

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

COUNCIL ON EDUCATION FOR PUBLIC HEALTH

SITE VISIT DATES:

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SITE VISIT TEAM:

Nannette Turner, PhD, MPH, Chair
Robert D. Bradshaw, MD, MPH

SITE VISIT COORDINATOR:

Alisha O'Connell, MPH

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Introduction

This report presents the findings of the Council on Education for Public Health (CEPH) regarding the University of Kansas Master of Public Health Program (KU-MPH). The report assesses the program's compliance with the *Accreditation Criteria for Public Health Programs, amended June 2011*. This accreditation review included the conduct of a self-study process by program constituents, the preparation of a document describing the program and its features in relation to the criteria for accreditation and a visit in October 2017 by a team of external peer reviewers. During the visit, the team had an opportunity to interview program and university officials, administrators, teaching faculty, students, alumni and community representatives and to verify information in the self-study document by reviewing materials provided in a resource file. The team was afforded full cooperation in its efforts to assess the program and verify the self-study document.

The University of Kansas (KU) was founded in 1866. It is a public institution with over 28,000 enrolled students, 2,600 faculty and five campuses. The main campus is located in Lawrence, Kansas, and the other locations are in Kansas City, Overland Park, Wichita and Salina.

KU has 13 schools including a School of Medicine, School of Pharmacy, School of Business, School of Education, School of Law, School of Social Welfare, School of Music and others. The university offers more than 370 degree programs.

The KU-MPH program is housed in the KU School of Medicine in the Department of Preventive Medicine. The program is offered at two locations, the Kansas City and Wichita campuses, but functions as one unit. The program offers three concentrations: epidemiology, public health management and social and behavioral health.

The KU-MPH program has been accredited by CEPH since 1998. During its last review in 2010, the program received a seven-year accreditation term with required interim reports due in 2012 and 2013 related to the practicum experience, competencies, competency assessment, program evaluation and joint degree requirements. The program submitted a substantive change notice in 2011 to add MPH concentrations in biostatistics, public health management and environmental health sciences and to discontinue its generalist MPH. The program discontinued the biostatistics MPH in 2015 and discontinued the MPH in environmental health sciences in 2016.

Characteristics of a Public Health Program

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

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

These characteristics are evident in the master of public health program at the University of Kansas. The program is located in a regionally accredited institution and has the same rights and privileges as other professional programs on campus. The program has a planning and evaluation process that is inclusive and focused on public health research, instruction and service.

Faculty are trained in a variety of disciplines, and the program's environment supports interdisciplinary collaboration. Faculty and student connections with public health practitioners and local community members ensure that the program fosters the development of professional public health concepts and values. The program has a clearly defined mission with supporting goals and objectives and adequate resources to offer the MPH degree.

1.0 THE PUBLIC HEALTH PROGRAM.

1.1 Mission.

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

This criterion is met. The mission, values, goals and objectives were revised at a series of KU-MPH program retreats in May 2015 and May 2017. The mission is distinct in its focus on the geographic region. The program's values of passion, justice, learning, beneficence and diversity are consistent with the university's values. The program's mission is as follows:

To improve public health in Kansas, the Heartland, and the nation through excellence in education, discovery, and community engagement.

The KU-MPH program establishes five goals under the following headings: education, service and practice, research and program environment. Each of the goals has clearly defined, measurable objectives and targets.

Faculty, staff, administrators, students, advisors and community partners had various levels of involvement in the development of the program's goals and objectives. The values align well with objectives and targets. For example, diversity is a value, and one of the objectives is to enroll a diverse and qualified student body.

At the time of the site visit, the program was still in the process of refining its vision statement. The executive director explained to the site visit team that the vision statement was scheduled to be voted on in November 2017.

The major focus of the revisions that occurred in 2015 and 2017 was to strengthen the alignment of the KU-MPH guiding statements with the university's mission related to community engagement. Participants in the meetings included faculty and staff from both campuses. Administrative, student and community participants provided guidance to the program through feedback to the Operations Committee.

1.2 Evaluation and Planning.

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

This criterion is met with commentary. The KU-MPH program uses a multi-layered evaluation process. Assessment responsibilities are delegated to the Admissions, Operations and Public Health Practice Committees, site directors, faculty, department chairs, the Executive Council and MPH Student Organization. Each responsible party makes use of a variety of data sources including faculty CVs,

SOPHAS applicant data, annual faculty reviews, meeting minutes and other information systems when determining achievement of program goals and objectives. Formal assessment intervals vary from annual to biannual to every five years based on the type of evaluation. Site visitors learned through discussions with faculty, Advisory Board members and preceptors that informal processes such as phone calls, gatherings or other casual opportunities were often used to gather data for improvement purposes as well. Site visitors determined that these informal processes seem to work well for the program; however, documenting these interactions more regularly would strengthen their usefulness.

The commentary relates to the lack of specificity or clear documentation regarding the impetus for some program changes. For instance, the program describes the action of replacing the Research Committee with the Public Health Practice Committee in 2012 and notes this decision better aligns with the program's goals and objectives. However, the program was not able to articulate the specific process of assessment that led to the change. On-site discussions with the executive director and site directors revealed that the push for program changes occurs mostly through informal discussions, rather than after the documented process of deliberate review presented in the self-study document. Detailing these informal interactions more regularly would strengthen their usefulness.

A variety of constituents participated in preparing the self-study document. The KU-MPH Operations Committee members served as leads for the various sections of the document. Each lead received input from other constituency groups such as faculty, students, community representatives and other stakeholders. Community Advisory Board members and students described their participation in the self-study process as serving as reviewers.

1.3 Institutional Environment.

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

This criterion is met. KU is an integral part of the Kansas Board of Regents system and encompasses 13 schools offering 370 degree programs, including the only schools of pharmacy and medicine in the state. The system has five campuses located in the communities of Kansas City, Lawrence, Overland Park, Salina and Wichita. The KU-MPH program is present on two of the campuses: Kansas City and Wichita. KU is accredited by the North Central Association of Colleges and Schools. The university was granted a ten year accreditation term in 2015.

The School of Medicine is accredited by the Liaison Committee on Medical Education (LCME). Other accrediting bodies for the university also include architecture, urban planning, business, education, athletic training, psychology, journalism, law, engineering, music, pharmacy and many more.

Three of the 13 schools comprise the University of Kansas Medical Center (KUMC). These schools are medicine, health professions and nursing. The KU-MPH program is organizationally placed in the Department of Preventive Medicine and Public Health in the KU School of Medicine. The department also offers an MS in clinical research and has a department chair for each of the two campuses. Although the program is technically housed in the department, the executive director does not report directly to either chair.

The executive director of the KU-MPH program reports directly to the executive dean of the School of Medicine, who reports to the executive vice chancellor of KUMC, the KU chancellor and ultimately the Kansas Board of Regents. The program's site directors, representing each campus, report to the KU-MPH executive director. The executive director is also accountable to the dean of the university's Office of Academic Affairs and Graduate Studies, which oversees all the graduate programs in the schools of medicine, nursing and allied health.

The KU-MPH executive director works collaboratively with the departmental chair and administrator to draw up a budget appropriate to the program's requirements each year. The budget is guided by a mission-based allocation funding model first implemented in 2015. Funding sources for the KU School of Medicine in the allocation model are principally derived from state appropriations, tuition and research overhead. Other contributing sources to the School of Medicine include grants, indirect cost funds, graduate medical education revenue and collaborations with other organizations. For the program budget, the primary funding is also provided by state appropriations, but the operating budget for marketing, supplies, travel, professional association memberships and recruitment comes through a special allocation from the KU School of Medicine.

Recruitment of new faculty is conducted by a program search committee composed of the executive director and site directors. Final approval of new faculty hires involves the search committee, the campus department chair, dean and executive vice chancellor of KUMC, and, ultimately, the university chancellor. Faculty are reviewed annually regardless of status as tenure track, research track or tenured. The Office of Academic Affairs handles all paperwork related to faculty appointments and promotions. Staff promotions are based on annual performance reviews and recommendations of the site directors and department chairs.

The Curriculum Committee of the KU-MPH program sets the academic standards and policies in accordance with the guidance of the KUMC Office of Graduate Studies. Routine course changes or revisions in the curriculum are also handled by these entities, but new programs or degrees must be approved by the Board of Regents.

The MPH student handbook details all academic-related policies including actions that might occur relating to issues of academic performance or misconduct. Student interviews during the site visit revealed that students were aware of the contents of the handbook and how to access the handbook through BlackBoard.

1.4 Organization and Administration.

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

This criterion is met. Despite being organizationally housed within the Department of Preventive Medicine and Public Health on both the Kansas City and Wichita campuses within KUMC, the program retains independence and autonomy over its operational policies and procedures. The executive director of KU-MPH reports directly to the executive dean of the School of Medicine for budgetary and broader programmatic issues and to the dean of the Office of Academic Affairs and Graduate Studies for all academic matters.

The executive director of KU-MPH supervises programs at both major campuses. Responsibilities include annual budget management, chairing the program's Executive Council, directing admissions, monitoring strategic planning and evaluations, representation of the program at relevant national and state professional public health organizations, evaluating site directors and leading accreditation-related activities.

Program site directors at each of the two campuses administratively coordinate course schedules, provide curricular advisement and counseling for students, review student e-portfolios, manage and evaluate student internships, process student concerns related to the academic programs, serve on the Operations Committee and Executive Council, assign faculty and students to the bi-campus committees and implement initial orientation for students. In addition, the site directors sponsor the MPH student organizations on campus, review admissions, oversee budget expenses, complete exit interviews with graduating students and collect course evaluation reviews for faculty. Though neither site director is responsible for course development and teaching (except for involvement in the introduction to the internship), they do advise students in all concentrations about requirements and schedules. Concentration-specific questions beyond basic requirements are referred to the appropriate faculty within the concentration.

Each campus within the program also has an assigned coordinator who assists the site directors and executive director with routine administrative tasks such as course scheduling, evaluations, website maintenance, collection of program data and student records and support of standing committees.

Interdisciplinary interaction with the other schools, in particular the medicine, nursing and allied health components, occurs through shared courses, lectures by MPH faculty in support of other programs and

inclusion of other professional students in MPH-sponsored service activities. Faculty from other programs also participate as lecturers for MPH core courses such as biostatistics and elective courses in health care systems and management. The program offers an MD/MPH dual degree, and the PhD/MPH joint degree provides additional evidence of interdisciplinary collaboration. Based on feedback provided at the time of the site visit, the collaborations are mutually beneficial in regard to sharing relevant course offerings between the programs.

1.5 Governance.

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

This criterion is met. The program's governance structure is clearly defined and well understood by faculty, administrators and students. Seven standing committees oversee the program's activities. Faculty and students from both campuses are represented on the Admissions, Curriculum and Public Health Practice Committees.

The Executive Council is comprised of faculty, program site directors and the executive director of the KU-MPH program. The council's primary function is to make final decisions about the program's policies and review progress of all aspects of the program with respect to the strategic plan. The Executive Council meets quarterly.

The Operations Committee is comprised of the two site directors, program staff and the executive director. This committee meets once a month to implement marketing initiatives, oversee data management and analysis, manage day-to-day operations and solve any operational problems. The Operations Committee also maintains interactions with the program's External Advisory Board.

The Admissions Committee consists of faculty and students from all the KU-MPH concentrations. The charge of this committee is to review applicants, discuss the application process and review admission requirements and other issues that may be requested by the Executive Council. It meets at least once a year.

The Curriculum Committee discusses issues related to course evaluations, curricular needs assessments, review of new courses, syllabi and transfer credits. The committee also assures that the KU-MPH curriculum meets CEPH criteria and standards. The committee meets once a year and includes both faculty and students.

The Public Health Practice Committee consists of faculty and students and meets to discuss issues related to collaborations between the KU-MPH program and public health practice partners. The committee helps to coordinate practice and capstone opportunities for KU-MPH students.

The External Advisory Board contains members from external stakeholder groups including public health practitioners and program alumni. The advisory board provides input regarding educational needs assessment data and various types of program feedback. The board meets once every two years with members assigned two- or three-year terms.

The executive director is solely responsible for the budget proposal and budget management for the KU-MPH program. The executive director meets with the department chairs and the executive dean of the KU School of Medicine to discuss the financial needs of the program. Budget allocations are overseen by the executive director.

Faculty recruitment is led by the department chairs with input from the program director. Program faculty serve on search committees and provide input for the faculty recruitment and selection process. Department chairs conduct annual faculty reviews for each faculty member and cover areas related to teaching, service and scholarly activity. The KU-MPH program director also provides input to the chairs about faculty performance.

Promotion and tenure guidelines are provided to faculty members upon beginning their appointment at KUMC. Each faculty member applying for promotion and tenure is reviewed by the departmental Promotion and Tenure Committee, followed by the university Promotion and Tenure Committee with final approval from the executive dean, executive vice chancellor, chancellor and Board of Regents.

Program faculty are well-represented on university committees. The committees include the School of Medicine Promotion and Tenure Committee, Research Committee, Election Committee, Dean's Search Committee, the Diversity and Inclusion Cabinet, Chancellor Search Committee and the Faculty Council.

Students enrolled in the program have access to the KU-MPH Student Organization (MPHSO). Membership is open to all students, including those enrolled in dual degrees. Officers of the student organization include co-presidents, co-secretaries and co-treasurers to represent both campuses. The student organization develops and implements multiple service projects and social gatherings throughout the year. Public health students recruited new members from other non-public health disciplines at a recent student involvement fair and signed up roughly 20 new students. This initiative was fully developed and undertaken by the students. The presidents of the MPHSO represent MPH students on the Graduate Student Council.

1.6 Fiscal Resources.

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

This criterion is met. There are adequate resources to support the KU-MPH program. The program is funded using a model developed by the KU School of Medicine. The formula uses state funds, indirect cost recovery, endowment funds, eLearning fees and other department funds. Indirect costs are recovered from grants and contracts brought into the program by faculty. The KU-MPH program has the Stewart Scholarship, which is an endowment designated for MD/MPH students. There is also an endowment established to help support MPH student travel scholarships to conferences.

The past five years of budget data indicate a downward trend in resources, as shown in Table 1. This trend is attributed to the governor's budget cuts and not to a reduction in enrollment. In fact, faculty indicated that no major changes have occurred in the program despite state-level budget cuts. Faculty research efforts have provided tremendous support for the program and have created a protective buffer for the program overall.

During the site visit, the executive director and faculty reported healthy support for the program within the School of Medicine and the university. Discussions with the executive dean, vice chancellor and department chairs further supported the assertion that the MPH program is valued at the highest levels of the institution, as university leaders pledged continued support for the program.

Table 1. Sources of Funds and Expenditures by Major Category, 2012 to 2017					
	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Sources of Funds					
Tuition & Fees	\$49,911	\$46,495	\$54,615	\$56,730	\$66,900
University Funds	\$764,878	\$1,031,122	\$1,416,040	\$1,428,180	\$1,331,032
Grants/Contracts	\$783,144	\$622,132	\$179,714	\$116,983	\$91,345
Endowment	\$369,564	\$130,858	\$34,030	\$32,500	\$60,240
Gifts	—	\$1,315	\$1,820	\$1,390	—
Fee for Service*	\$5,800	—	—	—	—
Restricted Fee Account	\$368,550	\$289,769	\$16,524	\$41,000	\$23,312
Total	\$2,341,847	\$2,121,691	\$1,702,743	\$1,676,783	\$1,572,829
Expenditures					
Faculty Salaries & Benefits	\$1,834,740	\$1,684,914	\$1,385,512	\$1,347,624	\$1,231,210
Staff Salaries & Benefits	\$231,026	\$184,913	\$188,403	\$188,995	\$191,662
Operations	\$66,776	\$124,255	\$48,625	\$50,058	\$50,313
Travel	\$26,316	\$17,413	\$21,417	\$15,689	\$13,857
Student Support	\$96,087	\$36,770	\$15,452	\$53,009	\$37,831
Total	\$2,254,945	\$2,048,265	\$1,659,409	\$1,655,375	\$1,524,873

*Received one-time contract to produce educational materials

1.7 Faculty and Other Resources.

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

This criterion is met. The program has personnel and other resources adequate to fulfill its mission. Twenty primary faculty teach across the three concentrations. The student-faculty ratios for AY 2017 ranged from 2.2:1 to 2.4:1 by concentration.

There is a 1.0 FTE site director and 1.0 FTE program assistant for each of the two campuses. Staff, specifically the site directors, give faculty tremendous support in terms of student advisement and the coordination of the internship course. Faculty indicated to site visitors that staff support is beneficial to both students and their own workload.

The program's office space is sufficient and includes private offices for every faculty member and staff person on both campuses. In July 2017, the University of Kansas Medical Center in Kansas City opened a new Health Education Building. The new features include technology and connectivity and a simulation laboratory. The building also has flexible state-of-the-art classrooms that support varying instructional needs.

KU-MPH students on both campuses have access to computer workstations connected to a network printer in the MPH program area. Students also have access to computer workstations in the library. KU-MPH faculty, staff and administration on both campuses have computers with internet access and have personal printer access as well as network printer access. Faculty, students, staff and administration have complete access to library and information resources contained in the Archie R. Dykes Library and the George J. Farha Medical Library.

Site visitor discussions with the Community Advisory Board revealed an abundance of community resources through various agencies throughout the state. The program successfully leverages relationships, resulting in a strong network of preceptors, advisors, partners and employment sites for students.

1.8 Diversity.

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

This criterion is met. Since 1998, KU has had an Office of Diversity and Inclusion. Diversity is a core value of KUMC and the KU-MPH program, as evidenced by activities to promote cultural competence and inclusion coordinated by the Diversity and Inclusion Cabinet. Other KUMC organizations supporting these values and goals include the Office of Student Life, the Equal Opportunity Office, the Women in Medicine and Science Group and the Institute for Community Engagement. The latter group reaches out to students

in elementary through high school to increase the recruitment of under-represented groups in all three schools within KUMC. KUMC periodically conducts climate surveys of students, staff and faculty to evaluate the status of diversity and inclusion at the institution and also holds symposia on these topics. KUMC recognizes an individual annually whose work has enhanced the mission in this arena.

Within the KU-MPH, groups identified by the program as under-represented include American Indian and Alaska Native, African Americans, Hispanic/Latinos and first-generation college students.

Curricula in the KU-MPH program encompass elements of cultural competence, health disparities and social determinants of health across both required and elective offerings. In addition, students are encouraged to complete internships that address such issues. Cultural competence is also addressed in part by a major emphasis by faculty on research in reducing health disparities among vulnerable populations, such as African Americans, American Indian and Alaska Native, Latinos, rural residents and incarcerated persons. Research awards in this domain to KU-MPH faculty amount to upwards of \$7 million annually.

For the last three years, the proportion of faculty that represent minority groups has held steady at 20%, which is above the statewide figure of 16% from the 2010 census. The program notes that it would like to increase this proportion even further, but budget constraints on recruitment efforts limit the opportunity for additional faculty as well as staff. Fortunately, the program has been successful in retaining diverse faculty, and the program maintains a commitment to retention.

Regarding student body composition, the program also exceeds state population percentages of underrepresented groups, ranging from 20% to 40% or more in the previous three years. In addition, to achieve the program's goals of enrolling and graduating the program-defined diverse populations of first-time college graduates as well as minorities, KU-MPH recruits from community colleges as well as all universities across the state. The program also conducts exit interviews with graduates that include discussions about how well the program addresses diversity and inclusion.

Student experiences in internships are further evidence of commitment to service to underserved populations. The program has supported student internships in the Kansas cities and counties with the greatest disparities, as well as those with high proportions of minority populations including American Indian, African American and Latino communities. Site visitors also learned of federal funding that the program uses to bring in American Indian graduate students; while enrollment numbers are low from this population, the program is still committed to including this group in its recruitment efforts.

The program monitors and reviews its efforts through the executive vice chancellor's Diversity and Inclusion Cabinet. The Wichita campus department chair represents KU-MPH on the cabinet, and findings of the annual climate survey are shared with the program's Admissions and Operations Committees.

The program measures its success in achieving a diverse complement of faculty, staff and students against seven objectives. All the objectives were met in the year 2016-2017 and are trending in a positive direction in the last three years. For example, the program has set a target that 25% of its student body will be comprised of underrepresented minorities. Self-reported data show that percentage to be 24%, 27% and 31% from 2014-2015 to 2016-2017. Another measure identifies first-generation college students pursuing a graduate degree. The target is 20%, and the program reported rates of 35% and 49% in the last two years.

2.0 INSTRUCTIONAL PROGRAMS.

2.1 Degree Offerings.

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

This criterion is met. The program offers an MPH degree with concentrations in epidemiology, public health management and social and behavioral health, as shown in Table 2. The program also offers two joint degrees: a PhD/MPH in applied behavioral sciences and an MD/MPH. In addition to core public health courses, an internship experience and a public health capstone, all MPH students take six credits (two courses) of required courses that address an introduction to public health and management of public health data. Students must complete 12 credit hours (four courses) in required concentration courses and at least one elective course. The MPH degree is offered in a place-based format, with a few classes taught either in an asynchronous or hybrid format.

Students enrolled in the epidemiology concentration must take courses in chronic disease epidemiology, infectious disease epidemiology, cross-sectional and case-control studies in epidemiology and methods in longitudinal studies. Students in the social and behavioral health MPH take courses in evaluation methods, cultural competency, qualitative methods in public health and health communication. Students enrolled in the public health management concentration take courses in public health program development and management, public health policy and law, leadership in public health and financial and human resource management.

Site visitors reviewed the required coursework for the concentrations and found the content to be at an appropriate level of breadth and depth for the degrees and concentrations offered.

Table 2. Instructional Matrix		
	Academic	Professional
Master's Degrees		
Epidemiology		MPH
Public Health Management		MPH
Social and Behavioral Health		MPH
Joint Degrees		
Applied Behavioral Sciences		PhD/MPH
Doctor of Medicine		MD/MPH

2.2 Program Length.

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

This criterion is met. All MPH students must complete a minimum of 42 credits of public health coursework to earn the degree. The program has not awarded any MPH degrees for fewer than 42 credits in the last three years.

The program follows the Office of Graduate Studies' policies to calculate credit hours. One credit hour is defined as one contact hour plus one to three hours of homework per week for a 16-week semester. Each of the program's didactic course offerings is equivalent to three credits.

2.3 Public Health Core Knowledge.

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

This criterion is met. All MPH students are required to complete five core courses of three credits each, for a total of 15 credits. Students in the public health management and social and behavioral health concentration take BIOS 704: Principles of Statistics in Public Health, which uses Excel for software applications. Students enrolled in the epidemiology concentration take BIOS 714: Fundamentals of Biostatistics I, which uses SAS. These courses are listed in Table 3. Waivers of core courses are not permitted.

Review of course syllabi showed that these courses appropriately address the core public health knowledge areas. The course learning objectives identified in the syllabi are appropriate to the core subject matter. Syllabi also list associated core competencies.

Core Knowledge Area	Course Number & Title	Credits
Biostatistics	BIOS 704 Principles of Statistics in Public Health ¹ OR BIOS 714 Fundamentals of Biostatistics I ²	3
Epidemiology	PRVM 800 Principles of Epidemiology	3
Environmental Health Sciences	PRVM 830 Environmental Health	3
Social & Behavioral Sciences	PRVM 818 Social and Behavioral Aspects of Public Health	3
Health Services Administration	PRVM 827 Public Health Administration	3

¹ Required for students in the public health management and social and behavioral health concentrations

² Required for students in the epidemiology concentration

2.4 Practical Skills.

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

This criterion is met with commentary. All KU-MPH students are required to complete an internship involving a minimum of 192 hours of work in public health practice, with at least 96 of those hours actively participating at the internship location. Students must log at least 12 hours per week throughout the 16-week semester for the internship. With approval from the site mentor, students are able to work no more than six hours per week on preparing documents, products or completing other related work to the internship off-site. This requirement is designed to create a meaningful field experience and to allow the student an opportunity to interact, develop skills and be mentored by a public health professional.

Prior to the internship, students complete internship experience guideline forms in collaboration with the designated site mentor and the program site director. These forms list the site mentor, location and description of the internship site and the relevant learning objectives and competencies to be addressed. Lists of sites are developed and selected principally by the site directors through involvement with the program's External Advisory Board, participation in the Kansas Public Health Association and through alumni networking. Students may also identify and propose appropriate new sites with the cooperation and approval of the directors. If the student is already working in public health or a related field, the internship site must be outside of the scope of their current work.

Site mentors are individually oriented and briefed on the internship learning experience by the program's site directors. Site directors interact with the site mentors and students on at least three occasions during the process. Site visitors confirmed this process both with the site directors and mentors interviewed during the visit. Site mentors provided positive feedback about their interactions with the program's site directors. Site mentors evaluate students using a form that includes three spheres of competence: professional conduct and demeanor, application/development of professional skills/knowledge and communications skills. The overall quality of a student's deliverables is assessed by the site mentor. The evaluation form

asks the site mentor to rate students in the different areas based on a comparison to other master's-level professionals. For example, the rating scale is top 10%, top 20%, top 30%, top 40% and bottom 50% of professionals. The site mentor also recommends an overall letter grade for the internship.

All site mentors are required to be at least mid-level supervisors in the organization in which the student is placed for the internship. The program prefers mentors to have at least a master's degree, but credit is given for years of experience in the relevant field or agency. KU-MPH provides no student waivers for the internship experience. However, a student may complete the required hours cumulatively in separate semesters.

The commentary relates to the lack of a mechanism for students to provide feedback on the internship experience, the site and site mentor. The program noted that faculty and staff intend to develop a formal written student evaluation. Feedback would ideally be provided to site mentors and used to improve the internship and/or identify problematic sites.

2.5 Culminating Experience.

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

This criterion is met. The program has a culminating experience required for all students regardless of concentration. The capstone is designed to focus primarily on the student's MPH concentration. All capstone projects must include a written product and oral presentation.

The capstone's written report is an organized, thoughtful piece of writing that includes a literature review, methods section, results, discussion and conclusion section. Students are not required to conduct original research for their capstone reports and may or may not use statistical analyses.

The capstone is a structured process, and students are guided by a committee of three. The committee always includes a concentration-specific faculty chair and at least one additional faculty member. During the site visit, faculty members described the ability for students to select a site mentor from their internship as a member of the capstone committee. Students have access to capstone handbook/guidelines, a syllabus and a sample capstone report for additional instruction and support.

Students have a variety of options for capstone projects including manuscripts, technical reports, grants and policy statements. Site visitors reviewed student samples of the capstone report and presentation and found the content to be appropriate for a professional graduate degree.

2.6 Required Competencies.

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

This criterion is met. The program has identified 24 core competencies, as well as six concentration competencies for the MPH in epidemiology, six competencies for the MPH in public health management and five competencies for the MPH in social and behavioral health. The core competencies address the five core knowledge areas as well as the domains of communication and professionalism.

The program adopted the current sets of competencies in 2012 after a year-long process that involved faculty review and discussion of Council on Linkages between Academia and Public Health Practice and the Association of Schools and Programs of Public Health (ASSPH) competencies. In 2011, the program created an ad hoc Education Committee comprised of faculty representing each of the core areas of public health and charged with revising the MPH program competencies. After feedback and discussion with faculty who teach the core courses, the final list of 24 competencies were developed and adopted. The Operations Committee was charged with creating concentration competencies for each of the MPH degrees in 2012.

Competencies are reviewed annually by the KU-MPH Operations Committee for relevancy and accuracy. The program uses student feedback in the form of course evaluations, exit interviews and informal discussions to assess future program and competency needs. Faculty feedback is also solicited in quarterly meetings that are used to gauge ongoing teaching and training needs. The External Advisory Board also provides input on issues related to skill needs and future employment opportunities.

Program and concentration competencies are appropriately mapped to core, required and concentration courses. All students receive primary coverage of competencies in a didactic course. The internship and culminating experience reinforce student mastery for both core and concentration competencies.

The core and concentration competencies are presented in various locations including the program's website, the MPH student handbook and on all course syllabi. Course syllabi include the relevant competencies that are covered in each course along with the specific assignment that demonstrates mastery of the competency. Students use information on the syllabi as a guide to upload artifacts to their e-portfolio, which also shows that they have successfully demonstrated core and concentration competencies. Students also indicated to site visitors that they are well-aware of the program's competencies.

2.7 Assessment Procedures.

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

This criterion is partially met. The program uses an e-portfolio approach to assess student achievement of core and concentration competencies. In addition, the program tracks student success through graduation rates, post-graduation outcomes, the internship experience and the capstone.

Program faculty use the BlackBoard management system to grade assignments and return them to students. All course syllabi indicate the core and concentration competencies that are covered with each assignment, and this guides students in the creation of their e-portfolio. Students attach graded artifacts such as papers, presentations and homework to a concentration-specific template that demonstrates their individual achievement of each competency. Students must earn a B or better on a given assignment to use it as an artifact for the e-portfolio.

The first concern relates to the transparency of competency assessment in the internship experience. Successful demonstration of competencies is tied to a project deliverable; however, there is no formal means by which students are held accountable for the deliverables. Site mentors complete an evaluation of the student's performance in the internship and are asked to rank student skills in areas such as professionalism, communication and application and development of professional skills and knowledge. Site mentors do not directly evaluate student mastery of competencies and skills as completed through the project deliverables. Furthermore, the program does not have a transparent method for tracking true completion of all student deliverables. On-site discussions with program administration indicated that site mentors confirm student completion of project deliverables through a phone call, email or conversation, but there is no process that tracks whether students complete all the deliverables as outlined in their internship plan.

The second concern relates to the integration of core and concentration competencies in the capstone project. Students must identify competencies that they plan to address in the capstone. However, the program's policies do not require students to select competencies from both the core and concentration, and thus, the program cannot ensure that every student demonstrates an integration of skills from across the entire curriculum. Although the capstone guidelines strongly suggest that students choose concentration competencies, students who met with site visitors said that the selection of concentration competencies was optional. On-site review of capstone samples showed that the types of competencies synthesized through the capstone were mixed. For example, one student selected only core competencies while another student chose both core and concentration competencies.

The third concern relates to the limited information collected from employers regarding the ability of the program's graduates to perform competencies in a workplace setting. The program conducted a survey of the External Advisory Board to gather information on the type of public health professionals that were needed in the local workforce. The survey does not ask the External Advisory Board to assess graduates' performance in the workplace, but rather asks the salary range of employees as well as desirable concentrations for employees. While the program did receive valuable feedback in regard to workforce needs, it fails to generate useable data regarding the ability of the graduates to perform competencies in an employment setting. Employers from the External Advisory Board indicated that the program has not solicited their input in this regard, but they were complimentary about the KU-MPH graduates they have hired.

The fourth concern pertains to the lack of alumni perceptions regarding the ability to perform competencies in an employment setting. At the time of the site visit, the program had not collected information from its graduates in this area. Periodic assessment of alumni perception is an important measure of program effectiveness and should be collected on a regular basis.

Although the program is designed to be completed in two years, students have a maximum of seven years to complete the degree. Graduation data provided in the self-study show that the program is exceeding the required graduation rate threshold. The rates for the 2010-2011, 2011-2012, 2012-2013, and 2013-2014 cohorts were 88%, 76%, 72% and 79%, respectively. The 2014-2015 cohort has a zero-attrition rate and is on track for a compliant graduation rate.

The program reports satisfactory levels of job placement and rates of enrollment in additional education. In the last three years, only 9%, 9% and 5% of program graduates were actively looking for employment a year after graduation.

The program had two students in 2015 complete the Certified in Public Health (CPH) exam. Both students passed the exam. The program has not recorded any students since 2015 as having taken the exam.

2.8 Bachelor's Degrees in Public Health.

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

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

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

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

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

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

This criterion is not applicable.

2.9 Academic Degrees.

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

This criterion is not applicable.

2.10 Doctoral Degrees.

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

This criterion is not applicable.

2.11 Joint Degrees.

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

This criterion is met. The program offers a dual MD/MPH degree with the KU School of Medicine and a joint PhD/MPH degree with the Department of Applied Behavioral Sciences.

Students in the MD/MPH dual degree program complete all requirements for both the MD and MPH. Students usually take one year off from medical school to complete the MPH and are able to choose either the public health management or social and behavioral health concentration. It is a dual degree, and no courses are shared.

Students enrolled in the joint PhD/MPH degree apply to each program separately and must meet the minimum credit requirements for the MPH degree. Students are only able to earn an MPH in the social and behavioral health concentration. Students must take all of the MPH core courses, additional MPH required courses, an elective, the internship and the capstone. Four courses are shared with the applied behavioral

sciences program, and these courses have been mapped to the social and behavioral health MPH concentration competencies. The MPH Operations Committee meets with the director the PhD program on a yearly basis to ensure that MPH competencies are still being covered and content coverage has not changed. Discussions with faculty indicate a positive relationship and smooth communication between the two programs for this joint degree.

2.12 Distance Education or Executive Degree Programs.

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

This criterion is 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. The KU-MPH program is actively engaged in research on both campuses in a variety of areas including tobacco control, cancer screening and prevention, obesity, health services, cancer surveillance, health promotion, environmental risk assessment and health disparities, among others. The University of Kansas Medical Center Research Institute (KMCRI) provides supportive infrastructure for faculty research. KMCRI provides compliance and mentoring support. Research is also embedded within the promotion and tenure process at the university and is a component of faculty evaluation.

KU-MPH faculty, students and staff are engaged in community-based research. Currently, memoranda of agreements exist with organizations such as the Kansas Department of Health and Environment, Johnson County Department of Health and Environment and the Sedgwick County Health Department.

Faculty are very productive researchers in terms of the number of grants and contracts awarded and the number of journal publications and presentations. The grant activities provide numerous opportunities for students to participate in faculty research. Faculty include students in grant budgets, and most students

find a graduate research position. Site visit discussions revealed the extent to which the research activities of the program serve to buttress the program during lean budget years.

The program consistently meets its outcome measures related to research. For example, one measure, the number of peer-reviewed journal articles or book chapters authored by faculty, has a target of 40 publications each year. For the last three years, that number has been 63, 43 and 41 publications. Another measure is that at least 50% of the faculty will conduct interdisciplinary research in vulnerable populations with funding from external sources. Program faculty have greatly exceeded this rate in the last three years as well.

3.2 Service.

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

This criterion is met. The service portfolio of KU-MPH faculty is ample and broad, including collaborative work at the local, state and national levels with numerous public health and private organizations. The program facilitates engagement with local community partners through its External Advisory Board and internship site mentors, among other sources. Primary faculty complete an annual assessment that includes documentation of their professional and academic service.

The self-study provides many examples of service engagement by faculty members. Faculty serve as grant reviewers, on review panels and as elected or invited members of organizations such as the Society for Research on Nicotine and Tobacco, Kansas Breastfeeding Coalition and the Chronic Disease Alliance of Kansas. The program maintains formal service contracts and agreements with ASPPH, Blue Cross and Blue Shield of Kansas, the Kansas Department of Health and Environment and UKanQuit (for tobacco treatment specialist training).

The program regular meets or exceeds its outcome measures related to service. For example, one outcome measure is that at least two faculty or staff members will assume leadership roles in public health organizations each year. In 2015, 11 faculty and staff were in leadership positions on various public health organizations and in 2016, nine were in leadership positions. The program has met its established targets in other service measures such as: at least one faculty or staff member will support public health accreditation activities through the Public Health Accreditation Board; at least six regional public health programs receive technical assistance from program faculty each year; and MPH students will complete at least one service activity each year.

Students in the program are actively involved in service activities, primarily through the MPH student organization. Most of the activities are locally focused and have included support of the National Wear Red Day for Heart Healthy Awareness, door-to-door surveys on behalf of the Johnson County Department of

Health and Environment, sponsorship of a young women's fun run, a regional science Olympiad featuring a "disease detective" segment, volunteering at the annual Arkansas River clean-up and various fundraising efforts.

3.3 Workforce Development.

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

This criterion is met. KU-MPH is a long-time member of the Kansas Public Health Workforce Development Council. In 2014-2015, the organization completed a statewide public health workforce survey to assess competencies among state and local health departments. In addition, the program surveyed its External Advisory Board about job opportunities, continuing education needs, salaries, desired concentrations and interest in the CPH credential. In addition, the program is an active participant in the Kansas Public Health Systems Group, which is focused on supporting accreditation of the local public health departments. An outgrowth of this latter effort was the creation of the Advisory Council on the Future of Public Health in Kansas. A sub-committee of the Public Health Practice Program (PHPP) also did key informant interviews to strengthen collaborations between academic and public health practice partners. An important finding of this effort was identifying the value of KU-MPH internships and capstone projects in fostering these relationships.

The program offers regularly scheduled Public Health Grand Rounds via webinar to practicing public health professions at both the state and local levels in Kansas. From 2014 to 2016, nearly 30 presentations were given on a wide variety of public health topics.

KU-MPH also collaborates with the Kansas Department of Health and Environment to present a program on evidence-based public health to the same target audiences as the grand rounds. This curriculum is designed to teach community assessment, quantitative methods, literature review and application of these methods to inform public health policy, prioritize issues, design and implement economic evaluations and develop action plans. At least three sessions were conducted from 2014 to 2016, training 112 individuals through both distance learning and face-to-face classroom settings.

The KU-MPH program has collaborated with the KUMC Institute for Community Engagement and its Area Health Education Center. This cooperative program helped support the grand rounds. Planning for the grand rounds was facilitated by the many institutions and agencies affiliated with the Kansas Public Health Workforce Development Council and the Kansas Public Health Systems Group.

The self-study acknowledges and on-site interviews confirmed that a challenge for workforce development efforts is the geographic size of the state and its numerous rural frontier counties. This geography necessitates reliance on distance learning more than face-to-face training opportunities.

4.0 FACULTY, STAFF AND STUDENTS.

4.1 Faculty Qualifications.

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

This criterion is met. The KU-MPH program has a qualified primary and adjunct faculty complement. Most faculty members possess terminal degrees in medicine/or and public health. The faculty have experiences across a variety of areas that align well with the program's concentrations.

Public health practitioners serve as guest lecturers, site mentors during internship placements and have special graduate faculty appointments for capstone committees. Faculty members' qualifications in their fields are also demonstrated by grant dollars received and publications in peer-reviewed literature. As discussed previously, faculty consistently produce more than 40 scholarly publications per year. The program has not had any faculty fail to achieve promotion at expected university intervals, indicating support for fostering professional development among faculty.

Students praised the quality teaching and engagement of faculty in their coursework. They said that they appreciated the diversity of experience the faculty bring to the program and the willingness of faculty to include them in research.

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 KU School of Medicine provides a faculty handbook that details faculty rules and regulations including promotion and tenure guidelines. The handbook is available on the Office of Faculty Affairs website.

Faculty are classified under several tracks including the following: tenure, clinical scholar, research, educator and affiliate. Appointments are made after consultation with the campus department chair, faculty members and the executive dean. The campus department chair evaluates the faculty member's performance on an annual basis using a faculty portfolio with relevant information to help make an assessment.

Faculty rank and appointment type are based on evaluations. The possible rankings are professor, associate professor, assistant professor and instructor. During the site visit, faculty described the promotion and tenure process as well-documented and stated they are informed during the process and have university support toward their goals.

At the time of the site visit, faculty stated that they were satisfied with the degree of mentorship and communication regarding the process for promotion, as well as the flexibility to move between tenure tracks if desired.

The program has several opportunities for faculty development. These opportunities include continuing education and research support from the university. The resources include six funding mechanisms for pilot research, grant writing support, research support facilities and multiple opportunities for collaboration through the research centers.

4.3 Student Recruitment and Admissions.

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

This criterion is met. The KU-MPH program has multiple recruitment strategies, including on-campus information sessions and specific sessions targeting first- and second-year medical students. The program also attends multiple professional conferences to market the program to interested individuals such as the Kansas Public Health Association, the American Public Health Association, the statewide Pre-Medical Student Conference and the Governor's Public Health Conference. Other venues have included the University of Missouri, Kansas City Health Sciences Career Panel and the KU Career Fair. In addition, the program uses its website as a marketing tool.

As a member of ASPPH, the program keeps an up-to-date profile in the SOPHAS database, which informs potential applicants and directs them to the program.

Applicants to the program must submit a personal statement, official transcripts, letters of recommendation and a standardized test score such as the GRE, unless they have already earned another terminal graduate degree. Discussions with the program indicated that it is considering waiving the GRE requirement for applicants with extensive public health experience for the fall 2018 application cycle. The program hopes to increase applications and ultimately enrollment of this target group. In addition, applicants must declare a concentration and meet specific prerequisites for the concentration.

Participation in SOPHAS has enabled the program to offer early decisions for exceptional candidates to improve the program's competition for these applicants. Both site directors monitor SOPHAS applications, and completed applications are posted to BlackBoard for review and scoring by the Admissions Committee. Scores are averaged and rank-ordered. The committee then discusses the candidates as a group, makes

recommendations and sends the applications to the Operations Committee, Executive Council and the Office of Graduate Studies for formal approval.

The number of applications for each of the program's concentrations has increased in each of the last three years. The number of students who have enrolled has fluctuated, with a decrease in the most recent academic year. The program evaluates its success in enrolling a qualified student body based on four measurable objectives. One outcome measure is to enroll 25-45 new students per year. The program met that enrollment target in 2015-2016 by enrolling 38 new students but failed to meet it in 2016-2017 (23 enrolled). Another measure is that at least 90% of new enrollees will have an undergraduate GPA of 3.0 or greater. In the last three years, the percent of enrollees with at least a 3.0 GPA has been 90%, 88.9% and 96%.

4.4 Advising and Career Counseling.

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

This criterion is met. All curricular advising is provided by the site directors on each campus. Face-to-face meetings are required with each student at least once per semester for course selection and any plan of study changes. These discussions also include identifying long-term career goals. When needed, students may be referred to faculty with appropriate expertise and interests for career counseling or research interests. At the site visit, the team confirmed that this process is functional and is occurring as described for both the students and faculty. Students also receive financial support to travel to the Kansas Public Health Association annual conference for networking and further information on career opportunities.

Students are required to update their e-portfolios each semester. If the portfolio is not current, students must bring it up to date before being allowed to enroll in subsequent semesters. This process serves to document completion of core and concentration competencies during the course of study.

Recently, the program has improved its career counseling process by providing ASCEND (Achieving Successful Careers Exploring New Directions) training to all students. The training covers interview skills, resume building, job searches and negotiations, among other relevant topics. Since implementing this training, exit interview results indicate that 90% of students agree that career services meet student needs (which is an increase from 55% agreement in past years).

For students with program concerns or academic issues, grievance policies and procedures are published in the online academic catalog. Although no grievances have been filed in the last three years, students attending the site visit meetings acknowledged that they were aware of the policies and how to access the student handbook and academic catalog.

Agenda

COUNCIL ON EDUCATION FOR PUBLIC HEALTH ACCREDITATION SITE VISIT

University of Kansas Master of Public Health Program

October 2-3, 2017

Monday, October 2, 2017

- 8:30 am Request for Additional Documentation
Won Sup Choi
Melissa Armstrong
Tanya Honderick
- 8:45 am Executive Session
- 9:30 am Meeting with Program Administration
Won Sup Choi
Melissa Armstrong
Tanya Honderick
Farah Marhusin
- 10:30 am Break
- 10:45 am Meeting with Faculty Related to Curriculum and Degree Programs
Elizabeth Ablah
Babalola Faseru
Vincent Francisco
Lisette Jacobson
Sue Min Lai
Niaman Nazir
Nicole L. Nollen
John Neuberger
Michelle Redmond
Catherine Satterwhite
Sharla Smith
- 11:45 am Break
- 12:00 pm Lunch with Students
Larry Bell, Jr.
Garth Fraga
Ruaa Hassaballa
Alexis Hawks
Mackenzie Koester
Brynne Musser
Fatima Rahman
Dulcinea Rakestraw
Patience Samwata
Daryl Stewart
Emily Umansky
- 1:00 pm Break
- 1:15 pm Meeting with Faculty Related to Research, Service, Workforce Development, Faculty Issues
Elizabeth Ablah
Christine Makosky Daley
Babalola Faseru
Lisette Jacobson
Sue Min Lai
Robert Moser
Nicole L. Nollen
Michelle Redmond
Catherine Satterwhite

Taneisha Scheuermann
Sharla Smith

2:15 pm

Executive Session

3:45 pm

Meeting with External Advisory Board, Alumni and Internship Mentors

Sonja Armbruster
Virginia Barnes
Molly Brown
Eldonna Chesnut
Eric Cook-Weins
Laurie Hart
Elizabeth Holzschuh
Charlie Hunt
Ryan Lester
Lougene Marsh
Shirley Orr
Paula Rowden
Julia Soap

4:45 pm

Adjourn

Tuesday, October 3, 2017

8:30 am

Meeting with Institutional Leadership

Robert Simari
Michael J. Werle
Tracie Collins
Edward F. Ellerbeck

9:30 am

Executive Session

12:30 pm

Exit Briefing