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CRITERION X.B. - SELF STUDY PROCESS ................................................................. 122
The University of Kentucky’s College of Public Health (CPH) has a clearly formulated and publicly stated mission statement with supporting goals and values. The Mission, Vision, and Values statements of the College are consistent with those of the University of Kentucky’s (Appendix I (A) http://www.uky.edu/Home/2003-06StrategicPlan/vision.html). The College Mission, Vision, and Values statements were revised through faculty, staff, and student input in January 2004 to reflect the opportunities extant in the creation of a new college from what had previously been the School of Public Health and a number of other related disciplines at the University. Emboldened by a sense of opportunity the faculty and staff sought to establish a unique academic destination incorporating high personal and organizational values. The College supports the instructional, research and service mission of the University by: (1) facilitating the learning of students, community practitioners and the general public, informed by scholarship and research; (2) expanding knowledge through research, scholarship and creative activity to define health issues, test intervention strategies and evaluate outcomes; and, (3) serving a global community by disseminating, sharing and applying knowledge. The College External Advisory Council endorsed the Mission, Vision and Goals document at its organizational meeting on March 22, 2004.

I.1.a. Mission statement

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.

I.1.b. Vision statement

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 will be recognized locally, nationally and internationally for its demonstrated outcomes; reflecting quality in discovery, outreach, learning, service, community engagement, and leadership.

I.1.c. Values statements

As a new college within a land grant institution, the College of Public Health at the University of Kentucky pursues its mission and vision with the following commitments regarding its individual and organizational values.

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

Democracy – Apply democratic principles that prepare 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, and ensure that a similar level of truthfulness characterizes intra-/inter-organizational relationships.

Organizational Cohesion – Build and maintain administrative and governance infrastructures that promote 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 beyond the campus and at the same time receiving input and expertise from the community.

Accountability – Commit personally and collectively to a systematic measurement of 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 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 Kentucky to serve the needs of the Commonwealth and avoid unnecessary duplication of educational capacity.

I.2 2003-2006 Goal statements for each major function

The University Strategic Plan - “The Dream and the Challenge” - adopted by the Board of Trustees in April 2003 (Appendix I (B) http://www.uky.edu/Home/2003-06Strategic%20Plan) establishes a broad framework for planning at all levels of the institution. Within this framework, each unit must engage in a continuous planning process that involves faculty, staff, and students. Accordingly, College performance in the areas of instruction, research and service will be comprehensively evaluated both annually and periodically (every five or six years) as required in the University’s Administrative Regulations (http://www.uky.edu/Regulations/AR/ar027.pdf).

In order to achieve its mission, the College developed four goals at its January 2004 retreat that are aligned with the six goals detailed in the University’s Strategic Plan. The first three goals address the major functions of the College as an academic unit – teaching, research, and service. Goal 4 is an overarching component that enables the College to identify and measure the operational success of its administrative work plan.

Goal 1. To educate individuals for professional careers in public health through the MPH 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 continuing education, information dissemination, collaboration, and distributed (distance) education.

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

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

**Goal 4.** To establish, organize and develop a College of Public Health that will fully contribute to the University’s quest for national prominence.

### I.3. Measurable objectives relating to each major function

The goal statements parallel those of the University’s strategic plan. The objectives are measurable and are included in Appendix I (C).

### I.4. Description of the manner in which mission, goals, and objectives are developed, monitored, periodically revised, and made available to the public.

The first overall plan for the School was developed in 1998 in a daylong retreat attended by advocates and leaders in the UK School of Public Health. This document became the basis for initiating applicant status with Council on Education for Public Health (CEPH) and for use when discussing the potential of achieving college status with various University academic governance councils and administration.

In the spring of 2003 the University adopted a new set of institutional goals, and charged colleges and schools to align their goals with them. In early Fall 2003, the University’s Provost announced support of the establishment of a separate College of Public Health and support of its pursuit of CEPH accreditation, contingent upon approval by the academic governing bodies. The School’s Administrative Council immediately prepared the proposal to create such a college and it was subsequently introduced to the approving bodies at all levels. The Self-Study Steering Committee was appointed and activated in December to direct the self-study evaluation process toward the goal of reaching full compliance with CEPH accreditation guidelines. The Steering Committee membership includes faculty, students, alumni, staff, and practitioners from the College’s units, the University, and the community.

The college mission, vision, goals, values, and objectives goal were identified in a preliminary manner at a Faculty-Staff retreat in January 2004. Revisions and refinements were accomplished through the self-study process and distributed via sharing of the document with those faculty and staff members earmarked for incorporation into the College’s organizational structure.

Progress on each objective pertaining to its mission and goals will be measured and reported in the College’s annual report to the University’s Institutional Effectiveness Office and reported to the Provost’s Office, in accordance with its established policies and processes and based upon a regular schedule. This will serve as a foundation for accountability to report progress toward established goals, and setting priorities for each academic year. Previous
Annual Reports reported to the Office of Institutional Effectiveness will be found included in the Resource Files available at the CPH for the CEPH site visitors, reflecting a history of the school’s participation in these processes throughout its existence. These documents including a list of goals and objectives and measure of progress each year prior to becoming a College.

Subsequent College strategic planning activities will occur on an annual basis. The Strategic Plan will be reviewed in December by Administrative Council, where there is faculty, student and staff representation, as well as input from the External Advisory Council. Administrative Council will forward the Strategic Plan review through its representatives to the College administrative units and academic departments. The units and departments will review and comment on the Strategic Plan and provide formal input to Administrative Council in February of each year. Administrative Council will revise the Strategic Plan and distribute it to the College and College constituents by March 31. In alternate years the Administrative Council will initiate the review process and forward the materials to the entire faculty at the College Retreat, which occurs every two years. College retreats will be conducted to thoroughly review and revise the Mission, Vision and Goals Statements, and openly review assessment data in order to refine the College’s objectives. Planning and reporting will be responsive to annual timelines established by the Provost’s Office and the College’s Mission, Vision, and Goals, will be communicated through the College’s web site (http://www.mc.uky.edu/KYSPH) and in the annual report to the University.

I.5 Assessment of the extent to which this criterion is met.

Strengths
1. The College has developed a clear and concise statement of its mission and goals and has measurable objectives.
2. The College is guided and supported by the University’s timetable for participation in the college review process and program evaluation. The college reviews and reports its progress toward meeting established goals and objectives, and collects data and feedback to support the systematic revision of its goals and objectives as appropriate.
3. There are opportunities for input from a range of constituencies to alter the College goals and objectives through periodic reviews, involving students, faculty, and staff members, and representatives of private and public agencies representing community public health needs and interests.
4. The School of Public Health has participated in the annual institutional review process for the previous four years, providing a history upon which the CPH can to build subsequent evaluation activities.

Weaknesses
1. For the past four years, the objectives tracked in the School of Public Health’s Report to the Institutional Effectiveness Office were not as useful toward providing a structure for meaningful program evaluation or upon which to base strategic planning activities or prioritize resources (i.e., progress on many objectives were not identified or measured).
**Recommendations**

1. Make the format for presenting achievement of goals and objectives in future College Annual Reports consistent with this self-study.

2. Continue to communicate and use the College goals and objectives as a dominant theme in the prioritization of resources and the decision-making structure of the College.

3. Review and revise the planning process as necessary once the College begins to realize its identity as an autonomous academic unit.

**This criterion is met.** The College has a clearly formulated mission with supporting goals and objectives that were developed in response to its position and responsibilities within rapidly changing internal and external environments. The formal annual planning cycle has been established. The mission, goals, and planning process serve as the basis for College and Department decisions regarding the prioritization of activities and the allocation of resources.
CRITERION II.A. - ORGANIZATIONAL SETTING – EXTERNAL

With the May 4, 2004 approval by the University of Kentucky Board of Trustees the College of Public Health is positioned to become an integral part of The University of Kentucky. As such, it has the same level of independence and status accorded to all other professional schools within the institution. The College is able to maintain the integrity of its programs through autonomous and well-informed decision-making regarding budgeting and resource allocation, personnel recruitment, selection, and advancement and establishment of academic standards and policies.

II.A.1 Description of the University of Kentucky – History and Characteristics

Kentucky State Agricultural and Mechanical College was founded in 1865 as part of the Kentucky University (now Transylvania University). In 1878, the College was separated from Kentucky University under the land grant provision of the Morrill Land-Grant College Act of 1862 and established on a 50-acre site donated by the City of Lexington. In 1908, the College was renamed the State University, Lexington, Kentucky, and in 1916, it became the University of Kentucky. The Albert B. Chandler Medical Center was created in 1956, and the Colleges of Medicine, Dentistry and Nursing were established. The Colleges of Allied Health Professions (now named College of Health Sciences) and Pharmacy were added in 1966. The establishment of the School of Public Health as a unit of the College of Medicine was approved in 1999. The May 2004 action by the Board of Trustees continued and elevated public health within the institution to a new level of status and comprehensiveness as an independent college (See Appendix II.A (A) for a brief history of Public Health at the University of Kentucky.)

The Kentucky Postsecondary Education Improvement Act of 1997 declared that by 2020 the University of Kentucky should become a major comprehensive research institution, ranked nationally in the top 20 of public universities. In 2001, as one of his first orders of business, President Lee Todd implemented the first phase of a new administrative structure. In 2002 further administrative changes were initiated, including the elimination of the position of Senior Vice President and Chancellor of the Medical Center. The five colleges in the Medical Center began reporting directly to the Provost effective July 1, 2003. In addition, many centralized services in the Medical Center such as classroom scheduling, and other academic support services were consolidated with similar units on the campus at large. As a result of this reorganization, the institution is currently administered by the president working with a Provost, three executive vice presidents – Research; Administration and Finance; and, Health Affairs – and three other vice presidents – Institutional Research and Planning; Academic Outreach and Public Service; and, University Development. The College has ample opportunities to interact with its counterparts within the Medical Center and is actively working to develop new relationships and strengthen existing ones with other units on campus.

The University pursues its legislatively mandated responsibilities in partnership with the Kentucky Council on Postsecondary Education (CPE), a statewide coordinating body established as part of the Postsecondary Education Improvement Act of 1997. The CPE works with the University and the other seven public universities, as well as the Kentucky Community and Technical College System in Kentucky to provide general planning,
coordination, advocacy, and oversight. The CPE works with the Kentucky’s public institutions to develop a higher education budget, monitor productivity, broker development of new individual and cooperative programs, establish guidelines within which institutions set tuition and fees, and set institutional enrollment, retention, and graduation goals.

The College of public Health is one of sixteen colleges (six being professional schools) in the University of Kentucky. CPH students contribute to the population of 20,000 students enrolled in the UK Graduate School. The UK student body represents 115 foreign countries, 50 states and each of the 120 counties in the Commonwealth of Kentucky. UK offers 88 bachelor’s level degrees, 93 Masters level degrees and more than 60 doctoral, specialist and professional degree programs. The University is gaining national acclaim, with many recognized among the nation’s best. UK is one of 59 public universities in the country and the only one in Kentucky to be designated a Research University of the First Class by the Carnegie Foundation. To date, the University boasts 41 nationally ranked programs including clinical laboratory sciences, pharmacy, public policy, business administration, physical therapy, geography, Spanish, and economics.

The Commission on Colleges (COC) of the Southern Association of Colleges and Schools (SACS) accredits the University. Its accreditation has been reaffirmed at 10-year intervals since 1915, most recently in 2002. In addition, many degree and certificate programs as well as the professional colleges are accredited by agencies appropriate to their specific disciplines, as reflected in Appendix II.A (B).

II.A.2 Organizational chart of the University of Kentucky

An organizational chart of the pertinent administrative relationships within the University of Kentucky is provided in Figure 1. The governing and policy making body of the university is the Board of Trustees. The University President is responsible for university management and is appointed by and accountable to the Board of Trustees.

Assisting the President are six vice-presidents and a Provost, a position that was created in 2000 as previously described as part of a series of actions replacing a chancellor-based organizational structure. This office is responsible for the entire academic program of instruction for the undergraduate colleges, graduate school, and professional schools. The Executive Vice President for Health Affairs (EVPHA) reports directly to the University President and is responsible for the clinical enterprise of the University Hospital, the Kentucky Clinic and affiliates, as well as relationships with the Veterans Administration Hospital. The College of Public Health interfaces with the EVPHA only on those clinical activities of the Department of Preventive Medicine and Environmental Health, and the Occupational Medicine Residency Program. As part of an Academic Health Sciences Center, the College of Public Health is one of six colleges. The deans of all six colleges are accountable to the Provost, although many actions are reviewed and facilitated by the Associate Provost.
Figure 1
University of Kentucky Organizational Structure

UK Board of Trustees

Commission on Diversity
Deneese L. Jones

Commission on Women
Dorothy Brockopp

President
Lee T. Todd, Jr.

Director of Athletics
Mitchell Barnhart

Chief of Staff
Douglas A. Boyd

Legal Counsel
T. Lynn Williams

Executive Vice President for Finance & Admin.
Richard Siemer

Vice President for Institution Research & Planning
Connie Ray

Executive Vice President for Research
Wendy Baldwin

Provost
Michael T. Nietzel

Vice President for Acad. Outreach & Public Service
Rettia Walker

Vice President for Development
Terry B. Mobley

Executive Vice President for Health Affairs
Michael Karpf

The Graduate School
Jeanine Blackwell, Dean

Dean College of Agric.
Dean College of Arts & Sci.
Dean College of Comm. Info Studies
Dean College of Dent.
Dean College of Design
Dean College of Educ.
Dean College of Eng.
Dean College of Fine Arts
Dean College of Buss. & Econ.
Dean College of Health Sci.
Dean College of Law
Dean College of Medicine
Dean College of Nursing
Dean College of Pharm.
Dean College of Public Health
Dean College of Social Work
II.A.3 Relationship of the College of Public Health to the University of Kentucky

A Search Committee for the permanent Dean of the College of Public Health was announced on May 10, 2004. In the interim, the Provost appointed Dr. Tom Samuel as the Acting Dean of the College of Public Health on June 1; an action that was confirmed by the University Board of Trustees on June 22, 2004.

The CPH Dean is accountable to the Provost on all matters pertaining to budget, space, finances, and academic matters. The Dean contributes to the advisory body of the Executive Vice President for Health Affairs. The College Dean has authority comparable to deans of all other colleges at the University of Kentucky, i.e., comparable to the Deans of the Colleges of Medicine, Nursing, etc.

The deans of the colleges and directors of certain other University units meet twice monthly. The University Provost chairs these meetings that concern matters of policy, procedure, personnel, organization and university-wide programs. The College Dean also meets monthly with the deans of the other five Medical Center Colleges. Through this process, the Dean shares in the governance of the University.

Budgeting and Resource Allocation
The Dean assisted by the CPH Business Officer, after discussions with the College’s Administrative Council, presents the College of Public Health annual operating budget each year to the Provost and his staff. This process known as “budget hearings” allows the Dean to present information related to requests for funding to address special initiatives and needs. This review process is followed by each of the colleges within the University. Note that the Executive Vice President for Research through the Office of Sponsored Projects monitors external funding. The Executive Vice President for Administration and Finance, as well as the Provost monitor recurring financial resources.

Personnel Recruitment, Selection, and Advancement
The College follows University policies for employee recruitment, evaluation, and promotion. The University’s policies and procedures manual for general staff employment are included in the University of Kentucky’s Human Resources Policies and Procedures Documents (http://www.uky.edu/HR/policies/hrpp010.html). The University of Kentucky is an Affirmative Action/Equal Employment Opportunity employer (AA/EEO). University policies also cover compliance with other Federal regulations, discriminatory harassment, performance review and evaluation, vacation and sick leave, etc. AR II-1.0-10 –Statement for Recruitment and Selection of Faculty (http://www.uky.edu/Regulations/AR/ar031.pdf).

The University’s Affirmative Action/Equal Employment Opportunities guidelines stipulate that an open search must be conducted for any regular faculty appointment. Departments receive permission from the Dean to conduct searches for faculty positions and must file a report on search procedures and process with the Office of Equal Employment Opportunities at conclusion of the search. For new faculty appointments above the Assistant Professor level, the College’s Appointments, Promotion and Tenure Committee (APT) makes recommendations to the Dean regarding academic rank of appointment, promotion, and tenure, after a review and recommendation by the appropriate Department.
When faculty appointments are made at the senior level (Associate Professor or Professor and/or involve the granting of tenure), the Dean reviews the dossier and recommendations of the Department and the Appointments, Promotion and Tenure Committee. The Dean makes a recommendation to the Provost who, after review, will transmit the proposal with his recommendation to the President with whose approval may recommend the awarding of rank and tenure to the University Board of Trustees who gives final approval. The UK Administrative and Governing Regulations include further details regarding the appointment, promotion, and termination process for each of the faculty categories and ranks (documents available online and in the Resource Files available at the CPH for the CEPH site visitors). All academic appointment, promotion, and tenure decisions comply with University regulations and the Bylaws of the College.

Academic Standards and Policies
The Associate Dean for Academic Affairs and the College Academic Affairs Committee develop curriculum policies for the MPH, Dr.P.H. and Ph.D. degrees. The Academic Affairs Committee approves, reviews, and evaluates academic course offerings of the College degree programs. This committee includes a faculty member from each of the six academic departments, three student representatives, and the Assistant Dean for Admissions and Student Affairs and the Associate Dean for Academic Affairs. Once major academic changes are made within the College, several external academic governance bodies within the University then review them. Appendix II.A (C) contains a description of the process for academic review and approval.

II.A.4 Assessment of the extent to which this criterion is met

Strengths:
1. The CPH Dean has the same authority as the deans of all other colleges within the University.
2. The College follows the same procedures for faculty promotion and tenure as all other colleges within the University.
3. The College follows the same budgetary process as other colleges within the Academic Health Sciences Center and all other colleges within the University.
4. The CPH Dean is an active participant in the leadership team of the Academic Health Sciences Center and contributes to the leadership of the University.

Weaknesses:
1. The new administrative structure for the College, processes, and working relationships are new.
2. Historically, the School has reported to several administrative offices and performed under interim leadership.
3. A permanent Dean for the College is being recruited. However, the position has not been filled as yet.

Recommendations:
1. The new College has to establish its history and track record as one of integrity through regular communications and operations.
**This Criterion is met.** The operations existing within the College were already in compliance with University policies and procedures during its formative period as a School.
CRITERION II.B. - ORGANIZATIONAL SETTING – INTERNAL

The College provides an organizational setting that is conducive to teaching and learning, research, and service, as well as facilitates interdisciplinary communication, cooperation, and collaboration. It fosters the development of professional public health values, concepts, and ethics.

II.B.1 Administrative and academic structure of CPH

The organization of the CPH enhances its potential to meet its stated mission and goals, and provides for the participation of faculty, staff, external advisory board members, and students in all activities. The College is headed by a Dean (Acting) and supported by three Associate Deans and an Assistant Dean. Additional leadership will be identified as the College continues its operations and needs become apparent.

Figure 1
CPH Organizational Structure
II.B.2 Relationship of the school's component parts

The College functions are managed and coordinated by an administrative staff, headed by the Dean. The Dean is assisted by an Associate Dean for Academic Affairs, an Associate Dean for Research, an Associate Dean for Administration, and an Assistant Dean for Admissions and Student Affairs. At the present time all Associate/Assistant Deans and Chairs are appointed on an interim basis in deference to the preferences of the individual who will be appointed as the permanent dean in the near future.

The Coordinator of Public Health Practice assists the Associate Dean for Academic Affairs. The Associate Dean for Research represents the College in meetings with the Executive Vice President for Research. Academic activities are organized into six departments, each headed by a Chair who is appointed by the Dean. Chairs report directly to the Dean and, for certain academic, fiscal or community liaison functions, may work in concert with the associate deans or an appointed designee.

The associate/assistant deans and department chairs share in the College administrative governance and are advisory to the Dean. Faculty and students share in College governance through representation on the College policy-making bodies, within its academic departments, and through their own organizations, such as Faculty Council, the University Faculty Senate, and Student Government Association.

Areas of responsibility for key administrations are described below.

Dean – Tom Samuel
The Dean holds executive authority and responsibility for all College activities and is directly accountable to the Provost. Through the Provost, the Dean is responsible to the President and the Board of Trustees. The Dean and other academic leaders set the tone for the organization.

Associate Dean for Research – Steve Wyatt
The Associate Dean for Research actively participates in the recruitment and development of faculty research agendas; and in collaboration with the department chairs, advocates for resources and policies that will expedite faculty research efforts. He chairs the CPH Research Committee where research objectives are established and the results of the discovery process are disseminated. The Associate Dean is a member of the College Administrative Council and coordinates the activities of the Interdisciplinary Centers to enable them to address needs and pursue external funding opportunities. This office assists in assembling recruitment packages and is the primary conduit for information to and from the University’s Executive Vice President for Research.

Associate Dean for Academic Affairs – Joel Lee
The Associate Dean for Academic Affairs office oversees the curriculum and, to that end, works closely with the College Academic Affairs Committee. The general responsibilities of this position fall into two areas: those that are core activities of the College, and those that are funded through extramural grants and contracts. Core academic functions include course and curriculum development and coordination, oversight of the practicum and capstone experiences, continuing professional education, distance education programming, and promotion of the scholarship of teaching. Extramurally funded functions may vary as grants and contracts are awarded and
completed. The general areas of extramural funding include public health workforce development, technology based instruction, applied educational research and evaluation, and public health professional development, e.g. The Kentucky Public Leadership Institute and continuing education. The Associate Dean is a member of the College Administrative Council.

**Associate Dean for Administration – Bill Pfeifle**

Reporting to the Dean, this position oversees the day-to-day operations of the College and acts on behalf of the Dean when appropriate.

**Assistant Dean for Admissions and Student Affairs – John Wiggs**

The Assistant Dean for Admissions and Student Affairs reports to the Dean. He oversees the Office of Admissions and Student Affairs and all the functions related to student admissions and recruitment, advisement, enrollment, financial aid, career services, international student affairs, student activities, evaluation of instructional quality and academic dishonesty matters. The Director serves as liaison to related offices in other colleges as well as to The University’s Office of Admission and Registrar. The Director coordinates the work of staff members who prepare various publications for the College. The Director serves as a co-instructor for the Career Professional Development Course. The Director is a member of the College Administrative Council.

**Coordinator for Public Health Practice – John Poundstone**

Reporting to the Associate Dean for Academic Affairs, the Coordinator for Public Health Practice oversees the College activities associated with the development and maintenance of primary relationships with the public health practice community. The Coordinator builds and maintains these relationships within Kentucky, including the Kentucky Department of Public Health, local public health departments. He also strives to build new relationships with evolving community health organizations. In addition to overseeing projects and activities of the College Office of Public Health Practice, the Coordinator develops and oversees other initiatives that link academe with the practice community such as and practicum assignments.

**The College Business Officer – Tom Rogers**

At the direction of the Associate Dean for Administration, the College Business Officer oversees the allocation and management of College resources. In conjunction with the Dean, Associate Deans, and Chairs, the Business Officer is responsible for developing the operating budget and monitoring expenses, as well as contributing to strategic planning for the College. This position oversees all aspects of pre and post-award administration for grants and contracts, including compliance and regulatory affairs. Additional areas of responsibility include the College Human Resources activities (including payroll), physical plant, space allocation, and computing capabilities. The Business Officer is a member of the College Administrative Council.

**Department Chairs**

The College academic programs and associated faculty are organized into six Departments, each headed by a Department Chair who is appointed by the Dean. Chairs are responsible for guiding the day-to-day operation of their respective departments, building research and training programs, and cultivating opportunities with other departments or units of the university to collaborate for the improvement of public health practice. Department Chairs are responsible to
work with their faculty to identify teaching, research, and service needs within the department, recruit qualified applicants for faculty positions, and mentor new faculty.

Department Chairs collectively participate in the leadership of the College with the Dean at monthly meetings and through individual consultations. Chairs are responsible for completing the annual evaluation process for their faculty, for initiating recommendations for promotions, and for suggesting appropriate adjustments in salaries. In addition to their administrative responsibilities, chairs maintain their own programs of research, often supported by extramural funding. Chairs usually teach in the academic programs of their departments and serve as student advisors. All Department Chairs are members of the Administrative Council.

The Department Chairs in the College of Public Health include:

- Health Behavior – Dick Clayton
- Biostatistics – Dick Kryscio
- Department of Preventive Medicine and Environmental Health – Scott Prince
- Epidemiology – Tom Tucker
- Health Services Management – Joel Lee
- Gerontology & Graduate Program Center for Gerontology – Graham Rowles

Internal Advisory Groups
The Dean is assisted in decision-making through several internal advisory groups and committees; including Academic Affairs Committee, Admissions and Student Affair Committee, Administrative Council, Appointment, Promotions and Tenure Committee, Faculty Council, Practice and Service Committee, Research Committee, and the UK Student Public Health Association. The functions of these advisory groups are described under Criterion III – Governance.

External Advisory Council
The College has recently created a six-member executive committee for its External Advisory Council. In addition to recommending additional membership to the Council, the executive committee assumes leadership role in fulfilling the Council’s charge. The Council serves as an advisory body to the College through the Dean and other representatives that may be included by the Dean. The Council shall meet on a periodic schedule or at the special request of the Dean. The Executive Committee of the Council will recommend membership to the overall Council and assist in the development of operating rules for conducting the Council’s business. The Council shall perform the following functions.

1. Advise on current issues, trends, and needs in both the public and private sectors of public health that relate to the College’s ability to fulfill its mission in teaching, research and service.
2. Facilitate College efforts to meet its mission in such areas as service activities, research, student field experiences, employment opportunities, etc.
3. Lead in the formulation of fund raising and development a network of “friends” of the College.
4. Assist in the identification and measurement of outcomes and other indicators of College effectiveness.
5. Communicate public health concepts and College efforts to constituencies throughout the Commonwealth.
II.B.3 Support for interdisciplinary coordination, cooperation, and collaboration

Based on the prelude to the University’s strategic plan (*The Dream and the Challenge*), the University commits itself as an institution to promote interdisciplinary and cross-disciplinary teaching and research. The CPH subscribes to this value (See Appendix I (A)).

The College supports interdisciplinary collaboration through its organization and its primary and joint faculty appointments (evidenced by Criterion VIII and related appendices). In addition, collaborations occur across departments and colleges in the areas of instruction, practice programs, and research. Faculty members from the different departments in the College routinely interact with one another through the governance process and in an advisory capacity. Further, Centers facilitate interdisciplinary collaboration across the College.

Within the College, faculty from various disciplines can be found in several departments. For example, epidemiologists hold primary appointments, not only in the Department of Epidemiology but there are one or more epidemiologists appointed to the faculty in other departments. Social and behavioral scientists are appointed not only in the Department of Health Behavior but also hold appointments in the Departments of Health Services Management and Epidemiology. This mix of academic backgrounds has resulted in a number of cross-departmental appointments within the College.

Many CPH faculty members have joint appointments with other colleges within the University and collaborate with faculty from other colleges and departments in sponsored research projects. Sixty faculty members from outside the College have secondary appointments in CPH Departments. By administratively supporting one dual degree program (MD/MPH) with the College of Medicine and progressing in the development of others, the CPH fosters contact between faculty and students of different colleges. Students may satisfy some core courses requirements, selectives, and elective courses offered by other colleges.

Departments support cross-college communication through seminars and presentations to which students, faculty, and staff from across the College are invited. Each department schedules public seminars at which faculty, students, and external speakers give presentations. They are designed, in part, to share the work of department faculty, students, and their related disciplines with others in the College. Faculty and students are invited to capstone presentations based on research and practice at sites around the world that were sponsored wholly or in part by the CPH. All of these activities are communicated across the College and to its constituencies through a weekly “Friday Letter,” currently being distributed electronically. Sample Friday Letters are assembled into a file for review by the onsite evaluators in the Resource Files available at the CPH for the CEPH site visitors.

The College shares a number of teaching, research, and service resources, such as the Medical Center Library, with the Colleges of Medicine, Dentistry, Pharmacy, Health Sciences, and Nursing. In addition, cross-registration for classes in Law, Public Administration, Business and Economics, Nursing, and the College of Arts and Sciences are available for students pursuing Public Health and related degrees.
Interdisciplinary Centers

The Kentucky Injury Prevention Research Center, Prevention Research Center, and Southeast Center for Agricultural Health and Injury Prevention Center contribute to interdisciplinary research (some with teaching and service activities as well). Extramural funding largely supports these Centers, although some also receive administrative support from the College, University, or Department in which they are administratively assigned. Descriptions of these Centers may be found in Criterion VI.

II.B.4 Definition of the professional public health values, concepts, and ethics to which the school is committed and a description of how these are operationalized.

The College of Public Health addresses the implementation of its values, concepts, and ethics through established University policy and practice, College policy and education endeavors, and involvement in professional activities. This effort is essential to the preparation of public health professionals and as such is an integral part of the students’ experience of the educational program. Activities associated with this criterion continue to evolve for the new college and new opportunities to strengthen and expand such opportunities are actively pursued.

As noted previously, the College subscribes to the values platform of the University of Kentucky (Appendix I (A). http://www.uky.edu/Home/2003-06StrategicPlan/vision.html) as presented in The Dream and the Challenge. These values include the following:

--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

Overall, College values and university values are consistent; but three are uniquely expressed at the College level. First, organizational cohesion was added, reflective of a new academic unit and its desire to have broad-based decision-making and to minimize the differences amongst the disciplines coming together to form the College. Second, accountability stated the willingness of the College at this point to be accountable and measured in terms of its sense of mission and purpose. Finally, trans-disciplinary discovery reflects the institution’s emphasis on research but also recognizes the nature of public health and its need to come together in a fashion that requires a shared paradigm to address the problems of the Commonwealth. The College value statements are stated in Criterion I of the Self Study Report.

In addition, all Public Health students comply with policies noted in the student Handbooks—including those relating to confidentiality and disclosure, diversity, equal education and employment opportunities, disabilities, substance abuse, HIV, and smoking. Students also are accountable to conduct themselves in accordance with the Medical Center Behavioral Code. As professionals, all students complete training addressing sexual harassment, basic life support, blood borne pathogens, immunizations, and protection of patients and human subjects through
HIPPA compliance and institutional review of research through the office of Research Integrity and Medical Institutional Review Board (IRB).

Involvement in relevant professional associations creates another opportunity to address public health values, concepts, and ethics. The University of Kentucky Student Chapter of the Kentucky Public Health Association (KPHA) contributes to this effort. In addition to participating in the student chapter and state association meetings, 12 students attended the 2003 Annual Meeting of the American Public Health Association (APHA) in San Francisco, and a bus was chartered to take students and faculty to the APHA meeting in Atlanta. The student chapter has been involved in service learning activities, charitable activities, and promotion of National Public Health Week. In addition, the Chapter President sits as a member of the KPHA Board of Directors and the CPH Administrative Council. This relationship creates an opportunity for student participation and exposure to public health policy issues, and Association resolutions. This creates an opportunity to address topics such as accountability in public health, environmental, substance abuse, early childhood development, public health policy development, healthy eating, physical activity and weight management. Recent resolutions have addressed all-terrain (ATV) safety, preemption of local authority in tobacco-related public health laws, funding of the Kentucky environmental quality commission, obesity, and prescription drug access for the elderly and other vulnerable populations.

II.B.5 Policies illustrative of the University’s and College’s commitment to fair and ethical dealings

The University of Kentucky is committed to providing opportunities to all people - regardless of economic or social status and will not discriminate on the basis of race, color, ethnic origin, national origin, creed, religion, political belief, sex, sexual orientation, marital status, age, veteran status, or physical or mental disability, (see policy statements at http://www.uky.edu/Home/Web/eo/). As part of the University of Kentucky, the College is committed to fair and ethical dealings. Written policies illustrative of this commitment are cited in both the University’s Administrative Regulations and Governing Regulations (http://www.uky.edu/Regs/GR/). In the Governing Regulations, the Board of Trustees has delegated certain responsibilities to the President in order to provide for the responsible and efficient administration of the University and the accomplishment of its goals. The Administrative Regulations contain the basic documents that have been approved for inclusion by the President. Among these documents are a policy statements and regulations which have been approved by the Board of Trustees and which can be amended only with the Board’s approval. These regulations are available in the Resource Files for CEPH site visitors.

Examples of how institutional policy is internally operationalized to insure fair and ethical dealings at the college level are numerous. Many examples can be cited; but the following illustrate the breadth of the institutions’ commitment to these tenets as they span the teaching, research and service goals of the College.

Web Site Accessibility

The University Home Page cites the following “The University of Kentucky endeavors to make its Web sites accessible to the widest possible audience.” Toward that end, all Web sites of the University of Kentucky created since July 1, 2003 should comply with the recommendations of
the World Wide Web Consortium (http://www.w3.org/) in the Web Content Accessibility Guidelines 1.0 (http://www.w3.org/TR/WCAG10/).

Training in Research Ethics
All CPH students and faculty are required to attend organized instruction on the topic of research ethics. This instruction is arranged by the University’s Institutional Review Board and at its conclusion participants become “certified” as having been trained in the subject at a basic level. In addition, the College curriculum includes ethics content in a number of courses.

Policies and Procedures
The College strives to foster cultural sensitivity among its students, staff, and faculty through its policies and programs. Administrative procedures are designed to promote the fair and ethical treatment of employees and students with respect to admission, evaluation, graduation, hiring, promotion, and termination. These procedures are documented in various publications such as the University’s Academic and Governing Regulations (available on site and posted on the web). The University’s Human Resources Department monitors affirmative action initiatives at the university level and its staff is available to support informed decision-making and respond to individual cases brought to their attention. The College conducts a workshop on sexual harassment that is required before students are permitted to begin their practicum.

Student Behavior
All students are required to comply with the Health Sciences Student Professional Behavior Code when representing the University during a field practicum (http://www.mc.uky.edu/codebooks/StudentCodeBook.htm). The College is considering the adoption of an Honor Code similar to three other Academic Health Science Center Colleges.

University Organizations
Several committees at the University level deal with ethical and fair treatment of faculty, staff and students, e.g., the President’s Commission on Women, Commission on Diversity and Work Life Task Force.

Research and Institutional Review Boards
The University of Kentucky sponsors two major Institutional Review Boards, one focusing on Biomedical Research and the other Social and Behavioral Sciences. All student and faculty research involving human subjects is submitted to and reviewed by the IRB. When new regulations, policies and procedures are instituted, such as the implementation of HIPAA regulations, the Office of the Vice President for Research plans informational programs in colleges for faculty, students, and staff. University policies and procedures are made with the input of college administrators and faculty members.

II.B.6 Assessment of the extent to which this criterion is met

Strengths:
1. The College organizational structure, values, ethics, and priorities are conducive to the development and sustainability of transdisciplinary efforts in teaching, research, and service.
2. Faculty members in the College represent a variety of disciplines.
3. As evidence of the College values of collaboration and communication, Departments frequently provide and attend seminars and presentations open to the College and University community.
4. The College includes various Centers that promote interdisciplinary research, teaching, and service.
5. The College adopts values that reflect its commitment to the health of the public and positive relationships within the academic unit.
6. The College, and to a greater extent the University, has written policies and a long history that reflect a consistent commitment to fair and ethical dealings.

Weaknesses:
1. Input from the faculty is predicated on open and complete communication through their proxies, i.e. elected representatives and departmental chairs.

Recommendations:
1. Cultivate greater internal College resources for the support of Centers and the development of proposals to fund collaborative centers.
2. Promote department and College programs and activities that bring students, staff, and faculty from different departments together.
3. As a new organizational structure the validity and functionality of its proxy system needs to be nurtured and tested in a reflective and responsive manner.

This criterion is met.
CRITERION III. – GOVERNANCE

To support the mission, goals, and objectives of the College of Public Health, College Bylaws were drafted and officially adopted by the faculty on June 15, 2004. These Bylaws form the basis for and facilitate College decision-making processes (Appendix III (A)).

III.1.a-c General school policy development, planning, and budget allocation

General college policy is developed by the Dean, in conjunction with Associate and Assistant Deans, Department Chairs, and members of the Administrative Council. Administrative Council has representation from each department, Faculty Council, Staff Council, and the student association. Planning and budget allocation is expedited by the Dean, in conjunction with members of Administrative Council and the offices and governance bodies they represent.

III.1.d Student recruitment, admission and awarding of degrees

The Admissions and Student Affairs Committee is responsible for identifying recruitment priorities, reviewing and recommending applicants, and participating in the selection process. The Assistant Dean for Admissions and Student Affairs and his office staff are responsible for maintaining student records and tracking student progress. The Assistant Dean for Admissions and Student Affairs reports to the Dean to identify academic issues, students not making satisfactory progress, and other matters to be considered by the Dean, Associate Dean for Academic Affairs and the Academic Affairs Committee.

III.1.e Faculty recruitment and retention

Individual academic departments are responsible for the appointment of search committees that represent a multi-disciplinary perspective and include active student participation. Once a decision has been made to offer a faculty position to a candidate, the Department Chair and the College Dean prepare a letter of offer and conduct negotiations with the prospective candidate until an agreement is reached with respect to the terms of the faculty contract. The Appointment, Promotion and Tenure (APT) Committee becomes involved if the new hire is to join the faculty at the Associate or Full Professor, or tenured level. Untenured faculty members receive annual written reviews with recommendations. In addition, the tenured faculty of each department, in conjunction with external representation, conduct two and four year reviews of faculty progress and provide feedback to faculty on their progress toward promotion and tenure. The Departmental Committee forwards its findings and recommendations to the Dean.

III.1.f. Academic standards and policies

The Academic Affairs Committee is appointed by the Faculty Council, in consultation with the Dean. The Committee reviews, approves and disapproves curriculum, which includes but is not limited to activities such as to review, approval, or disapprove recommendations on new courses, curricula, and/or programs; to review, evaluate, and recommend appropriate changes in existing courses, curricula, programs; and to make or amend educational policies. Academic Affairs
Committee recommendations are forwarded to the Faculty Council for approval and transmittal to the Dean.

The relationship between the College and the Graduate School is maintained through the Directors of Graduate Studies (DGS). The College has two DGS appointments, one for the MPH and one for the Ph.D. in Gerontology. As a professional degree, there is not a DGS appointed by the Dean of the Graduate School in consultation with the CPH Dean.

### III.1.g Research and service expectations and policies

The Research Committee is responsible for recommending research expectations and implementing measures that assist faculty in their research efforts. Currently, the Research Committee is responsible for all externally funded initiatives without distinction as to whether they are categorically research or service.

The Practice and Service Committee is charged to reviews, and recommends policy in order to evaluate and track College practice and service activities. Both the Research and the Practice and Service Committee make policy and procedure recommendations to the College faculty and Dean.

### III.2.3. Standing and ad hoc committees – charges and membership

At present, the College has one ad hoc committee - the Self-Study Steering Committee. In accordance with the college bylaws, more ad hoc committees can be formed. Meanwhile, the governance and daily instructional, research and service efforts of the College are conducted through its standing and administrative committees (Appendix III (B)).

In June 2004, the first CPH Faculty Council was elected and it immediately began its work of appointing committees and preparing meetings for the faculty to orient them to the new demands associated with college status. A set of Bylaws was approved to create a Staff Council (Appendix III (C)). With the election of members, the Council will begin its activities on August 1, 2004.

### III.3. University Committee Service

Faculty participation University committees for the 2004-2005 academic year was announced in May of this year, when the School of Public Health became the College of Public Health. Faculty and staff members have membership on University committees, as follows.

- Advisory Committee for the Donovan Trust – Graham Rowles, Department of Gerontology
- Commencement Committee - John Wiggs, Admissions & Student Affairs Office
- Committee on Student Financial Aid– John Wiggs, Admissions & Student Affairs Office
- Research Computing Committee – Julia Costich, KY Injury Prevention Research Center
- University of Kentucky Press Committee – Doug Scutchfield, Health Services Management University Research Advisory Committee – Steve Wyatt, Preventive Medicine and Environmental Health
III.4. Assessment of the extent to which this criterion is met

Strengths:
1. The faculty, students, and staff in the College of Public Health have an opportunity to participate in the governance process of the College.

Weaknesses:
1. The faculty and staff council activities in the governance process will require careful monitoring and timely amendments as appropriate in the early stages of their existence to fully implement the intended design.

Recommendations:
1. The College will need to produce and publish a College of Public Health Faculty Handbook to assist faculty in their orientation to new College processes and policies.

This Criterion is met.
CRITERION IV. – RESOURCES

The CPH has sufficient resources to achieve educational, research, and service mission, goals, and objectives. Resources are described in detail in the paragraphs that follow. In addition to a financial budget, they include facilities, equipment, and human capital in the form of students, staff, and faculty, in addition to relationships with external organizations.

IV.1. A clearly formulated school budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, whichever is longer.

The College relies upon state funding, revenue generated through extramural research and service funding, and clinical service. In its brief history, it has received a modest amount of gift monies, primarily from the Research Challenge Trust Fund (RCTF), a fund created by the state legislature in 1997, in preparation for the significant financial support needed to advance Kentucky’s higher education research standards. These state funds have been matched with private dollars on a one-to-one basis creating one endowed chair and two endowed professorships, one University Professorship, and three RCTF funded faculty positions in the College.

The financial management of the College was audited and reviewed by the University in October of 2003. The audit found the unit to be in compliance with all University policy and procedures. Table IV-1 below presents revenues and general fund expenditures for fiscal years (FY) 2000 through 2004.

| Table IV-1 |
| Statement of Revenues and Expenditures |

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>General Fund Revenue</td>
<td>$552,699</td>
<td>$1,199,656</td>
<td>$1,600,502</td>
<td>$1,856,257</td>
<td>$2,635,895</td>
</tr>
<tr>
<td>General Fund Expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td>$282,291</td>
<td>$815,681</td>
<td>$1,066,521</td>
<td>$1,215,455</td>
<td>$1,949,032</td>
</tr>
<tr>
<td>Benefits</td>
<td>$41,809</td>
<td>$145,726</td>
<td>$216,287</td>
<td>$275,692</td>
<td>$403,690</td>
</tr>
<tr>
<td>Travel</td>
<td>$20,093</td>
<td>$56,433</td>
<td>$42,063</td>
<td>$37,001</td>
<td>$47,792</td>
</tr>
<tr>
<td>Operations</td>
<td>$72,728</td>
<td>$114,510</td>
<td>$241,221</td>
<td>$200,352</td>
<td>$297,740</td>
</tr>
<tr>
<td>Capital</td>
<td>$9,009</td>
<td>$57,709</td>
<td>$26,662</td>
<td>$71,523</td>
<td>$106,137</td>
</tr>
<tr>
<td>Total</td>
<td>$425,930</td>
<td>$1,190,059</td>
<td>$1,592,754</td>
<td>$1,800,023</td>
<td>$2,804,391</td>
</tr>
<tr>
<td>Other Revenues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grant &amp; Contract Awards*</td>
<td>$3,583,405</td>
<td>$5,233,394</td>
<td>$8,534,842</td>
<td>$4,701,138</td>
<td>$4,490,680</td>
</tr>
<tr>
<td>Gifts &amp; Other Funds</td>
<td>$35,151</td>
<td>$56,024</td>
<td>$57,604</td>
<td>$103,258</td>
<td>$120,624</td>
</tr>
</tbody>
</table>

* Multiyear grants and contracts are listed in the first year of the award
**Revenue increase reflects the addition of the Department of Gerontology to the College.

The Office of the Executive Vice President for Research reallocates General Fund monies to college, in proportion to facilities and administrative (F&A or indirect) cost recoveries. The percent return can vary by year, and the amount is directly proportional to the volume of federal funding generated by each organizational unit. In fiscal year 2003, the return was 10% or a total of $135,056. These funds are transferred back to the CPH. General Fund
accounts are included in the General Fund revenues in Table IV.A. The funds returned to the CPH are used at College discretion for research development purposes, including but not limited to research startup, equipment, travel, consultation, and acquisition of scientific books and journals. Faculty members receive and contribute support from grants that are based elsewhere in the University; such as the Colleges of Agriculture, Engineering, and Medicine.

The CPH continues to establish new accounts with the UK Development Office, the mandated channel for private gifts to the College. Gift funds support activities related to graduate education, research, and outreach.

The CPH is implementing a new initiative toward fund raising, scheduled to begin in the fall of 2004. The kickoff for this initiative will be in late October, in conjunction with the first meeting of the CPH Alumni Association. An invitation list for the inaugural dinner will include alumni, students, faculty, staff, community representatives, and other people identified as supporters of Public Health. This initiative focuses on major donors who wish to take a leadership role by providing resources to build a strong foundation for the CPH. Major gifts and pledges will be applied to an endowed Public Health Grand Rounds series, scholarships, and the continued establishment of new endowed professorships and chairs. A listing of all the accounts will be available in the on-site resource room. More information about this exciting weekend for the College will be available in the Resource Files available at the CPH for the CEPH site visitors.

Assessment of the adequacy of fiscal resources was carefully considered in the establishment of the CPH, and senior University administrators have been extremely supportive throughout the creation of the College. However, as with the case with many public universities, UK has experienced a decline in state funding in recent years. In fiscal year 2004 the College sustained a recurring general fund reduction of 3.6% ($72,184). This followed a 1% nonrecurring reduction in fiscal year 2003. In FY 2005, the College is starting with an additional reduction of 1.3% ($32,137) in recurring funds.

IV.2. A concise statement or chart concerning faculty resources, showing number and percent time of faculty by program area and computing a student faculty ratio for each and for the College as a whole. (FTE faculty and FTE student numbers should be used and these should be consistent with FTE faculty and student numbers presented in sections VIII and IX).

Table IV.B. references the number of full-time equivalent (FTE) faculty and students; and the resultant student/faculty ratio for the College in the past academic year. The relative balance in faculty numbers across the disciplines and slight variation in student/faculty ratios represent variations in student enrollment by degree and discipline. The details of the CPH faculty complement are described in Criterion VIII.
Table IV-2
Full-Time Equivalent Number of Faculty and Students and Student/Faculty Ratio by Department for 2003-2004 Academic Year

<table>
<thead>
<tr>
<th>Primary Appointments:</th>
<th>Bio-statistics</th>
<th>Environ. Health</th>
<th>Epidemiology</th>
<th>Gerontology</th>
<th>Health Behavior</th>
<th>Health Mgmt</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-time Faculty</td>
<td>1.0</td>
<td>4</td>
<td>2.0</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>Part-time Faculty</td>
<td>2.0</td>
<td>0.9</td>
<td>2.7</td>
<td>1</td>
<td>1.82</td>
<td>1.85</td>
<td>8.27</td>
</tr>
<tr>
<td>Totals</td>
<td>3.0</td>
<td>4.9</td>
<td>4.7</td>
<td>6</td>
<td>4.82</td>
<td>6.85</td>
<td>28.7</td>
</tr>
<tr>
<td>Students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MPH Students (FTEs)</td>
<td>4.3</td>
<td>12.6</td>
<td>30.4</td>
<td>NA</td>
<td>15.8</td>
<td>12.1</td>
<td>75.2</td>
</tr>
<tr>
<td>Dr.P.H. Students (FTEs)</td>
<td>0</td>
<td>4.5</td>
<td>8.8</td>
<td>NA</td>
<td>8.6</td>
<td>6.2</td>
<td>28.1</td>
</tr>
<tr>
<td>Ph.D. Students (FTEs)</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>38.0</td>
<td>NA</td>
<td>NA</td>
<td>38.0</td>
</tr>
<tr>
<td>Total FTEs</td>
<td>4.3</td>
<td>17.1</td>
<td>39.2</td>
<td>38.0</td>
<td>24.4</td>
<td>18.3</td>
<td>141.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student/Faculty Ratios</th>
<th>MPH Student/Faculty Ratio</th>
<th>Average Faculty/Student Ratios</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.433</td>
<td>3.31</td>
</tr>
<tr>
<td></td>
<td>2.57</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6.47</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3.28</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.77</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1.24</td>
<td></td>
</tr>
</tbody>
</table>

UK is in year two of a three year implementation project that will bring a new enterprise data system to the College as an important resource. Integrated Resource Information Systems (IRIS) will replace existing selected financial, human resource, student, purchasing, and inventory computer-based management systems with an integrated software application that will enhance services to a number of the constituencies of the University. As an example, calculation of FTE students and faculty will be greatly enhanced and tracked in this new system.

IV.3. A concise statement or chart concerning the availability of other personnel (administration and staff).

The distribution of College staff is presented in Table IV.-3, by department. State funded positions include one non-exempt staff assistant position for each academic department, the Dean’s office, the Office of Admissions and Student Affairs, and the Business and Finance Office. In addition, the state budget provides funding for 2.5 exempt positions for information technology personnel, two exempt staff positions in the Business and Finance Office and two exempt staff positions in the Office of Admissions and Student Affairs. The research staff includes a compliment of twenty-nine positions with the following titles:

IV-26
program coordinators, research assistants, health educators, statisticians, data coordinators, information technology support specialists, and administrative coordinators. Funding for all research positions is supported by grants and contracts.

**Table IV-3**

<table>
<thead>
<tr>
<th>College of Public Health Personnel by Department</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image" alt="Table" /></td>
</tr>
</tbody>
</table>

**IV.4.** A concise statement or chart concerning amount of space available to the school by purpose (offices, classrooms, common space for student use, etc.), by program and location.

The CPH occupies space in two buildings on the University campus (25,800 square feet) and four locations off-campus (27,900 square feet) for a total of 53,700 square feet. The principal administrative and office building for the College is located at 121 Washington Avenue, centralized on UK’s main campus and equidistant from the Medical Center, Central Administration and Young Libraries. This location is less than five minutes from the primary buildings used for teaching CPH classes (College of Medicine, College of Nursing, and College of Health Sciences, College of Pharmacy, and College of Law). All faculty and most staff have offices in at least one CPH location. In addition, many maintain separate teaching or research offices in a second location.

Common space for students is located in the College of Public Health Building, at 121 Washington Avenue. There, graduate research and teaching assistants have workspace including telephones and computers. CPH has access to a number of well-equipped classrooms across campus and scheduling for these rooms is done centrally as needed, in accordance with University process. Scheduling a classroom is facilitated through a web-based listing of equipment with photographs of each classroom available at: [http://www.mc.uky.edu/MCRmSch/classdocs/classroom.html#HSLC](http://www.mc.uky.edu/MCRmSch/classdocs/classroom.html#HSLC). CPH facility typically request classrooms near its Washington Avenue building, but any of the University’s classrooms may be accessed and frequently are, for instructional needs specific to a particular course or class. For example, the Medical Center includes 39 classrooms with excellent computer and audiovisual resources. Classrooms located in the Aging and College of Health Sciences Building are well-equipped for web based instruction. Classrooms equipped for interactive television ITV are available in a number of buildings on campus, and have been used to multipoint broadcast both courses and Public Health Grand Rounds.
Table IV-4  
Summary of Space Utilization Patterns by University of Kentucky College of Public Health Buildings August 2004

<table>
<thead>
<tr>
<th>Facility</th>
<th>Location</th>
<th>Faculty Office/ Administration</th>
<th>Conference/ Seminar*</th>
<th>Research/ Service Offices</th>
<th>Research Lab</th>
<th>Student Common Space</th>
</tr>
</thead>
<tbody>
<tr>
<td>KIPRC (Kentucky Injury Prevention Research Center)</td>
<td>333 Waller Avenue</td>
<td>250 sq. ft.</td>
<td>250 sq. ft.</td>
<td>12,000 sq. ft.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Southeast Center for Ag. Health &amp; Injury Prevention (SCAHIP)</td>
<td>1141 Red Mile Road</td>
<td>400 sq. ft.</td>
<td>200 sq. ft.</td>
<td>10,400 sq. ft.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>College of Public Health Building</td>
<td>121 Washington Avenue</td>
<td>15,000 sq. ft.</td>
<td>2,500 sq. ft.</td>
<td>5,000 sq. ft.</td>
<td>2,500 sq. ft.</td>
<td></td>
</tr>
<tr>
<td>HEEL Project</td>
<td>Kentucky Utilities Building</td>
<td>200 sq. ft.</td>
<td>100 sq. ft.</td>
<td>100 sq. ft.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South Creek Park</td>
<td>Harrodsburg Road</td>
<td>500 sq. ft.</td>
<td>500 sq. ft.</td>
<td>3,000 sq. ft.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research III</td>
<td>Virginia Avenue</td>
<td></td>
<td>100 sq. ft.</td>
<td>700 sq. ft.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>16,350 sq. ft.</td>
<td>3,550 sq. ft.</td>
<td>30,600 sq. ft.</td>
<td>700 sq. ft.</td>
<td>2,500 sq. ft.</td>
</tr>
</tbody>
</table>

*CPH classes are generally small and many are taught in a seminar fashion. As a result, many faculty tend to prefer using the conference rooms for instructional space whenever possible, over university classroom space in nearby buildings such as the College of Nursing, College of Law, and College of Pharmacy.

IV.5. A concise statement or floor plan concerning laboratory space, including kind, quantity and special features or special equipment.

The CPH has several laboratories supporting education and research in occupational and environmental health. A teaching laboratory is located in the Red Mile Road facility. This laboratory is used for CPH Environmental Health classes introducing the use of different types of equipment used in industrial hygiene monitoring. The laboratory contains noise dosimeters, sound level meters, a Mini Buck Calibrator, a Dynacalibrator, a sulfur hexafluoride meter, a Helium bubble generator, a Miran sampler, an IAQ machine, a Carbon monoxide meter, and tanks of calibration gas. This equipment is used for environmental and personal air monitoring and evaluation of work areas.
The Environmental Health faculty share laboratory space through collaboration with the College of Engineering in the Environmental Research and Training Laboratory (ERTL). The National Science Foundation provided $3.8 million in funding for the state of the art ERTL facilities. ERTL offers services in the areas of microbiology, organic and inorganic analyses, and stable isotope laboratories. The ERTL Microbiology Laboratory offers the following services: cell culture, Coliphage (EPA Method 1601 and 1602), Cryptosporidium Testing (EPA Method 1622 and 1623), Giardia testing (EPA Method 1623), recreational water quality testing (EPA Method 1600 for Enterococci, *E. coli* and total Coliform testing), and enteric virus research. The Microbiology Laboratory includes the following instrumentation: a laminar flow hood, spiral plating machine, automatic media dispenser, ultra-centrifuge, temperature control chambers, a stomacher, and fluorescence microscope. The ERTL Organic and Inorganic Laboratories include two gas chromatographs with mass spectrometers (GC-MS) for volatiles and semi-volatiles, gas chromatographs with dual electron capture, flame-ionization and thermal conductivity detectors, an ion chromatograph, a liquid chromatograph-mass spectrometer with a triple quadruple (LC-MS/MS), an atomic absorption spectrometer with a Zeeman graphite furnace, a mercury analyzer, and an ICP optical emission spectrometer. The Stable Isotope Laboratory includes a ThermoFinnigan Delta Plus XP Mass Spectrometer capable of dual-inlet or continuous flow, a ThermoFinnigan Delta Plus XP: continuous flow mode only instrumentation, a gas bench for carbonate analysis, an elemental analyzer for carbon, nitrogen, oxygen and hydrogen isotopes capable of total nitrogen and carbon analysis; and a temperature conversion elemental analyzer for oxygen and hydrogen isotopes.

Recently, additional Laboratory space was offered in Research Building 3 to establish an Aerosols Laboratory for a new CPH faculty member. In addition, a new $67.2 million, 185,000-square-foot Biomedical/Biological Sciences Research Building is under construction one block from the Washington Avenue building. CPH faculty have the same rights to request laboratory space as do faculty in other Colleges.

Appendix IV (A) includes a map of the UK campus, with CPH fiscal plant resources and classroom space highlighted accordingly.

**IV.6. A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty, administration and staff.**

CPH students tend to use computer labs located in the CPH Building, the Health Science Learning Center and the Aging and College of Health Sciences Building, along with the University Library System throughout campus. Many areas of campus are wireless, enabling students to work from wireless laptops in common areas both inside and outside serviced buildings.

Computer resources at UK are now fairly extensive and continue to expand. Virtually all students possess their own computers, although there is not a requirement to do so. UK charges students a computer resources fee each semester to help defray the costs associated with upgrading and maintaining computer hardware and software in student laboratories, as well as to maintaining staff in these facilities. Student laboratories include locations in the Washington Avenue building, principle teaching locations (the Health Science Learning
In addition, the CPH has its own (grant funded) wireless microcomputer laboratory, used primarily for teaching purposes. The lab includes 16 laptop computers, a server, and a printer. All faculty, research, and administrative staff have personal computers in their offices, with a replacement schedule of three to four years. The computers are connected through college servers to the University backbone. Miscellaneous hardware includes scanners, high speed and personal printers, LCD projectors and teleconferencing phones.

The University Information Technology Services (ITS) provides computing support to all colleges including CPH. Services include consulting, training, and other assistance to faculty and staff who develop and use learning technologies, high performance computing and data needs of University researchers, IT customer education, help desks, user education, consultation, and information center.

All faculty, staff, and students in the Program have unrestricted use of the University's Computing Center resources. Most valuable is the Social Sciences Teaching and Research Statistics (SSTARS) Center, which centrally coordinates access to and assistance from computing resources and consultants from the University’s Computing Services, the Library, Statistics, and the Survey Research Center (http://www.uky.edu/ComputingCenter/SSTARS).

IV.7. A concise statement of library/information resources available for College use.

As a Carnegie Research I University, the UK Library System provides books, serials, maps, electronic information, non-print resource materials, and the expertise of a professional staff to fulfill the information needs of the academic community. With extensive hard copy and electronic holdings in its collection, UK Libraries house more than 2.8 million volumes, 28,000 periodical subscriptions, 5.8 million microforms, and 1.4 million government publications. In addition, the Libraries provide electronic access to nearly 500 bibliographic databases, approximately 8,500 electronic journals, and 12,000 book titles through netLibrary.

There are at least 17 library and information center locations on main campus. These include the William T. Young central library, decentralized libraries, and three information centers. The new W. T Young Library, which opened in the spring of 1998, houses over 2.6 million volumes and is a regional depository for U.S. Census, state and federal documents.

UK Libraries provide a computerized union catalog, InfoKat, which is accessible from any Internet connection (http://infokat.uky.edu/libraries/infokat.html). A proxy server provides off-campus access to databases and the library has increased substantially the amount of material offered electronically through vendors and locally produced electronic materials (Electronic Information Access & Management Center). The proxy server is particularly valuable as a tool for part-time, and commuting, and distance learning students.

The Medical Center Library serves the six colleges that formerly constituted the Chandler Medical Center including the CPH. Its holdings include over 200,000 volumes, and a 5,000
square foot Audiovisual Library. The Medical Center reference librarians have an excellent reputation for supporting CPH students. Additional details concerning library resources are available at the following two URLs:

http://www.mc.uky.edu/MedLibrary/resources/resourceslinks.htm

IV.8. A concise statement identifying field experience sites used during last three years.

The faculty interacts and collaborates with local, state, and national health-related organizations and agencies. Field experience sites are discussed in greater detail under Criterion V. An abundance of relevant sites has been made available to Public Health students in the past and this list continues to grow. Appendix V.B (A) lists the field practicum sites where students have been placed over the past three years.

The Commonwealth of Kentucky has a well-established Area Health Education Center (AHEC) network (http://www.mc.uky.edu/AHEC/) that also contributes resources to student field experiences, in the form of preceptor training, faculty development, limited reimbursement for expenses associated with select field experiences, and web resources for preceptors.

IV.9. A concise statement describing other community resources available for instruction, research and service, indicating those where formal agreements exist.

The College has entered into a formal memorandum of understanding with the Kentucky Department of Public Health to facilitate community-based instruction, research, and service. The Preventive Medicine and Environmental Health Department has a clinic located at the Kentucky Clinic South facility in Lexington. Teaching Health Department relationships have been established with the Fayette County Health Department, and the Northern Kentucky Health Department. The Resource Files available at the CPH for the CEPH site visitors contains a complete list of all agreements.

IV.10. Identification of outcomes measures by which the college may judge the adequacy of its resources, along with data regarding the school’s performance against those measures over the last three years. As a minimum, the college must provide data on student-to-faculty ratio by program, institutional expenditures per full-time-equivalent student, and research dollars per full-time equivalent faculty.

The College responds to this portion of the criterion after a great deal of deliberation and forethought. Its strategic plan includes a comprehensive list of objectives, established in response to its goals and believed by college constituents and stakeholders to represent a reasonable approach to accomplishing its mission over the next three and one-half years. Therefore, the CPH will judge the adequacy of its resources by the extent to which it is able to achieve the objectives identified in its strategic plan; and the proximity it is able to attain in relationship to its vision over time. The College was established on the premise that adequate resources were in place to do move toward its mission; this being substantiated by the activities of its brief history. However, it is recognized that the many activities that will be initiated in the coming months will likely stretch the available resources to their limits. In
order to assess its adequacy of resources as the College moves into full operation, the Goals and Objectives identified in Criterion I and Appendix I (C) will largely become the measure by which the College does this. As part of the assessment plan and process, data that includes student-to-faculty ratio by program, institutional expenditures per full-time-equivalent student, and research dollars per full-time equivalent faculty will be used to triangulate and substantiate this.

IV.11. Assessment of the extent to which this criterion is met.

**Strengths:**
1. Through rigorous academic governance review, the University community has demonstrated support for the CPH.
2. External constituents, state agencies such as the Council on Postsecondary Education (CPE), the State Department for Public Health, and practitioners have demonstrated support for the CPH.
3. The Research Challenge Trust provides matching funds for private donations.
4. Support resources including libraries & computing services are excellent.

**Weaknesses:**
1. The faculty and staff are located in multiple buildings not in convenient proximity to each other.
2. The 121 Washington Avenue Building does not have elevators, as a result special accommodations are made for students who have specific requirements with respect to mobility.
3. University-wide budget reductions and start up costs created a financial deficit for the fiscal year just ended.

**Recommendations:**
1. Efforts should continue to preserve strong support from The University of Kentucky, the Board of Trustees, the Council on Postsecondary Education (CPE), and from the Governor’s Office.
2. The College has a well thought out and planned strategic list of objectives. Given the newness of the unit, it will be important that the college participates actively in a process of assessment and evaluation, so as to collect and analyze continuous data from a number of sources that assesses the adequacy of its infrastructure and resources to support the major assessment and operational aspects of its research, education, and service missions.

**This criterion is partially met.** The CPH has adequate resources to fulfill its stated mission and goals, and its instructional, research, and service objectives as measured by the University. Financial constraints have had an adverse impact the College as it goes into the first year of official operations.
CRITERION V.A. – INSTRUCTIONAL PROGRAMS

The CPH offers programs that are consistent with its stated mission, “...to provide public health education, research, and service that enhance the health status and quality of life for individuals, families, and communities...” Its programs of study lead to one of three degrees; the Master of Public Health (MPH), in the five areas of knowledge basic to public health; the Doctor of Public Health degree (Dr.P.H.) in the five areas of knowledge basic to public health; and Doctor of Philosophy (Ph.D.) in Gerontology. All of the degrees offered are consistent with the school’s mission and resources; and enhance its overall capacity to fulfill its mission. In accordance with the University of Kentucky educational program nomenclature, the MPH and Ph.D. are Graduate School degrees; the Dr.P.H. is a professional degree equivalent to the MD, DMD, or JD.

The College mission and goals are described in detail in Criterion I. Within that framework, the Administrative Council has described educational program goals (see Appendix V.A (A)). Draft Competencies/Educational Program Goals, MPH - Proposed February 2, revised February 9, 2004). Since that time, the academic departments have worked to refine the goals and identify educational program objectives for the MPH degree and Dr.P.H. degrees (Appendix V.A (A)). This draft document has been forwarded to the Faculty Council for discussion and revision toward ultimate approval of a final document. An update of this document and related progress will be provided to the CEPH visitors in the Onsite Resource Room in September 2004. The educational program goals and objectives map specifically to the curricula for the MPH and Dr.P.H. degrees; and assessment practices in the College will facilitate reflection upon the curriculum as expressed through these goals and objectives, in terms of learning outcomes, resource allocation, and course content (See Criterion X).

V.A.1. Identification in matrix form of all the degree programs

The degrees and concentrations offered by the College are presented in the matrix below. Each of the degree program and concentration options will be discussed in the subsequent narrative.

<table>
<thead>
<tr>
<th>Area of Concentration</th>
<th>MPH</th>
<th>Dr.P.H.</th>
<th>Ph.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biostatistics</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Environmental Health</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Epidemiology</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Health Administration</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Health Behavior</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Gerontology</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Dual Degree Option</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MD with College of Medicine</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Master of Public Health (MPH) Degree
The MPH is an applied graduate degree, designed to prepare students for professional practice in Public Health. The MPH was initiated in response to an expressed need for trained public health professionals in the Commonwealth of Kentucky. The first MPH class was admitted in fall 2000 and successive classes have been admitted each year. Enrollment has grown from an initial class of 37, to an MPH student enrollment of 110 in the 2003-2004 Academic Year (see Table IX.A.4 for actual enrollment patterns). The MPH program student body consists of a mix of traditional full-time students and non-traditional part-time students, many of which are employed in the public health field. Shortly after admission to the college, Public Health students choose an area of knowledge in which to concentrate, based upon their career goals and/or interests. This decision must be made by the time the student has completed his/her core courses.

The MPH degree requires a minimum of 35-37 credit hours; consisting of core, concentration selective, elective, and practicum courses; as well as a capstone project.

### Table V.A-2

MPH Requirements

<table>
<thead>
<tr>
<th>MPH Program Requirements</th>
<th>Credit Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>15 (minimum)</td>
</tr>
<tr>
<td>Concentration (selectives)</td>
<td>12-16</td>
</tr>
<tr>
<td>Electives</td>
<td>3</td>
</tr>
<tr>
<td>Practicum</td>
<td>3-6</td>
</tr>
<tr>
<td>Capstone project</td>
<td>0 (required, but 0 credit hours)</td>
</tr>
<tr>
<td>Total</td>
<td>35-37</td>
</tr>
</tbody>
</table>

**Core Courses**

The minimum 15 credit hours of required core course work spans the five areas of knowledge basic to public health. The core course requirements provide a broad overview of the disciplines of public health and the basic principles of public health practice. Students can meet the course requirement for a specific concentration area, in some instances, by choosing between/among two or three options.

The required core courses for the MPH degree are as follows.

1. Biostatistics: STA 570 or STA 580
2. Epidemiology: SPH 603
3. Environmental Health: SPH 601, or one of three Environmental Systems courses (ES 610, ES 620, or ES 630)
4. Health Services Management: SPH 602, or PM 662
5. Health Behavior: SPH 604

**Concentration Courses (Selectives)**

As previously stated, each MPH student selects one of the five knowledge areas as an area of concentration and within that area, s/he completes 12-16 additional credit hours, as summarized in the following table and explained below. Courses required within the concentration areas but beyond the core courses are referred to within the curriculum as selectives. These are chosen from a specific list of options. Credit of these courses toward the
MPH degree requires advisor approval. The requirements for each concentration are determined by the department offering it.

Table V.A-3
MPH Concentration Selective Requirements

<table>
<thead>
<tr>
<th>Concentration Area</th>
<th># Selective courses</th>
<th>Typically</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biostatistics</td>
<td>6</td>
<td>Six courses in Statistics or Biostatistics.</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>2 + 2</td>
<td>Two selectives specified by the concentration and two additional</td>
</tr>
<tr>
<td></td>
<td></td>
<td>selectives from related areas</td>
</tr>
<tr>
<td>HSM</td>
<td>2 + 2</td>
<td>Two selectives specified by the concentration and two additional</td>
</tr>
<tr>
<td></td>
<td></td>
<td>selectives from related areas</td>
</tr>
<tr>
<td>Environmental Health</td>
<td>3 + 1</td>
<td>Three selectives and one additional</td>
</tr>
<tr>
<td>(Occupational Health)</td>
<td></td>
<td>selective from a related area (i.e., Engineering)</td>
</tr>
<tr>
<td>Environmental Health Health Behavior</td>
<td>3 + 1</td>
<td>Four selectives from Public Health or other departments; including</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sociology, Psychology, Engineering, Anthropology, Communications etc.</td>
</tr>
</tbody>
</table>

In some concentration areas, selective requirements may be met by completing relevant courses offered in departments outside of Public Health. For example, students concentrating in Environmental Health may select courses offered in Civil Engineering and Environmental Systems. In Health Behavior, courses may be selected in Sociology, Psychology, Anthropology, and Communications. In Biostatistics, courses are offered through the Department of Statistics.

**Elective Courses**
All MPH students are required to complete three credit hours of elective course work. As is the case with the students’ selection of selective courses, elective course work may be taken within either the College of Public Health or another college, requires advisor approval, and must complement the student’s generalist knowledge of public health, specialized knowledge in the concentration area, and his/her career interests and goals.

**Field Practicum**
Three to six semester credits of field practicum (SPH 609, Public Health Practicum) are required for each student. Practicum placement is based on the student’s experience in the public health field, concentration area, interests, and career plans. Practicum length and credit varies, depending on the student’s previous professional experience in public health. Two hundred hours of practicum experience is equivalent to three hours of credit. The field practicum experience occurs in a community or government agency, a public health facility, an industrial setting, or other appropriate setting appropriate to public health.

**Capstone project**

V.A-35
The culminating requirement of the MPH degree is a capstone project, resulting in a written product and an oral presentation to a faculty committee. Practicum and Capstone project requirements are detailed in the MPH Student Handbook in the Resource Files available at the CPH for the CEPH site visitors. Details of the MPH capstone project are described in Appendix V.A (B).

**MPH Educational Program Goals**

Educational program goals for the MPH degree have been established as a draft document and are presently under consideration by the Faculty Council of the College (Appendix V.A (A)). Once approved, the educational program goals will provide a framework to students and faculty, within which to make decisions about the course of study specific to each student and his/her academic goals and concentration area(s).

**Doctor of Public Health (Dr.P.H.) Degree**

The Doctor of Public Health (Dr.P.H.) degree prepares graduates for leadership in the public health profession and related careers in both public and private settings. Utilizing the work of Milton Roemer, the CPH has developed an innovative generalist professional degree program offering an extensive battery of courses based on the body of professional public health knowledge. The Dr.P.H. degree is a terminal professional degree, and as such is governed by the CPH (as opposed to the University’s Graduate School). The educational program for the Dr.P.H. includes didactic course work and applied field experience, deliberately linking theory with practice. It is organized using the same administrative structure as other clinical professional degree programs in the Chandler Medical Center.

The Dr.P.H. degree requires a minimum of 63 semester credits of course work beyond the Masters degree. Students can complete the degree on a full or part-time basis. Typically, a full-time student requires a minimum of three years to complete the degree requirements.

The Dr.P.H. curriculum requires that its students enter the program with a basic knowledge of public health, equivalent to the MPH core curriculum, by having already completed the MPH, MSPH, or an equivalent degree. A minimum of three years of work experience prior to application is recommended to all potential students. Dr.P.H. admissions target ten students per year. The Dr.P.H. Student Handbook is included in the Resource Files available at the CPH for the CEPH site visitors.

The Dr.P.H. curriculum consists of five components; the core curriculum, 15 credits of advanced course work concentrating in one of the five areas of knowledge basic to public health, two supervised public health field experiences, a comprehensive determinative examination, and a culminating capstone project that involves Dr.P.H. level problem solving and/or research activities.
Table V.A-4
Dr.P.H. Requirements

<table>
<thead>
<tr>
<th>Dr.P.H. Curriculum</th>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Five Prerequisite Core Courses)</td>
<td>MPH, MSPH, or equivalent degree</td>
</tr>
<tr>
<td>1. Core curriculum</td>
<td>Part A: 5 core courses (one in each of the 5 knowledge areas)</td>
</tr>
<tr>
<td></td>
<td>Part B: 3 courses – seminar (one in concentration area)</td>
</tr>
<tr>
<td></td>
<td>Part C: 2 courses (research methods and 6 semesters of colloquium)</td>
</tr>
<tr>
<td>2. Advanced Course Selectives</td>
<td>5 advanced courses (in concentration area)</td>
</tr>
<tr>
<td>3. Public Health Field Experience (2)</td>
<td>6 credits: The field experience consists of a two-credit experience, the equivalent of one day per week for 15 weeks, and a second four-credit experience in a different setting for the equivalent of 2 days per week for 15 weeks.</td>
</tr>
<tr>
<td>4. Comprehensive Exam</td>
<td>Successful completion</td>
</tr>
<tr>
<td>5. Capstone project</td>
<td>Successful completion</td>
</tr>
</tbody>
</table>

Core curriculum
The core curriculum for the Dr.P.H. degree includes one advanced course in each of the five core areas, and builds upon the Masters degree prerequisite (Part A). In addition, Dr.P.H. students complete an advanced seminar course in three of the core areas, including one area of concentration (Part B). Finally, students complete a research methods course and are required to participate in the Public Health Doctoral Professional Colloquium each semester of enrollment (Part C). The purpose of this integrative colloquium is provide an interface between the professional and academic communities and enables students to become involved with colleagues, libraries, laboratories, and ongoing programs of research and inquiry. The colloquium integrates the curriculum content of the five core disciplines and offers students an opportunity to experience the intellectual ferment that characterizes a university. The Colloquium also provides a setting for discussion of development, progress, and presentations of the capstone projects.

Advanced Course Selectives
Each student completes five additional courses (15 credits) in one of the five areas of concentration. These courses are selected in consultation with the Department Chair in the student’s discipline.

Public Health Field Experiences
The Dr.P.H. educational program includes two supervised public health field experiences. As a professional degree, practice is critical to education. The purpose of the field requirement is to provide Dr.P.H. students exposure to professional public health practice, within the context of the advanced preparation typical of the Dr.P.H. program. Field experiences are consistent with the Association of Schools of Public Health, Council of Public Health Practice Coordinators report *Demonstrating Excellence in Academic Public Health Practice* (1999).
Doctoral Field Experience I (two semester hours) is an introductory, one semester, the equivalent of one day per week experience for a total of 120 hours. Doctoral Field Experience II (four semester hours) is an advanced one semester, the equivalent of two days per week experience for a total of 240 hours.

Comprehensive Exam
The Dr.P.H. Comprehensive Examination is a determinative examination covering the didactic material contained in the curriculum, and application of this knowledge and problem solving in the field. It addresses each of the five core content areas with an advanced question in the student’s area of concentration.

Capstone Project
The Dr.P.H. student completes a major problem solving or research project. This requirement is designed as the integrative capstone component of the curriculum, builds upon the antecedent foundation of course and field work. The project addresses a public health problem-solving, and/or research topic. Students are expected to complete it with intellectual rigor equivalent to a traditional dissertation, demonstrating integration of basic public health knowledge, skills, and abilities with the advanced preparation of the Dr.P.H. degree in one area of concentration. This problem-based project will be the predominant method of completing this requirement, although some students may choose a more theory oriented model more closely resembling a traditional Ph.D. doctoral dissertation.

The Dr.P.H. curriculum is presented in detail in Appendix V.A (C). Appendix V.A (D) includes a detailed list of CPH course offerings and the instructors involved in teaching these courses from Fall, 2000 through Fall 2004 - illustrative of the College’s historical record and its ongoing capacity and commitment to schedule and deliver all MPH, and Dr.P.H. course requirements.

The Doctor of Philosophy (Ph.D.) in Gerontology Degree
The Ph.D. program in Gerontology is a multidisciplinary and interdisciplinary research-oriented academic degree, specifically focused on aging and health. The program is organized in a way that combines expertise, methodologies, and facilities from more than 20 departments ranging from the biomedical sciences, through the social and behavioral sciences, to the humanities. The goal of the Ph.D. program is to provide advanced multidisciplinary and interdisciplinary research training in gerontology with an emphasis on aging and health. Students develop an understanding of the full spectrum of topics that concern both the process of aging and the health and well-being of the elderly population. In addition, students develop in-depth knowledge in related disciplines or areas of specialization. The course of study is flexible, stressing a multidisciplinary approach to the selection of course work and research activities. Emphasis is placed on tailoring each student's program to meet the specific needs of the individual's background and career goals. To fulfill these objectives, the program integrates formal course work in gerontology, specialized training in a related domain, opportunities for research, experiential learning modules, and a problem focused research seminar. Graduates of the program are able to conduct aging-related research, teach gerontology at the university level, direct gerontology educational programs, work in the aging services field, and consult with other professionals on various issues pertaining to aging and health. Students are required to complete a 26-
credit core curriculum in gerontology and 18 hours in an area of specialization, a comprehensive examination, and doctoral dissertation. Elective courses are selected in consultation with each student's Advisory Committee. As an academic degree, students in the Ph.D. in Gerontology are not required to complete any of the five core areas of public health; however, enrollment in these courses is available to them. The Curriculum is presented in detail in Appendix V.A (E). The Ph.D. in Gerontology Student Handbook is available on site in the Resource Files.

**Graduate Certificates**

CPH students also have the option to pursue graduate certificates concurrent with an academic degree. A graduate certificate is an integrated group of courses that is designed to have a very clear and focused academic topic or competency as its subject area. Often, a graduate certificate may meet a clearly defined educational need of a constituency group. A certificate is not a graduate degree (it is typically between 9 and 15 credits), but it does provide the student with a formal credential of the mastery of a clearly defined academic topic. Graduate certificates are becoming an increasingly important component of the total range of graduate educational opportunities offered by a modern, comprehensive research university. Often, certificates are pursued by students who are also pursuing a graduate degree in a traditional discipline, or who may already have earned one or more graduate degrees. A student may apply MPH selective and elective course work requirements to concurrently meet certificate requirements. Dr.P.H. students may similarly apply selective course work and Ph.D. students may apply elective course work to certificates. The University of Kentucky offers relevant Graduate Certificates in Environmental Systems, Gerontology, Health Communications, Informatics, and Career Training in Therapeutics and Translational Research (K30). A brief summary of each certificate follows.

The **Environmental Systems** certificate is administered by a committee of faculty consisting of representatives from the Colleges of Agriculture, Arts and Sciences, Engineering, Law, Medicine; the Gatton College of Business and Economics; the Graduate School; the Kentucky Environmental Protection Cabinet; and the private sector. Each Environmental Systems course is coordinated by a faculty member, and course instructors are representatives of their respective disciplines. The Environmental Systems Certificate consists of a core of three survey courses and a seminar course. Students are expected to take two Environmental Systems courses and the seminar twice. The content of the courses and seminars is the responsibility of the coordinator. Individuals desiring a certificate must submit an application for admission to the Environmental Systems Committee along with an outline of their graduate degree program or their experience.

The **Gerontology** certificate is interdisciplinary certificate, offered by the Sanders-Brown Center on Aging. It is part of the Center’s complete range of research and educational activities that prepare both graduate students and practicing professionals from many disciplines to assume key roles in improving the quality of life for older adults and furthering our understanding of the aging process. Its interdisciplinary focus makes it possible for students to tailor their course work, under the direction of the educational program to support their own fields of interest.

The **Health Communication** certificate is available to (a) students in the Ph.D. and M.A. Programs in Communication, (b) students in other doctoral programs at the university and (c)
post baccalaureate students. It is aimed primarily at individuals interested in developing specialized knowledge and research expertise in health communication that could be applied within both academic and nonacademic settings. Students are expected to have a background in social or behavioral science prior to entering the program. To earn the certificate, students must complete CJT 671 and 771 and either CJT 780 (section focusing on a health communication topic) or a graduate course in medical informatics, for a total of 12 credit hours.

The Informatics certificate is intended to educate a cadre of researchers and professionals with multidisciplinary backgrounds and with substantial understanding of the principles and applications of computational technology. This curriculum trains graduate and professional-degree students in the uses of computational and information processing technology in their own fields. The students are able to use this enrichment to become more productive professionals, to further research in their own areas, and to engage in multidisciplinary research relying on computer and information-processing techniques.

Career Training in Therapeutics and Translational Research (K30) This NIH-funded initiative is supported by an institutional K30 training grant. It provides career development and mentoring opportunities to clinician-scientists interested in pursuing careers in clinical research. Career Training in Therapeutics and Translational Research provides two years of structured training, consisting of didactic course work and a formal mentored research experience tailored to the needs of individual scholars. This combination of training and infrastructure supports faculty members pursuing clinical research careers.

(Note: A Certificate in Medical Management was previously available to Medical Center faculty pursuing the MPH degree, but was discontinued in 2002.)

V.A.2. The school bulletin or other official publication, which describes all curricula offered by the school for all degree programs.

The CPH maintains a web site that describes its curricula and degree programs. In addition, the University publishes the University Bulletin (also referred to as the Course Catalog) and the Graduate School Bulletin each academic year. The Graduate School Bulletin is the MPH students’ contract with UK. Students are bound by the academic policies and curricula of the Bulletin for the semester in which they enroll in a degree program.

The Graduate School Bulletin is published electronically four times each year as the official record of the University, and is not published in paper format. The University Bulletin is also published electronically; however, paper editions will continue to be issued as the official record. Copies of the degree descriptions from the printed University Bulletin, and the Graduate School Bulletin will be available in the Resource Files. On-line bulletins may be found at the following URL’s:

- University of Kentucky Bulletin, http://www.uky.edu/Registrar/bulletin.html, and
The web-based versions of the bulletins were current as of the date of publication of their paper equivalents. The information in these bulletins and other University publications or announcements is “subject to change without notice.”

V.A.3. Assessment of the extent to which this criterion is met.

Strengths
1. The MPH and Dr.P.H. educational programs of study consist of a series of planned and evaluated learning experiences.
2. The MPH and Dr.P.H. courses are scheduled so as to be able to accommodate the needs of part-time and community-based students.
3. The Dr.P.H. curriculum is regarded as innovative – it received attention from other Colleges and Schools of Public Health following publication of a descriptive paper in the Journal of Health Administration Education.
4. Several graduate certificates are supported within the curriculum, and complement the academic degrees.
5. The Ph.D. in Gerontology offers opportunities for collaboration among students and faculty and innovations in public health education.
6. The MPH and Dr.P.H educational programs are committed to and heavily engaged in identification of curricular goals, terminal objectives, and competencies within and across the various concentration areas; as well as building these into its assessment program as significant measures of its success and learning outcomes.

Weaknesses
1. The MPH and Dr.P.H are relatively young programs. Consequently, they continue to evolve and change. With a small number of graduates to date, limited information has been available to assess the degree programs.

Recommendations
1. Given the relative youth of the educational program from a curricular standpoint, ongoing emphasis should be placed on assessment of the adequacy of the type and number of selective courses available to public health students within the various concentrations; in particular environmental health and health behaviors. The College assessment program should identify and collect data that allows it to analyze the impact of scheduling and course availability on its students in terms of graduate rates and the average length of study.
2. As a new and innovative program, the Dr.P.H. degree program will graduate its first students in the current academic year. Assessment and evaluation efforts must continue in this area in order to validate that the nature and sequence of learning activities sufficiently prepares public health practitioners for senior leadership positions; which is the intended goal of the educational program.
3. The educational program goal and objectives for the Dr.P.H. should undergo review in the upcoming months and overall objectives be identified; in a manner similar to those being established for the MPH program.

The criterion is met for all Public Health degrees.
CRITERION V.B. – PROFESSIONAL DEGREE PROGRAMS

V.B.1. Means by which the school assures that all professional degree students have a broad understanding of the areas of knowledge basic to public health

MPH and Dr.P.H. students complete an appropriate curriculum, addressing the five areas of knowledge basic to public health practice. Students have an opportunity to apply the knowledge and skills being acquired throughout the curriculum, and demonstrate a broad understanding of the areas of knowledge basic to public health; particularly through the combination of the field practicum, the capstone project, and in the Dr.P.H. the qualifying examination. The Ph.D. in Gerontology prepares students for academic and research careers.

V.B.2. Policies and procedures regarding practice placements, including criteria for selection of sites, methods for approving preceptors, approaches for faculty supervision and methods of assessment of students

The field practicum is planned, supervised, and evaluated as a practice experience. Opportunities for practicum work are arranged in cooperation with the educational program and a wide range of community agencies, including local and state public health agencies in the CPH geographic area. A growing inventory of established practicum sites is evolving that meet the expected criteria for a broadly diversified public health experience. New practicum sites and preceptors are continuously being identified, evaluated, and developed as resources for CPH students.

There is an identical field practice requirement for students concentrating in each of the five MPH areas. The Practicum manuals and relevant forms are a component of the MPH Student Handbook for SPH 809, and the Dr.P.H. Student Handbook for SPH 997. Student Handbooks will be provided in the Resource Files for the CEPH site visitors.

Policies and practices

MPH: The MPH policy calls for a variable credit practicum, consisting of 400 hours (6 credits) for traditional students, and 200 hours (3 credits) for students who are working professionals and/or who have extensive prior experience in public health. Placements are consistent with the student’s area of concentration and career plans. The student’s current employment activities do not meet the practicum requirement.

Dr.P.H.: The requirements are similar to the MPH practicum, with two exceptions. To expand the student’s understanding of the public health profession the Dr.P.H. student must complete two different practicum experiences. Recognizing that most Dr.P.H. students are working professionals, time shifting was anticipated in to schedule practica. A typical schedule for Practicum I is one day each week for 15 weeks (one semester), and for Practicum II, two days each week for 15 weeks for a total of 30 days. Some students have opted for three and six continuous week experiences. In addition, placements for Dr.P.H. students are expected to focus on more advanced rather than entry-level experiences.

Ph.D. in Gerontology: The Ph.D. in Gerontology does not require practice placements. However, elective field experiences are available to students with limited practice experience and/or specific interests. The Ph.D. in Gerontology Student Handbook will be available in the Resource Files for CEPH site visitors.
Criteria for the selection of sites
The CPH seeks to help its students identify strong field placements that are consistent with their area of concentration and their career plans. Prior to beginning the practicum, a Field Practicum Planning Questionnaire is completed by each student to help the Practice Coordinator and the Associate Dean for Academic Affairs work with the student to assure an appropriate match. CPH faculty believe that a wide range of organizations and agencies can provide a valuable field practicum experience for the student. Therefore, the Practicum Director, along with the student and the faculty advisor, will endeavor to identify and arrange field practicum sites that meet the specific needs of individual students in terms of their own career interests and identities. Overall considerations in the selection of a practicum site for each student are as follows:

- Availability of a good preceptor who is willing and able to spend time with the student and provide guidance
- Availability of other good role models at the site
- Good understanding of the educational needs of students, including the need to increase responsibility and independence gradually
- Willingness to provide support, ranging from a desk and a phone to stipends or salary, transportation, and lodging
- Appropriateness of experience as it relates to career goals and the student’s area of concentration

Assessment of practicum sites occurs after completion of the practicum experience, when students submit a Final Field Practicum Report, indicating its strong and weak points and making a summary statement as to whether or not the site should be recommended to subsequent students.

Methods for the approval of practicum preceptors
The preceptor is an on-site faculty member with significant responsibility for the development of the student at his/her institution. Preceptors are appointed as Voluntary Faculty. The role of the practitioner in the design, implementation, supervision, and evaluation of all aspects of the fieldwork experience is significant, once s/he is approved as a preceptor for SPH 809 or SPH 997. The preceptor as the person best able to ensure that the student devotes significant time and energy to improving skills and effectiveness in areas where the student is inherently weak, lacks experience, or is simply uncomfortable.

Approaches for faculty supervision
The practicum is directed by the Practice Coordinator who is an Executive in Residence, who is also the retired director of a large health department, in addition to and a staff member. CPH supervision of students on practicum placements is based upon written reports and individual feedback from the students and their preceptors during practicum assignment.
Methods of assessment of students
(Note: The practicum experience evaluation form is currently under revision to align student expectations, preceptor feedback, and College assessment with the MPH and Dr.P.H. educational program goal and objectives. The status of these changes will be communicated to students through the MPH Student Handbook and to the CEPH site visitors in at their September visit to the University of Kentucky.)

At present, students are assessed formatively throughout the practicum experience by weekly Interim Field Practicum Reports, and summatively by use of the Preceptor Report on Student, which has five parts. Part One is a performance evaluation, rating each aspect of the student’s performance using a 5 point scale. Part Two is of subjective parameters, such as attitude, initiative, appearance; professional disposition; and communication. Part Three is of performance and knowledge improvement based on the ten essential public health services. Part Four is of the students’ skill and knowledge development. Part Five is a general appraisal of the intern, in terms of strengths, weaknesses, level of achievement, willingness to devote time and energy, sense of purpose and commitment, etc.; and any improvements in the student’s performance over the course of the internship. Finally, the preceptor makes a summative statement as to whether or not he or she would recommend the student for a position similar to his or hers. Students have the opportunity to respond to the evaluation but are not asked to validate it in terms of agreeing or disagreeing with it.

V.B.3. Agencies and preceptors used for formal practice placement experiences for students, by program area, over the last three years

Examples of types of sites such as the Federal agencies including the Department of Health and Human Services, Veterans Administration, Centers for Disease Control and Prevention, Health and Human Services, Occupational Safety and Health Administration, state, county, or city health departments; other state and local health and social service agencies, managed care organizations, insurance companies, neighborhood health centers and community clinics, hospitals (public, not-for-profit, for-profit, psychiatric, rehabilitation); community mental health centers, environmental health consulting companies, industrial settings, and multi specialty medical practices. A complete list of practicum sites is presented in Appendix V.B (A).

V.B.4. Identification of the culminating experience required for each degree program.

Capstone project. Each MPH and Dr.P.H. degree-seeking student must complete a capstone project. This culminating experience provides an opportunity for the student to synthesize and integrate the knowledge acquired across the curriculum; as well as that gained through the field practicum and other related public health learning experiences. This is one of the significant sources of information used by the faculty to judge whether the student has mastered the body of public health practice knowledge and can judge proficiency with the required skills and attitudes.

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 students with the rigors of preparing manuscripts for professional journals. Appendix V.B (A) includes details about the MPH capstone experience, and the assessment rubric currently under revision. Based on this rubric, final evaluation of the learning outcomes of the capstone experience will be closely aligned with the MPH degree program goal and objectives, as described in the rubric.

Revisions to the MPH capstone project were approved by the Faculty Council just prior to publication of the self-study document. Similar review of the Dr.P.H. capstone project is underway. The following description of the Dr.P.H. capstone project is as is in effect at the time of publication.

The Dr.P.H. capstone project is consistent across the five areas of concentration (coursework and field work). The capstone project reflects the practice orientation of the program and typically, addresses application related to a public health problem, its rigor is expected to be consistent with a traditional dissertation. As a professional degree, Dr.P.H. capstone projects typically address application of public health concepts to practice where the traditional Ph.D. dissertations should address development or testing of relevant theory. The capstone project procedures and relevant forms are a component of the Dr.P.H. Student Handbook (available in the Resource Files at the CPH for CEPH site visitors). Final procedures for the Dr.P.H. capstone project are currently being developed by the Academic Affairs Committee and will be forwarded to Faculty Council in August. The outcome of this process will be available in the Resource Files for CEPH visitors at the September site visit.

The Ph.D. in Gerontology dissertation is consistent with Graduate School policies; each student must present a dissertation that represents the culmination of a major research project. Graduate School guidelines for the dissertation are located at [http://www.rgs.uky.edu/gs/bulletin/current/AdvancedDegrees.html](http://www.rgs.uky.edu/gs/bulletin/current/AdvancedDegrees.html) (Appendix V.B (B)). Ph.D. students complete a final examination that includes a defense of the capstone or dissertation and may be as comprehensive in the advisory committee chooses to make it. The examination is a public event and its scheduling is published and announced beforehand. Any member of the University community may attend. 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 conditions under which the candidate may be re-examined, if re-examination is deemed appropriate.
All capstone projects and dissertations use a standard format including a committee signature page, are printed on archival paper, and are bound for inclusion in the College of Public Health and University libraries. A standard evaluation form will be used in the evaluation of the Dr.P.H. capstone project and will be included in the final guidelines. The Dr.P.H. capstone project and Ph.D. in Gerontology dissertation project are culminating projects that demonstrate the rigor expected of the doctoral student.

Qualifying examinations. For both the Dr.P.H. and Ph.D. in Gerontology, a qualifying examination consisting of both written and oral components is required. Its purpose is to verify that students have sufficient understanding of, and competence in, their fields to become candidates for the degree. In the Dr.P.H. program, a portion of the qualifying examination is common to all doctoral candidates; that assessing competence in the application of knowledge in the five core areas. In addition, each respective academic department administers one or more questions in the qualifying examination, representative of the domain of knowledge and its application to the students concentrating in that area. In the Gerontology Ph.D., the advisory committee prepares and administers a qualifying examination, specific to each student. In this case, a majority vote of the advisory committee affirms successful completion of the qualifying examination.

V.B.5. Assessment of the extent to which this criterion is met.

Strengths:
1. The MPH capstone project is an innovative approach to the culminating experience, relates directly to the educational program goal and objectives for the degree, and has been recognized by other schools as an innovative approach to leadership education.
2. The inventory of field practicum sites is diverse and growing including international opportunities.
3. The Ph.D. in Gerontology has a mature design for its comprehensive examination and capstone requirements.

Weaknesses:
1. The practicum experience continues to evolve in terms of its contribution to the learning outcomes of the MPH and Dr.P.H. degree program goals and objectives.
2. The design and administration of the Dr.P.H. comprehensive examination continues to evolve in light of a limited number of examination rounds.

Recommendations:
Though the combination of course work, field practicum, capstone, and in the case of the Dr.P.H. degree the qualifying examination provide opportunity for students to gain and demonstrate integration of the knowledge and skills necessary for public health practice; the development of agreed upon curricular competencies has just begun. Work must continue toward fruition of the following objectives in the college plan, for 2004-2005.

• Agree upon, review and confirm essential educational program competencies for consistency, appropriateness, and measurability across the MPH, Dr.P.H., and Gerontology curricula.
• Complete curricular assessment for alignment with educational, research, and service program goals and essential graduate competencies.
• Complete curricular assessment at MPH and Dr.P.H. program to assure that graduates are able to
  o identify and assess needs of populations,
  o plan, implement, and evaluate programs to address the needs of populations, and
  o protect and promote the health of populations.
• Develop the structure and evaluation of the MPH and Dr.P.H. field practicum to assure consistency across settings.
• Finalize the Dr.P.H. capstone guidelines to assure it is an integrative experience and consistent scholarly work on the part of the students.
• Continue to gather feedback from faculty and students about the qualifying exam in terms of timing, length of time to complete, integrative nature of the questions, etc.

This criterion is met. The combination of didactic coursework in the core curriculum and concentration, field experience, and a capstone project in the MPH and Dr.P.H. degrees provide the opportunity for graduates to develop and demonstrate an understanding of the areas of knowledge that are basic to public health. In addition, students have the opportunity to acquire skills and experience in the application of basic public health concepts, specialty knowledge to the solution of community health problems, and demonstrate integration of knowledge through a culminating experience.
CRITERION V.C. - LEARNING OBJECTIVES

V.C.1. Identification of a set of learning objectives for each program of study identified in the matrix for V.A. If individualized learning objectives are used, identification of a sample set that is typical of each program of study and that can be verified through on-site inspection.

The MPH, Dr.P.H. and Ph.D. curricula consist of a series of planned instructional experiences that constitute the total requirements for the award of the respective degrees. Terminal objectives describe the learning outcomes for the MPH educational program. These objectives relate to the school's mission, goals and objectives, and, in turn, course objectives and other planned learning experiences relate to the stated goals and learning objectives of the program. A similar sequence is underway for the Dr.P.H. educational program and associated progress toward that goal will be reported to the onsite evaluators during the September 2004 site visit.

In January 2004, the faculty, staff, and stakeholders of the then School of Public Health met to complete a SWOT analysis of the school; in the context of its impending application for college status at the University of Kentucky and its self study review process in preparation for application for CEPH criteria. The Strengths, Weaknesses, Opportunities and Threats analysis and mission revision process is documented in criterion X; and the survey results and retreat activities are summarized in Appendices X.E. and X.F. The ultimate outcome was a revised mission and vision, with associated value statements and goals, reflective of the College’s agreed-upon priorities, and the need to express the curricular goals for the MPH and Dr.P.H. degrees in terms of competencies was validated (see Appendix I. (C)).

Educational Program Goal(s) and Objectives
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 (Appendix V.A (A)). 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, and 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.

The goal of the Dr.P.H. curriculum is to produce graduates who contribute to the public health of the population by functioning as generalist-based change agents who can lead, shape, and develop the local, state, and national public health infrastructure; contribute to the teaching and understanding of public health; and conduct research and contribute knowledge to the discovery of new scholarship and its application to the practice of public health.

Terminal Objectives and Competencies
Each academic department representing one of the five concentration areas has identified terminal learning objectives and the draft documents are in various stages of approval by each departmental faculty for the MPH and Dr.P.H. degrees. Further, each concentration area is in the process of mapping these terminal objectives to specific competencies and ultimately to individual courses. Appendix V.D (B) contains the terminal objectives and related competencies as proposed for the MPH and Dr.P.H. educational programs by the various concentration areas. Many of these have been accepted as final documents by the concentration area faculty; some are still in draft form, as the various faculty groups continue to work with them toward full functionality. An update of the status of these documents and their relationships with specific courses will be provided in the Resource Files available at the CPH for the CEPH site visitors.

As broad competencies have been suggested, each department has begun to identify those components that were already addressed through its course objectives, those addressed in instruction but not formally stated to students, and those which have been omitted or addressed obliquely in instruction for which more refined objectives and content need to be developed. Curricular mapping continues and is in various stages within each concentration area.

Meanwhile, faculty of the CPH have examined a variety of public health related competency models including the Council on Linkages and the 1999 study by the Association of Schools of Public Health, Academic Committee, as well as reviewed the competencies being used by our benchmark accredited schools and colleges of public health. These documents are proving helpful as reminders of the diverse roles assumed by public health practitioners. With these as a basic backdrop, discussions have ensued and objectives prepared on a departmental basis to create a draft for a coherent framework for each specific disciplinary area. These objectives are being differentiated to specifically distinguish public health knowledge associated with each department as core areas of knowledge for all MPH and Dr.P.H. students, and as specifically for each concentration at the MPH and at the Dr.P.H. levels. Decisions about the integration and reinforcement of these knowledge areas across disciplines continue.

Relationship of Educational Program Goals and Objectives to Student Expectations
The MPH educational program goal and associated objectives are distributed to students via the MPH Student Handbook (in the Resource Files available at CPH for the CEPH site visitors). In addition, the Academic Affairs Committee has drafted a syllabus template
(Appendix V.C (A)) for faculty to use to articulate the relationship of individual courses to the program objectives. Culminating experiences, such as the capstone and practicum will ultimately be linked to the program objectives, both in the design of the instructional sequence and assessment/evaluation of students. For example, Appendix V.C (B) contains the draft revision of the capstone experience and its associated assessment rubric.

Curricular Assessment
The faculty of each Department will continue to develop a model of refined terminal objectives for the core curricula for each degree that will apply to all degree students and competencies for students selecting the discipline offered by the Departmental for each degree. It is possible that one of the outcomes of this activity will be the recognition that there are content areas that need to be revised. For example, more relevant content may replace existing content or new courses will be developed to address the knowledge and skills needed for our students to accomplish the terminal objectives. This is an ongoing process, and updates will be provided to CEPH as it continues.

Curricular assessment in light of the established competencies will follow the affirmation of the competencies in each degree program. In this way, gaps in instruction across the curriculum will be identified and the expectations for the practica and capstones can be reviewed and if needed revised in that context. One suggestion under discussion is to enable students at strategic intervals in each educational program to self-assess their progress against the intended competencies; and enlist faculty and/or mentor assistance to fully demonstrate the integration of knowledge and skill against those competencies by the time of graduation, through a combination of the field practicum and capstone experiences for the MPH and adding the qualifying examination at the Dr.P.H. level.

Work continues within the CPH, to identify, core public health competencies that cross disciplines and are universal to all MPH and all Dr.P.H. students; along with the relationship of the various courses in the curricula to those competencies and a description of the curricular assessment plan, ascertaining the degree to which the graduate attains them. As a young college, a method to evaluate achievement of competencies is under development. A detailed discussion is presented in presentation of Criterion X. As an academic doctoral degree, the Ph.D. in Gerontology is not included.

Statewide Movement toward Educational Program Learning Objectives, or Competencies
The development of competencies will be instrumental in carrying out the charge of the Council on Postsecondary Education to collaborate in the development of courses with other institutions within the Commonwealth. This initiative, a Statewide Strategy for Public Health Education and Research, was approved on July 19, 2004 by the Kentucky Council on Postsecondary Education (CPE). The advisory committee included the senior public health administrators of the four institutions that currently offer graduate degrees in public health (Eastern Kentucky University, University of Kentucky, University of Louisville, and Western Kentucky University), the Commissioner of the Kentucky Department for Public Health, and the Council’s Vice President for Academic Affairs. Over the past year, the committee developed a Statewide Strategy for Public Health Education and Research in consultation with the Council on Education for Public Health, the Association of Schools of Public Health, and public health educators in other states. The plan promotes collaboration
among public health programs to address workforce needs and compete effectively for rapidly increasing pools of public health research funds (http://www.cpe.state.ky.us/council/CPE_Mtg_mats/july2004/14.pdf and in the Resource Files available at the CPH for the CEPH site visitors). Among the many aspects of this document is the mandate to increase access to public health training and degree-granting programs by establishing competency-based curricula through an active partnership between the academic programs and the public health practice community. Further, it stipulates development and delivery of modularized academic courses permitting multipurpose usage for continuing education, certification, and credentialing programs serving the current workforce. The work of the faculty to map its curricular goals, objectives and resulting competencies for the MPH and Dr.P.H., will expedite articulation with other programs in Kentucky.

V.C.2. A description of the manner in which learning objectives are developed, used and made available to students.

The faculty of each department are responsible for the development of learning objectives to address an understanding of the specific disciplinary area of public health knowledge associated with that department, along with the ability to integrate it with the other core areas. In addition, the Department addresses learning objectives for those students concentrating in that core area. Individual faculty or groups of faculty have developed learning objectives for each course offered in the CPH. Course goals and learning objectives are developed by faculty for each course in the curriculum; in conjunction with the academic department of concentration. These learning objectives are included in each individual course syllabus. In addition to the core and selective course objectives, faculty in each Department meet regularly and discuss curriculum and courses, and develop objectives for both disciplinary concentrators and non-concentrators in their area of public health knowledge in the MPH and Dr.P.H. Department Chairs then meet and review the objectives, as does the Academic Affairs Committee of the College. Curriculum changes require an internal and external review. The internal review is conducted at the Department level first, and then in the Academic Affairs Committee. An external review is completed by the Academic Council of the Medical Center, The Graduate Council (MPH and Ph.D.), and the University Senate.

V.C.3. A description of the manner in which the school periodically assesses the changing needs of public health practice and uses this information to establish the learning objectives for its educational programs.

The College actively monitors the professional literature, participates in the endeavors of professional associations including the American Public Health Association, Kentucky Public Health Association, and Association of Schools of Public Health, as well as discipline specific professional and research associations. As demonstrated in faculty curriculum vitae public health faculty actively participate and hold offices in numerous organizations, representative of the diverse nature of practice at a state and at a national level. This is one mechanism through which the faculty remain aware of impending trends in public health. In addition, a number of the College faculty continue to practice in the public health profession. Assessment results are integrated at the course level by individual faculty teaching those courses, at the disciplinary level by Department faculty, and at the college level by the Academic Affairs Committee and through periodic meetings of the faculty. In addition, the External Advisory Board (Appendix III. (B)) is an important source of information about
practice related information and can support program evaluation, curricular review, and revision processes. Monitoring of the external public health environment has resulted in establishment of new courses addressing public health ethics, preparedness and bioterrorism, molecular epidemiology, and has resulted in a proposal to modify the MPH core curriculum. Feedback from practicum preceptors is accessed through surveys and through participation in an institution-wide annual preceptor conference where information will be shared and exchanged. In addition, alumni surveys and surveys of the employers of graduates are planned as an assessment device. The University of Kentucky conducts annual surveys of alumni; however, due to the limited number of Alumni, discipline specific information will be modest. Assessment activities at the curricular level and of graduate performance are initiated by the College Dean’s office and the findings disseminated through the Academic Affairs and Student Affairs Committees and the Administrative Council internally; and through the program evaluation process of the institution externally. All information gathered will be used to assist in refining goals, objectives, course changes, curriculum revision, and other issues.

V.C.4. Assessment of the extent to which this criterion is met.

**Strengths:**

1. The faculty have had fruitful discussions and worked diligently on the process of identifying terminal objectives and competencies in away which have clarified the content and intent of the courses and curricular components.
2. The Academic Affairs Committee of the College is providing leadership and support to the faculty toward close linkage between the educational program goals and objectives and specific competencies for each degree program.

**Weaknesses:**

1. At this point, the work of developing terminal objectives, articulating them with program competencies, and developing a comprehensive assessment plan is incomplete.

**Recommendations:**

1. The following objectives, as identified Appendix I.A (C), identify the following action items as priority, so as to move the program into full compliance for accreditation and into a dynamic assessment cycle that identifies the outcomes that a successful graduate will demonstrate in terms of terminal objectives, or competencies; articulates these in terms of measurable outcomes, and provides data that allows the college to periodically assess the changing needs of public health practice and use this information to establish/revise its learning objectives.

(2004-2005)

- Agree upon, review and confirm essential educational program competencies for consistency, appropriateness, and measurability across the MPH, Dr.P.H., and Gerontology curricula.
- 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.
Complete curricular assessment for alignment with educational, research, and service program goals and essential graduate competencies.

Develop research skills and service orientation within the curriculum appropriate to the level and purpose of the degree.

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.

(2004-2007)

- Revise MPH and Dr.P.H. curricula in response to curricular assessment activities; expand core courses and design additional selective courses.
- Implement a full range of integrated college and educational program assessment activities.
- Provide support through educational consultation, instructional design, development, technological, and assessment expertise that enable faculty to execute their instructional responsibilities reflectively, effectively, and efficiently.
- Respond to curricular alignment and assessment findings in 2004-2005; revise curriculum accordingly.
- Continue assessment of professional needs in public health settings, through periodic review and feedback into the College infrastructure.

The Criterion is partially met. The process of articulating objectives, competencies and assessment has begun, and continues to be refined. Additional resources in the form of assessment expertise and educational consultation have been secured for the remainder of the 2004-2005 academic year. This will allow the College to complete the articulation process and first cycle of assessment activities at the college level to disseminate the findings to the appropriate constituencies.
CRITERION V. D. – ASSESSMENT OF LEARNING OBJECTIVES

V.D.1. Procedures used for monitoring and evaluating student progress in meeting stated learning objectives.

Curricula for each of the CPH degree programs are viewed as an integrative set of activities, involving admission, orientation, core coursework, concentration coursework, field experience, integration of the curriculum through a capstone project, and alumni service. In doctoral education, comprehensive examinations are also included. The monitoring of students begins in assessment of applicants for admission to specific degrees identifying strengths and concerns. Following admission, a new student orientation conference is conducted. Assessment of student performance begins with course grades and cumulative grade point average. These measures are objective indicators of student performance in relationship to course-level learning objectives. The Graduate School specifies policy for the MPH and Ph.D. – see Appendix V.D (A)

V.D.2. Outcomes which serve as measures by which the school will evaluate student achievement in each program, and presentation of data assessing the school's performance against those measures over the last three years.

Both the MPH and the Dr.P.H. degree programs include distinct intervals at which the student is evaluated. The experiences associated with this evaluation include the capstone project, the practicum experience(s), and for the Dr.P.H. the comprehensive examination. Appendix V.A (A) contains the educational program goal and objectives for the MPH degree. MPH terminal objectives have been approved by the Academic Affairs Committee. At the MPH level, the evaluation processes for the capstone and the practicum experiences are being aligned with the terminal objectives (see Appendix V.A (D) for evidence of this work).

Dr.P.H. degree terminal objectives will continue to be reviewed in the upcoming months. Ultimately, the evaluation processes for the culminating events in the Dr.P.H. degree programs will also be aligned with its terminal objectives.

In addition, the CPH uses a variety of measures by which to evaluate student achievement. These include assessment of the applicant pool, matriculating students, the diversity of the admitted class, full-time/part-time student mix, student progress, time required to graduate, focus groups, attrition rates and reasons, and graduation rates by discipline and degree are currently employed. Exit interviews and surveys are currently being considered for the future.

In an effort to begin to collect data on its graduates’ performance and to allow the College to assess the relevance of the Council on Linkages competencies to the MPH curriculum, the College distributed a survey to all of its graduates in May 2004. The results of this survey are included in Appendix IX.C (C). Faculty in each concentration area and the Academic Affairs Committee have the results of this survey and are using the information at present to evaluate concentration-level terminal objectives and competencies.
V.D.3. If the outcome measures selected by the school do not include degree completion rates and job placement rates, then data for these two additional indicators must be provided, including experiential data over the last three years. If degree completion rates, in the normal time period for degree completion, are less than 80 percent, an explanation must be provided. If job placement rates, within 12 months following award of the degree, are less than 80 percent, an explanation must be provided.

The CPH graduated its first class of MPH students in 2001, its first class of Ph.D. in Gerontology students in 2002, and its first Dr.P.H. graduates are anticipated in 2005. In 2002 and 2003 there were 38 MPH graduates, preliminary job placement information indicates that 27 graduates are currently employed, six are pursuing additional academic degrees, and the status of five is unknown. With an anticipated spring 2004 MPH graduating class of 20-25, an alumni survey is planned for late summer 2004. Results will be available in the Resource Files available at the CPH for the CEPH site visitors at the time of the accreditation site visit.

There have been seven Ph.D. in Gerontology graduates. Two have taken positions as directors of research centers and the other five have accepted tenure track academic appointments at leading research universities. As a program recently joining the College; these graduates will also be included in the summer survey. Table V-7 presents numbers of graduates for each of the three degrees in 2001-2003.

Table V-7: Graduates of College of Public Health Degree Programs

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<tbody>
<tr>
<td>MPH</td>
<td>0</td>
<td>16</td>
<td>22</td>
<td>32</td>
<td>70</td>
</tr>
<tr>
<td>Dr.P.H.</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Ph.D.</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>8</td>
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V.D.4. Assessment of the extent to which this criterion is met.

**Strengths:**
1. The College has a record of student retention with minimal attrition in its enrollments; with only two students encountering difficulty in meeting program expectations.

**Weaknesses**
1. The assessment plan of the College, should include a timetable and the resources to gather and disseminate information about its assessment of learning outcomes. This process is ongoing at the time of the Self Study Report.
**Recommendations:**

1. Appendix I.A (C) contains the objectives for the CPH, for 2004-2005 and 2004-2007. These objectives include a number of specific actions toward identification of outcome measures relevant to each of its goals, including education and its learning outcomes. The objectives also include a number of specific actions toward building College infrastructure to gather, analyze, disseminate, and use relevant data in these areas. It will be important that the College regularly reflect upon its progress toward these objectives and move toward successful completion of them.

The criterion is partially met. As a new college, a general framework for assessment has been created and parts are being implemented, though admittedly resources are limited in this area. The process of specifying and comprehensively implementing the assessment of identified outcomes must continue. Results will become available and be useful in decision-making as the College matures and the number of students and graduates increases.
CRITERION V.E. - CURRICULA FOR ACADEMIC DEGREES

The Ph.D. in Gerontology was recently relocated to the CPH. The program is a traditional research-oriented Ph.D. degree, based on an integrative approach to aging – from a cell to a societal level. Its curriculum reflects its recent transition from a multidisciplinary to an interdisciplinary perspective. Emphasis is placed on reconciling biomedical and social/behavioral perspectives within a model of aging that incorporates perspectives from the theoretical to the applied. Although specific components of the MPH and/or Dr.P.H. public health curriculum are not required, all public health courses are open and available to Gerontology students. Opportunities to expand this relationship will continue to be explored in the future.

V.E.1. Identification of all academic degree programs, by degree and area of specialization. The matrix in V.A. may be referenced for this purpose.

The sole academic degree located in the College is the Ph.D. with a specialization in Gerontology. The Ph.D. Program in Gerontology (one of only six in the nation) was established in 1996, and admitted its first class of students in the fall of 1997. In 1998, in concert with the Sanders-Brown Center on Aging, it was designated as a Research Challenge Trust Fund (RCTF) target of opportunity program. The Ph.D. Program in Gerontology has as its mission the following.

• Provide advanced interdisciplinary research training in gerontology.
• Conduct interdisciplinary research with an emphasis on aging and health considered from a cell to society perspective.
• Make service and policy contributions to improve the quality of life of elders individually and as a population within the Commonwealth, the nation, and the world.

V.E.2. The means by which the school assures that students in research curricula have the opportunities and are encouraged to acquire a public health orientation. If this means is common across the school, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each program.

The MPH and Dr.P.H. degree programs actively educate and mentor students in the area of research – particularly in the public health profession. Throughout all of the associated course work, faculty and students work together to understand research through the integration of research findings into the five knowledge areas of public health, at least one area of specialization, the capstone project, the practicum experience, and for the Dr.P.H. the comprehensive examination. By their very nature, some of the knowledge areas (i.e., epidemiology and biostatistics) may place a greater emphasis upon research skills than others. However, all public health students are expected to understand the practice and evaluation of applied research in the profession. All Dr.P.H. students complete a research methods course as part of the core curriculum, and an MPH elective course in research methods is under development. The Research Committee (which includes student representation) schedules monthly Brown Bag Research Seminars and Public Health Grand Rounds frequently has as its focus some aspect of research in progress. Additionally, students may participate directly in various phases of research though independent study courses,
capstone projects, and field practica. The previously referenced Career Training in Therapeutics and Translational Research (K30) Certificate is particularly relevant to eligible MPH and Pharm.D. students with research interests. Similar proposals for grants in Dentistry and the Veterans Administration Hospital are currently pending.

The Ph.D. Program in Gerontology is a research curricula. It offers a rigorous course of study and focuses on independent and original research. This program is designed to provide theoretical and philosophical grounding, as well as to nurture critical interdisciplinary understanding of the emergent domain of gerontology. It focuses specifically upon the preparation of researchers in gerontology. Therefore, students in the Ph.D. in the Ph.D. program collaborate routinely with faculty to develop a learning contract each semester that outlines the student’s and faculty member’s goals and expectation. Specifically, the learning contract helps the student to develop a research agenda with respect to a specific work or product. It includes a pre-identified level of commitment on the part of the student and his/her faculty mentor that includes a given number of contact hours toward actual participation in a particular research project. Given the wide range of prior research experience of students, the learning contract may include a variety of activities. Examples of these include, but are not limited to the following.

- Learning about basic library resources
- Development of a research project
- Data collection
- Data analysis
- Collaboration on a research project of mutual interest

Students and faculty evaluate the mentorship experience on a periodic basis. The Program has an NIH T32 Training Grant, “Research Training in Gerontology,” that involves focus on age-related health conditions, as understood in environmental context.

V.E.3. Identification of the culminating experience required for each degree program.

If this is common across the school's academic degree programs, it need be described only once. If it varies by degree or program area, sufficient information must be provided to assess compliance by each program.

The culminating experience for each of the three degrees is a combination of a written paper and oral examination supervised by a faculty committee. The specific framework varies with the degree. The capstone requirements MPH and Ph.D. conform to Graduate School policy. The MPH project is written in the format of a manuscript, suitable for publication in a public health relevant journal. These requirements were recently reviewed by the Academic Affairs Committee and revised as included in Appendix V.A (B). The Dr.P.H. culminating experience is also a capstone project, with the expectations and format having the same rigor as that associated with a traditional dissertation; but having an applied rather than theoretical focus. The Ph.D. uses a standard research oriented dissertation format. Details concerning each of these experiences are described in the respective Student Handbook for each degree, available within the Resource Files available at the CPH for the CEPH site visitors.
V.E.4. Assessment of the extent to which this criterion is met.

**Strengths**
1. Students pursuing academic public health degrees at the University of Kentucky have an opportunity to acquire and apply a broad public health orientation; as well as move in more depth into a specific concentration area.
2. Learning objectives reflect the educational program’s commitment to students acquiring a public health perspective in the area of research.
3. Opportunities for students to be exposed to various aspects of participation in Public Health research are excellent.
4. Although the Ph.D. in Gerontology has only recently relocated to the CPH, it is a good fit with the academic, research, and service missions of the College. Additional consideration of its articulation will be considered in the future.

**Weaknesses**
None identified at this time

**Recommendations**
None

The criterion is met.
CRITERION V.F. - DOCTORAL DEGREE PROGRAMS

V.F.1. Identification of all doctoral programs offered by the school, by degree and area of specialization. The matrix in V.A. may be referenced for this purpose. If the school is a new applicant and has no active doctoral program, a description of plans and a timetable for offering a doctoral program must be presented, with university documentation supporting the school’s estimate.

As noted in V.A. the College of Public Health offers five Dr.P.H. degree concentrations, one in each of the five core disciplines of Public Health. These five degrees offer a common set of prerequisites and a core curriculum. Selective courses, fieldwork, and capstone requirements are consistent with the discipline selected. The Ph.D. in Gerontology is offered as an academic/research oriented degree with the expectations defined in V.E.1. Student demographic information, enrollment, and graduation data, etc. may be found in Appendix IXA. (B).

V.F.2. Assessment of the extent to which this criterion is met.

**Strengths**
1. The Dr.P.H. curriculum has been recognized as an innovative approach in public health education, other schools are modeling this approach.
2. Five disciplining public health degrees are offered by CPH to address the needs of the population.
3. The Ph.D. in Gerontology is a nationally respected doctoral that articulates well with CPH.

**Weakness**
1. The Dr.P.H. is a relatively young program and continues to evolve.

**Recommendations**
1. Continue to refine the Dr.P.H. curriculum

**The criterion is met.** The College offers six distinct doctoral degrees. Five Dr.P.H. degrees, one in each of the core areas of Public Health addressing public health practice and the Ph.D. in Gerontology with a research/academic orientation.
CRITERION V.G. – JOINT DEGREE PROGRAMS

V.G.1. Identification of joint degree programs offered by the school and a description of the requirements for each.

There is currently one dual degree offered by the College - the MD/MPH. Eight students are currently enrolled in this program. The degree requirements for each degree must be satisfied separately. The MD/MPH combined degree curriculum is a five-year plan. Students complete the first two years of undergraduate medical education (M1-M2) in an uninterrupted fashion during the first two years following admission. The third year of the program is spent in MPH studies and course work. The students spend years four and five (M3-M4) completing the clinical clerkship portion of the undergraduate medical school curriculum. Students in their second semester of the first year of medical school and in both semesters of the second year of medical school may take up to one (1) MPH course per semester for credit. This opportunity to complete MPH course work is limited to students in good academic standing and courses must be taken outside of the times of medical school course work.

During years one (1) and two (2) of the program, all students follow the medical curriculum. During this time, the College of Medicine Curriculum Committee works with the CPH and the student to identify those courses that will fulfill MPH requirements. A clinical skills reinforcement program is available to combined MD/MPH students. A clinical reinforcement program may be appropriate for students completing their MPH studies, prior to beginning clinical clerkships. Alternatively, a continuity clinical experience for students working on the MPH portion of the combined degree will be offered to assure the maintenance of clinical skills. In general, the clinical skills reinforcement program would be mandatory, but appropriate students may ask the College of Medicine Student Progress and Promotion Committee (SPPC) for permission to opt out of this experience.

The CPH develops continuity opportunities for MPH students during the M3 and M4 years. These continuity opportunities do not alter clinical clerkship experiences, but provide the combined degree students with ongoing exposure to the College of Public Health faculty, students, and information. The M3 & M4 coursework includes allocated time that can be used for the MPH practicum experience; completion of which is recognized through credit toward both the MD and the MPH degrees. The dual degree offers an opportunity for medical students to sequence requirements and pursue an MPH degree – hopefully toward a better understanding of the synergistic relationship between the medical and public health professions.
V.G.2. Assessment of the extent to which this criterion is met.

**Strengths:**
1. The dual degree experience provided between the CPH and the College of Medicine has proven to be a useful learning opportunity for its students. This positive experience will facilitate the development of additional dual degree programs within the institution, as appropriate.

**Weaknesses:**
None identified at this time.

**Recommendations:**
None

The criterion is met. There is one dual degree offered, the MD/MPH. The required curriculum of the public health component of this joint degree includes the entire MPH core curriculum, selective requirements, practicum, and capstone expectations of the MPH.
CRITERION V.H. - NON-TRADITIONAL PROGRAMS

V.H.1. Identification of all degree programs that are offered in a nontraditional format, including those offered in full or in part through distance education in which the instructor and student are separated in time or place or both. The matrix in V.A. may be referenced for this purpose.

There currently is not a degree program offered exclusively in a nontraditional format in the CPH. However, to accommodate the potential needs of working professional and commuting students, most courses are offered 3:00-5:30 or 6:00-8:30 one day per week. In addition, to date, there are three courses in the MPH curriculum that have been offered in an electronic format in whole or in part; through the University’s BlackBoard Course Management System. Generally, all of these courses have retained some face-to-face contact hours for faculty and students, although the amount varies by content area and course objectives.

As discussed in Criterion V.C., the Statewide Strategy for Public Health Education and Research recently approved by the Council on Postsecondary Education, charges four of the Commonwealth’s public institutions to collaborate in the development of public health courses. The strategy document also has as one of its objectives the improvement of statewide distance learning opportunities, provided that appropriate mentoring and contact with practice-based professionals also be integral to the learning experiences.

In order to meet this challenge, components of for-credit campus-based courses will be modularized. The resulting modules will then be alpha tested with on campus students and practitioners in preparation for the instructional design of flexible learning materials that can be delivered to working professionals via distributed education technology, as appropriate. This is an important part of the CPE’s workforce development initiative.

V.H.2. Description of the nontraditional degree programs, including an explanation of the model or methods used, the school's rationale for offering these programs, the manner in which it provides necessary administrative and student support services, the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to traditional degree programs and the manner in which it evaluates the educational outcomes, as well as the format and methodologies.

There are not any nontraditional degree programs offered at this time.

V.H.3. Assessment of the extent to which this criterion is met.

Strengths:
1. The use of technology to facilitate distributed learning has been well received by the faculty and students thus far involved.
2. The Council on Postsecondary Education is supportive of intentional movement toward flexible teaching and learning strategies as part of its workforce development initiative, and has allocated funding to support CPH participation in related activities.
3. The CPH already has some materials in existence for evaluation as part of its ongoing efforts to modularize and multi-purpose instructional materials.
4. CPE support for statewide collaboration will enhance CPH efforts toward participation in workforce development.

**Weaknesses:**
1. The use of distributed learning techniques to expand learning opportunities for students and practitioners is a relatively new initiative that has involved few faculty members.

**Recommendations:**
1. With the emphasis by Kentucky Council on Postsecondary Education on distributed education and the likelihood that the College will need to increasingly reach out to place-bound students, more members of the faculty will need to be prepared to deliver their courses at a distance.
2. Needs assessment data should be monitored as it becomes available, and additional information triangulated with that data, prior to moving into distributed delivery, so as to implement the most accessible delivery technologies to the intended audience(s).
3. Given the education and service/outreach goals of the College, resources to assess needs and create instructional materials that expand the outreach of the college in these areas are very important assets.

**The criterion is met.** Although a nontraditional degree program is not offered, efforts are being made to accommodate non-traditional students through time shifting and a modest number of electronic courses.
CRITERION VI. – RESEARCH

The research activities of the College are consistent with and support the mission of the institution (see Appendix I (A)) as “…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, and serves a global community by disseminating, sharing and applying knowledge. This is strengthened by the University’s long term vision as, “…one of the nation’s 20 best public research universities, an institution recognized world-wide for excellence in teaching, research, and service…” Clearly, the University has both a short and a long term commitment toward its role and responsibility to the Commonwealth, the nation, and the world through scholarly activities and research. The College prides itself as a significant contributor toward that end.

VI.1. A description of the school’s research activities, including policies, procedures and practices that support research and scholarly activities.

University policies, procedures, and practices supportive of College research efforts

The planning and implementation of an array of research efforts of the UKCPH are integral to both the educational and service missions of the university. As the land-grant institution for the Commonwealth of Kentucky, it is committed to improving the health of its citizens through applied, multidisciplinary research in social, behavioral, occupational, and environmental determinants of health, and preparing students for careers in public health. Public health brings together scientists from a wide array of disciplines and its very nature provides a rich intellectual environment for both faculty and students. Within that context, the CPH strives to provide an environment that allows its faculty and students to move beyond traditional, disciplinary approaches to research toward transdisciplinary understanding.

The University of Kentucky complies with established federal and state research policies, and as a component of the University, the College subscribes to University policies as well. The University takes very seriously its commitment to compliance and ensuring integrity in all research endeavors. The UK Office of the Executive Vice President for Research maintains written policies on the Office of Research Integrity (ORI) homepage (see http://www.rgs.uky.edu/ori). This office provides support for six federally-mandated review committees, three Medical and one Non-medical Institutional Review Board (IRB), the Institutional Animal Care and Use Committee, and the Radioactive Drug Research Committee. ORI also supports the institution in promoting ethical conduct in research and in educating UK students and employees regarding research-related misconduct regulations. The College works with the ORI to provide routine training and updates to faculty and staff on research integrity issues. Faculty and students who conduct research (including capstone research projects) are required to complete Human Subjects Protection training. Training is required and is available through a web-based module for UK faculty and students.

The University of Kentucky has several Administrative Regulations (available in the onsite resource room) that support research activities on behalf of the institution and its representatives. These include the following.
College policies, procedures, and activities that support research
In the College, the fiscal management of grants, contracts and cooperative agreements is the responsibility of the principal investigator (PI), with assistance from the Department, College and University business office staff.

The Sponsored Projects Office of the University of Kentucky provides each PI with a monthly financial statement of account activity, which serves as the official University record of activity. Staff from the Sponsored Projects Office review grant-related transactions to assure compliance with University policies and procedures, policies and procedures of the sponsoring agency/foundation, and generally accepted accounting practices. Staff members from the appropriate department and the College are available to help the PI review and interpret the information provided. In addition, larger grants may have business officers specifically associated with the grant, to provide support directly to the PI and act as a liaison between the College Business Office and the Sponsored Projects Office.

The College organizational plan provides for a Research Support Unit of the College and an Associate Dean for Research. Once in place, this infrastructure will provide further focus and support for faculty. This unit will include staff with a broad range of talents and skills, including: budget development, scientific/grant writing, and literature searching. In addition, senior faculty members in the individual departments are encouraged to mentor both junior faculty and students, so as to facilitate the development of critical research skills. Recently the College interviewed a Grants Officer, who will be provided to the College by the Sponsored Projects Office, to provide hands-on support to faculty engaged in writing and executing grant proposals. With this hire, the process has begun to assemble the personnel for this unit.

Research-related policies and procedures have been developed to assist College efforts to meet identified research goals and objectives, founded upon several basic principles and
activities, as described below and as referenced in the 2004-2005 and the 2004-2007 college objectives.

1. The College will recruit and appoint an Associate Dean for Research during 2004.
2. The Research Committee will serve as a forum for catalyzing research between faculty and students including hosting of routine meetings, monthly research forums, annual student research day, etc.
3. The faculty Appointment, Promotion, and Tenure (APT) committee will review research productivity by faculty as part of its routine review.
4. The College Dean’s Office annually will review and re-establish guidelines with Departments and Centers for the distribution of salary reimbursement dollars and incentive funds from funded research.
5. A Research Support Unit will be developed and will meet with Departments, Centers and faculty to assess and determine priorities and needs; in addition, this unit will establish a system to disseminate research opportunities expeditiously to College faculty.

The Public Health Research Committee has been meeting for over two years as a Dean’s committee and will continue to support some of the basic research practices as a standing committee of the Faculty Council. It includes faculty, staff, and students, and serves as a forum for catalyzing multidisciplinary research in the college. Research is generated by faculty and staff, based upon individual research interests and opportunities (RFPs, RFAs, etc.) and Departmental and College priorities related to the overall College mission and goals. Faculty research interests are documented and updated annually in the faculty research interest database. This information is placed on the CPH homepage in order to make it available to students who frequently inquire about research mentors. This strategy also fosters the creation of multidisciplinary teams for the development of proposals and the conduct of research.

The Research Committee hosts routine Research Forums for faculty, staff and students to stimulate discussion on current and proposed research areas or questions, and to increase collaborative opportunities. Each academic Department or Program is assigned a month when they develop the topics of discussion and identify speakers. In addition, forums are hosted by the Research Committee for discussions on topics of broad critical interest to faculty and students (e.g., Human Subjects Protection). During the 2003-2004 Academic Year the following seminars were hosted.

a. October 2003: HIPAA in Public Health Research
b. December 2003: Cancer Clusters
c. March 2004: KSPH Research Vision Focus Group

The faculty, staff and students now look forward to the First Annual CPH Inaugural College Celebration and Research Symposium (Keeping Pace with the Challenges), scheduled in October 2004. Dr. William Roper and Dr. Larry Green are the keynote speakers.

Dr. Roper is a pediatrician and national leader in public health. He joined University of North Carolina Chapel Hill School of Public Health as its dean July 1, 1997, is a professor of pediatrics in the UNC-CH School of Medicine, and is a professor of health policy and administration in the UNC-CH School.
of Public Health. He was director of the National Centers for Disease Control and Prevention in Atlanta. Roper served in a variety of key positions in Washington, D.C., most recently as deputy assistant to the president for domestic policy and director of the White House Office of Policy Development from 1989-90. He served from 1986-89 as administrator of the Health Care Financing Administration, as special assistant to the President for health policy from 1983-86 and as a White House fellow from 1982-83.

Dr. Larry Green is currently a Distinguished Fellow/Visiting Scientist at the Centers for Disease Control (CDC). Before going to the CDC in 1999, he was Director of the Institute of Health Promotion Research in the Faculty of Graduate Studies and Professor of Health Care and Epidemiology at the University of British Columbia where he also headed the Division of Preventive Medicine and Health Promotion. Dr. Green received his degrees in public health at the University of California at Berkeley and worked as a health educator in local, state and federal health agencies in California. He was the first director of the U.S. Office of Health Information and Health Promotion. Most recently Dr. Green has served as the Kaiser Family Foundation's Vice President and Director of its national Health Promotion Program which received a Foundation Award of the National Association of Prevention Professionals.

More information about this important event will be available in the Resource Files available at the CPH for the CEPH site visitors. The CPH Bylaws (Appendix III (A), Section 7.3) describe the standing Research Committee and its charge as integral to the CPH. The Committee is charged to develop and recommend college-wide policy for the promotion, solicitation, and dispersion of available research funds.

VI.2. Description of current community-based research activities, including identification of any formal research agreements and itemized listing of current grants, funding source, amount and a summary of publications.

The current College research portfolio is as diverse and extensive as are the external collaborators in its research efforts. The College places a priority on collaboration with state and local health agencies, as well as other UK colleges and other academic institutions, both in Kentucky and outside the Commonwealth. Therefore, the foci of research efforts are broad, ranging from basic science to community-based participatory research. This active research program is guided through the College’s academic departments, programs, and research centers, the result of which provides a clear research focus for the college, as described below.

The Center for Prevention Research was established in October 1987 with funding from the National Institute on Drug Abuse. It was the first such Center funded by NIDA. The Center was re-funded in September of 1992 for years 6 through 8 and again in 1995 for years 9 through 11 (http://www.uky.edu/RGS/PreventionResearch/). The overall aim of the Center for Prevention Research is to examine the interaction of biological, psychological, and social factors as they relate to the initiation and continuation of drug use and abuse, and to develop
and test communication and other intervention strategies for drug abuse prevention. The Center is grant-supported and annually conducts a number of research projects on the local, state, and national levels for public and private agencies. Active research areas within the Center include the following:

- Youth Risk Behavior Survey, through a partnership with the Kentucky Department of Education and the Centers for Disease Control and Prevention
- School Health Education Profiles
- Kentucky Youth Survey
- Smoking cessation
- Alcohol abuse and prevention
- Drug abuse and prevention
- Sensation-seeking indicators and treatment models for substance abuse
- School violence prevention
- Pathological gambling among college students and prevention

The Kentucky Injury Prevention Research Center (KIPRC) is a partnership between the Kentucky Department for Public Health and the CPH that combines academic investigation with practical, community-based public health initiatives (http://www.kiprc.uky.edu/). Its purpose is to decrease the burden of injury in the Commonwealth. The partnership is grounded in the belief that most injuries are preventable, and its focus is toward a collaborative approach to successful intervention to prevent injury. The partnership combines academic investigation with practical public health initiatives. Its purpose is to decrease the burden of injury in the Commonwealth of Kentucky through research, service, and education. Active research areas within the Center include the following:

- Kentucky Violent Death Reporting System
- State Injury Surveillance Program
- Intimate Partner Violence Surveillance
- Traumatic Brain and Spinal Cord Injury Surveillance
- Pediatric and Adolescent Injury Prevention Program
- Prevention of Fire-related Injuries
- Kentucky Trauma Registry
- Crash Outcomes Data Evaluation System
- Community Partnerships for Injury Prevention

Formal research agreements exist for these activities and are available in the on site resource room for CEPH representatives to review. Notable are general collaborative agreements with the London School of Public Health, University of Wales, Lexington-Fayette County Health Department, Kentucky Department for Public Health, Kentucky Agricultural Statistical Service, and the Kentucky Department of Education. Appendix VI (B) contains a brief summary of some of the center’s community-based research efforts with have formal agreements; additional information including annual reports (also available at the KIPRC web site http://www.kiprc.uky.edu/).

Southeast Center for Agricultural Health and Injury Prevention (SCAHIP) Funded by the National Institute for Occupational Safety and Health Center for Disease Control (CDC) in 1992, SCAHIP is one of nine national centers of excellence for occupational health and safety
within the agricultural industry ([http://www.mc.uky.edu/scahip/features.htm](http://www.mc.uky.edu/scahip/features.htm)). It is organized into three core areas, research, education, and prevention outreach/service. Active research areas within the Center include, but are not limited to the following.

- Pesticide exposures in the agricultural setting
- Suicide among farmers
- Roll over protective structures on tractors
- Kentucky Agricultural Statistic Service

Educational activities of the SCAHIP include a “Health of Agricultural Populations Emphasis Area,” within both the MPH and Dr.P.H. curricula, and a Nursing Education for Agricultural Health project which is coordinated through the UK College of Nursing. Outreach and service activities of the Center include its broad Stakeholders project, which funds consultation and advisement to farmers, farm workers, universities, and farm service organizations working in agricultural health and safety. The Center also has funding for three projects related to Hispanic and migrant health, funded by sources outside of NIOSH. These include the Vocational Rehabilitation Project for migrant/seasonal farm workers (from USDA), Spanish language telephone hotline and outreach for the Kentucky Children’s Health Insurance Program, and a USDA-funded project to assist Montgomery and Shelby Counties of Kentucky to promote health access among the Latino population. The Center involves faculty from the College of Education, Agriculture, Nursing, and Public Health.

**Graduate Center for Gerontology.** The mission of this academic and research Center is to provide advanced interdisciplinary research training in gerontology; conduct interdisciplinary research with an emphasis on aging and health considered from a cell to society perspective; and to make service and policy contributions to improve the quality of life of elders individually and as a population within the Commonwealth, the nation, and the world. Active formal collaborative research efforts include agreements with: the Institute of Medical Health and Social Care Research (IMSCAR) at the University of Wales; the Breckinridge, a 24-bed personal care home for persons with dementia; the Episcopal Church Home of Louisville; and, the Kentucky Cabinet for Health Services, Office of Aging Services. Active research areas include:

- Aging in rural environments
- Neurodegenerative conditions
- Risk analysis and intervention research
- Long-term care
- Aging and the life course
- International and minority aging

The Southeast Center for Agricultural Health and Injury Prevention Center and the Center for Prevention Research likewise conduct similar activities and formal research agreements are available in the Resource Files available at the CPH for the CEPH site visitors.
VI.3. Current research activity, including amount and source of funds, over the last three years

The sources of funding for research for faculty are broad. They include Federal agencies (e.g. NIH, CDC, AHRQ, DOD, and USDA) as well as national and local foundations (e.g. Robert Wood Johnson, Good Samaritan).

Current Grants and Scientific Publications/Presentations (last 5 years).
In its short history, the research program at the Kentucky School of Public Health (now the Kentucky CPH), has been productive. This is evidenced by the amount of external funding awarded. Currently there is $17 million in active extramural grant activity. A complete listing of grants received by individual investigators in CPH Departments and Centers is reflected in Appendix VI.C. A synopsis of this listing is shown below in Table VI-1.

Table VI-1
College of Public Health
Summary of Faculty Grant Awards

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Number of Grants</th>
<th>Total Amount Of Grant Awards</th>
<th>Number of Faculty Receiving Grant Awards</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999-2000</td>
<td>46</td>
<td>$4,703,724.00</td>
<td>17</td>
</tr>
<tr>
<td>2000-2001</td>
<td>52</td>
<td>$3,583,405.00</td>
<td>20</td>
</tr>
<tr>
<td>2001-2002</td>
<td>54</td>
<td>$5,233,394.00</td>
<td>26</td>
</tr>
<tr>
<td>2002-2003</td>
<td>49</td>
<td>$8,534,842.00</td>
<td>24</td>
</tr>
<tr>
<td>2003-2004</td>
<td>48</td>
<td>$4,701,138.00</td>
<td>24</td>
</tr>
</tbody>
</table>

More than 190 publications have been generated by faculty (see Appendix VI (D) for citations) in the past three years. Table VI-2 describes the number of publications, by type over the past four years.
As further evidence of its commitment and track record in Public Health research, the College continues to attract faculty members who demonstrate high productivity. Examples of this are numerous, including faculty hires and joint faculty appointment activities within the past year.

VI.4. Identification of measures by which the school may evaluate the success of its research activities

Within the context of the College Vision, Mission, Goals, Objectives, and Values (Appendix I (C)), its Research Goals and Objectives are described in Appendix VI (A). The five research-related goals and related objectives and outcome measures have been developed and reviewed by the College Research Committee, faculty and staff. In 2003-2004, the Research Committee identified the following proposed measures as indicators by which the school could evaluate the effectiveness of its research activities.

- **Measure 1:** The masters and doctoral curricula provide degree appropriate research training/mentoring (process measure).
- **Measure 2:** The number of CPH students actively collaborating with UK faculty on research projects increases annually, toward a goal of 50% of students.
- **Measure 3:** The number of faculty who submit manuscripts for publication increases annually toward a goal of 75% of all faculty.
- **Measure 4:** The number of faculty and students who attend regional and national conferences to present research findings increases annually.
- **Measure 5:** The number of students who present at the annual research day increases each year.
- **Measure 6:** The number of faculty with funded research increases annually, toward a goal of 75% of the faculty.

These measures were taken into consideration by the Research Committee in the Spring of 2004 and will be used to draft the final assessment criteria against which it evaluates the effectiveness of its research activities in the context of its mission and goals. Once adopted, qualitative and quantitative measurement statements indicative of the College status in relationship to each goal will be made, as reference points for assessment activities. The objectives for the college will also be reviewed in the context of the finalized goals and adjusted so as to facilitate their satisfactory accomplishment.
In addition, the College has identified a number of objectives in its Strategic Plan that will provide indicators of success toward its second goal: 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. These objectives are listed under Goal 2 of the College’s Goals and Objectives, Appendix I (C).

VI.5. Student involvement in research

Student involvement in faculty research is a critical priority for the College. Its activities and goals support student participation in collaborative research. Faculty believe that research skills are best developed by a combination of instruction and practical experiences; and this is reflected in the courses taught at the core and concentration levels (course syllabi are available in the Resource Files available at the CPH for the CEPH site visitors). From the inclusion of research skills development in the educational curricula to teaming masters and doctoral students with faculty research mentors, the College has a history of emphasizing both formal and informal research training opportunities for students.

An important priority for the CPH is the integration of students into all aspects of its four goals (Appendix I (C)). This is particularly relevant with respect to its research goal. Student exposure to and involvement with research activities are considered to be an integral part of the educational experience at the MPH and Dr.P.H. levels. As part of that experience, student input and representation on the Research Committee is very important. Both Masters and doctoral students are appointed to the Research Committee.

Student participation will be central to the CPH Inaugural College Celebration and Research Symposium (Keeping Pace with the Challenges), through participation of posters and attendance at breakout forums where research in progress in the various concentration areas will be discussed among public health practitioners, students, faculty, and researchers. This annual Student Research Day will be held each academic year. This special focus on student research provides an opportunity for students to highlight their research activities to other students and faculty. In addition, this forum provides the students with the opportunity to develop their oral and poster presentation skills.

A priority for the College has been the development of research assistantship opportunities for students with both its faculty and in fact with UK faculty in general. This priority will continue in the CPH. The College’s location between the Medical Center and the Lexington campus provides opportunity for faculty to interact and collaborate with faculty from other areas. The presence of Colleges of Dentistry, Health Sciences, Medicine, Nursing, and Pharmacy enhances the number of opportunities that are available for public health students. Over the past four academic years, 57 research assistantships have been provided to masters and doctoral students. Twenty-one students received Lyman T. Johnson Fellowships; 15 of which were supported by research grants. A total of 78 students received support from research activities. That number is particularly impressive because only full-time students are eligible for assistantships and only about 60% of CPH students are full-time. Appendix VI (E) includes information about research and scholarly activities generated by public health students.
VI.6. Assessment of the extent to which this criterion is met

**Strengths**
1. The Research Committee has been active in the development of the College
2. The College has an active research enterprise that engages students.

**Weaknesses**
None identified at this time

**Recommendations:**
1. The research committee has proposed measures against which the College’s should evaluate the success of its research activities, but these measures have not been reviewed or sanctioned by the newly formed college faculty. They should be reviewed, and a final list of indicators adopted early in the college’s life so as to facilitate intentional activity and assessment toward its research goals.

2. Data has not yet been collected to validate the College’s performance against established measures. Data should be collected in light of these indicators as a baseline, early in the 2004-2005 academic year.

3. The College should complete its assessment of the research program’s progress toward the accepted criteria and report findings to the Research Committee as well as to the college’s higher administration through the Associate Dean for Research.

4. The position of Associate Dean for Research must be filled permanently.

5. The College should implement curricular review and assessment activities to validate the integration of research as an applied science into the MPH and Dr.P.H. curricula, and to adjust the educational program in accordance with the findings.

**This criterion is met**, with the caveat that the assessment plan in place includes the six measures described in VI.4. Agreement upon these measures as sufficient and appropriate measures of the research program of the College is needed; and planned data collection and distribution to substantiate and revise the research goals of the College are priorities for the next few months. The College objectives for 2004-2005 and 2004-2007 (Appendix I (C)) support the development and assessment of a research program capable of making a significant contribution to the public health practice community and the populations it serves on local, state, national, and even international levels. The College research program commitment and activity is strong, as evidenced by its activities as the Kentucky School of Public Health, and its mission, vision, and goals as a college. Faculty are engaged in a number of community-based research activities that augment the student and faculty perceptions and understanding of public health and contribute to the well-being of the community in a number of ways. The College pursues an active research program, consistent with its mission and goals, and that complements its instructional program objectives. The College provides an environment that is conducive to research and scholarly inquiry. Opportunities are available to students to benefit from research experiences.
CRITERION VII. – SERVICE

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. Its service program is supported within the context of the institution and the college; and contributes to its stated mission and goals. Likewise, its service program complements the teaching and learning objectives in all of its educational programs. Effective linkages and service activities with organizations and agencies in the community support the efforts of the College toward meeting its overall objectives. Community public health practitioners are heavily involved in the College and contribute to its success through a number of service and outreach-related activities, including student preceptorship, the Area Health Education Center (AHEC), the Community-Based Faculty Initiative, the College External Advisory Board, and a number of ad hoc and standing committees.

The service program of the CPH is strengthened by the University of Kentucky’s prioritization and allocation of resources at the institutional level toward this responsibility. As an example of its commitment to service through the new mission, vision, values, and the subsequent strategic plan; a new administrative position of Vice President for Academic Outreach and Public Service (http://www.uky.edu/AOPS/index.html) was recommended in April 2002 and established July 1, 2002; to facilitate the integration of the University’s service mission into its research and teaching functions through faculty outreach, scholarship, and student service learning. In support of the position and its related activities, the University created an Office of Academic Outreach and Public Service at that time. Additionally, a Council on Outreach and Engagement is developing plans that involve faculty, staff, and students to work with communities to address practical and complex problems. A campus-wide plan of engagement is currently being drafted. University-wide policies related to service are available in the on site resource room.

These University-wide policies, procedures, and practices supporting service will guide the CPH, as it establishes a mature service program and in establishing related college-specific policies, practices, and procedures. The impetus of the College’s participation in an active service program within the CPH is consistent with the University of Kentucky’s Vision, Mission, Objectives, Policies. (See Appendix I (A)).

VII.1. Description of the College’s service program, including policies, procedures, and practices that support service

Prior to becoming the CPH, the service program of the School of Public Health was primarily defined retrospectively, in terms of existing priorities and new allocation of effort among its individual faculty members and disciplines. Its history and breath of activities demonstrate an intrinsic commitment to service and outreach, but a formally organized approach to prioritizing and facilitating service and outreach did not exist. The range of service delivery has thus far been representative of the kinds of activities appropriate to a college of public
health; however, as a new college, prospective, deliberate efforts need to be undertaken to define, coordinate, track, and assess progress toward specified objectives, descriptive of the college service goal.

VII.1.a. College practices and activities that support accomplishment of its service goal

Strategic Planning
As its first step toward embracing its service responsibility as a college, its mission, vision, goals, and objectives were revised in January 2004. At that time the unit endorsed all of its existing service activity and went beyond that to endorse a more strategic effort toward an organized service program, accountable to specific measurable objectives relating to internal and external stakeholders through the unit assessment cycle. By specifically describing service as one of its goals, and identifying specific long and short term objectives relating to that goal, college activities and practices will strategically support viable and relevant service activities.

In July, 2004, after the adoption of and in compliance with the College Bylaws, a Practice and Service Committee was established. The goals of the committee include expanding and strengthening practice relationships between the college and the community, reviewing and recommending policy in order to evaluate and track the College’s practice and service activities. Currently, the Practice and Service Committee is an administrative committee and it shall recommend to the Dean after 1 year of activity whether it should become a standing committee of the faculty.

Student Awards and Recognition
The CPH awards three student service awards during recognition ceremonies for the MPH graduating class each May. The International Service Award is given to a student who has demonstrated outstanding service to the international community (if applicable). The Domestic Service Award is awarded to a student who has demonstrated outstanding service to inner-city or rural communities in Kentucky. Faculty members nominate eligible students for these two awards in March of each year, and the awards sub-committee of the CPH Admissions and Student Affairs Committee selects the 2 awardees. The Community Service Award is awarded to a student who has established and developed partnerships between UK and community service organizations. Students nominate and select the recipient of this award.

Communication
The CPH website (http://www.mc.uky.edu/kysph) contains links to service-related pages, including the following:

- Continuing education at http://www.mc.uky.edu/kysph/CE/CE.htm
- Kentucky Student Public Health Organization at http://www.mc.uky.edu/kyshp/students/organization.htm

VII.1.b. Department practices and activities that support accomplishment of the College’s service goal

Department of Preventative Medicine and Environmental Health
Within the Department of Preventive Medicine and Environmental Health, physician/patient care services are facilitated via policies that parallel those in Medicine, with respect to the Kentucky Medical Services Foundation, Inc. This foundation allows revenue from patient care to be collected and distributed to practicing physician faculty in the CPH.

**Other**

Patient care services in the Department of Preventive Medicine and Environmental Health include the Occupational Medicine Clinic, Travel Medicine Clinic, and contracts for occupational health services at industrial sites in Central Kentucky.

**VII.1.c. Center practices and activities that support accomplishment of the College’s service goal**

Two Centers in the College have public service missions and expectations. Formal contracts and agreements support college-related service activity with external agencies, and are listed in Appendix VII (G).

- **The Southeast Center for Agricultural Health and Injury Prevention**, which is funded by the CDC/NIOSH, contains a service/outreach core known as the Stakeholders Project. It funds outreach activities to farmers, farm service organizations, and provides consultation to groups seeking to build capacity in agricultural health and safety.

- **The Kentucky Injury Prevention and Research Center** has specific goals for public service and leadership, “to promote the reduction of injuries, injury related disability, and death”. The Injury and Prevention Center functions as the State of Kentucky’s Injury Control Division, through an agreement with the Kentucky Department of Public Health.

**VII.2. Current service activities, including identification of the community groups and nature of the activity, over the last three years.**

**Collaborative service**

The CPH partners with the College of Agriculture’s *Health Education through Extension Leadership* (HEEL) program. HEEL utilizes the Kentucky Cooperative Extension resources of the University of Kentucky and Kentucky State University, Kentucky’s Historically Black Land-Grant University (http://www.ca.uky.edu/heel/about.html) program, to create and implement innovative strategies to improve health outcomes and reduce the burden and long term impact of chronic disease among Kentuckians.

**Faculty service**

The faculty of the University of Kentucky CPH provides an abundant and wide range of service to organizations, communities, groups and other entities. Generally speaking, service activity during the past three years, clusters into 3 categories, as described below.

- **Participation in community service projects**, as listed by the 61 examples in Appendix VII (F).

- **Service as a peer reviewer**: Faculty provided reviews to the 60 journals (VII.B), served in 24 editorial leadership positions (Editor, Editorial Board, etc.) for journals and books (Appendix VII (C)), reviewed 49 grant applications for agencies such as NIH, CDC, Robert Wood Johnson Foundation, National Science Foundation, etc.
(Appendix VII (D)), and reviewed abstracts for 14 professional association meetings, (Appendix VII (E)).

- **Service to professional organizations, community groups, and others, including paid and unpaid consultation.** Faculty held 40 leadership positions in international, national, state, and local organizations, 117 memberships on committees and boards, and provided paid and unpaid consultation to 64 agencies (Appendix VII (G)).

### VII.3. Description of the school's continuing education program

Within the institutional context, continuing education is addressed within the University’s teaching and learning and service missions, as relevant to the goals, resources, and priorities of each educational unit within the organization. As part of its stated service role within the Commonwealth, the relatively new CPH maintains a small, but growing list of continuing education activities and commitments. The University does not have a central office for continuing education; continuing education activities for professional groups are the responsibility of the respective colleges, centers, and institutes. All of the resources available to support continuing education generally reside within the College itself, with limited but committed advocacy by the institution through centralized assessment, faculty development, and instructional development support.

The CPH does not have an established CE program, per se. It does, however, have an active leadership institute (see below in VII.3.c); and is in the midst of developing other initiatives (see VII.5 below). Several College objectives within the 2004-2007 strategic plan support continuing education and professional development activities. For example, one of the nine objectives for goal two (number 2.3) is shaping much of the College’s expanded activities and continuing education: “Collaborate with other state institutions in the development of policies, procedures, and educational materials that will permit the delivery of core courses through distributed instructional technologies.” Additionally, several of the objectives for goal three relate to the College commitment to the public health work force through participation in continuing education (3.5, 3.6, and 3.7).

### VII.3.b Description of the school's policies and procedures that support continuing education

At the present time, there are no specific college-level policies and related procedures that support or delineate process for continuing education. Institutional policies and procedures that relate to continuing education within the context of college service and institutional boundaries are described in Appendix VII.A.

### VII.3.c A description of the school's practices that support continuing education

Despite few policies and procedures that explicitly support continuing education practice and participation, the College has developed a small yet growing set of activities in continuing education. These include those listed below; cited as evidence of a consistent and ongoing commitment on the part of the College since its inception as a school to participate actively in service and continuing education activities.

**Kentucky Public Health Leadership Institute**

The largest continuing education program of the College is the Kentucky Public Health Leadership Institute (KPHLI), [http://www.mc.uky.edu/kphli/](http://www.mc.uky.edu/kphli/). This multi-disciplinary leadership
institute for public health practitioners started in 2000. Funding for the Institute is provided primarily by the Kentucky Department for Public Health, with additional funding from the Association of Teachers of Preventive Medicine, The Good Samaritan Foundation, and the Kentucky Council on Post-Secondary Education. Since April 2001, 136 persons have completed the Institute.

KPHLI reaches most of its potential participants via email announcements, nominations from Health Department Directors, and presentations at various state meetings. Accepted participants in KPHLI must be actively employed full time in Public Health. Participation in KPHLI is free; there are no fees or tuition. An in-kind contribution from the scholar’s work agency is represented by the time away from work for the two-day orientation session each April, the three KPHLI summits, and the presentation of projects at graduation. Each scholar is required to participate in on-line discussions and recommended readings. In total, there are 10 days of face-to-face instruction and approximately 150 on-line hours. The entire certificate program lasts 12 months.

The Kentucky Department for Public Health’s Training and Staff Development Branch, through an Education Advisory Committee, functions as the steering group for the institute. The curriculum of the National Public Health Leadership Institute is the template for the face-to-face and interactive learning situations. Each scholar is expected to work in a team to plan, develop, and implement a change master project reflective of their area of public health practice. The project reports are edited, published and presented to public health practitioners at the April graduation. Three of the team reports have been presented at APHA, one each year since the beginning of the institute. Continuing Education Units (CEUs) are provided through the Kentucky Department for Public Health according to the Cabinet for Health Services’ continuing education policies. Physicians, nurses, social workers, dieticians, sanitarians, and nurse home administrators have received credit. Participants receive between 25 and 35 CEUs.

The Institute has enrolled 136 students in the past three years. The number of graduates (by year) is as follows: 30 (2001), 37 (2002), 39 (2003), and 30 (2004). In addition to preparing leaders within public health practice, KPHLI also serves as a recruiting mechanism for students who wish to pursue the for-credit public health education programs. Several individuals who have completed the certificate program have matriculated into the MPH or Dr.P.H. programs.

Public Health Grand Rounds
Public Health Grand Rounds (PHGR) are offered at least once a month, usually at noon on the second Friday. The one hour presentation and question and answer session is broadcast over the Kentucky TeleLearning Network and the UK Telemedicine network, as part of the College’s outreach service and professional development education effort. Through these networks, hospitals, health departments, the Kentucky Department for Public Health, the University of Louisville School of Public Health and Informational Sciences, Western Kentucky University College of Health and Human Services, and the UK Rural Health Center in Hazard are able to participate.

The purpose of PHGR is to provide public health and related professionals a forum, within which to present findings and exchange information about current research, innovative
projects, or current issues that affect the public’s health. Attendance at each session ranges from 5 to 15. Typically, 5 to 6 sites are video-linked, but broadcasts have involved as many as 12 sites at one time. In addition, For example, the risk communication session (in November 2001) was broadcast to 12 sites with over 150 individuals participating. This session offered CEUs to participants who completed it.

Thirty-five offerings of PHGR have occurred since its inception in August 2001, involving thirty-five presentations. Approximately 400 persons have attended PHGR in the last 3 years, ranging from 5 to 15 attendees, including faculty, staff, and students representing a number of professions and disciplines, including medicine, nursing, physical therapy, pharmacy, dentistry, agriculture, education, and social work to name a few. In the past year some sessions have been co-sponsored by the University of Louisville School of Public Health and Information Sciences. PHGR is an effective series of presentations that help meet the College’s goal of providing current and relevant information to public health practitioners across Kentucky. A list of the 34 presentations at PHGR since May 2001 is found in Appendix VII (I).

Other continuing education activities
Over 70 examples of faculty involvement in additional continuing education activities are listed in VII (J).

VII.4 Continuing education programs offered by the College, including number of students served, over the last three years
The College offered two formal CEU-granting continuing education activities over the last three years; the Kentucky Public Health Leadership Institute and Public Health Grand Rounds. Both of these efforts are described in detail, along with limited outcomes data in VII.3.c.

VII.5. Other educational institutions, with which the college collaborates to offer continuing education
Evaluation of Public Health System Bioterrorism Preparedness
The CPH is actively working with the Department for Public Health to determine whether or not public health learning competencies are preparing the public health workforce in Kentucky for effective response to bioterrorism events, should they occur. Bioterrorism preparedness courses being administered by the Department for Public Health are based on competencies developed by Columbia University and adopted by the Centers for Disease Control and Prevention. The CPH is designing and developing criteria and tools to evaluate the program’s learning modules, training curriculum and simulation exercises. A post simulated BT event questionnaire was developed based upon the Columbia University competencies. It will be administered to participants following table-top exercises. The overall direction of the project will be guided by a Steering Committee, comprised of representatives from four public health and nursing programs in Kentucky, i.e. University of Kentucky, Eastern Kentucky University, Western Kentucky University and the University of Louisville. Additionally, a representative from the Department of Public Health will be a member. The time period of the entire project spans October 1, 2003 – September 30, 2004.

Public Health Practitioner Self Instructional Web-Based Modules
The CPH was recently granted a contract from the Kentucky Department of Public Health to produce 18 web-based instructional modules for the education and training of Public Health practitioners. Each module is for 1 CEU. The contract period is July 1, 2004 through June 30, 2005. The overall goal of these modules is to further equip the public health workforce in Kentucky - specifically in relationship to two of the essential public health services established by the competency based Curriculum Work Group of the sub-committee on Public Health Work Force, training and education. Topics developed in these industrial modules will be created in 50 minute segments, inclusive of content delivery and assessment activities.

VII.6 Measures by which the school may evaluate the success of its service program, along with data regarding the school’s performance against those measures over the last three years

Measures by which the service program may be evaluated
In its periodic review of the CPH Mission, Vision, and Goal statement and in anticipation of being granted college status in Spring 2004, the new mission, vision, and goal statements reflect an organized and intentional commitment to the role that service has within the unit; as well as its relationship to the other major components of the College (research and instruction). Many short term and long term objectives are identified in the College plan (Appendix I.C.) that will enable the College to refine its service activities and the development of criteria by which they can be measured in a more refined and systematic manner.

Kentucky Public Health Leadership (KPHLI)
In addition to the college level assessment of its service initiatives, various efforts are associated with their own assessment and evaluation activities. A summary of this feedback for KPHLI, the Kentucky Public Health Leadership Program, is located in Appendix VII (J).

VII.7. A description of student involvement in service
Public health students participate in service activities through two primary mechanisms: activities linked to course work, where students share their expertise with agencies, communities, and other external groups as part of a formal learning experience; and voluntary opportunities not linked to any course requirement.

Course-related service opportunities
Student service as an expectation of course participation is related to educational outcomes located in other sections of the self-study. They are mentioned in this section because these experiences also provide students an opportunity to share their expertise with the community. At this time, course-related service opportunities presently can occur in two areas: capstone, practicum, and dissertation opportunities; and in courses that precede the practicum/capstone/dissertation. In addition, a service-learning course has been approved, but not yet offered in the educational program. This particular resource will be available to fulfill the service education component of the curriculum.

Examples of course-related student service include the following:

- MPH student practicum
- At the Kentucky Injury Prevention and Research Center, the Harvard School of Public Health, and the Kentucky Lieutenant Governor’s Office developed a comprehensive analysis of workplace and firearm injuries to Kentuckians. The reports were used by the Lieutenant Governor’s Task Force on Violence.

- An MPH practicum at the Onondaga County Health Department, New York, worked with SAFE KIDS coalition to develop window safety brochures, the Healthy Start program to evaluate outcomes, and developed a Memorandum of Understanding between departments in the county government so that data could be shared more expeditiously.

- Capstone projects (For example, evaluating the Heart and Soul curriculum of the HEEL project)

- Other-Community classes, for example, two MPH students conducted a community class in the Cooper/Clayton Method to Stop Smoking, also, a student helped develop health news items and brochures for release to counties for the Health Education through Extension Leadership Program (HEEL)

Voluntary opportunities for student service (outside of coursework) are more abundant than course-based service. Most voluntary student service is focused in or around campus or the immediate Lexington-Fayette Urban County area. Almost all voluntary student service is facilitated by the Kentucky Student Public Health Association (KSPHA), established September 2000 (http://www.mc.uky.edu/kysph/students/organization.htm). The mission of the KSPHA is to advance the formation and implementation of sound public health policy, to promote scholastic achievement, and to increase the awareness of the interdisciplinary career opportunities in public health. Most of the voluntary service activity opportunities are communicated to students via the Kentucky Student Public Health Association. The student list-serve and the Student Association website are the primary means for communicating service opportunities to students. However, the membership of this organization may not represent the entire student body, especially Dr.P.H and Ph.D. students. Over 30 examples of voluntary service by students are found in Appendix VII (K).

Specific examples of student participation in service include the following.

- The KSPHA coordinates its activities with, the Kentucky Public Health Association and the American Public Health Association. Each year, the student association raises funds to provide partial scholarships to attend the APHA convention. Approximately 25 students have attended the national convention each year.

- In 2002, Chris Day, MPH student, was elected Chair of the APHA Affiliated Student Public Health Caucus. In 2003 Alisa Bowersock, MPH student, was elected Treasurer of the APHA Affiliated Student Public Health Caucus. This level of service leadership among students in the CPH is noteworthy.

VII.8 Assessment of the extent to which this criterion is met

**Strengths**

1. Effective linkages with organizations and agencies in the community support the success of the College toward meeting its overall objectives.
2. Faculty are actively involved with the community through communication, collaboration, consultation, provision of technical assistance; so as to share the College professional knowledge and competence.

3. Opportunities to engage in service are available to all students, regardless of curricular requirements.

4. The College attempts to 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.

5. Short-term programs are being developed in response to anticipated public health work force needs and will be made available in easily accessible locales and formats.

6. The College collaborates with other institutions that train public health personnel, in order to extend continuing education opportunities beyond its own market area.

**Weaknesses**

1. Assessment of professional public health needs is currently not being undertaken formally by the College. As a result, short-term programs being developed are in response to anticipated needs, and needs extracted from limited needs assessment data at the state level, specific to certain concentration areas rather than across the broad band represented by public health workers.

**Recommendations**

1. With the formation of the College, a more clearly defined service program that permits coordinated decision making is needed in order to insure adequate infrastructure to support and facilitate these activities. Caution will have to be exercised in order to encourage innovation within the structure suggested by the Practice and Service Committee.

2. Through the recent organization and assembly of the External Advisory Council on March 22, 2004; at least one formal mechanism is in place to provide, among other things, an effective way for representatives of the community to participate in the work of the College, from assessing the relevance of curricula, to participating in teaching, to evaluating its effectiveness. Additional mechanisms should be put into place, based upon assessment activities and related strategic planning efforts in the immediate and long-term future to expand these opportunities.

3. Through recent grant awards and proposal submissions, the College is positioned to effectively engage and address some of the needs of personnel working in public health. Active assessment and accountability processes should be monitored and reported to the college administrative structure, wherever appropriate, so as to integrate the service program across the unit, and provide for ongoing means by which the internal college structure can interface with the community of practitioners and the public health needs of the Commonwealth.

4. Recent opportunities to expand the service outreach beyond the Commonwealth of Kentucky should be revisited, in light of providing needs-based service to public health practitioners in the U.S. and other countries.

5. The College should routinely review the college promotion, tenure, and appointment policies and practices to ensure that they facilitate effective college-wide service contribution, consistent with its service mission and underlying values.
This Criterion is Partially Met. This section shows extensive service activities by the faculty, particularly service to one’s profession, community organizations, and through journal reviews. Efforts will need to be intensified to transform the accumulation of service activities described herein into a cohesive service program which is more consistent with the refined mission, vision, and goals; and place more emphasis on community outreach, service, continuing education, and community engagement.
CRITERION VIII.A. – FACULTY

Individual faculty members from several other academic units unanimously chose to become the core faculty in the College of Public Health (CPH). The resulting faculty body includes both seasoned and new scholars and teachers, representing many disciplines and research. In creating this critical mass, the college has the necessary faculty compliment to accomplish its teaching, research, and service goals and the mission of the College.

VIII.A.1. Identification in table or chart of faculty to support the degree programs offered by the school, indicating at least professorial rank, tenure status, percent time, earned degrees, universities at which degrees were earned, disciplinary area of degree, area of teaching responsibility, area of research interest, and selected demographic data (gender, ethnicity).

The CPH Core Faculty includes primary faculty with full-time tenure-track (Regular Title Series—RTS) and (Special Title Series), research (Research Title Series—RES) clinical (Clinical Title Series—CTS) and extension (Extension Title Series—EXT) appointments. In addition, the College is supported by over 55 Affiliate Faculty including individuals holding secondary, adjunct, emeritus or Graduate Faculty appointments within individual components of the College. A description of the various types of appointments possible within the University is included in the Appendix, as VIII.A. A descriptive table of the primary faculty within Public Health, including the quantitative and demographic data requested in this criterion is presented in Appendix VIII.B. A similar table of the affiliated faculty is in Appendix VIII.C.

VIII.A.2. A description of the manner in which the faculty-complement integrates perspectives from the field of practice.

CPH faculty are strongly involved in the field of practice through career and practice experience at the national, state, and local levels. For example, Dr. Stephen Wyatt spent 11 years with CDC and in his last role was Director of the Division of Cancer Prevention and Control, Dr. Glyn Caldwell’s experience includes Deputy Director of CDC’s Center for Environmental Health and Director of the Tulsa, Oklahoma City-County Health Department Dr. F. Douglas Scutchfield served as Secretary of the Department of Health and Human Services Council on Health Promotion/Disease Prevention, and Dr. Julia Costich served as Executive Director of the Kentucky Health Purchasing Alliance.

Most members of the faculty are involved routinely in community-based local and statewide public health initiatives that not only provide service to the Commonwealth but also become a source of internships and research opportunities for students. Faculty members serve on numerous community and public health-related boards on both local and national levels.
Examples include the following:

American Bar Association, Commission on Law and Aging, Commissioner (Teaster)
American College of Preventive Medicine, Chair: I131Education Advisory Committee (Allweiss)
Amer. Soc. of Civil Engineers Environmental Public Health Engineering Committee, Chair (Brion)
Association of American Geographers, Census Advisory Committee (Watkins)
Commonwealth of Kentucky, Adult Protective Services Advisory Board (Teaster)
Commonwealth of Kentucky, Governor’s Elder Abuse Commission (Teaster)
Kentucky Association on Gerontology, Public Policy Committee (Teaster)
KY, Legislative Research Commission, Task Force on Senior Citizens & the Workforce (Rowles)
Kentucky Water Resources Research Advisory Committee (Brion)
Lexington-Fayette Urban County Government Task Force on Long-Term Care, Chair (Rowles)
Lexington-Fayette Commission on Community Services for Older People (Rowles)
National Cancer Institute of Canada, Health Promotion and Services Study Section (Tyas)
National Committee for the Prevention of Elder Abuse, Vice President (Teaster)

Several components of the College have established formal affiliations or memoranda of understanding with both public and private non-profit agencies that embrace collaborative research and education. For example, the CPH leads a USAID/AIHA Healthcare Partnership Program initiative in collaboration with two medical schools in Tashkent, Uzbekistan. The goal of this Partnership is to develop and implement effective health management education to strengthen health services management practices and improve health care delivery in the Republic of Uzbekistan.

The Graduate Center for Gerontology, through its Kentucky Aging Research and Information Service (KARIS), has a memorandum of understanding with the Cabinet for Human Services, Division of Aging Services. This agreement includes collaborative research (a statewide survey of 1600 caregivers is currently underway) and a program of information compilation and publication that provides students with the opportunity to conduct applied research projects under the joint supervision of the faculty and state officials. The Center also has formal affiliations with The Breckinridge of Lexington, an innovative personal care/assisted living facility for persons with early stage dementia, and with Episcopal Church Home in Louisville, a recently opened state-of-the-art dementia care center that in 2003 received national design awards from the American Institute of Architects. Members of the faculty were involved in the design of this facility and there is an ongoing program of research collaboration and opportunities for student internships in these facilities.

The CPH includes several research units and service programs that explicitly focus on the integration of its programs and faculty expertise with the community and public health practice. These include the Biostatistics Consulting Unit, Center for Prevention Research, Kentucky Aging Research and Information Service (KARIS), Kentucky Injury Prevention Center, and the Southeast Center for Agricultural Health and Injury Prevention.

Examples of the diverse community-based research projects conducted by these college centers and by faculty members include a statewide survey of caregivers for frail elders (in process), a study of the retirement preparation of retirees and pre-retirees with regard to financial resources and health care (in collaboration with the Kentucky Long-Term Policy Research Center), a needs assessment for Bioterrorism Preparedness training in public health
agencies, an outreach initiative exploring pediatric asthma in southeast Kentucky and several Kentucky youth risk behavior surveys.

VIII.A.3. Outcome measures by which the school may judge the qualifications of its faculty complement, along with data regarding the performance of the school against those measures over the last three years.

The faculty of the original School of Public Health has continued to grow into what has become the CPH, and in response to emerging College activities and outcomes related to its instruction, service, research, and operational goals. The faculty complement has remained stable over time and has evolved so as to support opportunities and meet expressed needs. The draft strategic plan for 2004-2005 includes specific objectives directed toward identifying criteria against which the faculty complement can more specifically be evaluated as a whole, capable of accomplishing its mission and goals. The following measures reflect the dimensions of the faculty complement heretofore used to evaluate its qualifications: faculty size and retention, preparation of faculty, demonstrated research and scholarly activity, demonstrated instructional performance, and demonstrated service performance.

Faculty Size and Retention
The CPH includes faculty members who are tenured or on a tenure-track Core Faculty members, 6 Full, 11 Associate, and 22 Assistant Professors as well as 4 part-time faculty members. In addition, 58 Affiliate Faculty members contribute to the College through their teaching, research and service. In the past 18 months, two faculty members resigned one began phased retirement at the start of the 2004-2005 academic year), 2 new faculty members were appointed, and searches were initiated for additional new faculty members. (The faculty members who resigned assumed professional positions elsewhere.)

Preparation of Faculty
The core faculty includes members with training and research experience in each of the five basic public health disciplines, as well as members with extensive training in gerontology. All core faculty members hold doctoral level degrees. Affiliate faculty members include individuals from 10 colleges and 25 departments within the University.

Demonstrated Research and Scholarly Activity
For information on research and scholarly productivity refer to response to Criterion VI. Additional scholarly activity can be seen in Appendix VIII.C.

Demonstrated Instructional Performance
Faculty members are routinely evaluated on their instructional performance. Student course evaluations are reviewed by the appropriate department chair and the faculty member. In general, student course evaluations have been favorable. When this is not the case, responsive course and instructional changes have served to make appropriate improvements. Several core faculty members who have received teaching awards in recent years include Richard Clayton (Health Behavior, Great Teacher Award, University of Kentucky Alumni Association), Joel M. Lee (Health Services Management, Great Teacher Award, University of Ky. Alumni Association), and John F. Watkins (Gerontology, Arts and Sciences Outstanding Teacher Award, University Outstanding Advisor Award, national Distinguished Teaching Recognition, AAG).
Demonstrated Service Performance
The faculty as a whole has provided strong service to the University, to the Commonwealth of Kentucky and to national boards and professional organizations. Such service activities have included membership in National Institute of Health Study Sections and leadership within national professional and service organizations, editorial boards, etc. A full listing is provided in Appendices VII.B., C., D., E., F. and G.

During the past three years several faculty members have received awards for contributions to public health. These include the following.

- Calum S. Muir Award for lifetime contributions to cancer surveillance, North American Association of Central Cancer Registries, Toronto, Ontario, June 2002 (T. Tucker)
- Presidential Citation, American College of Preventive Medicine (D. Scutchfield)
- Theodore R. Ervin Award, Public Health Foundation (D. Scutchfield)

VIII.A.4. Assessment of the extent to which this criterion is met.

**Strengths:**
1. The College has a clearly defined faculty, able to support its mission, goals, and objectives.
2. The faculty represents the basic disciplines of public health and education.
3. The faculty includes representation from gerontology, an emergent sub-domain within public health that strengthens and contributes to the development of the distinctive identity of the faculty complement.
4. Collectively, the faculty has a strong record of instruction, research funding and publication, and service.

**Weaknesses:**
1. The manner in which the faculty complement integrates first hand perspectives from the field of practice is limited to the presence of a relatively few individuals who bring extensive practice experience to the academic unit.

**Recommendation:**
1. The CPH needs to continue to concentrate on opportunities to bring practice experience from outside the University into the classroom, through adjunct faculty appointments, guest speakers, symposia, and faculty development activities.

This criterion is met.
**CRITERION VIII.B. - FACULTY RECRUITMENT, RETENTION AND EVALUATION**

The College of Public Health (CPH) will have the benefit of its experience as a School, and of operating under a set of rules and procedures that are carefully monitored and regulated by senior University administration. These extensive guidelines provide reasonable assurance of fair and equitable treatment of faculty. Given the comprehensive nature of the University’s attention to recruitment, retention and evaluation, its College and Departmental administrators assure that their faculty development activities and communications are couched in both the letter and spirit of these regulations.

**VIII.B.1. A written document that outlines faculty rules and regulations.**

A printed version of a University of Kentucky Faculty Handbook was compiled in 2000. This handbook is now online (http://www.uky.edu/Regulations/FHB/) and is regularly updated as rules and regulations change. Rules and regulations regarding the recruitment, appointment and promotion of faculty members are described in the Governing and Administrative Regulations of the University of Kentucky (http://www.uky.edu/Regs/AR/). Administrative Regulation AR II-1.0-1, pages I-XIV clearly specifies these procedures. In addition, Administrative Regulation AR II-1.0-1, pages XV-XVI and AR II-1.0-1 through AR II-1.0-12 provide clear specification of University rules and regulations with regard to diverse faculty and teaching assistant matters including but not limited to grants and contracts, faculty performance review, tenured faculty review and development policy, sexual harassment, drug abuse, and family leave. A copy of University of Kentucky Administrative and Governing Regulations will be provided in the Resource Files available at the CPH for the CEPH site visitors.

In addition to University-wide rules and regulations, the CPH will develop a set of Rules of Procedure that supplement University policy and provide guidance and support to faculty members within the College, particularly as it pertains to part-time and adjunct faculty. The governance process through the University Faculty Senate Council assures the development and coordination of a set of departmental-specific rules and procedures regarding faculty expectations, administration, committees, and general policies that are appropriate to its particular faculty, staff and student complement. College and Departmental Rules of Procedure are under development and drafts will be found in the Resource Files at the UK CPH for review by the CEPH site visitors.

**VIII.B.2 A description of provisions for faculty development, including identification of support for faculty categories other than regular full-time appointments.**

There are limited centralized campus activities and resources to address general faculty development needs, given the diverse nature of the faculty. A sampling of some of the campus-wide activities, provided by these resources includes the following.

A **university-wide orientation** is provided for all new faculty members each August. This orientation focuses on support units and procedures that will expedite the faculty members’ efforts in teaching, research and service.
Budget cuts and associated efforts to reorganize toward efficiency have resulted in the combination of similar faculty and instructional development resources into a new Teaching and Academic Support Center (TASC). Its mission is to provide faculty and academic units with a comprehensive array of services, available to all faculty members - including part-time faculty members and teaching assistants. TASC now aggregates many educational resource and support programs from different domains within the University.

The Office of Institutional Effectiveness provides consultative support to faculty and academic programs in the area of assessment; including its application toward learning outcomes achieved at the course level and toward program evaluation within the institutional context.

VIII.B.3. Description of formal procedures for evaluating faculty competence and performance.

Each faculty member at the University of Kentucky, works in collaboration with his or her department chair, to complete an annual Distribution of Effort (DOE) form that specifies the number of hours he or she works per week and allocates his or her time according to an individual percentage distribution of effort among the broad categories of instruction, scholarly activity (research), public service, administration, and professional development. For example, a faculty member might have a DOE comprising 45% instruction, 25% scholarly activity, 20% public service, 10% professional development and 0% administration. A faculty member’s DOE may be adjusted as a result of his or her evaluation or modified at any time by mutual consent (for example, receipt of a major federal grant by a faculty member may necessitate a reallocation of time within his or her DOE).

Within each academic unit, the appropriate department head (with input from his or her senior faculty and the Dean) evaluates each probationary (non-tenured) faculty member once a year. This evaluation includes an assessment in each area of the faculty member’s DOE. A written summary is prepared by the department head and is discussed with the faculty member in order to provide feedback on progress. A copy of the letter is placed in the faculty member’s file. This provides written documentation of the faculty member’s progress, strengths and weaknesses. Associate and full professors are similarly evaluated every two years. A senior faculty member may request annual evaluation, if desired. Faculty evaluations are conducted relative to the planned distribution of effort and outcomes. Salary increments are based on a merit system in which the faculty member is evaluated for performance in each domain and his or her salary increase is determined proportionate to his or her rating for each area.

VIII.B.4. Description of student course evaluation process and/or evaluation of teaching effectiveness.

The Senate Council approved the use of the Teacher Course Evaluation (TCE) form at the University of Kentucky, to capture student course evaluation data for the 1992-1993 academic year and thereafter. Currently, the form has been adopted by most, but not all colleges and departments. The tool has been the primary means of collecting course evaluation data in the CPH. The Office of Institutional Research provides institutional aggregate and course evaluation data to its constituents at its web site
The processes associated with course evaluation at the University are described at [http://www.uky.edu/IR/tce/TeacherCourseEvaluationPolicy.doc](http://www.uky.edu/IR/tce/TeacherCourseEvaluationPolicy.doc).

The College has instituted annual focus group sessions (conducted by students with an assessment advisor) that provide for more global assessment of the student’s educational experience and facilitate student discussion and feedback to the faculty on the quality of the education they are receiving.

**VIII.B.5. Description of the emphasis given to community service activities in the promotion and tenure process.**

In developing its unique mission as a new college, emphasis on community service and involvement with the practice community will continue to be a criterion for promotion and tenure in the CPH. While such emphasis is not customary for a research university, there is a consensus in the College that faculty members must be provided with the opportunity to include community service activities as a component within the criteria used to assess their performance. Consequently, appropriate recognition of community service activities is formally incorporated within each faculty member’s DOE as a percentage of effort that may be assigned to public service activities. External service is defined to include work for professional organizations and community, state and federal agencies. International service is also valued as this is a significant element of the activities of several units in the proposed College. Although every faculty member in the CPH will not have the same emphasis in his/her DOE on this component of the mission, the target is for community service to become a fully recognized and valued means by which faculty members contribute to the College. Consideration of this issue as a component of strategic planning and the development of a set of formal criteria for incorporating community service activities within the formal promotion and tenure process is being addressed by the Practice and Service Committee, as one of the College priorities.

**VIII.B.6. Assessment of the extent to which this criterion is met.**

**Strengths:**

1. The faculty of the CPH recognizes the need to create mechanisms to help each other and to have access to expert assistance in carrying out their teaching, research and service functions.
2. University forms and processes are routinely used to allocate percentages of effort, evaluate, and reward performance in the classroom, and in performing other traditional academic functions.
3. University resources and policy provide support and require accountability for all components of faculty effectiveness.
4. Broad-based representation on the Self-study Steering Committee brought many perspectives to light that would not have been possible with only members from within the College.
5. The deliberative process resulted in the identification of concerns and weakness, but also allowed a degree of satisfaction in the identification of strengths; both of which contributed to the formulation of a plan of action.
**Weaknesses:**
1. The College currently does not have an infrastructure of its own to support faculty efforts in teaching research and service.
2. In part, as a result of the relative youth of the College, it has not yet achieved the level of college infrastructure, faculty mentoring, assistance and support that we view as desirable.
3. At present, there is limited triangulation of data between faculty evaluation, student performance, and program outcomes.

**Recommendations:**
1. Recognizing the unique nature of a new college and the public health profession, it is anticipated that more specific efforts will need to be directed toward supporting its various components of faculty effectiveness.
2. The effectiveness of the educational program depends upon close linkages with practitioners in the field. Special efforts should be made to assist them to carry out their instructional and preceptor roles. As an initial activity, preceptors should be invited to participate in the Medical Center Community Based Faculty Institute conducted each March or April for voluntary faculty members. They should also be made aware of how to access support that is available through the six Area Health Education Centers (AHECs) located across Kentucky.

This criterion is partially met.
CRITERION VIII.C. – FACULTY DIVERSITY

The 2003-2006 Strategic Plan of the University of Kentucky has established as Goal V of its six primary goals to “Nurture diversity of thought, culture, gender and ethnicity.” Faculty appointment and student recruitment practices in the College of Public Health (CPH) illustrate a strong commitment to accomplishing this goal at the unit and at the institutional levels. In a recent University-wide comparative assessment of the proportion of minority enrollment, the Graduate Center for Gerontology ranked first among all graduate programs in the University. In 2002, John S. Wiggs, the Assistant Dean of Admissions and Student Affairs received the “Dream” Award, an award given annually by the Office of Multicultural and Academic Affairs to a person who is instrumental in providing equal access to education to all students. Also, in 2003 and again in 2004, Mr. Wiggs has been nominated for the President’s Award for Diversity, honoring those who have made significant contributions to making the University an inclusive environment.

VIII.C.1. Demographic data on the College’s faculty
See Appendix VIII.C.

VIII.C.2. Description of policies and procedures regarding the College’s commitment to providing equitable opportunities without regard to age, sex, race, disability, religion or national origin.
See Criterion II.B.5

VIII.C.3. Identification of outcome measures by which the College may evaluate its success in achieving a demographically diverse faculty complement, along with data regarding the performance of the College against those measures over the last three years.

As a newly formed College, there is a lack of historical data and it is difficult to document previously coordinated efforts to achieve a demographically diverse faculty including those academic units in other colleges prior to their incorporation into the CPH. To achieve the desired diversity wherein the faculty is representative of the population of Kentucky, the long-term objective is to attain a faculty distribution reflective of the Commonwealth of Kentucky. According to the 2000 U.S. Census 51% of the population was female, 7.3% was African American, and 1.5% was Hispanic. Currently, 49% of the faculty is female, 2% is African American and 7.3% is Hispanic. Outcome measurement will involve annual assessment of progress toward these objectives as measured by rate of closure of the gap between the current and the desired situation in each of these for Kentucky.
VIII.C.4. Assessment of the extent to which this criterion is met.

**Strengths:**
1. In alignment with the University Strategic Plan, the CPH recognizes the need for increased focus on the recruitment of minority faculty including African American and especially Hispanic faculty in a state where this population is growing rapidly.

**Weaknesses:**
1. 49% of the core faculty is female; only five of these individuals (28%) hold senior rank.
2. African Americans are under represented in the core faculty.

**Recommendations:**
1. With 18% of the faculty over 60 years of age, anticipated retirements, as well as expected growth in the resources of the College, will provide the opportunity to address this issue through new faculty hires

This criterion is partially met.
CRITERION IX.A. – STUDENTS

Recognizing that the success of the College of Public Health (CPH) would rely heavily on the quality of its student body, initial program planners put a great deal of effort and resources into recruiting policies that would attract qualified, committed students with the potential to make a significant impact on public health across the Commonwealth. Recruitment efforts focus on attracting not only applicants from undergraduate institutions, but also from the community of health and public health practitioners. The increased emphasis on collaboration among the state’s public health educational programs and the local and state health departments to meet the needs of the existing public health workforce as well as future workforce development requires that the CPH direct attention to the educational needs of those employed in public health and to develop recruitment policies accordingly.

IX.A1. Recruitment policies and procedures

As other professions, Public Health strives to attract applicants who will become well-prepared, culturally competent graduates with a desire to meet the public health needs of communities. Consistent with its commitment to “modeling a diverse community,” (Criterion I.1.a.), a basic tenet for the CPH recruitment process is that those working in public health should closely mirror the characteristics of those they serve. To address the needs of a state where there is a long history of significant health disparities, the College recruitment efforts have been successful toward recruiting and enrolling a diverse student body, the majority of these being Kentucky residents. A variety of approaches are used to recruit qualified students to the college at present, including the following.

- Presentations and exhibits at professional health care and public health meetings – APHA, KPHA, Maternal and Child Health Conference, Safety and Health Conference, Kentucky Hospital Association, Association of Nurse Practitioners, etc.
- Mailings to pre-professional advisors, identified interested undergraduate students, and to organizations that employ a large number of public health professionals
- Contacting post baccalaureate and non-degree students who enroll in graduate public health offerings
- Attendance at various graduate and career fairs sponsored by higher education institutions, particularly Kentucky institutions and Historically Black Colleges/Universities (HBCU’s) in contiguous states
- Participation in programs planned and sponsored by the University of Kentucky’s Multicultural and Academic Affairs office
- Placement of recruiting ads in newsletters and College newspapers
- Maintenance of a CPH website that is informative and user friendly
- Dissemination of news releases that present the accomplishments of CPH students and faculty in research and service
- Showcasing students and student organization to the community and to potential students at every opportunity and emphasizing the high level of student involvement and input on CPH committees
- Visiting undergraduate colleges and universities to speak with student groups in public health classes
Student recruitment is consistent with and facilitated by policies and programs of the University of Kentucky and the CPH, particularly in the form of scholarships and graduate assistantships. The forms of financial assistance currently available include, but are not necessarily limited to the following.

- A University scholarship is available for the out-of-state portion of graduate tuition to all entering, nonresident, degree-seeking Master of Public Health students who have a 3.25 undergraduate grade point average from their baccalaureate institution (and a 3.25 GPA for any prior graduate work). This scholarship carries an annual value of over $7000 for full-time students.
- The Lyman T. Johnson Academic Year Fellowships, sponsored by the Graduate School, provide a half tuition scholarship (as well as nonresident tuition) and a stipend to an underrepresented minority graduate student in any program that will provide support for the other half of the tuition scholarship and half the cost of the stipend. The CPH policy is to support any student who qualifies for the Fellowship. Nineteen students have received the Fellowship in the past three years.
- The Graduate School sponsors the Commonwealth Incentive Award (CIA), a part-time or full-time tuition scholarship available to any Kentucky resident underrepresented minority. A textbook allowance of $25 per credit hour, up to 9 hours, is included under the award. Twenty-one students benefited from CIA support over the past three years.
- The CPH offers a full resident tuition scholarship to all full-time Dr. P.H. students.
- Faculty members offer a number of research and graduate assistantships each year as a result of their research efforts - a total of fifty-seven students have been awarded assistantships in the past three years.

IX.A.2 Admissions policies and procedures

In the 2004-2005 Academic Year, CPH students will be admitted to three separate degree programs - the Master of Public Health, the Doctor of Public Health, and the Doctor of Philosophy in Gerontology. The MPH and the Dr.P.H. are graduate programs that necessitate a dual application process, one application to the Graduate School and one to the individual program. The Dr.P.H. is a professional program independent of the Graduate School and is logistically supported almost entirely by the CPH. The MPH, Dr.P.H. and Ph.D. admit a class of students in the fall only. A limited number of students may be admitted to any of the degree programs in the spring semester, depending on individual circumstances. Once accepted, a student may defer matriculation to the next semester or year, with approval from the Director of Graduate Studies (DGS) or the Admissions and Student Affairs Committee. However, a deferral beyond one year requires a new Graduate School application and fee.

Application to the MPH program is initiated by submitting an application to the Graduate School and forwarding a copy of official transcripts and standardized test scores. The MPH Supplemental Application, a Statement of Purpose, and three letters of recommendation must be sent to the CPH Admissions and Student Affairs Office. Initial applicant-screening is performed by the DGS, who accepts students whose credentials and characteristics reflect those outlined in the policy of the Admissions and Student Affairs Committee. The DGS has the discretion to use the policy as a guideline in instances where there is confidence in the candidate’s qualifications and suitability for the degree program and for public health practice. To reduce committee time
commitments, the DGS consults with staff in the Admissions/Student Affairs Office to seek additional information to assist in the identification of applicants that need to be reviewed by the Committee. (See Appendix IX.A (A) for the specific components of the policy.) Outstanding applicants that have other standardized test scores, or “expired” Graduate Record Examination (GRE) scores may be conditionally admitted, but they must provide official GRE scores no later than the completion of the first semester of attendance.

Procedures for application to the Dr.P.H. program include a program application, a Statement of Purpose, and three letters of recommendation. In addition, two 45-minute interviews with faculty and current Dr.P.H. students are required. When reviewing Dr.P.H. applicants, each of which has his/her own unique characteristics, the following dimensions are taken into consideration: professional background, educational background, demonstrated leadership capacity, standardized test scores, previous academic performance, accomplishments in public health, career goals, and potential to assume senior leadership positions. Accomplishment in public health practice is part of the criteria for admission. Emphasis is placed on public health experience as an important factor in the application process. The Admissions and Student Affairs Committee considers the qualifications of each applicant and collectively makes admissions decisions. Admission to the Ph.D. Program in Gerontology is based on a combination of undergraduate and graduate Grade Point Averages, GRE scores, a written statement outlining the student’s professional goals and objectives, three letters of evaluation, and samples of written work. No single criterion is dominant, but the combination of application materials must demonstrate the applicant's potential for success in advanced graduate study and in a subsequent career.

It is recognized that an admissions process is not a science, and that numbers may not be the best indicator of those who should be admitted to an educational program. Clearly, it is easier to predict who will be the better student rather than those who will likely contribute as a public health practitioner. Certainly, highly qualified students are desirable, but so too are those who are committed to serving the public health needs of a diverse community. The table below lists the admission criteria and materials required for each program. The non-academic components of the application are valuable for providing the evidence of service to others, of a commitment to making a difference in the public’s health, and of the personal characteristics that are predictive of success in the workplace and in the community.

Table IX.A-1. Summary of CPH Programs’ Admission Criteria

<table>
<thead>
<tr>
<th>Admission Criteria</th>
<th>Programs</th>
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<tbody>
<tr>
<td></td>
<td>Master of Public Health</td>
</tr>
<tr>
<td>Prior Education</td>
<td>Bachelor’s Degree</td>
</tr>
<tr>
<td>GPA</td>
<td>2.75 minimum undergraduate**</td>
</tr>
<tr>
<td>Standard Entrance Exam</td>
<td>GRE or GMAT</td>
</tr>
<tr>
<td>Written Statement of Goals</td>
<td>Must illustrate a commitment to service and to public health</td>
</tr>
</tbody>
</table>

IX.A-97
### Work Experience

- None required but evidence of service orientation and understanding of public health an advantage
- Three years or more of significant public health or other appropriate work experience is strongly recommended
- Prior research and work experience is strongly recommended

### Letters of Recommendation

- Two letters required from former professors and one from an employer are suggested
- Three letters of recommendation including at least one professional and one academic reference
- Three letters of recommendation from individuals with knowledge of the applicant’s research and/or work experience

### International applicants - not permanent residents

- Minimum 550 on TOEFL or 213 on computer-based
- Minimum 550 on TOEFL or 213 on computer-based
- Minimum 550 on TOEFL or 213 on computer-based

### Immigration documents as appropriate

- I-20 Permanent resident card
- I-20 Permanent resident card
- I-20 Permanent resident card

### Interview

- No Required Visit recommended

### Other

- $40/$45 Graduate School application fee
- $100 Program application fee
- $40/$45 Graduate School application fee

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* The preferred Master’s degree is the MPH. Those with other Master’s degrees will be considered, but must complete courses equivalent to the five core courses for the MPH.

** Required by the Graduate School. Exceptions may be made with a request from the MPH Director of Graduate Studies to the Dean of the Graduate School.

### IX.A.3. Examples of recruitment materials and other publications and advertising that describe academic calendars, grading, and the academic offerings of the school.

The College submits its schedule of courses, admission criteria, etc to the Graduate School and/or the Registrar’s Office for inclusion in University-wide publications. A sample of recruiting materials is available onsite as are course syllabi wherein each contains the grading criteria for the individual course. A list of websites that include information related to University of Kentucky Graduate School grading policies, course offerings, and academic calendars is referenced in Table IX.A-2.

**Table IX.A-2**

**Web-site Addresses for Information Regarding Academic Calendars, Course Listings, and Grading policies at the University of Kentucky.**

<table>
<thead>
<tr>
<th>Item</th>
<th>URL</th>
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<tr>
<td>Academic Calendar</td>
<td><a href="http://www.uky.edu/Registrar/newhome/CALENDAR.html">http://www.uky.edu/Registrar/newhome/CALENDAR.html</a></td>
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<tr>
<td>Description of Course Offerings</td>
<td><a href="http://www.uky.edu/Registrar/bulletinCurrent/courses/SPH.htm">http://www.uky.edu/Registrar/bulletinCurrent/courses/SPH.htm</a></td>
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<td></td>
<td><a href="http://www.uky.edu/Registrar/bulletinCurrent/courses/GRN.htm">http://www.uky.edu/Registrar/bulletinCurrent/courses/GRN.htm</a></td>
</tr>
<tr>
<td>Examples of Course Listings for Each Semester</td>
<td><a href="http://www.mc.uky.edu/PublicHealth/degree/MPH%20Curriculum/Course%20Listings.pdf">http://www.mc.uky.edu/PublicHealth/degree/MPH%20Curriculum/Course%20Listings.pdf</a></td>
</tr>
<tr>
<td></td>
<td><a href="http://www.mc.uky.edu/PublicHealth/degree/MPH%20Curriculum/COURSE%20DESCRIPTIONS%202004.pdf">http://www.mc.uky.edu/PublicHealth/degree/MPH%20Curriculum/COURSE%20DESCRIPTIONS%202004.pdf</a></td>
</tr>
<tr>
<td></td>
<td><a href="http://www.mc.uky.edu/gerontology/Curriculum.htm#Summary">http://www.mc.uky.edu/gerontology/Curriculum.htm#Summary</a></td>
</tr>
</tbody>
</table>
IX.A.4. Quantitative information on the number of applicants, acceptances, and admissions (enrollments) by program over the last three years.

The number of applicants, acceptances and enrollments in the three programs over the past four academic years are provided in Table IX.A-3 below, as well as a break down of full and part time enrollments in Table IX.A-4. The first two cohorts of the Dr.P.H. program were admitted in the spring semester. Beginning in fall 2002, the class admission semester was changed to fall. The MPH application numbers rose significantly in each year until 2003/2004. The large increase in 2002/2003 can be attributed primarily to the inclusion of CPH as an affiliate member of ASPH and inclusion on its website. This public notice resulted in a large increase in international applications, in particular. Since the CPH neither accepts a large number of international students nor does it offer assistantships prior to admission, the number of international applications consequently dropped dramatically in 2003/2004. Additionally, the numbers in the first few years of the program reflect the influx of qualified public health employees interested in furthering their formal education. At this time prospects for enrollments for the 2004-2005 academic year appear to be similar to the current year with many highly qualified applicants.

Table IX.A-3.
The Number of Graduate Applicants, Acceptances & Enrollments over the Last Four Years for the College’s Degree Programs

<table>
<thead>
<tr>
<th>Program Area</th>
<th>MPH</th>
<th>Dr.P.H.</th>
<th>Gerontology Ph.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000/01</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applicants</td>
<td>67</td>
<td>28</td>
<td>23</td>
</tr>
<tr>
<td>Acceptances</td>
<td>44</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Enrollments; Part-time/Full-time/Total</td>
<td>17 /21 /38</td>
<td>13 / 1/ 14</td>
<td>8</td>
</tr>
<tr>
<td>2001/02</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applicants</td>
<td>74</td>
<td>14</td>
<td>23</td>
</tr>
<tr>
<td>Acceptances</td>
<td>51</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>Enrollments; Part-time/Full-time/Total</td>
<td>13 /29 /42</td>
<td>6 /4 / 10</td>
<td>7</td>
</tr>
<tr>
<td>2002/03</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IX.A-99
## Table IX.A-4.  
Student Headcount of Full-Time and Part-Time Students, over the Last Four Years

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>Part-Time Headcount*</th>
<th>Full-Time Headcount</th>
<th>Total Headcount</th>
<th>Attempted Units**</th>
<th>Student FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MPH Program</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000-2001</td>
<td>17</td>
<td>21</td>
<td>38</td>
<td>557</td>
<td>31</td>
</tr>
<tr>
<td>2001-2002</td>
<td>33</td>
<td>40</td>
<td>73</td>
<td>1224</td>
<td>68</td>
</tr>
<tr>
<td>2002-2003</td>
<td>43</td>
<td>51</td>
<td>94</td>
<td>1370</td>
<td>76</td>
</tr>
<tr>
<td>2003-2004</td>
<td>59</td>
<td>51</td>
<td>110</td>
<td>1372</td>
<td>76</td>
</tr>
<tr>
<td><strong>Dr.P.H. Program</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000-2001***</td>
<td>13</td>
<td>1</td>
<td>14</td>
<td>81</td>
<td>9</td>
</tr>
<tr>
<td>2001-2002</td>
<td>19</td>
<td>5</td>
<td>24</td>
<td>171</td>
<td>10</td>
</tr>
<tr>
<td>2002-2003</td>
<td>21</td>
<td>10</td>
<td>31</td>
<td>495</td>
<td>27</td>
</tr>
<tr>
<td>2003-2004</td>
<td>23</td>
<td>13</td>
<td>36</td>
<td>529</td>
<td>29</td>
</tr>
<tr>
<td><strong>Gerontology Ph.D. Program</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000-2001</td>
<td>3</td>
<td>24</td>
<td>27</td>
<td>450</td>
<td>25</td>
</tr>
<tr>
<td>2001-2002</td>
<td>4</td>
<td>27</td>
<td>31</td>
<td>498</td>
<td>28</td>
</tr>
<tr>
<td>2002-2003</td>
<td>7</td>
<td>30</td>
<td>37</td>
<td>561</td>
<td>31</td>
</tr>
<tr>
<td>2003-2004</td>
<td>7</td>
<td>31</td>
<td>38</td>
<td>579</td>
<td>32</td>
</tr>
</tbody>
</table>

* Part-time status is defined as attempting fewer than nine credit hours both semesters, and headcount numbers do not include those students who have been inactive in the curriculum for one or more consecutive semesters. Reasons include incomplete capstone, military duty, prerequisite activity at another institution, pregnancy, etc.

** For Academic Year, calculation of student FTE is based on total units attempted divided by 18.

*** No fall semester enrollment, calculation of student FTE based on total units attempted divided by 9.

**IX.A.6. Identification of outcome measures by which the school may evaluate its success in enrolling a qualified student body, along with data regarding the performance of the school against those measures over the last three years.**

The College evaluates its success in enrolling a qualified student body based on the number of qualified matriculated students, retention rates, and graduation rates. The overall grade point average for entering students over the four years is 3.26 for the MPH, 3.64 for the Dr.P.H., and
3.74 for the Ph.D. in Gerontology. Two to three MPH applicants are admitted provisionally each year, because they do not meet the Graduate School minimum GPA, but the composite of these students’ other admission criteria suggests that they are able to succeed in the educational program and doing so will enable them to contribute as public health practitioners. GRE scores of public health students are consistent with the average scores of other programs in the Graduate School.

**TABLE IX.A-5**

Average GPA and GRE Scores for Entering Students

<table>
<thead>
<tr>
<th>Year of Admissions</th>
<th>2000-01</th>
<th>2001-02</th>
<th>2002-03</th>
<th>2003-04</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MPH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GPA (Undergraduate)</td>
<td>3.21</td>
<td>3.32</td>
<td>3.24</td>
<td>3.26</td>
</tr>
<tr>
<td>GRE (combined verbal &amp; quantitative)</td>
<td>1059</td>
<td>1034</td>
<td>1057</td>
<td>1005</td>
</tr>
<tr>
<td><strong>Dr.P.H.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GPA (Graduate)</td>
<td>3.60</td>
<td>3.74</td>
<td>3.57</td>
<td>3.65</td>
</tr>
<tr>
<td>GRE</td>
<td>962</td>
<td>972</td>
<td>1012</td>
<td>1039</td>
</tr>
<tr>
<td><strong>Gerontology Ph.D.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GPA (Graduate)</td>
<td>3.55</td>
<td>3.80</td>
<td>3.89</td>
<td>3.71</td>
</tr>
<tr>
<td>GRE (combined verbal &amp; quantitative)</td>
<td>1115</td>
<td>1119</td>
<td>1117</td>
<td>1100</td>
</tr>
</tbody>
</table>

The success of its students has been the strength of the College and the impetus for pursuing CEPH accreditation. In the four years of the MPH program’s existence, only two students have been placed on academic probation by the Graduate School, and only one of those is still on probation. Because there have been only three graduating MPH classes and no Dr.P.H. graduates, it is difficult to assess trends in graduation rates as yet. The six students who have completed the Ph.D. Program in Gerontology met degree requirements in an average of 4.66 years.

At the present time there are six students seeking admission to (or have applied to) another professional degree program, in conjunction with the MPH program. Completion of the program by those who are successfully admitted will generally be influenced by a myriad of factors, including but not limited to the following: motivation, convenience, and professional school attended. The CPH regularly monitors the progress and intent of those who have been admitted but have not been registered for more than one-two consecutive semesters and emphasizes to its students the college’s willingness to work closely with them to enable them to complete the curriculum. A full-time MPH student will normally complete the curriculum in two academic years, including one summer session. Those who exceed that time frame are regularly contacted to offer assistance and advice in the completion of the degree. Particular attention is given to those who have completed all didactic requirements and lack only the capstone project for completion (presently 4 in this category). Part-time students who are continuing to take courses each semester are considered to be making “normal” progress. The maximum amount of time the Graduate School permits for any student to complete a graduate degree is eight years.

As further evidence of the success of the College in admitting and graduating qualified applicants, formation of a college alumni association was initiated in Spring 2004; by appointing an ad hoc committee of alumni charged with the responsibility to develop association mission
and objectives and a set of Bylaws. The committee has been meeting via conference call with college administrators with staff support provided by the Office of Admissions and Student Affairs. The first meeting of the College of Public Health Alumni Association is planned as part of the Inaugural Fall Symposium scheduled for October 22-25, 2004. It is anticipated that the meeting agenda will include approval of the Bylaws, election of officers, and the development of a plan of action for the organization.

IX.A.7 Assessment of the extent to which this criterion is met.

Strengths:
1. The profile of students applying to the CPH degree programs, including GPA and standardized test scores reflect that a well-qualified student body is being recruited and admitted.
2. Recruitment and admissions policies have thus far proven successful, although the systematic collection of assessment data to continue to reflect upon that is underway as noted in Criterion X. A. This data will facilitate revision and refinement of existing policies, as well as the addition of additional ones to support a successful and well-qualified student body.

Weaknesses:
1. Recruitment activities should include a long term approach that targets potential students in the public schools, as well as those in college and the public health workforce. Because of the initial need to recruit and admit the first few classes of students, admission (particularly MPH) policies are not clearly defined.
2. Other approaches need to take the form of educating potential students to the public health field and creating appropriate forums to introduce public health as a viable profession.
3. Tracking student progress can be a challenge with the University’s outdated Student Information System and the College’s multi-disciplinary curriculum, and a student body that has both part-time and full-time students.

Recommendations:
1. A long term strategic recruitment plan should be developed that includes: targeting students in the public schools, as well as those in college and the public health workforce; educating potential graduate students to the public health field and creating appropriate forums to introduce public health as a viable profession; and, developing a undergraduate course for the University of Kentucky undergraduate curriculum that will introduce students to public health and the profession of public health.

2. To overcome the challenges of tracking student progress within the outdated Student Information System, the Admissions and Student Affairs Office staff must continue to engage in the process of bringing the new Integrated Resource Information System (IRIS) on line.

3. Admission policies (particularly MPH) need to be reviewed after assessing the outcomes of the first three MPH graduating classes and revised accordingly to clearly describe the process and role identifications that maximize efficiency and effectiveness.
4. It is noted that the MD/MPH student who enters the graduate MPH program after the second year of medical school can feel disconnected from medicine and be hesitant to interrupt hers/his medical education. Consideration should be given to providing a full day in a medical clerkship that counts towards that student’s required clerkship in the next year’s medical curriculum or fulfill an elective opportunity in the College of Medicine.

This criterion is met.
CRITERION IX.B. – STUDENT DIVERSITY

The College of Public Health (CPH) values and is cognizant of the importance of a diverse student body and follows procedures that are consistent with the policies of the University and those that are reflected in the College mission, goals, and objectives (Goal 1, Objective 12).

Recruit a culturally and ethnically diverse student body in terms of the proportion of underrepresented minority students, women and men, and students from outside the US.

In addition, the following statement, required on all official UK documents, guides all admissions and employment practices, and represents the best expression of the CPH commitment to diversity.

The University of Kentucky is committed to a policy of providing educational opportunities to all qualified students regardless of economic or social status, and will not discriminate on the basis of race, color, religion, sex, marital status, beliefs, age, national origin, sexual orientation, or physical or mental disability.

IX.B.1 Description of policies, procedures, and affirmative action plans to achieve a diverse student population.

In admissions decisions, the CPH considers each applicant as a unique individual, and assesses the characteristics and abilities that predict success as a student and as a public health professional. Diversity is considered in its broadest context – breadth of experience, ethnicity, gender, professional background, academic indicators, commitment to public health, and potential to further the mission of the CPH and contribute to the public health profession.

The CPH organizes and participates in a number of activities designed to help in attracting a diverse student body. Special attention is given to admitting Kentucky residents, and the population of the Commonwealth is diverse in many ways. However, to be as inclusive of underrepresented minorities as possible within the student body, significant attention is given to effective recruitment methods directed at the target populations. Examples of recruitment methods designed to attract a diverse pool of applicants include participation in graduate and minority career fairs, the Ronald McNair Scholars Research program, and various public health conferences at Kentucky State University, Tennessee State University, Fisk University, the University of Memphis, the University of Tennessee Knoxville, Pennsylvania State University, the University of Pittsburgh, Iowa State University, Morehouse College, Clark Atlanta University, the University of Kentucky, the University of Cincinnati, and Notre Dame University.

To assist underrepresented students with their financial needs in conjunction with the Graduate School, the Lyman T. Johnson Academic Year Fellowship and the Commonwealth Incentive Award for Diverse Students are offered. The Lyman T. Johnson Academic Year Fellowship requires full-time students to work as teaching, research or graduate assistants with tuition and stipend funds shared between the Graduate School and the graduate program. An applicant for this award must be a member of a federally recognized ethnic minority group, a U.S. citizen or permanent resident, and admitted to the Graduate School in a degree-granting program. The
Commonwealth Incentive Award for Diverse Students pays in-state tuition plus $25 per credit hour, for up to nine credit hours for cost of education expenses. Applicants must be a member of a federally recognized ethnic minority group, a Kentucky resident, in good academic standing, and may not hold an assistantship or a fellowship which includes tuition.

In addition to off-campus recruitment, the Admissions and Student Affairs Office partners with the University’s Multicultural and Academic Affairs Office, and the Colleges of Pharmacy, Medicine, Dentistry, Nursing, and Health Sciences to discuss and share successful recruitment and retention techniques for diverse students in the health professions. Special attention is being given to developing a long-term approach that emphasizes a “pipeline” from the early school years to the health professions programs. At the undergraduate level, the CPH meets with Central Advising Services, the Learning Services Center and pre-professional clubs to publicize the program and identify potential applicants.

IX.B.2. Quantitative information on the demographic characteristics of the student body, including data on applicants and admissions, over the last four years.

As reflected in Appendix IX.A (B) Demographic Characteristics of Applicants, Accepted and Enrolled Students over the last four years, and Table IX.B-1 Demographic Characteristics of Enrolled Students over the last four years, each of the three degree programs has been successful in attracting students from one or more underrepresented population groups. However, only the MPH program has actually enrolled Hispanic or Latino students. The percentage of African American students is greatest in the Dr.P.H. program, followed closely by that of the MPH program. Interestingly, only the first class of MPH students was predominantly male, and in subsequent years it has become an increasingly female student body. Overall this is true for all three of the programs.

The percentage of students accepted tends to run at about 75% of the total applications on average. Once accepted, approximately 80-85% actually enroll. Other dimensions to the characterization of the student body are described in Criterion IX.B.3.

Table IX.B-1
Demographic Characteristics of Enrolled Students over the last four years

<table>
<thead>
<tr>
<th></th>
<th>MPH Program</th>
<th>Dr.P.H. Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2000/2001 %</td>
<td>2000/2001 %</td>
</tr>
<tr>
<td>White, Non-</td>
<td>77%</td>
<td>73%</td>
</tr>
<tr>
<td>Hispanic or</td>
<td>3%</td>
<td>0</td>
</tr>
<tr>
<td>Latino</td>
<td>0</td>
<td>27%</td>
</tr>
<tr>
<td>Am. Indian</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Alaska Native</td>
<td>10%</td>
<td>0</td>
</tr>
<tr>
<td>African</td>
<td>9%</td>
<td>0</td>
</tr>
<tr>
<td>American</td>
<td>9%</td>
<td>0</td>
</tr>
<tr>
<td>Asian/</td>
<td>3%</td>
<td>10%</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>2%</td>
<td>0</td>
</tr>
<tr>
<td>Other*</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>2001/2002 %</td>
<td>2001/2002 %</td>
</tr>
<tr>
<td>White, Non-</td>
<td>77%</td>
<td>90%</td>
</tr>
<tr>
<td>Hispanic or</td>
<td>2%</td>
<td>0</td>
</tr>
<tr>
<td>Latino</td>
<td>0</td>
<td>16.5%</td>
</tr>
<tr>
<td>Am. Indian</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Alaska Native</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>African</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>American</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Asian/</td>
<td>0</td>
<td>10%</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>2%</td>
<td>16.5%</td>
</tr>
<tr>
<td>Other*</td>
<td>13%</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>2002/2003 %</td>
<td>2002/2003 %</td>
</tr>
<tr>
<td>White, Non-</td>
<td>69%</td>
<td>67%</td>
</tr>
<tr>
<td>Hispanic or</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Latino</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Am. Indian</td>
<td>24%</td>
<td>16.5%</td>
</tr>
<tr>
<td>Alaska Native</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>African</td>
<td>20%</td>
<td>0</td>
</tr>
<tr>
<td>American</td>
<td>9%</td>
<td>0</td>
</tr>
<tr>
<td>Asian/</td>
<td>2%</td>
<td>0</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>5%</td>
<td>0</td>
</tr>
<tr>
<td>Other*</td>
<td>3%</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>2003/2004 %</td>
<td>2003/2004 %</td>
</tr>
<tr>
<td>White, Non-</td>
<td>65%</td>
<td>62%</td>
</tr>
<tr>
<td>Hispanic or</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Latino</td>
<td>0</td>
<td>38%</td>
</tr>
<tr>
<td>Am. Indian</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Alaska Native</td>
<td>20%</td>
<td>0</td>
</tr>
<tr>
<td>African</td>
<td>9%</td>
<td>0</td>
</tr>
<tr>
<td>American</td>
<td>9%</td>
<td>0</td>
</tr>
<tr>
<td>Asian/</td>
<td>2%</td>
<td>0</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>13%</td>
<td>0</td>
</tr>
<tr>
<td>Other*</td>
<td>5%</td>
<td>0</td>
</tr>
</tbody>
</table>
All MPH classes represent both part-time and full-time students, many of whom have extensive experience in public health and health care. Twenty-three percent of the presently enrolled students are health care professionals, several of whom are on UK’s faculty. Another fifteen percent are directly involved as public health professionals. Sixty-three percent of those admitted in the first three classes are female, a distribution that is consistent among the classes in nearly all schools of public health. Consistent with the emphasis on Kentucky residents, seventy-nine percent of the enrolled students in the four entering MPH classes are Kentucky residents and eighty-four percent of the Dr.P.H. candidates are residents.

IX.B.3. Identification of measures by which the school may evaluate its success in achieving a demographically diverse student body, along with data regarding the school’s performance against these measures over the last five years.

The University of Kentucky and the Medical Center colleges historically have been criticized for their lack of student diversity, therefore successful representation of a demographically inclusive student body has been a priority of the College since its beginning. The College of Public Health assesses its progress in enrolling a diverse student body by comparing the diversity rates in the MPH, Dr.P.H. and Ph.D. in Gerontology with those in similar University programs and by contrasting the percentage of enrolled minority students to the percentage of minorities in the state’s population.

Tables IX.B-2, 3 & 4 provide three dimensions against which the College’s student demographics can be compared and assessed: (1) the demographics of the overall population of Kentucky Table IX.B.2, the demographics of the 2003-2004 total enrollments for the University of Kentucky Undergraduate and Graduate Degree Programs Table IX.B-3, and (3) the total enrollments in other UK Health Professions Colleges Table IX.B-4. It can be seen that the College’s degree programs compare quite favorably in terms of the diversity of its student body on ethnic and racial characteristics.

<table>
<thead>
<tr>
<th>Kentucky 2000 Census</th>
<th>White</th>
<th>Hispanic</th>
<th>Amer. Indian</th>
<th>African Amer.</th>
<th>Asian/Pacific Is.</th>
<th>Internat.</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>MPH</td>
<td>90.1%</td>
<td>1.5%</td>
<td>.2%</td>
<td>7.3%</td>
<td>.7%</td>
<td>1.7%</td>
<td>.015%</td>
</tr>
<tr>
<td>Dr.P.H.</td>
<td>71.0%</td>
<td>0</td>
<td>0</td>
<td>21%</td>
<td>0</td>
<td>8.0%</td>
<td>0</td>
</tr>
<tr>
<td>Ph.D.</td>
<td>81.6%</td>
<td>0</td>
<td>0</td>
<td>15.8%</td>
<td>2.6%</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

The majority of the Hispanic population has settled in the state in the last 10 years and, for the most part, the initial arrivals were undocumented laborers working on the tobacco and horse
farms. In most instances, they were males and seasonal. Only recently have these families arrived with young children; nearly all of pre-school/elementary school age. Therefore, it will most likely be a few more years before the population dynamics will provide the breadth that includes Hispanic college age students. However, it is anticipated that the Hispanic population will become a vibrant component of the demographics of the Commonwealth and that the CPH has the opportunity and the responsibility to focus on the recruitment and admission of students from this population.

Table IX.B-3
University of Kentucky Degree Programs and CPH Degree Programs
(2003-2004 total enrollment)

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Hispanic</th>
<th>Amer. Indian</th>
<th>African Amer.</th>
<th>Asian/ Pacific Is.</th>
<th>Internat.</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Undergrad</td>
<td>88.7%</td>
<td>.98%</td>
<td>.12%</td>
<td>5.4%</td>
<td>1.65%</td>
<td>1.2%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Total Graduate</td>
<td>67.0%</td>
<td>.95%</td>
<td>.24%</td>
<td>5.4%</td>
<td>1.7%</td>
<td>17.7%</td>
<td>7.0%</td>
</tr>
<tr>
<td>MPH Program</td>
<td>74.2%</td>
<td>0</td>
<td>0</td>
<td>15.0%</td>
<td>18.0%</td>
<td>8.5%</td>
<td>1.5%</td>
</tr>
<tr>
<td>Ph.D. Program</td>
<td>81.6%</td>
<td>0</td>
<td>0</td>
<td>15.8%</td>
<td>2.6%</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Table IX.B-4
UK Health Professional Programs and CPH Degree Programs
(2003-2004 total enrollment)

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Hispanic</th>
<th>Amer. Indian</th>
<th>African Amer.</th>
<th>Asian/ Pacific Is.</th>
<th>Internat.</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>College of Medicine</td>
<td>87.7%</td>
<td>.25%</td>
<td>0</td>
<td>4.2%</td>
<td>6.5%</td>
<td>1.3%</td>
<td>0</td>
</tr>
<tr>
<td>College of Dentistry</td>
<td>89.0%</td>
<td>2.0%</td>
<td>0</td>
<td>3.0%</td>
<td>5.0%</td>
<td>.5%</td>
<td>0</td>
</tr>
<tr>
<td>College of Pharmacy</td>
<td>91.0%</td>
<td>.8%</td>
<td>0</td>
<td>2.1%</td>
<td>4.2%</td>
<td>1.6%</td>
<td>0</td>
</tr>
<tr>
<td>Dr.P.H.</td>
<td>71.0%</td>
<td>0</td>
<td>0</td>
<td>21.0%</td>
<td>0</td>
<td>8.0%</td>
<td>0</td>
</tr>
</tbody>
</table>

In view of the severe health disparities that exist in Kentucky’s population and anticipating that a greater number of state resident graduates will elect to stay in Kentucky to enter public health practice, special attention is given to the recruitment and admission of Kentucky residents to the practice degree programs. Because a very small percentage of those practicing public health in the state are formally trained in public health, the CPH considers its role in workforce development among its important responsibilities. Table IX.B-5 provides a synopsis of instate and out-of-state student comparisons.
Table IX.B.-5
Enrollments by Academic Year and Residency Status for the MPH and Dr.P.H.

<table>
<thead>
<tr>
<th>Academic Year</th>
<th>MPH Program</th>
<th></th>
<th>Dr.P.H. Program</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Kentucky Resident</td>
<td>Non-Resident</td>
<td>Kentucky Resident</td>
<td>Non-Resident</td>
</tr>
<tr>
<td>2000-2001</td>
<td>34</td>
<td>4</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>2001-2002</td>
<td>35</td>
<td>8</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>2002-2003</td>
<td>40</td>
<td>14</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>2003-2004</td>
<td>41</td>
<td>13</td>
<td>7</td>
<td>1</td>
</tr>
</tbody>
</table>

IX.B.4. Assessment of the extent to which this criterion is met.

Strengths:
1. The African American percentages of the student body considerably exceed those percentages for the state’s population and for enrollments in university programs, at large.

Weaknesses:
1. To this point, little attention has been given to attracting the emerging Hispanic population to careers in public health, Central Kentucky’s and Kentucky at large.

Recommendations:
1. Attention must be given to networking with and attracting Lexington’s and Kentucky’s emerging Hispanic population to careers in public health.
2. Since financial assistance is crucial to attracting and retaining a qualified student body, student scholarships should become a primary development activity.

This criterion has been met.
CRITERION IX.C. – STUDENT ADVISING

Criterion IX.C.1. There shall be available a clearly explained and accessible academic advising system for students, as well as readily available career and placement advice.

Much of the initial advising responsibility is accomplished by the Office of Admissions and Student Affairs with subsequent referral to well informed faculty members. Unlike some other colleges of public health, applicants to the MPH are not required to declare an area of concentration at matriculation. It is strongly recommended that a concentration be selected no later than after the completion of 9-12 credit hours (the end of the first semester for a full-time student).

IX.C.1. Description of the advising and counseling services, including sample orientation materials such as handbooks.

Gerontology students
Upon admission to the Ph.D. Program in Gerontology each student is assigned a preliminary “Faculty Mentor” who serves as a provisional advisor (the Director of Graduate Studies serves as the student’s advisor until a permanent advisor has been identified). This Mentor, working in collaboration with relevant departments and the student, develops an individually tailored program of study and research within the framework of the program curriculum. This program may include the required completion of courses (for example research methods or statistics) in which the student is found to be deficient or that are necessary for successful completion of his or her intended program. By the end of the first year, each student should have selected a permanent advisor. It is anticipated that by the end of the Fall semester of their second year in the program, each student will have formed a four member (minimum) Advisory Committee that must include at least three Graduate Center for Gerontology Faculty, one of whom will serve as chair. Students are required to meet at least once per semester with their program committee. The Chair of the student’s Advisory Committee is required to write a summary report on this meeting, signed by his or her advisor, and placed in the student’s file.

Students are expected to meet with their advisor on a regular basis. The advisor’s role is to assist the graduate student with any problems that may arise in his/her program, to monitor the student’s progress, and to serve as an intellectual mentor during the student’s tenure in the program. Graduate students are not obligated to remain with or to retain their initial advisor. Any student with the approval of the Director of Graduate Studies may change advisor at any time during his or her tenure in the program. At the end of the first semester in residence, the Director of Graduate Studies will contact each student with regard to any desired change in advising. It is understood that changes will occur as students define or re-define their area of interest or otherwise change focus and direction in their graduate program.
MPH and Dr. PH students
Academic advising is accomplished and coordinated through the Office of Admissions and Student Affairs, particularly during a student’s first semester and when it involves the core curriculum. Issues related to concentration courses are referred to the appropriate department chairs and other faculty identified by the department chair. Since students are strongly encouraged to decide on an area of concentration after the first semester and to work with a faculty mentor in the selected area, often the mentor also becomes the advisor for the remainder of the student’s education.

Prior to admission, students interested in the MPH or Dr.P.H. educational programs can request information through the Office of Student Affairs. Initially, students are directed to additional information in a variety of ways, including the College web site and/or a brochure. After students express an interest in meeting with a College advisor, they are scheduled with faculty or staff in the Office of Student Affairs and the College application process and its curriculum are explained.

All actively enrolled and admitted Dr.P.H. and MPH students attend a College-wide advising conference, which occurs once each semester. These conferences are held before the University’s Priority Registration period for continuing students and are scheduled on Saturday mornings to provide the opportunity for part-time, working students to attend. The advising sessions involve a half-day of activities in which the concentration curricula, practicum, and capstone are explained to Master’s and Doctoral students. Since most faculty members attend these sessions, students have the opportunity at that time to ask questions regarding program expectations, procedures, and timelines for completing their fieldwork and data collection for their final project. In addition to the academic advising, students and faculty have a chance to interact concerning their mutual areas of interest and explore the potential for mentoring and research/service relationships, as well as glean ideas from fellow students on practicum and capstone projects. The College has found an efficient and effective way to accommodate student advising needs and facilitate the necessary relationship building with faculty.

The MPH and Dr.P.H. students are admitted in the fall. Prior to the start of fall classes, the CPH conducts a one-day orientation. This one-day orientation presents an opportunity for incoming students to meet the faculty and become acquainted with their interests. At the orientation, students are able to identify faculty mentors who can guide them within their area(s) of interest/concentration. Incoming students also meet other students enrolled in the Master’s and Doctoral programs. Establishment of these linkages helps the students learn how to access faculty and staff resources in the College, become resources and support for one another, and understand individual course requirements, as well as the overall programmatic expectations. The itinerary for this orientation includes, but is not limited to the following:

- Discussion of university and College policies and procedures
- Distribution and review of the student handbook
- Introduction to faculty in terms of teaching areas and research interests
- Curriculum overview
- Description of unique opportunities and requirements within each concentration area
- Review of the requirements for the capstone and practicum experiences
- Review of health requirements and OSHA
A copy of the 2004 Dr. P.H., MPH Gerontology orientation agendas can be found in Appendix IX.C (A) MPH, Dr.P.H., and Gerontology Student Handbooks are revised annually, prior to the matriculation of each entering class. These handbooks, along with complete packets of advising and orientation materials for MPH, Dr.P.H., and Gerontology students will be available in the Resource Files available at the UK CPH for the CEPH site visitors.

Career and Placement Advising

CPH faculty members are professionals with a wide variety of experiences both within the university and through various roles and contacts outside the university campus. Their affiliations with professional societies, such as ASPH and APHA, as well as with agencies such as Kentucky’s state and local governments and the CDC, help students explore career opportunities and provide them with a network of individuals in the state and in the nation from which to draw when looking for employment. Often, a phone call to colleague leads to an employment opportunity for a graduate. The mentoring relationship provides the vital basis for a faculty member to advise, support, recommend, and promote in the pursuit of employment.

The Admissions and Student Affairs Office acts as a clearing house for position announcements, and regularly notifies students and alumni of employment opportunities utilizing its email address books.

Other Student Support Services

The James W. Stuckert Career Center provides career and placement counseling for all university students, including those who are not seeking employment; such as resume writing, interview skills, job opportunities, etc.

The University Health Service provides a full range of medical services and also coordinates support groups and individualized counseling for students with special needs. Such services are critical to ensuring that our students have the opportunity to develop and participate in their educational experiences with maximum potential.

In the spring 2004 semester, a new one-credit hour course, Professional Development in Public Health, was offered as an elective offering, in response to student input and requests. The course syllabus (Appendix IX.C (B)) was developed and the course presented collaboratively with faculty from the Career Center, faculty from the College, and staff from the Office of Admissions and Student Affairs. With the strong emphasis on skill development, initial reception to the course indicates that it will be an annual offering and a significant component of the College efforts to aid students in acquiring appropriate employment. The first class of thirteen students in spring 2004 included both those who would experience an initial entrance to the public health workforce, and nontraditional students who were anticipating career advancement opportunities. Course goals and content were designed to meet the needs of both groups. Faculty and student input indicates that this course strengthens CPH support of its students, in relationship to career counseling and job placement. Student evaluations for the spring 2004 offering are available in the Resource Files available at the UK CPH for the CEPH site visitors; but comments have been generally positive.

IX.C.2. Information about student satisfaction with advising and counseling services.
The results of two surveys conducted in March of 2004 are reported below. Information was solicited from continuing students about the College success in meeting their needs for academic advice. Seventy-four of the one hundred twenty-four students who were contacted (59.6%) completed the survey. Forty-four of the students were full-time, twenty-eight were part-time, and two did not indicate their status. Sixty-two percent indicated they normally seek advising prior to registration. A summary of the results follows, in table and narrative form.

**Registration process most often used**

<table>
<thead>
<tr>
<th>Process</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone registration</td>
<td>52%</td>
</tr>
<tr>
<td>Web UK</td>
<td>41%</td>
</tr>
<tr>
<td>Office of Adm/SA</td>
<td>5%</td>
</tr>
<tr>
<td>Registrar’s office</td>
<td>2%</td>
</tr>
</tbody>
</table>

**Frequency of advice sought by advisees**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>8%</td>
</tr>
<tr>
<td>One time</td>
<td>20%</td>
</tr>
<tr>
<td>Two times</td>
<td>36%</td>
</tr>
<tr>
<td>Three times</td>
<td>14%</td>
</tr>
<tr>
<td>More than three times</td>
<td>22%</td>
</tr>
</tbody>
</table>

As can be seen, students are using automated and web based registration tools made available by the University for registration. Student needs for advising frequency varies considerably -8% indicate that they are using published materials and fellow student input for choices related to course selection. Most of the students seek advising assistance one or two times a semester; 22% seek advice three or more times. It is speculated that the students seeking advising services more often may be those nearing the end of their program who are seeking advice on their practicum and/or capstone project (Subsequent data collection regarding the adequacy and satisfaction of student advising services will include the collection of demographic information to help identify those students requesting or requiring more frequent advising and related support.)

The number one source that students access for advising information is the Admissions and Student Affairs Office (providing 51% of the advising). Faculty provide 43% of the advising, and other sources 6%.

**Source of academic advice (multiple responses)**

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions/SA</td>
<td>51</td>
</tr>
<tr>
<td>Division Director/Department Chair</td>
<td>28</td>
</tr>
<tr>
<td>Committee Chair</td>
<td>16</td>
</tr>
<tr>
<td>Other faculty</td>
<td>23</td>
</tr>
<tr>
<td>Other source</td>
<td>6</td>
</tr>
</tbody>
</table>

To assess the level of student satisfaction with advising experiences, a five point Likert Response Scale (with 3 being modestly satisfied and 5, the highest level of satisfaction) was used for the respondents’ expression of satisfaction. Overall the ratings are at or slightly above 4, reflecting relatively minor differences across items. However, it is particularly pleasing to note that students are satisfied with their academic progress and the academic advising they receive. These results will become a baseline for comparison with the results of future surveys. The average numerical response for each item is reflected as follows:

<table>
<thead>
<tr>
<th>Item</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advisor’s assistance with schedule planning</td>
<td>4.0</td>
</tr>
<tr>
<td>Advisor’s assistance with course selection</td>
<td>4.0</td>
</tr>
<tr>
<td>Registration process</td>
<td>4.4</td>
</tr>
<tr>
<td>Accessibility to academic advise</td>
<td>4.1</td>
</tr>
</tbody>
</table>
Knowledge of degree requirements 4.0
Academic progress you are making in your program 4.3
Academic advice you receive 4.2

A second survey was administered to graduates in spring 2004, not only to assess their academic experience, but also to collect information about their success in finding employment. Twenty-two of the thirty-five contacted (63%) responded to the survey. Eighteen of the respondents are employed (16 in public health positions) and the other four are continuing their education in another academic program, i.e. medical school. Among those employed, 75% were in positions with salaries above $30,000. Graduates were pleased with the education they received, and over half indicated that the CPH faculty and staff resources were essential elements in their finding employment.

All but one respondent indicated that s/he would recommend the CPH to others interested in public health studies. Items that assessed the academic advising they received as a student received Likert scores consistent with those of the current students (noted above) with a score of 4.4 to reflect their rating of their overall satisfaction with the academic advice they received. In general, students are pleased with the education they have received and their experiences with the faculty and staff. Future assessment activities that are able to access a larger sample of alumni have the potential to provide more generalized information.

A complete list of responses to both surveys is available in Appendix IX.C (C). In general, students and graduates are satisfied with the advising they receive.

**IX.C.3. Assessment of the extent to which this criterion is met**

**Strengths:**
1. Orientation is provided for all entering students.
2. Career and placement counseling is available to all students.
3. Each student enrolled has access, from time of enrollment, to advisors who are knowledgeable about the MPH, Dr.P.H. and Ph.D. curricula overall and about specific courses and programs of study.
4. Student assessment information verifies that the CPH has been successful in meeting this criterion.

**Weaknesses:**
None identified

**Recommendations:**
1. As the College’s identity and general interactions mature, role clarification will benefit the student/faculty relationship, as well as provide the impetus for the faculty and staff to work together to gather data to support responsive decision-making and acquire greater familiarization with the curriculum and academic policies that impact student advising.

2. Ongoing attention needs to be given to creating and providing opportunities for student-faculty interaction.

**This Criterion is met.**
CRITERION IX.D. – STUDENT PARTICIPATION

Criterion IX.D. Students shall, where appropriate, have participatory roles in conduct of school and program evaluation procedures, policy setting and decision making.

From the outset, students in the CPH have played a significant role in the development of policies and procedures and in program and faculty evaluation. As the College develops, student participation will increase in the areas of evaluation procedures, policy setting, and decision making.

IX.D.1. Description of student roles in evaluation of school and program functioning

Utilizing student assessment of the College and its constituent programs is essential to maintaining and improving the quality of institutional programming. Increasingly, the emphasis is on identifying students as primary “clients” of the College and acquiring their feedback on the services they receive. Surveys and questionnaires, as well as student focus groups have been used as mechanisms to provide assessment information. Student and alumni surveys address curriculum evaluation, advising, student support services, placement assistance, career development, etc. As the number of enrollments and graduates increase, evaluation and assessment processes become ever more important to enabling the College to progress beyond the start-up phase.

As mentioned in Criterion VIII, all courses offered in the College are anonymously evaluated by students. A standard form is used across the University, with fixed category responses and additional open-ended questions. The evaluations are completed toward the end of each semester and when the instructors are not present in the room. Instructors receive feedback that includes means, standard deviations, and frequencies for each of the multiple choice items, and a typed transcript for the open-ended responses. The results of the evaluations become a component of the faculty member’s dossier, are reviewed with the department chair and the Dean, and are considered in retention, merit salary increases, promotion and tenure evaluation, as well as in department or program reviews.

IX.D.2. Description of student roles in governance, as well as in formal student organizations.

Student input into the College extends to matters of governance. Student representatives attend and participate in all college-wide faculty meetings and all College standing and ad hoc committees. For example, students are participants in the admissions process, not only in the review of files and providing input into decisions, but in interviewing Dr.P.H. applicants and helping with the recruitment process. Students are excluded from meetings, or portions of meetings, when other CPH students are being discussed or reviewed. In all cases, consideration of participation by the student representative is determined by the wishes of the student being discussed and reviewed. The various standing and ad hoc committees and their membership are addressed under Criterion III and listed in Appendix III (C).

The University of Kentucky Student Public Health Association (UKSPHA) acts as the formal channel for student input and involvement. UKSPHA is an affiliate of the Kentucky Public Health Association and its members sponsor intellectual, career-related, and social events.
throughout the year. Additionally, this organization has a service-oriented mission and initiates, organizes and participates in numerous service activities in the community and with other student groups throughout the year.

The President of UKSPHA serves as the student representative to the College Administrative Council and is the spokesperson for the organization at various College forums. The President is the official student representative at the annual meeting of the American Public Health Association (APHA) and the APHA Student Caucus. The organization was formed shortly after the Kentucky School of Public Health was formed and it has been extremely active ever since, producing a number of leaders who have been very active in professional organizations. For example, the first President has served as the Chair of the Public Health Student Caucus and a past Vice President served in the office of Treasurer for the Caucus.

The CPH is committed to providing ample opportunity for as many of its students to attend the APHA annual meeting as possible. Students are excused from classes during APHA meeting times in order to facilitate their attendance. In 2001, the CPH provided motor coach transportation for students and faculty to attend the meeting. In 2002, the College helped offset the cost of attendance for students by paying the registration fee. Despite the budgetary restrictions that limited the support that could be provided by the College in 2003, nineteen students attended the meeting in San Francisco. This meeting not only offers a great opportunity for networking, but serves as an inspiration to their career aspirations.

The CPH Bylaws (Appendix III (A)) specifies students as members of the following administrative and standing committees: Administrative Council (2.2), Practice and Service Committee (2.4), Academic Affairs Committee (7.1), the Admissions and Student Affairs Committee (7.2), and the Research Committee (7.3). The philosophical approach to enabling student input and representation in college governance is clear in that all of the major areas of college operations (education, research, and service) involve mechanisms for formal participation of students in decision-making and processing evaluation input.

IX.D.3. Assessment of the extent to which this criterion is met

**Strengths:**

1. CPH students participate in appropriate aspects of evaluation, including assessment of teaching, of research and service opportunities, of field experiences, and of counseling and placement procedures.
2. Administrative mechanisms permit appropriate student involvement in program policy formulation and review.
3. Standing and ad hoc committees, with explainable exceptions, include student members.
4. Students play a focal role in the evaluation of the College’s programs and procedures.
5. Students participate in all aspects of college governance.
6. Students maintain a vibrant student organization that actively interfaces with state and national affiliates.
7. Students are essential contributors to the decision-making processes across the College. As one graduate stated, “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.”
Weaknesses:
None identified

Recommendation:
1. Seek funding to promote a larger student attendance to the APHA annual meetings.

This criterion is met.
CRITERION X.A. - SELF STUDY PROCESS

The College of Public Health (CPH) has established a means by which to engage in a systematic, broad-based and integrated evaluation of its activities, so as to be able to determine its effectiveness in achieving its stated mission, goals, and objectives. The results of this process will be linked and systematically utilized to inform the College's processes by which it plans for the future. Toward that end, evaluation and planning are interrelated functions in the College; and the supporting infrastructure to successfully manage and implement these activities is being incrementally built with diligence. The ultimate goal of the College assessment plan is to under gird it as a learning organization in all aspects of its education, research, and service activities. It will do so through data collection, reflection, accountability, and collaboration.

The College will regularly collect data, to provide information needed for its evaluation processes, responsive management, and planning. To triangulate its internal assessment and evaluation processes, information will be obtained on a regular basis from external stakeholders such as practitioners, alumni, public health agency representatives, benchmark public health education programs, accrediting agencies, and public health constituents.

X.A.1. Description of evaluation procedures and planning process being used.

College planning processes reflect its awareness of and accommodation to changing health needs of populations and in societal and institutional responses to such change. Planning and evaluation activities in the College of Public Health are intended to be continuous, and achieved at multiple levels (i.e. course, department, college/program); reflecting a strong commitment to implement best practices in assessment. In combination, these multi-level planning and evaluation efforts are designed to demonstrate the current status of the CPH programs and to sustain its effort toward enhancing its quality and integrity. As the college documents its achievements, it also supports achievement of institutional goals. The core values of the college are reflected in the development, execution, and interpretation of all assessment practices.

At the institutional level, a comprehensive system of planning and evaluation is evident in its administrative and governing regulations. As a member of the university community, the CPH participates in documentation of its quality and effectiveness and the university overall. These regulations will be available in the onsite resource room. Specific assessment related regulations include these at http://www.uky.edu/Regs/AR/ar059 for AR II-1.5-2; http://www.uky.edu/Assessment/prog.shtml for AR II-1.0.6; GR IX-1: Review of Educational Units, at http://www.uky.edu/Regs/GR/gr09.pdf; and the Institutional Effectiveness Cycle, also at http://www.uky.edu/Assessment/iediagram.pdf). These regulations outline the expected activities and their relationships between strategic planning, the processes of program review and annual assessment reporting, and the link these have to budgeting processes for all campus units. Some of the critical details are outlined below.

Strategic Planning. Within the campus regulations, the defined purpose of strategic planning is to identify and prioritize the actions of the University and its units so as to best accomplish its goals, fulfill its mission, and realize its vision. In this sense strategic planning provides the broad framework for monitoring and evaluating both institutional and unit-level effectiveness. Under the leadership of the President, a new strategic planning effort was launched for 2004-2006 (Appendix I (B), The Dream and the Challenge). This effort aligned campus energy during the
strategic planning process and identified six institutional goals. College and department strategic plans articulate how the unit will advance toward its internal goals and simultaneously support the realization of institutional goals. As these have been reviewed and finalized, they have been posted in highly visible locations on the College and departmental web pages. This process of communicating with constituents with regard to the College strategic plan and related activities will continue.

Program Review. As an approved college, four institutional effectiveness criteria are addressed by the units via Program Review: (1) a critical review of the unit’s mission statement at least once every five years, (2) statement of clear, concise, measurable unit goals and objectives which must reflect outcomes (and reflect input and process) and also educational outcomes to address quality of student learning for those completing degree programs, (3) description of assessment methods including specific evaluation techniques and criteria for determining progress, and (4) a process to use assessment results for quality enhancement which includes linkages to future planning and budgeting.

As previously noted, University regulations require program review within each college, and the major units within a college every 5-7, ideally 5 years. It is important to note that program review is not confined to academic programs, but also includes all of the College organizational entities that provide academic, administrative, support programs and/or services. Program review must address all mission areas in a comprehensive manner parallel to that defined by CEPH; it must address effectiveness in achieving research, instruction and public service/outreach goals.

The program review consists of four major elements. First, the internal faculty and staff members of the department conduct a self-study. The self-study is followed by an external team review. The external team members are individuals external to the unit but internal to the institution. However, the team may also involve reviewers from outside the institution (i.e., representatives from other state or regional stakeholder groups, curricular experts, and alumni). The third element of the program review is the development of a Program Implementation Plan. This plan provides a summary of the decisions made about all recommendations found in the self-study, in the external team report and from the unit head during the program review process. It also outlines the appropriate goals, objectives and timelines to execute the accepted recommendations over the next 5-7 year cycle. The fourth element of program review is a series of annual progress reports that “close the loop” on the assessment cycle.

Annual Progress Reporting. Each year following the Program review, Annual Progress Reports capture information about the outcomes of strategies detailed in the Program Implementation Plan. This reporting is facilitated through a secured web-based system (Strategic Planning and Reporting System; SPRS). These reports spell out which goals will be the focus of attention and work in a given year. Generally units complete and file their plan in the fall of each academic calendar by entering goals/objectives and assessment methods and criteria into their web report. As assessment results become available over the year, they update their web reports by recording results and briefly describing implications of results (e.g., needed enhancements, further development of a curriculum, and the addition of tutorials or review sessions, development of a rubric for rating some student skill or project). In this way the annual progress report is one mechanism whereby success or needed improvements are officially documented, making the critical link between plans goals and outcomes.
Following the UK Board of Trustees action establishing the CPH as an independent college, the University’s schedule of program reviews were adjusted to reflect this change in status. The Dean and the Vice President of Institutional Research, Planning and Effectiveness have negotiated a review schedule for the College and related subunits (i.e. departments, centers, etc.) to maximize internal efficiency and ensure all units are reviewed within the cycle. For example, the Ph.D. program in Gerontology completed its Institutional Self-Study Report for the period 1996-2003. It will likely be scheduled in as part of the CPH-wide review in AY2009/2010. (The Gerontology Self Study Report and other updates, reflecting a history of the past participation in these processes will be in the Resource Files available at the UK CPH for the CEPH site visitors.) The tentative timetable established for college departmental participation in the institutional review process is as follows:

- 05/06: Department of Preventive Medicine and Environmental Health, IPRIC and SE Center for Agricultural Health and Injury Prevention
- 06/07: Department of Health Behavior, Prevention Research Center, Department of Health Services Management, Department of Biostatistics
- 07/08: Department of Biostatistics, Department of Epidemiology
- 08/09: Gerontology (Ph.D. program and the Center for Gerontology, College of Public Health

New Strategic Planning and Reporting System accounts will be established for purposes of annual progress reporting at the college-level and at designated subunit levels. The dean, or dean’s designee will work with the Director of Assessment to establish the desired configuration of reports and related accounts. Several of the units of CPH have used the web-reporting system under their previous reporting structures. Sample reports are available in the onsite resource room for CEPH visiting team.

Institutional research reports are extended to other colleges for monitoring productivity and will be extended to CPH. Among these college-level summaries are: institutional surveys such as the UK Survey of Graduate and Professional Alumni, teacher course evaluations, and retention and graduation tables. A College Profile, which provides a variety of productivity indices, will be established for CPH. In a number of instances, departments will be able to access these data by drilling down into tables. They can also request an ad hoc report on available institutional data sets.

In addition to planning and evaluation about unit effectiveness, additional evaluative activities; associated with personnel performance, research productivity, and service/public outreach have been discussed elsewhere in this document.

Using Planning and Evaluation Information. At the direction of the Dean or his/her representative(s), planned assessment activities for the newly-formed college will be implemented on a regular schedule and through constituent representation in standing and ad hoc committees and work groups; faculty, staff, and students will become “receivers” and “disseminators” of assessment information and thus help provide input that will shape college process and practices. Further, the Dean or his/her representative(s) will work within the college structure to guarantee that results are summarized, reviewed, and distributed for use by various decision-making individuals and/or groups; and reported in a consistent, timely, and effective manner that supports strategic planning at the college level.
Formalizing these roles and activities will be a critical element of the planning work for the next few years. For example, strategies to ensure that assessment information available from multiple sources (i.e. employer or graduate student focus groups, faculty ratings of student practicum experiences, faculty and student conference presentation and publication rates) are brought together in timely ways for decision making needs to be established and rooted in the general operation of the committees or formally assigned as responsibilities to key staff and administrators to accomplish in conjunction with one or more committees. The Dean and the Administrative Council have primary responsibility and oversight for the assignment of assessment work to committees, unit heads, and individuals, as appropriate.

In summary, planning and evaluation at the University of Kentucky follows a well-defined structure and set of procedures. The units brought together in the College have been active participants throughout the institutional review process. The College should be able to continue this momentum to take advantage of the existing systems and procedures to expand its planning and evaluation efforts.

X.A.2. Identification of measures by which the school may evaluate the effectiveness of its evaluation and planning activities along with data regarding the school’s performance against these measures over the last three years.

The CPH will develop an extensive assessment plan as one of its first priorities as a new college. It has already begun the process of doing so in order to be able to begin to gather pertinent data and use it for foundational decisions and strategic planning. The alignment of the University mission and goals with that of the College is summarized in Appendix X.A (A). Toward that end, the Office of Institutional Research, Planning and Effectiveness has been represented throughout the self study process on the Self Study Steering Committee, and will continue to be consulted as the college assessment plan is developed. The office has prepared draft documents and submitted those to the College Self Study Steering Committee (Appendix X.A (B)). These documents will be used as foundational as the College assembles its final assessment plan, consistent with institutional processes and involving reflection, data collection, and collaboration. In addition, the college has established a means by which to direct these efforts, through the remainder of 2003-2004 and 2004-2005.

The following is summary of the draft documents currently under consideration at the college level. The draft describes a number of features: (a) a college specific definition of assessment, (b) a set of guiding principles for assessment practice, (c) an enumeration of assessment design principles, (d) specification of various levels of assessment which will be addressed in CPH planning and evaluation efforts, and (e) a list of environment factors that influence assessment practices. In addition to codifying the philosophy and principles that guide internal assessment practice, the draft assessment plan provides an inventory of current assessment activities. As the College matures, the inventory of activities will naturally evolve, capturing information and increased detail from revised and expanded activities. Furthermore, as routine assessments are implemented trends in achievements will be possible.

A significant focus of the College assessment plan will be an emphasis on student learning outcomes assessment and the recognition that this type of assessment occurs at multiple levels. In particular, this plan will attend to learning gains seen at the program-level and at the course-
level. Appendix X.A (C) references the major levels of assessments typically administered by and within the College. This document will become a starting point for defining performance criteria to be assessed along with information about the method being used, the timetables for assessment, the parties responsible for administration, analysis and dissemination of results and the recommendations for action and/or improvements. Both the procedures and results of some of these assessment efforts have been described and/or referenced elsewhere in this self-study.

The assessment activities of the CPH to date would best be characterized as a series of stand-alone efforts. The primary focus of assessment work in the College thus far has been on establishing the program-level assessment activities and appropriate timelines for these activities. Many of these activities have provided indirect measures of student learning gains (i.e. self-assessment and self-report) and focused on broad program improvement issues such as the quality of advising and registration. As personnel assignments and committee functions related to these planning and evaluation activities become routine or college traditions are established, these activities will become more tightly integrated, streamlined, and informative. Further, effort will also shift in emphasis from broad process issues toward development of direct measures of students’ public health competencies and their developing expertise as public health practitioners.

3. Assessment of the extent to which this criterion is met.

Strengths:
1. An integrated approach to planning and evaluation, with an emphasis on measurable indicators, has been in place for many years at UK. The CPH will continue its full participation in these institutionally-defined efforts.
2. Monitoring and reporting progress has become a hallmark of the planning and evaluation efforts at UK (much to the chagrin of faculty) with great emphasis placed on transparency, communicating results and using assessment information to take action on needed program enhancements.

Weaknesses:
1. For all the reasons identified elsewhere in the Self-study report, the College lacks a comprehensive assessment plan and a history of systematic data gathering processes.
2. The College does not have an established and integrated assessment plan, as yet.

Recommendations:
1. The College must continue the development of a comprehensive assessment plan that places a high premium on student learning outcomes in order to document the skills and abilities of students earning CPH degrees.
2. It must become evident that the systematic collection of data and analysis is manifest in the decision making process.

The criterion is partially met.
CRITERION X.B. - SELF STUDY PROCESS

X.B.1. Provision of documentation specified.
The submitted self-study report consists of two spiral-bound documents with tab dividers. One contains the College’s responses to each of the criteria; the second provides supporting and elaborating documentation in the form of appendices.

X.B.2. Description of the process used for the self-study
The self study was guided by a steering committee with representation from each of the six departments, MPH and Dr.P.H. students, chairs of the Academic Affairs, Admission and Student Affairs, and Research Committees, an alumnus, external representatives from the State Department for Health, the Office for Institutional Planning, Effectiveness and Research, and the Teaching and Academic Support Center (TASC). After its first meeting in December 2003, the Steering Committee met bi-weekly on average throughout the period of investigation, with some meetings being weekly. Writers volunteered to investigate and draft a response to a criterion with which their expertise and interest coincided. Many of the writers then used other standing committees to carrying out the investigation and writing, e.g. the Research Committee chair employed the assistance of the research committee, as did the chairs of the Academic Affairs Committee, and the chair of the Admission and Students Affairs Committee. Drafts and data were exchanged between writers to minimize duplication of effort and narrative. The Co-chairs with the assistance of the representative of the TASC integrated the narratives into a final document.

As part of the process, drafts of the document were periodically posted on an internal web site and faculty and staff were invited to review the documents and provide feedback. Also, a retreat of the faculty and staff was conducted and ad hoc meetings of students were convened to gather feedback. Once a draft of the document was nearly completed, four members of the faculty who were not part of the steering committee process were asked to critically review the document for substantive omissions, inconsistencies, etc. Additionally, the Executive Committee of the External Advisory Council was briefed on progress and invited to review the document and provide comment. A print ready document was prepared by the Administrative Assistant of the Director. See Appendix III.C. for a list of the Self-Study Steering Committee members.

X.B.3 Analysis of responses to recommendations in the last accreditation report.
Insert here

X.B.4 Summary statements of the College’s performance for the accreditation criteria.
Executive Summary

The College of Public Health (CPH) has conducted a rigorous examination of its instructional, research, service and administrative processes in light of the criteria established by the Council on Education for Public Health (CEPH). In general, this self-study reflects the characteristics of a relatively new academic degree program and a very new collegiate structure. Many procedures have yet to be implemented, although draft documents and plans are in place to bring the College into full compliance with CEPH criteria over the coming months.
The strengths, weaknesses, and recommendations identified for each criterion have been carefully considered in the context of the College as it stands at the time the Self Study Report is being delivered to CEPH. Because self-study is an ongoing and reflective process, the College anticipates reporting continuous progress toward the criteria at regular intervals to the Council between the September site visit and the Council meeting in May 2005. The self-study process has been undertaken in a reflective, thoughtful, analytical, and candid manner. The College now seeks consultative guidance from CEPH as to the relative merits of its findings. For the purposes of this summary, only the most salient findings are noted. The judgments of the faculty and staff can be categorized into two groups - those criteria evaluated as “met” and “partially met.” There are no criteria that are judged to be unmet. It is fully anticipated that the necessary processes already underway will continue in the near term to fulfill the expectations of the criteria. Many of the recommendations have been incorporated into the College work plan (Appendix I.C.) for the coming months and years.

The criteria that address the overall direction, organizational structure, governance of the college, and resources (Criteria I, II A. and B., and III) are met. Criterion I (Mission, Vision and Goals) is met. The College has a clearly formulated mission with supporting goals and objectives that are developed in response to its changing internal and external environments. A formal annual planning cycle has been established. The mission, goals, and planning process serve as the basis for the College and Departmental decisions regarding the priority of activities and the allocation of resources. Criterion II.A (Organizational Structure-External) is met, in that operations existing within the College were already in compliance with University policies and procedures during its formative period as a School. Criterion II.B (Organizational Structure-Internal) reflects the recently formalized and expanded governance under college status. The faculty is representative of a variety of disciplines and the structure is conducive to the development of interdisciplinary efforts in teaching, research and service. The College, and to a greater extent the University, have written policies reflecting a commitment to fair and ethical dealings. It is recognized that CPH will need to establish itself with regular communications and operations as it begins to fulfill its potential as the sixteenth college in the University.

Criterion III (Governance) is met. Although the College is new, many academic and administrative processes have been in effect for several years. Throughout its brief history as a School of Public Health, student and faculty involvement in its governance has been quite evident.

In Criterion IV (Resources), it is noted that the creation of the College was an affirmation of the adequacy of the resources by the multi-layered academic review process. The College has a well thought out and planned strategic list of objectives. Given the newness of the unit, it will be important that the college executes its assessment plan, so as to collect and analyze continuous data from a number of sources that assesses the adequacy of its infrastructure and resources to support the major operational aspects of its research, education, and service missions. The evolving nature of the College and the assumption of budgetary obligations and personnel from other colleges have not been fully integrated thereby leaving some uncertainty about the adequacy of resources. This criterion is judged to be partially met.

The sections of Criterion V (Instructional Programs) reflect judgments that are both met and partially met. There are many strengths described under each sub-criterion as detailed below,
however throughout Criterion V there are three underlying weaknesses. First, both the MPH and Dr.P.H. are relatively new degree programs with the MPH having three graduating classes and the Dr.P.H. degree program not graduating its first official class until May 2005. Therefore, only limited data has been collected to validate that the nature and sequence of learning activities are sufficient to prepare the students to be practitioners and leaders in public - the intended goal of the educational programs. Second, the process of articulating objectives, competencies and assessment has only recently begun and continues to be refined. Third and related, the process of specifying and comprehensively implementing an assessment of identified outcomes is still rudimentary and in draft form. Additional staff resources in the form of assessment expertise and educational consultation have been secured through September 30 but efforts are underway to secure additional resources in order to complete the articulation process and first cycle of assessment activities at the college level to disseminate the findings to the appropriate constituency. The goal of the College is to design and implement an assessment plan that triangulates pertinent data and becomes a valuable source of input to planning and decision-making as the College matures and the number of students and graduates increases.

For the specific sub-criterion within V, Criterion V.A. (Instructional Programs) is met for all public health degrees. They are designed to address practice in public health, delivered in a format that accommodates part-time and commuting students, and several graduate certificates complement the academic programs. The Dr.P.H. curricular design has received favorable attention as a model for other public health schools. In addition, the Ph.D. in Gerontology offers opportunities for innovations in public health education. Criterion V.B. (Professional Degree Programs) is met. The capstone project is an innovative approach to the culminating experience and has been recognized as such. The Ph.D. in Gerontology already has a mature design for its comprehensive examination and capstone requirements. Criteria V.C. (Learning Objectives) and V.D. (Assessment of Learning Objectives) are judged to be partially met, since the process of articulating objectives, competencies and assessment is still under development.

Criterion V.E (Curricula for Academic Degrees) and V.F (Doctoral Degree Programs) are met. The College offers the Ph.D. in Gerontology and The Dr.P.H. with five concentrations directed toward public health practice. In that the Ph.D. program has only recently relocated to the College, it is a good fit with the academic, research and service mission, and additional consideration of its articulation will be considered in the future as the College moves forward. V.G. (Joint Degree Program) is met. There is one dual degree offered, the MD /MPH. The required curriculum of the public health component of this joint degree includes the entire MPH core curriculum, selective requirements, practicum, and capstone expectations of the MPH. Finally, Criterion V.H. (Non-Traditional Programs) is met. Although a nontraditional degree program is not offered, efforts are being made to accommodate non-traditional students through time shifting and a modest number of electronic courses. As of yet, the impact of the Statewide Strategy for Public Health Education and Research, approved on July 19, 2004 by the Kentucky Council on Postsecondary Education is still uncertain. It is anticipated that the initiative will influence various aspects of Criteria V and VI regarding the establishment of competency-based curricula through an active collaborative partnership between the academic programs and the public health practice community, the delivery of modularized academic courses permitting multipurpose usage for continuing education, certification, and credentialing programs serving the current workforce, and research activities.
Criterion VI (Research) is met. Continued efforts to permit sufficient and appropriate measurement of the research program of the College are needed and systematic data collection to substantiate and revise the research goals of the College. Having said this, the College research program reflects commitment and strong activity, as evidenced by its accomplishments as a school and its mission, vision, and goals as a college. Faculty are engaged in a number of community-based research activities that augment the student and faculty perceptions and understanding of public health and that contribute to the well-being of the community in a number of ways. The College pursues an active research program, consistent with its mission and goals, which complements its teaching and learning objectives as stated for its instructional programs. It provides an environment that is conducive to research and scholarly inquiry and opportunities are available to students to benefit from research experiences. College values and University terminology facilitate integration of research with service activities.

In Criterion VII (Service), there is evidence that the College has well-established and effective linkages with organizations and agencies in the community that support its success toward meeting its overall objectives. Extensive service activities by the faculty are demonstrated, particularly service to one’s profession, community organizations, and through journal reviews. However, this Criterion is judged to be partially met, since efforts need to be intensified to transform the accumulation of service activities into an active service program which is more consistent with the current mission, vision, and goals that place additional emphasis on community outreach, service, continuing education, and community engagement. Further, the systematic assessment of professional needs of public health workers is not currently being addressed; consequently the short-term programs being developed are in response to estimated needs, rather than needs extracted from assessment data for the Commonwealth.

The analysis of the faculty complement in Criterion VIII.A. (Faculty), it is believed that the criterion is met as the faculty represents the basic disciplines of public health and education, as well as gerontology, an emergent sub-domain within public health. The review process identified that a concerted effort needs to be made to bring practice experience from outside the University into the classroom through adjunct faculty appointments, guest speakers, symposia, and faculty development activities. Recognizing the unique nature of a new college and the public health profession, it is anticipated that more specific efforts will need to be directed toward supporting the various components of faculty effectiveness. Further, in part, as a result of the relative youth of the College, it has not yet achieved the level of college infrastructure, faculty mentoring, assistance and support that is deemed desirable to support instruction and research. At present, there is limited triangulation of data between faculty evaluation, student performance, and program outcomes.

Criterion VIII.B. (Faculty Recruitment, Retention and Evaluation) is judged to be partially met as is Criterion VIII.C. (Faculty Diversity). In alignment with the University Strategic Plan, the need is recognized for increased focus on the recruitment of minority faculty including African American and especially Hispanic faculty in a state where this population is growing rapidly.

All four sub-criteria under Criterion IX have been met. For Criterion IX.A. (Students), the GPA’s and standardized test scores reflect the recruitment of a well-qualified student body. The current recruitment and admissions policies have been successful, although the systematic collection of assessment data is just now getting underway that will facilitate the refinement of policies. Among the self-recommendations, a long term strategic recruitment plan should be developed that includes: targeting students in the public schools, undergraduate students, and the public
health workforce; educating potential graduate students to the public health field and creating appropriate forums to introduce public health as a profession; and, developing an undergraduate course for the UK undergraduate curriculum that will introduce students to public health and the profession of public health.

Under Criterion IX.B. (Student Diversity), the African American percentages of the student body considerably exceed those percentages for the state’s population and for enrollments in other University programs. Attention must be given to networking with and attracting Central Kentucky’s emerging Hispanic population to careers in public health. This criterion clearly is met. Criterion IX.C. (Student Advising) is met as well, although more faculty need to become involved with student advising as the college evolves. Having only recently achieved college status, there have been limited opportunities to create cohesion and unit identification. As the College’s identity and general interactions mature, the impetus for the faculty to acquire greater familiarization with the curriculum and academic policies. Additionally, a large number of alumni feel a real closeness to the college, but do not have an avenue to provide suggestions and support. It is recommended that a college alumni association should be created as soon as possible to take advantage of the excitement around achieving college status and pending accreditation, as well as to set the foundation for a tradition of support for the College. Finally, Criterion IX.D. (Student Participation) is met. Students play a focal role in the evaluation of College programs and procedures. They participate in all aspects of governance and maintain a vibrant student organization that actively interfaces with state and national affiliates

Criterion X.A. (Evaluation and Planning) produces contradicting results. Planning to create the College, organizing it to perform its it mission with available resources, and to set out a work plan for the coming months and years are indicative of an abundance of effective and comprehensive planning activities. On the other hand, demonstrating that indeed the anticipated outcomes have been achieved is not demonstrated historically, as a result of data collection, dissemination, and rigorous assessment processes. Since confirmation is in the implementation of the intended objectives and assessment, this criterion is judged to be partially met at this time.

Criterion X.B. is met. Broad-based representation on the Self-study Steering Committee brought many perspectives to light that would not have been possible with only members from within the College. The deliberative process resulted in the identification of concerns and weakness, but also allowed a degree of satisfaction in the identification of strengths; both of which contributed to the formulation of a plan of action.

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<tr>
<th>Criterion</th>
<th>Area of Assessment</th>
<th>Evaluation</th>
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<tr>
<td>Criterion I</td>
<td>Mission, Goals &amp; Objectives</td>
<td>Met</td>
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<tr>
<td>Criterion II.A</td>
<td>Organizational Structure - External</td>
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<tr>
<td>Criterion II.B</td>
<td>Organizational Structure - Internal</td>
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</tr>
<tr>
<td>Criterion III</td>
<td>Governance</td>
<td>Met</td>
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<tr>
<td>Criterion IV</td>
<td>Resources</td>
<td>Partially Met</td>
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<tr>
<td>Criterion V.A.</td>
<td>Instructional Programs</td>
<td>Met</td>
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</table>
X.B.5. Assessment of the extent to which this criterion is met.

**Strengths:**
1. Broad-based representation on the Self-study Steering Committee brought many perspectives to light that would not have been possible with only members from within the College.
2. The deliberative process resulted in the identification of concerns and weakness, but also allowed a degree of satisfaction in the identification of strengths; both of which contributed to the formulation of a plan of action.

**Weaknesses:**
1. In the self-study process, progress and clarity was occasionally hampered by the concurrent activities related to the process of becoming a college.

**Recommendations:**
This criterion is met. The momentum of the self-study process must continue throughout the coming months. The immediate implementation of the recommendations is deemed essential to that end.