offer?

□ Yes □ No
Appendix 4: Student Evaluation Tool

MASTER OF PUBLIC HEALTH

STUDENT EVALUATION

Student Name: _____________________________________________
Practicum Site Mentor Name: _________________________________
Agency: __________________________________________________
Semester: _________________________________________________

<table>
<thead>
<tr>
<th></th>
<th>EXCEEDS</th>
<th>MEETS</th>
<th>NEEDS IMPROVEMENT</th>
<th>DOES NOT MEET</th>
<th>UNABLE TO OBSERVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance and punctuality</td>
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<tr>
<td>Motivation and initiative</td>
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<tr>
<td>Clear and timely communication</td>
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<td>Effective interaction with others</td>
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<tr>
<td>Ability as a team member</td>
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<tr>
<td>Meets deadlines/work complete</td>
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<tr>
<td>General public health knowledge</td>
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<tr>
<td>Demonstrates leadership abilities</td>
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</table>

1. What strengths will this student bring to the profession of public health?

2. What areas would you suggest to this student for further development?

3. Did the student meet your expectations for completion of the practicum goals and project?
# Appendix 5: Practicum Site Evaluation Tool

**MASTER OF PUBLIC HEALTH**

**PRACTICUM SITE EVALUATION**

Student Name: ________________________________

Practicum Site/Agency Name: ________________________________

Semester: ________________________________

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
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</thead>
<tbody>
<tr>
<td>Orientation to the setting was adequate.</td>
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<tr>
<td>Staff were receptive and willing to collaborate.</td>
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<tr>
<td>Staff were helpful in meeting my learning needs.</td>
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<tr>
<td>Staff encouraged independent thinking.</td>
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<tr>
<td>Staff provided appropriate feedback as needed.</td>
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<tr>
<td>Staff modeled a commitment to public health.</td>
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<tr>
<td>The experience I had in this setting enhanced my learning and assisted me in meeting my capstone objectives.</td>
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</tbody>
</table>

Additional Comments:

Please complete this form and return it to: Melissa Armstrong marmstro@kumc.edu Tanya Honderick thonderick@kumc.edu
Appendix 6: Generalist Concentration Survey

MPH GENERALIST SURVEY

1. Introduction
Dear Public Health Colleagues and Partners,
The KU-MPH program is currently developing degree concentrations and courses that will continue to support the public health infrastructure in Kansas. We would like your input on what skills and content knowledge you think might be most useful and valuable to students who graduate with an MPH degree. This brief survey will take approximately 3 minutes of your time. Thank you in advanced for your help and participation!
Sincerely,
KU-MPH Program Leadership Team

2. Public Health Core Areas
Please rate the importance of each of the following from 1-5. 1 = Not Very Important ; 5 = Very Important
- Epidemiology
- Biostatistics
- Social & Behavioral Aspects of Public Health
- Health Administration
- Environmental Health

3. Public Health Content Areas
Please rate the importance of each of the following from 1-5. 1 = Not Very Important; 5 = Very Important
- Health Policy & Law
- Public Health Informatics
- Leadership
- Health Research and Evaluation Methods
- Health Disparities

4. Additional Public Health Skill Areas
- Analytic/Assessment
- Policy Development/Program Planning Skills
- Communication
- Cultural Competency
- Community Dimensions of Practice
- Financial Planning and Management
- Leadership and Systems Thinking

5. Additional Public Health Skill Areas
Is there any additional information you would like to add?

6. Respondent Demographics
Which most accurately describes your relationship to the University of Kansas Master of Public Health Program?
- KU-MPH graduate / MPH graduate (other university) / Public health employee/ Other
- How long have you worked in public health? 0 - 4 years / 5 - 10 years / more than 10 years
### Appendix 7: 36-Hour and 42-Hour Plans of Study

#### 36 Credit Hour Plan of Study (Generalist)
(Student admitted prior to Fall 2007)

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Faculty Advisor:</th>
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<table>
<thead>
<tr>
<th>Semester Admitted:</th>
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</table>

<table>
<thead>
<tr>
<th>Required Core Courses: (15 Credit Hours)</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRVM 800 Principles of Epidemiology</td>
<td></td>
</tr>
<tr>
<td>BIOS 704 Principles of Statistics in Public Health OR</td>
<td></td>
</tr>
<tr>
<td>BIOS 714 Fundamentals of Biostatistics I</td>
<td></td>
</tr>
<tr>
<td>PRVM 818 Social &amp; Behavioral Aspects of Public Health</td>
<td></td>
</tr>
<tr>
<td>PRVM 827 Public Health Administration</td>
<td></td>
</tr>
<tr>
<td>PRVM 830 Environmental Health</td>
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</table>

<table>
<thead>
<tr>
<th>Program Required Courses: (1 Credit Hour)</th>
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<tbody>
<tr>
<td>PRVM 812 Public Health Biostatistics Laboratory</td>
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<table>
<thead>
<tr>
<th>Electives: (Minimum 14 Credit Hours)</th>
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<tbody>
<tr>
<td>PRVM</td>
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<td>PRVM</td>
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<td>PRVM</td>
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<td>PRVM</td>
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<td>PRVM</td>
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<tr>
<td>Other*</td>
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</table>

<table>
<thead>
<tr>
<th>Practicum Courses: (6 Hours)</th>
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<tbody>
<tr>
<td>PRVM 891 Public Health Practicum</td>
<td></td>
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<tr>
<td>PRVM 893 Public Health Project</td>
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</tbody>
</table>

**Total Number of Credit Hours: (Minimum of 36 Credit Hours)**

---

* Taking courses other than those offered by the MPH program can provide training that is beneficial for an MPH student’s plan of study. However, such courses must meet certain guidelines, and approval of your advisor is requested. Please review the transfer of credit section of this handbook before enrolling in other courses.
# 42 Credit Hour Plan of Study (Generalist)
(Students admitted Fall 2007 or later)

**Student Name:** ____________________   **Faculty Advisor:** ___________

**Semester Admitted:** ____________________

<table>
<thead>
<tr>
<th>Required Core Courses: (15 Credit Hours)</th>
<th>Semester</th>
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</thead>
<tbody>
<tr>
<td>PRVM 800      Principles of Epidemiology</td>
<td></td>
</tr>
<tr>
<td>BIOS 704      Principles of Statistics in Public Health OR</td>
<td></td>
</tr>
<tr>
<td>BIOS 714      Fundamentals of Biostatistics I</td>
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</tr>
<tr>
<td>PRVM 818      Social &amp; Behavioral Aspects of Public Health</td>
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<tr>
<td>PRVM 827      Public Health Administration</td>
<td></td>
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<tr>
<td>PRVM 830      Environmental Health</td>
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<table>
<thead>
<tr>
<th>Program Required Courses: (4 Credit Hours)</th>
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</thead>
<tbody>
<tr>
<td>PRVM 802      Epidemiology Laboratory</td>
<td></td>
</tr>
<tr>
<td>PRVM 875      Management of Public Health Data</td>
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</table>

<table>
<thead>
<tr>
<th>Preferred Electives: (Minimum 17 Credit Hours)</th>
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<tbody>
<tr>
<td>PRVM</td>
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<td>PRVM</td>
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<td>PRVM</td>
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<tr>
<td>PRVM</td>
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<tr>
<td>Other*</td>
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</table>

<table>
<thead>
<tr>
<th>Practicum Courses: (6 Hours)</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>PRVM 891       Public Health Practicum</td>
<td></td>
</tr>
<tr>
<td>PRVM 893       Public Health Project</td>
<td></td>
</tr>
</tbody>
</table>

**Total Number of Credit Hours:** (Minimum of 42 Credit Hours)  

* Taking courses other than those offered by the MPH program can provide training that is beneficial for an MPH student’s plan of study. However, such courses must meet certain guidelines, and approval of your advisor is requested. Please review the transfer of credit section of this handbook before enrolling in other courses.
Appendix 8: Practicum Contract

Practicum Contract

Complete this contract and submit to your MPH Assistant Director before registering for the Practicum. (Document should be 3-5 pages in length, excluding references)

1. Background
   Include:
   - Brief Literature Review
   - Public Health Importance
   - Healthy People 2010 objectives
   - Morbidity/Mortality
   - “What is unknown and why should we know it?”

2. Practicum Project Objective(s) and/or Study Question(s)

3. Methods and Analysis

4. IRB Submission/Approval*
   All student IRB submissions should first be reviewed by the Department of Preventive Medicine and Public Health. By signing this practicum contract, the Departmental Designee agrees:
   - The project uses procedures consistent with sound research design, which do not unnecessarily expose subjects to risk;
   - The research is likely to answer the proposed question; and
   - The knowledge reasonably expected to result from the research has scientific importance

5. Description of Agency/Community

6. Timeline
   Include:
   - Recruitment of Committee Members
   - IRB Submission Timeline
   - Committee Meetings
   - First Draft Completion
   - Review by Committee Members
   - Revisions
   - Final Presentation Date

7. KU-MPH Core competency self-assessment has been completed, discussed with Capstone Committee Chair, and a copy is attached.

8. Signatures:

   ___________________            _____________________            _____________________
   Student            Faculty-Committee Chair              Faculty-Second Member

   ______________________            _____________________
   Practicum Agency Mentor          Departmental IRB Designee+

   *Student: Please include a copy of the signed practicum contract with IRB submission
   +Student should check with Capstone Chair regarding departmental IRB regulations
KU-MPH Core Competency
Student Self-Assessment

Name __________________________  Date: __________  Semester Started Program: __________

Please put an “X” in the box that best describes your current skill level for each competency below. When you are finished, please return this to the MPH assistant director.

<table>
<thead>
<tr>
<th>COMPETENCY AREA</th>
<th>Very Undeveloped Skill Level</th>
<th>Fairly Undeveloped Skill Level</th>
<th>Basic Skill Level</th>
<th>Fairly Developed Skill Level</th>
<th>Highly Developed Skill Level</th>
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</thead>
<tbody>
<tr>
<td><strong>Analytic/Assessment Skills</strong></td>
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<tr>
<td>1. Defines a problem</td>
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<td>2. Determines appropriate uses and limitations of both quantitative and qualitative data</td>
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<tr>
<td>3. Selects and defines variables relevant to defined public health problems</td>
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<td>4. Identifies relevant and appropriate data and information sources</td>
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<td>5. Evaluates the integrity and comparability of data and identified gaps in data sources</td>
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<tr>
<td>6. Applies ethical principles to the collection, maintenance, use and dissemination of data and information</td>
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<tr>
<td>COMPETENCY AREA</td>
<td>Very Undeveloped Skill Level</td>
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<tr>
<td>7. Partners with communities to attach meaning to collected quantitative and qualitative data</td>
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<tr>
<td>8. Makes relevant inferences from quantitative and qualitative data</td>
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<tr>
<td>9. Obtains and interprets information regarding risks and benefits to the community</td>
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<tr>
<td>10. Applies data collection processes, information technology applications, and computer systems storage/retrieval strategies</td>
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<tr>
<td>11. Recognizes how the data illuminates ethical, political, scientific, economic, and overall public health issues</td>
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**Policy Development/Program Planning Skills**

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<tr>
<th>Policy Development/Program Planning Skills</th>
<th>Very Undeveloped Skill Level</th>
<th>Fairly Undeveloped Skill Level</th>
<th>Basic Skill Level</th>
<th>Fairly Developed Skill Level</th>
<th>Highly Developed Skill Level</th>
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<tr>
<td>12. Collects, summarizes and interprets information relevant to an issue</td>
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<tr>
<td>13. States policy options and writes clear and concise policy statements</td>
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<tr>
<td>14. Identifies, interprets, and implements public health laws, regulations, and policies related to specific programs</td>
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<td>15. Articulates the health, fiscal, administrative, legal, social and political implications of each policy</td>
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<tr>
<td>COMPETENCY AREA</td>
<td>Very Undeveloped Skill Level</td>
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<td>16. States the feasibility and expected outcomes of each policy option</td>
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<tr>
<td>17. Utilizes current techniques in decision analysis and health planning</td>
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<td>18. Decides on the appropriate course of action</td>
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<td>19. Develops a plan to implement policy, including goals, outcomes and process objectives, and implementation steps</td>
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<td>20. Translates policy into organizational plans, structures, and programs</td>
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<tr>
<td>21. Prepares and implements emergency response plans</td>
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<td>22. Develops mechanisms to monitor and evaluate programs for their effectiveness and quality</td>
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<tr>
<td>Communication Skills</td>
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<td>23. Communicates effectively both in writing and orally, or in other ways</td>
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<tr>
<td>24. Solicits input from individuals and organizations</td>
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<tr>
<td>25. Advocates for public health programs and resources</td>
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<tr>
<td>26. Leads and participates in groups to address specific issues</td>
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<tr>
<td></td>
<td>COMPETENCY AREA</td>
<td>Very Undeveloped Skill Level</td>
<td>Fairly Undeveloped Skill Level</td>
<td>Basic Skill Level</td>
<td>Fairly Developed Skill Level</td>
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<tr>
<td>27</td>
<td>Uses the media, advanced technologies, and community networks to communicate information</td>
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<td>28</td>
<td>Effectively presents accurate demographic, statistical, programmatic, and scientific information for professional and lay audiences</td>
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<tr>
<td>29</td>
<td>Listen to others in an unbiased manner, respects points of view of others, and promotes the expression of diverse opinions and perspectives</td>
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<tr>
<td>30</td>
<td>Utilizes appropriate methods for interacting sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds, and person of all ages and lifestyle preferences</td>
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<tr>
<td>31</td>
<td>Identifies the role of cultural, social, and behavioral factors in determining the delivery of public health services</td>
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<td>32</td>
<td>Develops and adapts approaches to problems that take into account cultural differences</td>
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<td>33</td>
<td>Understands the dynamic forces contributing to cultural diversity</td>
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<tr>
<td></td>
<td>COMPETENCY AREA</td>
<td>Very Undeveloped Skill Level</td>
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<td>34.</td>
<td>Understands the importance of a diverse public health workforce</td>
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<td>35.</td>
<td>Establishes and maintains linkages with key stakeholders</td>
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<td>36.</td>
<td>Utilizes leadership, team building, negotiation, and conflict resolution skills to build community partnerships</td>
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<td>37.</td>
<td>Collaborates with community partners to promote the health of the population</td>
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<td>38.</td>
<td>Identifies how public and private organizations operate within a community</td>
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<td>39.</td>
<td>Accomplishes effective community engagements</td>
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<td>40.</td>
<td>Identifies community assets and available resources</td>
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<td>41.</td>
<td>Develops, implements, and evaluates a community public health assessment</td>
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<td>42.</td>
<td>Describes the role of government in the delivery of community health services</td>
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<td>43.</td>
<td>Identifies the individuals’ and organization’s responsibilities within the context of the Essential Public Health Services and core functions</td>
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<td>COMPETENCY AREA</td>
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<td>44.</td>
<td>Defines, assesses, and understands the health status of populations, determinants of health and illness, factors contributing to health promotion and disease prevention, and factors influencing the rise of health services</td>
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<td>45.</td>
<td>Understands the historical development, structure, and interaction of public health and health care systems</td>
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<tr>
<td>46.</td>
<td>Identifies and applies basic research methods used in public health</td>
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<td>47.</td>
<td>Applies the basic public health sciences including behavioral and social sciences, biostatistics, epidemiology, environmental public health, and prevention of chronic and infectious diseases and injuries</td>
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<td>48.</td>
<td>Identifies and retrieves current relevant scientific evidence</td>
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<td>49.</td>
<td>Identifies the limitations of research and the importance of observations and interrelationships</td>
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**Attitudes**

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<td>50.</td>
<td>Develops a lifelong commitment to rigorous critical thinking</td>
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**Financial Planning and Management Skills**

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<tr>
<td>51.</td>
<td>Develops and presents a budget</td>
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<td>52.</td>
<td>Manages programs within budget constraints</td>
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<td>53.</td>
<td>Applies budget processes</td>
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<tr>
<td>54.</td>
<td>Develops strategies for determining budget priorities</td>
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<td>55.</td>
<td>Monitors program performance</td>
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<td>56.</td>
<td>Prepares proposals for funding from external sources</td>
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<td>57.</td>
<td>Applies basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts</td>
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<td>58.</td>
<td>Manages information systems for collection, retrieval, and use of data for decision-making</td>
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<td>59.</td>
<td>Negotiates and develops contracts and other documents for the provision of population-based services</td>
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<tr>
<td>60.</td>
<td>Conducts cost-effectiveness, cost-benefit, and cost-utility analyses</td>
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**Leadership and Systems Thinking Skills**

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<tr>
<td>61.</td>
<td>Creates a culture of ethical standards within the organization and communities</td>
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<td>62.</td>
<td>Helps create key values and shared vision and uses these principles to guide action</td>
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<td>63.</td>
<td>Identifies internal and external issues that may impact delivery of essential public health services (i.e., strategic planning)</td>
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<td>64.</td>
<td>Facilitates collaboration with internal and external groups to ensure participation of key stakeholders</td>
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<td>65.</td>
<td>Promotes team and organizational learning</td>
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<td>66.</td>
<td>Contributes to development, implementation, and monitoring of organizational performance standards</td>
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<td>67.</td>
<td>Uses the legal and political system to effect change</td>
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<td>68.</td>
<td>Applies theory of organizational structures to professional practice</td>
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Page 8 of 8
**KU-MPH Core Competency Assessment Before and After Capstone**

Name ______________________ Date: _________ Semester you plan to register for capstone: _________

Please put an "X" in the box that best describes your current skill level for each competency below. For competencies you rate as undeveloped, indicate on a scale of 1 to 5 how much you think your capstone project will help you gain these skills. For skills currently at basic or developed level, leave the last column of the chart blank. Please review this self-assessment with your Capstone committee chair to plan how to improve any undeveloped skills. Return the signed competency self-assessment in its entirety to the MPH coordinator when registering for your first semester of capstone credit. After your capstone defense, your committee chair will review whether you have gained the skills needed to be at the basic level or higher for each competency domain by completing the checklist on page 9 and signing the form.

<table>
<thead>
<tr>
<th>COMPETENCY AREA</th>
<th>Very Undeveloped Skill Level</th>
<th>Fairly Undeveloped Skill Level</th>
<th>Basic Skill Level</th>
<th>Fairly Developed Skill Level</th>
<th>Highly Developed Skill Level</th>
<th>My capstone project will help me develop this undeveloped skill</th>
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<tr>
<td>Analytic/Assessment Skills</td>
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<td>1. Defines a problem</td>
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<td>2. Determines appropriate uses</td>
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<td>and limitations of both</td>
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<td>3. Selects and defines variables</td>
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<td>relevant to defined public health problems</td>
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<td>4. Identifies relevant and</td>
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<td>appropriate data and</td>
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<td>5. Evaluates the integrity and</td>
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<td>identified gaps in data</td>
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<td>6. Applies ethical principles to</td>
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<td>the collection, maintenance,</td>
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<td>My capstone project will help me develop this undeveloped skill (1=Not at all 5=Very much so)</td>
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<td>7. Partners with communities to attach meaning to collected quantitative and qualitative data</td>
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<td>8. Makes relevant inferences from quantitative and qualitative data</td>
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<td>9. Obtains and interprets information regarding risks and benefits to the community</td>
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<td>10. Applies data collection processes, information technology applications, and computer systems storage/retrieval strategies</td>
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<td>11. Recognizes how the data illuminates ethical, political, scientific, and overall public health issues</td>
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<td>Policy Development/Program Planning Skills</td>
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<td>12. Collects, summarizes and interprets information relevant to an issue</td>
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<td>13. States policy options and writes clear and concise policy statements</td>
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<td>14. Identifies, interprets, and implements public health laws, regulations, and policies related to specific programs</td>
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<td>15. Articulates the health, fiscal, administrative, legal, social and political implications of each policy</td>
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<td>States the feasibility and expected outcomes of each policy option</td>
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<td>1=Not at all 5=Very much so</td>
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<td>Utilizes current techniques in decision analysis and health planning</td>
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<td>Decides on the appropriate course of action</td>
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<td>Develops a plan to implement policy, including goals, outcomes and process objectives, and implementation steps</td>
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<td>Translates policy into organizational plans, structures, and programs</td>
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<td>Prepares and implements emergency response plans</td>
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<td>Develops mechanisms to monitor and evaluate programs for their effectiveness and quality</td>
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<td>Communication Skills</td>
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<tr>
<td>Communicates effectively both in writing and orally, or in other ways</td>
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<td>Solicits input from individuals and organizations</td>
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<td>Advocates for public health programs and resources</td>
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<td>26 Leads and participates in groups to address specific issues</td>
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<tr>
<td>27 Uses the media, advanced technologies, and community networks to communicate information</td>
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<td>28 Effectively presents accurate demographic, statistical, programmatic, and scientific information for professional and lay audiences</td>
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<td>Attitudes</td>
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<td>29 Listens to others in an unbiased manner, respects points of view of others, and promotes the expression of diverse opinions and perspectives</td>
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<td>Cultural Competency Skills</td>
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<td>30 Utilizes appropriate methods for interacting sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds, and person of all ages and lifestyle preferences</td>
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<td>31 Identifies the role of cultural, social, and behavioral factors in determining the delivery of public health services</td>
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<td>32. Attitudes</td>
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<td>33. Understands the dynamic forces contributing to cultural diversity</td>
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<td>34. Understands the importance of a diverse public health workforce</td>
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<td>35. Community Dimensions of Practice Skills</td>
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<td>36. Establishes and maintains linkages with key stakeholders</td>
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<td>37. Utilizes leadership, team building, negotiation, and conflict resolution skills to build community partnerships</td>
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<td>38. Collaborates with community partners to promote the health of the population</td>
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<td>39. Identifies how public and private organizations operate within a community</td>
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<td>40. Accomplishes effective community engagements</td>
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<td>41. Identifies community assets and available resources</td>
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<td>42. Develops, implements, and evaluates a community public health assessment</td>
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<td>COMPETENCY AREA</td>
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<td>Fairly Undeveloped Skill Level</td>
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<td>My capstone project will help me develop this undeveloped skill</td>
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<td>42</td>
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| COMPETENCY AREA                                                                 | Very Undeveloped Skill Level | Fairly Undeveloped Skill Level | Basic Skill Level | Fairly Developed Skill Level | Highly Developed Skill Level | My capstone project will help me develop this undeveloped skill
1=Not at all   5=Very much so |
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<tr>
<td>45 Identifies the limitations of research and the importance of observations and interrelationships</td>
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<td>Attitudes</td>
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<td>50 Develops a lifelong commitment to rigorous critical thinking</td>
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<td>Financial Planning and Management Skills</td>
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<td>51 Develops and presents a budget</td>
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<tr>
<td>52 Manages programs within budget constraints</td>
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<tr>
<td>53 Applies budget processes</td>
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<tr>
<td>54 Develops strategies for determining budget priorities</td>
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<td>55 Monitors program performance</td>
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<td>56 Prepares proposals for funding from external sources</td>
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<td>57 Applies basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts</td>
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<tr>
<td>58 Manages information systems for collection, retrieval, and use of data for decision-making</td>
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<tr>
<td>59 Negotiates and develops contracts and other documents for the provision of population-based services</td>
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<tr>
<td>COMPETENCY AREA</td>
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<td>Basic Skill Level</td>
<td>Fairly Developed Skill Level</td>
<td>Highly Developed Skill Level</td>
<td>My capstone project will help me develop this undeveloped skill 1=Not at all 5=Very much so</td>
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<tr>
<td>60 Conducts cost-effectiveness, cost-benefit, and cost-utility analyses</td>
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<tr>
<td>61 Leadership and Systems Thinking Skills</td>
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<tr>
<td>62 Creates a culture of ethical standards within the organization and communities</td>
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<td>63 Helps create key values and shared vision and uses these principles to guide action</td>
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<td>64 Identifies internal and external issues that may impact delivery of essential public health services (i.e., strategic planning)</td>
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<tr>
<td>65 Facilitates collaboration with internal and external groups to ensure participation of key stakeholders</td>
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<tr>
<td>66 Promotes team and organizational learning</td>
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<tr>
<td>67 Contributes to development, implementation, and monitoring of organizational performance standards</td>
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<tr>
<td>68 Uses the legal and political system to effect change</td>
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<tr>
<td>69 Applies theory of organizational structures to professional practice</td>
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</table>
Plan to Gain Skills For Competencies  
Currently At Undeveloped Level  
(attach additional pages if needed)  

Skills are at Basic Level  
or Higher After Capstone

<table>
<thead>
<tr>
<th>Analytic/Assessment:</th>
<th>Yes  No</th>
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<tbody>
<tr>
<td>Policy Development/Program Planning:</td>
<td>Yes  No</td>
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<tr>
<td>Communication:</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Public Health Science:</td>
<td>Yes  No</td>
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<tr>
<td>Financial Planning/Management:</td>
<td>Yes  No</td>
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<tr>
<td>Leadership/Systems Thinking:</td>
<td>Yes  No</td>
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<tr>
<th>Signatures Before Capstone</th>
<th>Signatures After Capstone Defense</th>
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<tbody>
<tr>
<td>Student</td>
<td></td>
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<tr>
<td>Committee Chair</td>
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<tr>
<td>Date:</td>
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</table>

Page 9 of 9
Appendix 11: Peer Observation of Teaching Tool

PEER OBSERVATION OF TEACHING FORM

University of Kansas MPH Program

I. INFORMATION ABOUT FACULTY BEING EVALUATED

NAME: ________________________________    POSITION: ________________________

How many times has the faculty taught the course being evaluated? ______

II. INFORMATION ABOUT COURSE BEING EVALUATED

Course Name and Number: _______________________________________________________

Credit Hours: __________________________________________________________________

Semester: ______________    Academic Year: ______________________

Mode of Course Delivery:        □ In-class     □ Online     □ ITV

□ Hybrid (In-class & Online)     □ Other (describe) _______________

Date of Evaluation:  _____________________________________________________________

III. PEER OBSERVER

Name: ________________________________________________________________________

(please print)

Title: _______________________________________________________________________

Signature and Date: _____________________________________________________________
This form uses both objective and narrative data. Please use the numerical rating system for each applicable criterion. Then, write a brief narrative for each section and, finally, a comprehensive summary statement.

**Rating System:**
1. Outstanding
2. Excellent
3. Good
4. Fair
5. Poor
6. Not observed/no basis for evaluation (N/O)
7. Not applicable (N/A)

### A. Course Materials

<table>
<thead>
<tr>
<th>1. Uses current materials</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/O</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>2. Uses materials pertinent to the course outline</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/O</td>
<td>N/A</td>
</tr>
<tr>
<td>3. Provides students with written explanation of expectations, requirements, assignments, course content, relevant dates</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/O</td>
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<tr>
<td>4. Paces classes according to the level and material presented</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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### B. Teaching Methods or Approach

<table>
<thead>
<tr>
<th>1. Employs multiple teaching approaches when applicable</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>N/O</th>
<th>N/A</th>
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<tbody>
<tr>
<td>2. Uses instructional technology effectively</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>N/O</td>
<td>N/A</td>
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<tr>
<td>3. Uses class time efficiently</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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### C. Communication and Relationship with Students

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<thead>
<tr>
<th>1. Communicates ideas clearly, concisely, and effectively</th>
<th>1</th>
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<th>4</th>
<th>5</th>
<th>N/O</th>
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<tbody>
<tr>
<td>2. Demonstrates sensitivity to differing student learning styles</td>
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<td>4</td>
<td>5</td>
<td>N/O</td>
<td>N/A</td>
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<tr>
<td>3. Maintains rapport with students and creates and environment conducive to learning</td>
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<td>2</td>
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<td>N/O</td>
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<td>4. Stimulates student interest and participation</td>
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<td>5. Responds effectively to student questions (or in a timely manner for online courses)</td>
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Please provide comments including suggestions on the following

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<tbody>
<tr>
<td>1.</td>
<td><strong>Course Materials</strong></td>
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<tr>
<td>2.</td>
<td><strong>Teaching Methods or Approach</strong></td>
</tr>
<tr>
<td>3.</td>
<td><strong>Communication and Relationship with Students</strong></td>
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<tr>
<td>4.</td>
<td><strong>Overall Evaluation</strong></td>
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POST-OBSERVATION CONFERENCE

Faculty Member’s Name: ______________________  Position: ______________________

Course (title & number): ______________________

Date of Observation: ______________________  Observer’s Name: ______________________

Comments:

Post Observation Conference

Date: ______________________

OR

☐ We agree that discussion of this observation is unnecessary.

Comments:

I understand that my signature means that I have read this report and that I may attach any comments that I wish.

Observer: ______________________  Observee: ______________________

(signature)  (signature)

Please return signed form to Coreen Gunja (KC) or Iva Chrisman (Wichita) in MPH Office.
Appendix 12: Draft Policy for Peer Observation of Teaching

Peer Observations of Teaching

Draft 2010

Purpose

To ensure that teaching faculty in the MPH program receive comprehensive evaluation of teaching, in addition to student evaluations.

Benefits

Improving Teaching – Faculty members, because of their experience with teaching, can offer unique tips to other faculty members for improving pedagogical practice. These tips are often different from student evaluations, given differences in experience and perspective.

Tenure and Promotion – Although teaching is one of the three core areas for which tenure and promotion is based, there is little “evidence” of teaching effectiveness from which to base decisions about tenure and promotion. Student evaluations, though extremely important, offer only one perspective on teaching – that of the student. Peer observations, however, reflect a colleague’s evaluation of teaching. Such evaluations are usually based on years of experience teaching, departmental needs, and philosophies, areas that are different from how student evaluate teaching. Taken together, tenure and promotion committees (as well as faculty under review) stand to gain a much more robust and nuanced evaluation of this important area for tenure and promotion.

Development of Educational Programs – Given that the educational flagship of our department is the MPH program, utilizing multiple methods of improving pedagogical practice should be a goal, for example, through lectures on teaching and student evaluations. Having peers evaluate teaching and discussion of the evaluation is one more way of improving departmental teaching. Furthermore, as educational programs grow in the department (with the imminent development of a doctoral program and School of Public Health), having multiple methods of evaluating and improving educational programs is extremely important. Student evaluations are simply not enough.

Accreditation – The MPH program is subject to strict accreditation guidelines by CEPH. CEPH requires multiple evaluations of teaching effectiveness, however our program currently only offers one measure of effectiveness – the student evaluations. In subsequent years, in order to demonstrate our growth and improvement as a program, the department should implement procedures for more robust evaluation of teaching, especially as we add new educational programs and institutional infrastructures (e.g. a School of Public Health).

Peer Evaluation of Teaching vs. Course Evaluation

Resources – Peer evaluation of teaching (one-time observation of a lecture by one peer faculty member) requires significantly fewer resources and time compared to course evaluations (which include a review of syllabus, readings, assignments, exams, multiple lectures, and inclusion of multiple reviewers). At this time, we are prepared to commit to the former, less-resource demanding enterprise.

Size of Program – Given the large size and bicampus nature of program and its course offerings, peer evaluation is the most feasible method of evaluation that will lead to improved teaching and program development (see note about resources above).

Instructor Autonomy – Peer evaluation of teaching still allows instructors to ultimately have autonomy in the classroom. Our course review process through the curriculum committee provides sufficient vetting of course syllabi, while still promoting instructor autonomy in the classroom. The main goal of this endeavor (a policy of peer observation of teaching) is to focus on improving instruction within our program/faculty development. The goal is not dictate materials to be covered by instructors.
Incremental Change – Peer evaluation of teaching represents an incremental and positive change towards improved instruction in the MPH program. Peer observation of teaching was recommended by the curriculum committee last year and slated and compulsory peer evaluations are slated as an FY10 goal for improving our MPH program. This action would have the effect of providing instructors with additional feedback, lead to more robust (and quality) faculty reviews of teaching, help with development of educational programs, and allow us to comply with accreditation recommendations.

Process

Observation – Peer evaluation of teaching will involve a one-time observation of a lecture/class activity/online forum (45-60 minutes). Observers will receive a copy of the syllabus and if appropriate a copy of assigned reading pertaining to lecture that will be observed. Syllabus and reading are provided in order to give context to the observer and for reference.

Assignment of Observer – KU-MPH Site Directors will create a grid that equitably matches observers to observees. Observers will not necessarily be in the same concentration or field as observees. Matches will be selected from a pool of all core MPH faculty (in Preventive Medicine & Public Health and other relevant departments, e.g. Biostatistics). The design of this evaluation tool does not depend on content expertise, therefore the matching process will be random and across disciplines. Because the goal of this evaluation is not for course improvement, content expertise should not be necessary. This is an evaluation of instructor effectiveness.

Frequency of Observation – Each MPH instructor will be evaluated no more than one time per academic year (Fall, Spring, Summer semesters). The MPH office will coordinate this based on semester teaching loads for each faculty member.

Post-Observation Conference – At the completion of each evaluation, the observer is expected to contact the observee to review the evaluation in person. This is done to encourage collegiality and communication as part of the process. In extenuating circumstances, the observer and observee can agree that an in-person meeting is not necessary. The observee will also have the opportunity to write his/her own comments in response to the evaluation.

Reporting – At the completion of the evaluation and post-observation conference, observers are asked to return the evaluation form to Coreen Gunja (KC) or Iva Chrisman (Wichita) in the MPH office. MPH office staff will provide one copy of the final evaluation to the observee and place one copy in MPH files.

Faculty Review, Promotion and Tenure – Though peer evaluations will not be mandatory for annual faculty review, promotion, or tenure packets, faculty can elect (and are encouraged) to use these as evidence of teaching effectiveness during review.

Long-Term Teaching Development – In conjunction with administering the formalized peer observation process, each academic years, KU-MPH Site Directors will alert faculty to pedagogical training activities on and off campus. Faculty are encouraged to take advantage of these resources.

Timeline – We will request feedback from bicampus MPH faculty, Department Chairs, and MPH administration committees over the remainder of the Spring and early Summer semesters. Upon agreement on a final evaluation process and tool, the tool will be evaluated by the MPH Curriculum Committee, Operations Committee, and Executive Council. We intend to implement this policy for the start of the Fall 2010 – Summer 2011 academic year.
Appendix 13: Graduate Application Domestic

KU Medical Center Domestic Graduate Student Application for Admission

Please carefully enter information into each field and print two copies when complete; keep one for your personal records.

**Personal Information**

<table>
<thead>
<tr>
<th>Name Field</th>
<th>Extra Information</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred Name, if different</td>
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<td></td>
</tr>
</tbody>
</table>

**Social Security Number**

<table>
<thead>
<tr>
<th>Address Field</th>
<th>Extra Information</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home (Current) Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permanent Address (if different)</td>
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<td></td>
</tr>
</tbody>
</table>

**Contact Information**

<table>
<thead>
<tr>
<th>Phone Field</th>
<th>Extra Information</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile Phone Number</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**E-mail Address**

<table>
<thead>
<tr>
<th>Citizenship/Residency Status (please select one):</th>
<th>United States Citizen</th>
<th>Permanent Resident of United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you did not select one of the above STOP: you must use the KU Medical Center International Graduate Student Application.</td>
<td></td>
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</tr>
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**Ethnicity**

<table>
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<tr>
<th>Race</th>
<th>Extra Information</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you Hispanic or Latino?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
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**Academic Program Information**

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<th>Extra Information</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
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<td>Degree</td>
<td></td>
<td></td>
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</tbody>
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**Educational Information**

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<th>Extra Information</th>
<th>Date of Birth</th>
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<td>Full Name of College/University</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dates of Attendance (MM/YYYY)</td>
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<td></td>
</tr>
<tr>
<td>GPA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE: Disclosure of ethnicity/race information is optional. The University of Kansas has an affirmative action program and is an equal opportunity institution. In order to comply with Federal government regulations under Title VI of the Civil Rights Act and Title IX of the Education Amendments, the University seeks voluntary disclosure of information from applicants for reporting purposes only. A decision not to provide this information will not negatively affect decisions on admission, assistantships, or awards.

255
Other Information

Please check any which apply to you:

☐ Current KUMC student
☐ Have APPLIED to KUMC before
☐ Have ATTENDED KUMC before
☐ Member of US Armed Forces, or a dependent of one
☐ My parents or I have moved to take a job in Kansas before I enter KU

If you have been, or currently are, a student of the University of Kansas (any campus) please enter your student ID: __________

Are you currently a resident of the State of Kansas?  ☐ Yes  ☐ No  When did you begin continuously living in Kansas? __________

Exam Scores, References and Additional Requirements

Additional information and documentation may be required for application to individual academic programs. Please check with the admissions coordinator or Web site of your desired academic program for complete application instructions and requirements.

Applicant's Signature

I certify that the information given in this application and accompanying documents is complete and accurate, and I understand that submission of incorrect information can be considered sufficient cause for terminating my application or enrollment at the University of Kansas.

I hereby grant permission to KU to release applicable personal information, including my social security number, as needed to complete background checks and/or other approval processes for clinical practice. I understand that my admission is conditional upon completion of the background check and that it could provide grounds for rejection of my admission. I further understand and agree that should I be admitted after a background check, that check could be grounds for clinical sites to reject my participation in a clinical training rotation.

Date of Application __________  Signature of Applicant __________

If you have a disability and would like to know about KUMC services, write to: University of Kansas Medical Center, Equal Opportunity Office, Mail Stop 2014, 3901 Rainbow Blvd., Kansas City, KS 66160, USA.

Safety and Crime at KU Medical Center: Safety policies, procedures, campus resources, and providing definitions, explanations, and a statistical portrait of crimes on campus can be found at www.kumc.edu/police

Submit Application

Please print, sign and mail this completed application form with the application fee (and any other materials which may be required) to the KU department in which your desired academic program resides. Incomplete or unsigned applications will not be accepted.

DEPARTMENTAL RECOMMENDATION

☐ Do not admit. Application will not be forwarded to Graduate Studies.
☐ Calculation of cumulative GPA from official transcripts

Admission recommended with status (check only one):

☐ Regular  ☐ Regular non-degree  ☐ Special B (GPES only)
☐ Provisional  ☐ Provisional non-degree

Reason(s) for provisional status:

Comments/Remarks:

Graduate Studies Action

Date admitted in SAKU __________

Admission granted with status (check only one):

☐ Regular  ☐ Regular non-degree  ☐ Special B (GPES only)
☐ Provisional  ☐ Provisional non-degree

Reason(s) for provisional status:

Comments/Remarks:

Department Signature __________________  Date __________

Graduate Studies Signature __________________  Date __________
Appendix 14: Graduate Application International

KU Medical Center International Graduate Student Application for Admission

Please carefully enter information into each field and print two copies when complete; keep one for your personal records.

### Personal Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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</tr>
<tr>
<td>Middle</td>
<td></td>
</tr>
<tr>
<td>Last Name or Family Name</td>
<td></td>
</tr>
<tr>
<td>Date of Birth: MM/DD/YYYY</td>
<td></td>
</tr>
<tr>
<td>Preferred Name, if different from above</td>
<td></td>
</tr>
<tr>
<td>Other name(s) under which your records might be found</td>
<td></td>
</tr>
<tr>
<td>Social Security Number (if available)</td>
<td></td>
</tr>
<tr>
<td>Home (Current) Address</td>
<td></td>
</tr>
<tr>
<td>Number and Street</td>
<td></td>
</tr>
<tr>
<td>City &amp; State/Province</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td></td>
</tr>
<tr>
<td>Zip/Postal Code</td>
<td></td>
</tr>
<tr>
<td>Phone Number (include country/city code)</td>
<td></td>
</tr>
<tr>
<td>Mobile Phone Number</td>
<td></td>
</tr>
<tr>
<td>E-mail Address</td>
<td></td>
</tr>
<tr>
<td>Visa Status: F-1 Student/Requested</td>
<td></td>
</tr>
<tr>
<td>Country of Citizenship</td>
<td></td>
</tr>
</tbody>
</table>

### Ethnicity

- Are you Hispanic or Latino? [ ] Yes, I am Hispanic or Latino. [ ] No, I am not Hispanic or Latino.
- What is your race? Select one or more races:
  - [ ] American Indian or Alaska Native
  - [ ] Native Hawaiian or Other Pacific Islander
  - [ ] Asian
  - [ ] Black or African American
  - [ ] Other

**NOTE:** Disclosure of ethnicity/race information is optional. The University of Kansas has an affirmative action program and is an equal opportunity institution. In order to comply with federal government regulations under Title VI of the Civil Rights Act and Title IX of the Education Amendments, the University seeks voluntary disclosure of information from applicants for reporting purposes only. A decision not to provide this information will not negatively affect decisions on admission, scholarships, or awards.

### Academic Program Information

<table>
<thead>
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<th>KU Preventive Medicine and Public Health</th>
<th>Degree</th>
<th>Academic Program</th>
<th>Academic Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Master of Public Health</td>
<td></td>
<td>Masters</td>
<td>Non-degree-seeking</td>
</tr>
</tbody>
</table>

### Educational Information

Applicants must request one (1) official set of transcripts be sent directly from each academic institution attended to the department at KU in which the desired academic program resides. Starting with most recent, please list any higher education institution you have attended. Attach an additional list if needed:

<table>
<thead>
<tr>
<th>College/University</th>
<th>City/State</th>
<th>Degree Major</th>
<th>Dates of Attendance (MM/YY)</th>
<th>GPA</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Date Awarded or Expected</td>
<td></td>
</tr>
</tbody>
</table>

257
Other Information

Please check any which apply to you:

☐ Current KU/KUMC student
☐ Have APPLIED to KU/KUMC before
☐ Have ATTENDED KU/KUMC before
☐ Member of US Armed Forces, or a dependent of one
☐ My parents or I have moved to take a job in Kansas before I enter KU

If you have been, or currently are, a student of the University of Kansas (any campus) please enter your student ID:

Are you currently a resident of the State of Kansas?  ☐ Yes  ☐ No  When did you begin continuously living in Kansas?

Exam Scores, References and Additional Requirements

Additional information and documentation may be required for application to individual academic programs. Please check with the admissions coordinator or Web site of your desired academic program for complete application instructions and requirements.

Applicant’s Signature

I certify that the information given in this application and accompanying documents is complete and accurate, and I understand that submission of incorrect information can be considered sufficient cause for terminating my application or enrollment at the University of Kansas.

I hereby grant permission to KU to release applicable personal information, including identification numbers, as needed to complete background checks and/or other approval processes for clinical practice. I understand that my admission is conditional upon completion of the background check and that it could provide grounds for rejection of my admission. I further understand and agree that should I be admitted after a background check, that check could be grounds for clinical sites to reject my participation in a clinical training rotation.

Date of Application  ___________________  Signature of Applicant  ___________________

If you have a disability and would like to know about KUMC services, write to: University of Kansas Medical Center, Equal Opportunity Office, Mail Stop 2014, 3901 Rainbow Blvd., Kansas City, KS 66160, USA.

Safety and Crime at KU Medical Center: Safety policies, procedures, campus resources, and providing definitions, explanations, and a statistical portrait of crimes on campus can be found at www.kumc.edu/policy

Submit Application

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---

Master of Public Health  2010-Fall  MED  PROGRAM

<table>
<thead>
<tr>
<th>DEPARTMENTAL RECOMMENDATION</th>
<th>GRADUATE STUDIES ACTION</th>
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<tbody>
<tr>
<td>☐ Do not admit. Application will not be forwarded to Graduate Studies.</td>
<td>Date admitted in SAKU</td>
</tr>
<tr>
<td>☐ Calculation of cumulative GPA from official transcripts</td>
<td></td>
</tr>
<tr>
<td>☐ Admission recommended with status (check only one):</td>
<td>Admission granted with status (check only one):</td>
</tr>
<tr>
<td>☐ Regular ☐ Regular non-degree ☐ Special B (GPAB only) ☐ Regular</td>
<td></td>
</tr>
<tr>
<td>☐ Provisional ☐ Provisional non-degree ☐ Provisional</td>
<td></td>
</tr>
<tr>
<td>Reason(s) for provisional status:</td>
<td></td>
</tr>
<tr>
<td>Comments/Remarks:</td>
<td></td>
</tr>
<tr>
<td>Department Signature  ___________________  Date</td>
<td></td>
</tr>
<tr>
<td>Graduate Studies Signature  ___________________  Date</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 15: MPH Application

UNIVERSITY OF KANSAS SCHOOL OF MEDICINE
MASTER OF PUBLIC HEALTH
(PLEASE TYPE OR PRINT CLEARLY IN INK)

Personal Information

1. Legal Name: __________________________________________
   LAST NAME  FIRST NAME  MIDDLE NAME  OTHER NAMES
   USED ON RECORD

2. Mailing Address: ______________________________________
   NUMBER  STREET  APT. #  CITY  STATE  COUNTY  ZIP

3. Permanent Mailing Address: (if different from above)
   ______________________________________
   NUMBER  STREET  APT. #  CITY  STATE  COUNTY  ZIP

4. Home Phone Number: ____________
   Business Phone Number: ____________
   E-mail: ____________________________
   Fax Number: _______________________

5. Do you intend to complete your MPH coursework as a full time or part time student?
   Full Time□    Part Time□

6. At which site do you now intend to complete your KU-MPH coursework?
   Kansas City□    Wichita□

7. Where do you plan to reside while completing your KU-MPH coursework?
   Kansas City area□    Wichita area□
   Other_____________________

8. Do you plan to enroll in another degree program concurrent to the MPH program?
   Yes□    No□

9. Are you currently enrolled in another degree program?    Yes□    No□
   If YES, please list degree program:

10. How did you hear about the KU-MPH Program? □VOLUNTARY
BACKGROUND AND LIFE EXPERIENCES
The following questions provide an opportunity for you to describe briefly (i.e., 250 words or less) your background and life experiences. This MPH program is committed to equal opportunity and nondiscrimination in all programs and services, and does not discriminate on the basis of race, ethnicity, religion, sex, age, sexual orientation, marital status, disability or veteran status.

11. Have you had experience in the public health or health care fields? If so, how many years of such experience will you have by the time of your anticipated enrollment? Please describe briefly. [Required]

12. In the space provided below, please describe any culturally diverse experiences you may have had. Examples of these might include but are not limited to: life experiences with individuals from other cultural backgrounds; bilingual or multilingual capability; life experiences in non-western or third world countries; or others. [Required]

13. In the space provided below, please describe your experiences in dealing with or overcoming adversity. Examples of these might include but are not limited to: life experiences in rural, inner city, diverse communities; educational, professional or career challenges; success in overcoming financial, social, family, physical, educational barriers; or adversity due to societal biases. [Required]

14. Would you describe yourself as coming from a disadvantaged background? If yes, explain in the space provided. Otherwise, type “NO” in the space.
PERSONAL STATEMENT

15. Prepare a statement indicating the general problem or area of interest you wish to study, your goals in pursuing the MPH degree, and why this program is expected to meet your needs. Please submit this statement typed on the attached form.

16. I am interested in the following concentration areas: (please check one)

☐ Generalist
☐ Epidemiology
☐ Social and Behavioral Health

I certify that all the answers I have given in this application are accurate to the best of my knowledge, and if admitted, I understand that falsified information could result in my dismissal from the KU-MPH Program.

________________________  __________________________
DATE        SIGNATURE

Note: The University of Kansas Master of Public Health Program reserves the right to verify the information contained herein and your signature is accepted as approval to verify the same.
Appendix 16: Recommendation Form

University of Kansas School of Medicine Master of Public Health Program

RECOMMENDATION FORM
Master of Public Health

TO THE APPLICANT: This recommendation and associated letter will become part of your admissions file. They will not be released to any unauthorized individual without your consent. Please check one of the boxes and sign the statement below. If you fail to check one of the boxes, you will voluntarily waive your right to access.

I have read the information above and I hereby □ waive □ do not waive my right of access to this document and associated letter.

Applicant Signature ___________________________ Date ____________

INSTRUCTIONS TO THE APPLICANT: Three recommendations are required for each applicant. Please fill out the information down to the double line and then give one of these forms with an envelope to each of the persons you are naming as evaluators. Please ask them to return the signed and sealed envelope to you. Evaluators should be chosen from faculty who are able to comment on your qualifications for graduate study. If you have been away from academic work for some time, this form may be given to some other person who is able to comment on your academic qualifications. Please type or print in black ink.

NAME OF APPLICANT: ____________________________

Address: ______________________________________

Telephone (with area code): ______________________ E-Mail: ______________

Semester for Which You Are Applying: ____________________________

INSTRUCTIONS TO THE EVALUATOR: Please complete items 1 and 2, the Summary Evaluation and a separate letter. Return the completed evaluation form and letter to the applicant in the sealed envelope with your signature across the seal. The applicant will then forward the materials to the KU-MPH Program. Thank you for your time.

Name of Evaluator (please print): __________________________

Position and/or Title: ________________________________

Address: _________________________________________

Telephone (with area code): ______________________ E-Mail: ______________

Signature of Evaluator: _____________________________ Date: _____________
KU-MPH Recommendation Form

1. How long have you known the applicant and in what capacity? (If faculty, include all courses and role as an advisor).

<table>
<thead>
<tr>
<th>Motivation and initiative</th>
<th>Outstanding (Top 10%)</th>
<th>Very Good (Next 10%)</th>
<th>Good (Next 20%)</th>
<th>Average (Middle 40%)</th>
<th>Below Average (Bottom 20%)</th>
<th>Unable to Judge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral communication skills</td>
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<td></td>
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<td></td>
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<td>Research ability</td>
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<td>Intellectual capabilities</td>
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<td>Responsibility</td>
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<tr>
<td>Leadership</td>
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<tr>
<td>Maturity</td>
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<tr>
<td>Ability to interact effectively With faculty, students and Colleagues</td>
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<tr>
<td>Character and integrity</td>
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<tr>
<td>Overall Education</td>
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</tbody>
</table>

SUMMARY EVALUATION

_____ I strongly recommend this applicant for admission and feel that he/she has the capability to perform at a superior level

_____ I recommend this applicant for admission and feel his/her performance should be comparable to that of most graduate students

_____ I feel that the applicant’s qualifications are marginal, but if admitted he/she would greatly benefit from study in the program

_____ I do not recommend this applicant for admission to KU-MPH Program

In a separate letter please comment on the candidate’s strength and weaknesses. Please include information on such factors as the candidate’s academic or employment record, potential for success in public health and personal qualities. We are especially interested in any other information you might add that would otherwise not be apparent in the candidate’s record.
# Appendix 17: MPH Advising Form

## Advising Form

Master of Public Health

<table>
<thead>
<tr>
<th>Name</th>
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<th>Advisor</th>
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<table>
<thead>
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<th>Number and Title</th>
<th>Hours</th>
<th>Prerequisite Met?</th>
<th>Class #</th>
<th>Permission #</th>
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</thead>
<tbody>
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<th>Hours</th>
<th>Prerequisite Met?</th>
<th>Class #</th>
<th>Permission #</th>
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<thead>
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<th>Number and Title</th>
<th>Hours</th>
<th>Prerequisite Met?</th>
<th>Class #</th>
<th>Permission #</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Number and Title</th>
<th>Hours</th>
<th>Prerequisite Met?</th>
<th>Class #</th>
<th>Permission #</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Number and Title</th>
<th>Hours</th>
<th>Prerequisite Met?</th>
<th>Class #</th>
<th>Permission #</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Student Signature***

*Advisor Signature*

*I understand that I must have taken any necessary prerequisites to be eligible to enroll in the courses listed above and I accept all consequences associated with dropping a course.*

Please obtain class and permission numbers from the MPH Office.
**Appendix 18: Generalist Plan of Study**

42 Credit Hour Plan of Study (Generalist)
(Students admitted Fall 2007 or later)

<table>
<thead>
<tr>
<th>Required Core Courses: (15 Credit Hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRVM 800 Principles of Epidemiology</td>
</tr>
<tr>
<td>BIOS 704 Principles of Statistics in Public Health OR</td>
</tr>
<tr>
<td>BIOS 714 Fundamentals of Biostatistics I</td>
</tr>
<tr>
<td>PRVM 818 Social &amp; Behavioral Aspects of Public Health</td>
</tr>
<tr>
<td>PRVM 827 Public Health Administration</td>
</tr>
<tr>
<td>PRVM 830 Environmental Health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Required Courses: (4 Credit Hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRVM 802 Epidemiology Laboratory</td>
</tr>
<tr>
<td>PRVM 875 Management of Public Health Data</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preferred Electives: (Minimum 17 Credit Hours)</th>
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</thead>
<tbody>
<tr>
<td>PRVM</td>
</tr>
<tr>
<td>PRVM</td>
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<tr>
<td>PRVM</td>
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<tr>
<td>PRVM</td>
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<tr>
<td>PRVM</td>
</tr>
<tr>
<td>PRVM</td>
</tr>
<tr>
<td>Other*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practicum Courses: (6 Hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRVM 891 Public Health Practicum</td>
</tr>
<tr>
<td>PRVM 893 Public Health Project</td>
</tr>
</tbody>
</table>

**Total Number of Credit Hours: (Minimum of 42 Credit Hours)**

* Taking courses other than those offered by the MPH program can provide training that is beneficial for an MPH student’s plan of study. However, such courses must meet certain guidelines, and approval of your advisor is requested. Please review the transfer of credit section of this handbook before enrolling in other courses.
Appendix 19: Epidemiology Plan of Study

42 Credit Hour Plan of Study (EPI)
(Available to students admitted Fall 2010 or later)

Student Name: ___________________________  Faculty Advisor: ___________________________
Semester admitted: ___________________________

<table>
<thead>
<tr>
<th>Required Core Courses: (15 Credit Hours)</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRVM 800 Principles of Epidemiology</td>
<td></td>
</tr>
<tr>
<td>BIOS 714 Fundamentals of Biostatistics</td>
<td></td>
</tr>
<tr>
<td>PRVM 818 Social &amp; Behavioral Aspects of Public Health</td>
<td></td>
</tr>
<tr>
<td>PRVM 827 Public Health Administration</td>
<td></td>
</tr>
<tr>
<td>PRVM 830 Environmental Health</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Required Courses: (4 Credit Hours)</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRVM 802 Epidemiology Laboratory</td>
<td></td>
</tr>
<tr>
<td>PRVM 875 Management of Public Health Data</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Concentration Electives: (Minimum 12 Credit Hours)</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRVM 841 Advanced Epidemiology I (Required)</td>
<td></td>
</tr>
<tr>
<td>PRVM 842 Advanced Epidemiology II (Required)</td>
<td></td>
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</tbody>
</table>

Choose 6 credits from the following list

<table>
<thead>
<tr>
<th>BIOS 810 Clinical Trials</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRVM 803 Introduction to Clinical Research</td>
<td></td>
</tr>
<tr>
<td>PRVM 805 Public Health Seminar</td>
<td></td>
</tr>
<tr>
<td>PRVM 807 Field Epidemiologic Investigation</td>
<td></td>
</tr>
<tr>
<td>PRVM 808 Clinical and Translational Research Seminar</td>
<td></td>
</tr>
<tr>
<td>PRVM 811 Introduction to Pharmacoepidemiology</td>
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</tr>
<tr>
<td>PRVM 815 Surveillance and Control of Infectious Disease</td>
<td></td>
</tr>
<tr>
<td>PRVM 816 International Health</td>
<td></td>
</tr>
<tr>
<td>PRVM 832 Environmental and Occupational Epidemiology</td>
<td></td>
</tr>
<tr>
<td>PRVM 836 Epidemiology in Aging</td>
<td></td>
</tr>
<tr>
<td>PRVM 838 Reproductive Epidemiology</td>
<td></td>
</tr>
<tr>
<td>PRVM 850 Cancer Epidemiology</td>
<td></td>
</tr>
<tr>
<td>PRVM 853 Responsible Conduct of Research</td>
<td></td>
</tr>
<tr>
<td>PRVM 859 Tobacco and Public Health</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>General Electives: (5 credit hours)</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRVM</td>
<td></td>
</tr>
<tr>
<td>PRVM</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Practicum Courses: (6 Hours)</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRVM 891 Public Health Practicum</td>
<td></td>
</tr>
<tr>
<td>PRVM 893 Public Health Project</td>
<td></td>
</tr>
</tbody>
</table>

Total Number of Credit Hours: (Minimum of 42 Credit Hours) ______

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Appendix 20: Social and Behavioral Health Plan of Study

42 Credit Hour Plan of Study (SBH)  
(Available to students admitted Fall 2010 or later)

Student Name: ___________________________ Faculty Advisor: ___________________________

Semester Admitted: ___________________________

<table>
<thead>
<tr>
<th>Required Core Courses: (15 Credit Hours)</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRVM 800 Principles of Epidemiology</td>
<td></td>
</tr>
<tr>
<td>BIOS 704 Principles of Statistics in Public Health OR</td>
<td></td>
</tr>
<tr>
<td>BIOS 714 Fundamentals of Biostatistics I</td>
<td></td>
</tr>
<tr>
<td>PRVM 818 Social &amp; Behavioral Aspects of Public Health</td>
<td></td>
</tr>
<tr>
<td>PRVM 827 Public Health Administration</td>
<td></td>
</tr>
<tr>
<td>PRVM 830 Environmental Health</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Program Required Courses: (4 Credit Hours)</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRVM 802 Epidemiology Laboratory</td>
<td></td>
</tr>
<tr>
<td>PRVM 875 Management of Public Health Data</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Concentration Electives: (Minimum 12 Credit Hours)</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRVM 821 Research Methods in Public Health OR</td>
<td></td>
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<tr>
<td>PRVM 835 Evaluation Methods in Public Health</td>
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<tr>
<td>PRVM 849 Qualitative Methods in Public Health OR</td>
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</tr>
<tr>
<td>PRVM 856 Community-Based Participatory Research</td>
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<tr>
<td>PRVM 845 Cultural Competency in Public Health OR</td>
<td></td>
</tr>
<tr>
<td>PRVM 852 Health Care for Special Populations OR</td>
<td></td>
</tr>
<tr>
<td>PRVM 863 Health Disparities in Public Health</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Content Electives: (Minimum 3 Credit Hours)</th>
<th>Semester</th>
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<tbody>
<tr>
<td>PRVM 825 Child and Family Health</td>
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<tr>
<td>PRVM 843 Obesity in Public Health</td>
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</tr>
<tr>
<td>PRVM 854 Population and Community Mental Health</td>
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</tr>
<tr>
<td>PRVM 855 Seminar in Women’s Health</td>
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<tr>
<td>PRVM 859 Tobacco and Public Health</td>
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<tr>
<td>PRVM 877 Health Communication</td>
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</table>

<table>
<thead>
<tr>
<th>General Electives: (5 Credit Hours)</th>
<th>Semester</th>
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</thead>
<tbody>
<tr>
<td>PRVM</td>
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<td>PRVM</td>
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<td>PRVM</td>
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<table>
<thead>
<tr>
<th>Practicum Courses: (6 Credit Hours)</th>
<th>Semester</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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<tr>
<td>PRVM 893 Public Health Project</td>
<td></td>
</tr>
</tbody>
</table>

Total Number of Credit Hours: (Minimum of 42 Credit Hours)

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