# Table of Contents

Appendix I (A): UK Vision, Mission & Values .......................................................... 1
Appendix I (B): UK Strategic Plan, The Dream and the Challenge .................... 2
Appendix I (C): UK College of Public Health Mission, Vision, Goals and Objectives..... 18
Appendix II.A (A): History of Public Health at the University of Kentucky ............ 24
Appendix II.A (B): Accrediting Agencies to which the University Responds .......... 27
Appendix II.A (C): Academic Approval Process ................................................... 28
Appendix III (A): Bylaws of the University of Kentucky College of Public Health .... 31
Appendix III (B): Standing and ad hoc Committees ............................................. 44
Appendix III (C): Draft of Bylaws of University of Kentucky College of Public Health Staff Council .............................................................. 51
Appendix IV (A): Map of UK Campus and CPH Classroom Locations ................. 55
Appendix V.A (A): College of Public Health, Educational Program Goals .......... 59
Appendix V.A (B): Draft Capstone Experience Evaluation Rubric ....................... 63
Appendix V.A (C): Doctor of Public Health (Dr.P.H.) Curriculum ...................... 65
Appendix V.A (D): MPH and Dr. P.H. Master List of Course Offerings ............... 66
Appendix V.A (E): Doctor of Philosophy (Ph.D.) in Gerontology ...................... 69
Appendix V.B (A): Agencies and Preceptors Used for Practice Placement Experiences for Students by Program Area ......................................................... 70
Appendix V.B (B): Excerpts from the Graduate School Bulletin Relative to Ph.D. in Gerontology Qualifying Examination and Dissertation ............................................. 72
Appendix V.C (A): Draft Syllabus Template ......................................................... 75
Appendix V.C (B): MPH Capstone Procedures .................................................... 78
# Table of Contents

Appendix V.D (A): Graduate School Polices and College Role in Monitoring Student Performance ................................................................. 92

Appendix V.D (B): MPH Terminal Objectives Documents by Concentration ...................... 94

Appendix VI (A): Kentucky School of Public Health Research Goals and Objectives ...... 112

Appendix VI (B): Summary of Kentucky Injury Prevention Center ................................. 114

Appendix VI (C): Insert Extramural Funding, 5 years ..................................................... 115

Appendix VI (D) .................................................................................................................. 124

Appendix VI (E): Examples of Student and Graduate Research Activities, April 2004..... 163

Appendix VII (A): Summary of University-Wide Administrative Regulations that Support Service ........................................................................................................ 167

Appendix VII (B): Manuscript Reviews ........................................................................... 169

Appendix VII (C): Editorial Positions .............................................................................. 171

Appendix VII (D): Grant Reviews ..................................................................................... 172

Appendix VII (E): Abstract Reviews for Professional Meetings ...................................... 174

Appendix VII (F): Service to Organizations Outside the University of Kentucky .......... 175

Appendix VII (G): Examples of Community Service Projects ....................................... 182

Appendix VII (H): Examples of Faculty Involvement in Continuing Education ............ 187

Appendix VII (I): List of 34 Presentations at Public Health Grand Rounds ................. 192

Appendix VII (J): Evaluation Tool for Kentucky Public Leadership Institute ............... 195

Appendix VII (K): Examples of Voluntary Student Service ............................................. 197

Appendix VIII.A (A): College of Public Health Primary Faculty Characteristics ............ 200

Appendix VIII.A (B): College of Public Health Joint Faculty Characteristics .............. 203
## Table of Contents

Appendix VIII (C): College of Public Health Faculty Demographic and Professional Development Characteristics for 2003-2004 ................................................................. 207

Appendix IX.A (A): MPH Admission Policies ................................................................. 208

Appendix IX.A (B): Demographic Characteristics of Applicants, Accepted and Enrolled Students over the last four years ........................................................................................................... 210

Appendix IX.C (A): Example Orientation Agendas for MPH and Dr.P.H. Programs .... 213

Appendix IX.C (B): HSM 775 Special Topics Information .............................................. 214

Appendix IX.C (C): Survey Results for MPH And Dr.P.H. Advising Survey and Comments ................................................................................................................................. 219

Appendix X.A (A): Alignment of University and College Vision, Mission, Goals .......... 246

Appendix X.A (B): Guiding Principles of Assessment ..................................................... 247

Appendix X.A (C): Program-Level Student Assessment Activities .................................. 256
The Dream & the Challenge

UNIVERSITY OF KENTUCKY
STRATEGIC PLAN
2003 - 2006

VISION

The University of Kentucky will be one of the nation's 20 best public research universities, an institution recognized world-wide for excellence in teaching, research, and service and a catalyst for intellectual, social, cultural, and economic development.

MISSION

The University of Kentucky is a public, research-extensive, land grant university dedicated to enriching people's lives through excellence in teaching, research, and service.

The University of Kentucky:

- Facilitates learning, informed by scholarship and research.
- Expands knowledge through research, scholarship and creative activity.
- Serves a global community by disseminating, sharing and applying knowledge.

The University, as the flagship institution, plays a critical leadership role for the Commonwealth by promoting human and economic development that improves lives within Kentucky's borders and beyond. The University models a diverse community characterized by fairness and social justice.

VALUES

The values of the University guide our decisions and behavior. Our core values are:

- Integrity
- Academic excellence and freedom
- Mutual respect and human dignity
- Diversity of thought, culture, gender, and ethnicity
- Personal and institutional responsibility and accountability
- Shared governance
- A sense of community
- Sensitivity to work-life concerns
- Civic responsibility
Appendix I (B): UK Strategic Plan, The Dream and the Challenge

The Dream & the Challenge
UNIVERSITY OF KENTUCKY
STRATEGIC PLAN
2003-2006

- GOAL I: Reach for National Prominence
- GOAL II: Attract and Graduate Outstanding Students
- GOAL III: Attract, Develop and Retain a Distinguished Faculty
- GOAL IV: Discover, Share and Apply New Knowledge
- GOAL V: Nurture Diversity of Thought, Culture, Gender and Ethnicity
- GOAL VI: Elevate the Quality of Life for Kentuckians

In 1997 the Kentucky General Assembly passed the landmark Postsecondary Education Improvement Act, commonly referred to as "House Bill 1," which established goals that postsecondary education should achieve by the year 2020. Achieving these goals will enable Kentucky to develop a standard of living and quality of life that meets or exceeds the national average. House Bill 1 specifically calls for the University of Kentucky to become one of the nation's top 20 public research universities by the year 2020. The University welcomes that expectation and is committed to fulfilling it. Nevertheless, national recognition is not an end in itself; rather, it is a product of excellence in fulfilling our mission and serving the Commonwealth.

In response to House Bill 1, President Lee T. Todd, Jr. appointed a task force to recommend criteria and measures by which the University will regularly assess progress toward becoming a nationally preeminent public research university. The President's Top 20 Task Force issued its report in April 2002. The President also created a task force in July 2001 to recommend areas of research and creative endeavor in which investments of new or reallocated resources should be made. The Task Force on the University of Kentucky Futures: Faculty for the 21st Century issued its report in March 2002. In October 2002 President Todd initiated development of the University's next strategic plan -- The Dream and the Challenge. This plan will guide the actions of the University of Kentucky, including Lexington Community College, for the next three years, July 1, 2003, through June 30, 2006. The recommendations of the Top 20 Task Force provide the framework for the strategic plan, informed by input from other task forces and commissions. A three-year period was selected so that the University could be flexible and respond aggressively to the demands of a rapidly changing environment and a more diverse and interdependent global society.
An Executive Steering Committee and three subcommittees representing the academic, business and clinical enterprise communities of the University developed this plan, *The Dream and the Challenge*. Significant input was also obtained from many University constituents, including the Futures Committee, the President's Commission on Diversity, the President's Commission on Women, and other committees that have recommended University enhancements. As part of the planning process, the University's mission, vision and value statements were reviewed and revised. The Board of Trustees adopted the revised statements on April 1, 2003.

The following goals, objectives and key indicators provide a blueprint for faculty, staff and administrators to follow as they build one of the nation's 20 best public research universities and a nationally recognized community college. Each goal emphasizes a single aspect of the University. Yet, as with a blueprint for a complex building with multiple subsystems, the goals and objectives must be integrated to form a complete picture of the University's plan for the future.
I Reach for National Prominence

UNIVERSITY OF KENTUCKY
STRATEGIC PLAN
2003 - 2006

Key Indicators
By 2006, we will:

A. Increase from 10 to 15 the number of top ranked academic programs, according to the National Institutes of Health (NIH), the National Research Council (NRC), or U.S. News & World Report.

B. Increase health affairs clinical income by 10 percent.

C. Identify four clinical target programs and implement at least two new related business plans.

D. Increase the market value of the University’s endowments to $500 million through fund raising focused on the priority research areas identified in the Commonwealth’s Strategic Plan for the New Economy.

E. Redesign business and clinical processes as part of the replacement of the financial, human resource, student, and health enterprise information systems.

One of the great strengths of the University of Kentucky is the richness of a campus that brings together undergraduate, graduate and professional students in an unusually comprehensive array of programs. This variety encourages shared ideas across disciplines, promotes multidisciplinary endeavors, and enriches the educational and social experiences of a highly diverse and talented student body. While the richness and variety of campus life are among UK’s greatest strengths, the University’s progress depends upon a well-conceived concentration of its resources. The full implementation of the Provost model will facilitate the University’s ability to capitalize on its intellectual diversity through the integration of all its resources.
As we strive to become one of America’s 20 best public research universities, some programs will build upon or attain national recognition and will serve a global constituency. Other programs will advance the land-grant mission by creating the professional, educated citizenry and scholarship needed to serve Kentucky. Although particular areas will be emphasized, comprehensive excellence is essential to the mission of serving as the premier teaching, research and land-grant institution for the Commonwealth. This level of excellence also will be required in other endeavors for which we can serve as a national model, including the creation of a prosperous and mutually beneficial “college town” environment. Over the next three years, we will support our faculty and staff in delivering a comprehensive array of academic programs and other activities and services as we reach for national prominence in priority areas.

Objectives:

1. The University will increase the prominence of faculty scholarship. Our faculty defines the academic enterprise. The quality and achievements of the faculty determine the prominence of the University and the degree to which our missions are accomplished. We must adequately support our faculty while strategically allocating resources to priority areas for future development.

2. The University will enhance the excellence and sustainability of the clinical enterprise. The successful fulfillment of the health affairs (clinical) mission is vital to the realization of our dreams. We must identify clinical priorities and re-focus resources on those areas with the best opportunities for national recognition and preeminence in clinical service and research. The core medical areas must include those where the University can bring excellent programs to the fore, including cardiovascular, cancer, infectious disease, neurosciences, and similar disciplines revolving around high-technology interventional and diagnostic work.

3. The University will increase its resources in order to offer high-quality instructional, research and service programs. The University’s progress in reaching its aspirations requires significant new investments in areas of strength and promise. Our primary sources of support are: state funds, grants and contracts, tuition and fees, clinical income, gifts, and endowment income. We must increase the generation of resources and the contributions of our numerous partners and supporters.

4. The University will strengthen the link between funding decisions, plans and results. Our mission necessitates wise stewardship of existing financial support, including the reallocation of resources to support priority programs. We must align planning and budgeting processes more closely to provide the resource and infrastructure needs identified in the Top 20 Task Force Report. We must evaluate our progress regularly and redirect our efforts to ensure success and continuous quality enhancement.

Appendix I (B)-5
5. The University will streamline its business and information technology services. Advancement of the academic and clinical enterprises depends on the effectiveness and efficiency of administrative, business and information technology support. We must reduce bureaucracy and other barriers to our success, while maintaining accountability for institutional assets and resources. We must provide integrated information technology solutions to enhance the University’s overall competitiveness and to ensure high levels of faculty, student, staff and customer satisfaction.
Attract and Graduate Outstanding Students

UNIVERSITY OF KENTUCKY
STRATEGIC PLAN
2003 - 2006

- Key Indicators

By 2006, we will:

A. Increase the middle 50 percent range of ACT scores for incoming freshmen to 23-28, as reported to U.S. News & World Report.
B. Achieve enrollment and community-college transfer goals established in collaboration with the Council on Postsecondary Education.
C. Open a new undergraduate residence hall, designed as a 21st century living/learning community.
D. Increase the first-to-second year retention rate of first-time, full-time, degree-seeking students to 83 percent.
E. Exceed the predicted levels of attainment on indicators of quality undergraduate education, as reported by seniors on the National Survey of Student Engagement (NSSE).
F. Increase the six-year graduation rate to 60 percent.

Educating students is a core mission of the University. In order to attain excellence and achieve national recognition, we must recruit, retain and graduate a diverse group of outstanding undergraduate, graduate and professional students, representing Kentucky, the nation and the world. We expect our graduates to become productive citizens who make significant contributions to their professions and communities. To achieve this valued outcome, we will expand initiatives to attract and graduate outstanding students.

Objectives:

1. The University will admit and enroll an increasingly higher caliber of student. To attract and enroll such students, we must recruit the best students in Kentucky and beyond; expand scholarship, fellowship, and other forms of
financial support; and offer comprehensive, modern and challenging curricula. The University's excellence will be reflected through the state, regional and national recognition of our students.

2. The University will collaborate with Kentucky's other postsecondary education institutions to facilitate success for transfer students. A successful statewide transfer program is critical to Kentucky's success in raising its overall level of educational attainment. We must further the academic success of transfer students through program articulation and transfer agreements, support for the Course Applicability System (CAS), and other collaborative activities.

3. The University will engage students in rigorous educational programs and provide an environment conducive to success. Students succeed when they form meaningful connections with the University community, integrating their academic and social lives. We must offer an enriching first-year experience to all new freshmen, continuously assess and improve the quality of teaching and student learning, and involve our students in the intellectual life of the University. By implementing new living-learning communities, we create opportunities for students to interact with the University community and its neighbors. We must provide the finest teaching and academic support possible; assist with personal, social and career development; and develop additional student life programs and facilities. We must facilitate the success of all our students, including student-athletes and minority and special populations.

Appendix I (B)-8
III Attract, Develop and Retain a Distinguished Faculty

UNIVERSITY OF KENTUCKY
STRATEGIC PLAN
2003 - 2006

- Key Indicators

By 2006, we will:

A. Increase the average faculty salary to at least 90 percent of the benchmark median.
B. Develop institutional policies and procedures that promote recruitment and retention of faculty and staff.
C. Increase by three the number of active or emeritus faculty with membership in the National Academy of Engineering, National Academy of Sciences, or the Institute of Medicine.
D. Increase from 12 to 15 the number of nationally recognized awards and honors earned by faculty.

A distinguished faculty is the cornerstone of a successful research university.

An excellent and diverse faculty, characterized by exceptional scholarship, superb teaching, and dedicated service, is essential if the University is to gain greater national prominence. The faculty members need the broad-based support of the University community -- partnerships with superior staff, excellent facilities, and a commitment to quality -- if they are to realize their full promise. A primary focus for the University will be to attract, develop and retain a distinguished faculty.

Objectives:

1. The University will offer competitive salaries and benefits to attract and retain distinguished faculty. Compensation is the most important resource for attracting and retaining distinguished faculty. We must make competitive faculty salaries our first priority.

2. The University will offer competitive salaries and benefits to attract and retain superior staff. Compensation and career development opportunities are essential resources for developing and retaining excellent staff. Staff salaries,
as well as health care and other benefits critical to the current and future welfare of all employees, are included among our highest priorities.

3. The University will institute policies to attract and retain a distinguished faculty. The University’s policies must facilitate the recruitment and appointment of highly qualified faculty. We must identify and implement best practices in minority faculty recruitment, develop initiatives designed to find employment for partners of new hires, and ease the transition to the University of Kentucky for new faculty.

4. The University will strengthen support to faculty and staff. Providing exemplary support to facilitate effective faculty-staff partnerships is essential to our success. We must improve the quality of the support infrastructure -- business and administrative services, facilities and equipment, libraries, development opportunities, and academic and technical services -- to enable a talented faculty to achieve national prominence.

5. The University will increase the recruitment and support of high-profile faculty capable of conducting influential scholarship and leading major scholarly initiatives. Through the Commonwealth’s Endowment Match Program, the University established significant new endowments to stimulate research capacity and productivity. The University must accelerate efforts to develop and fill endowed chairs and professorships with high-impact scholars, including existing faculty members who are positioned well for attaining national prominence.
IV Discover, Share and Apply New Knowledge

UNIVERSITY OF KENTUCKY
STRATEGIC PLAN
2003 - 2006

- Key Indicators

By 2006, we will:

A. Increase federal research expenditures, as reported in the National Science Foundation Survey of Research and Development Scientific and Engineering Expenditures, to at least $140 million.

B. Secure authorization for an additional state-of-the-art research facility in support of the growth plan for research facilities as defined in the University Physical Development Campus Plan.

C. Increase doctoral degree enrollment from 2,154 to 2,350; and increase doctoral degree production from 216 to 250.

D. Increase postdoctoral scholars from 232 to 275.

As a doctoral, research-extensive institution, the University of Kentucky must demonstrate excellence in discovery and innovation, characterized by preeminent scholarship -- encompassing research, creative activities, teaching and learning, and extension, as well as professional practice. Faculty, staff and students participate in the process of research and discovery throughout their careers at the University. To meet our research challenge and maximize its potential for the advancement of Kentucky’s economy and way of life, we will identify and pursue innovative ways to discover, share and apply new knowledge.

Objectives:

1. The University will aggressively pursue targeted strategies to increase extramural research funding. A preeminent research university continually develops its capacity to create and share new knowledge. We must assist more faculty in launching productive research careers; link basic, clinical, extension, and other applied efforts to focus resources on critical areas of opportunity; and form multi-investigator, interdisciplinary research teams that
will target specific extramural funding opportunities.

2. The University will provide the facilities and equipment necessary to enhance research capacity. Meeting the challenge to become a top research university carries with it the responsibility to ensure adequate laboratory space, research equipment, information access, and staff support. We must continually assess research productivity levels and the need for new space and equipment, develop the means to meet and support identified needs, and ensure wise use and maintenance of facilities and equipment.

3. The University will cultivate the success of diverse efforts in scholarly achievement and research. Excellence and recognition of faculty from many disciplines, including those for which extramural resources are scarce, are essential to fulfilling our mission. We must foster leading scholarship throughout the University; commemorate the accomplishments of faculty, staff and students; and communicate their successes to the Commonwealth and beyond.

4. The University will attract and enroll highly qualified doctoral students and postdoctoral scholars. A reputation for nationally acclaimed programs enhances the ability of top research universities to recruit the finest students and postdoctoral scholars. We must enroll greater numbers of such students, integrate these students into research programs, and facilitate their roles as new investigators. To sustain a cycle of increasing quality, productivity and recognition, we must assist new investigators to become excellent research faculty in institutions throughout the nation.

Appendix I (B)-12
V Nurture Diversity of Thought, Culture, Gender and Ethnicity

UNIVERSITY OF KENTUCKY
STRATEGIC PLAN
2003 - 2006

• Key Indicator
By 2006, we will:
Meet the enrollment and persistence goals of the Kentucky Plan for Equal Opportunities in Higher Education and the employment goals of the University Affirmative Action Plan.

The University of Kentucky is committed to creating a diverse, multicultural community of scholars and learners. To advance this commitment we must move forward with specific actions that demonstrate our belief in the value and richness of human differences. We must provide a model for the Commonwealth of a truly diverse society that celebrates human differences, promotes fairness and equity in policies and practices, and upholds basic principles of social justice. To become one of the nation's best research universities, we must foster a creative, supportive environment that will nurture diversity of thought, culture, gender and ethnicity.

Objectives:

1. The University will improve the climate for diversity. Programs designed to create a diverse community in which all individuals and groups can thrive, both personally and professionally, are necessary to build upon recruitment and hiring successes. We must create an inclusive living and learning environment for faculty, staff and students through leadership training, professional development, and mentoring programs that promote sensitivity and respect for the full range of human diversity.
2. The University will create a diverse workplace and learning community. A nationally prominent research university demonstrates a commitment to diversity and equity by following practices that protect and advance the interests of all its members. We must increase awareness of our diversity and equity aspirations, address equitable compensation issues, establish unit goals in support of university-wide goals, and evaluate progress at all levels. We must expect our leadership to demonstrate improvements, and we must reward those who do.

3. The University will cultivate the success of diverse efforts in scholarly achievement and research. Excellence and recognition of faculty from many disciplines, including those for which extramural resources are scarce, are essential to fulfilling our mission. We must foster leading scholarship throughout the University; commemorate the accomplishments of faculty, staff and students; and communicate their successes to the Commonwealth and beyond.

4. The University will attract and enroll highly qualified doctoral students and postdoctoral scholars. A reputation for nationally acclaimed programs enhances the ability of top research universities to recruit the finest students and postdoctoral scholars. We must enroll greater numbers of such students, integrate these students into research programs, and facilitate their roles as new investigators. To sustain a cycle of increasing quality, productivity and recognition, we must assist new investigators to become excellent research faculty in institutions throughout the nation.
VI Elevate the Quality of Life for Kentuckians

UNIVERSITY OF KENTUCKY
STRATEGIC PLAN
2003-2006

- Key Indicators

By 2006, we will:
A. Develop and implement a plan for University engagement that integrates service into the curriculum and recognizes faculty engagement.
B. Secure authorization and design a strategic clinical facility.
C. Increase industry-funded research expenditures to $25 million.
D. Increase the number of patent applications by 10 percent.
E. Increase the number of start-up companies to two per year.
F. Increase public service expenditures, particularly extramural grant-supported expenditures, in areas critical to improving the lives of Kentuckians.

Since its founding in 1865 as a land-grant college, the University of Kentucky has applied knowledge and resources to address the Commonwealth’s economic, social and cultural needs. We must improve the lives of Kentuckians in the areas of education; health and economic well-being; arts and culture; community vitality and civic engagement; and the environment. We must identify new resources and find innovative ways to use existing means to elevate the quality of life for Kentuckians through partnerships with communities and by expanding and amplifying the original land-grant vision to all spheres of life.

Objectives:

1. The University will engage its people and resources in a renewed commitment to outreach. University outreach and service bring together faculty, staff and students with practitioners, communities, government agencies, schools, businesses, and others to address critical quality of life problems. We must provide leadership to education, business, technology, medicine, and other areas. We must also recognize outreach as a means of
education that transcends traditional classroom experiences. Outreach involves the application of knowledge and discovery to societal problems, and we must recognize and reward faculty and students for their outreach and service learning activities, including community involvement.

2. The University will lead in the delivery of specialty care in select clinical areas. The University's clinical enterprise is an essential component in improving the lives of Kentuckians. To be successful, we must advance our position in local, state and national health care markets. We must realign current faculty, staff and facility capacities; consider new, alternative locations for hospital and faculty practice to attract a balanced mix of patients; and ensure access to priority programs for Kentuckians.

3. The University will accelerate industry-funded research and partnerships, technology transfer, and business development to advance Kentucky's economy. A premier land-grant university conducts research and supports the extension of research and other activities in ways that enhance the state economic base. As such, we have a dream that Kentuckians "can compete just like everyone else." To turn our dreams into reality, we must seize opportunities to develop further our intellectual property, corporate relationships, and business ventures, and we must enhance our efforts to fulfill the vision and promise of the Coldstream Research Campus.

4. The University will expand utilization of its cooperative extension network to improve the quality of life for all Kentuckians. The Cooperative Extension Service has a long and successful history of serving as a link between the counties of the Commonwealth and the University of Kentucky to help people improve their lives. We must build upon the recent expansion of this network as a vehicle for the effective delivery of critical educational programs. We must promote public health education, small business and entrepreneurial initiatives, and arts and cultural development, while identifying additional areas of need.
Goal VI: Elevate the Quality of Life for Kentuckians

Key Indicator D: Increase industry-funded research expenditures to $25 million.

Source: University of Kentucky Office of Planning, Budget and Policy Analysis
Appendix I (C): UK College of Public Health Mission, Vision, Goals and Objectives

Mission
The Mission of the College of Public Health at the University of Kentucky is to provide public health education, research, and service that enhance the health status and quality of life for individuals, families, and communities. The College commits itself to the University’s land grant mission and to promoting human and economic development in partnership with public health practitioners and communities, through a diverse model characterized by fairness and social justice.

Vision
Through its focus on the most salient public health problems in Kentucky and active participation in creative ways of addressing them, the College of Public Health at the University of Kentucky is recognized locally, nationally and internationally for its demonstrated outcomes, reflecting quality in discovery, outreach, learning, service, community engagement and leadership.

Values

**Academic Excellence** – Assist individuals and communities to apply knowledge to their everyday personal and community lives and ensure that our graduates are prepared to make their way into the public health world armed with an education equipping them for lifelong learning.

**Democracy** – Apply democratic principles that prepare our students to participate in administrative and operational processes that are characterized by open communication, tolerance, inclusiveness, collegiality, and civility.

**Veracity** – Foster positive relationships in a manner that reflects honesty, transparency, and ethical behavior. To ensure that our intra-/inter-organizational relationships are characterized by a similar level of truthfulness.

**Organizational Cohesion** – Build and maintain administrative and governance infrastructures that promote open processes and broad based decision-making toward shared-vision and goals so as to minimize any sense of competition among individuals and units within the College.

**Community Engagement** – Move beyond outreach and public service to new ways of empowering citizens and mobilizing communities by moving the College’s expertise and resources off campus and at the same time receiving input and expertise from the community.

**Accountability** – Commit personally and collectively to a systematic measurement of our progress towards goals and objectives in a way that permits our various constituencies and each other to understand how well we are doing.
Trans-disciplinary Discovery – Seek a balance in the need for original and innovative research by scholars in areas of their choosing with a broad agenda based on informed judgments of research promise, and national and social needs, particularly with other institutions and academic programs within UK to leverage their strengths for the Commonwealth.

Educational Opportunity – Provide access to success without regard to gender, race, ethnicity, age, occupation, or economic background and to develop cooperative relationships with other institutions within the State to serve the needs of the Commonwealth and avoid unnecessary duplication of educational capacity.

Goals and Objectives

Goal 1: To educate individuals for professional careers in public health through the M.P.H and Dr.P.H. programs; for research careers through its Ph.D. program in Gerontology; and to advance public health practice through the workforce by expanding and enhancing essential knowledge and skills in public health through professional education, information dissemination, collaboration, and distributed education.

Objectives for the 2004-2005 Academic Year:

1. Agree upon, review and confirm essential educational program competencies for consistency, appropriateness, and measurability across the MPH, Dr.P.H., and Gerontology curricula.
2. Review research and service program goals to identify and agree upon related essential educational program competencies that emerge as a result of college priorities and activities in these areas.
3. Complete curricular assessment for alignment with educational, research, and service program goals and essential graduate competencies.
4. Review college recruitment, application, admission, retention, and graduation data as it compares to college mission, vision, and goals and various stakeholders’ descriptions of a student body that reflects diversity of thought, gender, and ethnicity.
5. Develop research skills and service orientation within the curriculum appropriate to the level and purpose of the degree.
6. Integrate ethics content throughout the curriculum.
7. Complete curricular assessment at MPH and Dr.P.H. program to assure that graduates are able to identify and assess needs of populations, plan, implement, and evaluate programs to address the needs of populations, and protect and promote the health of populations.
8. Continue to look for opportunities available to gerontology Ph.D. students to acquire a public health orientation, sufficient to provide them with a public health perspective within the discipline.
Objectives for 2004-2007

1.9 Revise MPH and Dr.P.H.. curricula in response to curricular assessment activities; expand core courses and design additional selective courses.

1.10 Collaborate with other state public health education programs to develop educational materials, deliver, and assess the five core courses of the MPH curriculum via distributed education.

1.11 Implement a full range of integrated college and educational program assessment activities.

1.12 Complete formal arrangements for dual degree programs with other colleges in the medical center and across the university.

1.13 Provide support through educational consultation, instructional design, development, technological, and assessment expertise that enable faculty to execute their instructional responsibilities reflectively, effectively, and efficiently.

1.14 Admit and graduate a student body that reflects cultural and ethnic diversity, as reflected by the proportion of underrepresented minority students, women and men, and students from outside the U.S.

1.15 Respond to curricular alignment and assessment findings in 2004-2005; revise curriculum accordingly.

Goal 2: To conduct basic and applied research to define health issues, test intervention strategies, & evaluate outcomes pertinent to the recognition, characterization, and resolution of health problems in human populations.

Objectives for 2004-2005 Academic Year:

2.1 Increase joint faculty appointments, in order to enhance opportunities for multi-disciplinary scholarship.

2.2 Increase and sustain the number of published articles, books and chapters, presentations, etc.; consistent with the UK Top 20 progress criteria.

2.3 Identify pertinent data that accurately describes faculty research efforts in the context of the college research goal and priorities.

2.4 Secure Associate Dean for Research and staff Research Support Unit.

2.5 The faculty Appointment, Promotion, and Tenure (APT) committee will review research productivity by faculty, as part of its routine review.

2.6 The Dean’s Office will review and re-establish guidelines with Departments and Centers for the distribution of salary reimbursement dollars and incentive funds from funded research.

Objectives for 2004-2007

2.7 Develop research resources through organization of hardware and software to facilitate information access, seminar and forum opportunities, and consultative support for faculty and students engaged in research and research-related activities (assistantships, monthly research forums, sponsorship of Annual Research Day, highlight research activities in Friday letter, develop a system for expeditiously disseminating funding opportunities, etc.).

2.8 Increase financial support of research efforts, i.e. identify pilot funding resources, provide travel resources for professional meeting, develop a research incentive fund, etc.
2.9 Increase the number of faculty who conduct funded research; specifically through college faculty hiring practices and allocation of resources for faculty development that support all aspects of faculty efforts to write, submit and implement proposals.

2.10 Establish a mechanism that identifies annual targets for specific faculty members for the number and type research proposals submitted and funded, and manuscripts submitted and published; that insures departmental productivity that promotes and fulfills the teaching, research, and service components of the CPH mission.

2.11 Provide leadership to the academic public health programs in the Commonwealth to advance research through participation in the development and implementation of collaborative proposals and research teams.

2.12 Attract, develop, and retain distinguished faculty in Epidemiology, Biostatistics, Environmental Health, Health Behavior, and Health Services Management whose scholarship advances and strengthens the faculty complement so as to equip it to contribute toward both the base of public health professionals and core knowledge in public health education, research and practice.

2.13 Identify responsible persons and implement a process that captures pertinent data that accurately describes faculty research efforts.

2.14 Continue to evaluate degree programs offered through the College of Public Health; considering opportunities to offer additional Master’s and Ph.D. programs.

Goal 3: To serve individuals, families, and communities by advancing public health practice; through planning, managerial, programmatic, and other support to individuals and local, state, federal, and international organizations.

Objectives for 2004-2005 Academic Year:

3.1 Describe the college service program, within the context of its mission, vision, goals, and objectives.

3.2 Identify the type and source of data that will allow the unit to assess its service program.

3.3 Implement a process to systematically collect, synthesize, and report relevant trends reflected in the data; for future analysis and responsiveness to further the service goal of the college.

3.4. Describe, and initiate college-level activities directed toward collecting information that enables the college to identify the needs of personnel engaged in public health practice without formal training and the needs of previously trained professionals who need to maintain and advance their knowledge and skills.

Objectives for 2004-2007

3.5 Continue assessment of professional needs in public health settings, through periodic review and feedback into the college infrastructure.

3.6 Develop easily accessible short-term public health programs in response to professional needs in public health settings.

3.7 Design and implement professional development programs specifically targeted toward equipping personnel involved in public health practice to address the health needs of Kentucky’s high-risk and underrepresented population groups, such as
African-Americans, growing Latino population, and the chronically underserved Appalachian communities.

3.8 Maintain leadership in public health professional associations and related service activities.

3.9 Assist faculty and students to effectively contribute toward the development of public health policy for the Commonwealth.

3.10 Review the college promotion, tenure, and appointment policies and processes to align them so as to facilitate effective college-wide service contribution.

Goal 4: To establish, organize and develop the College of Public Health so as to position it to fully contribute to the University’s quest for national prominence.

Objectives for the 2004-2005 Academic Year

4.1 Review strategic objectives to establish key indicators so as to allow the college to document its achievements as they support college and university goals.

4.2 Select permanent leadership for the positions of dean and associate deans.

4.3 Implement self-governance and other processes as identified in a set of approved Bylaws.

4.4 Complete the relocation of selected CPH units into the Washington Avenue building.

4.5 Activate participation by its faculty on University committees

4.6 Create and build an engaging relationship with the External Advisory Board.

4.7 Standardize the organization of CPH units in the UK tracking and accountability systems, including electronic DOES (Distribution of Efforts), outcomes databases, etc.

4.8 Refine communication channels and processes to enable students, staff and faculty to make informed and intentional contributions to the CPH.

4.9 Confirm, complete and report on the first year of one cycle of assessment activities as defined in the self-study assessment plan.

4.10 Complete a reflective and responsive self study process. Submit application and required documentation to the Council on Education for Public Health (CEPH).

4.11 Assess the adequacy of CPH infrastructure and resources to support the major assessment and operational aspects of its research, education, and service missions and develop appropriate college-level policies and procedures to its ensure efficient and effective function.

Objectives for 2004-2007

4.12 Attain full accreditation for the college.

4.13 Implement a Development Program in conjunction with the UK Development Office to increase gifts and other charitable giving.

4.14 Develop a faculty handbook and initiate an internal faculty orientation for all new full and part-time faculty members.

4.15 Develop guidelines for the assessment of excellence and adequacy of service in public health practice for promotion, tenure and annual evaluations of faculty.

4.16 Identify the criteria and implement the process(es) by which to assess the faculty aggregate and the number of faculty in selected core areas to assure delivery of a comprehensive curriculum, adequately representative of public health practice.
4.17 Recruit a more culturally and ethnically diverse, as well as multi-disciplined faculty in efforts to design and implement regional, national and international programs representative of and appropriately targeting the greater global population.

4.18 Participate in ongoing assessment and pursue responsive incremental change to secure the resources to support the key activities associated with CPH research, education, and service programs.

4.19 Identify and implement software and/or database management systems that support the college assessment plan to the extent that enables data collection, management, and retrieval sufficient to support college decision making.
Appendix II.A (A): History of Public Health at the University of Kentucky

The University of Kentucky has a long history of education in the area of public health. These activities follow the 1914-1918 Influenza epidemic during World War I. The 1920 UK Bulletin first identifies Hygiene and Public Health courses in the College of Arts and Sciences. In 1920, the U.S. Interdepartmental Social Hygiene Board invited McVey to send a faculty member to Summer School in Social Hygiene at Columbia University. Under the Federal grant, $6,500 was provided to UK for the State Superintendent of Public Schools to organize a Division of Educational Hygiene under contract to UK and report semi annually to UK. UK provided advice, help, and counsel to the Division. In 1921, President McVey also lobbied for federal funding for the U.S. Interdepartmental Social Hygiene Board activities and wrote the Journal of the American Medical Association in defense of their criticism of the U.S. Interdepartmental Social Hygiene Board. President McVey also planned a Social Hygiene Conference under the auspices of UK, the U.S. Bureau of Education, the U.S. Public Health Service, and the State Board of Health.

President McVey appointed P.K. Holmes, M.D. as the first Department Director. In the American Journal of Public Health, (April 1921) he wrote about the "Department of Hygiene and Public Health at the University of Kentucky" describing the organization and its attempts to extend its work through the Department of University Extension. Also in 1922, UK offered a Health Conference Summer Session, and the UK Bulletin identified six courses in the Department of Hygiene and Public Health. President McVey continued his involvement in the discipline and was invited to serve on a committee of the American Social Hygiene Association to address issues of hygiene and venereal disease. Subsequently he became a member of the Presidents' Committee of Fifty on College Hygiene. In 1925, the UK Bulletin identified 14 credit courses in Department of Hygiene and Public Health.

In 1928, following the short tenure of J.E. Rush, M.D., John S. Chambers, M.D. was appointed Director of the Department of Hygiene and Public Health and Professor of Public Health. Dr. Chambers was an active advocate on hygiene and public health and the establishment of a UK Medical School. In 1928, Chambers reported to McVey that the Department of Hygiene and Public Health had three functions: teaching, research, and medical service to students. The Department faculty taught hygiene to freshman. Chambers also proposed granting the Doctor of Public Health (DPH) by using resources of other university departments. He noted that the University of Kentucky was the only state agency for medical education" and the "successor to Old Transylvania Medical School." Chambers wrote that a medical school had been under consideration since 1907 to address a shortage of physicians in the Commonwealth, and that the University of Louisville's medical graduates were an inadequate number. "Development along medical lines will be left entirely to the City of Louisville...Which its own adherents admit it is not worthy of assuming." He proposed construction of a 600-bed hospital and Schools of Medicine and Public Health at UK, and called for increased medical research.

In 1931, President McVey agreed to establish a Summer School in Public Health with 30-40 participants each year through 1939. No federal funding was obtained, Chambers states funding went to Vanderbilt although no Kentucky students participated there. During this
period, UK offered hygiene courses in Louisville. Chambers and McVey also sought funding from the Commonwealth Fund for summer courses. In 1934, The Department began to offer public health courses and round tables for nurses. In 1935, the Department began to offer an undergraduate minor in Hygiene. Chambers also reported to McVey that there was a need to expand teaching facilities due to passage of Social Security Legislation and appropriations to the Public Health Service for rural sanitation should lead to establishment of a School of Public Health. Noting that the Harvard and Johns Hopkins programs were insufficient in size, Chambers proposed that three or four additional public health schools be established. Dr. McCormack of the U.S. Public Health Service met with representatives from the University of Kentucky and five other states. Chambers established a relationship with faculty from the School of Public Health at Johns Hopkins who participated in the summer courses. In 1936, the Courier Journal reported that the Lexington training station was the first permanent school of its kind in Kentucky and that the UK Department of Hygiene and Public health had the support of the U.S. Public Health Service and the Kentucky State Board of Health. The Department’s 1936 Annual Report notes teaching at the college level, the success of the summer school for public health workers, and refers to Harvard, Hopkins; expectation of Schools of Public Health at Vanderbilt, Michigan, and California. Expecting these schools to be the "principal full time teaching centers for the education of health officers" Chambers proposed introductory, refresher, or short courses in other states for "local needs" citing Milton Roseneau as having retired from Harvard who was organizing such a school at University of North Carolina, and that the UK summer school falls into this class. The summer program was discontinued due to an absence of funding. However, the Mental Hygiene Survey was funded by the Federal government. From 1931 to 1936, the U.S. Public Health Service established an Office for Mental Hygiene Field Studies at UK. In 1937 Chambers wrote to McVey and provided a detailed report "in relation to our summer school for public health workers and proposed offering the Master of Public Health (MSPH) and a Certificate in Public Health. That year the UK Graduate Bulletin lists the MSPH for the first time. Admission required a bachelors or M.D. degree, the MSPH required 24 credits in graduate courses, 36 weeks of residence, an "acceptable thesis", and a passing grade on a comprehensive exam. In 1937 a Department brochure announced "Courses in Public Health Nursing and Community Health Education offering credits applying on the B.S. or A.B. degree" and noted a growing opportunities in public health due to the Social Security Act and other factors. Public health nursing courses were also offered at Good Samaritan Hospital.

The 1940 UK Graduate Bulletin notes that the Department offered general hygiene courses, a one-year graduate program for public health nurses, the MSPH, and 25 courses. In 1955, Dr. W. Distler of the Lexington USPHS Hospital received MSPH degree; he was reported as the first M.D. to do so at UK and was believed to be the only physician to be awarded the degree other than at Columbia University. The 1955 UK Bulletin identifies an undergraduate major in Hygiene and Public Health. From 1938 to 1955, 38 MSPH degrees were awarded by UK Data is not currently available for subsequent years. John Chambers retired in 1957 and in 1958 recommended a "post graduate or extension program".

In 1967, the Department of Hygiene and Public Health and its degrees were transferred from the College of Arts and Sciences to the College of Allied Health Professions and in 1968, the MSPH was offered by the Department of Community Health. In 1970 the Bachelor of
Science in Public Health was renamed Bachelor of Science in Community Health. Beginning in 1973 (and subsequent issues) the UK Bulletin notes the "MSPH has been discontinued".

The Minutes of the Board of Trustees indicate that no action was taken to formally discontinue the program. The 1980 UK Bulletin notes the Bachelor of Health Science (BHS) in Community Health with three options in health education, environmental health, and health services administration. In 1983, the Community Health BHS administrative track became the only option.

In 1987, citing an unmet need in Kentucky, the University Board of Trustees approved a new graduate degree in Public Health leading to the Master of Science in Public Health degree. With a focus of training graduates and students in medicine, dentistry, and other health professions. In 1988, the Department of Preventive Medicine in the College of Medicine initiated an MSPH curriculum in collaboration with faculty of the Master of Public Health program in the Martin School of Public Administration, the College of Nursing, the Toxicology Program, and other units as appropriate. The 1988-1989 University Bulletin announced the MSPH Program with specialization in a number of areas: occupational and environmental health, health epidemiology, health care administration, toxicology, and other similar areas. The MSPH has been offered continuously since that time. By 1998, the program had graduated 46 students in Public Health, and 24 in Industrial Hygiene.

On October 20, 1998, following approval by the University of Kentucky Senate, the Board of Trustees approved establishment of a School of Public Health in the College of Medicine. The School would establish and incorporate the existing MSPH degree and new Master of Public Health (MPH) and Doctor of Public Health (Dr.P.H.) degrees. The press release stated that the School is intended to focus on disease control and prevention and will be the first school of its kind in the Commonwealth and one of the few in the region. As a result, the UK Chandler Medical Center will become one of the few academic health centers composed of all six schools of the health professions. The School of Public Health will bring together faculty from the other schools and throughout the University to focus on teaching, research, and service in public health. James W. Holsinger Jr., M.D., Ph.D., Chancellor of the UK Chandler Medical Center said, "We realize that we already had departments and divisions working on public health issues. This organization will allow greater cooperation and collaboration among those units."

A number of trends in health care including the growth of managed care, new information technology in health care, and a renewed emphasis on health promotion and disease prevention pointed to the need to establish the school. Those trends, among others, have increased the demand for individuals trained in the population based sciences that are offered by schools of public health. Kentucky students, particularly nontraditional students who work in health departments, have a difficult time obtaining a public health degree. The creation of the School of Public Health in the UK College of Medicine not only will allow Kentucky students to earn a public health degree, but also assist those who work in Kentucky obtain new public health knowledge and skills.
Appendix II.A (B): Accrediting Agencies to which the University Responds

Accreditation Board for Eng. & Tech. (Engineering Council for Professional Development)
Accreditation Committee on Education for Health Services Administration (ACEHSA)
Accrediting Council for Education in Journalism and Mass Communication
American Assembly of Collegiate Schools of Business
American Association of Marriage & Family Therapists
American Chemical Society, Washington, D.C., annual report, 5 yr. Review
American Council on Pharmaceutical Education
American Dietetic Association
American Library Association
Association of American Law Schools and American Bar Association
Commission on Accreditation of Allied Health Educ. Programs, Amer. Medical Association
Commission on Accreditation of the American Dental Association
Commission on Accreditation of the Council on Social Work Education
Commission on Accreditation of Medical Physics Education Programs (CAMPEP)
Commission on Collegiate Nursing Education
Council on Rehabilitation Education, Inc.
Foundation for Interior Design Education Research (FIDER)
Institute of Food Technologists
Landscape Architecture Accreditation Board
National Accrediting Agency for Clinical Laboratory Sciences
National Architectural Accrediting Board
National Association for Accreditation of Teacher Education
National Association for the Education of Young Children
National Association of Schools of Music
National Association of Schools of Theatre
National Association of Schools of Public Affairs and Administration (NASPAA)
North American Society for Sports Management
Office of Educational Standards, American Speech-Language-Hearing Association
Society of American Foresters
Appendix II.A (C): Academic Approval Process

HOW COURSES AND PROGRAM PROPOSALS ARE REVIEWED

SUBMISSIONS:

(1) University Rules III for Course Numbering System and Curriculum Procedures
   http://www.uky.edu/Senate/

(2) SIS screens 128 and 135 for complete list of department courses

(3) current bulletin, 2003-04, pp. 65-72 USP and 85-88 A&S degree requirements

(4) current bulletin, 2003-04, pages for your department or program’s requirements

All proposals and attachments must be sent as a signed original and an electronic file to
A&S Council Secretary, Roxie Hanson at rhanson@email.uky.edu; contact the secretary
for Word files of:

Application for Change in Existing Course: Major & Minor
Application for New Course
Application to Drop a Course
Proposal for Initiation of a New Degree Program
Request for Change in Doctoral Program
Request for Change in Master's Degree Program
Request for Change in Undergraduate Program
Request for New Undergraduate Minor or Change in Minor
Suspension/Deletion of a Program

In addition to completing the appropriate form, please note the following:

If the proposal is for a New Course, Course Change or a Course Drop in 100 - 200 level
course, please note on the proposal that both Lexington Community College and KCTCS
have a representative serving on the Undergraduate Council. No further notice to either of
the community colleges is necessary.

If the proposal is for a New Course, Course Change or a Course Drop in USP, please note
that on the proposal. No further notice to that committee by the department is necessary.
See item “7” below.

The application for a new course requires a list of the student learning outcomes, major
teaching objectives, outline and/or reference list to be used and a sample syllabus. The
total course description, including a statement of prerequisites, cannot exceed 600
characters and spaces. Please number any pages you submit in addition to the required
forms. Check to see that there are appropriate signatures. When a course is cross-listed,
signatures are required of all department chairs or College Deans involved in the cross-
listing.

If you are proposing a major change to a course, please submit an old syllabus and a new
syllabus that reflects the desired change and includes student learning outcomes.
Minor changes should be submitted on the form “Application for Change in Existing Course: Major & Minor.” Please note the definitions of a minor change at the bottom of the form; this definition is interpreted strictly. Please call us at 7-6689 in advance if there is any doubt about the minor nature of a proposed changed.

INITIAL STEPS - College Council
1. Course and program proposals are received in the office of the Associate Dean, 275 Patterson Office Tower. Submit a signed original and an e-file of proposals for posting to the web. No copies are needed.
2. Proposals are posted to the web then assigned to A&S Council investigators and Area Curriculum Committees.
3. The proposals are posted for all faculty to have an opportunity to raise objections in the allotted period prior to the council meeting.

INVESTIGATIVE STEPS - College Council
4. Proposals are investigated in detail at the Area Curriculum Committee level; in most cases, this Committee review is the principal proposal review. The proposal review is coordinated by the Area Curriculum Committee Chairperson who is also the A&S Council investigator.
5. The Council investigator/Area Curriculum Committee chairperson reviews the proposal with the A&S Council. The recommendations of the Area Curriculum Committees on routine course and program proposals will be reported to the A&S Council for approval; detailed discussion by the A&S Council will be reserved for cases where a conflict, a serious issue, or some problem is raised by: the Area Curriculum Committee, Council investigator, another member of the Council, a department or a faculty member.

INVESTIGATOR’S WRITTEN REPORT - College Council
6. Following final action by the A&S Council, the Council investigator submits the Curriculum Committee and Council Investigator Report to the Associate Dean’s office by the next day. Since College approved courses are sent promptly to the next review Councils, immediate submission of the investigator report is necessary before the proposals go forward.

BEYOND THE COLLEGE – Undergraduate, (USP), Graduate and Senate Councils
7. On leaving the College, proposals are directed in the following manner:

100-499 level courses, BS/BA proposals, go to the Undergraduate Council, then to USP Committee if such credit is requested, then to Senate Council.

400G-599 level courses go to both the Undergraduate and Graduate Councils, Undergraduate Council being primarily responsible for 400G level courses and the Graduate Council being primarily responsible for 500 level courses, then to Senate Council.
**600-799 level courses, MS/MA/Ph.D. proposals** go to the Graduate Council only, then to Senate Council.

**NOTE:** Minor Change Requests go directly from A&S Associate Dean’s Office to the Senate Council Chair.

8. Within thirty (30) days of initial receipt of the proposal, the UG, USP and Graduate Council(s) will take action or notify the College as to the status and reason for delay. See websites and contacts below.

**SENATE COUNCIL**

9. The Registrar’s Office may be consulted for verification of various data. The Senate Council office does an initial review then routes the proposal to a Senate committee or to the Senate Council or requests additional information from the originating unit. If it goes to a Senate committee, the committee chair routes a recommendation to the Senate Council chair who then puts it on the Senate Council agenda. The Senate Council circulates the proposal as an agenda item to be acted upon at the Senate Council meeting. The Senate Council can elect to: forward the item to the Senate or return the item to the Senate committee, or Undergraduate or Graduate Councils of the Senate. The Senate Council may forward proposals to the Senate with positive, negative or no recommendation.

**SENATE**

10. The Senate Council may present the proposal to the Senate live at a meeting as an agenda item or post to the web for review. The Senate *posts to the web* (see below) notice of the proposal *to the campus*. If no objection is raised within ten (10) days of notification, these proposals are approved. Items that are presented to the Senate at a live meeting are not circulated via the web, but are instead voted upon by the Senate on the Senate floor.

**COMPLETION – Registrar’s Office**

11. The proposal is then entered into SIS by Jacquie Hager in the registrar’s office. **Screen 128 and 135** are the official site for course history.

**ENSURING SAFE PASSAGE**

The Senate Rules stipulate that course and program proposals received by the Undergraduate or Graduate Councils shall be acted on within 30 days. We suggest that you monitor the course of your proposals closely at the various council websites; if at any stage, you have seen no posting about the progress of your proposals for 30 days, please contact:

- Graduate Council Secretary, Lisa Holland, 7-1759
- Senate Council Secretary, Rebecca Scott, 7-5871
- Registrar’s Office, Jacquie Hager, 7-3107

Appendix II.A(C)-30
Appendix III (A): Bylaws of the University of Kentucky College of Public Health

PREAMBLE

These rules and procedures are intended to be consistent with the Governing Regulations and Administrative Regulations of the University of Kentucky and the laws of the Commonwealth of Kentucky and the United States of America. In the event these rules and procedures are inconsistent or contrary to the above-mentioned regulations and laws then those regulations and laws supersede these Bylaws.

0.0 ADMINISTRATIVE STRUCTURE

0.1 The College is comprised of six Academic Units: the Departments of Biostatistics, Epidemiology, Gerontology, Health Behavior, Health Services Management, and Preventive Medicine and Environmental Health.

0.1.a A department is the basic educational unit within a college for instruction, research, service, practice and extension in a defined field of learning.

0.1.b The Departments of Biostatistics, Epidemiology, Gerontology, Health Behavior, Health Services Management, and Preventive Medicine and Environmental Health shall have responsibility to the college as their primary mission.

0.1.c The Graduate Center for Gerontology has service to both the College and the University at large as its primary mission. The Graduate Center for Gerontology also holds departmental status as the Department of Gerontology.

0.1.d The College will offer opportunities to earn three degrees: the Master of Public Health (MPH); the Doctorate of Public Health (Dr.P.H.); and the Doctor of Philosophy (Ph.D.) in the Graduate Center for Gerontology.

0.2 The College also includes research and service centers. Such centers are created to provide unique concentrations of expertise, equipment or other resources that target specific public health issues.

1.0 ADMINISTRATIVE PERSONNEL AND ROLES

1.1 Dean of the College of Public Health

1.1.a The Dean is the Chief Executive Officer of the College.

1.1.b The Dean is responsible for all activities in the College.

1.1.c The Dean is the steward of all capital and human resources in the College.

1.1.d The Dean reports to the Provost.

1.1.e The Dean is a nonvoting, ex officio member of all administrative and standing committees of the College and is a ex officio nonvoting member of the Faculty Council. The Dean shall not chair any standing committees or chair the Faculty Council.
1.1.f The Dean is responsible for administering the Governing Regulations of the University, the Administrative Regulations of the University, the Rules of the University Senate, and the College Rules.

1.1.g The Dean will provide academic and professional leadership for faculty, students, and staff, and will serve as the College’s official spokesperson and liaison with the University at large and with other individuals, organizations or institutions at the state, national and international levels.

1.2 Associate Deans and Assistant Deans

1.2.a. Associate and Assistant Deans shall be appointed by the Dean.

1.2.b. The Associate Deans report to the Dean.

1.2.b.(1) The Associate Deans are responsible for providing leadership and stewardship within their appointed areas, which shall include but not be limited to the academic, research, and service missions of the College.

1.2.b.(2) The Associate Dean for Research is an ex officio voting member of the Research Committee.

1.2.b.(3) The Associate Dean for Academic Affairs is an ex officio voting member of the Academic Affairs Committee.

1.2.b.(4) The Associate Dean for Academic Affairs is an ex officio nonvoting member of the Admissions and Student Affairs Committee.

1.2.b.(5) Associate Deans must be voting faculty of the college and the College shall attempt to minimize the occurrences of any Associate Dean holding other administrative positions within the College, such as Chair of any standing committee, Chair of any department, Director of any Center, or Director of Graduate Studies.

1.2.a. The Assistant Dean of the College’s Office of Admissions and Student Affairs reports to the Dean of the College.

1.2.a.(1) The Assistant Dean is responsible for providing leadership and stewardship in his/her appointed area, which shall include but not be limited to, student admissions, student affairs, and alumni relations.

1.2.c.(2) The Assistant Dean is an ex officio, voting member of the Admissions and Student Affairs Committee.

1.2.c.(3) The Assistant Dean is an ex officio, nonvoting member of the Academic Affairs Committee.

1.2.c.(4) The Assistant Dean shall not hold a position of Chair of any standing committee, Chair of any department, Director of any Center, or Director of Graduate Studies within the College.

1.3 Academic Unit Chairs and Directors

Appendix III (A)-32
1.3.a. The Departments of Biostatistics, Epidemiology, Gerontology, Health Behavior, Health Services Management, and Preventive Medicine and Environmental Health shall each be led by a Chair who reports to the Dean of the College.

1.3.b. The Graduate Center for Gerontology shall be led by a Director, who shall have the same function as a Chair but who shall also report to the Provost in matters relating to its university-wide mission. The Director of the Graduate Center for Gerontology, when functioning as an Academic Unit chair, will be referred to as a Chair in these Bylaws.

1.3.c. The Chair works with departmental faculty in the development unit-specific policies on such matters as academic requirements, courses of study, class schedules, graduate and research programs, service functions, fiscal affairs, personnel evaluations and distributions of effort.

1.3.d. The chair has the administrative responsibility for implementing the department’s programs within the limits established by the regulations of the University, the policies of the University Senate, and the rules of the College.

1.3.e. The Chair shall be the primary channel of communication to and from the Dean.

1.3.f. All Chairs must be voting faculty of the College.

1.4 Directors of Graduate Studies

1.4.a. A Director of Graduate Studies for each of the MPH and Ph.D. programs will be appointed by the Dean of the Graduate School after consultation with the Graduate Faculty for each graduate degree program and the Dean of the College.

1.4.b. Directors of Graduate Studies are the local representatives of the Graduate School. They administer their respective graduate programs and act as the official liaison with the Graduate School. (See the University of Kentucky Bulletin – The Graduate School for additional information.)

1.5 Research and Service Units

1.5.a. Research and Service Centers shall be led by a Director who reports to the Dean of the College.

1.5.b. Center Directors conducting research will coordinate their research activities with the Associate Dean for Research.

2.0 ADMINISTRATIVE COMMITTEES

2.1 Formation of Administrative Committees

2.1.a. Administrative committees shall be established under the authority of the College Dean for purposes of facilitating the various administrative responsibilities of the College.
2.1.b. Membership on administrative committees is by appointment by the Dean and determined by the administrative function of the individual within the College, and shall continue at the discretion of the Dean and without specified term limits.

2.2. The **Administrative Council** has the charge to facilitate the administration of the College of Public Health.

2.2.a. The Administrative Council is the chief administrative policy-making committee within the College.

2.2.b. The Chair of Administrative Council is the Dean of the College of Public Health.

2.2.c. The Administrative Council serves an advisory function and consists of the Dean (nonvoting), the Associate Deans, the Assistant Dean of Admissions and Student Affairs, the six Department Chairs, the College Business Officer, the Chair of the Staff Council, the Chair of the Faculty Council, one Director of a Center, one student representative, and other members appointed by the Dean as the Dean deems appropriate.

2.2.d. The Dean shall provide a recording secretary for the Administrative Council meetings with responsibility to record and prepare minutes for approval by the Dean or appointed representative prior to approval by the Council.

2.2.e. The Administrative Council will meet a minimum of once a month.

2.3. The **Appointment, Promotion, and Tenure (APT)** Committee has the charge to advise the Dean on matters related to promotion and tenure, and appointments above the rank of assistant professor in accordance with the UK Governing Regulations and Rules of the Faculty.

2.3.a. The APT Committee is selected by the Faculty Council and when possible, at least one member will be selected from each Department in the College and approved by the Dean.

2.3.b. The Committee reviews dossiers and makes recommendations to the Dean concerning matters of faculty appointment, promotion, and tenure.

2.3.c. The Committee will consist of seven tenured voting faculty members (see 5.1.c.) in the College. When possible, all departments should be represented.

2.3.d. The Chair is appointed by the Dean.

2.3.e. The Chair of the Committee is responsible for preparing committee recommendations and forwarding them to the Dean and to the central file in the College administrative offices.

2.3.f. The APT Committee will meet as appropriate for issues of appointment, promotion, and tenure.
2.4. The **Practice and Service Committee**

2.4.a. Membership shall include members of the College faculty, the public health practice community, and the clinical practice community and shall be appointed by the Dean.

2.4.b. The Committee shall establish, strengthen, and expand relationships within the practice community.

2.4.c. The Committee shall work with the practice community to develop practicum sites for the College’s students.

2.4.d. The Committee shall work with faculty to effectively utilize the practicum experience for the educational and career benefits of the College’s students.

2.4.e. The Committee shall review and recommend policy in order to evaluate and track the College’s practice and service activities.

2.4.f. The Committee shall be involved with the Academic Affairs Committee in developing continuing education materials and programs for Kentucky’s public health workforce.

2.4.g. The Dean shall provide a recording secretary for the Practice and Service Committee meetings with responsibility to record and prepare minutes for approval by the Dean or appointed representative prior to approval by the Committee.

2.4.h. The Committee shall recommend to the Dean after one year of activity if the Practice and Service Committee should be a faculty standing committee.

2.4.i. A member of the Kentucky Medical Services Foundation (KMSF) shall be represented on the Committee. The KMSF member will advise the Practice and Service Committee of existing obligations and limitations resulting from KMSF agreements.

2.4.j. The Committee shall work to strengthen the role of all participating faculty in the College of Public Health.

3.0. **FACULTY RIGHTS AND RESPONSIBILITIES**

3.1. Faculty Rights and Responsibilities (from the UK Faculty Handbook)

3.1.a. The Code of Faculty Responsibilities applies to all faculty members and to all graduate students and others with teaching and/or research assignments. These individuals are referred to collectively as “teaching and research personnel.”

3.1.b. All faculty are to respect the following rights: the right to pursue academic and administrative activities; the right to free and orderly expression; the right to privacy, including privacy of desk, carrel, and office space, and freedom from improper disclosure of social or political views or activities; and the right to proper and fair treatment regardless of race, religion, political belief, age, or gender.

3.1.c. The full Faculty Code is contained in Section VII of the University Senate rules.
4.0. FACULTY RULES AND PROCEDURES

4.1. General
4.1.a. Consistent with the University’s Governing Regulations, the Administrative Regulations, and the Rules of the University Senate, the faculty of each college shall establish its own rules, including a committee or council structure necessary for the performance of the faculty’s functions. The purpose of the Rules and Procedures of the Faculty of the College of Public Health is to promote effective and efficient conduct of the affairs of the College and to supplement the Governing Regulations, the Administrative Regulations, and the Rules of the University Senate at the University of Kentucky.

4.1.b. After approval of these Bylaws by the Provost, copies of the rules of the faculty and a description of its committee structure shall be made available to its members and copies filed with the Secretary of the University Senate and the Senate Council office.

4.1.c. Within the limits established by the regulations of the University and the policies and rules of the University Senate, the faculty of a college shall determine the educational policies of that college. It shall make recommendations to the University Senate on such matters that require the final approval of that body, and it may make recommendations on other matters to the University Senate, to the President, to the Provost, or to other administrative officials of the University.

4.1.d. Search committees for the Chair of a Department will be appointed by the Dean. Prior to an appointment of the Chair, a majority vote by the faculty of that Department will have voted in favor of the appointment. Faculty for this purpose means voting with a primary appointment in that Department.

5.0. ORGANIZATIONAL STRUCTURE OF THE FACULTY

5.1. Membership and Privilege
5.1.a. Membership in the College of Public Health Faculty shall consist of full-time and part-time professors, associate professors, assistant professors, and instructors having appointments in any of the departments within the College.

5.1.b. College faculty membership may be extended in three-year renewable terms to any person appointed by the College for teaching, research, service, practice, or extension work (i.e., adjunct faculty, voluntary faculty, and other faculty classifications as approved by the University) by a majority vote of the College faculty.

5.1.c. Full-time faculty members with a primary academic appointment in the College have voting privileges for College-wide faculty meetings. Voting privileges may be extended to full-time faculty with a non-primary academic appointment in the College if these faculty have allocated at least 40% of their effort to the College and if so
recommended by the Dean and agreed upon by the Faculty Council. Approval of voting privileges in such cases is for a term of three years, renewable upon review of the above criteria.

5.1.d. Only voting faculty members are eligible to be elected to serve on the Faculty Council or to be appointed to the standing committees of the College except for those with ex officio status.

5.1.e. Voting faculty should declare one department as their primary home for the purposes of committee representation.

5.2. College-Wide Faculty Meetings
5.2.a. The Dean of the College shall serve as the Chair of the faculty in college-wide faculty meetings with the privilege to vote in the event of a tie.

5.2.b. Meetings shall be scheduled at a minimum semi-annually with the date, time, and place to be determined by the Dean in consultation with the Faculty Council.

5.2.c. Special meetings may be called by the President of the University, the Provost, the Dean, or by written request to the Dean by at least 25% of the members of the voting faculty. For special meetings, the agenda shall be restricted to those items for which the meeting is called.

5.2.d. The agenda for each meeting shall be determined by the Dean in consultation with the Faculty Council.
  5.2.d.(1) Items for the agenda must be submitted to the Dean at least five working days prior to the scheduled meeting.
  5.2.d.(2) Any item proposed by a faculty member shall be considered by the Dean for inclusion on the agenda.
  5.2.d.(3) Any item submitted to the Dean by a faculty member that has the written endorsement of 25% of the voting faculty members must be included on the agenda.
  5.2.d.(4) The agenda of each regular faculty meeting shall be distributed to the faculty at least four working days prior to the scheduled meeting and posted according to “open meeting” protocol.

5.2.e. Quorum
  5.2.e.(1) A quorum of the faculty shall consist of a simple majority of the voting membership that is not on leave of absence, sabbatical leave, or because of assignment periods of less than 12 months.
  5.2.e.(2) A simple majority of those present and voting shall be sufficient for final decisions on issues considered by the faculty.
  5.2.e.(3) Minutes shall be open to anyone who wishes to attend, consistent with the Kentucky Revised Statute of Open Meetings Rules.

5.2.f. Faculty meetings shall be conducted according to Robert’s Rules of Order, Revised.

Appendix III (A)-37
5.2.g. Minutes and Records

5.2.g.(1) The minutes of each faculty meeting will be prepared by the recording secretary of the faculty as appointed by the Dean and circulated to the faculty council members within three days. These minutes will be circulated to the entire faculty within ten days of the meeting.

5.2.g.(2) The recording secretary of the faculty is responsible for supervising the maintenance of files of the faculty meeting minutes and correspondence in the College administrative offices.

6.0. FACULTY GOVERNANCE

6.1. Faculty Council

6.1.a. The College of Public Health Faculty Council and the standing committees described below are the means by which the College faculty exercises its rights and responsibilities and governs itself.

6.1.b. The Faculty shall elect seven representatives to the Faculty Council with two-year terms with a maximum of two consecutive terms. Members may be re-elected to the Faculty Council after two consecutive terms as non-members of the Faculty Council. In the first election the four faculty with the most votes will serve two-year terms, the remaining three members will serve one-year terms.

6.1.c. Faculty Council shall be elected by secret ballot of voting faculty.

6.1.d. Faculty Council members serve terms based on the fiscal year (July 1 to June 30).

6.1.e. The meetings of the Faculty Council shall be open to anyone who wishes to attend, consistent with the Kentucky Revised Statute of Open Meeting Rules.

6.2. Faculty Council Responsibilities

6.2.a. Maintain liaison with the departments of the College and with other University memberships as appropriate to the roles and responsibilities of the Faculty Council.

6.2.b. Serve upon request in an advisory capacity to the Dean.

6.2.c. Develop and provide mechanisms to inform the faculty about University and College organizations (e.g., College of Public Health Faculty Handbook and Bylaws, new faculty orientation).

6.2.d. Interpret the Rules and Procedures of the College and may recommend to the faculty any modification thereof.

6.2.e. Make recommendations to the faculty on any matters that should be addressed to the Dean of the College, the Provost, the President of the University, or the University Senate.

6.2.f. Study and make recommendations relative to specific issues that have college-wide impact.
6.2.g. Review and evaluate existing academic, research, service, extension, and outreach policies and programs.

6.2.h. Select members of the Appointment, Promotion, and Tenure Committee to then be approved by the Dean.

6.2.i. Appoint members of the standing faculty committees in April of each year.

6.2.j. Faculty Council members shall be elected from the voting membership of the faculty and are not members of the Administrative Council with the exception of the Faculty Council Chair.

6.2.k. No later than May 1 of each year, the Council shall approve the Chair-Elect for each standing committee for the next fiscal year based on the recommendations from the respective committees.

6.2.l. Inform the faculty of all committee appointments.

6.2.m. May charge faculty standing committees with matters for study and recommendations.

6.2.n. Be responsible for the organizing and planning of faculty development and enrichment activities.

6.2.o. Be responsible for overseeing standing faculty committees in order to expedite faculty business.

6.2.p. Be responsible for conducting all College faculty elections.

6.2.q. Receive, review, and recommend to the Faculty requests for voting and nonvoting membership in the College Faculty organization.

6.2.r. Act for the faculty when the faculty is unable to meet.

6.2.s. Perform other responsibilities as delegated to it by the faculty.

6.3. The Faculty Council Chair

6.3.a. The Chair shall be elected by the membership of the Faculty Council and serve a maximum of two one-year terms.

6.3.b. The Chair shall work with the Dean to prepare for each college faculty meeting.

6.3.c. The Chair shall appoint Council members or alternates to perform the following duties: coordinate elections, circulate committee preference lists, prepare and report minutes and generate correspondence as determined by the Council.

6.3.d. The Chair shall serve as Chair of the college-wide faculty meeting in the absence of the Dean or the Dean’s representative.

6.3.e. The Chair shall maintain a record of attendance at Faculty Council meetings.

6.4. Recommendations and Reports

6.4.a. Recommendations for action are made to the faculty.

6.4.b. Interim or progress reports shall be presented to the faculty as needed or on request.

6.4.c. An oral or written annual report of activities of the Faculty Council shall be presented at a college-wide faculty meeting.

Appendix III (A)-39
6.5. Faculty Council Meetings
   6.5.a. Regular meetings of the Faculty Council shall be held at a minimum of one per quarter.
   6.5.b. Additional or special meetings of the Faculty Council may be called by the Chair, alternate Chair, or a majority of the Council members, upon notifying the Council members at least one day prior to the meeting.
   6.5.c. A quorum of the Faculty Council shall consist of a simple majority of the voting membership.
   6.5.d. Faculty Council meetings shall be conducted according to Robert’s Rules of Order, Revised.
   6.5.e. Minutes of the Faculty Council shall be prepared, reported, and circulated to all council members within seven working days by an appointee of the Dean unless the Faculty Council Chair chooses to assume such a responsibility.
   6.5.f. Copies of the Faculty Council minutes shall be on file and available to the faculty in the College administrative offices.

7.0. FACULTY ROLES AND FUNCTIONS ON STANDING COMMITTEES

7.1. The Academic Affairs Committee has the charge to develop, recommend, and implement educational policy and to monitor and evaluate degrees in the College of Public Health in accordance with the University of Kentucky Governing Regulations and Rules of the Faculty in this capacity:
   7.1.a. The Committee shall consider departmental proposals relative to new courses, curricula, and programs; changes in courses, curricula, and programs; the termination of courses, curricula, and programs, and recommendations for faculty or administrative action.
   7.1.b. The Committee may review and recommend graduation standards and requirements.
   7.1.c. The Committee may review and make recommendations regarding the academic policies and programs of the college.
   7.1.d. The Committee shall develop guidelines and schedules for the submission of proposed academic actions.
   7.1.e. The Committee shall submit a copy of the minutes of all meetings in a timely manner to the Dean, Chair of the Faculty Council, and to the central file in the College administrative offices.
   7.1.f. The Chair of the Academic Affairs Committee shall maintain a record of attendance at meetings.
   7.1.g. The Chair of the Academic Affairs Committee shall submit an annual report to the Faculty Council and to the central file.
   7.1.h. Membership of the Academic Affairs Committee
      7.1.h.(1) Six members from the voting faculty (one from each department in the College).
      7.1.h.(2) One MPH student representative, one Dr.P.H. student representative, and one Ph.D. student representative to be
elected by students in each degree program. The three student representatives will share one vote.

7.1.h.(3) Dean, ex officio, nonvoting.
7.1.h.(4) Associate Dean of Academic Affairs, ex officio, voting but cannot be Chair.
7.1.h.(5) Assistant Dean of Admissions and Student Affairs, ex officio nonvoting.

7.1.i. Term is two years; no more than two consecutive terms may be served.
7.1.j. The Committee shall recommend a Chair-Elect to the Faculty Council in March of each year.
7.1.k. The Committee recommends and reports to the Faculty Council.
7.1.m. A simple majority of full voting members is a quorum.

7.2. The Admissions and Student Affairs Committee is advisory to the Dean and has the charge to represent the College on all matters pertaining to student admissions, alumni and student affairs, and provides liaison between the Faculty, the Administration, and formal and informal groups of students and within this capacity:

7.2.a. The Committee shall make admission recommendations to the Dean for the MPH and Dr.P.H. programs.
7.2.b. The Committee shall formulate and recommend recruitment and admission policies and procedures to the Dean.
7.2.c. The Committee shall review, promote, and assist in activities related to student welfare.
7.2.d. The Committee shall promote, support, and counsel the Student Advisory Council.
7.2.e. The Committee shall review and promote the mission and functions of the Office of Student Affairs.
7.2.f. The Committee shall provide counsel to the Assistant Dean of the Office of Admissions and Student Affairs regarding the activities of that office.
7.2.g. The Committee shall provide criteria and selection assistance for the Dean’s Awards, as requested.
7.2.h. The Committee shall develop guidelines and assist in the distribution of college financial aid, such as scholarships, loan monies, and assistantships.
7.2.i. The Chair shall submit a copy of the minutes of all meetings in a timely manner to the Dean, the Administrative Associate for the Dean, Chair of the Faculty Council, and to the central file in the College administrative offices.
7.2.j. The Chair of the Admissions and Student Affairs Committee shall maintain a record of attendance at meetings.
7.2.k. The Chair of the Admissions and Student Affairs Committee shall submit an annual report to the Dean, the Faculty Council, and to the administrative central file.
7.2.l. Membership
7.2.l.(1) Six members, one from each department in the College of Public Health, selected by the Faculty Council from the voting membership of the faculty.

7.2.l.(2) One student representative from the MPH, Dr.P.H., and Ph.D. programs will be elected by students in each degree program. Each student shall have one vote for admissions to their specific degree program. Each student shall have one vote on all issues other than admissions.

7.2.l.(3) The Associate Dean of Academic Affairs, ex officio, nonvoting.

7.2.l.(4) Dean of the College, ex officio, nonvoting.

7.2.l.(5) Assistant Dean of the Office of Admissions and Student Affairs, ex officio, voting but cannot be Chair of the committee

7.2.l.(6) Additional nonvoting membership as appropriate, appointed by the Dean in consultation with the Faculty Council.

7.2.m. Term: two years; no more than two consecutive terms may be served.

7.2.n. The Committee shall recommend a Chair-Elect to the Faculty Council in March of each year.

7.2.o. The Committee recommends and reports to Faculty Council in addition to being advisory to the Dean.

7.2.p. Meetings will be held a minimum of quarterly per year.

7.2.q. A simple majority of full voting members is a quorum.

7.3. The Research Committee has the charge to develop and recommend college-wide policy for the promotion, solicitation, and dispersion of available research funds.

7.3.a. The Committee shall assist the Associate Dean for Research as requested to identify current and emerging sources of funding relative to public health initiatives, solicit, review, and disseminate information regarding available funding opportunities to all faculty, and assist untenured faculty in developing research activities.

7.3.b. The Committee shall act as a liaison to the University Research Integrity Office and subsequent Internal Review Boards.

7.3.c. The Committee shall recommend criteria for the allocation of college-wide research and review proposals and recommend the distribution of such funds.

7.3.d. The Committee shall review and recommend policies regarding research funding.

7.3.e. The Committee shall assist faculty in disseminating research findings.

7.3.f. The Committee shall recommend and review activities in an effort to enhance the visibility of the College’s research efforts and programs.

7.3.g. The Chair shall submit a copy of the minutes of all meetings in a timely manner to the Dean, Chair of the Faculty Council, and to the central file in the college administrative offices.

7.3.h. The Chair shall maintain a record of attendance at meetings.

Appendix III (A)-42
7.3.i. The Chair shall submit an annual report to the Dean, the Faculty Council, and to the central file.

7.3.j. The Committee shall perform other responsibilities as delegated to it by the faculty or Faculty Council.

7.3.k. Membership of the Research Committee
   7.3.k.(1) Six members from the voting faculty, one from each department in the college.
   7.3.k.(2) One MPH student representative, one Dr.P.H. student representative, and one Ph.D. student representative to be elected by students in each degree program. The student representatives will be nonvoting.
   7.3.k.(3) Dean, ex officio, nonvoting.
   7.3.k.(4) Associate Dean for Research, ex officio voting member but cannot be Chair.
   7.3.k.(5) One Director of a Center conducting research who is appointed by the Dean, voting.

7.3.l. Term is two years; no more than two consecutive terms may be served.

7.3.m. The Committee shall recommend a Chair-Elect to the Faculty Council in March of each year.

7.3.n. The Committee recommends and reports to the Dean and Faculty Council.

7.3.o. Meetings are to be held a minimum of quarterly per year.

7.3.p. A simple majority of voting members is a quorum.

7.4. The Formation of Standing Committees
   7.4.a. Standing committees shall be established to facilitate completion of business that falls outside the normal administrative function of the College.
   7.4.b. Specific committees may be identified and charged by the Dean, or by the Faculty Council.
   7.4.c. Upon initiation of a new committee, half of the membership will serve one-year terms and the remaining half will serve full two-year terms to ensure a staggered rotation of membership.

8.0 REVIEW AND AMENDMENT

8.1. The Bylaws of the faculty of the College of Public Health may be amended at any regular or special meeting of the College faculty provided at least one month has elapsed between circulation to the faculty of the proposed amendment(s) and final consideration of passage.

8.2. Revisions to the Bylaws must be approved by two-thirds of the voting faculty not on leave.

8.3. Revisions to the Bylaws shall become effective upon approval of the Provost.
Appendix III (B): Standing and ad hoc Committees

**Faculty Council** The description of this Council is as follows:

Charge: To provide a means by which the College faculty exercises its rights and responsibilities and governs itself

Duties: To serve as an appropriate liaison with departments of the College and other university memberships as appropriate. To advise the Dean and serve as a liaison between faculty and dean. To interpret the Rules and Procedures of the College and University and College organizations, and recommend modification when appropriate. To study issues that may affect the college and make recommendations, as well as those affecting academic, research, service, extension, and outreach policies and programs. Oversee and appoint standing committees (Appointment, Promotion, and Tenure Committee, Academic Affairs Committee, Admissions and Student Affairs Committee, and the Research Committee) and inform the faculty of such, as well as charge the committees with matters for study and recommendation, with the approval of the Dean. Plan and organize faculty development and enrichment activities. Conduct faculty elections. Act for the faculty when it cannot meet and other responsibilities as delegated to it by the faculty.

Membership: Faculty Council members shall be elected from the voting membership of the faculty.

Meetings: Must be held once per quarter at a minimum. Additional meetings may be called by the Chair, Alternate Chair, or a majority of the Council members.

Membership: 2004-2005:
Rick Crosby (2 year term), Department of Health Behavior
Linda Jouridine (1 year term), Department of Health Behavior
Marta Mendiondo (2 year term), Department of Biostatistics
Carol Ireson (1 year term), Department of Health Services Management
Steve Fleming (1 year term), Department of Epidemiology
Bob McKnight (2 year term), Department of Preventive Medicine and Environmental Health
Pam Teaster, Chair (2 year term), Department of Gerontology

**Academic Affairs** The description of this Committee is as follows:

Charge: Set policy, monitor and evaluate the school-wide degrees in the School of Public Health in accordance with the UK Governing Regulations and Rules of the Faculty.

Duties: Formulate policy, criteria and procedures for all School of Public Health degrees. Monitors the curriculum and admission to public health degree programs, in discharging its duty, periodically reviews and recommends revisions in the MPH, Dr.P.H. and Ph.D. curricula and core courses, and sets academic prerequisites for entry into and graduation requirements from public health degree programs. Authorizes and supervises the courses of
instruction. In discharging this duty, the Committee shall maintain liaison with the Departments in the College of Public Health. The Academic Affairs Committee is responsible for directing academic matters to other appropriate Committees and for considering academic matters that do not fall within the purview of the other Committees. Recommend to the Administrative Council changes in educational policy, changes in the structure of school-wide degrees and in the content of core courses.

Membership: The membership consists of six members from the voting faculty, one from each department in the College; one MPH student representative, one DrP.H. student representative, and one Ph.D. student representative, each elected by students in their respective degree programs (they will share one vote); Associate Dean for Academic Affairs (ex-officio voting member who cannot be chair); Dean (ex-officio, non-voting), and Assistant Dean of Admissions and Student Affairs (ex-officio non-voting). The Chair will be selected by Faculty Council in conjunction with the Dean, with the assumption of responsibility under the College’s Bylaws.

Meetings: Not specified.

Membership 2004-2005:

Richard Charnigo, Department of Biostatistics
Tom Tucker, Department of Epidemiology
Suzanne Tyas, Department of Gerontology
Rick Crosby, Department Health Behavior
Bill Pfeifle, Department of Health Services Management
Gail Brion, Department of Preventive Medicine and Environmental Health
Joel Lee, Associate Dean of Academic Affairs (Ex-Officio)
John Wiggs, Assistant Dean of Admissions and Student Affairs (Ex-Officio)
Students, unidentified at this time

Admissions and Student Affairs The description of this Committee is as follows:

Charge: Represent the College on all matters pertaining to student admissions, alumni and student affairs, and provides liaison between the Faculty, the Administration, and formal and informal groups of students.

Duties: Review all admissions to the Dr.P.H. Program. Review all MPH admissions that represent exceptions to general policy. Establishes policy, criteria, and procedures by which students are recommended for available honors, scholarships and awards. Recommends approaches to the development of scholarship/financial aid programs. Oversee presentation of the annual Honors, Awards, and Commencement Ceremony. Advise the Office of Admissions and Student Affairs on a variety of issues: student recruitment, public relations, faculty teaching awards, student organizations, orientation and social activities, traineeships/internships/practicum procedures, etc. Establishes policy and enforces the procedures by which students are placed on probation and/or are dismissed. Assumes an

Appendix III (C)-45
ombudsperson function for students and ensures that appropriate grievance mechanisms exist and are available to the student body. Within the facilities available, considers and recommends procedures by which students are provided with access to career counseling and information about available employment.

Membership: Five members, each representing one of the five divisions, all degree program directors, one or more student representatives per degree program, one public health professional, and other members as deemed appropriate by the Dean. The Assistant Dean for Admissions and Student Affairs is an ex officio voting member. The chair will be selected by the Faculty Council in conjunction with the Dean.

Meetings: A minimum of quarterly per year.

Membership 2004-2005:
Marta Mendiondo, Department of Biostatistics
Claudia Hopenhayn, Department of Epidemiology
Joy Jacob-Lawson (for student affairs issues), Department of Gerontology
Linda Jourdine, Department of Health Behavior
George Graham, Health Services Management
Pamela Allweiss, Department of Preventive Medicine and Environmental Health
Students: unidentified at this time but will be by KPHA’s Executive Officers
Associate Dean of Academic Affairs (Ex-Officio): Joel Lee
Assistant Dean of Admissions and Student Affairs (Ex-Officio): John Wiggs

Research Committee  The description of this Committee is as follows:

Charge: Establish College-wide policy for the promotion, solicitation and dispersion of available research funds.

Duties: Identify current and emerging sources of funding relative to Public Health initiatives; solicit, review and disseminate information regarding available funding opportunities to all faculty; set criteria for the allocation of College-wide research and review proposals and recommend the distribution of such funds; and assist untenured faculty in developing research activities. Act as a liaison to the University Research Integrity Office and subsequent Internal Review Boards. Recommend and review activities to enhance the visibility of the College’s research efforts and programs.
Membership: A minimum of six faculty members selected at large and two student representatives. The chair is selected by the Dean. The members will be six members from the voting faculty, one from each college department; one MPH student, one Dr.P.H. student, and one PhD student, all nonvoting, and all elected by students in their respective degree program; Associate Dean for Research (ex-officio voting member but cannot be chair), one Director of a Center conducting research (cannot be chair), and the Dean (ex-officio, nonvoting).

Meetings: A minimum of quarterly per year.

Membership 2004-2005:
Mi-Ok Kim, Department of Biostatistics
Claudia Hopenhayn, Department of Epidemiology
Pam Teaster, Department of Gerontology
Rick Crosby, Department of Health Behavior
Bob McIver, Department of Preventive Medicine and Environmental Health
Julia Costich, Kentucky Injury Prevention & Research Center (KIPRC) (Center Director Representative)
Student: unidentified at this time but will be by KPHA`s Executive Officers
Steve Wyatt, Associate Dean for Research (Ex-Officio)

Administrative and Advisory Committees

Administrative Council The description of this Council is as follows:

Charge: To facilitate the administration of the College of Public Health. It is the chief administrative policy-making committee within the College.

Duties: To serve as an advisory committee to the Dean on recommendations from standing committees and other administrative matters. To serve as a conduit for keeping the Dean informed and in turn for keeping the faculty and staff of their respective units informed of administrative issues and decisions.

Membership: Department chairs, Associate Deans, President of UK Student Public Health Association, Chair of Faculty Council, Chair of Staff Council, Directors of Graduate Studies, Director of Admissions and Student Affairs, Business Officer, and other advisors the Dean deems appropriate to include.

Meetings: The Council will meet a minimum of once per month and more likely biweekly. The Dean may call special meetings as needed.

Membership 2004-2005:
Tom Samuel, Interim Dean (chair)
Karen Cinnamond – Staff Support
Bill Pfeifle, Interim Associate Dean for Administration
Joel Lee, Interim Associate Dean for Academic Affairs
Steve Wyatt, Interim Associate Dean for Research
John Wiggs, Interim Assistant Dean for Admissions and Student Affairs
Tom Rogers, College Business Officer
Dick Kryscio, Interim Chair of the Department of Biostatistics
Tom Tucker, Interim Chair of the Department of Epidemiology
Graham Rowles, Interim Chair of the Department of Gerontology
Dick Clayton, Interim Chair of the Department of Health Behavior
Joel Lee, Interim Chair of the Department of Health Services Management
Scott Prince, Interim Chair of the Department of Preventive Medicine and Environmental Health
Julia Costich, Interim Director of the Kentucky Injury Prevention Research Center
Whitney Katirai, President of the College of Public Health Student Organization
Rebecca Flanagan, Chair of the Staff Council

**Appointment, Promotion and Tenure Committee** The description of this committee is as follows:

Charge: Advise the Dean on matters related to promotion and tenure, and appointments above the rank of assistant professor in accordance with the UK Governing Regulations and Rules of the Faculty.

Duties. Review dossiers and meet at the request of the Dean to formulate recommendations. Serve as a resource to junior faculty members in their efforts to attain promotion and tenure.

Membership: Limited to tenured faculty with the committee composition reflective of the multidisciplinary nature of the College. Chair appointed by the Dean.

Meetings: Meetings will be held as appropriate for issues of appointment, promotion, and tenure.

Membership 2004-2005: Appointments for the Appointment, Promotion and Tenure Committee are still in the nomination phase as the Faculty Council and the Dean act together to form this committee

**External Advisory Council – Executive Committee**
Rice Leach, MD – Director of the Cabinet for
Sylvia Lovly – Executive Director, Kentucky League of Cities
Melinda Rowe, MD, MBA – Dir., Lexington-Fayette Urban County Health Dept.
Connie Richmond – President, KPHA President (elect)
Larry Turner, Ph.D. – Associate Dean College of Agriculture Extension Services
Kenneth Oilschlager, President/CEO Kentucky Chamber of Commerce
Gretchen Brown, MSW—CEO, Hospice of the Bluegrass

**Practice and Service Committee** The description of this Committee is as follows:

Charge: Establish, strengthen, and expand relationships within the practice community.
Duties: Work with the practice community to develop practicum sites for the College’s students; work with faculty to effectively utilize the practicum experience for the educational and career benefits of the College’s students; review and recommend policy in order to evaluate and track the College’s practice and service activities; work to develop continuing education materials and programs for Kentucky’s public health workforce.

Membership: Membership to be appointed by the Dean will include members of the College faculty, the public health practice community, a KMSF representative, and the clinical practice community.

Meetings: Not specified

Membership 2004-2005:

Rice Leach, external member, co-chair
Bob McKnight, Department of Preventive Medicine and Environmental Health, co-chair
Cynthia Lamberth, Kentucky Public Health Leadership Institute
John Poundstone, College of Public Health Practicum Coordinator
John Wiggs, Assistant Dean for Admissions and Student Affairs
Eula Spears, external member
Carol Ireson, Department of Health Services Management
Pam Allweiss, Department of Preventive Medicine and Environmental Health
John Watkins, Department of Gerontology, Director of Graduate Studies for Ph.D. program
Glyn Caldwell, Department of Epidemiology

Self-Study Steering Committee (ad hoc)

Charge: To prepare a preliminary self-study document by April, 2004 for submission to the Council on Education for Public Health and a final self-study document by late July. A site visit to ascertain the School’s readiness to meet the standards for accreditation is tentatively scheduled for the first week of September (1-3), 2004. You are asked to be ready to participate as requested by the site visiting team.

Membership 2003 – Present

Glyn Caldwell - Epidemiology
Karen Cinnamon – Staff Support
Dick Clayton – Health Behavior
Terri Fox – Dr.P.H, Student
Joel Lee – HSM – Co-Chair – Academic Affairs Committee
Robert McKnight – Environmental and Occupational Health
Andrea Milam – UK Teaching and Academic Support Center
Marta Mendiondo – Biostatistics
Deb Moore – UK Institutional Effectiveness and Research Office
Bill Pfeifle – HSM – Co-Chair

Appendix III (C)-49
Staff Council  The description of this Council is as follows:

Charge: to support the mission of the College of Public Health in the provision of public health education, research, and service through representing the needs and interests of the staff.

Duties: The Chair shall serve as the Staff Council representative to the Administrative Council of the College. The Council will provide a timely and efficient manner of communicating information from the administration of the college to the staff. The Council will support the functions of the college mission in order to contribute to the overall effectiveness and efficiency of the College of Public Health. A standing committee will assess, identify, and arrange opportunities for staff professional development, in consultation with the Dean of the College of Public Health.

Membership: There shall be eleven (11) staff council members, including the officers. The Dean may appoint an administrative representative, ex-officio non-voting member. The officers shall consist of a Chair, Vice-Chair, and Communications Officer.

Meetings: The Council will meet monthly.

Membership 2004-2005:
Rebecca Flanagan, Department of Health Behavior, Chair
Eileen Zahn, Business Office, Vice-Chair
Debbie Reed, Department of Preventive Medicine and Environmental Health, Communications Officer
Terry Bunn, KIPRC
Mark Boston, Information Technology/Business Office
Laverne Carter, Admissions and Student Affairs
Karen Cinnamond, Dean’s Office
Karen Early, Department of Preventive Medicine and Environmental Health
Freda Francis, KIPRC
Jessica Harris, Business Office
Monica Underwood, Department of Gerontology
Sabrina Walsh, KIPRC
Appendix III (C): Draft of Bylaws of University of Kentucky College of Public Health
Staff Council

Mission
The mission of the College of Public Health Staff Council at the University of Kentucky is to support the mission of the College of Public Health in the provision of public health education, research, and service through representing the needs and interests of the staff.

Bylaws
1. Governance
   1.1. The officers of the Staff Council shall consist of a Chair, a Vice Chair, and a Communications Officer.
      1.1.1. Chair
         1.1.1.1. The Chair is responsible for calling and conducting all meetings of the Staff Council and shall report to the Dean of the College of Public Health.
         1.1.1.2. The Chair is responsible for oversight of the communication plan.
         1.1.1.3. The Chair is responsible for appointing members and chairs of standing committees and ad-hoc committees.
         1.1.1.4. The Chair will perform any other functions deemed appropriate by the Dean of the College of Public Health.
      1.1.2. Vice Chair
         1.1.2.1. The Vice Chair is responsible for attending all meetings called by the Chair and conducting business in the Chair’s absence.
         1.1.2.2. The Vice Chair will assume the position of Chair after one year of service.
         1.1.2.3. The Vice Chair will perform any other functions deemed appropriate by the Chair.
      1.1.3. Communications Officer
         1.1.3.1. The Communications Officer is responsible for developing and implementing a communications plan which will include, but is not limited to, establishing and managing list serves, recording and disseminating meeting minutes, distributing ballots and collecting election and survey results, and complying with requests to disseminate information from other College parties.

2. Members
   2.1. There shall be eleven (11) staff council members, including the officers.
      2.2. The Dean may appoint an administrative representative, ex-officio non-voting member.

3. Election and Term
3.1. Elections for Vice Chair, Communications Officer, and the eight additional council members shall be held during the month of June and the new officers shall take office on July 1.

3.2. Council members shall serve a term of one year.

3.3. Each officer shall serve a term of one year. The Vice Chair will serve as such for one year and assume the position of Chair the following year.

3.3.1. Once the Chair has served, he/she will not be eligible to be considered for an officer position for two years following their term. They may serve as a council member.

3.4. Nomination to the Staff Council shall be open to all regular full- and part-time staff members of the College. Nominees may request that they not be considered for an officer position.

3.5. No one holding a position on the Administrative Council may be elected to the Staff Council (except the Staff Council chair).

3.6. The two nominees who wish to be considered for officer positions who receive the highest number of votes will be the Vice Chair (highest number of votes) and the Communications Officer (second highest number of votes). The remaining council members will be those nominees who receive the next highest number of votes.

3.7. The ballot shall be distributed and cast electronically. Eligible voting staff shall vote for six (6) candidates from among any of the nominees.

3.8. Staff council election results shall be reported to the Dean of the College of Public Health and elected members notified within 24 hours of the election closing.

3.9. Vacancies

3.9.1. Should a vacancy occur among the officers a special election will be held from among the serving council members.

3.9.2. Should a vacancy occur among the council membership, a special election will be held from among eligible staff.

3.9.3. The special election shall be held in accordance with the established election guidelines and shall be complete within two months of the vacancy’s occurrence.

3.10. In the case of a tie, the vote will be decided by lot.

3.11. There is no term limit for council members.

4. Responsibilities of the Council

4.1. The Chair shall serve as the Staff Council representative to the Administrative Council of the College.

4.2. The Council will provide a timely and efficient manner of communicating information from the administration of the college to the staff.

4.3. The Council will support the functions of the college mission in order to contribute to the overall effectiveness and efficiency of the College of Public Health.

5. Standing Committees

5.1. The standing committees shall be the Nominations/Elections Committee, the Staff Development Committee, and the Networking/Communications Committee.

5.2. The Nominations/Elections Committee members and chair shall be appointed by the Staff Council Chair.
5.2.1. The purpose of this committee will be to conduct the nominations and election process on an annual basis.

5.3. The Staff Development Committee members and chair shall be appointed by the Staff Council Chair.

5.3.1. The purpose of this committee will be to assess, identify, and arrange opportunities for staff professional development, in consultation with the Dean of the College of Public Health.

5.4. The Networking/Communications Committee shall be appointed by the Staff Council Chair and the chair shall be the Communications Officer.

5.4.1. The purpose of this committee will be to design and implement a plan of dissemination of information to the staff on all relevant issues.

5.4.2. Meeting minutes will be prepared and distributed to the Council within five days following the meeting.

5.4.3. Meeting minutes will be distributed to the Dean, staff at large, and others as appropriate within ten days following the meeting.

5.4.4. Meeting minutes shall be stored electronically in a shared College server directory and in paper format in a notebook located in the Dean’s office.

5.4.5. The outgoing Communications Officer shall turn over all pertinent records to the incoming Communications Officer at a meeting to occur at an appropriate and mutually beneficial time to ensure a smooth transition.

6. Meeting Schedule and Agenda

6.1. The Staff Council shall meet once per month at a time to be decided upon by the officers and other council members.

6.2. Meetings dates and times shall be communicated to all staff members; meetings are open attendance.

6.3. The agenda shall be prepared and distributed to the staff one week prior to the scheduled meetings

6.3.1. Agenda items may be submitted by members of the staff to the Chair for consideration for the agenda.

6.3.2. Proposed agenda items affecting policy change must be submitted to the Chair with a written endorsement of at least 25% of the staff.

6.3.2.1. Policy changes must receive a vote of at least 75% of the staff.

6.3.2.1.2. Policy changes voted on by the staff will be recommended to the Administrative Council.

7. Quorum

7.1. A quorum shall consist of 51% of the elected members of the Staff Council for the purposes of voting on business at meetings.

8. Rules of Order

8.1. Staff Council meetings shall be conducted according to Robert's Rules of Order, Revised.

9. Bylaws Review and Amendment

Appendix III (C)-53
9.1. The Staff Council Bylaws shall be reviewed no less than every three years and amended accordingly, or as needed.
9.2. Proposed changes to the Bylaws must be submitted to the Chair with a written endorsement of at least 25% of the staff.
9.3. Changes to the Bylaws must receive a vote of at least 75% of the staff.

Adopted this ________ day of ___________, 2004.

Amended:
Appendix V.A (A): College of Public Health, Educational Program Goals

Revised 07/30/04

I. Goal: The UK Masters of Public Health (MPH) educational program prepares professionals for broad-based practice in public health, through the integration of core competencies in the five areas of knowledge basic to public health (biostatistics, environmental health, epidemiology, health behavior, and health services management) with specialized knowledge and expertise in one of these professional disciplines.

MPH Educational Program Objectives

Students who complete the MPH degree will be able to do the following.

A. Contribute to the public health profession through the practice of sound professional public health attitudes, values, concepts and ethics.

B. Recognize and facilitate diversity of thought, culture, gender and ethnicity through transdisciplinary communication and collaboration.

C. Participate in professional development, research, service, and educational activities that contribute to the knowledge base and service outreach of public health.

D. Integrate and apply the crosscutting knowledge and skills (competencies) within five core public health areas of knowledge (biostatistics, epidemiology, environmental health sciences, health services administration, social and behavioral sciences).

E. Demonstrate advanced knowledge and skills necessary for specialized roles within public health, in at least one of the five core areas of public health.

II. The UK Doctor of Public Health (Dr.P.H.) educational program prepares public health professionals for the highest levels of leadership in public health related careers in both public and private settings. The Dr.P.H. degree builds upon prerequisite MPH knowledge linking public health theory with practice competencies in the five areas of knowledge basic to public health with specialized knowledge and expertise in one specific professional discipline to participate in the workforce at a senior leadership level that improves the performance quality of the system as a whole to successfully provide the ten essential public health services (Draft statement).
<table>
<thead>
<tr>
<th>Educational Program Goal</th>
<th>Educational Program Objectives</th>
<th>Across Curriculum</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The UK Masters of Public Health (MPH) educational program prepares professionals for broad-based practice in public health, through the integration of core competencies in the five areas of knowledge basic to public health (biostatistics, environmental health, epidemiology, health behavior, and health services management) with specialized knowledge and expertise in one of these professional disciplines.</strong></td>
<td>Integrate and apply the crosscutting knowledge and skills (competencies) within five core public health areas of knowledge (biostatistics, epidemiology, environmental health sciences, health services administration, social and behavioral sciences).</td>
<td>Demonstrate advanced knowledge and skills necessary for specialized roles within public health, in at least one of the five core areas of public health.</td>
</tr>
<tr>
<td><strong>The UK CPH DrPH educational program graduates…</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>The UK CPH Ph.D. in Gerontology graduates…</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Working Definitions**

**Competencies** are the knowledge, skills, and abilities demonstrated by organization or system members that are critical to the effective and efficient function of the organization or system (Nelson et al, 1996b). Competencies are derived from an analysis of the performance of proficient public health practitioners with concentration on skills and abilities rather than on activities (Council on Linkages).

Function of competency-based curricula in public health = provide both educators and employers of public health personnel guidance and structure in the allocation of effort and resources (U.S. Department of Health and Human Services, Public Health Service, March 1997).

**Public health workforce:** Those individuals employed by local, State, and Federal government health agencies; individuals in academia who educate, train, or perform research in public health; employees of private sector health care delivery organizations who provide community-based public health services (U.S. Department of Health and Human Services, Public Health Service, March 1997)… all those identified in the *Public Health in America* statement (July 1994)

**Public health mission:** Application of essential knowledge, skills, and abilities to promote physical and mental health and prevent disease, injury and disability (Public Health in America, 1994).

**Public health:**
- Prevents epidemics and the spread of disease
- Protects against environmental hazards
- Prevents injuries
- Promotes and encourages health behaviors
- Responds to disasters and assist communities in recovery
- Assures the quality and accessibility of health services

**Public Health Essential Services**
1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and ensure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

Appendix V.A. (A)-61
Skill Levels, Defined

Unaware: No information or skill in this area.
Aware: Basic mastery; able to identify the concept or skill but limited ability to perform or apply it independently.
Knowledgeable: Intermediate level of mastery; able to apply and describe the concept or skill.
Proficient: Advanced mastery; able to synthesize, critique, or teach the concept or skill.
Appendix V.A (B): Draft Capstone Experience Evaluation Rubric

(Under Review by Academic Affairs Committee, 7/28/04)

MPH Capstone Experience Evaluation Rubric Draft Document (07/29/04)

Part 1: The UK Masters of Public Health (MPH) educational program prepares professionals for broad-based practice in public health, through the integration of core competencies in the five areas of knowledge basic to public health (biostatistics, environmental health, epidemiology, health behavior, and health services management) with specialized knowledge and expertise in one of these professional disciplines.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Degree (Circle One):</th>
<th>MPH</th>
<th>Dr.P.H.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Concentration Area(s) (Circle all that apply):</th>
<th>Biostatistics, Environmental Health, Epidemiology, Health Behavior, Health Services Management</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Committee Chair:</th>
<th>Committee Members:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>There is no evidence to support that the student has met the objective.</th>
<th>There is insufficient evidence in quantity and quality to demonstrate that the student has met the objective.</th>
<th>There is sufficient evidence in quantity or quality (but not both) to demonstrate that the student has met the objective.</th>
<th>There is sufficient evidence in quantity and quality to demonstrate that the student has met the objective.</th>
<th>There is sufficient evidence in the scope of the project or its quality (but not both) to demonstrate that the student has exceeded the objective.</th>
<th>There is sufficient evidence in the scope of the project and its quality to demonstrate that the student has exceeded the objective.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>1. Contribute to the public health profession through the practice of sound professional public health attitudes, values, concepts and ethics.*</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Recognize and facilitate diversity of thought, culture, gender and ethnicity through transdisciplinary communication and collaboration.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. Participate in professional development, research, service, and educational activities that contribute to the knowledge base and service outreach of public health.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. Integrate and apply the crosscutting knowledge and skills (competencies) within five core public health areas of knowledge.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4a. The oral presentation demonstrates the student’s ability to integrate research and</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Appendix V.A. (B)-63
### Table

<table>
<thead>
<tr>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>4b. The written presentation demonstrates the student’s ability to integrate research and public health practice</td>
<td>0-5</td>
</tr>
<tr>
<td>4c. Together, the written and oral presentations demonstrate the student’s ability to communicate research findings in the context of public health practice</td>
<td>0-5</td>
</tr>
<tr>
<td>5a. The oral presentation demonstrates mastery of research skills commonly used in the student’s concentration</td>
<td>0-5</td>
</tr>
<tr>
<td>5b. The written presentation demonstrates mastery of research skills commonly used in the student’s concentration</td>
<td>0-5</td>
</tr>
<tr>
<td>5c. Together, the written and oral presentations demonstrate the student’s mastery of coursework required for his/her area of concentration</td>
<td>0-5</td>
</tr>
</tbody>
</table>

### Comments:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

*Students earning 30 points or more (and not having a score of less than 3 for any item marked as essential) will earn a grade of “Pass”. For CPH purposes only, students earning 45 points or more (and not having a score of less than 3 for any item marked as essential) will earn a grade of High Pass”. All other students will earn a mark of “fail”.*
Appendix V.A (C): Doctor of Public Health (Dr.P.H.) Curriculum

Prerequisite Curriculum (MPH Core) must complete courses listed below in ALL five areas.
(Hours earned for prerequisite coursework will not be applied to the Dr.P.H. degree requirements)

<table>
<thead>
<tr>
<th>Behavioral Health</th>
<th>Biostatistics</th>
<th>Environmental Health</th>
<th>Epidemiology</th>
<th>Health Services Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPH 801</td>
<td>STA 570 or 580</td>
<td>SPH 601 or 602 or ES 620 or ES 630</td>
<td>SPH 605 or PM 521</td>
<td>HSM 601 or PM 562</td>
</tr>
</tbody>
</table>

1. Dr.P.H. Core Curriculum, Part A: Must complete five core courses

<table>
<thead>
<tr>
<th>Behavioral Health</th>
<th>Biostatistics</th>
<th>Environmental Health</th>
<th>Epidemiology</th>
<th>Health Services Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPH 940 Health Related Behaviors</td>
<td>SPH 930 Advanced Biostatistical Methods</td>
<td>SPH 920 Advanced Environmental Health</td>
<td>SPH 910 Advanced Epidemiology</td>
<td>SPH 950 Well Managed Healthcare Org.</td>
</tr>
</tbody>
</table>

Dr.P.H. Core Curriculum, Part B: Must complete three of the following core courses, including course in area of concentration

<table>
<thead>
<tr>
<th>Behavioral Health</th>
<th>Biostatistics</th>
<th>Environmental Health</th>
<th>Epidemiology</th>
<th>Health Services Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPH 941 Prof. Seminar in Health Enhancement</td>
<td>SPH 931 Prof. Seminar in Biostatistics</td>
<td>SPH 921 Prof. Seminar in Environmental Health</td>
<td>SPH 911 Prof. Seminar in Epidemiology</td>
<td>SPH 951 Prof. Seminar in P.H. Management</td>
</tr>
</tbody>
</table>

Dr.P.H. Core Curriculum, Part C: Doctoral students must complete all of the following

<table>
<thead>
<tr>
<th>Behavioral Health</th>
<th>Biostatistics</th>
<th>Environmental Health</th>
<th>Epidemiology</th>
<th>Health Services Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPH 995</td>
<td>Doctoral Research Methods in Public Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPH 901</td>
<td>Doctoral Colloquium (repeated each semester of enrollment)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Advanced Courses in Area of Concentration (Selectives): Doctoral Students must complete five courses in area of concentration (Requires advisor approval)

<table>
<thead>
<tr>
<th>Behavioral Health</th>
<th>Biostatistics</th>
<th>Environmental Health</th>
<th>Epidemiology</th>
<th>Health Services Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced PH Selective</td>
<td>Advanced PH Selective</td>
<td>Advanced PH Selective</td>
<td>Advanced PH Selective</td>
<td>Advanced PH Selective</td>
</tr>
</tbody>
</table>

3-5. Other Requirements: Students must complete ALL of the following requirements

<table>
<thead>
<tr>
<th>Behavioral Health</th>
<th>Biostatistics</th>
<th>Environmental Health</th>
<th>Epidemiology</th>
<th>Health Services Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPH 997</td>
<td>Doctoral PH Field Practicum I (2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive Determinative Examination</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>SPH 997</td>
<td>Doctoral PH Field Practicum II (4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Problem Solving Capstone Project</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
# Appendix V.A (D): MPH and Dr. P.H. Master List of Course Offerings

<table>
<thead>
<tr>
<th>Prefix</th>
<th>#</th>
<th>Title</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPH</td>
<td>535</td>
<td>Databases and SAS Programming</td>
<td>Mendiondo (FT)</td>
</tr>
<tr>
<td>SPH</td>
<td>601</td>
<td>Occupational and Environmental Health</td>
<td>Horstman (FT)*, Prince(FT), Early(PT)</td>
</tr>
<tr>
<td>SPH</td>
<td>602</td>
<td>Overview of the Healthcare Delivery System</td>
<td>Schulman(FT)*, Robinson(FT), Costich(FT), Lee(FT), Samuel(FT)</td>
</tr>
<tr>
<td>SPH</td>
<td>603</td>
<td>Epidemiology</td>
<td>Caldwell (PT)</td>
</tr>
<tr>
<td>SPH</td>
<td>604</td>
<td>Public Health &amp; Disease Prevention</td>
<td>Collins(FT)*</td>
</tr>
<tr>
<td>SPH</td>
<td>605</td>
<td>Epidemiology</td>
<td>Fleming(FT), Hopenhayn(FT), Caldwell (PT)</td>
</tr>
<tr>
<td>SPH</td>
<td>609</td>
<td>Public Health Practicum</td>
<td>Scutchfield(FT), Lee(FT), Poundstone(PT)</td>
</tr>
<tr>
<td>SPH</td>
<td>610</td>
<td>Injury Epidemiology and Control</td>
<td>McKnight(FT)</td>
</tr>
<tr>
<td>SPH</td>
<td>611</td>
<td>Special Topics in Advanced Epidemiology</td>
<td>All FT Faculty</td>
</tr>
<tr>
<td>SPH</td>
<td>612</td>
<td>Infectious/Emerging Disease Epidemiology</td>
<td>Caldwell (PT)</td>
</tr>
<tr>
<td>SPH</td>
<td>614</td>
<td>Managerial Epidemiology</td>
<td>Fleming(FT)</td>
</tr>
<tr>
<td>SPH</td>
<td>616</td>
<td>Cardiovascular Disease Epidemiology</td>
<td>Aldrich(FT)</td>
</tr>
<tr>
<td>SPH</td>
<td>617</td>
<td>Environmental/Occupational Epidemiology</td>
<td>McKnight(FT)</td>
</tr>
<tr>
<td>SPH</td>
<td>618</td>
<td>Epidemiology of Aging</td>
<td>Tyas (FT)</td>
</tr>
<tr>
<td>SPH</td>
<td>630</td>
<td>Biostatistics II</td>
<td>Kryscio(FT), Rayens(FT), Kim(FT)</td>
</tr>
<tr>
<td>SPH</td>
<td>631</td>
<td>Design and Analysis of Health Surveys</td>
<td>Kryscio(FT)</td>
</tr>
<tr>
<td>SPH</td>
<td>632</td>
<td>Mixed Models in Public Health</td>
<td>Kryscio(FT), Kim(FT)</td>
</tr>
<tr>
<td>SPH</td>
<td>646</td>
<td>Special Topics in Health Behavior</td>
<td>All FT Faculty</td>
</tr>
<tr>
<td>SPH</td>
<td>649</td>
<td>Independent Studies in Health Behavior</td>
<td>All FT Faculty</td>
</tr>
<tr>
<td>SPH</td>
<td>650</td>
<td>Management of Public Health Organizations</td>
<td>Samuel(FT), Pfeifle(FT)</td>
</tr>
<tr>
<td>SPH</td>
<td>652</td>
<td>Finance Management for Health Delivery/Public Health Organizations</td>
<td>Samuel(FT)</td>
</tr>
<tr>
<td>SPH</td>
<td>658</td>
<td>Public Health Economics</td>
<td>Fleming</td>
</tr>
<tr>
<td>SPH</td>
<td>661</td>
<td>Bioethics for the Public Health Professional</td>
<td>Nash(FT)</td>
</tr>
<tr>
<td>SPH</td>
<td>662</td>
<td>Public Health Response to Bioterrorism</td>
<td>Caldwell (PT)</td>
</tr>
<tr>
<td>SPH</td>
<td>664</td>
<td>Design and Analysis of Clinical Trials</td>
<td>Kryscio(FT)</td>
</tr>
<tr>
<td>SPH</td>
<td>665</td>
<td>Ethical Issues in Clinical Research</td>
<td>Hatton(FT), Shedlovsky(FT), Pommeroy*(FT)</td>
</tr>
<tr>
<td>SPH</td>
<td>666</td>
<td>Practicum in Clinical Research I</td>
<td>Hatton(FT), Shedlovsky(FT), Pommeroy*(FT)</td>
</tr>
<tr>
<td>SPH</td>
<td>667</td>
<td>Practicum in Clinical Research II</td>
<td>Hatton(FT), Shedlovsky(FT), Pommeroy*(FT)</td>
</tr>
<tr>
<td>SPH</td>
<td>668</td>
<td>Practicum in Clinical Research III</td>
<td>Hatton(FT), Pommeroy(FT)</td>
</tr>
<tr>
<td>SPH</td>
<td>695</td>
<td>Public Health Practice through Service Learning</td>
<td>Hatton(FT), Pommeroy(FT)</td>
</tr>
<tr>
<td>SPH</td>
<td>711</td>
<td>Chronic Disease Epidemiology</td>
<td>Wyatt(FT)</td>
</tr>
<tr>
<td>SPH</td>
<td>712</td>
<td>Advanced Epidemiology</td>
<td>Tucker(FT)</td>
</tr>
<tr>
<td>SPH</td>
<td>718</td>
<td>Special Topics in Epidemiology</td>
<td>All FT Faculty</td>
</tr>
<tr>
<td>SPH</td>
<td>719</td>
<td>Independent Studies in Epidemiology</td>
<td>All FT Faculty</td>
</tr>
<tr>
<td>SPH</td>
<td>728</td>
<td>Special Topics in Occupational/Environmental Health</td>
<td>All FT Faculty</td>
</tr>
<tr>
<td>SPH</td>
<td>729</td>
<td>Independent Studies in Occupational/Environmental Health</td>
<td>All FT Faculty</td>
</tr>
<tr>
<td>SPH</td>
<td>738</td>
<td>Special Topics in Biostatistics</td>
<td>All FT Faculty</td>
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<tr>
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Appendix V.A. (D)-67
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<td>Topics in Civil Engineering: Water, Sanitation, &amp; Health</td>
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Students have also enrolled in courses offered by other departments to meet selective and elective requirements. These courses include offerings in ANT, BSC, CE, COM, CJT, ES, FAM, MKT, SOC, STA, & SW

* No Longer with the School of Public Health (relocated, retired, transferred)
## Core Curriculum

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### Selectives

Six hours to be selected from the following:
- GRN 612 Biology of Aging (3)
- GRN 710 Aging of the Nervous System (3)
- BSC 770 Psychosocial Issues in Health and Aging (3)
- GRN 610 Aging and Biomedical Ethics (3)
- ANT 539 Aging in Cross-Cultural Perspective (3)
- GRN 585 Aging and Environment (3)
- GRN 715 Health Policy and Aging (3)

### Gerontology Electives

Possible elective courses that may be selected by the student or required by the student's Advisory Committee include but are not limited to those listed below:
- GRN 513 Geriatric Pharmacy (3)
- BSC 579 Behavioral Factors in Death and Dying (3)
- NFS 680 Nutrition and Aging (2)
- AHE 510 Older Women and their Health (3)
- HA 510 Organization of the Long-term Care Sector (3)
- SOC 735 Special Topics in Work, Gender and Inequality: Gender and Aging (3)
- SW 604 Social Work Practice with the Aging (2)
- SW 613 Urban Ecology and Aging (2-3)
- SW 642 Psychological Aspects of Human Aging (3)

It is assumed that students entering with M.S. or M.A. degrees will have taken some of the required courses or their equivalent. The student's Advisory Committee, in conjunction with the Program Steering Committee, will determine the amount of prior course work to be credited toward specific requirements.

### Comprehensive Examination

Dissertation
## Appendix V.B (A): Agencies and Preceptors Used for Practice Placement Experiences for Students by Program Area

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<td>Kentucky Injury Prevention &amp; Research Center</td>
<td>Glyn Caldwell, M.D.</td>
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<td>Sabrina Walsh, MPH</td>
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<td>USAID/AIHA Republic of Uzbekistan Project</td>
<td>Thomas Samuel, J.D., MBA</td>
<td>6/1/2003</td>
</tr>
<tr>
<td></td>
<td>University of Kentucky Center for Rural Health</td>
<td>Michael Samuels, Dr.P.H.</td>
<td>1/1/2003</td>
</tr>
<tr>
<td>Dr.P.H. Occup/Env Health</td>
<td>Southeast Center for Agricultural Health and Safety</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Appendix V.B. (A)-71
Appendix V.B (B): Excerpts from the Graduate School Bulletin Relative to Ph.D. in Gerontology Qualifying Examination and Dissertation

The excerpts below are for reading convenience. The official University Bulletin is a separate document. The official Graduate School Bulletin is only available online at http://www.rgs.uky.edu/gs/bulletin/bullinfo.html.

From the printed University Bulletin, and the online Graduate School Bulletin

The Qualifying Examination
A qualifying examination consisting of both written and oral components is required of all doctoral students. Its purpose is to verify that students have sufficient understanding of, and competence in, their fields to become candidates for the degree. In most programs, the advisory committee prepares and administers an individual qualifying examination; typically, that committee also judges the results of the examination. A majority vote of the core of the advisory committee is required for successful completion of the qualifying examination. Programs that give uniform, written qualifying examinations to all of their candidates shall have rules (filed with the Dean of the Graduate School) governing the role of the advisory committee in the preparation, administration, and evaluation of the qualifying examination. The examination is usually given after four semesters of graduate work or the equivalent, and after fulfillment of prequalifying residency.

The qualifying examination must be scheduled through the Director of Graduate Studies and approved a minimum of two weeks in advance by the Graduate School. Students should check with the Director of Graduate Studies to make sure that the qualifying examination has been properly scheduled.

The results of the examination must be reported by the Director of Graduate Studies to the Graduate School within 10 days of its conclusion. If the result is failure, the advisory committee determines the conditions to be met before another examination may be given. The minimum time between examinations is four months. A second examination must be taken within one year after the first examination. A third examination is not permitted.

The Dissertation
Each student must present a dissertation which represents the culmination of a major research project. The dissertation must be a well-reasoned, original contribution to knowledge in the field of study and should provide evidence of high scholarly achievement. The major professor is the primary source of guidance in the planning and preparation of the dissertation. However, other members of the advisory committee may be involved in the process as well. All core members of the advisory committee must read the dissertation prior to signing the dissertation approval form. It is the responsibility of the advisory committee to make suggestions for revisions before the final examination. A majority of the advisory committee core members must indicate that the form and substance of the dissertation are adequate to justify the scheduling of the final examination. The final examination may not be scheduled without the approval of a majority of the advisory committee members.
The style and form of the dissertation must conform with the instructions published by the Graduate School. For specific instructions regarding the format of the dissertation, the student should obtain a copy of the Instructions for the Preparation of Dissertations and Doctor of Musical Arts Projects from the Graduate School Office or on the Web at <www.rgs.uky.edu/gs/thesdissprep.html>.

Copyright and Fees
Each graduating doctoral student must pay dissertation fees. Payment can be made at the University Billings and Collections Office. Authorization forms for paying dissertation fees are issued in room 351, Patterson Office Tower.

Dissertations may be copyrighted by the student by 1) signing the Copyright Authorization on the Publishing Agreement Form which is completed when the dissertation is submitted to the Graduate School, 2) paying the copyright fee of $45 (this copyright fee is in addition to the $69 dissertation fee), and 3) including a copyright notice in the front of the dissertation. The Graduate School, in conjunction with the University Libraries, offers graduate students the option of submitting their dissertation in wholly electronic format. For more information, see Electronic Theses and Dissertations (ETDs).

Final Examination
The Final Examination includes a defense of the dissertation and may be as comprehensive in the major and minor areas as the advisory committee chooses to make it. It is conducted by an expanded advisory committee chaired by the Director of Graduate Studies or someone designated by the Director. The Dean of the Graduate School and the President of the University are ex officio members of all final examination committees. The examination is a public event and its scheduling is published and announced beforehand. Any member of the University community may attend.

At least 8 weeks prior to the final examination, the Director of Graduate Studies will advise the Graduate School of the intent to examine. At this time the Graduate Dean appoints an Outside Examiner as a core member of the advisory committee. The specific time and date of the examination must be designated by the Graduate School at least two weeks prior to the actual examination. All members of the committee except the outside examiner must have an opportunity to suggest revisions prior to signing the Dissertation Approval Form. Thus, most revisions should have been completed at an earlier time. The final examination must take place no later than eight days prior to the last day of classes of the semester in which the student expects to graduate. Final examinations are public events and must take place while the University is officially in session. They may not be scheduled during the periods between semesters or between the end of the second summer session and the beginning of the fall semester.

The Dissertation Approval Form, along with an acceptable copy of the dissertation, must be presented to the Graduate School at the time the Final Examination is scheduled. The draft of the dissertation submitted must be complete in content, including all footnotes, tables, figures, and appendices. A full bibliography or set of references must be included as must all preliminary pages including a table of contents.
In all decisions, the majority opinion of the Graduate Faculty members of the advisory committee prevails. If the advisory committee is evenly divided, the candidate fails. In the event of failure, the advisory committee recommends to the Dean of the Graduate School conditions under which the candidate may be re-examined, if re-examination is deemed appropriate. When conditions set by the Dean of the Graduate School have been met, the candidate may be re-examined. Should any vacancies on the Committee occur between the two examinations, the Dean of the Graduate School shall appoint replacements. A third examination is not permitted.

After the final examination is passed, the final copy of the dissertation is prepared. Final copies are then submitted to the Graduate School along with the signatures of the Major Professor and the Director of Graduate Studies. The dissertation in its final form must be received in the Graduate School within 60 days of the final examination. If this deadline is not met, the candidate must undergo a second examination.
Appendix V.C (A): Draft Syllabus Template

(accepted by Academic Affairs 7/26/04; under review by Faculty Council)

SPH 630 / STA 681: Biostatistics II Fall 2004

Syllabus and Course Policies Document
Dr. Charnigo

Contact Information

Instructor: Dr. Richard Charnigo
Office: 851 Patterson Office Tower
Phone: 859.257.2550
E-Mail: richc@ms.uky.edu
Home Page: (www.ms.uky.edu/~richc)
Office Hours: TR 1-3 p.m. and by appointment

Teaching Assistant: TBA
Office:
Phone:
E-Mail:
Home Page:
Office Hours:

About this course

Course Description: SPH 630 / STA 681 (hereafter denoted SPH 630) covers statistical methods used in public health studies. This includes receiver operator curves, multiple regression, logistic regression, confounding and stratification, the Mantel-Haenszel procedure, and the Cox proportional hazards model.

Course-Specific Objectives:
1. Learn basic principles of probability for binomial and Poisson distributions.
2. Employ multivariate statistical methodology, including multiple regression, logistic regression, Poisson regression, and the Cox proportional hazards model.
3. Learn basic principles for designing and analyzing epidemiologic studies, including confounding, standardization, and stratification.
4. Become familiar with the design and analysis of studies routinely used in medicine: crossover studies, equivalence studies, meta-analysis studies, and studies with clustered responses.

College of Public Health Terminal Objectives in Biostatistics: The last two pages of this document indicate the College of Public Health terminal objectives in biostatistics and their associated competencies. The entries in the third column indicate the minimal level of attainment for someone who has successfully completed SPH 630: a “1” represents awareness, a “2” represents knowledgeability, and a “3” represents proficiency. Your personal level of attainment upon completion of SPH 630 and upon completion of your degree program may be higher, depending on your degree program, your area of concentration, and your choices of electives.

Relationship to Public Health Degree Program Goals: This course relates directly to the accomplishment of the educational program goals for the M.P.H. and Dr.P.H. degrees, which are described in the August 2004 Student Handbooks (www.mc.uky.edu/kysph/students/students.htm). Please reference the educational program goals throughout the semester, as they will provide a framework for this course and will contribute to your preparation for successfully completing other degree program requirements (e.g., capstone, practicum, and Dr.P.H. comprehensive examination).

Prerequisite: STA 580 (or equivalent)

**Course policies and logistics**

**Class Meetings:** We will meet on Tuesdays from 3:30 - 5:30 in NURS 214 (lecture) and 6:00 - 8:00 in NURS 602J (lab). Visit (www.uky.edu/email/uconnect/help.html) if you need to establish a U-Connect account for the purpose of logging onto the computers in NURS 602J.

**E-mail Memoranda:** I will be sending memoranda and course materials regularly by e-mail. Therefore, please check your e-mail at least once a day.

**Written Assignments:** There will be five written assignments for you to prepare outside of class. Assignments 1, 2, 4, and 5 will be due at the end of lecture on 21 September, 05 October, 16 November, and 30 November, respectively. Assignment 3 will be due at 3:30 p.m. on Thursday 28 October in my faculty mailbox (POT 843) or under my office door (POT 851); you may also hand in Assignment 3 at the end of lecture on 26 October if it is ready at that time.

You may work individually or in self-selected groups of two or three; in the latter case, it suffices to hand in one copy of the assignment for the entire group. Please note that many items on the written assignments will require the use of statistical software. You will become familiar with SAS in the lab sessions, but you may use any software that can perform the required computations.

**Examinations:** There will be a take-home midterm examination, due at the end of lecture on 19 October, and a take-home final examination, due at 3:30 p.m. on Thursday 16 December in my faculty mailbox (POT 843) or under my office door (POT 851).

The examinations are to be strictly individual efforts; in particular, discussion with your classmates is not permitted. The examinations may contain one or two items requiring the use of statistical software.

**Grading:** Your grade for the course will be determined by the written assignments (40%), the take-home midterm examination (24%), and the take-home final examination (36%). There may be opportunities to earn bonus points (e.g., for finding mistakes in course materials or for outstanding participation in lecture or lab). The cutoff for an “A” will be no higher than 90%, the cutoff for a “B” will be no higher than 75%, and the cutoff for a “C” will be no higher than 60%.

**Late Policy:** Cases involving University-excused absences, University-prescribed academic accommodations, or explicit requests from your Assistant or Associate Dean will be handled individually. Otherwise, assignments and examinations may be submitted one day late (before 3:30 p.m.) at a 25% loss of credit; assignments and examinations will not be accepted two days late.

**Accommodations:** If you have a documented disability that requires academic accommodations, please see me as soon as possible during scheduled office hours. In order to receive accommodations in this course, you must provide me with a Letter of Accommodation from the Disability Resource Center (www.uky.edu/TLC/grants/uk_ed/services/drc.html). If you have not already done so, please register with the Disability Resource Center (Room 2 Alumni Gym, 257-2754, jkarnes@uky.edu) for coordination of campus disability services available to students with disabilities.

**Academic Honesty:** The Department of Biostatistics, the College of Public Health, and the University of Kentucky place a premium on academic honesty. Please refer to the University of Kentucky Student Rights and Responsibilities document (www.uky.edu/StudentAffairs/Code/part2.html).
Provisionality: I reserve the right to clarify or amend these policies, in which case I will document the clarification or amendment in an e-mail memorandum.

**Tentative syllabus**

<table>
<thead>
<tr>
<th>Date</th>
<th>Topics (Relevant sections of the textbook)</th>
</tr>
</thead>
<tbody>
<tr>
<td>31 August</td>
<td>Conditional probability; sensitivity, specificity, and positive predictive values; receiver operator curves; the binomial distribution (3.6, 3.7, 4.8, 4.9)</td>
</tr>
<tr>
<td>07 September</td>
<td>Introduction to multiple linear regression; inferences for coefficients; model significance and partial f-tests; estimation of the mean response and prediction; summary measures of model goodness (11.9)</td>
</tr>
<tr>
<td>14 September</td>
<td>Automated variable selection in multiple linear regression; collinearity; influential observations; diagnostic plots and corrective action (11.9, 11.11)</td>
</tr>
<tr>
<td>21 September</td>
<td>Recasting analysis of variance as multiple linear regression; measures of effect for categorical data; confounding and standardization (12.5, 13.3, 13.4)</td>
</tr>
<tr>
<td>28 September</td>
<td>Mantel-Haenszel test for stratified categorical data; estimation of a common odds ratio; effect modification; power and sample size for the Mantel-Haenszel test (13.5, 13.6)</td>
</tr>
<tr>
<td>05 October</td>
<td>Introduction to logistic regression; inferences for coefficients; model significance; estimation of risk in prospective studies; summary measures of model goodness; diagnostics (13.7)</td>
</tr>
<tr>
<td>12 October</td>
<td>Modeling interaction in logistic regression; conditional logistic regression; meta-analysis (13.7, 13.8)</td>
</tr>
<tr>
<td>19 October</td>
<td>Equivalence studies; cross-over designs (13.9, 13.10)</td>
</tr>
<tr>
<td>26 October</td>
<td>Clustered binary data; person-time data; inference about an incidence rate; comparing two incidence rates (13.11, 14.1, 14.8, 14.2, 14.3)</td>
</tr>
<tr>
<td>09 November</td>
<td>Power and sample size for comparing two incidence rates; comparing two incidence rates in the presence of confounding; power and sample size for comparing two incidence rates in the presence of confounding (14.4, 14.5, 14.6)</td>
</tr>
<tr>
<td>16 November</td>
<td>Testing for trend in incidence rates; censoring; Kaplan-Meier estimation of survival functions; log rank test (14.7, 14.9, 14.10)</td>
</tr>
<tr>
<td>23 November</td>
<td>Cox proportional hazards model; inferences for coefficients; power and sample size for the Cox proportional hazards model (14.11, 14.12)</td>
</tr>
<tr>
<td>30 November</td>
<td>Poisson distribution; relationship to binomial distribution; overview of Poisson regression (4.10, 4.11, 4.12, 4.13)</td>
</tr>
<tr>
<td>07 December</td>
<td>Advice on choosing appropriate methodology; common mistakes in data analysis; missing data and other difficulties</td>
</tr>
</tbody>
</table>
Philosophical statement/commitment
Each Master of Public Health (MPH) student must complete a culminating experience as the final requirement for the MPH degree. The culminating MPH experience is a Graduate School Plan B, non-thesis option “Capstone Project”. The capstone project represents the culmination of a major practice or research activity and consists of a formal written manuscript that will become part of the College of Public Health archives, a formal public presentation open to the College’s students and faculty, and an oral examination consisting of questions by the student’s committee. The Capstone project is an opportunity for the student to coursework and field experience into a singular applied project that demonstrates proficiency. The project must be a well-reasoned contribution to knowledge in a discipline of public health, and should provide evidence of scholarly achievement.

The nature of the capstone project should be consistent with the career goals of the student and it should be viewed as a culminating display of ability, demonstrating that the MPH graduate is prepared to become a professional in the field of public health. The excellence in writing and oral presentation requirements reflects competencies that are essential to success in the field of public health. The “manuscript format” for the capstone project is intended to familiarize manuscripts for professional journals.

The capstone project is designed to fulfill the goal and objectises of the MPH degree program

To be successful, in the MPH degree program and the profession, students are expected to possess or obtain proficiency in writing before they begin the capstone project. Thus, at the discretion of the Department Chair or MPH Director of Graduate Studies, additional coursework may be recommended to students with identified deficiencies in their writing ability. The University of Kentucky offers several writing improvement resources. Students are encouraged to use University resources including the Writing Center (http://www.uky.edu/AS/English/wc/) to improve their communications skills.

Similarly, students are expected to acquire proficiency in oral presentation. The CPH strongly recommends that all MPH students attend at least one professional conference (e.g., APHA, Academy Health, SOPHE, ACHE) to observe and learn about formal oral presentations on public health topics. The presentation/oral examination is intended to be a learning opportunity for all students in the College of Public Health. All fall and spring semester presentations are scheduled on a single day and are open to students and faculty to achieve this objective. Students are strongly encouraged to attend these oral examinations each semester of enrollment in the MPH.

Procedures and deadlines
The primary product of the capstone project is a written report (using a standardized format applying the *Uniform Requirements for Manuscripts Submitted to Biomedical Journals: Writing and Editing for Biomedical Publication* [http://www.icmje.org](http://www.icmje.org) along with a standardized title and signature page (Appendix A) as the default standard for the capstone project). The length of a capstone manuscript will vary with the topic and the expectation of the student’s committee. The maximum length will typically be a text of 4,000 words not including appendices, tables, and charts. With the approval of the student’s committee, an alternate format consistent with the guidelines for authors of a relevant journal the student is planning to submit the paper to will be accepted. All projects must conform to University of Kentucky Office of Research Integrity policies concerning the protection of human subjects. All projects must complete Institutional Review Board review or have confirmation that IRB review is not required (See http://www.rgs.uky.edu/ori/human.htm).

The capstone process is initiated and driven by the student; however, explicit deadlines are established by the Graduate School, and the College of Public Health. These deadlines are critical and a student’s failure to complete necessary tasks on schedule will result in a delay in graduation. Graduate School rules require that the oral examination be scheduled a minimum of one week prior to the last day of classes in a semester. All deadlines are established to assure that a high quality project is completed by that date. The Capstone project is not an activity that can be completed in one week and students must plan accordingly to graduate on schedule.

The first steps in the capstone process are the selection of a project topic and a committee. If a student is uncertain of a topic, she/he may consult with faculty in their discipline. Most students identify a capstone topic based upon their academic interests, field practicum, current employment, and career plans. Once a student has identified a topic, the next step is to identify a capstone committee. The student must identify a faculty member to serve as the committee chair. Once the chair has agreed to serve in this role, the student and the chair will discuss the composition of the remainder of the committee.

The Graduate School specifies that the capstone committee must include a minimum of three university faculty members. At least one of the faculty members must be a “full member” of the Graduate Faculty. The second committee member must be either a “full member” or “associate member” of the Graduate Faculty, and the third member must hold a university faculty appointment but need not be a member of the Graduate Faculty. Graduate status of faculty may be determined at the web site: [http://rgsws-secure.rgs.uky.edu/cfdocs/gs/dgsgradfac/](http://rgsws-secure.rgs.uky.edu/cfdocs/gs/dgsgradfac/). The College of Public Health requires that at least two committee members including the chair must be from the student’s academic discipline. (A listing of eligible chairpersons will be available at the beginning of each College year). The third committee member may be from any CPH department, or elsewhere in the University. In consultation with the faculty member serving as chair, the student may invite additional faculty or practitioners to serve on the committee, however the larger the committee, the more complex the process.

Appendix V.C (B)-79
The committee chair will play an essential role in the capstone process and should offer expertise and mentorship that will contribute to the student’s efforts. Selecting a chair is an important process that should begin with the student’s identification of a narrowly defined set of research questions. The process of developing these research questions may involve consulting with multiple members of the CPH faculty. Ultimately, however, the student is expected to identify a faculty member who is eligible (and willing) to serve as chair for the committee that will provide oversight for the study designed to address the identified research questions.

Once the selected chair has agreed to serve, the student and chair will discuss the composition of the remainder of the committee, other committee members will be invited (given approval from the chair) by the student. Students may also decide to identify a faculty mentor to help guide “topic-specific” aspects of the capstone project. The mentor may be necessary if the chair is not well versed in the topic chosen by the student. Mentors (unlike chairs) can be any member of the UK faculty). Typically, the chair and other faculty members will wish to see a one to two page project proposal prior to agreeing to serve on the committee. Once the student has assembled a committee he/she will submit a form (Appendix B) to the Office of Admissions and Student Affairs that indicates the tentative title of the project, stated purpose of the project, the reasons that this topic is relevant to public health and includes signature from each of the committee members. For spring semester graduation, this should occur before the 10th week of fall semester. Students planning to graduate in the fall semester will be expected to submit this document at the equivalent point in time, prior to planned graduation. Students who fail to meet this deadline (or any other deadline described in this document) should be aware that missing a deadline gives the Chair (or any committee member) the prerogative to withdraw from the capstone committee. The MPH Director of Graduate Studies will make final committee recommendations to the Dean of the Graduate School based upon this form.

Following submission of the form, the chair and the student will continue to meet (possibly several times) to agree upon the methodology, and its potential implications to public health practice. By the 12th week of the semester, the student will be able to present a draft of 13 slides outlining the capstone project to the satisfaction of his/her committee chair (see the note below). Once the chair has approved these plans, the student must initiate the appropriate communications (and the respective paperwork process) with the Office of Research Integrity. Other than projects that review existing literature, having an approval letter from the ORI is solely the responsibility of the student. All capstone projects are subject to this step, only ORI can determine that a project is exempt.

Note: A set of “template” PowerPoint slides for the oral examination will be provided to all students – each of these will represent one aspect of the study project and each will be used to organize that portion of the capstone presentation. Students’ use of additional slides is welcome, but not required. Students are required to make a presentation that includes the content dictated by the 13 template slides. Exceptions are made at the
discretion of the chair. Students may use PowerPoint slides, overhead projector slides, or 2” x 2” slides for delivery of the oral presentation.

Between the 12th week of the fall semester and the 6th week of the spring semester, students will consult with the committee chair as needed to carry out the project. Students may also consult with members of the committee at this time. Note, students using statistical tests are expected to conduct and interpret these tests on their own; however, statistical support services can be used to help select the appropriate test and possibly to help the student conduct an initial test of the data.

No later than the 7th week of the spring semester the student will be responsible for providing a draft copy of the completed manuscript to the committee chair. Note: This deadline is particularly vital. Students failing to provide a hard copy of the draft manuscript by that date should be aware that their chair has the prerogative to terminate the project or to recommend delayed graduation. Within one week after receiving this document, the chair will provide the student with written feedback that will comprise the required changes before the draft can be sent to the committee members.

No later than the 10th week of the spring semester, the student will be responsible for providing a hard copy of the final draft manuscript to the chair and each of the committee members.

One week prior to the capstone presentation date, the chair will consult with the other committee members to discuss the quality of the final draft. At this point, the chair may exercise the option of removing the student’s name from the agenda for capstone presentations. Note: a capstone committee can be kept in place as long as the student is eligible to complete the capstone project and as long as the committee members are willing to serve. However, committees will normally be preserved for a period of two years after they have been formed. Requests for continuation beyond two years must be made in writing by the student, and accompanied by a projected time of completion.

Capstone presentations will occupy one to two days contingent upon the number of students scheduled to present. One presentation will begin every hour. The capstone presentation will begin with a 20-minute student presentation of the project. Emphasis should be on placed on methods, findings, and implications for public health practice using the model of professional association meeting presentations. It is important to note that information presented must be carefully selected, as 20 minutes will not be sufficient time to address all written material. Subsequently the chair will orchestrate a 20-minute “oral examination” period that will begin with questions from the committee and, if time allows, the audience will be invited to ask questions. Note: all MPH students will be strongly encouraged to attend these presentations. The final 20 minutes of the hour session will be reserved for private committee deliberation. The committee will evaluate the quality of the final written manuscript in the context of the oral presentation, and oral examination. However, the written project will become a permanent part of CHP archives and, as such, this manuscript will be the ultimate object of the discussion. Under no

Appendix V.C (B)-81
circumstances may a student present a paper and complete the oral examination if the paper is not approved by the committee.

**Evaluation:**
Each member of the committee will assign a grade (high pass, pass, fail) that reflects: 1) the quality of the project in its final written form (2/3 of the grade), and 2) the success of the student in the delivery of the presentation and his/her responses to the oral examination (1/3 of the grade). Approval requires a passing grade from a majority of faculty members on the student’s committee. Students will receive copies of the faculty evaluation forms within 24 hours of the oral examination. **Appendix C** presents the MPH Capstone Project Evaluation Form, students should review and understand these criteria to help in preparation of the capstone project paper and oral examination.

In the case of a pass, the student must successfully complete any remaining course requirements and will receive the Master of Public Health degree at the conclusion of the semester. If the judgment of the committee is that the student has not passed the examination, the student will be required to enroll the following semester to refine the project based upon comments in the evaluation form, and repeat the examination process. Students will be permitted to repeat the examination a maximum of two times. If a passing grade is not received, the student will not receive the MPH degree.

No later than the same day as the presentation, the chair will provide the student with changes required in the written project before the capstone is considered complete. All students should expect some degree of required revisions. If changes cannot be completed within the Graduate School time constraint of one week, the student will not pass and the student will need to reschedule graduation to the subsequent semester. The fully revised document is to be submitted (in person) to the chair within one week after the presentation date.

The capstone project and oral examination are rigorous, but are not difficult tasks for a well prepared and organized student. It is essential that the student carefully plan the process, and work closely with committee members. Requirements for the final written document are described in **Appendix D**.

As a final requirement for graduation, the student will submit two copies of the final edited paper along with an abstract and two original signature pages, and an electronic copy on a 3.5’ floppy diskette to the Office of Admissions and Student affairs. The Student will also submit a check for $25.00 to cover the costs of binding and postage for the two bound volumes. Students may also arrange for binding of additional personal copies.

Note: Failure to meet deadlines is a matter to be discussed by the student and his/her selected chair. It should be noted, however, that the deadlines are considered essential to a successful capstone presentation, oral examination, and (ultimately) the completion of an acceptable written product within one-week after the capstone presentation. Thus,
after one or more missed deadlines, the chair will have the option of terminating his/her agreement with the student.

**The Chair’s Responsibility:**
Note: As the chair approves committee membership and approves the capstone title (reflecting the nature of the planned project), it is the responsibility of the chair to become familiar with CPH policies regarding committee membership and criteria that define a capstone project achieving the minimum standards of the CPH. Thus, at the beginning of each College year, the MPH Director of Graduate Studies will hold an “orientation meeting” for all eligible chairs.
Appendix A
SAMPLE TITLE PAGE

STRATEGIC NETWORKS FOR PUBLIC HEALTH SERVICES IN RURAL AREAS OF KENTUCKY

CAPSTONE PROJECT PAPER

A paper submitted in partial fulfillment of the requirements for the degree of Master of Public Health in the Kentucky College of Public Health at the University of Kentucky

By
Sherrie Elaine Human
Lexington, Kentucky (Home town)

Lexington, Kentucky
May 18, 2005 (Presentation date)

(Signature lines, List all committee members)

Douglas Scutchfield, M.D., Chair

Thomas W. Samuel, J.D.

Richard R. Clayton, Ph.D.

Appendix V.C (B)-84
Appendix B

Proposed Capstone Project

Name of Student _________________________________________________

Title of Proposed Capstone Project
________________________________________________________________
________________________________________________________________
________________________________________________________________

Primary Objective
________________________________________________________________
________________________________________________________________
________________________________________________________________

Secondary Objective (if applicable)
________________________________________________________________
________________________________________________________________
________________________________________________________________

Proposed Methodology
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Source of Data (if applicable)
________________________________________________________________
________________________________________________________________
________________________________________________________________

Anticipated Value to Public Health Practice
________________________________________________________________
________________________________________________________________
________________________________________________________________

Committee Chair ______________________________________
Signature of Chair _____________________________________
Appendix C

Part 1: The UK Masters of Public Health (MPH) educational program prepares professionals for broad-based practice in public health, through the integration of core competencies in the five areas of knowledge basic to public health (biostatistics, environmental health, epidemiology, health behavior, and health services management) with specialized knowledge and expertise in one of these professional disciplines.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Degree:</strong> MPH</td>
<td><strong>Concentration Area(s) (Circle all that apply):</strong> Biostatistics, Environmental Health, Epidemiology, Health Behavior, Health Services Management</td>
</tr>
<tr>
<td><strong>Committee Chair:</strong></td>
<td><strong>Committee Members:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. The product of the Capstone work reflects sound professional public health attitudes, values, concepts and ethics. (*essential)</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. The product of the Capstone work reflects diversity of thought, culture, and gender equality. (*essential)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. The student has demonstrated professional development in research, service, and outreach activities that contribute to public health.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. The student has Integrated and applied the crosscutting knowledge and skills (competencies) within five core public health areas of knowledge. (*essential)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4a. The oral presentation demonstrates the student's ability to integrate research and public health practice.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4b. The written presentation demonstrates the student's ability to integrate research and public health practice</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4c. Together, the written and oral presentations demonstrate the student's ability to communicate research findings in the context of public health practice. (*essential)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
5a. The **oral** presentation demonstrates mastery of research skills commonly used in the student’s concentration.

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
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<th>5</th>
</tr>
</thead>
</table>

5b. The **written** presentation demonstrates mastery of research skills commonly used in the student’s concentration.

<table>
<thead>
<tr>
<th></th>
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<th>5</th>
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</thead>
</table>

5c. Together, the **written and oral** presentations demonstrate the student’s mastery of coursework required for his/her area of concentration (*essential*)

<table>
<thead>
<tr>
<th></th>
<th>Fail</th>
<th>Pass</th>
<th>High Pass</th>
</tr>
</thead>
</table>

**Comments**

*Students earning 30 points or more (and not having a score of less than 3 for any item marked as essential) will earn a grade of “Pass”. For CPH purposes only, students earning 45 points or more (and not having a score of less than 3 for any item marked as essential) will earn a grade of “High Pass”. All other students will earn a mark of “fail”.*
Appendix D: Capstone Project Paper Guidelines

Preparing a Capstone Project Paper Manuscript

The College of Public Health adheres to the criteria of the International Committee of Medical Journal Editors (http://www.icmje.org). Authors must certify that they will take public responsibility for the content and provide any relevant data upon request. The author must also certify that she/he has contributed substantially to conception, design or analysis, and interpretation of the data, drafting or revision of content, and approval of the final version. The Author also must confirm that the content has not been published elsewhere and does not overlap or duplicate their published work.

Title page. The first page will be a title page including the capstone project title (a concise title that engages and stimulates interest), the authors name including previously earned college degrees, the date of the Final Examination, and signature lines for each committee member including their names and academic degrees.

Abstract. Good abstracts are paramount. Abstracts should be limited to 250 words under four heads: Objectives, Methods, Results, and Conclusions. Use complete sentences, and spell out acronyms at first mention. Number the abstract as page one.

Text. Type is doublespaced (including each line of the references), and leave no spaces between sections. Add subheads for clearer presentation and informed reading (at least 1 subhead for every two pages).

References. Refer to the the International Committee of Medical Journal Editors http://www.icmje.org).

Biographical sketch. Prepare the biographical sketch on a separate final page of text. The Sketch will be a brief one paragraph description of the author including: full name, previously earned academic degrees, relevant professional employment, professional association affiliations, and long term contact information including address, phone number, and e-mail address.

Acronyms. Use sparingly, if at all.

Tables and figures. Arrange each table on a separate sheet, with a self contained title that is fully comprehensible without reference to the text. Figures should include keys and should be either professionally drawn or lasers printed from a computer. Keep lettering large enough to read once reduced to print.

Acknowledgments. Prepare acknowledgments on a separate page. Also required is disclosure of all financial and material support. If human participants are involved, approval by an institutional review board and their informed consent is required. CPH adheres to the Declaration of Helsinki of the World Medical Association http://www.wma.net.

Appendix V.C (B)-89
Copies of Paper

The student must submit two copies of the completed paper to be placed in the CPH and University Libraries, and a diskette, with files saved in Microsoft Word.

All other matters of style will be based upon the Graduate School Instructions for the Preparation of a Masters Thesis available at: http://www.rgs.uky.edu/gs/thesisprep.pdf. Relevant components include the following.

Paper Requirements

The paper on which the work is printed must meet the standards for durability and permanence suitable for a work that will reside in the Library and Archives. See American National Standards Institute (ANSI) /National Information Standards Organization (NISO) Z39.48-1992; Permanence of Paper for Publications and Documents in Libraries and Archives. The requirements for paper are: white, 8 x 11 inches, acid- and lignin-free, alkaline-buffered, and durable, at least 20 lb. bond weight. Paper that does not meet these requirements, such as erasable and recycled paper, should not be used. Acceptable paper may be purchased at campus bookstores or other local copy and office stores. Students are encouraged to bring the label or end-panel from the original paper package at the time of final submission in order to demonstrate that the paper used meets these standards. The following 8 x 11 papers meet the standards listed above: PermaLife Bond (FoxRiver Paper Co.), Perma/Dur Buffered Bond (DISTRIBUTOR: University Products), Cranes Thesis Paper (DISTRIBUTOR: Crane and Company), Xerox Image Elite (DISTRIBUTOR: Xerox Corporation), and Hollinger Alkaline Buffered Bond (DISTRIBUTOR: Hollinger Corporation).

PRINTING REQUIREMENTS

ACCEPTED:
Laser printing (impact printing); minimum resolution of 300 dpi Professional-quality photocopying

NOT ACCEPTED:
Ink-jet or dot-matrix printing, as the ink is water soluble. Printing with a resolution below 300 dpi. The same typeface (font) must be used throughout the body of the paper. The type must be clear, even and free of visible correction. No form of erasure fluid or correction tape is acceptable. Printing should be on one side only.

Font
A standard font is required and should be consistent throughout the paper. This includes all page numbers, preliminary pages, Table of Contents, list pages, and table/figure headings.

Appendix V.C (B)-90
The only exceptions are for tables/figures that are formatted using separate graphics. However, the table and figure headings must be formatted with the exact same font style and size as used in the main body of the paper. The minimum font size for the body of the paper is 12-point type. The font size must be kept consistent throughout the body (i.e. text) of the paper. A larger font size is acceptable for chapter titles and major subdivisions. Recommended fonts are Times New Roman, Arial, Helvetica, and Century Gothic.

Margins
The following margins are required: top - 1 inch; bottom - 1 inch; left - 1.5 inches; right - 1 inch. These requirements apply to all pages of the manuscript and any illustrative material to be bound into the paper (see section on oversize materials). Note: The photocopying process enlarges text size up to 2% with each reproduction. For the submission of paper pages that have been photocopied (once), it is recommended that the margins of the original document be increased to: 1.6 inches (left), and 1.1 inches (top, bottom, & right).

Line Spacing
Double spacing should be used in the body of the paper; single line spacing is not acceptable. The spacing of footnotes, bibliographic entries, long quoted passages, etc., should conform to the guidelines of a style manual consistent with scholarly practice in the discipline.
Appendix V.D (A): Graduate School Policies and College Role in Monitoring Student Performance

When students have completed 12 or more semester hours of graduate course work with a cumulative GPA of less than 3.0, they will be placed on scholastic probation. Students will have one full-time semester or the equivalent (9 hours) to remove the scholastic probation by attaining a 3.0 cumulative GPA. If probation is not removed, students will be dismissed from the Graduate School. Students who have been dismissed from the Graduate School for this reason may apply for readmission to the Graduate School after two semesters or one semester and the eight-week summer term. If they are accepted by the program, admitted students will have one full-time semester or the equivalent (9 hours) to remove the scholastic probation by attaining a 3.0 cumulative GPA. Exceptions to this policy can be made only by the Dean of the Graduate School. The Dean of the Graduate School may terminate enrollment in a particular program for the following reasons: 1.) scholastic probation for three enrolled semesters. 2.) Having failed twice the final examination for the master's degree or the qualifying examination. 3.) In cases where the student's Advisory Committee recommends termination after the qualifying examination has been passed, the Graduate Faculty in that program will meet to vote on the recommendation. When the Graduate Faculty of that program concurs and the student dissents, the student will have an opportunity to meet with the Graduate Faculty of the program, after which a second vote will be taken and a final recommendation will be made to the Dean of the Graduate School. The Dean of the Graduate School may terminate enrollment in a particular program for the following reasons: 1.) Scholastic probation for three enrolled semesters. 2.) Having failed twice the final examination for the master's degree or the qualifying examination. 3.) In cases where the student's Advisory Committee recommends termination after the qualifying examination has been passed, the Graduate Faculty in that program will meet to vote on the recommendation. When the Graduate Faculty of that program concurs and the student dissents, the student will have an opportunity to meet with the Graduate Faculty of the program, after which a second vote will be taken and a final recommendation will be made to the Dean of the Graduate School.

Although University authority resides with the Dean of the Graduate School, operational authority resides with the MPH and Ph.D. Directors of Graduate Studies, the Associate Dean for Academic Affairs and the College Dean. The Office of Admissions and Student Affairs also plays a major role in this process. Although the Dr.P.H. is a professional degree outside of the Graduate School, current policies reflect those of the Graduate School. In addition if a Dr.P.H. student matriculates lacking any of the five MPH core course prerequisites, Dr.P.H. students must earn a minimum grade of a “B” prior to enrolling in the first doctoral course in that discipline. All courses are assessed using a standardized quantitative and narrative evaluation form. In addition, the College organizes student focus groups, conducts advising meetings for each degree and discipline, individual advising sessions, and practicum evaluation. Informal advising is also offered by faculty and staff.

In addition, the Graduate School specifies time limits for the MPH and Ph.D. degrees. Activities used to satisfy degree requirements in the MPH must be completed within eight years preceding the proposed date of graduation. Extensions of time will be considered by
the Graduate Council only upon written recommendation by the appropriate Director of Graduate Studies. No activity completed more than 12 calendar years preceding the proposed graduation date will be considered for graduation. All degree requirements for the Ph.D. degree must be completed within five years following the semester or summer session in which the candidate successfully completes the qualifying examination. In the event that all degree requirements are not met during the five-year period, degree candidates who provide evidence of the likelihood of completing the degree during an extension of time may be granted such an extension by the Graduate Council. Requests will be considered only upon written recommendation of the appropriate Director of Graduate Studies after the candidate has again successfully completed the qualifying examination process as currently administered by the program. (Note: Failure to pass the re-examination will result in the termination of degree candidacy; a second re-examination is not permitted.) An extension of no more than five years may be granted.

The Dr.P.H degree program expects continuous academic progress for all admitted students. All course work, including didactic courses and the Practicum field experiences must be completed within six years of the semester of matriculation. Students may formally request a leave of absence for a maximum of 2 semesters in total. Leaves of absence are included within the 6-year limitation for completing coursework. All degree requirements for the Dr.P.H. must be completed within five years following the semester in which the candidate successfully completes the Comprehensive Examination. In the event that all degree requirements are not met during the five-year period, degree candidates who provide evidence of the likelihood of completing the degree during an extension of time may be granted such an extension by the Student Affairs Committee. Requests will be considered only upon written recommendation of the Director of Doctoral Studies after the candidate has again successfully completed the comprehensive examination process as currently administered by the program. (Note: Failure to pass the re-examination will result in the termination of degree candidacy; a second re-examination is not permitted.) An extension of no more than five years will be granted. Students in the School of Public Health on leave-of-absence and in good standing are eligible for readmission no later than within one academic year. If readmission is within one academic year or less, the student must submit written notification to the Director of Doctoral Studies at least two months prior to the beginning of the semester the student plans to re-enroll. If the period of inactivity exceeds one year, students must file an application for readmission by the stated deadlines for new students. Doctoral degree assessment of the integrative capstone project or Ph.D. dissertations is conducted by a faculty committee evaluating the written product and oral examination. Explicit policies and procedures are detailed in the individual degree manuals. Alumni assessment is viewed as an important measure of professional readiness and is under development as described under Criterion X. Postgraduate placement monitoring is under development, a survey of recent graduates, their employers will be initiated this summer, and results will be available at the time of the accreditation site visit.
Appendix V.D (B): MPH Terminal Objectives Documents by Concentration

### Terminal Objectives, MPH/Dr.P.H. BioStatistics Concentration

**Proposed 2/19/04; Revised 2/20/04; Accepted 7/26/04**

University of Kentucky College of Public Health

<table>
<thead>
<tr>
<th>Educational Program Goal</th>
<th>Educational Program Objectives</th>
<th>Concentration Courses</th>
<th>Across Curriculum</th>
</tr>
</thead>
<tbody>
<tr>
<td>The UK Masters of Public Health (MPH) educational program prepares professionals for broad-based practice in public health, through the integration of core competencies in the five areas of knowledge basic to public health (biostatistics, environmental health, epidemiology, health behavior, and health services management) with specialized knowledge and expertise in one of these professional disciplines.</td>
<td>Integrate and apply the crosscutting knowledge and skills (competencies) within five core public health areas of knowledge (biostatistics, epidemiology, environmental health sciences, health services administration, social and behavioral sciences).</td>
<td>Demonstrate advanced knowledge and skills necessary for specialized roles within public health, in at least one of the five core areas of public health.</td>
<td>Contribute to the public health profession through the practice of sound professional public health attitudes, values, concepts and ethics. Recognize and facilitate diversity of thought, culture, gender and ethnicity through transdisciplinary communication and collaboration. Participate in professional development, research, service, and educational activities that contribute to the knowledge base and service outreach of public health.</td>
</tr>
</tbody>
</table>
University of Kentucky College of Public Health  
Biostatistics Curriculum Contribution to MPH Educational Program Goals

<table>
<thead>
<tr>
<th>Terminal Objective</th>
<th>Competencies, Council on Linkages</th>
<th>Competencies, Biostat</th>
<th>Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. Explain basic principles of statistical estimation and inference.</td>
<td>Makes relevant inferences from quantitative and qualitative data.</td>
<td>MPH Core</td>
</tr>
<tr>
<td></td>
<td>. Explain basic principles of statistical estimation and inference.</td>
<td>a. Conceptualize sample measurements as realizations of random variables;</td>
<td>Aware</td>
</tr>
<tr>
<td></td>
<td>b. Conceptualize estimates of population parameters as realizations of random variables;</td>
<td>c. Construct confidence intervals for population parameters;</td>
<td></td>
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<tr>
<td></td>
<td>d. Formulate statistical hypothesis tests concerning population parameters;</td>
<td>e. Quantify the power of some basic hypothesis tests;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>f. Determine appropriate sample sizes for some basic hypothesis tests;</td>
<td>g. Articulate the relationship between confidence intervals and hypothesis tests.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Identify and use standard experimental and</td>
<td>Defines a problem.</td>
<td>Aware</td>
</tr>
<tr>
<td></td>
<td>Selects and defines</td>
<td>Be conversant in the use of the following a. designing and analyzing a</td>
<td></td>
</tr>
</tbody>
</table>

Appendix V.D (B)-95
<table>
<thead>
<tr>
<th>Sampling designs.</th>
<th>Variables relevant to defined public health problems.</th>
<th>Two way lay out with interaction; b. designing and analyzing experiments with repeated measures; c. designing and analyzing simple cross over experiments; d. adjusting for the effects of confounders and/or stratifying variables; e. explaining the biostatistical components of a clinical trial including large prevention trials in public health and community intervention studies; f. monitoring the progress of a disease over time using time series analysis or disease surveillance methods; g. applying spatial statistics to a problem in public health that has a geographic component.</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Understand elementary probability concepts used in Public Health.</td>
<td>Defines a problem.</td>
<td>a. Characterize conditional probability both mathematically and intuitively; b. Express the specificity of a diagnostic test as a</td>
<td>Aware</td>
<td>Knowledgeable</td>
</tr>
</tbody>
</table>

Appendix V.D (B)-96
| 4. Apply statistical methods commonly encountered in univariate data analysis. | Makes relevant inferences from quantitative and qualitative data. | a. Use descriptive statistics effectively; b. Perform paired and independent t-tests to compare means; c. Calculate chi squared statistics to compare proportions as well as | Aware | Knowledgeable | Knowledgeable | Proficient |
| 5. Apply statistical methods commonly encountered in multivariate data analysis. | Makes relevant inferences from quantitative and qualitative data. | a. Identify and apply appropriate multivariate statistical models including multiple linear regression, logistic regression, Poisson regression, proportional hazard regression and mixed models; b. Critically interpret the outcomes of the multivariate analysis; c. Conduct graphical and analytical model diagnostics, and recommending remedies based on the diagnostics; d. Integrate the outcomes of | Aware | Knowledgeable | Knowledgeable | Proficient |
### 6. Gather, organize, and manage health survey data.

Identifies relevant and appropriate data and information sources. 
Applies ethical principles to the collection, maintenance, use, and dissemination of data and information.

- a. Design a health survey instrument;
- b. Assess instrument/item reliability and validity;
- c. Draw and analyze a simple random sample of measurements;
- d. Implement and analyze more complex survey designs including stratified samples, clustered samples, and multistage samples;
- e. Process incomplete data using imputation;
- f. Adopt an appropriate weighting scheme for observations in a health survey.

<table>
<thead>
<tr>
<th>Novice</th>
<th>Knowledgeable</th>
<th>Knowledgeable</th>
<th>Proficient</th>
</tr>
</thead>
</table>

### 7. Effectively use statistical software to collect and analyze Public Health data.

Applies data collection processes, information technology applications, and computer strategies.

- a. Master the use of SAS analyst, a click and point statistical software;
- b. Acquire the skills necessary to write code for SAS programs;
- c. Understand the principles of data acquisition, verification, and validation;
- d. Become skilled at editing, combining, and linking data

<table>
<thead>
<tr>
<th>Aware</th>
<th>Knowledgeable</th>
<th>Knowledgeable</th>
<th>Proficient</th>
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</thead>
</table>

Appendix V.D (B)-99
| 8. Critically review biostatistical issues arising in Public Health literature. | Evaluates the integrity and comparability of data and identifies gaps in data sources. | a. Demonstrate they can select appropriate statistical methods for the problem;  
b. Resolve controversial issues associated with competing solutions in biostatistics for the same problem (discussing strengths and weaknesses). | Novice | Knowledgeable | Knowledgeable | Proficient |
|---|---|---|---|---|---|---|---|
| 9. Interpret and clearly express findings. | Recognizes how the data illuminates ethical, political, scientific, economic, and overall public health issues.  
Applies ethical principles to the collection, | a. Interpret univariate statistical models;  
b. Interpret complex multivariate statistical models;  
c. Express their findings clearly both verbally and in writing. | Aware | Knowledgeable | Knowledgeable | Proficient |
<p>| | | | | |</p>
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<tbody>
<tr>
<td>10. Integrate a principle of biostatistics in the practice of Public Health.</td>
<td>Partners with communities to attach meaning to collected quantitative and qualitative data.</td>
<td>a. Demonstrate they can a. Use statistical methodology to analyze public health data; b. Recognize the potential for statistics to aid in the development of guidelines and policies, the implementation and management of programs, and the evaluation of programs.*</td>
<td>Aware</td>
<td>Knowledgeable</td>
</tr>
</tbody>
</table>
University of Kentucky College of Public Health  
MPH Educational Program Goals

<table>
<thead>
<tr>
<th>Terminal Objective</th>
<th>Competencies</th>
<th>Degree/Extent</th>
</tr>
</thead>
</table>
| Contribute to the public health profession through the practice of sound professional public health values, concepts and ethics. | a. Recognize the need for statistical methodology to support ethical conduct in public health research and practice;  
   b. Understand the principles of randomization and blinding;  
   c. Know appropriate statistical methodology to handle situations in which administering a placebo to a control group is unethical;  
   d. Identify and articulate relevant statistical concepts as they arise in the practice of public health.* | Aware Knowledgeable Knowledgeable Proficient |
| Recognize and facilitate diversity of thought, culture, gender and ethnicity through interdisciplinary communication, cooperation and collaboration. | a. Recognize that heterogeneity (diversity) in a population manifests as variability;  
   b. Be able to assess the sources of heterogeneity in a population;  
   c. Identify applications of statistics to other disciplines;  
   d. Engage in collaborative work with researchers or practitioners in other disciplines.* | Aware Knowledgeable Knowledgeable Proficient |
| Contribute to the knowledge base and service outreach of public health.            | a. Conduct a scholarly investigation and disseminate the findings;*  
   b. Incorporate appropriate statistical methodology into the performance of (one or more of) the ten essential public health services.* | Aware Knowledgeable Knowledgeable Proficient |

* These competencies will be developed and attained primarily through the capstone and/or practicum rather than through core courses or concentration courses.
### Draft Competencies/Terminal Objectives, MPH Environmental Health Concentration

**Proposed 2/10/04; Revised 2/18/04**

MPH Educational Program Goals – Acquire skills and experience in the application of specialty knowledge to the solution of community health problems.

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Outcomes</th>
<th>Location / Method</th>
<th>Indicator / Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Identification and Evaluation of Environmental Health Hazards</td>
<td>Effectively communicate the potential for health effects of chemical exposures (Adv.)</td>
<td>Core – Class</td>
<td>Grade</td>
</tr>
<tr>
<td></td>
<td>Identify sources and routes of environmental exposure (Core)</td>
<td></td>
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<tr>
<td></td>
<td>Analyze sources of potentially hazardous physical exposures, including ergonomics, temperature,</td>
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<td></td>
<td>pressure, and radiation (Adv.)</td>
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<tr>
<td></td>
<td>Identify potentially hazardous biologic exposures (Adv.)</td>
<td></td>
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<tr>
<td>Recognize and evaluate basic environmental exposures and hazards</td>
<td>Characterize the potential relationship between symptoms / illnesses and environmental exposures</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Core)</td>
<td></td>
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<tr>
<td>Determine the nature and extent of potential environmental exposures,</td>
<td>For potentially affected populations, identify the nature, extent, and routes of exposures. (Core)</td>
<td></td>
<td></td>
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<tr>
<td>considering routes of exposure and routes of absorption</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Evaluate populations whose health may be affected by acute or chronic</td>
<td>Adequately assess clinical and environmental data, along with literature reviews if applicable</td>
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<td></td>
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<tr>
<td>contact with environmental hazards</td>
<td>(Adv.)</td>
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<td></td>
<td>Evaluate the severity of exposure to hazardous agents, including dose-response relationships and</td>
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<tr>
<td></td>
<td>other toxicologic data (Core).</td>
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<td></td>
<td>Determine populations with conditions that increase risk from the effects of exposure to chemical,</td>
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<tr>
<td></td>
<td>physical, or biological agents. (Core)</td>
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<tr>
<td>Demonstrate an understanding of health effects that are commonly related</td>
<td>Recommend monitoring studies to define and characterize potential hazards as part of an environmental</td>
<td></td>
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<tr>
<td>to environmental exposures.</td>
<td>evaluation, when appropriate (Adv.)</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Document and discuss how monitoring data fits into the environmental assessment (Adv)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognize and describe appropriate environmental monitoring studies</td>
<td>Interpret and utilize monitoring data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpret and utilize monitoring data</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Characterize populations to identify target exposures, risk factors, and/or</td>
<td>Describe the appropriate use and limitations of screening for well populations and the applications</td>
<td></td>
<td></td>
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<tr>
<td>conditions of concern</td>
<td>of screening assessment early intervention for target audience high risk groups (Adv.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpret and apply OSHA permissible exposure limits, the ACGIH threshold</td>
<td>Identify / apply appropriate regulations and guidance when evaluating a potential environmental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>limit values and biological exposure indices, EPA standards, and other</td>
<td>hazard (Core - identify) (Adv – apply)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>applicable criteria</td>
<td></td>
<td></td>
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<tr>
<td><strong>2</strong> Reduce environmental health hazards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Describe preventive measures for chemical, physical, and biological</td>
<td>Utilize appropriate levels of preventive measures. (Adv)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>health hazards.</td>
<td>Describe appropriate corrective actions to reduce risk (Core – basic measures)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advise groups about health risks and lifestyle</td>
<td>Appropriate, culturally-sensitive recommendations for reducing risk and improving health (Adv.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objectives</td>
<td>Outcomes</td>
<td>Location / Method</td>
<td>Indicator / Assessment</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>3 Communication / Integration</td>
<td>Demonstrate an understanding of the roles of administrators, other medical professionals, industrial hygienists, environmental engineers, and safety personnel, demonstrating an understanding of their roles in environmental health.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Work with different health and administrative professionals as needed at practicum sites to complete the goals and objectives of the practicum. (Adv.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Environmental Health Laws, Regulations, Government Agencies, and other organizations</td>
<td>Communicate to a target audience in a clear and effective manner both orally and in writing, the levels of risk from real or potential hazards and the rationale for selected interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evaluate guidelines for a specific chemical in class with descriptions of risk and control measures for that chemical (Adv.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Communicate to industrial/environmental audiences the hazards associated with a particular exposure (Adv.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Ethical Issues in EH</td>
<td>Be familiar with basic environmental health and safety regulations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Explain and appropriately utilize the primary sections of the following legislation: EPA, OSHA (adv)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Understand the basic rights of a citizen or group in requesting assistance / information from a government agency regarding environmental health</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Explain the rights of an employee or citizen in requesting information / assistance from a government agency regarding environmental health issues. (adv.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identify and understand ethical dilemmas in the environmental health.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identify appropriate issues during courses and other didactic interactions (core)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Report all findings to affected individuals and pertinent information to government organizations as appropriate (considering confidentiality issues), advocating health and safety. (adv.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Terminal Objectives for MPH Students Concentrating in Epidemiology

Upon completion of the Masters of Public Health degree at the University of Kentucky, students concentrating in epidemiology will be able to:

1. **Explain the purposes and applications of Epidemiology.** (What is epidemiology? How is it defined? Why is epidemiology important? When is epidemiology needed? How is epidemiology used?)
2. **Search and/or critically review the epidemiologic literature.** (Understand the internal and external validity of published epidemiologic studies. Understand bias. Evaluate the appropriateness of methods used?)
3. **Identify and use appropriate epidemiologic study designs.** (Descriptive, cross-sectional, case-control, cohort, randomized trials, and natural experiments.)
4. **Collect and manage data for investigating epidemiologic issues.** (Identifying datasets, understanding the completeness and accuracy of datasets, defining/operationalizing variables, and using SAS, Excel, etc.)
5. **Analyze epidemiologic data using appropriate statistical methods.** (Descriptive measures including rates. Bivariate analysis including standard Z-test, proportional Z-test, chi square, Fishers exact, T-test. Multivariate analysis including least squares linear regression, logistic regression, mixed models and Cox regression. Also, survival analysis and measures of the strength of relationships including odds ratios and relative risk ratios.)
6. **Interpret and clearly communicate findings.** (Skills in writing, speaking, preparing visual graphs and tables, and the use of software-like power point).
7. **Assess the ethical issues that confront epidemiology and appropriately address these issues.** (Issues of patient consent, the right to privacy, ethical studies, withholding treatment, etc.).
8. **Integrate principles of epidemiology into the practice of public health.**

Terminal Objectives for Dr. PH Students with a Concentration in Epidemiology

Upon completion of the Doctor of Public Health degree at the University of Kentucky, students concentrating in epidemiology will be able to:

1. Explain and apply the principles and methods of epidemiology in a wide variety of clinical, community, environmental and public health situations.
2. Search, critically review, and synthesize and interpret the epidemiologic and public health literature to impact public health policy.
3. Identify and employ appropriate epidemiologic study designs to develop fundable epidemiologic and public health programs.
4. Direct the collection, compilation, and management of epidemiologic data for surveillance and investigation of epidemiologic issues.
5. Direct the analysis of complex epidemiologic data using advance statistical methods.
6. Interpret and clearly communicate complicated epidemiological findings to collaborators, legislators, administrators, and the public to effect public health policy.

7. Effectively lead, educate, and mentor students, coalitions, clinicians, legislators, administrators, public health practitioners, and other persons to utilize epidemiological data, methods and findings to impact public health and public health practice.

8. Summarize and assess ethical issues that confront epidemiology and public health and integrate appropriate strategies to resolve those issues.
Draft Terminal Objectives, MPH and Dr.P.H. Health Behavior
Proposed 3/2/04; Revised 3/17/04; Accepted 7/23/04

The Health Behavior Department has adopted “terminal objectives” for concentrators and non-concentrators at the MPH and the Dr.P.H. level. These terminal objectives will be a major and essential component for all courses in the Department and will be shared with the students in our courses, our colleagues in other departments, and with all students in the college.

Please note that our movement toward competency-based and outcome-driven instruction is a work in progress. We are pleased at this point with the articulation of our objectives and the competencies we hope our students will acquire, but we realize that due diligence must be maintained. We fully intend to conduct process and outcome evaluations on an ongoing basis to insure fidelity to the objectives in our classes. We also intend to assess whether our best intentions are manifest in the students who have been exposed to the instruction meet at least minimal proficiency standards for those competencies.

There are four parts to this document. The first set of terminal objectives is for those MPH students who are NOT concentrating in Health Behavior. The second set of terminal objectives is for those MPH students who ARE concentrating in Health Behavior. The third set of terminal objectives is for doctoral students who are NOT concentrating in Health Behavior. The fourth set of terminal objectives is for doctoral students who ARE concentrating in health behavior.

**Terminal Objectives for MPH Students **NOT** Concentrating in Health Behavior**

1. Provide examples of how changes in health behavior can translate into reductions in morbidity and mortality.

2. Select effective approaches to achieving behavior change across a wide range of diseases or conditions and among various populations.

3. Explain inter-relationships between each of the nine steps in the Precede-Proceed framework.

4. Illustrate how health behavior integrates with the other core disciplines in public health (biostatistics, environmental health, epidemiology, health services management) and gerontology) at the University of Kentucky.

5. Appraise theory-based strategies used to change and measure changes in health behavior.

6. Explain how a public health practitioner can most effectively provide leadership in organizing and implementing activities to influence change in health behavior.
7. Provide multiple strategies that can be applied to the evaluation of health promotion programs.

**TERMINAL Objectives for MPH Students Concentrating in Health Behavior**

*MPH Students concentrating in Health Behavior will be expected to meet the terminal objectives listed above for those not concentrating in health behavior.*

Upon completion of the MPH at the University of Kentucky, students concentrating in Health Behavior should be able to:

1. Apply the dominant approaches and theories regarding health promotion and health behavior change to specific domains of health behavior.
2. Plan, implement, and evaluate a health promotion program that can address identified needs of a specified population with community participation.
3. Critically review the literature on health promotion and health behavior change.
4. Distinguish the appropriate study designs to understand health promotion and health behavior change.
5. Collect, manage, analyze, and interpret data on health behavior change using appropriate statistical and other analytic methods.
6. Communicate research findings to various kinds of audiences, verbally and in writing.
7. Apply ethical principles that confront health promotion and health behavior change interventions for various audiences.
8. Integrate principles of health promotion and health behavior change into the practice of public health.
9. Engage in health promotion planning that effectively reduces barriers to achieving lasting and substantial behavior change among at-risk populations. Understand how to achieve substantial and lasting behavior change.
10. Articulate the process of changing behavior through interventions aimed at selected psychosocial mechanisms and processes.
11. Plan, conduct, and evaluate the impact of health promotion programs on outcomes at individual and community levels.
12. Be responsive to cultural differences, problems posed by illiteracy, and the strong need to tailor clear and concise health promotion messages (and programs) to a diverse audience.

**Terminal Objectives for Dr.P.H Students NOT Concentrating in Health Behavior**

1. Apply the dominant approaches and theories regarding health promotion and health behavior change.
2. Integrate principles of health promotion and health behavior change into the practice of public health.
3. Engage in health promotion planning that effectively reduces barriers to achieving lasting and substantial behavior change among at-risk populations.
4. Articulate the process of changing behavior through interventions aimed at selected mediators.
5. Plan and conduct assessments designed to evaluate the impact and outcome of health promotion programs.

**Dr.P.H.**

*Dr.P.H Students concentrating in Health Behavior will be expected to meet the terminal objectives listed above for those not concentrating in health behavior.*

Upon completion of the Dr.P.H at the University of Kentucky students concentrating in Health Behavior should be able to:

1. Develop a comprehensive health promotion and health behavior change strategy that is science/research/theory based, culturally relevant, and could be implemented at various levels (e.g., individual, family, neighborhood, and community).
2. Utilize the literature on health promotion and health behavior change to develop strategies to promote health and reduce the population rates of public health problems.
3. Implement appropriate study designs to both promote and evaluate the efficacy and effectiveness of health promotion and health behavior change interventions at various levels.
4. Collect, manage, and interpret data regarding health behavior patterns and changes in those patterns as part of a strategic plan for improving health.
5. Recommend designs for studies of health promotion and health behavior change and analyze data using appropriate statistical and other analytic methods.
6. Use data on health promotion and health behavior change to improve the health and well-being of various populations.
7. Demonstrate excellence in communication skills with regard to research and strategies for health promotion and health behavior change for various audiences.
8. Provide leadership to insure that any strategies and programmatic efforts for health promotion and health behavior change meet the highest ethical standards.
9. Integrate principles of health promotion and health behavior change into the practice of public health at all levels.
10. Achieve and maintain a high level of professional awareness regarding social and legislative issues that directly or indirectly impact health or health behaviors. In turn, this awareness should become the source of professional advocacy.
11. Identify and explain the components of research studies.
12. Design a research study intended to address a specific health behavior.
1. Analytical Assessment Skills:
   a. Define a problem
   b. Select and define variables relevant to defined public health problems
   c. Apply data collection processes, information technology applications, and computer systems storage/retrieval strategies
   d. Recognize how data illuminates ethical, political, scientific, economic, and overall public health issues

2. Policy Development/Program Planning Skill
   a. Collects, summarizes, and interprets information relevant to an issue
   b. States policy options and writes clear and concise policy statements
   c. Identifies, interprets, and implements public health laws, regulations, and policies related to specific programs
   d. Articulates the health, fiscal, administrative, legal, social, and political implications of each policy option
   e. States the feasibility and expected outcomes of each policy option
   f. Utilizes current techniques in decision analysis and health planning to decide on the appropriate course of action
   g. Develops a plan to implement policy, including goals, outcome and process objectives, and implementation steps
   h. Translates policy into organizational plans, structures, and programs
   i. Prepares and understands implementation of emergency response plans
   j. Develops mechanisms to monitor and evaluate programs for their effectiveness and quality

3. Communications Skills
   a. Communicates effectively both in writing and orally, or in other ways
   b. Solicits input from individuals and organizations
   c. Understands the role of advocacy for public health programs and resources
   d. Leads and participates in groups to address specific issues (practicum)
   e. Understands the uses of the media, advanced technologies, and community networks to communicate information
   f. Effectively presents accurate demographic, statistical, programmatic, and scientific information for professional and lay audiences (practicum in part)
   g. Listens to others in an unbiased manner, respects points of view of others, and promotes the expression of diverse opinions and perspectives (attitude)

4. Cultural Competency Skills
   a. Identifies appropriate methods for interacting sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds, and persons of all ages and lifestyle preferences
   b. Identifies the role of cultural, social, and behavioral factors in determining the delivery of public health services
   c. Develops and adapts approaches to problems that take into account cultural differences
   d. Understands the dynamic forces contributing to cultural diversity (attitude)
   e. Understands the importance of a diverse public health workforce

5. Community Dimensions of Practice Skills
   a. Establishes and maintains linkages with key stakeholders (practicum)
   b. Identifies the roles and strategies of leadership, team building, negotiation, and conflict resolution skills to build community partnerships
   c. Collaborates with community partners to promote the health of the population (practicum?)
   d. Identifies the ways that public and private organizations operate within a community
   e. Identifies community assets and available resources
   g. Knows how to develop, implement, and evaluate a community public health assessment
h. Describes the role of government in the delivery of community health services

6 Basic Public Health Sciences Skills
a. Understands the historical development, structure, and interaction of public health and health care systems
b. Describes the importance of a lifelong commitment to rigorous critical thinking

7 Financial Planning and Management Skills Demonstrated knowledge in:
a. Developing and presenting a budget
b. Managing programs within budget constraints
c. Applying budget processes
d. Developing strategies for determining budget priorities
e. Monitoring program performance
f. Preparing proposals for funding from external sources
g. Applying basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts
h. Uses Information systems for collection, retrieval, and use of data for decision-making
j. Conducts cost-effectiveness, cost-benefit, and cost utility analyses

8 Leadership and Systems Thinking Skills
a. Describes strategies to create a culture of ethical standards within organizations and communities
b. Understands how key values and shared vision are created and used to guide action
c. Identifies internal and external issues that may impact delivery of essential public health services (i.e. strategic planning)
d. Facilitates collaboration with internal and external groups to ensure participation of key stakeholders (practicum)
e. Promotes team and organizational learning
f. Demonstrates understanding of development, implementation, and monitoring of organizational performance standards
g. Describes the use of the legal and political system to effect change
h. Applies theory of organizational structures to professional practice
Five major research goals have been developed by the Research Committee and faculty/staff.

**Goal 1:** To nurture a research culture and develop resources for School of Public Health faculty and students to conduct studies at the frontiers of knowledge.

*Student-related objectives*
- Each academic year, provide students with research-area interests of faculty mentors
- Annually, identify research assistantship opportunities with faculty mentors
- Provide monthly research forums, highlighting current and proposed research activities
- Insure that the curricula provide for the development of research skills for both MPH and Dr. P.H. students
- Annually, appoint Dr. P.H. and MPH students representatives to the Research Committee
- Annually, sponsor a Research Day for students

*Faculty-related objectives*
- Provide forums for faculty to present research issues on a monthly basis
- Identify pilot funding resources in the annual budget
- Encourage departments to provide travel resources for faculty to attend professional meetings, etc related to research interests
- Highlight faculty research in the weekly, Friday Letter
- Appoint an Associate Dean for Research to facilitate the development of KSPH research
- Annually, provide an incentive for research by providing faculty and their departments with incentive funds from research funding
- Assist faculty in identifying qualified graduate assistants for their sponsored research
- The Associate Dean for Research will develop a system for expeditiously distributing research opportunities to appropriate faculty
- Stimulate research discussion between departments and students though routine meetings of the Research Committee
- The Associate Dean for Research will develop a Research Support Unit for faculty, with expertise in grant writing, budget development, etc

**Goal 2:** To foster and conduct disciplinary, multidisciplinary and interdisciplinary research within the university and with external partners

*Objectives*
- The Associate Dean for Research will develop a research support unit for faculty
- The KSPH will make research efforts/opportunities visible to faculty and students through monthly research forums
- The KSPH will be an active participant in UK research forums with other colleges
- Through KSPH centers, like the Gerontology center, Prevention Research Center and the Kentucky Injury Prevention Research Center, interdisciplinary research will be explored and promoted, with specific attention to research opportunities with the Kentucky Department for Public Health and communities in the Commonwealth
The KSPH will maintain, and update annually, a database of interested community research partners, identify both individuals and organization and their area of interest

**Goal 3:** To support research of the highest quality, that conforms to the highest ethical standards

**Goal 4:** Provide leadership in dissemination of research ideas, results and opportunities.

*Objectives*

Host monthly research forums to encourage collaboration and disseminate initial findings of research activities

Publications submitted to and accepted by peer-review journals will be utilized annually in the assessment of faculty; tenure, promotion, etc

Each Department will establishment annual targets for specific faculty members for research proposals submitted, funded, and manuscripts submitted and published

Provide annual travel stipends will be made available to faculty and students for attending and presenting at major regional and national scientific conferences

Host an annual student research day

**Goal 5:** To provide graduate research training of the highest quality
### Appendix VI (B): Summary of Kentucky Injury Prevention Center Community-Based Research Activities, FY 03-04 (7H015)

<table>
<thead>
<tr>
<th>Contract Name</th>
<th>State/Sponsor</th>
<th>Amount</th>
<th>Indirect</th>
<th>PI</th>
<th>RP</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 KIPRC Incentive</td>
<td>C Inc</td>
<td>$12,254</td>
<td></td>
<td>Del Collins</td>
<td>2-06630</td>
<td>N/A</td>
</tr>
<tr>
<td>2 KIPRC Support</td>
<td>DTNH22-01-H17248</td>
<td>$134,500</td>
<td></td>
<td>Del Collins</td>
<td>2-07130</td>
<td>N/A</td>
</tr>
<tr>
<td>3 CODES</td>
<td>M-02102820</td>
<td>$54,590</td>
<td>26%</td>
<td>M. Singleton</td>
<td>4-67088</td>
<td>05/30/08</td>
</tr>
<tr>
<td>4 Intimate Partner</td>
<td>M-03175457</td>
<td>$354,427</td>
<td>N/A</td>
<td>T. Fritsch</td>
<td>4-66908</td>
<td>06/30/04</td>
</tr>
<tr>
<td>5 State Injury Prevention Program</td>
<td>M-03171213</td>
<td>$311,688</td>
<td>N/A</td>
<td>Julia Costich</td>
<td>4-66909</td>
<td>06/30/04</td>
</tr>
<tr>
<td>6 Prevention of Fire Injuries</td>
<td>M-03193324</td>
<td>$133,951</td>
<td>N/A</td>
<td>R. McCool</td>
<td>4-66903</td>
<td>06/30/04</td>
</tr>
<tr>
<td>7 Booster Seat Usage</td>
<td>M-03171450</td>
<td>$52,290</td>
<td>N/A</td>
<td>R. McCool</td>
<td>4-66902</td>
<td>06/30/04</td>
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<tr>
<td>8 Fatality Assessment Control Evaluation</td>
<td>M-03175457</td>
<td>$142,080</td>
<td>N/A</td>
<td>T. Bunn</td>
<td>4-66930</td>
<td>06/30/04</td>
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<tr>
<td>9 Pediatric Adolescent Injury Prevention</td>
<td>M-03194457</td>
<td>$103,000</td>
<td>N/A</td>
<td>S. Pollack</td>
<td>4-67048</td>
<td>06/30/04</td>
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<tr>
<td>10 Traumatic Brain &amp; Spinal Cord</td>
<td>M-03069167</td>
<td>$44,972</td>
<td>N/A</td>
<td>M. Singleton</td>
<td>4-66982</td>
<td>06/30/04</td>
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<tr>
<td>11 Community Partners</td>
<td>R06/CCR 100230-01</td>
<td>$450,000</td>
<td>8%</td>
<td>F. D. Scutchfield</td>
<td>4-66307</td>
<td>09/29/03</td>
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<tr>
<td>12 KBEMS KIPRC 04</td>
<td>M-03444108</td>
<td>$27,000</td>
<td>8%</td>
<td>Julia Costich</td>
<td>4-67483</td>
<td>07/31/04</td>
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<tr>
<td>13 Chemical Terrorism</td>
<td>M-03386621</td>
<td>$95,920</td>
<td>N/A</td>
<td>M. Schneider</td>
<td>4-67430</td>
<td>06/30/04</td>
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<tr>
<td>14 KY State Safe Kids</td>
<td>Agency Account</td>
<td>$1,500</td>
<td>N/A</td>
<td>Susan Pollack</td>
<td>9-90927</td>
<td>06/30/04</td>
</tr>
</tbody>
</table>

*Updated Feb 25, 2004*
## Appendix VI (C): Insert Extramural Funding, 5 years

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Sponsor's Name</th>
<th>Title</th>
<th>Begin</th>
<th>End</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>COSTICH</td>
<td>JULIA</td>
<td>Department of Insurance</td>
<td>Technical Assistance Contract</td>
<td>1/1/99</td>
<td>6/30/99</td>
<td>$9,350</td>
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<tr>
<td>BEAULIEU</td>
<td>JOYCE</td>
<td>KY Department for Public Health</td>
<td>Breast and Cervical Cancer Screening Evaluation</td>
<td>2/1/99</td>
<td>6/30/99</td>
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<td>BEAULIEU</td>
<td>JOYCE</td>
<td>KY Department for Public Health</td>
<td>Assessment of Need for Staff Training in Basic Public Health Skills</td>
<td>4/1/99</td>
<td>6/30/99</td>
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<tr>
<td>COSTICH</td>
<td>JULIA</td>
<td>Good Samaritan Fdtn</td>
<td>Tobacco Settlement Research Project</td>
<td>4/1/99</td>
<td>11/30/99</td>
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<tr>
<td>SCUTCHFIELD</td>
<td>F.</td>
<td>Ronald McDonald Childrens Charities</td>
<td>Ronald House Evaluation of the School Telehealth Project</td>
<td>4/1/99</td>
<td>3/31/01</td>
<td>$15,000</td>
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<tr>
<td>BEAULIEU</td>
<td>JOYCE</td>
<td>Good Samaritan Fdtn</td>
<td>Care for the Indigent in Fayette County</td>
<td>7/1/99</td>
<td>6/30/00</td>
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<td>BEAULIEU</td>
<td>JOYCE</td>
<td>KY Department for Public Health</td>
<td>Technical Assistance Project</td>
<td>7/1/99</td>
<td>6/30/00</td>
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<tr>
<td>CLAYTON</td>
<td>R</td>
<td>Robert Wood Johnson Fdn</td>
<td>Research Network on the Etiology of Tobacco Dependence Training/Mentoring</td>
<td>7/1/99</td>
<td>12/31/01</td>
<td>$368,550</td>
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<tr>
<td>GUPTA</td>
<td>RAMESH</td>
<td>Natl Cancer Institute</td>
<td>Role of DMBA Derivatives in Chemical Carcinogenesis</td>
<td>7/1/99</td>
<td>4/30/03</td>
<td>$330,197</td>
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<tr>
<td>POLLACK</td>
<td>SUSAN</td>
<td>KY Department for Public Health</td>
<td>Pediatric and Adolescent Injury Prevention Program</td>
<td>7/1/99</td>
<td>6/30/00</td>
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<tr>
<td>SCUTCHFIELD</td>
<td>F.</td>
<td>Good Samaritan Fdtn</td>
<td>Kentucky Public Health Leadership Institute</td>
<td>7/1/99</td>
<td>6/30/00</td>
<td>$15,000</td>
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<tr>
<td>SCUTCHFIELD</td>
<td>F.</td>
<td>Good Samaritan Fdtn</td>
<td>Health Care in Kentucky Where do we go from here?</td>
<td>7/1/99</td>
<td>6/30/00</td>
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<td>SPURLOCK</td>
<td>CARL</td>
<td>Dept for Mental Health Mental Retardation Services</td>
<td>Pilot Study for Traumatic Brain Injury Registry</td>
<td>7/1/99</td>
<td>6/30/00</td>
<td>$45,246</td>
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<td>SPURLOCK</td>
<td>CARL</td>
<td>KY Department for Public Health</td>
<td>Ambulance Run Registry</td>
<td>7/1/99</td>
<td>6/30/00</td>
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<td>SPURLOCK</td>
<td>CARL</td>
<td>KY Department for Public Health</td>
<td>Programs for the Prevention of Fire Related Injuries</td>
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<td>6/30/00</td>
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<td>SPURLOCK</td>
<td>CARL</td>
<td>KY Department for Public Health</td>
<td>The State Injury Prevention Program</td>
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<td>6/30/00</td>
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<tr>
<td>STRUTTMANN</td>
<td>TIMOTHY</td>
<td>KY Department for Public Health</td>
<td>Fatality Assessment and Control Evaluation (FACE) Project</td>
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<td>6/30/00</td>
<td>$94,859</td>
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<td>STRUTTMANN</td>
<td>TIMOTHY</td>
<td>KY Department for Public Health</td>
<td>Sentinel Event Notification Systems for Occupational Risk (SENSOR)</td>
<td>7/1/99</td>
<td>6/30/00</td>
<td>$103,278</td>
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<tr>
<td>COSTICH</td>
<td>JULIA</td>
<td>KY Department for Medicaid Services</td>
<td>Technical Assistance for Kentucky Childrens Health Insurance Program</td>
<td>7/3/99</td>
<td>6/30/00</td>
<td>$20,000</td>
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<tr>
<td>COLE</td>
<td>HENRY</td>
<td>Center for Disease Control and Prevention</td>
<td>Further Dissemination and Evaluation of the Kentucky ROPS Program</td>
<td>8/1/99</td>
<td>7/31/00</td>
<td>$182,040</td>
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<tr>
<td>HOPENHAYN</td>
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Appendix VI (C)-121
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Appendix VI (C)-123
### Appendix VI (D): Primary Faculty Publications

#### Table of Publications (2001-2004)*

**Books/Monographs**


**Book Chapters**


Journal Articles


Appendix VI (D)-127


organizations is associated with STD/HIV-protective behaviors: A prospective analysis. 


Appendix VI (D)-129


Appendix VI (D)-136


Appendix VI (D)-140


Other


In Press (Book Chapters)


**Knight, E. A.** Allied health and public health education in Appalachia. Encyclopedia of Appalachia.


Appendix VI (D)-146


Wyatt, Stephen W. (In presss). The Impact of Number of Lymph Nodes Removed on Five-Year Survival in Stage II Colon and Rectal Cancer. *Journal of the Kentucky Medical Association.*


Submitted

Charnigo, R. & Sun, J. (Submitted). Asymptotic Relationships among the D-Test, the Likelihood Ratio Test, and the Modified Likelihood Ratio Test for Homogeneity.


Costich JF. (Under review). Covering the children SCHIP leaves behind.

Costich JF. (Under review). The Perruche case and the wrongful life controversy in France.


Hopenhayn, C., Moore, D, Tucker, T., Kryscio, R., Boisonneault, G., Huang, B. (Revising for resubmission). Regional Kentucky.


Presentations


Cole, H.P. (2003, October). Applications of narrative psychology and injury epidemiology to prevent occupational injuries. Invited keynote address to the Fifth International Symposium, Future of Rural Peoples, Saskatoon, sponsored by Institute of Agricultural Rural and Environmental Health, Saskatchewan, Canada.


Hopenhayn-Rich C. (2001, July). Using BRFSS Data With A State Cancer Registry To Investigate Colorectal Cancer Trends. Presentation to the National Center for Chronic Disease Prevention and Health Promotion, Division of Cancer Prevention and Control, Atlanta, GA.


Jones, J.A. (2001, April). Student Organizations and Local Queer History. 8th Annual Come Together Kentucky Conference at the University of Kentucky, Lexington, KY.


Appendix VI (D)-154


Lee, K. Exposure assessment of mixed dust in California agriculture. Atmospheric Science Seminar Series, University of California, Davis, CA, USA.

Lee, K. (2002, May). Occupational exposure to paraquat in Costa Rica and environmental exposure to particulates as potential confounding factor of respiratory health effect. EPI 290 seminar, University of California, Davis, CA, USA.

Appendix VI (D)-155

Lee, K. (2003, May). Nitrous acid, nitrogen dioxide and ozone in residences. Agricultural chemistry graduate group seminar, University of California, Davis, CA,


Appendix VI (D)-157


Appendix VI (D)-158


Shelton, B. (2004, April). Inference Using Incompletely Observed Data. Invited presentation for the Department of Epidemiology and Biometry and co-sponsored by the James Cancer Center at The Ohio State University.

Shelton, B. (2004, February). Comparing Outcomes in Observational Studies: A Case Study Using Instrumental Variables. Invited presentation for the University of Alabama at Birmingham Department of Rheumatology Annual Seminar Series (this particular presentation was sponsored jointly with the Dept. of Biostatistics at UAB).


Shelton, B. (2002, August). Drawing Inference from Incomplete Data in Clinical Research. invited talk sponsored by: University of Kentucky Markey Cancer Center and UK College of


Shelton, B. (2001, February). Pattern-Mixture ML for Incomplete Regression Data. Presented to the faculty and graduate students in the Department of Biostatistics at UAB as part of the 2nd Annual UAB Biostatistics Seminar Series.

Snider, L.B. (2001, November). The Kentucky Marketplace Analysis. Presented to the Kentucky Primary Care Association Board of Directors, Lexington, KY.


*Primary faculty members of College of Public Health in bold*
Appendix VI (E): Examples of Student and Graduate Research Activities, April 2004

Professional Presentations


Clarke, N. and Brion, G.M. Methods for Monitoring Fecal Streptococci in Surface Waters. KY-TN AWWA Section Meeting, Chattanooga, TN, October 2002 (Award winning poster).


Hall, Betsy HIPAA 101. Louisville Metro Government, (police, fire, EMS, public health, jail, etc.) Metro Hall, Dec. 11, 2003

Hall, Betsy HIPAA Research at JHHS. Jewish Research meeting, Dec. 8, 2003


Hall, Betsy  What Every Lawyer and Judge Needs to Know about HIPAA. Panelist, Kentucky Bar Association 2003 Convention, Louisville, Ky., June 12, 2003

Hall, Betsy  HIPAA: Requirements in Athletics. Sports Medicine Symposium for Kentucky High School Athletics Association Member Schools, June 7, 2003


http://www.impacteen.org/ab_RPNo22_2002.htm


Publications


**Hall, Betsy** Journal of the Kentucky Medical Association, May 2003, VOL 101, No. 5, News for Kentucky Physicians: Accounting of Disclosures, p. 183-186


Philip Curd, MD, MSPH, Kevin Pearce, MD, MPH, Schumacher, Keisha, MPH Physician Roles in Improving Cardiovascular Health: Counseling Patients and Involvement in the Community, Journal of the Kentucky Medical Association. Recently accepted for publication (date not yet available)


Walsh, S. "Violent Death in Kentucky," Accepted for the American Association of Suicidology annual conference in Santa Fe, New Mexico, April 25, 2003.
Appendix VII (A): Summary of University-Wide Administrative Regulations that Support Service

A. Appointment and promotion policies specify that service to the profession, the University, and the public is an expectation of faculty in the Regular Title Series appointments.

Furthermore, “faculty members are expected to engage in service related to their professional role as scholars for the benefit and development of local, state, national, international, and the University communities. Documented scholarship related to service that is directly related with one’s special field of knowledge, expertise and professional role within the University will be evaluated as positive evidence for promotion and tenure.”

For promotion to both Associate and full Professor, high scholarly achievements are expected in both professional and public service. For Associate Professor, recognition at the regional or national level is expected. For Professor, recognition is expected at national or international levels. Furthermore, the policy for Appointment and Promotion also states that service assignments shall be considered in decisions to promote or grant tenure.

B. Faculty workload administrative regulations also contains policies that support service. Examples of service are listed including, clinical care, institution and professional service, and service to the community, service activities provided by faculty on behalf of the general public.

Several sections of Faculty Workload Regulations stress the importance of external university service…

“Service includes activities established and maintained by the University on behalf of the general public.” “The University of Kentucky is committed to providing public service to the Commonwealth and its residents.” Examples included health care services, and advising county governments.

External service to one’s profession was highlighted by these statements:

“Faculty members are also responsible for service to their broad professional disciplines. They edit and manage journal publications, serve on Editorial Boards that evaluate the quality of research manuscripts submitted for publication. They serve as officers of professional organizations, constituent groups that advise state and federal governments, sit on national panels that select grant applications for funding, organize and chair scholarly and public medians and symposiums, and serve in advisory capacities to government, industry, and social service organizations.”

The Faculty Workload Administrative Regulation also outlines the procedures by which Colleges, Departments, and Centers determine the proportion of time the faculty member spends in the University’s three part mission of teaching, service, and research officially this
is known as the “Differentiated Distribution of Effort”, but more commonly called Distribution of Effort, or DOE.

C. Administrative regulations for faculty performance reviews state that “teaching, advising, research, and service assignments must be evaluated in annual and biennial reviews and in appointment, retention, promotion, and tenure.”
Appendix VII (B): Manuscript Reviews

American College of Preventive Medicine-Iodine Website (Caldwell)
American Journal of Epidemiology (Hopenhayn, Tyas)
American Journal of Health Promotion (Clayton)
American Journal of Industrial Medicine (Reed)
American Journal of Managed Care
American Journal of Preventive Medicine (Costich, Crosby, Ireson, Reed, Wyatt)
American Journal of Public Health (Clayton)
Annals of Occupational Hygiene (K. Lee)
Applied Gerontology, Annals of the Association of American Geographers (Watkins)
Archives of Environmental Contamination and Toxicology (Hopenhayn)
Archives of Family Medicine (M. Samuels)
Archives of Pediatrics and Adolescent Medicine (Crosby)
BMC Public Health (Rayens)
Bulletin of Environmental Contamination and Toxicology (K. Lee)
Cancer Letters (Hopenhayn)
Chemosphere (Hopenhayn)
Computer Methods and Programs in Biomedicine (Shelton)
Environmental Health Perspectives (Hopenhayn, Prince, K. Lee)
Environmental Research (Hopenhayn)
Epidemiology (Hopenhayn)
Ethnicity and Disease (Crosby)
Federal Practitioner (Prince)
Gynecologic Oncology (Baron)
Health Education and Behavior (Crosby, Ireson)
Health Psychology (Crosby)
Histochemical Journal (Baron)
Indoor Air (K. Lee)
Injury Prevention (Pollack, Reed)
International Journal of Epidemiology (Hopenhayn)
International Journal of Hygiene and Environmental Health (K. Lee)
Journal of Adolescent Health (Crosby)
Journal of Agricultural Safety and Health (Cole, McKnight, Myers, Reed)
Journal of Agromedicine (Reed)
Journal of Air Waste Management Association (K. Lee)
Journal of Applied Gerontology (Riley)
Journal of Cell Biology (Baron)
Journal of Community Health (Shelton)
Journal of Computational and Graphical Statistics (Shelton)
Journal of Dental Research (Shelton)
Journal of Environmental Medicine (K. Lee)
Journal of Exposure Analysis and Environmental Epidemiology (K. Lee)
Journal of Health and Social Behavior (Crosby)
Journal of Health Care for the Poor and Underserved (M. Samuels)
Journal of Human and Ecological Risk (Myers)
Journal of Occupational and Environmental Medicine (Prince)
Journal of Public Health Management and Practice (Caldwell)
Journal of Rural Health (Cole, M. Samuels)
Journal of the American Medical Association (Caldwell)
Journal of the National Medical Association (Crosby)
Journal of Travel Medicine (Prince)
Journals of Gerontology Rural Aging (Watkins)
Medical Care (Fleming)
Pediatrics (Crosby)
Prevention Science (Crosby, Clayton)
Psychological Bulletin (Crosby)
Research in Nursing & Health (Rayens)
Science of the Total Environment (K. Lee)
Sexually Transmitted Diseases (Crosby)
Social Science and Medicine (Atwood, Crosby)
Statistics in Medicine (Shelton)
Appendix VII (C): Editorial Positions

Editor, American Journal of Preventive Medicine (Scutchfield)
Editor, special edition of Cancer (Wyatt)

Associate Editor, Last-Maxcy-Rosaneau Preventive Medicine and Public Health, Appleton-Lange, 14th Edition (Scutchfield)
Associate Editor, Journal of Alzheimer’s Disease (Mendiondo)

Editorial Boards:

- **American Journal of Preventive Medicine** (Scutchfield)
- **ASCE Journal of Environmental Engineering** (Brion)
- **ASCE Journal of Hydrology** (Brion)
- **International Journal of Aging and Human Development** (Riley)
- **Journal of Agricultural Safety and Health** (McKnight)
- **Journal of Agromedicine** (McKnight)
- **Journal of American Association of Occupational Health Nurses** (Reed)
- **Journal of Environmental Engineering & Science** (Brion)
- **Journal of Environmental Management** (Brion)
- **Journal of Environmental Quality** (Brion)
- **Journal of Microbiological Methods** (Brion)
- **Journal of Modern Applied Statistical Methods** (Shelton)
- **Journal of Water Supply: Research and Technology Aqua** (Brion)
- **NCI Lung Cancer Progress Report Group** (Clayton)
- **Nicotine & Tobacco Research** (Tyas)
- **Prevention Science** (Clayton)
- **Psychological Medicine** (Tyas)
- **SAE Transactions** (Brion)
- **Sexually Transmitted Infections** (Crosby)
- **Water Research** (Brion)
Appendix VII (D): Grant Reviews

Alberta Heritage Foundation for Medical Research (Browning)
Alzheimer’s Association (Tyas)
Association of Schools of Public Health Bioterrorism Proposals (Caldwell)
California Cancer Research Foundation (Wyatt)
CDC (Myers)
Children’s Hospital of Toronto (Clayton)
Decisions and Risk Management, National Science Foundation (Brion)
Delta States Rural Network Program HRSA (Costich)
Epidemiology panel, National Cancer Institute of Canada (Tyas)
EPSCORE Research Enhancement Grant Program (Brion)
HRSA Office of Rural Health Policy (Costich)
ICP-3 Study Section for NIAID for the National Institutes of Health (Crosby)
Internal grant for Bowling Green State University (Jacobs-Lawson)
International Program on Chemical Safety, World Health Organization (Hopenhayn)
Journal of Registry Management (Tucker)
Journal of Statistical Computation and Simulation (Charnigo)
Kentucky Department of Health, Abstinence Education proposals (Ireson)
National Cancer Institute (Clayton)
National Cancer Institute Canada (Clayton)
National Children’s Center for Agricultural and Rural Health (Reed)
National Institute of Aging (Watkins)
National Institute of Health (Watkins)
National Institute on Drug Abuse (Clayton)
National Library of Medicine (Ireson)
National Library of Medicine, Special Emphasis Panel Publication (Browning)
National Science Foundation (Watkins)
National Science Foundation Panel Review – Career, 2002, 2003 (Brion)
New York University; Effects of Breast Cancer in Relationship to Environmental Hazards in Rockland County and the East side of Manhattan (Hopenhayn)
NIH Clinical Cardiovascular Sciences Study Section (Shelton)
NIH Pharmacology Study Section (Shelton)
NIOSH (Myers, McKnight, Prince, Cole)
Ohio State University (McKnight)
Pacific Northwest Agricultural Center (Reed)
Panamerican Health Organization – WHO Perinatal Information System (SIP2000) of the Latin American Center for Perinatology and Human Development (Hopenhayn)
Pilot Research Projects for at the University of Cincinnati (Browning, McKnight)
Retirement Research Foundation (Teaster)
Review Panel for RFA OH-01-007 Community Based Interventions to Prevent Childhood Agricultural Injury and Disease (Browning)
Robert Wood Johnson Foundation (Clayton)
Sigma Theta Tau (Ireson)
Special Emphasis Panel (CRB-C03) (Crosby)
Special Emphasis Panel (CRB-C05) (Crosby)
Special Emphasis Panel for National Center for Complementary and Alternative Medicine (Kryscio)
Special Emphasis Panel, Alzheimer’s Disease Centers, National Institute on Aging (Kryscio)
Study section Health Promotion and Health Services panel, National Center Institute of Canada (Tyas)
U.S. Army Medical Research and Material Command Ovarian Cancer Research Program Peer Review Panel (Baron)
University of Cincinnati, NIOSH ERC Pilot Projects (McKnight)
University of Cincinnati, NIOSH ERC Small Grant Program (McKnight, Prince)
VA Merit Review, March 2002 (Guttmann)
World Health Organization Office of the Protection of the Human Environment (Hopenhayn)
Appendix VII (E): Abstract Reviews for Professional Meetings

American College of Occupational and Environmental Medicine (Allweiss)
American College of Preventive Medicine (Allweiss)
American Medical Informatics Association (Ireson)
American Psychological Association, Work Stress and Health Conference (Cole)
American Public Health Association (Hopenhayn, Reed, Clayton)
Fifth International Symposium on Future of Rural People (McKnight)
Gerontological Society of America (Tyas, Jacobs-Lawson)
International Congress Of Occupational Health (Cole)
National Society for Performance and Instruction (Pfeifle)
North American Agromedicine Consortium (McKnight)
Society for Prevention Research (Clayton)
Society for Research on Nicotine and Tobacco (Clayton)
Society of Behavioral Medicine (Clayton)
Southern Nursing Research Society (Reed)
Appendix VII (F): Service to Organizations Outside the University of Kentucky

A. Leadership Positions:

President, Aging Specialty Group, Association of American Geographers (Watkins)
President, Kentucky Association of Public Health Physicians (Caldwell)
President, Lexington/Bluegrass Board of Alzheimer’s Association (Riley)
President, North American Association of Central Cancer Registries (Tucker)
President, Sigma Phi Omega Gerontology Honorary Society (Geron)
President, Specialty Group on Aging, Association of American Geographers (Geron)

Vice Chair, of 76th District/Executive Committee Fayette County Democratic Party (Jones)
Vice-Chairman, of the policy council for Community Action (Hayden)
Vice President, Kenwick Neighborhood Association (Jones)
Vice President, National Committee for the Prevention of Elder Abuse (Teaster)
Vice-Chair, Southern Medical Association Occupational Medical Section (Prince)

Chair, Environmental Public Health Engineering Committee, American Society of Civil Engineers-EWRL (Brion)
Chair, Iodine131 Education Committee, American College of Preventive Medicine (Allweiss)
Chair, Health Committee Migrant Network Coalition (Belendez)
Chair, Health Systems Work Group Kentucky Cardiovascular Health Coalition (Curd)
Chair, Interface 2004 Symposium invited session on mixture modeling (Charnigo)
Chair, of Kentucky Pediatric Society (KPS/AAP) Committee on Injury, Violence, and Poison Prevention (Pollack)
Chair, Lexington Fayette County Urban County Government Task Force on Long-Term Care (Geron)
Chair, Lexington-Fayette Urban County Human Rights Commission (Jones)
Chair, North American Agromedicine Consortium (McKnight)
Chair, Public Health Management Faculty Forum, Association of University Programs in Health Administration (J. Lee)
Chair, Publications and Special Interest Group Southern Gerontology Society (Geron)
Chairman, Federal Advisory Committee-Hanford Health Effects ATSDR (Caldwell)
Chairman, Kentucky Traumatic Injury Trust Fund Board (Caldwell)
Co-Chair, Anthropology and Public Health Special Interest Group, Society of Public Health Education (Knight)

Co-Chair, Doctoral Education Faculty Forum, Association of University Programs in Health Administration (J. Lee)
Chair, Health Services Administration Council, Association of Schools of Public Health (J. Lee)
Local Chair, Kentucky Fairness Alliance (Jones)
Network Chair, National Public Health Leadership Development Network (Lamberth)
Organizer and Chair, for an invited session on mixture modeling at the May 2004 Interface Symposium (Charnigo)
Program Chair, National Public Health Leadership Development Network (Lamberth)
Program Chair, Teaching of Statistics in the Health Sciences 2004 International meeting of the American Statistical Association (Shelton)

Secretary, North American Agromedicine Consortium (McKnight)
Secretary, Southern Gerontology Society (Teaster)
Secretary, Woodford County Hospital Taxing District Board (Samuel)

Treasurer, American Association of Public Health Physicians (Poundstone)
Treasurer, American Statistical Association Kentucky Chapter (Mendiondo)
Treasurer, Kentucky Safety and Health Network (KSHN) (Early)
Treasurer, Public Health Foundation (Poundstone)

Coordinator, Kentucky State SAFE KIDS Coalition, 2002-present (Pollack)

B. Memberships on Committees and Boards:

Ad HOC Committee on Professional Liability Kentucky Medical Association (Caldwell)
Advisory Board – United Health Care (Allweiss)
Advisory Board Adult Protective Services (Geron)
Advisory Board in Alzheimer’s Disease, Sanofi-Synthelabo Inc (Kryscio)
Advisory Board Program of Cancer Registries, Centers for Disease Control and Prevention (Tucker)
Advisory Committee for Data Aggregation, Centers for Disease Control and Prevention (Tucker)
Advisory Committee to the National Cancer Institute for Transdisciplinary Research Network (Clayton)
Advisory Committee, Iodine-131 Education Project, American College of Preventive Medicine (Caldwell)
Agricultural Health and Safety Committee of American Conference of Governmental Industrial Hygienists (K. Lee)
Ambulance Board Jackson County, Kentucky (Curd)
American Academy of Pediatrics, Committee on Injury and Poison Prevention (Pollack)
American Academy of Pediatrics, Executive Committee for Section on Injury and Poison Prevention, 2002-present (Pollack)
American College of Occupational & Environmental Medicine, Awards Committee (Garman)
American College of Surgeons Committee on Trauma, Kentucky Chapter (Costich)
Association of University Programs in Health Administration, Annual Meeting Planning Committee (J. Lee)
Bluegrass Rape Crises Center (Heel)
Board of Directors Berea Hospital (Curd)

Appendix VII (F)-176
Board of Directors Southern Gerontology Society (Geron)
Board of Directors, Association of University Programs in Health Administration (J.Lee)
Board of Directors, North American Association of Central Cancer Registries (Tucker)
Board of Governors, Hazard Identification Foundation, Inc (Myers)
Board of Health Jackson County, Kentucky (Curd)
Board of Health Woodford County (Samuel)
Board, Kentucky Diabetes Network (Allweiss)
Board, Migrant Network Coalition (Belendez)
Campus Representative Sponsor, Gerontological Society of America (Teaster)
Canadian Council of Cancer Registries (Tucker)
Census Advisory Committee (Geron)
Chronic Disease Branch of the Adult and Child Health Division (Belendez)
CME Committee of American College of Occupational & Environmental Medicine (Allweiss)
Commission on Community Services for Older People Lexington Fayette County Urban County Government (Geron)
Committee on Experimental Medicine, Gynecologic Oncology Group (Kryscio)
Committee on Patient Safety Kentucky Medical Association (Scutchfield)
Committee on Rural and Community Health, Kentucky Medical Association (Scutchfield)
Community Advisory Committee, Foundation for a Healthy Kentucky (Belendez)
Continuing Medical Education Committee, American College of Preventive Medicine Coordinator, Kentucky State SAFE KIDS (Pollack)
Data Advisory Committee, Kentucky Hospital Association (Ireson)
Data Safety Monitoring Board, Alzheimer’s Disease Cooperative Studies Group (Kryscio)
Data Safety Monitoring Committee, AmSMART Project, Texas Scottish Rite Hospital for Children, Dallas (Kryscio)
Division of Behavioral and Cognitive Sciences (Geron)
Elder Abuse Multi-Disciplinary Team, Lexington Fayette County Urban County Government (Geron)
Evaluation Team, Kentucky Cancer Collaborative (Rowles)
Executive Committee for Section on Injury, Violence, and Poison Prevention, American Academy of Pediatrics (Pollack)
External Advisory Board, Einstein Aging Study, Albert Einstein College of Medicine (Kryscio)
External Advisory Board, Superfund Basic Research Program, University of Arizona (Hopenhayn)
FATE (Fighting AIDS Through Education) (HEEL)
Federal Advisory Committee, Hanford Health Effects Sub-Committee, Agency for Toxic Substances and Disease Registry (Caldwell)
Governor’s Commission on the Paducah Gaseous Diffusion Plant (Caldwell)
Governor’s Elder Abuse Commission (Geron)
Health Education Specialist Training Faculty, CDC (Tucker)

Appendix VII (F)-177
Health Promotion and Services Study Section National Cancer Institute of Canada (Geron)
High Quality Data Standards Committee, North American Association of Central Cancer Registries (Tucker)
Hispanic Forum (Hayden)
Institutional and Alternate Representative, Association for Gerontology in Higher Education Research Committee (Geron)
International Advisory Committee for the Syrian Institute of Tobacco Research (Clayton)
International Advisory Committee to the Global Tobacco Research Network (Clayton)
International Society of Exposure Analysis 2001-current (K. Lee)
Kentucky Action for Healthy Kids (HEEL)
Kentucky Cancer Consortium (HEEL)
Kentucky Cardiovascular Coalition (HEEL)
Kentucky Cardiovascular Health Coalition (Curd)
Kentucky Diabetes Network (HEEL)
Kentucky Foster Care Review Board (HEEL)
Kentucky Nutrition, Physical Activity and Obesity Prevention (HEEL)
Kentucky Pediatric Society (AAP) Representative to State and Fayette County SAFE KIDS Coalitions (Pollack)
Kentucky Physical Activity Committee (HEEL)
Kentucky State Child Fatality Review Team (Pollack)
Kentucky State Data Advisory Committee (Ireson)
Lexfate (Hayden)
Long-Term Policy Research Center, Future Land Use Advisory Group: Aging Implications (Geron)
Medicine (ACPM) (Allweiss)
Mental Health Work Group Kid’s Now Committee (Belendez)
Merit System Council Lexington/Fayette County Health Department (Samuel)
Migrant Network Coalition (Hayden)
National Committee for Childhood Agricultural Injury Prevention (Pollack)
National Committee, Health Effects in Vietnam Veterans of Exposure to Herbicides, Institute of Medicine (Hopenhayn)
National Conference on Tobacco and Health Disparities (HEEL)
National Coordinating Council for Cancer Surveillance (Tucker)
National Toxicology Program, Center for the Evaluation of Risks to Human Reproduction (Hopenhayn)
NIOSH Expert Pane to Assess Radiogenicity of Chronic Lymphocytic Leukemia (Caldwell)
Nominating Committee, Foundation for a Healthy Kentucky (Belendez)
Nominating Committee, Southern Gerontology Society (Geron)
Panel Member, HRSA Conference to develop recommendations for federal coal workers’ pneumoconiosis clinics (Prince)
Planning Committee, African American Leadership Conference for HIV/AIDS (HEEL)
Planning Committee, Association of Schools of Public Health, Associate Dean’s Retreat (J. Lee)
Planning Committee, National Priester Health Conference (HEEL)
Policy Committee, Foundation for a Healthy Kentucky (Belendez)
Programs and Service Task Force, State Alzheimer’s Association Board (Riley)
Quality Improvement Committee Excel Medicare Peer Review Organization (Ireson)
Regent’s Advisory Council, American College of Healthcare Executives (J. Lee)
Regional Advisory Committee, State Alzheimer’s Association Board (Riley)
Representative, Kentucky Chapter, Council of Chapters, American Statistical Association (Mendiondo)
Residency Advisory Committee, Occupational Medicine, U.S. Air Force-School of Aerospace Medicine (Prince)
Review Board, Partners for Youth (Hayden)
Review Committee, Association of University Programs in Health Administration Undergraduates (J. Lee)
School of Public Representative on the Kentucky Public Health Association Joint Policy Committee (Ireson)
School Safety Advisory Council (Pollack)
Scientific Advisory Committee to the Transdisciplinary Tobacco Use Research Centers (Clayton)
Senior Advisory Panel, National Science Foundation (Geron)
State Bioterrorism Advisory Committee (HEEL)
State Bioterrorism Training Advisory Committee (Prince)
State Child Fatality Review Team (Pollack)
Statewide Steering Committee (HEEL)
Statewide Strategy for Public Health Education, Research and Service, Kentucky Council on Postsecondary Education State of Kentucky (Samuel)
Steering Committee Health, Mental Health and Safety in Schools Project (Pollack)
Steering Committee Kentucky Maternal and Child Needs Assessment (HEEL)
Steering Committee Lead Poisoning Prevention (Belendez)
Steering Committee Maternal and Child Health (Belendez)
Steering Committee, Medicine and Public Health Initiative (Scutchfield)
Suicide Prevention Planning Group-KY (HEEL)
Tobacco and Health Disparities Research Network (Jouridine)
Task Force on Obesity and Diabetes in Youth (Allweiss)
Task Force on Senior Citizens and the Workforce Legislative Research Committee (Geron)
Tractor Safety National Initiative Policy and Intervention Project (Cole, McKnight)
Tween’s Coalition-Fayette County (Belendez)
Undergraduate Certification Review Panel, Association of University Programs in Health Administration (J. Lee)
University of Kansas Board of Regents, Gerontology Member for Committee to Establish Programs (Geron)
C. Consultations:

Advisory Committee to the National Cancer Institute for Transdisciplinary Research Network (Clayton)
American College of Healthcare Executives, Regent’s Advisory Committee (J. Lee)
Child Advocacy Center of the Bluegrass (Ireson)
Civilian Chemical Warfare Agent Emergency Planning (Prince)
Curriculum Developer, Strengthening the Capacity of Cancer, Alabama Cooperative Extension (Knight)
Daviess County, Kentucky Judge Executive in applying for a grant to fund a community health center for the underserved residents of Daviess County (Ireson)
Department for Public Health, Certificate of Need Office, Kentucky State Government (Watkins)
Design the Access database for Transitions, Support Network for Patients and Families with Diagnosis of Cancer (Mendiondo)
Designed and Maintain the Microsoft Access database for United Radiation (Mendiondo)
Development of an Executive Master of Business Administration concentration in Health Management, College of Business Sciences (J. Lee)
Dr.P.H. Working Group, University of Arkansas for Medical Sciences, College of Public Health (J. Lee)
Environmental Protection Administration (Hopenhayn)
Excel-Medicare PRO (Ireson)
Fallon Nevada Leukemia Cluster, Shepard Miller Company (Caldwell)
Fayette County Democratic Party (Jones)
Fayette County Health Department for Travel Medicine (Prince)
Fayette County Health Department, Facilitation of Strategic Planning (Lamberth)
Fayette County Indigent Care Task Force, Meeting Facilitation (Lamberth)
Health Law Consultations (Costich)
Help Writing a Grant for Tree Planting and Entrance Enhancement, Landsdowne Shadeland East Neighborhood Association (Mendiondo)
Hispanic Association of Lexington (Jones)
HIV/AIDS Advocacy and Action Group (Jones)
International Advisory Committee to the Global Tobacco Research Network (Clayton)
John Pinney Associates (Clayton)
Kentucky Association of Administrative Adjudicators (Jones)
Kentucky Association of Milk and Food Safety, Creative Problem Solving Seminar (Lamberth)
Kentucky Cancer Association, Facilitation of Statewide Planning (Lamberth)
Kentucky Cancer Coalition (Lamberth)
Kentucky Coalitions of Nurse Practitioners and Nurse Midwives (Rayens)
Kentucky Department for Public Health (Prince)
Kentucky Fairness Alliance (Jones)
Kentucky Health Directors Association Strategic Planning Training (Lamberth)

Appendix VII (F)-180
Kentucky Labor Cabinet (Prince)
Kentucky Public Health Association Creative Thinking Seminar (Lamberth)
Kentucky Transportation Center (Jones)
Lexington-Fayette County Health Department (Lamberth)
Metcalf County Safe Kids Coalition (Lamberth)
Mississippi State University Cooperative Extension Program (McKnight)
National African American Tobacco Education Network (Jouridine)
National Cancer Institute (Clayton)
National Cancer Institute Canada (Clayton)
National Rural Health Association, Kansas City, MO (M. Samuels)
Ohio State University Cancer Control Program (Tucker)
Orangeburg Family Health Center, Orangeburg, SC (M. Samuels)
Pittsburgh Research Center, Bovis Lend Lease Corporation (Cole)
Robert Wood Johnson Foundation (Clayton)
Rood and Riddle Equine Hospital (Jones)
Saint Joseph Healthcare (Ireson)
School of Public Health, Columbia University (Cole)
Site Visitor to ERC’s for CDC/NIOSH Evaluations (Cole)
Speaker for CDC/NIOSH Safety Research Methods Seminars (Cole)
State Surveillance Program for Pneumoconioses (Prince)
Statewide Oral Health Strategic Planning (Lamberth)
Successful Farming Magazine (Reed)
U.S. District Court of Appeals, certificate of need assessment (Watkins)
United Way of the Bluegrass (Jones)
University of Alabama-Birmingham (Wyatt)
University of New Mexico (Reed)
University of New Mexico Department of Family & Community Medicine (McKnight)
University of Saskatchewan, Institute of Rural Environmental Health (McKnight)
Using Stories in Cancer Control, Alabama Cooperative Extension Service (Knight)
Utah Agromedicine Work Group (McKnight)
Western Kentucky College of Health and Human Services (Lamberth)
Zayed University, College of Business, Healthcare Management Program, Dubai, UAE (J. Lee)
Appendix VII (G): Examples of Community Service Projects

Assistance to Operation Read, a community education on diabetes and other cardiovascular health risks in the Hispanic population in Fayette County 2002, 2003. (Allweiss)

Assisted in writing the STEPS grant, interacting with Kentucky Department for Public Health (KDPH) and Kentucky Department of Education (KDE) to develop criteria and to select communities that would be a part of the grant proposal. Also worked with two local health departments and representatives of their communities to develop a very competitive proposal. (Curd)

Assisted the Kentucky Cabinet on Families and Children on a series of statewide elder abuse initiatives. (Teaster)

Assisted the Montgomery County, Kentucky Health Department to write a $600,000 Rural Health Outreach Grant to HRSA, August, 2003. (McKnight)

Assisted with drafting the Elder Justice Bill (S.333). (Teaster)

Berea Hospital Board of Directors, Future of Berea Hospital, April 15, 2002. (Samuel)

Child Booster Car Seat Distribution Program serves families with young children in Pulaski and Madison Counties to distribute more than 700 booster seats to children aged 4-8 in Pulaski County and more than 100 in Madison County. (KIPRC)

Child Passenger Seat Training program provides child passenger safety training for public health and public safety professionals and for child safety advocates. The program coordinates and manages a 2-day child passenger safety training and certificate program for the Kentucky Department of Public Health. (KIPRC)

Coalitions to Improve Health Access Among Latino Immigrants. (McKnight)

CODES Data Network is a service provided to the highway safety community, health departments, legislators, researchers, and government agencies. CODES is a linkage of administratively unrelated databases relevant to highway safety; data analysis and interpretation; and information dissemination. Kentucky is part of a network of CODES states that provides data to the National Highway Traffic Safety Administration on various highway safety topics. (KIPRC)

Collaboration in the development and delivery of community safety education and materials for farmers and rural residents in Virginia through the Virginia Farm Bureau. (Cole)

Community Injury Prevention program provides residents of central and southeastern Kentucky with regional coordinators to serve as resource persons and facilitators for
local injury prevention coalitions and other local injury prevention efforts throughout their service regions. (KIPRC)

Compiled a Compendium of References for Community Activities to Promote Cardiovascular Health. (Curd)

Conducted a community health assessment to determine the health care needs and priorities for the Kentucky Telehealth Network. (Ireson)

Conducted a community health needs assessment for Eastern Kentucky Mobile Health Service, a collaborative effort of the Department of Public Health, Saint Joseph Healthcare, St. Clair Medical Center, the Catholic Conference, and ARH. (Ireson)

Coordinated an effort to improve access to health care for an underserved population in Whitley County. (Ireson)

Coordinator, Migrant Network Coalition Health Fair. (Belendez)

Covering Kentucky Kids is a widespread distribution of information about the Kentucky Children’s Health Insurance Program (KCHIP) and Medicaid eligibility criteria and enrollment procedures. Staff also worked with state policy makers to assure that they are aware of the best practices in application simplification and coordination of coverage among programs. Provided by: SPH Health Services Management Division. (Costich)

Designed and assisted in the conduct of a major statewide survey of preparation for retirement and the retirement experience of a large sample of Kentucky’s elders, working with the Kentucky Long-Term Policy Research Center (KLPRC). (Rowles, Watkins)

Developed a partnership between Federal Occupational Health and CDC Division of Diabetes Translation to develop guidelines for placement, educational courses for Occupational Medicine and Endocrinology health professionals. (Allweiss)

Developed an evaluation model for the Kentucky Telehealth Network in collaboration with faculty at the University of Louisville. (Ireson)

Developed Get Moving Kentucky! A social marketing campaign, curriculum and website that encourages physical activity. (Belendez)

Developed the Health and Soul program to addresses health knowledge and lifestyle change in relation to cardiovascular health. (Belendez)

Developing a curriculum on cardiovascular risk factors and healthy fast food, which is presented every 9 weeks in the Fayette County Middle Schools (Allweiss)
Developing educational materials for businesses on diabetes care conferences, written materials, web sites, consultation, businesses, health plans as part of the CDC/NIH National Diabetes Education Program. (Allweiss)

Farmworker Vocational Rehabilitation Project. (McKnight)
Fatality Assessment, Control and Evaluation Project (FACE) is a service provided to the Kentucky workers, employers, occupational health and safety personnel, and public health staff. They collect data on occupational fatalities and report on the fatality data and perform field investigations. (KIPRC)

Fire Prevention Program provides service to communities with high rates of residential fires and has installed more than 28,000 smoke alarms during the past 5 years. More than 5,500 of those alarms were installed during 2003. The Fire Prevention Program also is a partner in the development and delivery of media fire safety messages that are estimated to reach more than 100,000 Kentuckians. (KIPRC)

Gave advice for translating injury prevention research to practice for tractor safety for the 22 members of the Farm Bureau Safety Coordinators Network national group (Cole)

Guest speaker or panelist on various diversity training, Transylvania University, National Conference for Community and Justice. (Jones)

Helped write grant for Southeast Kentucky Initiative for Pediatric Asthma. ()

Injury-Free Coalition for Kids uses local data and community input to customize interventions with the goal of reducing children’s injuries in defined areas within Fayette County, Kentucky. (Pollack)

Intimate Partner Violence Surveillance Project provides the Kentucky Department for Public Health and other agency staff who work in the area of domestic violence analyzed results of two telephone surveys of Kentucky women and performs medical record abstracting at the emergency departments. (KIPRC)

Kentucky Farm Bureau outreach activities for farm safety for the Kentucky Farm Bureau county Presidents and Vice Presidents, Women Leadership Committee, and Farm Youth Leaders. (Cole)

Kentucky Injury Prevention & Research Center responds to over 350 calls for information and service annually. Requests range from simple single data elements to calls for extensive studies to support legislative or executive branch initiatives, often with very close deadlines. (Costich)

Kentucky Trauma Registry is a service provided to the Kentucky Board of Emergency Medical Services and the Kentucky Department for Public Health which collects and analyzes data on traumatic injuries. (KIPRC)
Lexington-Fayette Urban County Airport Board. (Garman)

Lexington Opera Society – Board of Directors. (Garman)

Management of 13 community electronic listservs that reach over 800 people, including network for HIV/AIDS service providers and researchers in Kentucky, and news and announcement network for lesbian, gay, bisexual, and transgendered Kentuckians. (Jones)

Migrant Farmworker Primary Medical Care Program, funded by HRSA. (McKnight)

National Speaker’s Bureau: Abbott. (Allweiss)

Outreach program to promote farm tractor safety via Lincoln Trail Health and Safety Task Force in Hardin, LaRue, and Nelson Counties, Kentucky. (Cole)

Outreach to Agricultural Extension Agents and limited resource farmers linked to Kentucky State University. (Cole)

Outreach to the Agricultural Extension Agents and limited resource farmers in South Carolina, Clemson University – Clemson, SC. (Cole)

Partnered with the Public Life Foundation of Owensboro, Kentucky to complete a community needs assessment for the seven county Green River area followed by a community based effort in Owensboro to engage local citizens in planning for health care issues. (Ireson)

Pediatric Injury Prevention provides service to the Division of Maternal-Child Health, Kentucky Department of Public Health. Staff supports local and district health departments in injury prevention efforts, home visitation for families at high risk for child injury and abuse, child care health consultations, and the statewide child fatality review. (Pollack)

Provided assistance to the General Accounting Office on a major Guardianship Study. (Teaster)

Provided assistance to the National Committee for the Prevention of Elder Abuse in developing an Administration on Aging funded project for the National Center on Elder Abuse. (Teaster)

Provided support to the Elder Justice Coalition. (Teaster)

Public Health Emergency Preparedness Curriculum Development and Evaluation serves the Kentucky Department for Public Health with guidance regarding public health emergency preparedness and response curriculum, evaluating existing materials and identifying areas where new materials should be developed. Service provided by Health Services Management and Preventive Medicine. (Costich)
Reviewed grant proposal and provided feedback for Montgomery County, Kentucky Health Department application for Foundation for Healthy Kentuckians $5000 grant, which was funded January 2004. (McKnight)

SAFE KIDS serves the Division of Maternal-Child Health, Kentucky Department for Public Health to lead statewide 10 SAFE KID chapters across the state. (Pollack)

Spanish Language Outreach for Kentucky Children’s Insurance Program. (McKnight)

Stakeholder Project of Agricultural Health Center. (McKnight)

State Injury Surveillance Program is a service provided to health departments, legislators, researchers and government agencies that conducts statewide injury surveillance and performs data analysis, interpretation, and information dissemination. (KIPRC)

The Kayles Difficult Decisions Simulation Exercise deals with risk factors for tractor-related injury, the cost of these injuries and the cost effectiveness (loss control) of investing in safe work practices and safety equipment. The program was taught in Kentucky, Colorado, and other states. 475 were served. (Cole)

The Kentucky Community Partners for Healthy Farming ROPS Project: A Program of Materials and Activities to Preserve Farmers’ Health, Way of Life and Money (A program of materials, activities, and methods distributed internationally by the CDC/NIOSH National Agricultural Safety Data Base). The program was taught in Kentucky, North Carolina, Virginia and Florida. 3,600 were served. (Cole)

Thyroid Awareness Program. (Allweiss)

Translator for the Maxwell Street Legal Clinic in Lexington, Kentucky. (Mendiondo)

Traumatic Brain and Spinal Cord Injury Surveillance is a service provided to health departments, legislators, researchers, and government agencies that links state hospital inpatient, trauma registry, and death certificate databases, to form a database of Kentuckians hospitalized or killed with TBI and/or SCI. (KIPRC)

Weight = The Reality Series, addresses lifestyle change through healthy eating patterns, physical activity, and appropriate weight loss goals. (Belendez)
Appendix VII (H): Examples of Faculty Involvement in Continuing Education

A. State and Local

A Worksite-Based Approach to Promoting Cardiovascular Health, University of Kentucky Family Medicine Review, Lexington, Kentucky. (Curd)

An Evaluation of the Coalition’s Plan, Kentucky Cardiovascular Health (CVH) Coalition, Frankfort, Kentucky. (Curd)

Bioterrorism Readiness for Rural Providers, Kentucky Hospital Association, Bowling Green and Lexington, Kentucky. (Caldwell)

Building a Toolkit for a Local Response Toward a Health Kentucky: Addressing Chronic Disease, 80 served in Lexington, Kentucky. (Belendez)

Causes of Meningitis, Kentucky Society for Clinical Laboratory Science. (Caldwell)

Chemical Stockpile Emergency Preparedness Program (CSEPP) – trains First Responders, EMT’s, Paramedics, Fire Fighters, and Medical personnel about chemical weapons. The classes are held in Madison County and the surrounding counties (Powell, Clark, Estill, Fayette, Jackson, Rockcastle, Laurel, and Garrard). 350 to 400 individuals have been trained each year for the past 3 years. (Early, Prince)

Co-Chaired conference on state law and public health that was funded by the CDC and RWJF. (Costich)

Coverage Options for Children Living with Grandparents. Kentucky Kinship Care Conference, March 2003. (Costich)

Diabetes in the African American population, YWCA, September 2001. (Allweiss)

Diabetes in the Workplace, Kentucky Diabetes Network September 2003. (Allweiss)

Diabetes in the Workplace, Kentucky Occupational Health Nurses. (Allweiss)

Diabetes in Women, Kentucky Extension and Kentucky Diabetes Control Team, Maysville, March 2003. (Allweiss)


Early Results from an Employer’s Perspective – UK’s Experience, Central Kentucky Association of Health Underwriters in Partnership with the Kentucky Chamber of Commerce and Anthem Inc. The Future of Healthcare: Guiding the Search for Cost Controls. (Samuel)
Endocrine Problems in Women, Owensboro Davies County Health Department, November 2001. (Allweiss)


Frankfort Rotary Club, Presentation on Bioterrorism. (Caldwell)

Geriatric Endocrinology, UK Physicians’ Assistant Program, May 2003. (Allweiss)


Heart and Soul, September 2003, 80 Cooperative Extension Agents (Belendez)

Kentucky Health Insurance Program and Medicaid Update, Annual Conference,

Kentucky Homeplace, March 2003. (Costich)

Kentucky Safety & Health Network offers a conference with 50 workshops and an exhibition area. The conference had 800 attendees. (Early)


Midwest Clinical Toxicology Symposium, University of Louisville (McKnight) Moderator and Reporter, “Issues in Health for Kentucky’s Low Income Children” roundtable commissioned by the Good Samaritan Foundation (Costich).

New continuing education grant produces 18 web-based self-instructional modules, for the education and training of the public health practitioner. The overall goal of these modules is to equip the public health work force in Kentucky to provide components of two of the essential public health services under grant from the Kentucky Department of Public Health. (Pfeifle)

Presentation Buffalo Trace District Cancer Council, Maysville, Kentucky (Tucker)

Presentation for Dan Harper’s Environmental Hazards class, Eastern Kentucky University. (Caldwell)

Presentation to Big Sandy and Kentucky River District Cancer Councils, Hazard Kentucky. (Tucker)
Presentation to Cardiovascular Coalition, Kentucky Health and Human Services: Epidemiology of Cardiovascular Disease in Kentucky. (Allweiss)
Presentation to Kentucky Oncology Nursing Society, Owensboro, Kentucky. (Tucker)

Presentation to Northern Kentucky District Cancer Council, Fort Thomas, Kentucky. (Tucker)
Presentation, Community Health Assessment – Kentucky Homemakers Association. (Ireson)
Presentations for the Alzheimer’s Association to professionals and family members. (Riley)

Privatize Management of Small Rural Hospitals in the US: A Case Study and Application to Romania, - with Kathy Scott, Administrator, Bluegrass Community Hospital, Versailles, Kentucky, September 24, 2002. (Samuel)

Research Projects Using the Kentucky Cancer Registry Data, Kentucky Cancer Registry Annual Abstractor’s Meeting, 2001, Invited Presentation (Hopenhayn).

Roles of the Family Physician in Worksite Wellness, Kentucky Academy of Family Physicians, Annual Scientific Assembly, Louisville, Kentucky. (Curd)

Teen Injury, for more than 400 Family Practice Physicians from around the region as part of the UK Family Medicine Annual CME course. (Pollack)

The Ideal Worksite Wellness Program, Workshop for Kentucky’s 18th Annual Governor’s Safety & Health Conference, Louisville, Kentucky. (Curd)

Thyroid Awareness Program for the NBC affiliate. (Allweiss)

Toxicology presentation for the UK Family Practice Review Course. (Prince)
Trained individuals in Health Departments around the state to become Group Leaders for the Cooper/Clayton Method to Stop Smoking, organized by the Kentucky Cancer Program. (Clayton)

Tri State Diabetes Educators, Henderson, Kentucky October 2002. (Allweiss)
UK Family Practice Review Course, February and May 2003—2004. (Allweiss)
Update on Diabetes, Bluegrass Pharmacy Association, February 2003. (Allweiss)
Update on Diabetes, Kentucky Extension March 2003. (Allweiss)
Update on thyroid disease, Louisville Pharmacy Association. (Allweiss)
Walking, Weight and Wellness, January 2004 (Weight = The Reality Series and Get Moving!) 170 Extension Agents and partners in Princeton, Lexington, and Hazard, Kentucky. (Belendez)

Web-based Terrorism Awareness Training serves Emergency Responders, Health Care Providers, and Public Health Officials. It provides a basic understanding of various types of terrorism and provides information that will help responders and care providers protect themselves, their co-workers, and their patients during a terrorist incident. (KIPRC)

B. National

Amylin Training: September 2002. (Allweiss)

CDC Business Managed Care, University of West Virginia Charleston, October nurses, nutritionist, MDs. (Allweiss)

CDC/NIOSH, three sessions broadcast nationally by the CDC/NIOSH Envision system; Integration of Injury Epidemiology, Narrative Psychology, and Instructional Design to Develop and Evaluate Community Education Injury Prevention Programs. (Cole, Mazur)


Diabetes in the Workplace, American Association of Occupational Health Nurses. (Allweiss)

Faculty Short Course on the Design and Management of Central Cancer Registries, Honolulu, Hawaii, June 2003. (Tucker)

Faculty, CDC and NCI Cancer Surveillance Institute, San Jose, California 2003. (Tucker)

Faculty, Short Course on the Design and Management of Central Cancer Registries. (Tucker)

Hyperthyroidism, Healthology.com article, August. (Allweiss)

Invited Panel Member Environmental Protection Agency. Evaluation of CCA pesticide and potential hazard to children from playground treated wood. (Hopenhayn)

Keynote and other presentations that have provided CEU’s for professionals outside of Kentucky – 3 in the past 3 years. (Riley)

New CD ROM on insulin for shift work. (Allweiss)


Taught infection control personnel how to design and evaluate simulation exercises for on-line CME of health care workers in the prevention of blood borne pathogen exposures, Columbia University Mailman School of Public Health. (Cole)

C. International

Bucharest – Kentucky Partnership (AIHA and USAID), Workshop for HME Partners, Tampa, Florida, December 10, 2001. (Samuel)

Financial Management’s Importance: Consumerism and Privatization, Summer Institute, Sinaia, Romania, September 2001. (Samuel)

Conducted an all day workshop at the World Conference on Tobacco or Health in Helsinki for 250 individuals from around the world on writing grant applications. (Clayton)

Faculty, Short Course on the Design and Management of Central Cancer Registries, Toronto, Canada 2002. (Tucker)
## Appendix VII (I): List of 34 Presentations at Public Health Grand Rounds

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aug 17, 01</td>
<td>Prescription Drug Access in Rural Illinois: Do Macro Data Reflect Reality?</td>
<td>LaVonne A. Straub, Ph.D.</td>
</tr>
<tr>
<td>Aug 28, 01</td>
<td>HIV/AIDS Medical Update</td>
<td>Patricia Jennings, MHS, PA-C</td>
</tr>
<tr>
<td>Sep 14, 01</td>
<td>The History of Public Health Education in Kentucky</td>
<td>Joel Lee, Dr.P.H.</td>
</tr>
<tr>
<td>Oct 12, 01</td>
<td>Protecting Human Research Subjects: New Challenges for the 2000’s</td>
<td>Thomas Foster, PharmD</td>
</tr>
<tr>
<td>Nov 8, 01</td>
<td>Communicating Under Fire: Principles and Techniques for Communicating Effectively in High Concern, High Stress Situations</td>
<td>Vincent T. Covello Ph.D.</td>
</tr>
<tr>
<td>Nov 9, 01</td>
<td>Public Health Disaster Preparedness</td>
<td>Glen Caldwell, MD</td>
</tr>
<tr>
<td>Jan 12, 02</td>
<td>The Kentucky Ambulatory Network: Integrating Towns and Gowns to Advance Primary Care</td>
<td>Kevin Pearce, MD, MPH, Margaret Love, Ph.D.</td>
</tr>
<tr>
<td>Mar 8, 02</td>
<td>Access to Medical Care</td>
<td>William Mc Elwain, MD, MPH</td>
</tr>
<tr>
<td>Apr 12, 02</td>
<td>Kids and Tobacco: The Real Story</td>
<td>Barbara Phillips, MD, MSPH</td>
</tr>
<tr>
<td>May 10, 02</td>
<td>Cancer Control in Appalachia Kentucky: Activities of the UK’s Cancer Prevention Research Center</td>
<td>Mark Dignan, Ph.D., MPH, Carol White, MPH</td>
</tr>
<tr>
<td>Jul 12, 02</td>
<td>Housing, Neighborhood and Health Status in an Urban African American Population</td>
<td>Mark Dignan, Ph.D., MPH</td>
</tr>
<tr>
<td>Sep 13, 02</td>
<td>Population-Based Cessation</td>
<td>Ellen Hahn, DNS, RN</td>
</tr>
</tbody>
</table>
Outcome of a Quit and Win Contest

Oct 11, 02 Epidemiological Methods for Assessment of Community-Based Intervention
Tim Adlrich, MPH, Ph.D.

Oct 24, 02 Encouraging Dietary Changes at the Worksite
Mark Dignan, Ph.D., MPH, David Buller, Ph.D., Mary Buller, MS

Nov 8, 02 Managing Tobacco Use and Dependence: Implementing the United States Public Health Service Clinical Practice Guidelines
Todd A. Warnick, MHA, MA

Dec 13, 02 A Conceptual Framework for Public Health – Based Services Research
F. Douglas Scutchfield, MD

Dec 16, 02 Improving the Nation’s Public Health Systems
Paul Halverson, MHSA, Dr.P.H., Glen Mays, MPH, Ph.D.

Jan 10, 03 Fecal Bacteria in Kentucky’s Environment
Mark Coyne, Ph.D.

Jan 24, 03 Community Based Public Health Initiatives
Rodney Berry, VP Executive Director, Public Life Foundation

Feb 14, 03 Appropriate and Effective Use of Technology for Public Health Education
William Pfeifle, EdD

Feb 28, 03 Rural Health Issues in Kentucky
Michael E. Samuels, Dr.P.H., Elmer Whitler, MA, MPA

Mar 14, 03 Empowerment at a Distance: A Longitudinal, Descriptive Analysis of Corporate Programming for Long-Distance Caregivers and Elders
Terri Kanatzar, MSW

Apr 11, 03 The Malpractice Game: Winning it for Patients
Steven Schoenbaum, MD, MPH

Apr 25, 03 Access to OTC Syringes:
Joseph Fink, JD
<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jun 13, 03</td>
<td>Update on the Prevention Research Collaborative Partnership</td>
<td>Cherri Tolle, MAEd, CHES, Teri Wood, Ph.D.</td>
</tr>
<tr>
<td>Jul 11, 03</td>
<td>Chronic Disease in Kentucky: Why should it matter to you?</td>
<td>Rice C. Leach, MD</td>
</tr>
<tr>
<td>Aug 8, 03</td>
<td>Priority Population for Smoking-Related Chronic Diseases in Kentucky</td>
<td>Tim Aldrich, Ph.D., MPH</td>
</tr>
<tr>
<td>Sep 12, 03</td>
<td>UK SPH Involvement in Public Health Systems Research</td>
<td>Michelyn Banderi, MHA and Ann Kelly, MPH</td>
</tr>
<tr>
<td>Oct 10, 03</td>
<td>The HEEL Project</td>
<td>Bonnie O. Tanner, Ph.D., MS</td>
</tr>
<tr>
<td>Nov 7, 03</td>
<td>Social Influence on Tobacco Initiation Among College Students</td>
<td>Ruth “Topsy” Staten, Ph.D., R.N., C.S.</td>
</tr>
<tr>
<td>Jan 16, 04</td>
<td>Cancer Prevention and Control Research Network</td>
<td>Carol White, MPH</td>
</tr>
<tr>
<td>Feb 13, 04</td>
<td>Periodontal Infections and Systemic Disease</td>
<td>Mark V. Thomas, DMD</td>
</tr>
<tr>
<td>Mar 12, 04</td>
<td>Adherence to National Comprehensive Cancer Network Guidelines for Breast Cancer in Kentucky</td>
<td>Susan Muldoon, Ph.D., MPH</td>
</tr>
</tbody>
</table>
Appendix VII (J): Evaluation Tool for Kentucky Public Leadership Institute

Course Name

Date

EVALUATION

The Kentucky Department for Public Health is an approved provider of Continuing Education by the Kentucky Board of Nursing. To receive 0.00 Contact Hours, participants must attend entire session, participate and complete an evaluation of the offering.

Provider Offering Number 7-0038-07-200-

“Kentucky Board of Nursing approval of an individual continuing education provider does not constitute endorsement of program content.”

Please circle your response, using the following scale, to rate objectives and presenters:
1 = Excellent  2 = Good   3 = Average   4 = Below Average  5 = Poor

Objectives:

1. Examine the history of measuring public health performance.
   1 2 3 4 5

2. Introduce a conceptual framework for understanding and measuring performance within public health systems.
   1 2 3 4 5

3. Review the current status of efforts to measure public health performance nationally and in selected states.
   1 2 3 4 5

4. Identify approaches to collecting useful information about public health performance.
   1 2 3 4 5

5. Assess the usefulness of public health performance measurement for improving the quality of public health practice.
   1 2 3 4 5

Instructor/Presenter Evaluation

A. Teaching Effectiveness

B. Instruction Methods: A/V use etc.

John Doe

A. 1 2 3 4 5
B. 1 2 3 4 5

Appendix VII (J)-195
**Course Content:**

*Relevant* to offering objectives.  
Yes  No

*Appropriate* for you/your level of practice.  
Yes  No

Physical *facilities* conducive to learning.  
Yes  No

Comments/Suggestions for topics you would like offered in the future.

___________________________________________________________________________

___________________________________________________________________________
## Appendix VII (K): Examples of Voluntary Student Service

### For MPH and Dr.P.H. students

<table>
<thead>
<tr>
<th>Activity</th>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidemiological support</td>
<td>Salvation Army Free Clinic, Lexington</td>
</tr>
<tr>
<td></td>
<td>Fox Kids Fest, Lexington</td>
</tr>
<tr>
<td>Staff information booths</td>
<td>Hispanic/Latino Health Fair, Lexington</td>
</tr>
<tr>
<td>Created poster about Public Health, demonstrated the harmful effects of skin cancer</td>
<td>2001 Kentucky Public Health Association Meeting (Location)</td>
</tr>
<tr>
<td>Convened panel discussion about careers in Public Health for student audience</td>
<td>American Red Cross, Lexington</td>
</tr>
<tr>
<td>Fund raising</td>
<td>Lexington/Fayette County Health Department</td>
</tr>
<tr>
<td>Advocacy for smoke free dorms, including student pledge cards</td>
<td>American Cancer Society Relay for Life</td>
</tr>
<tr>
<td>Walked, and won awards for “Best Campsite” and “Top Individual Fundraiser”</td>
<td>Susan G. Comen Race for Cure</td>
</tr>
<tr>
<td>Ran, walked, raised money</td>
<td>American Heart Association Heart Walk</td>
</tr>
<tr>
<td>Walked and raised money</td>
<td>Bluegrass Action (Smoke Fee Coalition)</td>
</tr>
<tr>
<td>Advocacy and participation</td>
<td>Lexington-Fayette Board of Health</td>
</tr>
<tr>
<td>Advocacy and public testimony for Clean Indoor Air Ordinance</td>
<td>Lexington-Fayette Urban County Council</td>
</tr>
<tr>
<td>Advocacy and public testimony for Smoke Free Restaurant Ordinance</td>
<td>Cooper Clayton Method to Stop Smoking Program</td>
</tr>
<tr>
<td>Participated as facilitators</td>
<td>AIDS Walk for Life</td>
</tr>
<tr>
<td>Walked and raised money</td>
<td>Children’s Hospice, Lexington</td>
</tr>
<tr>
<td>Advocacy and provided financial support</td>
<td>Boys and Girls Night Out (Sexual Awareness Education Program)</td>
</tr>
<tr>
<td>Activity</td>
<td>Agency</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Reviewed Abstracts</td>
<td>American Heart Association</td>
</tr>
<tr>
<td>Provided oral health education, oral health screenings, oral health</td>
<td>For the APHA 2003 annual conference in San Francisco, California, March,</td>
</tr>
<tr>
<td>education and sealants</td>
<td>2003</td>
</tr>
<tr>
<td>Provided an oral health screenings, oral health education and sealants</td>
<td>“Healthy Smiles, Health Kids” campaign. Kentucky State Fair/Proctor &amp;</td>
</tr>
<tr>
<td></td>
<td>Gamble, aka Crest Volunteer at the Special Olympics in Kentucky,</td>
</tr>
<tr>
<td></td>
<td>“Special Smiles, Special Olympics”</td>
</tr>
<tr>
<td></td>
<td>The Dental Hygiene Association (KDHA), the Dental Association (KDA),</td>
</tr>
<tr>
<td></td>
<td>the Oral Health Coalition and the corporate sponsor Colgate</td>
</tr>
<tr>
<td>Member</td>
<td>Executive Board at ARC of the Bluegrass, a non-profit agency that</td>
</tr>
<tr>
<td></td>
<td>serves adults with mental or cognitive disabilities.</td>
</tr>
<tr>
<td>Co-Chair, Treasurer, Member-Executive Board</td>
<td>Down Syndrome Association of Central Kentucky (DSACK)</td>
</tr>
<tr>
<td>Member of Planning Committee for Buddy Walk</td>
<td>DSACK is a non-profit organization for individuals with down syndrome.</td>
</tr>
<tr>
<td>Treasurer, Area Director, Program Co-Chair, Member-Planning Committee</td>
<td>Kentucky Society for Clinical Laboratory Sciences (KSCLS). This program</td>
</tr>
<tr>
<td></td>
<td>offers continuing education opportunities for laboratory personnel</td>
</tr>
<tr>
<td></td>
<td>throughout the state of Kentucky.</td>
</tr>
<tr>
<td>Served on a Parent Advisory Panel for Children</td>
<td>Fayette County Public School System.</td>
</tr>
<tr>
<td>Board of Directors, Secretary</td>
<td>HIPPAA Action Workgroup of Kentucky</td>
</tr>
<tr>
<td>MPH student served as president/founder</td>
<td>Vox (Planned Parenthood campus organization)</td>
</tr>
<tr>
<td>Distributed free coasters and condoms</td>
<td>Kentucky Farm Worker Outreach Program</td>
</tr>
</tbody>
</table>
For Ph.D. Students:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Ph.D. Students developed a community based model for reducing disparities among the elder population. It also involved forming a council drawn from the community. Outcome: an aging advocacy coalition was established in the county in summer 2002.</td>
<td>Clark County Kentucky</td>
</tr>
<tr>
<td>Volunteers</td>
<td>Helping Hands Adult Daycare and Respite Program</td>
</tr>
<tr>
<td>Provided presentations on behalf of agency.</td>
<td>Helping Hand Respite Care Speakers Bureau</td>
</tr>
<tr>
<td>Volunteer</td>
<td>Tanbark (long term) Health Center</td>
</tr>
<tr>
<td>Music therapists for elders</td>
<td>Music Institute of Lexington</td>
</tr>
<tr>
<td>Presentation on Oral Health Issues</td>
<td>Senior Center Health Fairs</td>
</tr>
<tr>
<td></td>
<td>(Lexington, Louisville, Owensboro, Paducah)</td>
</tr>
<tr>
<td>Data collection</td>
<td>Kentucky Oral Health Survey</td>
</tr>
<tr>
<td>Presentations on Heart Attack 101</td>
<td>Ashland Terrace Retirement Home, Lexington Senior Center, and 5 other locations</td>
</tr>
<tr>
<td>Helped develop and implement nation-wide health education and social marketing campaign; prepared and conducted the trainer courses in health and media communications, social marketing and behavioral change. Developed social marketing curriculum for Romania School of Public Health</td>
<td>American International Health Alliance, USAID, Health Care Partnership for Romania</td>
</tr>
</tbody>
</table>
## Appendix VIII.A (A): College of Public Health Primary Faculty Characteristics

<table>
<thead>
<tr>
<th>Name</th>
<th>Rank</th>
<th>Tenure Status</th>
<th>% of FTE</th>
<th>MA/MSPH/MS/</th>
<th>Ph.D.</th>
<th>MD/DM/OMD</th>
<th>Other</th>
<th>University for Terminal Degree</th>
<th>Discipline</th>
<th>Teaching Areas</th>
<th>Area of Research Interest</th>
<th>Gender</th>
<th>Race/Ethnicity</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allwiess, Pamela R.</td>
<td>Asst. Prof (STS)</td>
<td>TT</td>
<td>100%</td>
<td>MSPH</td>
<td>MD</td>
<td></td>
<td></td>
<td>University of Chicago</td>
<td>Medicine</td>
<td>Preventive Medicine &amp; Environmental Health</td>
<td>Chronic Disease Occupational Med.</td>
<td>Female</td>
<td>White</td>
<td>2</td>
</tr>
<tr>
<td>Belendez, Zaida R.</td>
<td>Asst. Prof (STS)</td>
<td>TT</td>
<td>60%</td>
<td>NID/RN</td>
<td></td>
<td></td>
<td></td>
<td>Case Western Reserve</td>
<td>Nursing</td>
<td>Health Behavior</td>
<td>Intervention Migrant Health</td>
<td>Female</td>
<td>Hispanic</td>
<td></td>
</tr>
<tr>
<td>Brion, Gail</td>
<td>Assoc. Prof (RES)</td>
<td>T</td>
<td>40%</td>
<td>MS/Ph.D.</td>
<td></td>
<td></td>
<td></td>
<td>University of Colorado at Boulder</td>
<td>Civil Engineering</td>
<td>Preventive Medicine &amp; Environmental Health</td>
<td>Waterborne Diseases</td>
<td>Female</td>
<td>White</td>
<td></td>
</tr>
<tr>
<td>Caldwell, Glyn</td>
<td>Asst. Prof.</td>
<td>PT</td>
<td>100%</td>
<td>MS/MD</td>
<td></td>
<td></td>
<td></td>
<td>University of Missouri, Columbia</td>
<td>Medicine</td>
<td>Epidemiology</td>
<td>Epidemiology</td>
<td>Male</td>
<td>White</td>
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</tr>
<tr>
<td>Charnigo, Richard</td>
<td>Asst. Prof (RTS)</td>
<td>TT</td>
<td>50%</td>
<td>MS/Ph.D.</td>
<td></td>
<td></td>
<td></td>
<td>Case Western Reserve University</td>
<td>Statistics</td>
<td>Biostatistics</td>
<td>Biostatistics</td>
<td>Male</td>
<td>White</td>
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<tr>
<td>Clayton, Richard R.</td>
<td>Professor (RTS)</td>
<td>T</td>
<td>100%</td>
<td>MS/Ph.D.</td>
<td></td>
<td></td>
<td></td>
<td>University of Tennessee</td>
<td>Sociology</td>
<td>Health Behavior</td>
<td>Prevention and Behavior Change</td>
<td>Male</td>
<td>White</td>
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<tr>
<td>Cole, Henry</td>
<td>Professor (Post Ret.)</td>
<td>T</td>
<td>100%</td>
<td>Ed.M/Ed.D.</td>
<td>SU NY Buffalo</td>
<td>Educational Psychology</td>
<td>Preventive Medicine &amp; Environmental Health</td>
<td>Program Eval. Farm Safety</td>
<td>Male</td>
<td>White</td>
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<tr>
<td>Costich, Julia F.</td>
<td>Asst. Prof (RES)</td>
<td>NT</td>
<td>100%</td>
<td>MA/Ph.D.</td>
<td></td>
<td>JDMPA</td>
<td></td>
<td>University of Kentucky</td>
<td>Law and French</td>
<td>Health Services Management</td>
<td>Health Services</td>
<td>Female</td>
<td>White</td>
<td>2</td>
</tr>
<tr>
<td>Crosby, Richard</td>
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*Graduate faculty appointment

Eligible to chair theses and dissertations

>60 (1)

40-59 (2)

<39 (3)
### Appendix VIII (C): College of Public Health Faculty Demographic and Professional Development Characteristics for 2003-2004

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**University of Terminal Degree (Primary Faculty)**

University of Alabama, Birmingham; Case Western Reserve University (3); U. of California, Berkeley (2); U. of Chicago; Clark University; U. of Colorado (Boulder)(2); Emory University; U. of Florida; Harvard University; U. of Illinois at Urbana-Champaign; Indiana University; Johns Hopkins University; U. of Kentucky (10); U. of Maryland; Medical College of Pennsylvania; U. of Michigan; U. of Missouri, Columbia; U. of North Carolina, Chapel Hill (2); Oklahoma State University; SUNY Buffalo (2); University of Tennessee (2); University of Texas (2); University of Virginia; Virginia Polytechnic Institute and State University; U. of Western Ontario.

* Multiple entries possible
Appendix IX.A (A): MPH Admission Policies

Introduction
The following should be a set of guidelines for decision-making rather than absolute rules, and exceptions may be made by the DGS, as s/he considers the characteristics of the applicants, the size and quality of the applicant pool, and the need to expedite the process. This process is intended as a temporary approach that will evolve with experience and data. The goal is to establish a process to select the best possible students/future practitioners, while expediting consistent decision making and promoting diversity.

Proposed Model
The application process should be divided into three components: Early admissions, April admissions, and Admissions following the application deadline date of June 1.

1. Early admissions would be rolling admissions approved by the MPH Director of Graduate Studies rather than the entire Committee, unless the DGS wishes a consultation. Eligibility for early admission would be based upon the academic criteria of an Undergraduate Grade Point Average of 3.5 in their major and 3.2 overall, and a GRE combined Verbal and Quantitative score of 900 or above with a minimum score of 400 in either area, along with a review of subjective application criteria. For currently enrolled students, all admissions would be conditional upon grades in remaining undergraduate coursework, and successful completion of the baccalaureate degree. (Early admissions will hopefully increase opportunities to attract exceptional students.) For students submitting GMAT scores, we will seek equivalent levels of performance to the GRE.

2. Applicants failing to meet one of the two quantitative criterion for early admission with a GPA above 3.5 and a GRE score of 900 to 750; or a GRE score above 900 and a GPA of 3.49 to 3.0 will be held for a concurrent review beginning on April 1, and rolling admissions following that date. This will allow the DGS to benchmark the applicants in a way rolling admissions would not. Criteria such as the essay, letters of reference and work experience will be used to assess potential for success. Applicants meeting the early admission requirements will continue to be admitted by the DGS.

3. Following the June 1 application deadline, all remaining applicants will be reviewed concurrently by the Admissions Committee as a whole, using criteria such as the essay, letters of reference and particular work experience. These criteria will be used to assess potential for success. Extenuating circumstances and criteria to promote diversity in the School of Public Health will also be considered. Potential for successful completion of the curriculum will be a critical factor in the admission decision. The DGS will continue to accept applicants meeting the previous criteria.

4. Applicants failing to be admitted in the previous categories, with the potential for success based upon other criteria may be selected by the Committee for "conditional admission." Conditional Admission will be defined by the opportunity to pursue nine semester hours of core course work in the fall semester, in post baccalaureate status, with the understanding that they will be admitted if they earn a GPA of a 3.3 or above, and no letter grade below a B (a minimum of one A and two B's). In this group there may also be a maximum of five students who are "high risk," failing to meet the GPA and GRE criteria but showing potential for success based upon other criteria. (These high risk students will be counseled prior to, and monitored following matriculation.)
Committee also recognizes that this policy may not be effective in addressing “high risk” underrepresented minority students, who would not be eligible for some financial aid opportunities as post baccalaureate students. In those instances, the DGS and/or the Committee will weigh those issues in the admissions decision.

5. A maximum of 10% of the entering MPH class should be international students (five).
Appendix IX.A (B): Demographic Characteristics of Applicants, Accepted and Enrolled Students over the last four years

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*Other includes foreign applicants and unknown ethnicities*
Appendix IX.C (A): Example Orientation Agendas for MPH and Dr.P.H. Programs

Tentative Agenda
Student Orientation
MPH Program  Fall 2004

Friday, August 20, 2004
8:00 am- 4:00 pm
The Red Mile
1200 Red Mile Rd
Directions: http://www.tattersallsredmile.com/map.html

8:00  Registration/Photographs

8:45  Welcome and Introductions
  ▪ John S. Wiggs
  Assistant Dean for Admissions and Student Affairs
  ▪ Tom Samuel, JD, MBA
  Acting Dean, College of Public Health

9:15  UK and CPH Policies and Procedures
  ▪ John S. Wiggs
  ▪ Laverne R. Carter
  Assistant Director of Admissions and Student Affairs

10:30 Break

10:45 Field Practicum
  ▪ Cynthia Lamberth
  Kentucky Public Health Leadership Institute

11:15 Curriculum and Capstone
  ▪ Joel Lee, MPH, Dr.P.H.
  Associate Dean for Academic Affairs

12:00 Lunch

1:30  Key Faculty
  ▪ Faculty from each of the five areas of concentration will discuss their backgrounds, research interests, and characteristics of the concentration areas.

2:30  Student Health Insurance, Immunizations, etc.
  ▪ Karen Clancy
  Student Health Service

2:45 Break

3:00  A student perspective
  ▪ University of Kentucky Student Public Health Association student representatives

3:30  Library Instruction Session
  ▪ Frank Davis
  ▪ Medical Center Library
HSM 775 003 - Special Topics in Health Services Management: Professional Development in Public Health (1 credit hour)

A. Course Rationale

Professional Development in Public Health is a course designed to facilitate prospective public health graduates to acquire suitable employment in the public health environment. To be satisfied in both your professional and personal life, it is important that you develop the skills necessary to identify realistic employment opportunities and to successfully meet the challenges of the application process. Though this is designed for students having completed two semesters of full time study in the MPH program, enrollment will provide benefits at any point during the student’s course of study. This course is not intended to be a job placement exercise; rather it addresses many aspects of personal assessment, personal development, and practical communication and analytical skills that will be useful in many settings and roles. Specifically, this course will contribute at a minimum to the development of the following competencies:

- To identify relevant and appropriate data and information source
- To apply data collection processes and information technology applications
- To decide an appropriate course of action
- To communicate effectively both in writing and orally
- To lead and participate in groups to address specific issues
- To develop a lifelong commitment to critical thinking

B. Course Goals

After completion of this course in Professional Development the student will be able to:

Demonstrate various methods for identifying the availability of public health positions.
Conduct a self-assessment to identify your personal cognitive style, values, preparations, etc.
Assess the desirability of positions based on career opportunity, skills needed, location, values, and other characteristics as they relate to the applicant’s desires and preparation.
Prepare the various application correspondence and related documents in commonly accepted formats.
Present yourself to a potential employer in a positive fashion through an interview process.

Identify the activities conducive to managing your transition into a new position including activities such as finding a mentor, etc.
## C. Tentative Class Schedule, Objectives and Assignments

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<th>Class # Date</th>
<th>Weekly Topic</th>
<th>Class Objectives</th>
<th>Readings and Assignment</th>
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<td>#1 Jan. 15&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Introduction to the Course</td>
<td>To enable students &amp; instructor to become acquainted. To review the syllabus &amp; the course activities, expectations, grading, etc.</td>
<td>None</td>
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<td>#2 Jan. 22&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>Who You Are – Self Assessment Inventories</td>
<td>To identify your personal characteristics in terms of how you acquire and process information and make decisions.</td>
<td>Complete inventories - Myers-Briggs; Strong Interest Inventory; Skills Identification; and Values Inventory as provided.</td>
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<tr>
<td>#3 Jan. 29&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Who You Are – Self Assessment Inventories - continued</td>
<td>To note strengths and also areas for introspection and special attention for improvement</td>
<td>Complete inventories as provided</td>
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<td>#4 Feb. 5&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Developing and Maintaining your Résumé and Curriculum Vita (CV)</td>
<td>Develop a personal résumé and CV in accordance with professional design format and guidelines. Identify how you can demonstrate your personal and professional development</td>
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<td>#5 Feb. 12&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Introducing Yourself in Writing – the Cover Letter and other Correspondence</td>
<td>Develop a letters of inquiry and application in accordance with standard guidelines. Describe the appropriate approach to the use of references.</td>
<td>Drafts of resumes and CV’s welcomed</td>
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<td>#6 Feb. 19&lt;sup&gt;th&lt;/sup&gt;</td>
<td>An Employer’s Perspective – Panel of Public Health Professionals</td>
<td>To identify the characteristics an employer looks for in an applicant’s résumé and interview.</td>
<td>Final Resume, CV and Cover Letters due</td>
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<td>#7</td>
<td>Feb. 26th</td>
<td>Identifying Job Openings and Opportunities</td>
<td>Utilize web based mechanisms for searching positions. Identify the major data bases related to Public Health</td>
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<td>#8</td>
<td>Mar. 4th</td>
<td>Evaluating Position Ads &amp; Postings</td>
<td>Analyze position posting in terms of what is desired explicitly and implicitly. Describe techniques for “fitting” yourself to what is desired.</td>
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<tr>
<td>#9</td>
<td>Mar. 11th</td>
<td>Networking Techniques</td>
<td>Distinguish between networking and pandering Describe how to network consistent with your own style</td>
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<td>Mar 18th</td>
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<tr>
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<td>Alumnae Panel Lessons Learned</td>
<td>Identify time lines for beginning the search for a position. Assess the applicability of class information presented thus far in the course.</td>
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<td>#11</td>
<td>Apr. 1st</td>
<td>The Art of Interviewing</td>
<td>Identify the typical parts of an interview Demonstrate effective applicant interview skills</td>
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<td>#12</td>
<td>April 8th</td>
<td>The Art of Interviewing (continued)</td>
<td>Demonstrate interview and post interview etiquette, including dress, timing and poise.</td>
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<td>#13</td>
<td>Apr. 15th</td>
<td>Making a Presentation as Part of the Interview Process</td>
<td>Identify the organizational components of a presentation and the elements within each. Identify the effective use of verbal and nonverbal behaviors and instructional media.</td>
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D. Instructional Strategies

The course will consist of 15 class sessions of approximately one hour each, conducted on Thursday of each week from 1:30 PM to 2:20 PM in Room 115, School of Public Health Building. The format of the sessions will be variable, but a common goal for each is that they be interactive and meet the individual needs of students. In addition to selected speakers and panel discussions, opportunities to apply the course content will be required that result in the development of your personal portfolio of resources, position application documents, and mock interview activities.

E. Instructional Resources

No text is required for the course. There will be many handouts and other resource documents distributed in each class session and provided by fellow students. In essence we will create our own text as we proceed through the course. A Three-Ring binder with tabs is recommended.

F. Assessment and Evaluation

Grading in this class will be largely outcomes-based. The following deliverables will be graded with the weights assigned as follows. Unsatisfactory work will be returned until a satisfactory work is produced.

<table>
<thead>
<tr>
<th>Graded Assignment</th>
<th>Due Date</th>
<th>Percentage Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final Personal Resume</td>
<td></td>
<td>15%</td>
</tr>
<tr>
<td>Final Curriculum Vita</td>
<td></td>
<td>15%</td>
</tr>
<tr>
<td>Cover Letter of Introduction</td>
<td></td>
<td>15%</td>
</tr>
<tr>
<td>Electronic Network resources</td>
<td></td>
<td>15%</td>
</tr>
<tr>
<td>Mock Interview</td>
<td></td>
<td>20%</td>
</tr>
<tr>
<td>Class Participation</td>
<td></td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

G. Administrative Comments

Much of the learning will occur in class through class discussion and the contributions of the career development consultants. Attendance is crucial. The basis of the class participation portion of the grade is predicated on class attendance and professional interactions. The instructors will be available before and after most classes for a short
while. Drop in visitors are welcomed though availability is unpredictable. The instructors are always available for you by appointment.

Larry Crouch  
Career Center Director  
110C Stuckert Building  
Phone: 257-5216  
Email: lcrou1@pop.uky.edu

Bill Pfeifle  
Professor, Health Services Management  
Room 110, SPH Building  
Phone: 323-5059 X 287  
Email: pfeifle@email.uky.edu

John S. Wiggs  
Associate Director, Admissions and Student Affairs  
Room 120, SPH Building  
Phone: 323-6010  
Email: jsw@uky.edu

Sharon Childs  
Career Center Associate Director  
114 Stuckert Building  
Phone: 257-2751  
Email: sachil00@pop.uky.edu

Note: Instructional Accommodation. If you have a documented individual learning requirement which requires academic accommodations, please contact your instructor. In addition, if you have not already done so, please register with the Disability Resource Center (Room 2, Alumni Gym, 257-2754, jkarnes@uky.edu) as soon as possible, to facilitate coordination of campus accommodation services available to students with disabilities.
### 1. Which registration process do you use most often?

<table>
<thead>
<tr>
<th>Registration Process</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 -- Phone Registration</td>
<td>39</td>
<td>0.53</td>
</tr>
<tr>
<td>2 -- Office of Admissions</td>
<td>4</td>
<td>0.05</td>
</tr>
<tr>
<td>3 -- Registrar’s Office</td>
<td>1</td>
<td>0.01</td>
</tr>
<tr>
<td>4 -- Web UK</td>
<td>30</td>
<td>0.41</td>
</tr>
</tbody>
</table>

### 2. During the past year, how often did you seek academic advice?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>6</td>
<td>0.08</td>
</tr>
<tr>
<td>One Time</td>
<td>15</td>
<td>0.20</td>
</tr>
<tr>
<td>Two Times</td>
<td>27</td>
<td>0.36</td>
</tr>
<tr>
<td>Three Times</td>
<td>10</td>
<td>0.14</td>
</tr>
<tr>
<td>More than Three Times</td>
<td>16</td>
<td>0.22</td>
</tr>
</tbody>
</table>

### 3. From whom did you seek academic advice? (Mark all that apply)

<table>
<thead>
<tr>
<th>Source</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions/Student Affairs Office</td>
<td>51</td>
<td>0.69</td>
</tr>
<tr>
<td>Division Director</td>
<td>28</td>
<td>0.38</td>
</tr>
<tr>
<td>Committee Chair</td>
<td>16</td>
<td>0.22</td>
</tr>
<tr>
<td>Other Faculty</td>
<td>23</td>
<td>0.31</td>
</tr>
<tr>
<td>Others (please specify): See Comments</td>
<td>6</td>
<td>0.08</td>
</tr>
</tbody>
</table>
4. Do you normally seek advising prior to registration each semester?

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
</tr>
<tr>
<td>1 -- Yes</td>
<td>46</td>
</tr>
<tr>
<td>2 -- No (please specify):</td>
<td>28</td>
</tr>
</tbody>
</table>

5. How satisfied were you with the following items:

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
<th>Unsatisfied</th>
<th>Satisfied</th>
<th>Missing Data</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Mean</td>
<td>SD</td>
<td>N</td>
</tr>
<tr>
<td>a. Advisor's assistance with schedule planning</td>
<td>74</td>
<td>4.0</td>
<td>1.19</td>
<td>3</td>
</tr>
<tr>
<td>b. Advisor's assistance with course selection</td>
<td>74</td>
<td>4.0</td>
<td>1.16</td>
<td>2</td>
</tr>
<tr>
<td>c. Registration process (phone, Web UK, etc.)</td>
<td>74</td>
<td>4.4</td>
<td>0.89</td>
<td>0</td>
</tr>
<tr>
<td>d. Accessibility to academic advice</td>
<td>74</td>
<td>4.1</td>
<td>1.13</td>
<td>3</td>
</tr>
<tr>
<td>e. Knowledge of degree requirements</td>
<td>74</td>
<td>4.0</td>
<td>1.09</td>
<td>2</td>
</tr>
<tr>
<td>f. Academic progress you are making in your degree program</td>
<td>74</td>
<td>4.3</td>
<td>0.87</td>
<td>0</td>
</tr>
<tr>
<td>g. Academic advice you receive</td>
<td>74</td>
<td>4.2</td>
<td>0.97</td>
<td>0</td>
</tr>
</tbody>
</table>

6. See Comments

7. See Comments
### 8. In which year did you enter the UKCPH?

<table>
<thead>
<tr>
<th>Year</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 -- Fall 2000</td>
<td>2</td>
<td>0.03</td>
</tr>
<tr>
<td>2 -- Fall 2001</td>
<td>14</td>
<td>0.19</td>
</tr>
<tr>
<td>3 -- Fall 2002</td>
<td>25</td>
<td>0.34</td>
</tr>
<tr>
<td>4 -- Fall 2003</td>
<td>32</td>
<td>0.43</td>
</tr>
<tr>
<td>Missing Data</td>
<td>1</td>
<td>0.01</td>
</tr>
</tbody>
</table>

### 9. What is your area(s) of concentration? (Mark all that apply)

<table>
<thead>
<tr>
<th>Area</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 -- Biostatistics</td>
<td>8</td>
<td>0.11</td>
</tr>
<tr>
<td>2 -- Epidemiology</td>
<td>35</td>
<td>0.47</td>
</tr>
<tr>
<td>3 -- Health Services Management</td>
<td>19</td>
<td>0.26</td>
</tr>
<tr>
<td>4 -- Health Behavior</td>
<td>19</td>
<td>0.26</td>
</tr>
<tr>
<td>5 -- Occupational/Environmental Health</td>
<td>5</td>
<td>0.07</td>
</tr>
</tbody>
</table>

### 10. Please indicate your gender:

<table>
<thead>
<tr>
<th>Gender</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>24</td>
<td>0.32</td>
</tr>
<tr>
<td>Female</td>
<td>50</td>
<td>0.68</td>
</tr>
</tbody>
</table>

### 11. What is your current enrollment status?

<table>
<thead>
<tr>
<th>Status</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time</td>
<td>44</td>
<td>0.59</td>
</tr>
<tr>
<td>Part-time</td>
<td>28</td>
<td>0.38</td>
</tr>
<tr>
<td>Missing Data</td>
<td>2</td>
<td>0.03</td>
</tr>
</tbody>
</table>
University of Kentucky College of Public Health
2004 Academic Advising Survey
Comments

Question 3
From whom did you seek academic advice? (Check all that apply)
Others (please specify)

- anyone that would help
- Director of Graduate Studies in my program
- John Wiggs
- other graduate students
- other students
- other students in the program

Question 4
Do you normally seek advising prior to registration each semester?
No (please specify what process you use to choose among course options)

- catalog/degree requirements
- Fellow classmates
- I go through the course schedule sent out by my school
- I have sought advice from committee chair before registering but do not always. The student handbook and meetings that the Epi dept has held has answered questions about necessary classes for those semesters in which I have not consulted faculty.
- I just determine what are my interests and what is required to take and check to see if it fits my schedule.
- If a course is not offered that I needed, I would seek advise as to others that can be substituted.
- Listed Program Requirements
- look at requirement list
- looking at what courses are required
- MPH handbook and official course list
- recommended course offerings
- Select regarding needs in core classes or selectives needed for track.
- student manual
- Time and Interest
- use handbook
- use SPH handbook, talk to upper level students and professors

Appendix IX.C (C)-222
Question 6

Please advise aspects of advising services that you consider to be strengths.

- A staff with varying experience.
- Advisors need to be familiar with concentration requirements and with which courses will meet core curriculum requirements.
- Availability of advisor and knowledge of courses
- Availability of staff in students affairs office
- Number of course offerings each semester
- Being able to talk to professors for guidance
- Course selection, academic progress, advisor's assistance
- E-mail, responses seem to be quicker then to only hold office hours or to return phone calls.
- Every time I have called or emailed someone in the program with a question, all have known to whom I should be referred if they were not the appropriate contact themselves. I've never heard "I don't know". Everyone is so willing to help. Some of the faculty have gone out of their way to be helpful, providing suggestions and recommendations to help me make decisions.
- Faculty and staff are very willing to help whenever there is a problem. Also seen improvements in faculty having offices on campus rather than in previous semesters several professors only had offices off campus at their research building.
- Flexibility
- Friendly and everyone want to help
- Having advising conferences before registration, there always being someone in the office of public health building thats there and willing to help. People in CPH are always prompt to reply to questions that you ask via e-mail or leave on machines. Very student oriented college!!
- I am pleased with the amount of time my division director is willing to devote to advisement. However, I doubt that other students know this advice is available. If they did know and chose to take advantage, I doubt the director would have time for all of them.
- I can always reach someone when I need counseling.
- I found my professors to be very accessible and willing to help.
- I have found faculty helpful and willing to talk with me about various aspects of the program (classes, practicum, looking toward future employment), even when they do not have set office hours or on-campus offices.
- I like that Laverne Carter is also a student in the MPH program so that she can give us first-hand experience advice.
- Knowledge of the advisors and easy access to them
- Knowledge, Patience,
- Laverne is great to respond to emails in timely and complete manner.
- Materials are delievered in a time manner.
open door policy, willingness to help
Planning of courses, projects and practicum
Response to student concerns and needs in a timely fashion  
Course recommendations
Student Affairs Office and Practicum Office have been helpful.
Student affairs people very knowledgable and helpful in timely manner.
The admissions/student affairs office has been very beneficial in aiding me in the completion of the MPH...the doors are always open.
The advising committee will inform you of what course should be taken and why.
The booklet given out at orientation has been my "bible." It is very helpful, and based on that information, I have had to ask very few questions about which classes to take.
The Student Affairs and Admissions Office
The Student Handbook is what I used most when planning my semesters and deciding which core classes I would enroll in. The Student Affairs Office is an excellent resource and they always answer all my questions about courses. I usually talk to my advisor when I have specific questions about courses as well as about selectives and electives.
The student manual is pretty good in describing the course work that needs to be done.
They are always available to talk with students regarding their questions. They will answer questions about most anything.
Walk-ins and one-on-one advising.

Question 7
Please list any other comments or suggestions you have that would help us to improve (would have improved) the academic advising process.

access to personalized consultation and assistance with regard to field practicum and capstone project
Answer e-mails, put students at least on par with grants.
As far as I know, there is no "official" advising process (is there?). I have just met with professors to ask general questions, and this worked out fine, as my assistantship was in a location where I could drop in and speak with professors. I wonder if it would be helpful for students to be assigned an advisor so that they are guided in a more structured manner (for example, I am still unclear about the process of taking on 2 concentrations, and the faculty I have spoken with have not known requirements / whether there is an "official" way to do this).
Assigned Advisors
Can't think of any right now
Certain faculty must be designated to help students in the academic advisement process. These faculty must also be centrally located,i.e. in the School of Public Health . These faculty must agree on some common level of what is appropriate for graduation, practica, capstone projects, etc. These faculty must meet so that they are all aware of academic options available to students. It would be dissapointing for one faculty to be aware of opportunities that another is unaware of. For example, not all faculty are aware that students can take STA 570 in place of STA 580 if the latter poses scheduling difficulties, especially for those soon to graduate. Things like this make a big difference in advisement.

Appendix IX.C (C)-224
Course selection for concentration areas. Topics related with practicum, the whole process
For first year MPHers, there is really no adviser that one is assigned, except the Associate and Assistant Directors of Admissions and Student Affairs who are excellent, but besought with numerous questions.
Get students with advisors earlier. Make degree requirements more clear. Just be more organized in general.
I am glad to see that there will be an advising conference this semester for public health.
I did not know that there was an academic advising process. I asked for an advisor and was told that there were none for graduate school. I would like advising assistance for my degree.
I don't have an academic advisor! Also, there have been a few classes that we were told would be offered that were not. That is very frustrating. They also need to offer more courses during the summer session.
I have a hard problem getting in contact with my concentration's division head.
I like the idea of having an advising day like what is planned for the end of March. I think it would be good if there was a time frame of about a week or two, a few weeks or so before priority registration, during which all the faculty in the college had advising sessions. Students could electronically make an appointment with any of the advisors to talk about their goals and the courses they were interested in taking. In my previous college advising was set up this way and each student took a copy of their transcripts with them to the advising session. The student and advisor would compare what classes they had with what they needed and wanted. Having a way to identify the person you wanted to see for advising was important, most advisors had information online about their interests, the classes they taught and the research or other work they were doing. Also, knowing that there was an advising session before priority registration each semester was beneficial because the advisors had a set time period during the semester that they did advising and the students knew when to start planning for the next semester.
I think it would be helpful if when students entered, there was a one on one with an advisor. Knowing when courses would be offered would also be helpful. I personally was not assigned an advisor, so I sought advice from students with my similar interests and spoke with faculty with my similar interests.
I think that as students enter the program they should be given an advisor in their area. This person needs to help the student in any way possible in regards to what classes to take, what their future interests are and what other classes would be good electives or beneficial in regards to the students other interests. I also think the advisors should be on the students "side" and not try to dissuade the students interests or future goals based on their own opinions or interests. Many students, especially non-traditional students, have not been given this attention.
Know requirements and possible substitutions from previous coursework. Be responsive to e-mails.
Lectures at the beginning of every semester to tell the students how soon to plan and exactly whom to approach.
Most of the professors don't know what the requirements are. It would be helpful to have an advisor assigned.

Appendix IX.C (C)-225
My assigned advisor did not have knowledge of the degree, the practicum, nor the capstone requirements. This was probably due to the fact that they were not finalized & publicized, and the fact that the requirements were not enforced consistently (within and among concentrations). The epidemiology track kept having new hoops added for the students to jump through, while other concentrations did not.

- na
- None
- Perhaps an email from the concentration advisor during the pre-registration period would be helpful, provided that course suggestions and contact information were provided.
- Planning for Practicum has been haphazard and not very helpful for most students. For those in combined degrees, need to work with other colleges better and understand their requirements as well before advising students.
- Please ensure that courses are available before listing for MPH students. Also the MPH program should get approval for courses so that we (the students) do not have to contact other departments and professors.
- School has been somewhat disorganized in relaying to the students what is required to graduate for each concentration. Especially with the extra certifications (CPR, First Aid, IRB, etc.) The school seems varied from year to year
- The program is wonderful. It has really changed my life by opening up many doors and opportunities to the world of Public Health. I’m glad the program has started at UK.
- The university phone and computer system is a major barrier. Seldom can I accomplish the registration process in one or two attempts. Extend the hours in the evenings and weekends that we can register.
- There are faculty members that simply cannot be reached. This can make things difficult.
- There are quite a number of forms involved with each requirement in the program. It is not always clear what must be done to complete each program requirement. For example, I was unaware until after I had collected the data for my capstone paper that I needed IRB approval. My preceptor and capstone committee chair told me that it was not necessary, however I was informed by advising after the fact that it should have been done. Outline repeatedly to students exactly what needs to be done at each step of the program so they are not confused.
- we need advisors that are assigned to the student, rather than just having to drop into someone’s office unannounced and seeing if they can help you. Many times it can be difficult to find someone that can specifically help your own situation.
**Further Education**

1. Have you pursued further public health education since graduating from the UKCPH?

<table>
<thead>
<tr>
<th>Overall</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 -- No</td>
<td>17</td>
<td>0.77</td>
</tr>
<tr>
<td>2 -- Yes, degree sought: (please identify) See Comments</td>
<td>3</td>
<td>0.14</td>
</tr>
<tr>
<td>3 -- Yes, non-degree</td>
<td>2</td>
<td>0.09</td>
</tr>
</tbody>
</table>

**Employment**

2. Which of these did you find helpful in finding your first job after leaving UKCPH?

<table>
<thead>
<tr>
<th>Overall</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 -- UKCPH resources (faculty, staff, students, posted job notices, etc; (please specify): See Comments</td>
<td>12</td>
<td>0.55</td>
</tr>
<tr>
<td>2 -- Alumni</td>
<td>2</td>
<td>0.09</td>
</tr>
<tr>
<td>3 -- Other (please specify): See Comments</td>
<td>7</td>
<td>0.32</td>
</tr>
</tbody>
</table>
3. What is your current employment status? (Mark all that apply)  

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed full-time</td>
<td>17</td>
<td>0.77</td>
</tr>
<tr>
<td>Employed part-time</td>
<td>1</td>
<td>0.05</td>
</tr>
<tr>
<td>Not employed, but looking</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Not employed, by choice</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Not employed, student</td>
<td>4</td>
<td>0.18</td>
</tr>
</tbody>
</table>

4. If you are employed, is it within the public health field?  

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>16</td>
<td>0.73</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>0.09</td>
</tr>
<tr>
<td>Missing Data</td>
<td>4</td>
<td>0.18</td>
</tr>
</tbody>
</table>

5. See Comments

6. See Comments
7. Of the following types of governmental organizations, which one best describes your current place of employment?

<table>
<thead>
<tr>
<th>Option</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 -- Do not work for a governmental agency</td>
<td>9</td>
<td>0.41</td>
</tr>
<tr>
<td>2 -- Local public health or health agency</td>
<td>3</td>
<td>0.14</td>
</tr>
<tr>
<td>3 -- State public health or other health agency</td>
<td>3</td>
<td>0.14</td>
</tr>
<tr>
<td>4 -- Federal public health or other health agency</td>
<td>2</td>
<td>0.09</td>
</tr>
<tr>
<td>5 -- US military (please specify branch):</td>
<td>1</td>
<td>0.05</td>
</tr>
<tr>
<td>6 -- Other governmental agency (please specify):</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Missing Data</td>
<td>4</td>
<td>0.18</td>
</tr>
</tbody>
</table>

8. Of the following types of educational institutions, which one best describes your current place of employment?

<table>
<thead>
<tr>
<th>Option</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 -- Do not work for an educational institution</td>
<td>9</td>
<td>0.41</td>
</tr>
<tr>
<td>2 -- College or university within the public health unit</td>
<td>3</td>
<td>0.14</td>
</tr>
<tr>
<td>3 -- School of public health</td>
<td>3</td>
<td>0.14</td>
</tr>
<tr>
<td>4 -- School of another health profession (please specify):</td>
<td>2</td>
<td>0.09</td>
</tr>
<tr>
<td>5 -- Other educational institution (please specify):</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Missing Data</td>
<td>5</td>
<td>0.23</td>
</tr>
</tbody>
</table>
9. Of the following types of organizations, other than governmental and educational, which one best describes your current place of employment?

<table>
<thead>
<tr>
<th>Option</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 -- Does not apply</td>
<td>12</td>
<td>0.55</td>
</tr>
<tr>
<td>2 -- Hospital or other health care provider</td>
<td>2</td>
<td>0.09</td>
</tr>
<tr>
<td>3 -- International agency</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>4 -- Private, non-profit or voluntary agency</td>
<td>1</td>
<td>0.05</td>
</tr>
<tr>
<td>5 -- Private industry or firm</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>6 -- Community-based organization</td>
<td>2</td>
<td>0.09</td>
</tr>
<tr>
<td>7 -- Other (please specify): See Comments</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Missing Data</td>
<td>5</td>
<td>0.23</td>
</tr>
</tbody>
</table>

10. Which of the following best describes your present occupation? (Mark all that apply)

<table>
<thead>
<tr>
<th>Option</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 -- Not related to public health</td>
<td>1</td>
<td>0.05</td>
</tr>
<tr>
<td>2 -- Behavioral or social scientist</td>
<td>3</td>
<td>0.14</td>
</tr>
<tr>
<td>3 -- Environmental health specialist</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>4 -- Public or community health physician or dentist</td>
<td>1</td>
<td>0.05</td>
</tr>
<tr>
<td>5 -- Health planner or policy analyst</td>
<td>4</td>
<td>0.18</td>
</tr>
<tr>
<td>6 -- Health educator</td>
<td>1</td>
<td>0.05</td>
</tr>
<tr>
<td>7 -- Biostatistician</td>
<td>2</td>
<td>0.09</td>
</tr>
<tr>
<td>8 -- Public or community health nurse</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>9 -- Epidemiologist</td>
<td>7</td>
<td>0.32</td>
</tr>
<tr>
<td>10 -- Industrial hygienist / safety specialist</td>
<td>2</td>
<td>0.09</td>
</tr>
<tr>
<td>11 -- Laboratory scientist</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>12 -- Health services administrator</td>
<td>3</td>
<td>0.14</td>
</tr>
<tr>
<td>13 -- Other public health occupation (please specify):</td>
<td>4</td>
<td>0.18</td>
</tr>
</tbody>
</table>
11. Which of the following responsibilities linked to public health do you have in your present job? (Mark all that apply)

<table>
<thead>
<tr>
<th>Overall</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 -- None related to public health</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>2 -- Monitoring community health status</td>
<td>9</td>
<td>0.41</td>
</tr>
<tr>
<td>3 -- Investigating community health problems and hazards</td>
<td>10</td>
<td>0.45</td>
</tr>
<tr>
<td>4 -- Educating the public about health issues</td>
<td>11</td>
<td>0.50</td>
</tr>
<tr>
<td>5 -- Organizing community groups to solve health problems</td>
<td>5</td>
<td>0.23</td>
</tr>
<tr>
<td>6 -- Developing community health policies and programs</td>
<td>8</td>
<td>0.36</td>
</tr>
<tr>
<td>7 -- Enforcing health and safety laws and regulations</td>
<td>3</td>
<td>0.14</td>
</tr>
<tr>
<td>8 -- Evaluating personnel and community health services</td>
<td>7</td>
<td>0.32</td>
</tr>
<tr>
<td>9 -- Providing personal health services</td>
<td>2</td>
<td>0.09</td>
</tr>
<tr>
<td>10 -- Educating health personnel</td>
<td>7</td>
<td>0.32</td>
</tr>
<tr>
<td>11 -- Conducting research</td>
<td>10</td>
<td>0.45</td>
</tr>
<tr>
<td>12 -- Other public health related responsibilities (please specify):</td>
<td>3</td>
<td>0.14</td>
</tr>
</tbody>
</table>
12. Which of the following responsibilities linked to research do you have in your present job? (Mark all that apply)

<table>
<thead>
<tr>
<th>Overall</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>1 -- None related to research</td>
<td>1</td>
<td>0.05</td>
</tr>
<tr>
<td>2 -- Writing all or part of a research paper</td>
<td>9</td>
<td>0.41</td>
</tr>
<tr>
<td>3 -- Securing equipment, personnel, or space to conduct research</td>
<td>2</td>
<td>0.09</td>
</tr>
<tr>
<td>4 -- Designing a study</td>
<td>8</td>
<td>0.36</td>
</tr>
<tr>
<td>5 -- Collecting data for a study</td>
<td>12</td>
<td>0.55</td>
</tr>
<tr>
<td>6 -- Analyzing data</td>
<td>13</td>
<td>0.59</td>
</tr>
<tr>
<td>7 -- Preparing final research reports or manuscripts for publications</td>
<td>10</td>
<td>0.45</td>
</tr>
<tr>
<td>8 -- Being a consumer of research (e.g., review literature)</td>
<td>12</td>
<td>0.55</td>
</tr>
<tr>
<td>9 -- Communicating with research funding agencies</td>
<td>8</td>
<td>0.36</td>
</tr>
<tr>
<td>10 -- Identifying new resources for funding research</td>
<td>9</td>
<td>0.41</td>
</tr>
<tr>
<td>11 -- Being an advocate for research and the value of research</td>
<td>9</td>
<td>0.41</td>
</tr>
<tr>
<td>12 -- Other (please specify):</td>
<td>1</td>
<td>0.05</td>
</tr>
</tbody>
</table>

Appendix IX.C (C)-232
13. Prospective students often ask about the range of salaries available to graduates in the many public health disciplines. If you would please indicate your current annual salary range below, it would help us inform future students.

<table>
<thead>
<tr>
<th>Salary Range</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under $20,000</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>$20,000 to $29,999</td>
<td>4</td>
<td>0.18</td>
</tr>
<tr>
<td>$30,000 to $39,999</td>
<td>4</td>
<td>0.18</td>
</tr>
<tr>
<td>$40,000 to $49,999</td>
<td>4</td>
<td>0.18</td>
</tr>
<tr>
<td>$50,000 to $59,999</td>
<td>4</td>
<td>0.18</td>
</tr>
<tr>
<td>$60,000 to $69,999</td>
<td>2</td>
<td>0.09</td>
</tr>
<tr>
<td>$70,000 to $79,999</td>
<td>2</td>
<td>0.09</td>
</tr>
<tr>
<td>$80,000 to $89,999</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>$90,000 to $99,999</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>$100,000 and above</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Missing Data</td>
<td>4</td>
<td>0.18</td>
</tr>
</tbody>
</table>

14. How satisfied were you with the following items:

<table>
<thead>
<tr>
<th>Item</th>
<th>Overall</th>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
<th>(5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>N Mean SD</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
</tr>
<tr>
<td>1 -- Your advisor's assistance with schedule planning</td>
<td>22</td>
<td>4.0</td>
<td>1.29</td>
<td>2</td>
<td>0.09</td>
<td></td>
</tr>
<tr>
<td>2 -- Your advisor's assistance with course selection</td>
<td>22</td>
<td>3.9</td>
<td>1.28</td>
<td>2</td>
<td>0.09</td>
<td></td>
</tr>
<tr>
<td>3 -- Registration process you used most often</td>
<td>22</td>
<td>4.4</td>
<td>0.91</td>
<td>0</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>4 -- Accessibility to academic advice</td>
<td>22</td>
<td>4.5</td>
<td>0.8</td>
<td>0</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>5 -- Your knowledge of degree requirements</td>
<td>22</td>
<td>4.3</td>
<td>0.78</td>
<td>0</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>6 -- Pace of progress through your degree program</td>
<td>22</td>
<td>4.5</td>
<td>0.96</td>
<td>1</td>
<td>0.05</td>
<td></td>
</tr>
<tr>
<td>7 -- Overall academic advice you received</td>
<td>22</td>
<td>4.4</td>
<td>1.01</td>
<td>1</td>
<td>0.05</td>
<td></td>
</tr>
</tbody>
</table>

Appendix IX.C (C)-233
15. See Comments

16. In your work, have you discovered aspects of public health that were not adequately addressed in your program and the UKCPH?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 -- Yes (please specify): See Comments</td>
<td>6</td>
<td>0.27</td>
</tr>
<tr>
<td>2 -- No</td>
<td>15</td>
<td>0.68</td>
</tr>
<tr>
<td>Missing Data</td>
<td>1</td>
<td>0.05</td>
</tr>
</tbody>
</table>

17. With respect to each of the following research activities, please indicate how adequately prepared you were by your UKCPH program:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Overall</th>
<th>Not prepared at all</th>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
<th>(5)</th>
<th>Very well prepared</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>Mean</td>
<td>SD</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>1 -- Writing all or part of a research proposal</td>
<td>22</td>
<td>3.3</td>
<td>1.09</td>
<td>1</td>
<td>0.05</td>
<td>3</td>
<td>0.14</td>
<td>10</td>
</tr>
<tr>
<td>2 -- Securing equipment, personnel, or space to conduct research</td>
<td>22</td>
<td>3.1</td>
<td>1.11</td>
<td>2</td>
<td>0.09</td>
<td>3</td>
<td>0.14</td>
<td>11</td>
</tr>
<tr>
<td>3 -- Designing a study</td>
<td>22</td>
<td>3.5</td>
<td>1.26</td>
<td>1</td>
<td>0.05</td>
<td>5</td>
<td>0.23</td>
<td>5</td>
</tr>
<tr>
<td>4 -- Collecting data for a study</td>
<td>22</td>
<td>3.8</td>
<td>0.96</td>
<td>0</td>
<td>0.00</td>
<td>1</td>
<td>0.05</td>
<td>9</td>
</tr>
<tr>
<td>5 -- Analyzing data</td>
<td>22</td>
<td>4.0</td>
<td>1.13</td>
<td>0</td>
<td>0.00</td>
<td>1</td>
<td>0.05</td>
<td>4</td>
</tr>
<tr>
<td>6 -- Preparing final research reports or manuscripts for publications</td>
<td>22</td>
<td>4.0</td>
<td>0.9</td>
<td>0</td>
<td>0.00</td>
<td>1</td>
<td>0.05</td>
<td>5</td>
</tr>
<tr>
<td>7 -- Being a consumer of research (e.g., review literature)</td>
<td>22</td>
<td>4.3</td>
<td>0.98</td>
<td>0</td>
<td>0.00</td>
<td>1</td>
<td>0.05</td>
<td>5</td>
</tr>
<tr>
<td>8 -- Communication with research funding agencies</td>
<td>22</td>
<td>3.0</td>
<td>1.13</td>
<td>2</td>
<td>0.09</td>
<td>4</td>
<td>0.18</td>
<td>10</td>
</tr>
<tr>
<td>9 -- Identifying new resources for funding research</td>
<td>22</td>
<td>3.0</td>
<td>1.07</td>
<td>1</td>
<td>0.05</td>
<td>7</td>
<td>0.32</td>
<td>7</td>
</tr>
<tr>
<td>10 -- Being an advocate for research and the value of research</td>
<td>22</td>
<td>3.9</td>
<td>1.42</td>
<td>0</td>
<td>0.00</td>
<td>3</td>
<td>0.14</td>
<td>4</td>
</tr>
</tbody>
</table>

18. See Comments
19. See Comments

Demographics

20. Please indicate your gender:

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
</tr>
<tr>
<td>1 -- Male</td>
<td>5</td>
</tr>
<tr>
<td>2 -- Female</td>
<td>17</td>
</tr>
</tbody>
</table>

21. In general, what was your primary employment status during your pursuit of a public health degree?

<table>
<thead>
<tr>
<th></th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
</tr>
<tr>
<td>1 -- Full-time</td>
<td>16</td>
</tr>
<tr>
<td>2 -- Part-time</td>
<td>6</td>
</tr>
</tbody>
</table>

Appendix IX.C (C)-235
22. What was your area(s) of concentration?
(Mark all that apply)

<table>
<thead>
<tr>
<th>Overall</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>1 -- Biostatistics</td>
<td>1</td>
<td>0.05</td>
</tr>
<tr>
<td>2 -- Epidemiology</td>
<td>7</td>
<td>0.32</td>
</tr>
<tr>
<td>3 -- Health Services Management</td>
<td>6</td>
<td>0.27</td>
</tr>
<tr>
<td>4 -- Health Behavior</td>
<td>5</td>
<td>0.23</td>
</tr>
<tr>
<td>5 -- Occupational/Environmental Health</td>
<td>4</td>
<td>0.18</td>
</tr>
</tbody>
</table>

23. In which term did you receive your MPH degree:

<table>
<thead>
<tr>
<th>Overall</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>1 -- May 2001</td>
<td>3</td>
<td>0.14</td>
</tr>
<tr>
<td>2 -- August 2001</td>
<td>1</td>
<td>0.05</td>
</tr>
<tr>
<td>3 -- December 2001</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>4 -- May 2002</td>
<td>2</td>
<td>0.09</td>
</tr>
<tr>
<td>5 -- August 2002</td>
<td>1</td>
<td>0.05</td>
</tr>
<tr>
<td>6 -- December 2002</td>
<td>2</td>
<td>0.09</td>
</tr>
<tr>
<td>7 -- May 2003</td>
<td>8</td>
<td>0.36</td>
</tr>
<tr>
<td>8 -- August 2003</td>
<td>3</td>
<td>0.14</td>
</tr>
<tr>
<td>9 -- December 2003</td>
<td>2</td>
<td>0.09</td>
</tr>
</tbody>
</table>
24. Would you recommend our school to others who are interested in public health studies?

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 – Yes</td>
<td>21</td>
<td>0.95</td>
</tr>
<tr>
<td>2 – No</td>
<td>1</td>
<td>0.05</td>
</tr>
</tbody>
</table>

25. See Comments

26. See Comments
University of Kentucky College of Public Health
2004 Survey of Graduates
Comments

Q.1 Specified_2
Have you pursued further public health education since graduating from the UKCPH?
Yes, degree sought: (please specify):
• Dr.P.H. in the UKCPH
• Doctor of Osteopathy

Q.2 Specified_1
Which of these did you find helpful in finding your first job after leaving UKCPH? -
UKCPH resources (faculty, staff, students, posted job notices, etc; (please specify):
• faculty, staff and students
• faculty connections
• faculty, Karen Early
• Faculty
• Faculty and staff and company e-mails to the student listserv

Q.2 Specified_3
Which of these did you find helpful in finding your first job after leaving UKCPH? - Other
(please specify):
Fellowship Opportunity found while job searching online
Spouse
helpful in gaining acceptance into medical school
did not work after leaving
Dental Education
APHA job website
N/A - already employed with career

Q.5 What is your current job title?
• Associate, Public Health Systems Improvement
• Public Health Analyst
• Public Health Emergency Planner
• FELLOW IN CARDIOVASCULAR DISEASE
• Epidemiologist
• Chemical Safety Tech. III
• Research Analyst
• Research Assistant
• Regional Epidemiologist and Director of Quality Improvement
• Assistant Director for Community Programs at the Kentucky Cancer Program
• Industrial Hygienist
• Research Analyst
• Instructor
• Oak Ridge Institute for Science and Education (ORISE) Research Fellow
• Epidemiologist
• Research Nurse Clinician
• Health Policy Administrator

Q.6 What is your current employment address?
• Public Health Foundation, 1220 L Street, N.W. Suite 350, Washington, D.C. 20005
• Shalini Parekh, MPH Division of Diabetes Translation Centers for Disease Control
  Mailstop: K-10 4880 Buford Hwy, NE Atlanta, GA 30341
• Department of Health Office of Risk and Emergency Management 1101 Eastside St., SE
  Mailstop 47816 Olympia, WA 98504
• BAYLOR COLLEGE OF MEDICINE HOUSTON, TX
• KY Dept.for Public Health Division of Laboratory Services 100 Sower Blvd, Frankfort, KY
• College of Pharmacy, University of Kentucky, 725 Rose Street Lexington, KY
• Kentucky Injury Prevention and Research Center 333 Waller Ave Suite 204 Lexington, KY 40504
• University of Kentucky, Kentucky Injury Prevention and Research Center, 333 Waller Ave, Suite 202, Lexington, Ky 40504
• Lake Cumberland District Health Department 500 Bourne Avenue P.O. Box 800 Saxmont, KY 42501
• 2365 Harrodsburg Rd. Suite A230 Lexington, KY 40504
• VAMC 1101 Veterans Drive Lexington, Kentucky 40502
• Lexington, KY
• University of South Dakota School of Medicine Department of Family Medicine 1400 W
  22nd Street, Sioux Falls, SD 57105-1570
• TRICARE Pacific Lead Agency 1 Jarrett White Road Tripler AMC, HI 96859-5000
• Detroit Health Department 1141 Taylor RD Rm 233C Detroit, MI 48202
• University of Kentucky: College of Medicine; Division of Cardiovascular Medicine; 740 So.
  Limestone St.; KY Clinic, L543; Lexington, KY 40536-0284
• Dept. for Public Health Cabinet for Health and Family Services Commonwealth of
  Kentucky 275 E. Main St. Frankfort, KY 40621

Q.7Specified_5
Of the following types of governmental organizations, which one best describes your current place of employment? - US military (please specify branch):
  Quad-Service (Army, Navy, Airforce and Coast Guard)

Q.7Specified_6
Of the following types of governmental organizations, which one best describes your current place of employment? - Other governmental agency (please specify):

Appendix IX.C (C)-239
Q.8Specified_4
Of the following types of educational institutions, which one best describes your current place of employment? - School of another health profession (please specify):
• MEDICINE
• Contractor - University of South Dakota School of Medicine

Q.8Specified_5
Of the following types of educational institutions, which one best describes your current place of employment? - Other educational institution (please specify):

Q.10Specified_13
Which of the following best describes your present occupation? (check all that apply) - Other public health occupation (please specify):
• Emergency Preparedness Planner
• CARDIOLOGIST
• Director of Quality Improvement
• Instructor

Q.11Specified_12
Which of the following responsibilities linked to public health do you have in your present job? (check all that apply) - Other public health related responsibilities (please specify):
• Reviewing existing emergency plans, developing response exercises, coordinate x-border preparedness and response activities
• Ensuring Quality of Coding of Services
• preparedness planning

Q.12Specified_12
Which of the following responsibilities linked to research do you have in your present job? (check all that apply) - Other (please specify):
• Collaborate with government contractors to conduct special studies relating to medical quality and outcome metrics.

Q.15 What knowledge, skills or abilities acquired at the UKCPH have been most useful in your career?
• The ten essential public health services served as the cornerstone of the UK program and I use them in my day to day work including grant writing, project management and in publications and presentations. UK really gave me a broad perspective about public health, in particular, the importance of public health practice and linkages between the academic/practice communities.
• (1) Varied epidemiological concepts related to surveillance and data collection. (2)Statistical definitions and analytical skills of interpretations (3)Basis understanding of SAS. (4)Ability to effectively read and evaluate high standing public health publications. (5)
• Emergency response and preparedness classes, connections with the state and logistical skills I honed.
• THE ABILITY TO CONSTRUCT, PERFORM, AND SUBMIT RESEARCH PROJECTS.
• occupational health knowledge
• Learning to be diplomatic
• statistics and epidemiology
• The courses that I took at UKCPH and the advice that I received there have more than prepared me for my current position. I have received a broad-based Public Health education that has given me the knowledge of Bioterrorism, Occupational and Environmental Health, Health Education/Promotion, Epidemiology, and Management. All of these areas are applied everyday in my current position.
• Understanding of Public Health and how it applies to a variety of situations, Analytical skills, Epidemiological skills, Networking, Social Marketing
• Environmental science and occupational health knowledge
• Epidemiology; Data collection, analysis and management; literature review
• A general background in epidemiology will help me in my future career as a physician. I am considering ways to incorporate my public health background into my medical rotations and my future career. I have found that my background has given me a step-up in approaching statistics within my current medical school curriculum.
• management
• 1) Knowledge of Public Health principles to analyze health trends and anomalies. 2) The skill and ability to design and implement studies. 3) The statistical and analytical ability to analyze and interpret data.
• Knowledge of statistical programs and research study and design
• Management skills and method of thinking
• The ability to analyze and discern medical writing and literature(studies) has been tremendously helpful as well as understanding statistics. Group discussions are now aided by my ability to recall stats as well as lots of facts from my research during my MPH.
• group work skills, organizational skills, and public health initiatives knowledge

Q.16Specified_1
In your work, have you discovered aspects of public health that were not adequately addressed in your program and the UKCPH? - Yes (please specify):
• grant writing and proposal development
• Greater degree of SAS programming practice.
• grant writing
• writing proposals
• Need programs for the MPH classes in research and research design
• Role of Public Health in Disasters

Q.18 Please identify aspects of the program that you consider to be strengths.
• Strong curriculum rooted in the Core Competencies for Public Health Professionals, Core Functions of Public Health and Essential Public Health Services. Strength of student services assistance. Opportunities for service in the community. Excellent faculty resources. John Wiggs!!
(1) The fact that it was a small program helped us develop close, personal relationships with professors. (2) Smaller class sizes allow for easy classroom interaction between students and professor. (3) Personal experience on preparations for Capstone were fantastic. Had three great mentors who were with me the whole time and offered strong advice and guidance. (4) Great student organization allowed for developments of personal and professional relationships with peers. (5) Encouragement to attend APHA conference each year helped further our experience into the world of public health.

I was the 2002 KSPHA president, which allowed me to have a considerable input in administrative and academic issues. Faculty and administration is very knowledgeable in the field and more importantly work with the students as partners in the field. Our ideas, comments and suggestions regarding school related issues, research opportunities and community activities were always received well and incorporated into the culture of the school. I felt and still feel a real sense of partnership with the school.

THE STRENGTH OF THE PROGRAM IS IN THE FACULTY.

The smallness of the classes
Learning the theories, history and value of PH
The faculty and staff at UKCPH are the greatest strength it has. They are always available to students, and work to ensure that each student has the knowledge and skills to prepare them to move out into the work force.
Outstanding admissions and student affairs staff who went above and beyond; highly skilled, talented and networked faculty in their field; flexibility; desire to consistently improve; support and encouragement for student involvement in the American Public Health Association conference and activities
access to professors in major area of study willingness of major professors to provide assistance and guidance
Excellent curriculum, Faculty & staff.
I valued the approachability of the staff and faculty at the college. My research mentor was instrumental in providing me more opportunities in research. I also appreciated that faculty from departments/colleges at the university--statistics, preventative medicine, to name a few--were helpful in accommodating the varying backgrounds of the 1st class from the college of public health.
The newness of the program lends itself to flexibility and openness to different ideas. The faculty and staff are helpful and courteous.
Program faculty and staff, and their willingness to work with students.
1) The faculty-student relationship makes it a successful. 2) Faculty research projects gives great insight to research methodologies 3) The graduate/research/teaching assistantship assignments complemented studies with hands-on experience within the field
-being able to work closely with professors on a personal level -helpful academic advise from staff and professors
The students - they are very energetic and there to learn. The program itself is in evolution and needs to continue to grow. As a new program it offered many choices.
The faculty and staff as well as the core material.
small class sizes, close work with instructors

Appendix IX.C (C)-242
Q.19 Please list any other comments or suggestions that would help us evaluate our programs at the UKCPH.

- As with any new school, college or program, improvements can be made. UK should focus efforts on strengthening the expertise and diversity of the faculty, improving career services so MPH graduates find jobs readily out of school, develop more student team building activities such as a retreat for all students to attend and build comraderie. Additional classes in management of non-profits and governmental agencies should be added to the curriculum. Much of the administration track focused on more traditional "healthcare" rather than "public health". It is important that students understand more about seeking and writing grants, not just research methods. A grant writing class with a combination of the research methods class for thesis development might be an interesting new course. Also, Scutch's 662 class was about the best class in the program about public health practice. This should be offered and required both years of the program so that greater emphasis can be placed on the material in the book rather than just getting the general, overall picture. I use the book and what I learned in his class almost every single day.

- I truly found my education at UKSPH to be quite comprehensive, save one topic that's proving very important in my current position. Namely, training in SAS programming. Granted, we did have some exposure in this during my Biostat and Adv. Biostat classes, but to be honest, I'm not sure I grasped much during these labs. Most of the time, we would just copy down the code written by the instructor, without giving much heed to what exactly we were doing. It wasn't that we weren't eager to learn, but I think the TA who was instructing didn't quite know how to properly relay the information to us. Many of my coworkers who went to other schools of public health were required to take classes based solely on teaching SAS programming. I'm actually sure there's a class offering this at UK, but since I wasn't encouraged to take it, it never crossed my mind. I'm doing fine actually :-), just have had to do a lot of independent learning. I just think it's a really good idea for current UK SPH students to have this under their belt in the long run.

- Networking is the key; continuing to foster that partnership culture will encourage further evolvement of the field. I encourage the school to really support the students in meeting as many PH practitioners as possible, whether it's in the field, academically or at conferences. It allows for a flow of information and productive synergy.

- More practical tools (finding, writing proposals, communicating with funding organizations)

- UKCPH is dedicated to the success of each of its students. They make every effort to make sure that the students have the most opportunity for learning both in the classroom and through field placements and assistantships.

- Enhance communication among faculty, staff and students; Set up courses and schedules with more advance notice; Improve student advising as it relates to coursework

- at the present the options for selection in the required courses is very limited, consider increasing the options so individuals who have previous experience in public health are not required to take a general overview course, but could enroll in a class in which their learning would be enhanced

- When I attended the program, I was assigned to an advisor that was not in my field of interest. Although she was approachable and willing to work with me, I found that I might have even had a better background in epidemiology if I was assigned to someone in that field.

Appendix IX.C (C)-243
A separate listing for public health classes in the schedule bulletin would be easier to use and also recognizes the public health program in its own right. Just for someone browsing for options on Master's programs, one can flip through the bulletin and not realize that a public health program existed. More direction at the outset in planning the non-thesis is a must. I know that I, as well as some others, felt lost in the beginning. Looking back, an advisor should have pointed us to archived non-thesis papers that had been done in the past to show us examples. After the results of the defense, students should be given an opportunity to evaluate the advisors to help them also improve. The online class that I took was great. Technology definitely increases the reputation and of the program and competency of the students.

As I matriculated through the program in its infancy, there were many questions to be answered, and the faculty and staff of UKCPH worked extremely hard to help answer any questions or concerns.

1) Develop a MPH seminar class via collaborating with the local health department and other public health agencies to develop on-site lectures from individuals currently in the field.
2) Develop a Cancer Epidemiology track via collaboration with the Markey Cancer Center.

The one thing that drove me crazy was that doctoral students got a higher level of credit I did for many classes and most of the time, I was doing better than they were yet it couldn't count for me as a higher level class... a bit ridiculous!

Q.25 Please list your name in the space provided (optional).

- Chris Day
- Shalini Parekh
- Sabine Guenther, MPH
- JOHN JEFFERIES
- Peggy Ellis
- Jan Hamon
- Sabrina Walsh
- Jasie L. Jackson, MPH
- Debra W. Dillon
- rishika basappa
- Joseph S. Petrey
- Ms. Tourette A. Jackson
- Lydia Withrow
- Alisa Bowersock
- Andrew H. Cline

Q.26 Please list your email address in the space provided (optional).

andrew.cline@ky.gov
bowersol@pc.edu
cday@phf.org
docjefferies@yahoo.com
EllsPn@aol.com
jasiek.jackson@ky.gov

Appendix IX.C (C)-244
### Appendix X.A (A): Alignment of University and College Vision, Mission, Goals

<table>
<thead>
<tr>
<th>Vision</th>
<th>University</th>
<th>College</th>
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<tbody>
<tr>
<td></td>
<td>The University of Kentucky will be one of the nation’s 20 best public research universities, an institution recognized world-wide for excellence in teaching, research, and service and a catalyst for intellectual, social, cultural, and economic development.</td>
<td>Through its focus on the most salient public health problems in Kentucky and active participation in creative ways of addressing them, the College of Public Health at the University of Kentucky is recognized locally, nationally and internationally for its demonstrated outcomes, reflecting quality in discovery, outreach, learning, service, community engagement and leadership.</td>
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<tr>
<th>Mission</th>
<th>University</th>
<th>College</th>
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<td></td>
<td>The University of Kentucky is a public, research-extensive, land grant university dedicated to enriching people’s lives through excellence in teaching, research, and service. The University of Kentucky: Facilitates learning, informed by scholarship and research. Expands knowledge through research, scholarship and creative activity. Serves a global community by disseminating, sharing and applying knowledge. The University, as the flagship institution, plays a critical leadership role for the Commonwealth by promoting human and economic development that improves lives within Kentucky’s borders and beyond. The University models a diverse community characterized by fairness and social justice.</td>
<td>The Mission of the College of Public Health at the University of Kentucky is to provide public health education, research, and service that enhance the health status and quality of life for individuals, families, and communities. The College commits itself to the University’s land grant mission and to promoting human and economic development in partnership with public health practitioners and communities, through a diverse model characterized by fairness and social justice.</td>
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<tr>
<th>Goals</th>
<th>University</th>
<th>College</th>
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<tbody>
<tr>
<td>I: Reach for National Prominence</td>
<td>1: To educate individuals for professional careers in public health through the M.P.H and Dr.P.H. programs; for research careers through its Ph.D. program in Gerontology; and to advance public health practice through the workforce by expanding and enhancing essential knowledge and skills in public health through professional education, information dissemination, collaboration, and distributed education. 2: To conduct basic and applied research to define health issues, test intervention strategies, &amp; evaluate outcomes pertinent to the recognition, characterization, and resolution of health problems in human populations. 3: To serve individuals, families, and communities by advancing public health practice; through planning, managerial, programmatic, and other support to individuals and local, state, federal, and international organizations. 4: To establish, organize and develop the College of Public Health so as to position it to fully contribute to the University’s quest for national prominence.</td>
<td></td>
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<tr>
<td>II: Attract and Graduate Outstanding Students</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>III: Attract, Develop and Retain a Distinguished Faculty</td>
<td>1, 2</td>
<td></td>
</tr>
<tr>
<td>IV: Discover, Share and Apply New Knowledge</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>V: Nurture Diversity of Thought, Culture, Gender and Ethnicity</td>
<td>1, 2, 3, 4</td>
<td></td>
</tr>
<tr>
<td>VI: Elevate the Quality of Life for Kentuckians</td>
<td>3</td>
<td></td>
</tr>
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</table>
Appendix X.A (B): Guiding Principles of Assessment

(Prepared by Deborah Moore, UK Office of Institutional Research, Planning and Effectiveness, and submitted to the CPH Self Study Steering Committee March 29, 2004)

Our Definition

Assessment in the College of Public Health is a multifaceted and ongoing process intended to enhance the quality and effectiveness of our work, whether the specific focus of that work is on our research, educational, or outreach/service efforts. Embedding assessment work into the ongoing practices of our college will ensure assessment information is used to inform decisions and to make choices about priorities for the best use of our fiscal and human resources. Ensuring that all college constituents are included in the assessment process makes visible and reinforces our commitment to a diverse community of scholars and learners. Student learning outcomes assessment is an important focal point of this plan.

Our Guiding Principles

We believe there are multiple approaches to assessment but are guided by a set of specific principles:

The purpose of student learning outcomes (SLO) assessment is to improve teaching and learning. Thus, one feature of our SLO assessment program is that it is student-centered.

There is no single indicator of educational effectiveness. A fully articulated assessment program will establish multiple indicators to ensure a balanced perspective in decision making.

Assessment involves many constituent groups in the articulation and revision of a plan, but it relies heavily on faculty for the implementation, thus making faculty ownership of the process essential.

The expertise and hard work involved in conducting a quality assessment of educational objectives must be recognized and rewarded in a manner that is comparable to other professional activities.

The college assessment plan is based on articulated goals and objectives that are scrutinized and revised on a planned timetable.

Individuals whose responsibilities include the collection of assessment data are careful and deliberate about how data are collected. No program can succeed unless care is taken to ensure that data are not misused.

Assessment involves analysis and reflection on data rather than simply a tallying of them.

Designing a system for distributing and implementing assessment results is a critical feature of the process. Effective use of information is dependent of timely delivery to appropriate decision makers or groups.

Effort will be made to embed assessment efforts into naturally occurring points of contact with current students.

Four Design Principles for Our Program-Level Assessments

Comprehensiveness: Assessment procedures should cover knowledge and skills taught throughout the program
*Multiple Judgments:* Assessment procedures should involve more than one source of evidence or involve multiple judgments of student performance

*Multiple Dimensions:* Assessment procedures should provide information on multiple dimensions of student performance, i.e., they should yield more than a single summative grade

*Directness:* Assessment procedures should involve at least one type of evidence based on direct observation or demonstration of student capacities; i.e., they should involve more than simply a self-report


What We Assess

College-level goals are articulated in the CPH Strategic Plan. Faculty, staff, students and community colleagues (i.e. public health practitioners, advisory board members, alumni) participate in the definition of these goals through review and discussion. Departments also articulate goals and objectives relevant to research, instruction and outreach/public service.

Other Influences on Our Assessment Plan

Statements of competencies from professional groups in which our faculty and students participate

CPE statements about distance learning goals and objectives

UK’s Governing and Administrative regulations and other expectations regarding Institutional Effectiveness (i.e. institutional accreditation efforts, program review cycles and guidelines).

Council on Education for Public Health (CEPH) accreditation criteria

Levels of Assessment Analysis

*Assessment of individuals:* uses the individual student, and his/her learning, as the level of analysis. Can be quantitative or qualitative, formative or summative, standards-based or value added, and used for improvement. Would need to be aggregated if used for accountability purposes. Sometimes assessment of individuals in accomplished through courses and is referenced as course-level assessment. *Examples:* improvement in student knowledge of a subject during a single course; improved ability of a student to build cogent arguments over the course of a graduate career.

*Assessment of programs:* uses the department/program/college as the level of analysis. Can be quantitative or qualitative, formative or summative, standards-based or value-added, and used for improvement or for accountability. Ideally program goals and objectives would serve as a basis for the assessment. *Example:* how sophisticated a close reading of new legislation in areas of professional practice by graduating masters students (if used to determine value added, would be compared to the ability of first year masters students).

*Assessment of institutions:* uses the institution as the level of analysis. Can be quantitative or qualitative, formative or summative, standards-based or value added, and used for improvement or for accountability. Ideally institution-wide goals and objectives would serve as a basis for the assessment. *Example:* how well students across the institution can work in multi-cultural teams.

(source: http://www.aacu.org/peerreview/pr-sp02/pr-sp02reality.cfm with modified examples)

Key Questions for Developing Departmental Assessment Plans

The following key questions are used by departments as they review and refine their internal student learning outcome assessment plans.
What do we want to know about our current students and our graduates?
Who wants or needs the assessment information?
Who will conduct the assessment?
How can we ensure the results are used?

Principles of Good Practice for Assessing Student Learning

1. **The assessment of student learning begins with educational values.** Assessment is not an end in itself but a vehicle for educational improvement. Its effective practice, then, begins with and enacts a vision of the kinds of learning we most value for students and strive to help them achieve. Educational values should drive not only what we choose to assess but also how we do so. Where questions about educational mission and values are skipped over, assessment threatens to be an exercise in measuring what's easy, rather than a process of improving what we really care about.

2. **Assessment is most effective when it reflects an understanding of learning as multidimensional, integrated, and revealed in performance over time.** Learning is a complex process. It entails not only what students know but what they can do with what they know; it involves not only knowledge and abilities but values, attitudes, and habits of mind that affect both academic success and performance beyond the classroom. Assessment should reflect these understandings by employing a diverse array of methods, including those that call for actual performance, using them over time so as to reveal change, growth, and increasing degrees of integration. Such an approach aims for a more complete and accurate picture of learning, and therefore firmer bases for improving our students' educational experience.

3. **Assessment works best when the programs it seeks to improve have clear, explicitly stated purposes.** Assessment is a goal-oriented process. It entails comparing educational performance with educational purposes and expectations -- those derived from the institution's mission, from faculty intentions in program and course design, and from knowledge of students' own goals. Where program purposes lack specificity or agreement, assessment as a process pushes a campus toward clarity about where to aim and what standards to apply; assessment also prompts attention to where and how program goals will be taught and learned. Clear, shared, implementable goals are the cornerstone for assessment that is focused and useful.

4. **Assessment requires attention to outcomes but also and equally to the experiences that lead to those outcomes.** Information about outcomes is of high importance; where students "end up" matters greatly. But to improve outcomes, we need to know about student experience along the way -- about the curricula, teaching, and kind of student effort that lead to particular outcomes. Assessment can help us understand which students learn best under what conditions; with such knowledge comes the capacity to improve the whole of their learning.

5. **Assessment works best when it is ongoing not episodic.** Assessment is a process whose power is cumulative. Though isolated, "one-shot" assessment can be better than none, improvement is best fostered when assessment entails a linked series of activities undertaken over time. This may mean tracking the process of individual students, or of cohorts of students; it may mean collecting the same examples of student performance or using the same instrument semester after semester. The point is to monitor progress toward intended goals in a spirit of
continuous improvement. Along the way, the assessment process itself should be evaluated and refined in light of emerging insights.

6. **Assessment fosters wider improvement when representatives from across the educational community are involved.** Student learning is a campus-wide responsibility, and assessment is a way of enacting that responsibility. Thus, while assessment efforts may start small, the aim over time is to involve people from across the educational community. Faculty play an especially important role, but assessment's questions can't be fully addressed without participation by student-affairs educators, librarians, administrators, and students. Assessment may also involve individuals from beyond the campus (alumni/ae, trustees, employers) whose experience can enrich the sense of appropriate aims and standards for learning. Thus understood, assessment is not a task for small groups of experts but a collaborative activity; its aim is wider, better-informed attention to student learning by all parties with a stake in its improvement.

7. **Assessment makes a difference when it begins with issues of use and illuminates questions that people really care about.** Assessment recognizes the value of information in the process of improvement. But to be useful, information must be connected to issues or questions that people really care about. This implies assessment approaches that produce evidence that relevant parties will find credible, suggestive, and applicable to decisions that need to be made. It means thinking in advance about how the information will be used, and by whom. The point of assessment is not to gather data and return "results"; it is a process that starts with the questions of decision-makers, that involves them in the gathering and interpreting of data, and that informs and helps guide continuous improvement.

8. **Assessment is most likely to lead to improvement when it is part of a larger set of conditions that promote change.** Assessment alone changes little. Its greatest contribution comes on campuses where the quality of teaching and learning is visibly valued and worked at. On such campuses, the push to improve educational performance is a visible and primary goal of leadership; improving the quality of undergraduate education is central to the institution's planning, budgeting, and personnel decisions. On such campuses, information about learning outcomes is seen as an integral part of decision making, and avidly sought.

9. **Through assessment, educators meet responsibilities to students and to the public.** There is a compelling public stake in education. As educators, we have a responsibility to the publics that support or depend on us to provide information about the ways in which our students meet goals and expectations. But that responsibility goes beyond the reporting of such information; our deeper obligation -- to ourselves, our students, and society -- is to improve. Those to whom educators are accountable have a corresponding obligation to support such attempts at improvement.

Authors: Alexander W. Astin; Trudy W. Banta; K. Patricia Cross; Elaine El-Khawas; Peter T. Ewell; Pat Hutchings; Theodore J. Marchese; Kay M. McClenny; Marcia Mentkowski; Margaret A. Miller; E. Thomas Moran; Barbara D. Wright

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10. **Assessment is most effective when undertaken in an environment that is receptive, supportive, and enabling.** More specifically, successful assessment requires an environment characterized by
effective leadership, administrative commitment, adequate resources (for example, clerical support and money), faculty and staff development opportunities, and time.

Experts’ Definitions of Assessment

1 Assessment is defined as the systematic basis for making inferences about the learning and development of students. More specifically, assessment is the process of defining, selecting, designing, collecting, analyzing, interpreting, and using information to increase students’ learning and development.

2 I shall consider assessment to include the gathering of information concerning the functioning of students, staff, and institutions of higher education. The information may or may not be in numerical form, but the basic motive for gathering it is to improve the functioning of the institution and its people. I used functioning to refer to the broad social purposes of a college or university: to facilitate student learning, to advance the frontiers of knowledge, and to contribute to the community, and the society.
(Alexander Astin, Assessment for Excellence, Oryx Press, 1993, p. 2)

3 Assessment is an ongoing process aimed at understanding and improving student learning. It involves making our expectations explicit and public; setting appropriate criteria and high standards for learning quality; systematically gathering, analyzing, and interpreting evidence to determine how well performance matches those expectations and standards; and using the resulting information to document, explain, and improve performance. When it is embedded effectively within larger institutional systems, assessment can help us focus our collective attention, examine our assumptions, and create a shared academic culture dedicated to assuring and improving the quality of higher education.
(Thomas A. Angelo, AAHE Bulletin, November, 1995, p. 7)

4 Assessment is the systematic collection, review, and use of information about educational programs undertaken for the purpose of improving student learning and development.

5 Assessment is the process of gathering and discussing information from multiple and diverse sources in order to develop a deep understanding of what students know, understand, and can do with their knowledge as a result of their educational experiences; the process culminates when assessment results are used to improve subsequent learning.
(Mary E. Huba and Jann E. Freed, Learner-centered assessment on college campuses: Shifting the focus
Characteristics of an Effective Assessment Program
James Madison University

Clear, specific, focused, and measurable student learning objectives have been written to fulfill the intent of the program goals.

Multiple assessment methods have been carefully selected and/or developed to address properly each of the student learning objectives in the program.

Evidence supporting the reliability and validity of assessment methods have been scrutinized. Staff and faculty have designated standards such as cutoff scores for student performance on assessment methods.

A proper design has been chosen and implemented to ensure that internal and external threats to the validity of the assessment study have been minimized.

Procedures for collecting assessment information within the context of the study design have been carefully planned and monitored.

Suitable and comprehensive statistical procedures have been chosen.

The assessment results or outcomes concerning student learning and development have been interpreted with regard to the program objectives.

Evidence of curricular, instructional, and/or service modifications with subsequent follow-up of changes in response to the acquired assessment results exists.

Evidence that resources are moved or reallocated in response to the acquired assessment results exists.

When relevant, traditionally and technologically delivered instruction has been compared with regard to student learning and development.

The assessment report of the statistical findings has been written clearly, accurately, and objectively.

Broad and ongoing staff and faculty discussions and involvement occur throughout the assessment process.

The persons conducting the assessment study should be trustworthy and competent to perform the study so that the findings achieve maximum credibility and acceptance.
Resources on Assessment Policy, Practices and Key Terms

Council for Higher Education Accreditation’s *Statement of Mutual Responsibilities for Student Learning Outcomes: Accreditation, Institutions, and Programs.*  

([http://www.aacu.org/peerreview/pr-sp02/pr-sp02reality.cfm](http://www.aacu.org/peerreview/pr-sp02/pr-sp02reality.cfm))

**Value added:** the increase in learning that occurs during a course, program, or undergraduate education. Can either focus on the individual student (how much better a student can write, for example, at the end than at the beginning) or on a cohort of students (whether senior papers demonstrate more sophisticated writing skills-in the aggregate-than freshmen papers). Requires a baseline measurement for comparison.

**Standards:** sets a level of accomplishment all students are expected to meet or exceed. Standards do not necessarily imply high quality learning; sometimes the level is a lowest common denominator. Nor do they imply complete standardization in a program; a common minimum level could be achieved by multiple pathways and demonstrated in various ways. Examples: carrying on a conversation about daily activities in a foreign language using correct grammar and comprehensible pronunciation; achieving a certain score on a standardized test.

**Formative assessment:** the gathering of information about student learning during the progression of a course or program and usually repeatedly to improve the learning of those students. Example: reading the first lab reports of a class to assess whether some or all students in the group need a lesson on how to make them succinct and informative.

**Summative assessment:** the gathering of information at the conclusion of a course, program, or undergraduate career to improve learning or to meet accountability demands. When used for improvement, impacts the next cohort of students taking the course or program. Examples: examining student final exams in a course to see if certain specific areas of the curriculum were understood less well than others; analyzing senior projects for the ability to integrate across disciplines.

**Assessment for accountability:** assessment of some unit (could be a department, program or entire institution) to satisfy stakeholders external to the unit itself. Results are often compared across units. Always summative. Example: to retain state approval, the achievement of a 90 percent pass rate or better on teacher certification tests by graduates of a school of education.

**Assessment for improvement:** assessment that feeds directly, and often immediately, back into revising the course, program or institution to improve student learning results. Can be formative or summative (see "formative assessment" for an example).
**Qualitative assessment:** collects data that does not lend itself to quantitative methods but rather to interpretive criteria (see the first example under "standards").

**Quantitative assessment:** collects data that can be analyzed using quantitative methods (see "assessment for accountability" for an example).

**Direct assessment of learning:** gathers evidence, based on student performance, which demonstrates the learning itself. Can be value added, related to standards, qualitative or quantitative, embedded or not, using local or external criteria. Examples: most classroom testing for grades is direct assessment (in this instance within the confines of a course), as is the evaluation of a research paper in terms of the discriminating use of sources. The latter example could assess learning accomplished within a single course or, if part of a senior requirement, could also assess cumulative learning.

**Indirect assessment of learning:** gathers reflection about the learning or secondary evidence of its existence. Example: a student survey about whether a course or program helped develop a greater sensitivity to issues of diversity.

**Assessment of individuals:** uses the individual student, and his/her learning, as the level of analysis. Can be quantitative or qualitative, formative or summative, standards-based or value added, and used for improvement. Would need to be aggregated if used for accountability purposes. Examples: improvement in student knowledge of a subject during a single course; improved ability of a student to build cogent arguments over the course of an undergraduate career.

**Assessment of programs:** uses the department or program as the level of analysis. Can be quantitative or qualitative, formative or summative, standards-based or value added, and used for improvement or for accountability. Ideally program goals and objectives would serve as a basis for the assessment. Example: how sophisticated a close reading of texts senior English majors can accomplish (if used to determine value added, would be compared to the ability of newly declared majors).

**Assessment of institutions:** uses the institution as the level of analysis. Can be quantitative or qualitative, formative or summative, standards-based or value added, and used for improvement or for accountability. Ideally institution-wide goals and objectives would serve as a basis for the assessment. Example: how well students across the institution can work in multi-cultural teams as sophomores and seniors.

**Embedded assessment:** a means of gathering information about student learning that is built into and a natural part of the teaching-learning process. Often uses for assessment purposes classroom assignments that are evaluated to assign students a grade. Can assess individual student performance or aggregate the information to provide information about the course or program; can be formative or summative, quantitative or qualitative. Example: as part of a course, expecting each senior to complete a research paper that is graded for content and style,
but is also assessed for advanced ability to locate and evaluate Web-based information (as part of a college-wide outcome to demonstrate information literacy).

**Local assessment:** means and methods that are developed by an institution's faculty based on their teaching approaches, students, and learning goals. Can fall into any of the definitions here except "external assessment," for which is it an antonym. Example: one college's use of nursing students' writing about the "universal precautions" at multiple points in their undergraduate program as an assessment of the development of writing competence.

**External assessment:** use of criteria (rubric) or an instrument developed by an individual or organization external to the one being assessed. Usually summative, quantitative, and often high-stakes (see below). Example: GRE exams.

"**High stakes** use of assessment:** the decision to use the results of assessment to set a hurdle that needs to be cleared for completing a program of study, receiving certification, or moving to the next level. Most often the assessment so used is externally developed, based on set standards, carried out in a secure testing situation, and administered at a single point in time. Examples: at the secondary school level, statewide exams required for graduation; in postgraduate education, the bar exam.
## Appendix X.A (C): Program-Level Student Assessment Activities

<table>
<thead>
<tr>
<th>Content</th>
<th>Assessment Method/Tool</th>
<th>Student Target Group</th>
<th>Schedule</th>
<th>Frequency</th>
<th>Responsibility for Conducting Assessment</th>
<th>Responsibility for Interpreting &amp; Dissemination of Results</th>
<th>Recommendations &amp; Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>What characteristics, skills, knowledge, attitudes, and/or values will the student exhibit so you will know you have achieved the desired objective?</td>
<td>What assessment methods are you using/going to use to gather evidence of performance criteria?</td>
<td>Who is assessed?</td>
<td>When are you going to conduct the assessment</td>
<td>How often are you going to conduct the assessment</td>
<td>Who is going to collect the assessment data?</td>
<td>When, how often and to whom will the assessment data be reported?</td>
<td>Based on the assessment data, what recommendations are made? Were recommendations carried out? If not, why not?</td>
</tr>
<tr>
<td>Satisfaction with orientation and advising</td>
<td>Advising Survey (web survey with email distribution)</td>
<td>Current MPH</td>
<td>After course registration</td>
<td>Annually</td>
<td>Director of Student Affairs, Student Assessment Team</td>
<td>Administrative Council, Faculty Committee, ??？</td>
<td></td>
</tr>
<tr>
<td>Satisfaction with program’s structure, curricular requirements &amp; options, professional development/support experiences and Improvement recommendations</td>
<td>Focus Groups</td>
<td>current MPH and Dr.P.H. students</td>
<td>After completion of 1 term</td>
<td>Annually for 1st 3-5 years, as needed thereafter (topical)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summary of courses taken, research projects underway, progress toward completion of requirements, presentations and publication efforts, immediate academic plans, etc.</td>
<td>Individual Progress &amp; Productivity Reports</td>
<td>Gerontology Ph.D. students</td>
<td>Beginning of spring term</td>
<td>Annually for (1st year students) &amp; as required by DGS (for those beyond the 1st year)</td>
<td>Gerontology Faculty Panel Review</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Career preparation Program satisfaction Perceptions about value of program experiences</td>
<td>Survey of Graduates (electronic or paper via mail)</td>
<td>All COPH Graduates 1 out</td>
<td>Spring term</td>
<td>Annually for the 1st 5 years after COPH established</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Readiness of students for professional practice | Identification of changes in health needs of populations in region and nation | Employer Focus Groups (e.g. PH agents, former students, actual/potential employers of graduates) | Preceptor Meeting | Annual or Biannual event | Knowledge of disciplinary content | Comprehensive Exams Dr.P.H., Ph.D. | October | Annually

Facilitate interdisciplinary communication, cooperation & collaboration; foster professional development of PH values/concepts/ethics; Integrate/apply essential PH practice competencies in the basic public health knowledge areas; Application of PH specialty area knowledge | Capstone Experience MPH, Dr.P.H. students | Facilitate interdisciplinary communication, cooperation & collaboration; foster professional development of public health values, concepts & ethics; Integrate/apply essential public health practice competencies in the basic public health areas of knowledge | Practicum MPH, Dr.P.H. students | USMLE Step 1 Behavioral Science Dr.P.H. | Appendix X.A (C)-257
Other Existing Sources of Assessment Information

<table>
<thead>
<tr>
<th>Content</th>
<th>Assessment Method/Tool</th>
<th>Student Target Group</th>
<th>Schedule Frequency</th>
<th>Responsibility for Conducting Assessment</th>
<th>Responsibility for Interpreting &amp; Dissemination of Results</th>
<th>Recommendations &amp; Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>What characteristics, skills, knowledge, attitudes, and/or values will the student exhibit so you will know you have achieved the desired objective?</td>
<td>What assessment methods are you using/going to use to gather evidence of performance criteria?</td>
<td>Who is assessed?</td>
<td>When are you going to conduct the assessment</td>
<td>How often are you going to conduct the assessment</td>
<td>Who is going to collect the assessment data?</td>
<td>When, how often and to whom will the assessment data be reported?</td>
</tr>
<tr>
<td>Employment and salary information; satisfaction with program</td>
<td>Institutional Surveys: Alumni (Graduate version)</td>
<td>All former students</td>
<td>Spring term</td>
<td>Annually</td>
<td>IR Office</td>
<td>IR Office via webtables</td>
</tr>
<tr>
<td>Satisfaction with instruction</td>
<td>Teacher Course Evaluation</td>
<td>Current students</td>
<td>Prior to end of term</td>
<td>Each fall and spring term</td>
<td>IR Office</td>
<td>IR summary tables</td>
</tr>
<tr>
<td>Satisfaction with campus experience</td>
<td>Campus Climate Survey</td>
<td>All students</td>
<td>Spring 2004</td>
<td>TBD</td>
<td>Commission on Women/IR</td>
<td>Commission on Women/IR</td>
</tr>
<tr>
<td>Grant productivity</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Assessment of Graduates of College Degree Programs

<table>
<thead>
<tr>
<th>Facilitate interdisciplinary communication, cooperation and collaboration and shall foster the development of professional public health values, concepts and ethics (as defined by the school).</th>
<th>There can be (should be) several and these can be restatements of the competencies and attitudes</th>
<th>For each objective or for each goal? Competencies Attitudes as reflected by behaviors</th>
<th>? (i.e., curriculum, professional socialization, capstone, practicum)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrate and apply essential public health practice competencies in the areas of knowledge which are basic to public health.</td>
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</tbody>
</table>

Appendix X.A (C)-258
<table>
<thead>
<tr>
<th>Acquire skills and experience in the application of basic public health concepts.</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquire skills and experience in the application of specialty knowledge to the solution of community health problems.</td>
<td>This is where the objectives for the specialty programs go - can be the same across the specialty programs or each develop their own!!!</td>
</tr>
<tr>
<td>Contribute to the knowledge base of public health disciplines, including research directed at improving the practice of public health.</td>
<td></td>
</tr>
</tbody>
</table>