

REVIEW FOR ACCREDITATION
OF THE
MASTER OF PUBLIC HEALTH PROGRAM
AT
UNIVERSITY OF KANSAS SCHOOL OF MEDICINE

SITE VISIT DATES:
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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH), the recognized accrediting body for public health schools and programs, regarding the MPH Program at University of Kansas (KU-MPH). The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2005*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation, and a visit in October 2010 by a team of external peer reviewers. During the visit, the team had an opportunity to interview school and university officials, administrators, teaching faculty, students, alumni and community representatives, and to verify information in the self-study document by reviewing materials provided on site in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

The KU-MPH program is housed in the School of Medicine at the University of Kansas (KU). The university opened its doors in 1866 to offer undergraduate education and several years later organized its Graduate School and awarded its first doctoral degree, a PhD in mathematics in 1895. Today the university consists of one college and ten schools. It offers 190 undergraduate majors and 42 graduate programs and enrolls 30,000 students across its four campuses.

The KU-MPH program is a single graduate program offered through the departments of Preventive Medicine and Public Health at the University of Kansas Medical Center (KUMC) in Kansas City, KS and University of Kansas School of Medicine-Wichita (KUSM – W) in Wichita, KS. Since the program began it has graduated over 300 students, more than three-quarters of whom who have remained in Kansas to work in the field of public health. Student enrollment remains strong increasing from 25 students in 2003 to 35 students in 2010.

The program has been accredited by CEPH since 1998 and was last accredited in 2003 for a term of seven years. The program submitted an interim report in August 2005 and the Council accepted the report at the October 2005 Council meeting.

Characteristics of a Public Health Program

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

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

These characteristics are evident in the KU-MPH program. KU is accredited by the North Central Association of Colleges and Schools (NCACS) and the KU-MPH program has the same rights, privileges and status as other professional programs and colleges and schools within the university. Each of the areas of study for the MPH and dual/joint MPH degree is structured with an ecological perspective. The current planning process to revise the generalist curriculum, implement two new concentrations in epidemiology and social and behavioral health, offer additional courses and work to improve the health of both the urban and rural populations of Kansas are evidence of the program's aims to promote multidisciplinary collaboration and foster professional public health values. The program currently receives funding from numerous sources: the state of Kansas, the university, the Departments of Preventive Medicine and Public Health, the Kansas Health Foundation, national organizations, state health departments and federal research dollars. The program implements evaluation methods, which are evident in the program's detailed annual report, to ensure the progression of educational excellence. The program works to maintain ties to the public health practice community in the state 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.

This criterion is met with commentary. The KU-MPH program has established the following mission statement:

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.

The program has five goals related to education, research, service/practice and program environment. The education goal pertains to student preparation for professional careers and education and training for the local, state and regional public health workforce. The KU-MPH program strives to conduct research that will strengthen the science base for public health policy and practice. The service/practice goal works to lead support service and practice activities to meet public health needs. Finally, the program environment goal relates to the development and maintenance of an organizational structure that supports the faculty and staff as they accomplish the mission of the MPH program.

The program is committed to the following public health values: health, equity, diversity, empowerment, integrity, dignity and knowledge of individuals and communities.

The mission, goals and objectives were developed collaboratively with the Operations Committee, Executive Council, standing committees, bi-campus faculty, students and the External Advisory Committee. The KU-MPH executive director and the Operations Committee make revisions to the mission, goals and objectives based on the feedback and input from various internal and external stakeholders and forward them to the Executive Council for review and approval.

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

The commentary relates to the section in the mission statement that says “apply population-based and individual approaches to maintaining and improving the public’s health in the Heartland and the nation.” While this section was included in the previous mission statements, it is not clear how this section supports the MPH generalist or newly created concentrations’ goals and objectives. For example, the population-based needs at the local, state and regional levels; particularly in rural areas are indicated in all of the goals and objectives, however very few focus on individual approaches.

1.2 Evaluation and Planning.

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

This criterion is partially met. The KU-MPH program has five goals. Outcome measures are laid out for each goal and targets are used to assess progress towards meeting each outcome measure. Program evaluation data for each target are discussed in annual reports. The site visit team viewed annual reports including a draft version of the annual report for 2009 – 2010. Most program outcome measures remain the same from year to year, but the targets are fluid. Targets change as new initiatives are launched to respond to program data or to adapt to changing circumstances in public health.

The evaluation and planning process and mechanisms provide a system of ongoing data collection from various internal and external sources regarding the quality of 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.

The preparation of the self-study was a collaborative effort with involvement of the Operations Committee, Admissions Committee, Curriculum Committee and Research Committee. The document was written by members of the Operations Committee and the chairs of the above three mentioned 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 reviewed the draft document and provided hard copy comments to the operations committee who compiled the revisions into the electronic version of the draft document. The draft document was shared via email with students, alumni, public health practitioners and the External Advisory Committee for review and comment before the document was finalized.

The first concern relates to the lack of designated baseline information. In many cases, it is difficult to know if the targets are appropriately set or rigorous enough to demonstrate progress. In other cases, objectives and targets are not quantifiable, so it is difficult to determine if the targets have been met.

The second concern is about the relationship between evaluation data and the development of a number of outcome measures related to students and workforce development. Questions relate to criteria for admissions, specific to outcome measures related to enrolling “a qualified student body;” graduation rates; student’s self-reported measures of high-quality competency-based curriculum; educating students about public health practice; ensuring MPH graduates are adequately prepared for careers in public health; leading workforce development planning activities in the region and providing continuing education. In each instance evaluation data is weak.

The third concern is that it is difficult to determine how data are integrated into program planning or improvements, particularly on the different campuses.

The final concern relates to the lack of useful measures of effectiveness of advising and career counseling and development activities.

1.3 Institutional Environment.

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

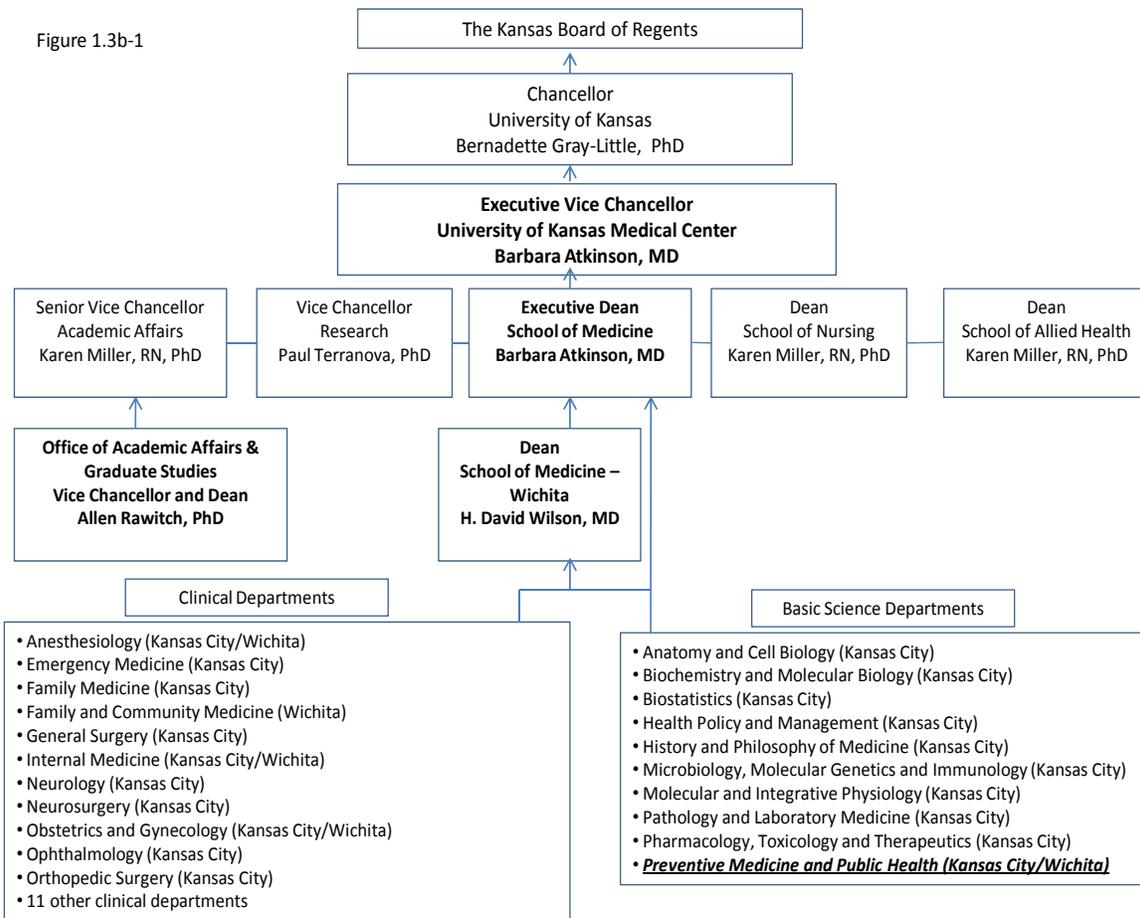
This criterion is met. KU is accredited by the North Central Association of Colleges and Schools (NCAACS). The institution was reviewed for accreditation in 2005 and was granted ten years of continuous accreditation without stipulations. KU offers a myriad of degree programs throughout its colleges and schools that are accredited by relevant specialized accrediting agencies. The MPH program is housed in the Departments of Preventive Medicine and Public Health within the School of Medicine in Kansas City and Wichita at the University of Kansas (KU). The University of Kansas Medical Center (KUMC), located in Kansas City, KS houses the Schools of Medicine, Nursing and Allied Health, and the KU Hospital Authority in Wichita, KS serves as the site for the School of Medicine.

KUMC has an Office of Academic Affairs, which 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 all faculty appointments and records. The executive vice chancellor of KUMC serves as the executive dean of the School of Medicine. The department chairs in the School of Medicine report to the dean of the School of Medicine in Wichita and to the executive dean in Kansas City. The dean of the School of Medicine in Wichita reports to the executive dean/ executive vice chancellor of KUMC. The executive vice chancellor reports to the chancellor of the university, who in turn reports to the Kansas Board of Regents.

All departments of Preventive Medicine and Public Health are subject to the overall policies set by the Kansas Board of Regents within the framework of state law and regulations by the Kansas Department of Education. Working within the Regents’ framework, the MPH program has established its policies

regarding budgeting and resource allocation, personnel recruitment, selection and advancement and academic standards and policies. The organizational structure of the University of Kansas is depicted in Figure 1.

Figure 1. University of Kansas Organizational Structure



All budget and resource allocation including financial negotiations originate with the chancellor and flow 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 works separately with the executive vice chancellor to obtain a budget for the program. The majority of these budget funds pay for marketing, scholarships, adjunct faculty, staff support, supplies, travel, memberships and recruitment. The program receives additional funding resources for faculty, staff and other expenditures from the Departments of Preventive Medicine and Public Health. The KU-MPH executive director receives assistance from the department chairs to identify additional program needs and special projects that might need funding.

1.4 Organization and Administration.

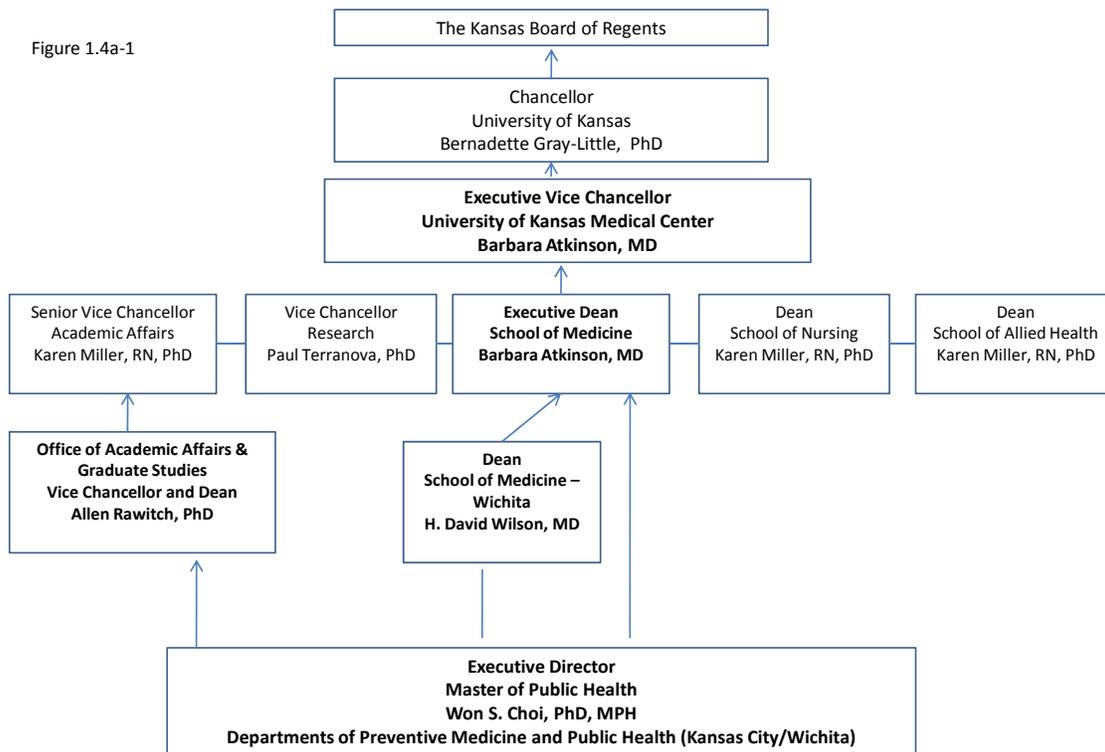
The program shall provide an organizational setting conducive to teaching and learning, research and service. The organizational setting shall facilitate interdisciplinary communication, cooperation and collaboration. The organizational structure shall effectively support the work of the program's constituents.

This criterion is met. The KU-MPH program is located on two campuses in the Departments of Preventive Medicine and Public Health in the School of Medicine in both Kansas City and Wichita. Though the KU-MPH program is located within the two departments, the program is able to maintain its own policies and actions relevant to its operation and to meet its mission goals and objectives and provides a conducive environment for teaching and learning. For budgetary and broader programmatic issues, the KU-MPH program line of authority 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 KUMC.

However, as displayed in Figure 2, the executive director has a dual reporting requirement. The KU-MPH executive director reports directly to the executive dean of the School of Medicine and executive vice chancellor of KUMC. The KU-MPH executive director and site directors also meet quarterly with the dean of the School of Medicine for Wichita 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 the dean of Graduate Studies for all program matters which include approval of new courses and concentrations. For all academic and programs issues for admissions, course approvals, new concentrations, and awarding of final degree approvals, he reports to the vice chancellor and dean of the Office of Academic Affairs and Graduate Studies. This office provides final approval for new courses, student admissions, new concentrations, new programs and awarding of degrees. Figure 3 reflects the organizational structure of the KU-MPH program and the reporting lines as well as the program committees.

The KU-MPH bi-campus 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 of the KU-MPH program oversees the entire program for 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. Roles and responsibilities of all organizational leaders and groups are well defined in the self-study.

Figure 2. KU School of Medicine and Wichita School of Medicine Relationship

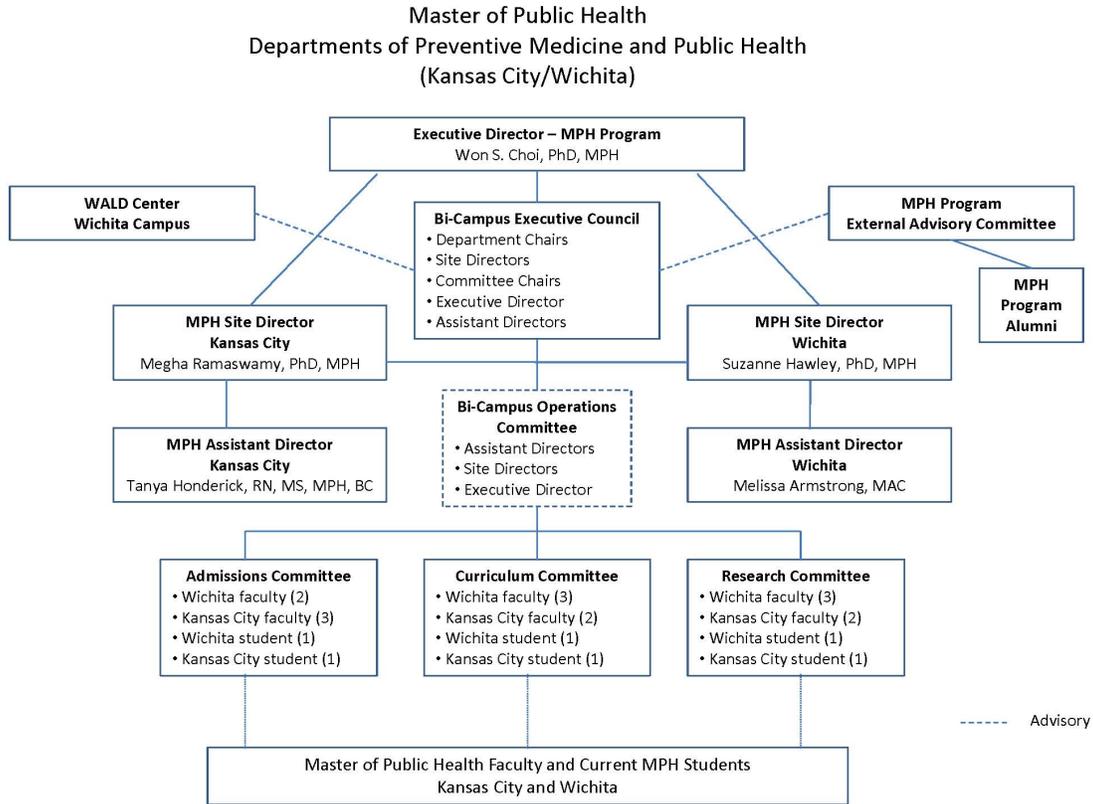


Interdisciplinary coordination, cooperation and collaboration are supported in the KU-MPH program. The KUMC includes the School of Medicine, School of Nursing and School of Allied Health; students and faculty from different programs can work across the three schools to conduct interdisciplinary research and experience interdisciplinary training.

The self-study provides links to various policies that support fair and ethical dealings with faculty, community, staff and students.

The dual location of this MPH program does present challenges, however the leadership has developed a sophisticated way to use technology to facilitate communication and decision making. Following the last site visit, the program leadership pushed to develop a collaborative culture that emphasized the “one program - two campuses” approach to program development, and they have succeeded in creating a cohesive culture.

Figure 3. KU-MPH Program Organizational Structure



1.5 Governance.

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

This criterion is met. The program administration and faculty have clearly defined rights and responsibilities for the governance of this MPH program. The infrastructure for governance is displayed in Figure 3. Minutes of the various groups, bi-campus Executive Committee, Operations Committee and the standing committees from 2008 to the present were reviewed. These minutes confirmed the ongoing organizational efforts of these groups. The site visit team also confirmed the roles and effectiveness of these groups. Individual faculty have input into the governance process through participation in the four all-faculty meetings held annually, which use videoconferencing equipment. The site visit team experienced the effectiveness of this equipment, when they met with four advisory community representatives who were participating from Wichita.

The executive director of the KU-MPH program is supported by the site directors on each campus (Kansas City and Wichita). The assistant directors on each campus also contribute to the day- to- day management of the KU-MPH program. These individuals (the executive director, site directors and assistant directors) form the KU-MPH Operations Committee that manages the program.

Bi-campus committees on Admissions, Curriculum and Research contribute to the management of the MPH program. All committees became bi-campus after the CEPH site visit in 2003, when it was recommended that committees become bi-campus instead of campus specific. The Admissions 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. All committees include representation from the Kansas City and Wichita program locations.

Students have opportunities to provide input to the program and maintain integral roles in governance by serving on the committees described above. One current KU-MPH student from each campus is nominated by the respective site director to serve as a voting member on each of the three committees. The term of service for student members of these committees is one year, but terms may be renewed. The KU-MPH Student Organization (MPHSO) membership includes all students enrolled in the KU-MPH program. The officers consist of co-presidents, co-secretaries and co-treasurers to represent both the Kansas City and Wichita campuses.

The KU-MPH Executive Council includes 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.

The Operations Committee meets monthly to plan and discuss the daily operations of the KU-MPH program to discuss both operational and strategic planning issues relevant to the program. The External Advisory Committee is also maintained by the Operations Committee. Minutes from the Operations Committee are maintained by the assistant directors and are available electronically on a shared bi-campus drive.

1.6 Resources.

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

This criterion is met. The resources for the program are adequate to fulfill the stated mission and goals. Though it is difficult to follow specific resource streams, the resources appear adequate across all categories.

To begin the budget process, the executive director submits a request to the executive vice chancellor and executive dean of the School of Medicine. The executive director also discusses budget needs with the department chairs as the departments cover faculty salaries for teaching. The executive director is solely responsible for management of the budget designated specifically for the KU-MPH program. This budget covers the salary for the administrative assistants, assistant directors, as well as partial funding for the site directors and executive director with the majority of the budget reserved for student scholarships, adjunct faculty, marketing, membership fees, travel, and other operating costs.

The KU-MPH program budget is developed from several sources of funding including university funds, tuition and fees, grants and contracts, indirect cost recovery, endowment and other departmental funds. The process for securing funds is clear. University funds are allocated by the executive vice chancellor of KUMC to the departments as well as the KU-MPH program to cover the state-supported portion of the base for faculty salaries and costs for teaching courses in the KU-MPH program. As of fiscal year 2008, and as a result of the last CEPH site visit, the KU-MPH program received a separate budget line item from the Departments of Preventive Medicine and Public Health to contribute to the operating costs of the program. The KU-MPH program continues to receive this direct support. Though funding is available, site visitors had difficulty determining the certainty or stability of future funding.

Tuition and fees are currently retained by KUMC with some allocation back to the KU-MPH program. The site visit team learned that the program provides significant revenue for the School of Medicine. The tuition and fees from on-line courses provide a major source of funds for the KU-MPH program. Over the years, the Kansas Health Foundation has provided significant funding to expand and improve the program, including recent funding to support the development of the two new concentrations.

Endowment funds are funds provided through the University Endowment Office to fund specific programs. The KU-MPH program has secured endowment funds: some are specifically dedicated to the MD/MPH program called the "Steward Scholarship." The site visit team met with MD/MPH students who had received this funding.

Table 1. Sources of Funds and Expenditures by Major Category, Fiscal Years 2006 to 2010					
	2005-06	2006-07	2007-08	2008-09	2009-10
Source of Funds					
Tuition & Fees	\$22,812	\$13,891	\$46,388	\$84,600	\$50,551
State Appropriation	---	---	---	---	---
University Funds	\$1,204,817	\$1,086,023	\$1,019,395	\$692,285	\$668,063
Grants/Contracts	\$316,132	\$332,519	\$687,653	\$818,660	\$986,261
Indirect Cost Recovery	\$11,553	\$19,480	---	--	--
Executive Vice Chancellor's commitment and direct support for the MPH program	---	---	---	\$278,000	\$337,000
Endowment	\$66,903	\$48,498	\$45,407	\$17,617	\$263,694
Other (explain) – Fee for Service	\$1,250	\$1,364	\$3,814	---	---
Other (explain) – Dept Funds	\$180,807	\$68,025	---	\$37,839	\$30,813
TOTAL	\$1,804,274	\$1,569,800	\$1,802,657	\$1,929,001	\$2,336,382
Expenditures					
Faculty Salaries & Benefits	\$1,543,011	\$1,313,539	\$1,466,757	\$1,273,096	\$1,585,060
Staff Salaries & Benefits	\$148,587	\$158,856	\$153,683	\$179,673	\$193,723
Operations	\$22,372	\$42,721	\$66,113	\$65,105	\$73,465
Travel	\$12,369	\$11,172	\$6,277	\$7,921	\$27,420
Student Support (Teaching and Scholarships)	\$61,673	\$35,330	\$72,031	\$51,355	\$61,220
University Tax	---	---	---	---	---
TOTAL	\$1,788,012	\$1,561,618	\$1,764,810	\$1,575,873	\$1,940,888

The fluctuations in the faculty salaries and benefits under the “Expenditures” category are 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).

Determining faculty resource adequacy is a complex process. First, there are two separate campuses. The faculty are distributed between the campuses and are identified as a faculty member for that specific campus. The number of core faculty supporting the concentration areas meets the CEPH standard for adequacy of faculty. A number of courses, though not the majority of courses, are offered in an online format, thereby making them available to students on both campuses. One member of the advisory group and an alumnus reported that he could not have completed his degree if courses were not offered online. Student-faculty ratios (SFR) appear adequate, though varied. There are a large number of faculty members who contribute a minimal amount of time to the program (<.15 – some as low as .05). However, the leadership reported that the SFR calculations do not include time spent on public health

research or service, so the calculations may not completely reflect the actual time spent contributing to the program.

The SFR contributions for 2009 – 10 (estimates) are provided in the table below. As mentioned earlier in Criterion 1.6, these calculations do not include the time dedicated to research. Though the average contribution of FTE/core faculty member for the “generalist” track in fall 2010 was less than .25 (3.76/16), the addition of time spent on research and service greatly increases the quality of the contributions of all faculty to the program, students, the field and the community.

	Core Faculty		Other Faculty		Total Faculty		Students		Student/ Faculty Ratio	
	HC Core Faculty	FTEF Core*	HC Other Faculty	FTEF Other	Total Faculty HC	Total FTEF	HC Students	FTE Students	SFR by Core FTEF	SFR by Total FTEF
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.

The self-study described and site visit team confirmed the availability of adequate physical space. Computer facilities and space for student activities are plentiful. Library resources are quite adequate.

In meetings with the community members, alumni and external advisory committee members it was clear that the program is well respected and has the support of an impressive array of public health leaders. Resources and opportunities for student practicums, research projects and other experiential learning opportunities are more than adequate. The list of community-based or community- supported research projects and service projects is impressive. During the site visit, the team witnessed a large community meeting of Native American Center Advisory Group members convening to discuss a new funding stream faculty recently secured.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Master of Public Health Degree.

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

This criterion is met with commentary. The KU-MPH program offers the MPH in three concentrations and several combined degree formats. Students enrolled in the generalist concentration are allowed to create an individualized course of study with a faculty advisor, based on the students' educational interests and career goals. The generalist curriculum is currently being revised, given the development of the new concentrations in epidemiology and social and behavioral health in fall 2010. An Ad-Hoc Generalist Curriculum Committee is currently 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. According to present plans, the revision process would conclude in fall 2011, with the first incoming group of students attending classes in the revised curriculum.

The program supports consistent development of new electives that faculty "want" to teach. There are many electives available now, and the capacity of the faculty is not keeping pace with the breadth of these offerings. Though the program leadership did note the importance of using expertise from outside the program to support these needs, ensuring the quality of these offerings is a challenge. In addition, the continual development of electives without deleting courses or limiting student opportunities to just a few electives may create unreasonable expectations for students. During the site visit, students reported a desire to be able to take various electives and wished they were offered more frequently. Since these electives cannot be offered at random without interfering with faculty productivity, opportunities may need to be limited to electives that can truly support the curriculum plan.

The program offers one dual degree, an MPH and Doctor of Medicine (MD) degree granted from the Kansas University School of Medicine. The program also offers two joint degrees, an MPH and PhD from the Department of Applied Behavioral Sciences on the Kansas University campus in Lawrence, KS and an MPH and MS in Nursing from the School of Nursing.

The commentary relates to the need for greater definition of curricular requirements for the generalist concentration. At present there are only two required classes in addition to the five core courses, practicum experience and capstone experience for the 42-credit generalist concentration. The two

required courses were implemented in fall 2007, when the MPH program adopted a 42-credit hour curriculum. The two required courses are PRVM 802 Principles of Epidemiology Lab and PRVM 875 Data Management in Public Health, for a total of four credits. The MPH Curriculum Committee suggested adding these courses after reviewing needs assessment data from the KU-MPH External Advisory Committee and alumni, which showed that students were in need of learning and mastering a strong set of analytic and assessment skills.

Table 3. Degrees Offered		
	Academic	Professional
Masters Degrees		
Generalist		MPH
Epidemiology		MPH
Social and Behavioral Health		MPH
Dual/Joint Degrees		
School of Medicine		MPH/MD
Department of Applied Behavioral Sciences		MPH/PhD
School of Nursing and the Department of Preventive Medicine and Public Health		MPH/MS

2.2 Program Length.

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

This criterion is met with commentary. The program of study for the MPH degree requires a minimum of 42 credit hours for completion. The generalist MPH degree consists of the following requirements: 15 credits of public health core courses, four credits of program required courses, 17 credits of electives, three credits of practicum experience and three credits of capstone experience. The MPH in epidemiology or social and behavioral health concentrations consists of the following requirements: 15 credits of public health core courses, four credits of program required courses, 12 credits of concentration-specific electives, 5 credits of general electives, three credits of practicum experience and three credits of capstone experience.

Over the last three years, 76 MPH generalist degrees were awarded for less than 42 credit hours of coursework. The KU-MPH program increased its credit hour requirement from 36 to 42 beginning with students admitted in fall 2007. The 36-credit hour generalist program consisted of the following: 15 credits of public health core credits, 14 credits of electives, three credits of practicum experience and three credits of capstone experience. All classes for students to complete the 36-credit hour generalist program are available except PRVM 812 Biostatistics Laboratory for 1 credit. This class was replaced by PRVM 875 Management of Public Health Data for a total of 3 credits. Site visitors clarified that students who complete PRVM Management of Public Health Data instead of PRVM 812 Public Health Biostatistics Laboratory are allowed to take 12 credit hours of electives instead of the original 14 credits; hence they

are only required to take a total of 36 credit hours. Per the self-study, all student files of students enrolled in the 36-credit hour generalist program are clearly marked and include a 36-credit hour plan of study to aid in faculty advising.

Due to two factors the program will continue to have students graduate from the 36-credit hour program through spring 2014. The first factor is the implementation of the 42-credit MPH program in 2007; two years after the Council on Education for Public Health implemented a 42-credit MPH program for accreditation standards. The second factor is the MPH program allows students seven years to complete the degree.

Site visitors learned that thirty-seven students who matriculated into the 36-hour program are still eligible for graduation. Of those eligible students, seven are actively pursuing their MPH degree, and six have reached the capstone portion of their MPH degree. Thirteen of the eligible students completed less than three courses in the MPH program and, because of their lack of credits, it is not anticipated that these students will return to complete their MPH degree.

Per university definition, one credit hour equals one contact hour per week for a full 16-week semester.

The first point of commentary relates to the fact that students in the 36-credit program may request an extension of time for program completion beyond the seven years that students have to complete the MPH degree. Site visitors learned that in the past three years a total of six students (evenly split between the Kansas City and Wichita campuses) requested and were granted extensions to complete the program. Of the three students on the Kansas City campus, two students completed and graduated and one student is still active in coursework and needs to complete the practicum and capstone experiences. Of the three students on the Wichita campus, all three students completed and graduated from the program.

The second point of commentary relates to the fact that all 36-credit hour generalist students who complete PRVM 875 Management of Public Health Data instead of PRVM 812 Public Health Biostatistics Laboratory take 12 credit hours of electives instead of the original 14 credits. This could be viewed in the context that students miss the opportunity to take an additional two-credit elective course or two one-credit elective courses to increase their public health knowledge. Site visitors learned that this is not viewed as a concern by the MPH program since the additional work that students need to complete and experience that students enrolled in PRVM 875 attain is equal to these two credits.

2.3 Public Health Core Knowledge.

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

This criterion is met with commentary. All students enrolled in the MPH program are required to complete five core courses. The core courses address core knowledge in public health and total 15 credits. These courses are the following:

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

MPH students are required to maintain a 3.0 grade point average or higher and may only receive a grade of “A” or “B” in a core course. As a result of faculty discussion and agreement students entering the program in fall 2010 will now be required to earn an “A” or “B” in the two additional required courses. If students receive a C or below in a core class or required class they are required to re-take the class. Site visitors clarified that students may repeat a core class and/or required core class more than once to receive a grade above a C. Site visitors learned that if a student could not successfully complete a course with a grade higher than a C after a second attempt that tutoring is available and a course of action is agreed upon to have the student improve performance in the class. This course of action is individualized per student situation and class and there is no maximum number of times a student may repeat a course to achieve an acceptable grade. In the last three years, five students spread across the Kansas City and Wichita campuses have had to retake a core course after not receiving an A or B in their first attempt of completing the class. No students in the last three years have had to repeat a required course for not achieving an A or B grade.

Site visitors learned that although students have the choice of taking BIOS 704 Principles of Statistics in Public Health or BIOS 714 Fundamentals of Biostatistics I to meet the biostatics core requirements, the vast majority of MPH students are advised by faculty to take BIOS 704 unless they possess strong skills in algebra and one semester of calculus.

Students are allowed to transfer up to six credits of coursework to meet a core course requirement and the two required courses. Site visitors learned that from spring 2008 to fall 2009 five students requested and were granted permission to transfer credits. Waivers are not granted for core courses or required courses based on experience or professional career or employment position.

The point of commentary refers to the fact that only one of seven syllabi for the core and required courses had learning objectives that were written at a level appropriate for masters level coursework.

2.4 Practical Skills.

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

This criterion is partially met. The MPH degree program requires a practicum experience that places students who have completed all five core courses, two required courses and at least six elective credit hours in a practice-based situation. In the last two academic years students have completed practicum experiences at 31 different organizations located within and outside of the state. Per the self-study MPH students are expected to commit approximately 400 contact hours (ten full weeks, full-time) to the practicum experience, which includes the completion of a project. The practicum course is the three-credit PRVM 891 – Public Health Practicum. The MPH program does not allow students to waive the practice experience for any reason.

Students in MPH/MD, PhD/MPH and MS/MPH programs are also required to complete a practicum of 400 hours of fieldwork with an agency outside of the MPH program.

Students are encouraged to begin thinking and planning for their practicum experience early in their course of study. An introduction to the practicum is given during the new student orientation held before the beginning of the semester each fall. Students are required to attend the practicum 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 in attendance at these orientation sessions to familiarize students with possible practicum sites.

Students meet with their faculty advisor early in their course of study to discuss their interests and professional goals in order to lay a foundation for the direction of their practicum. This preparatory function also includes students preparing a literature review to become more familiar with a topic area of interest. Identification of possible practicum sites occurs via faculty advisors, other faculty mentors, student volunteer opportunities, the KU School of Medicine's Community Health Project (a summer internship opportunity for students to work in a public health setting), student research opportunities and group emails to all students from the MPH program officials. The self-study noted that the MPH director, site directors and assistant directors on both campuses continually work to identify and increase possible practicum opportunities for students. Currently, only the larger practicum sites have memorandums of understanding in place, although work is being done to increase this number. If no memorandum of understanding exists, students are asked to draft a simple agreement containing basic information that documents that they will be performing a practicum experience at a particular site.

Students are required to meet with their faculty advisor at least one semester prior to enrolling for practicum credit. During this meeting students select their final topic for the practicum and recruit a faculty member to become chair of their Practicum Committee. The MPH advisor does not have to be the chair or a member of the student's Practicum Committee. However, the chairperson must be an MPH faculty member with a primary appointment in the Department of Preventive Medicine and Public Health – Kansas City, Department of Preventive Medicine and Public Health – Wichita or Department of Biostatistics – Kansas City.

The faculty chair approves the selected practicum site, project and field preceptor. The chairperson also is responsible for grading and for maintaining contact with the preceptor throughout the length of the practicum and mediates any problems that may develop within the field experience.

The Practicum Committee contains two additional faculty members. Students enrolled in the epidemiology or social and behavioral health concentration must have at least one committee member who is a specialist in their concentration area. One of the committee members may be a field preceptor or site mentor if he or she holds a masters degree or higher and has obtained a temporary graduate faculty appointment from KU. Site visitors learned that, in the future, committee chairs might be required to be in the students' concentration area.

Each student is required to develop a practicum contract (three to five pages in length), which contains background information on the health concern that will be studied in the practicum, project objectives, methods of analysis, IRB approval, description of the agency and timeline for the practicum. This contract is shared with the faculty chair and preceptor before the field experience begins. Students are responsible for keeping the Practicum Committee informed of progress toward achieving the practicum objectives. Students must complete the form entitled Core Competency Assessment Before and After Capstone with their committee chair. This assessment is designed for reviewing skills and making a written plan with the committee chair to gain any skills in an undeveloped competency area at the start of the practicum. The practicum committee is responsible for evaluating the achievement of practicum objectives, the quality of the completed project, the practicum report and ultimately the oral presentation of the project that occurs under the capstone defense.

The field preceptor's role is one of orchestrating and facilitating the student experiences as well as one of providing major input into assessing student performance. The preceptor regularly meets with the assigned students to discuss problems and progress, evaluate students' performance on all agreed upon objectives; observe students' performance, confer with individuals with whom the student works with, and reviews written materials submitted by the student for their project. In addition, the field preceptor meets with the practicum committee chair either on-site or by phone to provide an update on student progress

and notifies the chair in the event that difficulties occur with the practicum. The preceptor is required to give an oral evaluation to the practicum chair after the student's experience is completed.

Students who collect or analyze data from human subjects during their practicum experience are required to complete the university on-line human subjects tutorial. Students also must assure that proper clearances from the Human Subjects Committee and any other institutional reviews boards with jurisdiction over the proposed research are obtained before the practicum begins.

Students prepare a practicum report according to a set of guidelines in the MPH Student Handbook and submit multiple drafts to their practicum committee for review and comment. The final draft of the practicum report is submitted to the practicum committee and MPH assistant director at least one month prior to the final oral defense and presentation. This draft is reviewed and feedback given in a timely manner. Students then revise the draft as needed and prepare and submit a copy of their oral PowerPoint presentation slides to the committee at least two weeks prior to the final oral defense. Any delay in the specified deadlines may result in the postponement of the final oral defense and subsequent failure to graduate in a certain semester.

Students have the opportunity to formally provide feedback on their practicum experience through the Exit Interview Form and participation in the Curriculum Committee. In fall 2009, the Practicum Site Evaluation Tool was implemented, which allows students to evaluate their practicum site and preceptor. Students are given this assessment tool before their final oral defense and encouraged to complete it and return it to their campus assistant director.

Site visitors clarified that there is wide variability in student practicum experiences. Practicum experience may include email and telephone conversations with preceptors. Specifically, experiences vary in their structure: how the 400 hours are split between actual practice experience and gathering data or writing sections of the practicum report.

There is no midterm evaluation of the practicum experience either by the preceptor or committee chair. However, contact is maintained between preceptors and committee chairs throughout the students' practicum experience and if difficulty arises both parties assist the student in finding resolution.

Students are discouraged from completing their practicum experience at their place of employment. A placement of this nature is only considered in extenuating circumstances. In order for a workplace practicum to occur it needs to be a mentored learning experience planned and conducted under the direction of the Practicum Committee and must address defined program competencies. It also must go above and beyond the usual job description and should entail a special project that is newly initiated.

Site visitors clarified that students admitted before 2004 still have the option to complete a thesis rather than a practice experience. Though this curriculum does not comply with this criterion, all of such students are tracked and will complete the program by 2011.

The following concerns are interrelated. The first concern relates to the scope of the practice experience and that the specific competency expectations are not articulated.

The next concern is that a student may complete a practicum experience and not achieve competency in a certain area that was one of the reasons for completing a practicum in a certain site. If the competencies are articulated then there should be adequate opportunity to correct progress in meeting competencies through interactions with the communications mechanisms with the chair of the practicum committee – the faculty expert assigned to the committee.

2.5 Culminating Experience.

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

This criterion is met with commentary. The culminating experience for MPH students is the final oral defense of the practicum experience and project. Students are required to complete this capstone defense in the semester in which they wish to graduate. Site visitors clarified that part of the culminating experience includes the student spending several weeks prior to the oral defense completing the writing of the practicum report and preparing the PowerPoint presentation.

Students are required to give a 30-45 minute oral presentation using PowerPoint slides to his or her Practicum Committee, the site preceptor, other MPH students, other faculty members and guests. Students present background information, methods, results, discussion and conclusions of their practicum experience and project and answer questions from the audience. The oral defense allows the Practicum Committee to assess the adequacy of student understanding of his/her work and to offer students an opportunity to refine or clarify the written content of the final document. The presentation also identifies the competencies that were addressed during the practicum experience.

In order to evaluate the defense and report, committee members use the practicum report guidelines found in the MPH Student Handbook. 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 during the process. Students receive further evaluation via preceptors completion of the Student Evaluation Tool, in which preceptors evaluate students' on-site performance. This standardized form assesses attendance,

motivation/initiative, communication, interaction with others, ability to work on a team, meet deadlines, general knowledge and leadership.

Immediately after the defense, the practicum committee meets privately to discuss the students' presentation and report and review the evaluation materials. The Practicum Committee assigns a grade for the defense which may be satisfactory, unsatisfactory or honors. This grade is communicated to the student along with suggested final changes to the written document. Students are responsible for amending the final written report in a timely fashion agreed upon by the committee. Students deliver a final electronic copy of the practicum report to the MPH assistant director and one bound copy to the department. Students have the option of submitting a bound copy to their faculty chair.

Practicum Committee chairs have two final responsibilities following student defenses. First, they must assure that students have demonstrated attainment of at least basic skill level for all public health competency domains. Chairs complete and sign the checklist on the last page of the "Core Competency Assessment Before and After Capstone" and ensure that this form is placed in the student's permanent record by the MPH assistant director. Second, they issue student grades following the defense. Only grades of A or B are acceptable for students to graduate with degree completion. Site visitors learned that students who receive honors for their oral defense are awarded an A, however there is no clear distinction to how the satisfactory performance translates into an A or B grade. The grade is based on the chair's discretion.

The first point of commentary relates to the fact that the Student Evaluation Tool completed by student preceptors contains very general questions and does not assess the students on competency attainment. This form could provide an additional opportunity to validate students' competency attainment.

The second point of commentary relates to the absence of a standardized tool that committee members use to evaluate the student's final paper and presentation.

2.6 Required Competencies.

For each degree program and area of specialization within each program identified in the instructional matrix, there shall be clearly stated competencies that guide the development of educational programs.

This criterion is partially met. The interpretive language of this criterion indicates the following:

The agreement about competencies and the articulation of learning objectives through which competencies are achieved are central to the educational process. Since competencies define the nature and content of a program and establish explicit student expectations, they should be widely available to students and prospective students. Competencies should guide the curriculum planning process and should be the primary measure against which student achievement is measured. Required competencies may change over time as practice

changes, and a program needs to periodically assess changing needs to assure the continued relevance of its curricula to practice.

The program leadership decided to use the 2001 Council on Linkages competencies as the required core competencies for the MPH program. A matrix illustrating how these competencies are linked to the required courses is provided in the self-study. However, to create the matrix, faculty members were asked to self-identify any of the 68 competencies each of their courses helps to “support.” Because faculty members are self-reporting these relationships, the matrix gives the impression that many of the required courses address competencies across multiple domains. In the absence of a review process, it is difficult to validate the actual match between courses and competencies. In addition, though the methods of assessing the competencies in these courses are varied, they are repeated across all competencies, making it difficult to determine the effectiveness or contributions of any specific course. Complex skill competencies and simple knowledge-based competencies seem to be assessed in a similar fashion. Site visitors review of syllabi indicated that all list learning objectives, but the course objectives were not linked to specific competencies.

The first concern relates to the generalist concentration. The student self-assessment of their beginning knowledge of the competencies could be used to guide elective choices; few examples of this were shared with the team. Also, most elective courses are not linked to any competencies. Consequently many of the credits for the generalist program and five credits of the concentration programs are truly “dispensable” when it comes to building program competencies. A major issue is the lack of any dedicated competencies for the generalist concentration of the MPH. This concentration requires only the five core courses and two required courses, and it is not clear that these courses indeed accomplish this. All additional courses are chosen for interest.

The other concern relates to the recently-developed epidemiology concentration. In the case of the epidemiology concentration, the competencies are linked only to two required concentration courses. The rest of the credits required for the degree are all electives and are not linked to the competencies.

The process of the developing competencies for the concentrations was supported by ad hoc sub-committees for each concentration, which consisted of faculty experts in each concentration area.

An informal survey of the KU-MPH program stakeholders was conducted in April 2010 to help guide the process to “focus” the generalist degree in the coming years. Information from this survey will guide the efforts of narrowing and focusing of new concentration competencies for what the generalist concentration will become in the future.

Discussions were held with program leadership during the site visit to determine the perceived appropriateness of the current COL core competencies, given that the competencies being used are ten years old and that the COL recently developed and validated a new set of competencies. Program leaders did articulate the need to use assessment data, review needs assessments from the public health practice community and review recently revised competencies for the masters level public health workforce (such as the new COL competencies, etc.) to revise the core competencies and redesign the required core courses.

2.7 Assessment Procedures.

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

This criterion is partially met. The program utilizes typical methods of assessing student performance in individual classes: exams, team projects, papers, case studies and presentations. Students are expected to receive a course grade of “A” or “B” to successfully complete the course requirement. Students are required to maintain an overall grade point average of 3.0 (on a four-point scale) and are placed on academic probation if this requirement is not met. Site visitors learned that for fall 2009 to spring 2010 that three students were placed on academic probation; one student attained a grade point average of 1.33 and was dismissed from the program.

The program assesses student progression in achieving competencies during coursework, during the practicum and at the final capstone oral defense. Students also self-assess their progress in achieving competencies. MPH students become familiar with the core competencies at new student orientation. Students complete a Core Competency Assessment Tool to assess their skill level in each of the 68 competencies. Students are required to develop a practicum contract which defines a set of objectives for what he or she seeks to learn from the practicum and a timeline for completion of the practicum. Students must complete the “Core Competency Assessment Before and After Capstone” with their committee chair. This assessment is designed for reviewing skills and making a written plan with the committee chair to gain any skills at an undeveloped competency level at the start of the practicum. Finally, students complete a final Core Competency Assessment Tool upon exiting the program.

The self-study shows graduation rates for MPH students for the time period of 2007 – 2010. The MPH program allows students seven years to complete the degree and is comprised of a large percentage of part-time students.

In 2007, assessment data from the Kansas Department of Health and Environment and an alumni survey was utilized to document the need to add Data Management in Public Health and Epidemiology Lab to the required core courses. As discussed in Section 2.3, these additions bolstered the

analytic/assessment domain of the competencies. This decision was not based on assessment of student competency attainment, but on needs expressed by the public health community.

The first concern is that the graduation history for MPH students shows a graduation rate of 68% for the 2004 admission cohort and 73% for the 2003 admission cohort. The program recognizes the need for improvement of graduation rates and the assistant directors on both campuses contact students periodically in order to facilitate degree completion. The program also believes that graduation rates will increase by default since the ratio of part-time students to full-time students has become almost evenly split compared to the first several years of the program where the majority of students enrolled were part-time students.

The self-study presents summaries of data on graduate employment for the years 2007-2010. Employment data shows that 64% to 79% of MPH graduates self-reported employment at graduation. The top three destinations for MPH graduates in 2009-2010 after graduation were employment in a government sector, or hospital or healthcare delivery facility or further education.

The second concern relates to the extensive use of self-assessment of competencies. With this system in place competency weaknesses and strengths are identified by students with small amounts of faculty advisement and action planning. In essence, competency attainment is student driven instead of driven by the curriculum and program requirements.

The third concern relates to the fact that data are not available for one of the program's self-defined outcome measures for student achievement. Data to ensure MPH graduates are adequately prepared for careers in public health were not included in the self-study for 2009-2010. Although a 2009 Alumni/Employer Survey was conducted, it did not ask alumni if they were adequately prepared for a career in public health practice and did not ask employers of MPH graduates if they were satisfied with their employees' preparation. This survey instead assessed interest in concentration development beyond the generalist degree program. Results of this survey showed that both alumni and employers were in favor of concentration areas; this supported the implementation of the newly-created epidemiology and social and behavioral concentrations in fall 2010.

The final concern is that remaining competency attainment to be achieved via the practicum experience is done by student self-assessment of the 68 competencies with some input from the committee chair via the practicum contract. There is no assessment of concentration competency attainment.

2.8 Academic Degrees.

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

This criterion is not applicable.

2.9 Doctoral Degrees.

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

This criterion is not applicable.

2.10 Joint Degrees.

If the program offers joint degree programs, the required curriculum for the professional public health degree shall be equivalent to that required for a separate public health degree.

This criterion is partially met. The program offers one dual degree program and two joint degree programs. The dual degree program is the MPH/MD degree in collaboration with the Kansas University School of Medicine. The joint programs are a MPH/PhD offered in conjunction with the Department of Applied Behavioral Sciences on the Kansas University campus in Lawrence, KS and the MPH/MS Nursing offered in conjunction with the Kansas University School of Nursing.

The MPH/MD program is a five-year program where students must meet the admission requirements for both degree programs and complete all degree requirements for the two degrees. There is no credit sharing for any of the classes. This is a five-year program in which medical students complete the MPH requirements in one year. If needed, students may complete their capstone experience at the beginning of their fourth year of medical school to alleviate the condensed one year timeframe of completing all 42 credits. Site visitors clarified that MPH/MD students can only complete the generalist concentration due to time constraints, course prerequisites and sequencing for the epidemiology and social and behavioral concentrations. Students may complete this dual degree either at the Kansas City or Wichita campus. In the last five years, twenty students have completed the MPH/MD degree.

The MPH/PhD program requires that students meet the admission requirements for both degree programs. In order to fulfill requirements for the MPH degree students are required to take 15 credits of public health core classes, four credits of program required courses, 17 credits of electives, three credits of practicum experience and three credits of capstone experience. The 17 credits of electives are the following: five, three-credit classes from the applied behavioral science PhD curriculum and two credits chosen from any other MPH course offerings. Site visitors clarified that despite the name of the PhD, students pursue the generalist MPH, not the MPH concentration in social and behavioral sciences. In the last five years, four students have completed this degree.

The MPH/MS Nursing dual degree allows students to earn the MS in Nursing and the MPH degree in 59-credit hours. The self-study notes that if taken separately students would need to complete 81-credit hours for these degrees, while the MPH Student Handbook states, that if taken separately, students would need to complete 79-credit hours for these degrees. Only experienced baccalaureate-prepared nurses with an interest in community or public health are admitted to the program. In order to fulfill requirements for the MPH, degree students are required to take 15 credits of public health core classes, four credits of program required courses, 17 credits of electives, three credits of practicum experience and three credits of capstone experience. Site visitors clarified that the competencies and elective requirements for the MPH degree are for the generalist concentration and not the epidemiology or social and behavioral science concentration. The School of Nursing does require that students take PRVM 805 Public Health Seminar and PRVM 815 Surveillance and Control of Infectious Disease, two of the epidemiology concentration electives, as part of the course work for the MPH requirements. In the last five years less one student has completed this degree.

The concern relates to the diluted MPH degree that students receive in the MPH/PhD degree and MPH/MS Nursing degree. Students in the MPH/PhD degree program only take 27 credits of MPH courses, and the remaining 15 credits of electives are credited for the required Applied Behavioral courses without a specific analysis of which courses in the Applied Behavioral curriculum develop public health skills and how they do so. Students in the MPH/MS degree program take only 29 credits of MPH requirements, and the remaining classes are fulfilled by taking nursing classes, without a specific analysis of which courses in the Nursing curriculum develop public health skills and how they do so. The MPH program will need to ensure that the revision of the generalist curriculum addresses the matters of how electives may be counted and competencies met in the development and implementation of new concentration areas.

Site visitors learned of the possible development of a new joint degree while reviewing the November 2009 meeting notes of the Operations Committee. The committee approved the development of an MPH/PharmD degree. A well-developed competency-based curriculum will need to be developed to prevent the problem identified above.

2.11 Distance Education or Executive Degree Programs.

If the program offers degree programs using formats or methods other than students attending regular on-site course sessions spread over a standard term, these degree programs must a) be consistent with the mission of the program and within the program's established areas of expertise; b) be guided by clearly articulated student learning outcomes that are rigorously evaluated; c) be subject to the same quality control processes that other degree programs in the university are; and d) provide planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of adult learners. If the program offers distance education or executive degree programs, it must provide needed support for these programs, including administrative, travel, communication, and student services. The

program must have an ongoing program to evaluate the academic effectiveness of the format, to assess teaching and learning methodologies and to systematically use this information to stimulate program improvements.

This criterion is not applicable.

3.0 CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE.

3.1 Research.

The program shall pursue an active research program, consistent with its mission, through which its faculty and students contribute to the knowledge base of the public health disciplines, including research directed at improving the practice of public health.

This criterion is met. MPH faculty are very successful at securing external funding for research. The 2009-10 MPH program budget reflects \$988,261 in research contracts and grants. However, the actual amount of funding is significantly greater, as the percent of all grants attributed to the MPH program was calculated based on the percent time the specific departmental faculty member contributes to the MPH program. If the faculty member contributes .2 FTE to the program, then .2 of their funding was listed as contributing to the MPH budget. The amount of grant and contract revenues the program has received over the last three years has steadily increased: \$687,653, \$818,660 and \$986,261.

Table 4 provides the program’s self-identified research outcome measures. These measures demonstrate the increasing amount of research/FTE core faculty member over the last three years. Though the percent of budget provided by extramural funding has not increased, the amount of research funding secured by core faculty members is increasing.

Additional measures of research productivity are provided in Table 5. Though the research productivity of the faculty is significant, the objectives define targets that are well below their clearly established baselines. Given the increase in extramural funding for research, the number of refereed publications would typically be increasing. Because the target level is set so low, the dip in the number of publications did not signal a change.

Table 4. Outcome Measures for Adequacy of KU-MPH Resources (research)			
	2007 – 2008	2008 – 2009	2009 – 2010
Outcome Measure Research dollars per MPH core FTE faculty	\$65,242	\$73,357	\$98,972
Extramural funding as % of total budget	38.1%	42.4%	42.2%

Table 5. Program Measures for Conducting Research to Strengthen the Science Base for Public Health Policy and Practice				
Outcome Measure	Target	2007-08	2008-09	2009-10
Author scholarly publications	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	91 peer-reviewed journal articles	63 peer-reviewed journal articles and book chapters	48 peer-reviewed journal articles and book chapters
Conduct research for vulnerable populations	At least 2 faculty research projects will address vulnerable populations on each campus each year	18 faculty	13 faculty	15 faculty
Provide opportunities for students to become involved in research	5+ students from each campus will participate in research each year	10 students	10 students	11 students
Conduct public health practice research	At least 3 faculty persons from each campus will conduct public health practice research	8 faculty	8 faculty	10 faculty

The KU-MPH faculty have built a strong community-based research agenda 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 students have participated include the following two examples, though many additional examples were provided in the self-study or shared in meetings with the site visit team. The support for the Native American community as well as other health equity projects are a major theme in the research and service of the program faculty. The MPH program faculty and students can clearly contribute to health disparity elimination through these efforts.

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. One such grant is a community based participatory research grant. Students can also choose to participate in a supplement to the grant that provides the program using telemedicine.

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 (eg, – 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 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.

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. Students reported multiple opportunities to contribute to and receive funding for faculty-supported research.

Future efforts to assess the quality of faculty research might include documentation of collaboration across Wichita and Kansas City. Site visitors' brief review of recent publications provided only three examples of cross-site authorship. The talent at both sites is great, and the collaborations could produce even more opportunities for improving the public health of Kansas and the nation.

3.2 Service.

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

This criterion is met. Faculty are actively engaged in service activities including education, front-line health intervention, national board membership and policy promotion. 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. Service is a component in annual faculty assessment and in the achievement of promotion and tenure. Faculty service is measured by: a) 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. Targets for both of these indicators have been met and exceeded over the last three years. All KU-MPH faculty have been involved in at least one service activity during the last three years and many faculty members have been involved in multiple service activities.

Students participate in service via volunteering their personal time in a public health setting, participation in the MPH Student Organization and membership on the KU-MPH standing committees. The KU-MPH program sets a target for at least one service activity involving a group of students each year, on each

campus. In the last three academic years several students on both campuses have won the KU-MPH outstanding graduate student award for outstanding community service.

The program may wish to be more attentive to documenting the relationships between faculty service activities and students' service activities either in advising, direct or indirect supervision of students. It appears that the faculty have excellent informal relationships with students and mentors in the service activities, but it is difficult to assess the effectiveness and contributions of those relationships.

3.3 Workforce Development.

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

This criterion is met. In 2002 the KU-MPH program joined with the Kansas State Health Department to create the Kansas Public Health Workforce and Leadership Development (WALD) Center. 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, which includes 99 rural counties and frontier counties, project activities are held on-site for participants, or held centrally and interspersed with web-based content in order to decrease the burden of travel.

Two of the WALD Center programs are the Kansas Public Health Leadership Institute (KPHLI) and the Kansas Core Public Health Program (CPH). The institute 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. Since its inception in 2003, the program has trained 154 leaders in 41 of 105 Kansas counties. The audience for the CPH are public health workers who are new to the field or who may have begun working in public health without a health degree. Participants learn the ten essential services of public health. Since the program was redesigned in 2008 a total of 30 workers have graduated with 22 more scheduled to graduate in November 2010.

Another opportunity for continuing education is the program-sponsored Public Health Ground Rounds. This weekly lecture series on a variety of timely public health topics is administered by the Kansas City campus in partnership with the University of Kansas Area Health Education Center and is available via webcast to any organization around the state of Kansas with Internet access.

Finally, Kansas TRAIN, the state's learning management system (LMS), is an on-line learning resource for public health and affiliated professionals, which KU-MPH faculty use to deliver training. It currently houses hundreds of on-line and lives courses in public health. The WALD Center and KU-MPH faculty

have helped to develop and sponsor several TRAIN events over the past several years. Topics have included cultural competency modules, psychological response to disasters and terrorism modules, emergency preparedness modules and all WALD on-site training programs. In Kansas, there are 29,974 TRAIN user accounts.

The KU-MPH program collaborates with other institutions of higher learning, public health organizations, health departments and community based organizations via the above mentioned modalities to educate public health workers from a wide variety of agencies and geographic areas.

The KU-MPH program does not offer certificate programs.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The KU-MPH program employed between 27-30 core faculty members each year over the last three years. This group of faculty has diverse educational backgrounds including training in epidemiology, biostatistics, health services research, behavioral psychology, medical sociology, environmental health and medicine. In addition to their terminal degrees, many of the faculty members hold MPH degrees. Review of the faculty template indicates strength in both numbers of available faculty and depth of faculty across concentration areas. The program leadership reported they have had problems attracting support to teach the environmental health core area in the past; however this situation is improving.

The program reports the availability of a very large number of adjunct or research faculty to support the program. In many instances the FTE for these individuals is less than .10. This broad list that reflects a great deal of academic as well as practice based expertise. Some of these individuals are available to teach electives. However, many are involved in supporting capstone project development or supervising practicum experiences. The contribution of these individuals appears to be very positive and helps to integrate the program and students with the field of practice. Community representatives reported guest speaking in courses with some regularity.

As the list of adjunct faculty members is compiled, it is difficult to appreciate the level of support these individuals do provide. A faculty member listed as contributing .06 or .02 to the program may indeed significantly impact one student as a member of a capstone committee, but the method of documenting this does not provide the observer with enough information to appreciate the depth of support. More

effort needs to be made to capture these contributions and ensure that the impact on the student, faculty member from other departments, community member and program are maximized.

Table 7, as listed in the self-study lists the outcomes that the program uses to determine the quality of the faculty. These outcomes are accurate but fail to effectively capture faculty quality or qualifications. The measures of quality and qualifications would be more helpful if they were specific to concentrations, core courses, teaching expertise (not just areas) and research expertise. Though the data provided may be a summary of the above, the actual assessment information is needed to make decisions about teaching assignments, program concentration development and research support.

4.2 Faculty Policies and Procedures.

The program shall have well-defined policies and procedures to recruit, appoint and promote qualified faculty, to evaluate competence and performance of faculty, and to support the professional development and advancement of faculty.

This criterion is met. The School of Medicine defines the policies for the KU-MPH program and the affiliated departments, and provides a faculty handbook that clearly defines faculty rules and regulations. This document provides information on the university's governance, recruitment strategies, appointment, research, teaching and promotion. These policies and procedures are clear and well understood by the faculty. Faculty reported that both yearly evaluation and tenure and promotion (for tenure-track faculty) processes "value" their contributions and provide multiple opportunities to highlight their individual accomplishments. Faculty also report that community service and community-based research is highly valued during the yearly evaluation and the tenure and promotion process.

Student course evaluations are conducted at the end of each course. KU-MPH program administrative staff sends out a standardized student course evaluation form 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 review the evaluation with each respective faculty member. Student course evaluations are considered in the annual evaluation with the department chair and eventually in tenure and promotion review. The data from these evaluations are used both for program assessment as well as individual faculty evaluations. The Curriculum Committee is developing a process for peer evaluations and midterm evaluations are conducted on an increasing number of courses. Students reported that on one occasion there was a problem with a faculty member's course. The students requested support and the program leadership intervened to increase the faculty member's skills to deliver the course.

Faculty in the KU-MPH program report multiple opportunities for development, in particular opportunities for improving teaching, securing continuing education, securing internal funding to develop or share

research and securing external research funding. The self-study reports that 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. Faculty reported knowledge of and access to these support mechanisms.

The Research Institute at the School of Medicine also supports faculty to develop grant applications. They help to review applications, set up budgets for grants, and submit final applications to non-profit, state, and federal agencies. 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.

The self-study notes the availability of institution-based and external opportunities 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. The faculty can also take advantage of the Public Health Grand Rounds series which provides weekly speakers for all School of Medicine faculty.

The junior faculty (and former junior faculty) also report a significant amount of mentoring from the senior faculty. The program leaders reported on the development of a website to support the process of mentoring for junior faculty. These officials also reported on the value of community and professional service for tenure and promotion. The mission of the school and the program converge on the value of community service. In fact, they noted that the line between good research and good community service are synergistic.

4.3 Faculty and Staff Diversity.

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

This criterion is met with commentary. The commentary relates to the fact that the number of African American faculty members is low. Given the composition of the study body and the location of the program in a community with a large minority population the need for African American faculty members is significant both for student support and community research. The program currently has two "other faculty" members who are African American; however the student body as a whole has limited interaction with these individuals.

Program leadership clearly reinforced the importance of KU-MPH faculty to engage in research primarily with underserved groups - Latino immigrants, American Indians/Alaska Natives, the African American community, rural populations and with prisoners. They promote an environment that supports diversity.

Service and research with diverse communities is encouraged at the departmental level, in the KU-MPH program, and in the School of Medicine, as described by faculty, program leadership and school officials. 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 reinforced.

The following information is provided as a summary of the faculty diversity:

	Core Faculty		Other Faculty		Total	
	#	%	#	%	#	%
# % Male	11	39%	13	45%	24	42%
# % African American Male	1	9%	---	---	1	4%
# % Caucasian Male	7	64%	11	85%	18	75%
# % Hispanic/Latino Male	---	---	---	---	---	---
# % Asian/Pacific Islander Male	3	27%	2	15%	5	21%
# % Native American/Alaska Native Male	--	---	---	---	---	---
# % Unknown/Other Male	---	---	---	---	---	---
# % International Male	---	---	---	---	---	---
# % Female	17	61%	16	55%	33	58%
# % African American Female	1	6%	2	13%	3	9%
# % Caucasian Female	12	70%	10	63%	22	67%
# % Hispanic/Latino Female	1	6%	1	6%	2	6%
# % Asian/Pacific Islander Female	3	18%	1	6%	4	12%
# % Native American/Alaska Native Female	---	---	2	12%	2	6%
# % Unknown/Other Female	---	---	---	---	---	---
# % International Female	---	---	---	---	---	---
TOTAL	28	100%	29	100%	57	100%

The program does keep data on outcome measures for diversity; however these measures do not provide enough detail to support efforts to increase the diversity of faculty. Creative efforts to engage members of communities listed above could greatly enhance the faculty and student experiences.

4.4 Student Recruitment and Admissions.

The program shall have student recruitment and admissions policies and procedures designed to locate and select qualified individuals capable of taking advantage of the program's various learning activities, which will enable each of them to develop competence for a career in public health.

This criterion is met. The program's recruitment efforts include attending a wide variety of recruitment events. The program distributes brochures and fliers within the university, at local and regional conferences and at national events. Faculty also use teaching opportunities to recruit students (eg,

undergraduate and medical school courses at KU, undergraduate courses at Wichita State University and undergraduate courses at Haskell Indian Nations University). The KU-MPH program's website serves as the primary recruitment tool for the program. The program encourages walk-in visits for prospective students and regularly replies to email and phone inquiries.

All applicants submit a University of Kansas Office of Graduate Studies application; supplemental KU-MPH application, which includes short essays and a personal statement; official transcripts for all undergraduate and graduate course work; three letters of recommendation; an application fee; and standardized testing scores if applicant does not possess a doctoral or other terminal degree. The admission deadline was recently changed from March 31st to March 1st which allows the Admissions Committee more time for application review. Complete applications are viewed annually by the Admissions Committee. The committee includes a chair, four faculty members and two student representatives, distributed across the two campuses. Recently the application review process was changed to a NIH-style review where each applicant is reviewed by three randomly selected reviewers. The KU-MPH program utilizes the non-degree-seeking option for students who are interested in specific coursework rather than completing an MPH degree. The Admission's Committee final recommendations for acceptance are reviewed and approved by the Operations Committee, Executive Council and Office of Graduate Studies.

The mean undergraduate GPA of the 35 newly enrolled students in FY10 was 3.325 (range 2.5 to 3.91), and 30 new students had a GPA above 3.0 (86%). The five students with an undergraduate GPA below 3.0 were doing well with an MPH cumulative GPA of 3.73.

The number of student applications has varied in the last three academic years. Between 2007–2010 there were 53, 71 and 73 applications, which resulted in 36, 42 and 46 applications being accepted and 29, 31 and 35 students being enrolled.

4.5 Student Diversity.

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

This criterion is met with commentary. A primary goal of the KU-MPH program is to enroll a diverse and qualified student body. Since 2005, the admissions process allows for an applicant's diversity characteristics to be considered. This process takes into account an applicant's background and life experiences, which include information about public health experience, culturally diverse experiences and experiences in overcoming adversity.

In order to increase the diversity of students enrolled in the KU-MPH program administrators work with the following individuals to distribute and disseminate information: dean, Cultural Enhancement and Diversity; director, Health Careers Pathways Program; director, Statewide Area Health Education Centers. KU-MPH faculty and staff engage in recruitment events targeting minority applicants (eg, National Association of Medical Minority Educators Conference and Recruiting Fair and Partnerships for Indian Education Conference.)

The Operations Committee reviews the program's annual report and pays particular attention to the data on the diverse characteristics of the student body. With those data in mind, the Operations Committee determines which recruitment efforts will fulfill the program's mission in the upcoming year.

Data indicate that women constitute the majority of students applying, accepted and enrolled in the program. In the last three admissions cycles the diversity of the student body fluctuated. From 2007 – 2010 the percentage of Asian Pacific Islander students has ranged from three to 10. During the same time period the percentage of African American students has ranged from three to 14%, while the percentage of Hispanic students has ranged from zero to 13%. Finally, the percentage of American Indian students has risen from zero to 11%.

The first point of commentary relates to the need to evaluate the effective strategies that occur on each campus and use them to diversify the entire program. In addition to increasing the number of under-represented minority students (URM), there is a need to diversify the student body based on other characteristics. The program is encouraged to continue its recruitment effort in the rural counties of Kansas to increase the student body.

The second point of commentary relates to the need to broaden the minority recruitment effort to increase the diversity of URM students and to assess the successes and challenges of this effort on the two campuses. The program appears to have an excellent relationship with the Native American community and an opportunity to expand to recruit a significant number of Native American students through various pipeline programs should be pursued to continue the program's current recruitment efforts with this population.

4.6 Advising and Career Counseling.

There shall be available a clearly explained and accessible academic advising system for students, as well as readily available career and placement advice.

This criterion is met. The program provides a new student orientation prior to the start of the semester where students receive a copy of the Student Handbook that outlines all of their rights, responsibilities and requirements. This handbook is always available on the KU-MPH website, and students are notified in writing when policies and procedures are updated. The Operations Committee assigns a faculty

advisor to each student at the start of the program. The student typically “matches” with the advisor in some way (eg, 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, research interests, capstone projects and career objectives. Changing of a faculty advisor is allowed as long as this change is agreed to by the new faculty advisor and is documented in writing and placed in the student’s file.

Career counseling of students, many of whom are already employed in the field of Public Health, is conducted in five ways: 1) students attend career opportunity presentations held in conjunction with the capstone orientation each semester; 2) students are required to meet a member of the KU-MPH Operations Committee to discuss career options following the capstone; 3) students borrow books from the KU-MPH Office for resume and CV writing; 4) job search engines are available on the KU-MPH website and 5) all students and recent alumni receive list-serve announcements from the KU-MPH office.

Each student, upon graduation, completes an exit interview. Two questions related to student satisfaction with advising and career counseling are asked. Over the last three fiscal years the mean score for responses for the question “the advising system of the KU-MPH program meets the needs of the students” have ranged from 4.36 to 4.67. In the same time period the mean score for responses for the question “the MPH curriculum prepares students for public health careers” have ranged from 4.52 to 4.78.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

University of Kansas MPH Program

October 11 - 12, 2010

Monday, October 11, 2010

- 8:30 am Site Visit Team Pick-Up from Hotel
Won Choi
- 9:15 am Site Visit Team Request for Additional Documents
Won Choi
- 9:30 am Site Visit Team Review of Resource File
- 10:00 am Break
- 10:15 am Meeting with Program Administration (Operations Team)
Won Choi
Suzanne R. Hawley
Megha Ramaswamy
Melissa Armstrong
Tanya Honderick
Coreen Gunja
- 12:00 pm Break
- 12:15 pm Lunch with Students
Elizabeth Durkin
Steven Haenchen
JB Kinlacheeny
Angie Leon-Salas
Sydni Pankey
Steven Tenny
Jose Martinez
Meghan Hampton
Sarah Johnston
Kimberly Walker
- 1:15 pm Break
- 1:00 pm Meeting with Public Health Teaching Faculty
Elizabeth Ablah
Douglas Bradham
Jack Brown
Amy Chesser
Ana Paula Cupertino
Denice Curtis
Christine Makosky Daley
S. Edwards Dismuke
Fanglong (Frank) Dong
Babalola Faseru
Sarah Finocchario-Kessler
Monica Fisher
Sue Min Lai
Niaman Nazir
John S. Neuberger
Marvin G. Stottlemire
Phillip Twumasi-Ankrah
Ruth Wetta-Hall
Nicole Nollen
Theresa Shireman

Hung-Wen (Henry) Yeh
Nicole Nollen

2:45 pm

Break

3:00 pm

Meeting with Advisory Committee (includes Alumni and Preceptors)

Sonja Armbruster
Jose Belardo
Claudia Blackburn
Eldonna Chestnut
Charles Hunt
Lougene Marsh
Florence Ndikum-Moffor
Shirley Orr
Robert Stiles
Ron Whiting
J'Vonah Maryman

4:15 pm

Break

4:30 pm

Site Visit Team Review of Resource File

5:30 pm

Adjourn to Dinner and Executive Session

Tuesday, October 12, 2010

8:30 am

Site Visit Team Pick-Up from Hotel

Won Choi

9:00 am

Executive Session and Report Preparation

10:00 am

Meeting with Executive Chancellor, Vice Chancellor for Academic Affairs and Chairs of
Departments of Preventive Medicine and Public Health

Barbara Atkinson
Allen Rawitch
Jan Arbuckle
Ruth Wetta-Hall
Edward F. Ellerbeck

10:30 am

Executive Session and Report Preparation

12:00 pm

Working Lunch, Executive Session and Report Preparation

1:00 pm

Break

1:15 pm

Exit Interview