

# **FINAL REPORT**

## **SELF-STUDY**

### **UNDERGRADUATE AND MASTER OF PUBLIC HEALTH**

**Western Kentucky University, College of Health and Human Services,  
Department of Public Health**

Submitted to:

Council on Education for Public Health  
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Submitted by:

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## Table of Contents

	<b>Page</b>
1.0 The Public Health Program .....	4
Criteria 1.1 – Mission .....	4
Criteria 1.2 – Evaluation .....	10
Criteria 1.3 - Institutional Environment .....	26
Criteria 1.4 - Organization and Administration .....	34
Criteria 1.5 – Governance .....	42
Criteria 1.6 – Fiscal Resources .....	52
Criteria 1.7 – Faculty and Other Resources .....	57
Criteria 1.8 - Diversity .....	64
2.0 Instructional Programs .....	78
Criteria 2.1 – Degree Offerings .....	78
Criteria 2.2 - Program Length .....	80
Criteria 2.3 - Public Health Core Knowledge .....	84
Criteria 2.4 - Practical Skills .....	86
Criteria 2.5 - Culminating Experience .....	93
Criteria 2.6 - Required Competencies .....	100
Criteria 2.7 - Assessment Procedures .....	133
Criteria 2.8 – Bachelor Degrees in Public Health .....	145
Criteria 2.9 - Academic Degrees .....	152
Criteria 2.10 - Doctoral Degrees .....	153
Criteria 2.11 - Joint Degrees .....	154
Criteria 2.12 - Distance Education or Executive Degree Programs .....	155
3.0 Creation, Application and Advancement of Knowledge .....	159
Criteria 3.1 – Research .....	159
Criteria 3.2 – Service .....	157
Criteria 3.3 - Workforce Development .....	164
4.0 Faculty, Staff and Students .....	170
Criteria 4.1 - Faculty Qualifications .....	170
Criteria 4.2 - Faculty Policies and Procedures .....	180
Criteria 4.3 – Student Recruitment and Admissions .....	186
Criteria 4.4 – Advising and Career Counseling .....	192

## Tables and Figures

Table 1.2.a	Public Health Data Streams	Pg 11
Table 1.2.c	Summative Data of Public Health Program Performance on Outcome Measures	Pg 14
Table 1.5.d	Faculty Membership on Standing and Ad-hoc University Committees	Pg 49
Table 1.6.1	Sources of Funds and Expenditures by Major Category, 2011 to 2015	Pg 54
Table 1.6.2	Outcome Measures for Adequacy of Fiscal Resources	Pg 55
Table 1.7.1	Headcount of Primary Faculty	Pg 57
Table 1.7.2	Faculty, Students and Student/Faculty Ratios by Program Concentration 2013/16	Pg 58
Table 1.7.j	Outcome Measures for Adequacy of Program Resources	Pg 62
Table 1.8.a.v	Diversity-Related Competencies by Degree Program	Pg 69
Table 1.8.a.ix	PH Program Diversity by AY 2012 - 2015	Pg 73
Table 1.8.1	Outcome Measures for Faculty, Students and Staff in the Public Health Program	Pg 76
Table 2.1.1	Instructional Matrix – Degrees & Specializations	Pg 78
Table 2.2.b.1	Master of Public Health Curriculum for Health Education, Environmental Health and Generalist	Pg 80
Table 2.2.b.2	Bachelor of Science in Public Health Curriculum for Health Education and Environmental Health	Pg 82
Table 2.3.1	Required Courses Addressing Public Health Core Knowledge Area	Pg 84
Table 2.4.b.1	Internship Placements for MPH Students in Health Education	Pg 90
Table 2.4.b.2	Internship Placements for MPH Students in Environmental Health	Pg 90
Table 2.6.a.1	Core Competencies (MPH)	Pg 101
Table 2.6.a.2	Core Competencies (BSPH)	Pg 104
Table 2.6.1.a	Courses by which Core and Cross Cutting Competencies are Met	Pg 108
Table 2.6.1.b	Courses by which Environmental Health Concentration Competencies are Met	Pg 117
Table 2.6.1.c	Courses by which Health Education Concentration Competencies are Met	Pg 119
Table 2.7.b.i	Outcome Measures for MPH Student Achievement 2012-2015	Pg 135
Table 2.7.b.ii	Outcome Measures for BSPH Student Achievement 2012-2015	Pg 136
Table 2.7.1.i	MPH Degree Graduation and Attrition Rates Per Cohort	Pg 137
Table 2.7.1.ii	Undergraduate Graduation and Attrition Rates Per Cohort	Pg 138
Table 2.7.1.iii	Outcome Measures for Graduation and Attrition Rates	Pg 139
Table 2.7.2.i	Destination of MPH Graduates by Employment Type in 2012-2015	Pg 140
Table 2.7.2.ii	Destination of BSPH Graduates by Employment Type in 2012-2015	Pg 140
Table 2.7.d	Outcome Measures for Certification of Professional Competence	Pg 142
Table 2.8.c.i	Bachelor of Science in Public Health-Health Education Concentration, Required and Elective Courses	Pg 148
Table 2.8.c.ii	Bachelor of Science in Public Health-Environmental Health Concentration, Required and Elective Courses	Pg 149
Table 3.1.c.i	Externally Funded Research Activity from 2012-2015	Pg 167
Table 3.1.c.ii	Internally Funded Research Activity from 2012-2015	Pg 170
Table 3.1.d	Outcome Measures for Research	Pg 171
Table 3.2.1	Faculty Service from 2012-2015	Pg 175

Table 3.2.c	Outcome Measures for Service	Pg 178
Table 3.3.c	Enrollment Data For PH Program Certificate/Minor Programs	Pg 185
Table 4.1.1	Current Primary Faculty Supporting Degree Offerings of Program by Specialty	Pg 189
Table 4.1.2	Current Other Faculty Supporting Degree Offerings of Program by Specialty Area	Pg 191
Table 4.1.d	Outcome Measures for Faculty Qualifications	Pg 193
Table 4.4.d	Quantitative Information on Applicants, Acceptances, and Enrollments by Program Area	Pg 205
Table 4.3.2	Student Enrollment Data from 2013 to 2016	Pg 206
Table 4.4.f	Outcome Measures for Enrolling Qualified Student Body	Pg 207
Table 4.6.c	Student Satisfaction with Advising	Pg 210

## Figures

Figure 1.3.b(i)	University Organizational Structure	Pg 28
Figure 1.3.b(ii)	Academic Affairs Organizational Structure	Pg 29
Figure 1.4.a(i)	WKU College of Health and Human Services	Pg 34
Figure 1.4.a(ii)	Public Health Program's Relationship to the Department of Public Health	Pg 35
Figure 1.4.a(iii)	Public Health Program's Institutional Relationships	Pg 36
Figure 2.7.a	Evaluation of BSPH and MPH Programs	Pg 133

## CRITERION 1: THE PUBLIC HEALTH PROGRAM

### 1.1: Mission

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

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

#### Mission

The mission of the WKU Kentucky University Public Health Program (MPH and Undergraduate PH) is to prepare competent public health practitioners -- through instruction, research, and service -- to enhance the health status and quality of life of diverse populations in local, state, national, and global communities.

1.1.b: A statement of values that guides the program.

#### Values

WKU's first president, Henry Hardin Cherry, expressed a theme for WKU's educational commitment that is an often quoted inspiration to faculty, students and alumni: "The Spirit Makes the Master." The WKU Public Health Program values guide the program -- in and out of the classroom and beyond the borders of our academic home -- that captures this theme:

**S**ervice to students, department, university, and the communities we serve

**P**artnerships and collaborations within and beyond our academic home

**I**nvolvement, inclusive, and engaged in our classrooms, community, and profession

**R**esearch that is applied, community-based, and engages students

**I**ntegrity, professionalism, and transparency in all we do

**T**eaching excellence: competency-based, relevant, and application-focused

1.1.c: One or more goal statements for each major function through which the program intends to attain its mission, including at a minimum, instruction, research and service.

#### Instruction

Instructional Goal 1: Provide professional preparation in the core disciplines and domains of public health and in area of concentration.

*The program provides quality, competency-based education throughout its core curriculum, areas of academic focus (health education, environmental health and generalist), and culminating and practice experiences. As a teaching institution, WKU places a premium on teaching and student learning, and is outcomes-driven in terms of student success.*

#### Research

Research Goal 1: Foster applied public health research among faculty and students in area of expertise/concentration.

*WKU encourages applied research, which dovetails nicely with public health's call for community-based participatory research. All graduate faculty members are expected to establish and maintain an active research agenda in their field of expertise, and to disseminate their findings in professional venues. Faculty and students alike, are encouraged to seek and receive extramural and intramural funding.*

Research Goal 2: Encourage collaborative research between faculty, students, and other constituents.

*By nature, public health depends on collaborative relationships among diverse professions to promote and protect health. In recognition, the PH program emphasizes research that is interdisciplinary and community-based, that creates synergy by capitalizing on the individual strength and expertise of the faculty working together, and that involves students through faculty-directed research or their own applied research agendas.*

### **Service**

Service Goal 1: Provide opportunities for students to engage in meaningful service-learning.

*The PH program embodies WKU's quality enhancement plan (QEP) theme, "Engaging Students for Success in a Global Society," by emphasizing learning through service -- in classroom activities, practice placements, and extracurricular activities -- to cultivate professionalism and civic, social, and moral responsibility.*

Service Goal 2: Foster faculty involvement in public service activities.

*The PH program encourages faculty to be actively involved in service illustrative of its vision -- improving the health of people where they live, work, learn, and play – through direct activities and membership in organizations and professional societies.*

1.1.d: A set of measurable objectives with quantifiable indicators related to each goal statement as provided in Criterion 1.1c. In some cases, qualitative indicators may be used as appropriate.

### **INSTRUCTIONAL GOAL 1: Provide Professional Preparation in Core Disciplines And Domains of Public Health and in Area of Concentration**

- I-1.1 Students demonstrate proficiency in core disciplines, domains, and areas of concentration as evidenced by:
- 80% of students earn a B or higher in each public health core course
  - 80% of students score a 7 (of 10) or higher on each public health core discipline item on the core exam/culminating experience (MPH) and practice experience (UG)
  - 70% of preceptors rate interns as a "good" or higher on demonstrating competence in selected core competencies (disciplines and domains)<sup>1</sup>
  - 70% of survey respondents rate PH graduates as 4 (of 5) or higher on demonstrating competence in select core competency areas (disciplines and domains)<sup>2</sup>
  - 80% of students rate their perceived proficiency in each of the core competency areas (disciplines and domains) as 4 (of 5) or higher<sup>3</sup>

<sup>1</sup> Preceptor Assessment

<sup>2</sup> Employer/Workforce Survey, bi-annual

<sup>3</sup> Annual Student Exit Survey (note: undergraduate survey will begin December, 2015)

- f. 80% of students earn a B or higher in required concentration courses
  - g. 70% of preceptors rate intern as showing “improvement of major skills” in their area of concentration<sup>1</sup>
  - h. 70% of survey employer respondents rate PH graduates as 4 (of 5) on demonstrating competence in selected areas of concentration<sup>2</sup>
  - i. 70% of preceptors rate intern overall student performance as a 4 (of 5) or higher<sup>1</sup>
  - j. 80% of students rate practice experience quality as a 4 (of 5) or higher
- I-1.2 Course content/instruction deemed relevant to career path as evidenced by:
- a. 80% of students rate the relevance of course content to career goals as a 4 (of 5) or higher<sup>3</sup>
  - b. 80% of alumni respondents rate the relevance of course content to career as a 4 (of 5) or higher<sup>4</sup>
- I-1.3 Faculty demonstrate proficiency in course content area as evidenced by:
- a. 90% of required courses (core and discipline) are taught by faculty who have education/training within content area<sup>5</sup>
  - b. 80% of students rate quality of instruction as 4 (of 5) or higher<sup>3</sup>
- I-1.4 Provide curriculum that reflects higher-order learning, that is competency-based and relevant to the PH workforce, and that emphasizes applied learning, as evidenced by:
- a. At least 50% of the learning objectives in all (100%) required core and concentration courses reflect higher-order learning per Bloom’s Taxonomy<sup>6</sup>
  - b. 50% of required core and concentration courses incorporate applied projects
  - c. 80% of respondents rate program’s relevance to public health workforce as 4 (of 5) or higher<sup>2</sup>
  - d. 80% of competencies for each discipline and domain area are met by learning objectives and activities in an established minimum of courses<sup>7</sup>

**RESEARCH GOAL 1: Foster Applied Public Health Research**

- R1.1 Faculty engage in research as evidenced by:
- a. 75% of faculty serve as PI or Co-PI on at least one research project each year
  - b. 30% of faculty submit at least one non-training related grant or contract (internal or external) each year
- R1.2 Faculty disseminate research findings as evidenced by:
- a. 50% of faculty submit at least one manuscript annually to a peer-reviewed journal
  - b. 50% of faculty present at one or more national or regional/state conference each year
- R1.3 Students engage in research as evidenced by:
- a. 30% of students conduct/assist with research outside of course requirement
  - b. 20% of students present at professional conference

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<sup>4</sup> Alumni Survey

<sup>5</sup> Faculty Qualifications Assessment

<sup>6</sup> Syllabi Assessment

<sup>7</sup> Summary of Course Competencies

**RESEARCH GOAL 2: Encourage Collaborative Research Between Faculty, Students, and Other Constituents**

- R2.1 Faculty collaborate in research with one another, students, and other constituents as evidenced by:
- a. 25% of faculty research projects involve students
  - b. 25% of faculty presentations involve students
  - c. 25% of faculty research projects involve colleagues within the department
  - d. 25% of faculty research projects involve constituents outside the University
  - e. 10% of faculty research projects are interdisciplinary outside the department

**SERVICE GOAL 1: Provide Opportunities for Students to Engage in Meaningful Service-Learning**

- S1.1 Students engage in service activities as evidenced by:
- a. Service learning component incorporated into at least 50% of required concentration courses
  - b. 100% of students complete internships that involve service
  - c. 30% of students participate in PH student organizations such as KPHA
  - d. 50% of students participate in service activity outside of internship or course requirement

**SERVICE GOAL 2: Foster Faculty Involvement in Public Service Activities**

- S2.1 Faculty provide service to support local public health system as evidenced by:
- a. 25% of faculty provide one or more direct service activity for a local public health or health-related organization
  - b. PH program conducts at least one continuing education and/or training workshops for local health system per academic year
  - c. 50% of faculty serves on at least one local health-related board, coalition, etc.
- S2.2 Faculty service to support regional and state public health system as evidenced by:
- a. 50% of faculty serve on at least one health-related board, taskforce, council, coalition, etc. at the state/regional level
  - b. 25% of faculty provide at least one direct service activity for a regional/state level health-related organization
  - c. 100% of faculty holds active membership in state affiliate (Kentucky Public Health Association).
- S2.3 Faculty engage in national and/or international service as evidenced by:
- a. 80% of faculty hold active membership in APHA
  - b. 25% of faculty provide at least one direct service activity for a national/international level health-related organization

1.1.e: Description of the manner through which the mission, values, goals and objectives were developed, including a description of how various specific stakeholder groups were involved in their development.

**MGO Development**

The PH mission, like the program itself, has evolved since its inception, but has remained steadfast in reflecting the commitment to preparing qualified public health professionals and promoting health in all we do. In 2007, as part of the self-study process, the PH faculty re-examined the mission statement. Faculty completed an online survey related to the mission. At subsequent program committee meetings the mission statement evolved in early 2008 and remained unchanged for several years. During a recent faculty work day (August 20, 2015) discussion about the relationship of the MPH and BSPH programs and needed changes in the program, the mission was re-examined. Faculty determined that the current

mission statement, while still appropriate in reflecting the goals and aims of the program, did not contain specific language regarding the inclusion of the undergraduate public health program. As a result, group consensus was to remove the mention of “MPH program” from much of the discussion found in this document, except where appropriate, and to hereafter refer to the Public Health Program as a single entity of which the Master of Public Health (MPH) and the Bachelor of Science in Public Health (BSPH) are the primary degree programs. On March 27<sup>th</sup> of 2015, at the External Advisory Committee’s annual meeting, members were made aware and were supportive of the evolving relationship between the MPH and BSPH programs. It was presented to the members as an important necessity to prepare for the 2016 CEPH site visit rather than as MGO change. The External Advisory Committee will not meet until March 2016. The PH Program Committee determined that the language change made to the mission statement does not change the existing mission or objectives and therefore review of other potential changes to the mission will be dealt with at the March External Advisory Committee meeting.

1.1.f: Description of how the mission, values, goals and objectives are made available to the program’s constituent groups, including the general public, and how they are routinely reviewed and revised to ensure relevance.

### **Communicating MGOs**

The program communicates its MGOs, vision and values to the public through its website<sup>8</sup> and departmental display; revisions to the PH brochure will include the program’s vision and mission. MGOs are communicated to students through the PH Student Handbooks (Graduate and Undergraduate) and their respective organizational sites<sup>9</sup> on Blackboard. New student orientation also includes a discussion on the program’s MGOs.

The Public Health Assessment Committee (PHAC) presents recommendations each year to the faculty and to the External Advisory Committee for discussion and approval. (See Criterion 1.2.a and 1.5.c for expanded discussion). PHAC develops outcome measures to operationalize program objectives based on information from or in concert with the Program Director, External Advisory Committee, and faculty. PHAC reviews these outcome measures annually and makes recommendations for revisions to the faculty and External Advisory Committee.

Since the preparation of this self-study has been in progress, the External Advisory Committee has received and approved the mission statement, goals and objectives.

The six core values outlined in the theme of “SPIRIT” for WKU and for the PH program are operationalized and applied in a number of ways in our program, including all facets of the academic program and curriculum.

1.1.g: Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.

<sup>8</sup> PH website can be accessed at: <http://www.wku.edu/chhs/ph>

<sup>9</sup> Current PH students and faculty are members of these organizational sites which are used as a tool to communicate and interact with PH students and faculty on a routine basis.

**This criterion is met.**

### **Strengths**

The MPH program has a clearly formulated and publicly-stated mission that is guided by the broad mission of public health. The program has goal areas for each major function of the mission – instruction, research and service -- and an associated set of measurable objectives with performance indicators for each. MGOs are developed by the faculty, reviewed annually, and revised as needed. The statement of values is faculty-driven and consistent with the stated MGOs. The program has begun to communicate its values and MGOs publicly in multiple venues such as the program website, Blackboard site, alumni (alumni survey greeting) and an upcoming issue of our newsletter. We also will include in materials that students use and or send out to the community such as service-learning activities and volunteering with public health organizations in some undergraduate courses, community partnerships/engagements (5-2-1-0 Program with the Bowling Green Independent Schools), internship opportunities, conference participation and presentations. In addition, faculty and students alike are taking advantage of opportunities to engage in national and international service learning with programs such as working with the local ALIVE center and numerous faculty led study abroad programs sponsored by WKU-KIIS. During the summer of 2015, PH program faculty offered study abroad programs in Sweden and Tanzania.

### **Weaknesses**

None

### **Strategic Plans**

There are none at this time.

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

1.2.a: Description of the evaluation processes used to monitor progress against objectives defined in Criterion 1.1.d, including identification of the data systems and responsible parties associated with each objective and with the evaluation process as a whole. If these are common across all objectives, they need be described only once. If systems and responsible parties vary by objective or topic area, sufficient information must be provided to identify the systems and responsible party for each.

To achieve our mission, goals and objectives, the PH Program Director, the department chairperson, the Public Health Program Committee (PHPC, here after) and the Department of Public Health faculty monitor and evaluate the program using multiple sources.

At the broadest level, the program continuously monitors national initiatives with a feedback loop to program design. Sources that affect program refinement are: 1) resources that provide guidance regarding specific public health competencies (i.e., Council on Linkages Between Academia and Public Health Practice, Association of Schools of Public Health, and Association of Accredited Public Health Programs); 2) National Commission on Health Education Credentialing and National Center for Environmental Health, Centers for Disease Control and Prevention; 3) Institute of Medicine and Trust for America’s Health reports on the public health workforce; 4) Council for Education in Public Health; and 5) the changing public health practice environment (i.e., Patient Protection and Affordable Care Act, Public Health Accreditation Board, and, of course, demographics. Coursework and program goals are refined and based on competencies and recommendations put forth by these entities.

At the next level the program relies on the perspectives of its External Advisory Committee. The members of this committee represent state and local public health agencies, alumni who work in public health related agencies and employers of program graduates. Formal meetings are held in which the members were asked to provide feedback regarding course content, as well as the overall mission, goals and objectives. Minutes of these meetings are located in the ERF Criterion 1 resource file. The current Committee members are composed of 17 individuals. They represent important stakeholders throughout Kentucky. The members provide regional and functional expertise and can provide programmatic input given their experience as internship preceptors, employers and/or alumni. Members provide input regarding how to improve our program’s performance within: a) research and services in addressing the needs of the different constituencies; and b) training needs within the regional public health system, including specific needs of the public health workforce.

On a “micro” level, the program relies heavily on input of students, graduates, faculty, and internship mentors through multiple inputs. Table 1.2.a presents the data collection schedule, person or committee responsible for reporting, and the appendix in which a copy of the instrumentation or reporting form can be found.

<b>Table 1.2.a Public Health Data Streams</b>			
<b>Data Tools</b>	<b>When Collected</b>	<b>Responsible</b>	<b>Objectives Addressed</b>
Student Exit Survey	Prior to Graduation	PH Director	I-1.1.e; 1.2.a; 1.3.b R-1.3.a; 1.3.b S-1.1.d
Alumni Survey	Annual (1, 2, and 5 year grads)	PH Assessment Committee (PHAC)	I-1.2.b
Workforce/Employer Survey and Focus Group	Bi-annual (fall, even years)	PHAC	I-1.1.d; 1.1.h 1.4.c
Syllabi Assessment	Annual (spring semester)	Curriculum Committee (CC)	I-1.4.a
Core Curricular Review <i>(Summary of Course Competencies)</i>	Bi-annual (spring, odd years)	CC	I-1.4.d
Concentration Curricular Review	Bi-annual (spring, even years)	CC	I-1.4.d
Enrollment Data	Annual (fall)	PH Director	
Preceptor Practice Experience Assessment & Student Satisfaction Assessment	End of each semester	Preceptors & Practical Experience Committee (PEC)	I-1.1.c; 1.1.g; 1.1.i; 1.1.j S-1.1.b
Culminating Experience Rubric	End of each semester	Culminating Experience Instructors (CEI)	
Core Exam	Each semester	CE Committee Chair	I-1.1.b
Student Progress	Annual	PH Advising & Retention Committee (PHARC)	
Faculty Achievement Survey  Service Learning & Applied Projects Form	Annual (spring)	Faculty/PH Director	I-1.4.b R-1.1.a; 1.1.b; R-1.2.a; 1.2.b; R-2.1.a; 2.1.b; 2.1.c; 2.1.d; 2.1.e S-2.1.a; 2.1.b; 2.1.c S-2.2.a; 2.2.b; 2.2.c S-2.3.a; 2.3.b
Faculty Qualification Assessment	As needed	PH Director	I-1.3.a
Banner Administrative Data	Annual (Fall)	PH Director	I-1.1.a; 1.1.f

The data generated by these data streams are used for evaluation, but also for planning. The PH Program Director and the Public Health Program Committee conduct quarterly meetings along with an annual planning meeting at the beginning of each academic year where curricular and program issues are discussed and prepared. The PH Director sets up or sends out the surveys on the schedule listed above. The resulting data are reviewed through descriptive analysis and developed into readable tables. The information is then shared with the appropriate Public Health committees responsible (for example student progress, grades, and graduation rates are shared with the Advising and Retention Committee). The Committee is responsible for reviewing the information and determining if action is needed. At the quarterly PH Committee meeting each subcommittee provides a brief report and, if appropriate,

proposes a course of action for discussion. The PH Director prepares a brief annual report for the External Advisory Committee that summarizes results and actions taken. If appropriate, information from this report is also shared with students en-masse via the two PH organizational sites (BSPH and MPH).

The PH faculty, in concert with input from the External Advisory Committee and students are encouraged to develop action plans to address areas in which outcome measures fall short of reaching the desired target. In theory, these action plans, along with revisions or changes to the MGOs (described in Criterion 1.1.d), form the basis for strategic planning within the program. Action plans are intended to be time sensitive and assigned to a specific person or group entity for follow-through and re-evaluation.

Major constituent groups – students, alumni, and employers in the public health workforce -- are also involved in evaluation and planning through their participation in surveys.

1.2.b: Description of how the results of the evaluation processes described in Criterion 1.2.a are monitored, analyzed, communicated and regularly used by managers responsible for enhancing the quality of programs and activities.

Table 1.2.c details specific actions that have either been effectuated or proposed for outcomes falling below established targets. Additionally, the program uses formative and summative data not explicitly linked to objectives in Table 1.2.c to enhance quality. Some of these results are presented in tables and text throughout the document.

Specific examples of ways in which results have been used to inform programmatic activities and processes include:

#### Course and Curricular Improvements

In preparing the self-study, each faculty was asked to link her/his course objectives for each required course taught (core and concentration) to program competencies, and to demonstrate how course content and course activities linked to those objectives (See Criterion 2.6). These individual course assessments were compiled into a master grid and distributed to the faculty for review and discussion. This process yielded three inter-related changes: First, faculty, at the individual level, revised course objectives to align more directly with program competencies. Similarly, course content and activities were revised to align more directly to course objectives. Second, course objectives and activities were assessed against higher-order learning principles. Third, the process began a true critical assessment of the curricula as a whole rather than as a collection of courses, which many faculty found to be energizing, albeit exhausting, to execute.

#### Planning for Assessment.

The self-study process identified the need for a planned and systematic process to review the MPH and Bachelor of Science in Public Health program as a single program in order to evaluate the effectiveness of program activities as more than just a sum of its parts. Data collection tools were revised to reflect existing and new program objectives and provide meaningful data to inform strategic planning for the entire Public Health program.

### Modification of Practice Experience

In preparing for this study, we were unable to find some of the outcome data because the forms used for internships were old and did not reflect some of the changes from 2010 Internship manuals. This gave the program an opportunity to update the manuals and the materials at the same time. The committees also added more emphasis on students identifying fewer and more specific competencies for their practice experiences rather than using all of the competencies.

1.2.c: Data regarding the program's performance on each measurable objective described in Criterion 1.1.d: must be provided for each of the last three years. To the extent that these data duplicate those required under other criteria (eg, 1.6, 2.7, 3.1, 3.2, 3.3,4.1, 4.3, or 4.4), the program should parenthetically identify the criteria where the data also appear.

Table 1.2.c displays data on the program's performance in meeting MGOs for academic years 2012/2013 through 2014/2015.

The outcome measures used by the program to monitor the attainment of our program mission, goals and objectives and the data used to measure their attainment are listed in Table 1.2.c, Sections I-1.1 a-h; I-1.2 a-b; I-1.3 a-b; I-1.4 a-d; R-1.1 a-b; R-1.2 a-b; R-1.3 a-b; R-2.1 a-e; S-1.1 a-d; S-2.1 a-c; S-2.2 a-c; S-2.3 a-b. These measures are monitored, at a minimum, annually in response to the annual report to CEPH. The program director receives input from all members of the PHP. The data for these assessments are extracted from faculty curriculum vitae, relevant survey data results, MPH student database, student grades and university institutional information. The sources are found on the CHHS Share drive or electronic resource file.

Table 1.2.c Summative Data of the Public Health Program Performance on Outcome Measures						
Objectives and Outcome Measures	Target	12/13	13/14	14/15	Action/Notes	
<b>INSTRUCTIONAL GOAL 1</b>						
PROVIDE PROFESSIONAL PREPARATION IN THE CORE DISCIPLINES AND DOMAINS OF PUBLIC HEALTH AND IN AREA OF CONCENTRATION						
<b>I-1.1 Students demonstrate proficiency in core disciplines, domains, and areas of concentration as evidenced by:</b>						
a	Students earn a B or higher in each public health core discipline course. <u>MPH:</u> Biostatistics (PH 520) Epidemiology (PH 582) Public Health Administration (PH 583) Environmental Health (PH 584) Health Behavior (PH 587)  <u>BSPH</u> Personal Health (PH 100) Biostatistics (PH 383) Epidemiology (PH 384) Environmental Health (PH 385) Community Health (PH 381)	80% of students	N = 108  85.7% 83.8% 94.1% 100% 100%	N= 147  90.3% 89.0% 100% 96.1% 96.7%	N = 109  95.2% 79.2% 100% 95.8% 100%	<i>Met</i>  MPH students doing well. Will monitor Epi grades with next semester results with a different faculty member  <i>Partly Met</i> PH 383 is problematic for undergraduate students, regardless of who is teaching. Will examine math background of stud.
b	MPH students score 7 (of 10) or higher on each public health core discipline item and concentration item in culminating experience Biostatistics Epidemiology Public Health Administration Environmental Health Health Behavior <i>(Note: undergrad students complete 6 hour practice experience)</i>	80% of students taking core exam	N=23  78.2% 82.6% 73.9% 82.6% 82.6%	N=12  58.2% 91.7% 75% 66.7% 91.7%	N= 22  68.2% 50% 100% 68.2% 100%	<i>Not met</i>  See comments in weaknesses and strategic plan discussions in 1.2.e
c	Interns rated "good" or higher by preceptor in each core competency area on preceptor assessment. • MPH • BSPH	70% of preceptors	100% 92.8%	* = missing data  72.7%* 72.0%	91.3% 88.5%	<i>Met</i> <i>Met</i>

	Objectives and Outcome Measures	Target	12/13	13/14	14/15	Action/Notes
d	Graduates rated as a 4 (of 5) or higher on how well they demonstrate competence in each of the core competency areas (disciplines and domains) on employer/workforce survey.	70% of survey respondents	Not available	Not available	In progress	See comments in weaknesses and strategic plan discussions in 1.2.e
e	Students rate their perceived proficiency in each of the core competency areas (disciplines and domains) as 4 (of 5) or higher on PH exit survey. <u>Disciplines</u> <ul style="list-style-type: none"> <li>• Biostatistics</li> <li>• Epidemiology</li> <li>• Public Health Administration</li> <li>• Environmental Health</li> <li>• Behavioral &amp; Social Sciences</li> </ul> <u>Cross-Cutting Domains</u> <ul style="list-style-type: none"> <li>• Analytical Assessment and Critical Thinking</li> <li>• Communication</li> <li>• Cultural Competence</li> <li>• Leadership and Professionalism</li> <li>• Program and Policy Development</li> </ul>	80% of respondents <i>(includes only MPH students)</i>	N= 5  75.0% 84.0% 78.0% 57.5% 100%	N= 11  73.9% 84.8% 81.8% 79.5% 99.0%	N= 21  91.7% 77.2% 74.3% 69.0% 92.4%	Note: Will begin to collect undergrad information May 2016  <i>Partly met</i>
	Objectives and Outcome Measures	Target	12/13	13/14	14/15	Action/Notes
f	Students earn a B or higher in required concentration courses <b>MPH</b> <u>Health Education</u> <ul style="list-style-type: none"> <li>Community Health Organization (PH 548)</li> <li>Health Education and Program Planning (PH 575)</li> <li>Education &amp; Communication Tech in Public Health (PH 576)</li> <li>Capstone (PH 588 - 500)</li> </ul> <u>Environmental Health</u> <ul style="list-style-type: none"> <li>Watershed Management &amp; Science (PH 510)</li> <li>Air Quality Management (PH 571)</li> <li>Environmental Toxicology (PH 577)</li> <li>Solid &amp; Hazardous Waste (EHS 580)</li> <li>Capstone (PH 588-502)</li> </ul>	80% of students	N=108  100% 100% 100% 94.4%	N=147  100% 95.8% 100% 100%	N= 109  100% 100% 100% 100%	<i>Met</i>  <i>Partly Met</i>

	<b>BSPH</b> <u>Health Education</u> Foundations of Health (PH 261) Comprehensive School Health (PH 461) Administration of Health Programs (PH 483) Community Organization (PH 484) Methods of Community Health Education (485) Safety and First Aid (SFTY 171) Culminating Internship (PH 490) <u>Environmental Health</u> Intro to Environmental Science (ENV 280) Fundamentals of Industrial Hygiene (ENV 321) Fundamentals of Industrial Hygiene Lab (ENV 323) Air Pollution Control (ENV 360) Air Pollution Control Lab (ENV 365) Environmental Management (ENV 460) Safety and First Aid (SFTY 171) Culminating Internship (PH 490)		N=49	N = 60	N= 32	<i>Mostly met</i>
			60.0%	80.0%	88.9%	
			68.4%	83.3%	93.8%	
			100%	100%	100%	
			100%	100%	100%	
			73.3%	83.3%	70.8%	
			100%	100%	100%	
			90.9%	86.7%	92.6%	
			72.6%	100%	100%	
			100%	81.2%	N/A	
			100%	90%	N/A	
			75.0%	50%	100%	
			100%	100%	87.5%	
			62.5%	50%	100%	
			100%	100%	100%	
			100%	100%	100%	
g	Interns rated as “improvement of major skills” by preceptor on how competence in area of concentration was demonstrated. <ul style="list-style-type: none"> <li>• MPH</li> <li>• BSPH</li> </ul>	70% of preceptors		<i>*=missing data</i>		
			95.7%	81.8%*	100%	<i>Met</i>
			85.7%	80.0%	96.2%	<i>Met</i>
h	PH graduates rated as a 4 (of 5) or higher on how well they demonstrate competence in area of concentration on employer/workforce survey.	70% of survey respondents	Not available	Not available	In Progress	See comments in weaknesses and strategic plan discussions in 1.2.e
i	Preceptors rate intern overall performance as 4 (of 5) or higher <ul style="list-style-type: none"> <li>• MPH</li> <li>• BSPH</li> </ul>	70% of preceptors				
			100%	81.8%	91.3%	<i>Met</i>
			83.8%	78.3%	86.1%	<i>Met</i>
j	Students rate practice experience quality as 4 (of 5) or higher <ul style="list-style-type: none"> <li>• MPH</li> <li>• BSPH</li> </ul>	80% of students	<i>*=missing data</i>	<i>*=missing data</i>		
			13%*	54.5%*	95.7%	<i>Partly met</i>
			Not available	Not available	63.9%	<i>Not met</i>

	Objectives and Outcome Measures	Target	12/13	13/14	14/15	Action/Notes
<b>I-1.2 Course content/instruction deemed relevant to career path as evidenced by:</b>						
a	Students rate the relevance of course content to career goals as a 4 (of 5) or higher on PH exit survey. <ul style="list-style-type: none"> <li>Core Courses</li> <li>Concentration Courses</li> </ul>	80% of respondents <i>(includes only MPH students)</i>	N=5 100% 100%	N=11 81.8% 100%	N=21 76.2% 85.7%	<i>Partly Met</i> <i>Not Met</i> Note: Will begin to collect undergrad information May 2016
b	Alumni rate the relevance of course content to career as a 4 (of 5) or higher on alumni survey <u>MPH Graduates</u> <ul style="list-style-type: none"> <li>Core Courses</li> <li>Concentration Courses</li> </ul> <u>BSPH Graduates</u> <ul style="list-style-type: none"> <li>Core Courses</li> <li>Concentration Courses</li> </ul>	80% of respondents	N = 15 60% 67%	N=16 81.3% 87.5%	N = 11 72.7% 81.8%  N = 3 66.7% 66.7%	<i>Partly met</i> <i>Partly met</i>  <i>Not met</i> Too small of a sample. Need to follow up.
<b>I-1.3 Faculty demonstrate proficiency in course content area as evidenced by:</b>						
a	Required courses (core and discipline) taught by faculty who have education/training within content area <ul style="list-style-type: none"> <li>MPH</li> <li>BSPH</li> </ul>	90% of req. courses	96.9% 100%	100% 100%	100% 100%	<i>Met</i> <i>Met</i>
b	Students rate quality of instruction as 4 (of 5) or higher on PH exit survey	80% of MPH students <i>(includes only MPH students)</i>	N= 5 80%	N= 11 63.6%	N= 21 90.5%	<i>Partly met</i> Note: Will begin to collect undergrad information May 2016

	Objectives and Outcome Measures	Target	12/13	13/14	14/15	Action/Notes
<b>I-1.4 Provide curriculum that reflects higher-order learning, that is competency-based and relevant to the PH workforce, and that emphasizes applied learning, as evidenced by:</b>						
a	At least 50% of learning objectives in each core and concentration course reflect higher-order learning on Bloom's Taxonomy <u>MPH</u> <ul style="list-style-type: none"><li>• Core Courses</li><li>• Health Education</li><li>• Environmental Health</li></ul> <u>BSPH</u> <ul style="list-style-type: none"><li>• Core Courses</li><li>• Health Education</li><li>• Environmental Health</li></ul>	100% of required courses	39.6% 65.7% 61.2%	31.5% 74.5% 65.4%	28.6% 78.4% 64.8%	<i>Not Met</i> Discussed with faculty. Several recent hires (past 2 years) were unaware of requirements about syllabi and the components and outcomes that are measured. Will see if objectives improve in the next academic year.
b	Required core and concentration courses incorporate applied projects <u>MPH</u> <ul style="list-style-type: none"><li>• Core Courses</li><li>• Health Education</li><li>• Environmental Health</li></ul> <u>BSPH</u> <ul style="list-style-type: none"><li>• Core Courses</li><li>• Health Education</li><li>• Environmental Health</li></ul>	50% of required courses	Not Available	Not Available	N=16 50% N=10 100% N=12 67%  N=22 41% N=10 60% N=12 58%	<i>Met</i>  <i>Mostly met</i>
c	Program's relevance to public health workforce rated as 4 (of 5) or higher on employer/workforce survey.	80% of respondents	Not available	Not available	In progress	Focus group to be held in April, 2016

d	<p>Required course learning objectives and activities meet competencies for each core competency area</p> <p><u>Disciplines</u></p> <ul style="list-style-type: none"> <li>• Biostatistics (3)</li> <li>• Epidemiology (3)</li> <li>• Public Health Administration (2)</li> <li>• Environmental Health (1)</li> <li>• Behavioral &amp; Social Sciences (1)</li> </ul> <p><u>Cross-Cutting Domains</u></p> <ul style="list-style-type: none"> <li>• Analytical Assessment and Critical Thinking (3)</li> <li>• Communication (3)</li> <li>• Cultural Competence (3)</li> <li>• Leadership and Professionalism (3)</li> <li>• Program and Policy Development (3)</li> </ul>	80% of competencies met by minimum # courses (in parentheses)	Not assessed	Not assessed	60%	<p><i>Not Met</i></p> <p>Calculations for this objective were late thus a plan has not been developed yet. The curriculum committee will be assigned the task to develop a plan prior to AY 2016 and the PHPC can discuss and implement changes.</p>
					40%	

	Objectives and Outcome Measures	Target	12/13	13/14	14/15	Action/Notes
<b>RESEARCH GOAL 1</b>						
<b>FOSTER APPLIED PUBLIC HEALTH RESEARCH</b>						
<b>R1.1 Faculty engage in research as evidenced by:</b>						
a	Serve as PI or Co-PI on at least one research project each year.	75% of faculty	N= 10 50%	N=11 36.2%	N=11 27.3%	<i>Not met</i> See comments in weaknesses and strategic plan discussions in 1.2.e
b	Submit at least one non-training related grant or contract (internal or external) each year.	30% of faculty	40%	54.5%	45.4%	<i>Met</i>
<b>R1.2 Faculty disseminate research findings as evidenced by:</b>						
a	Submit at least one manuscript annually to a peer-reviewed journal	50% of faculty	100%	100%	80%	<i>Met</i>
b	Present at one or more national or regional/state conferences National Regional/State	50% of faculty	33% 33%	25% 50%	42% 50%	<i>Not met</i> <i>Partly met</i> See comments in weaknesses and strategic plan discussions in 1.2.e

<b>R1.3 Students engage in research as evidenced by:</b>						
a	Conduct/assist with research outside of course requirement as self-reported on PH Exit Survey.	30% of students (includes only MPH students)	N=5 20%	N=11 63.6%	N=21 42.9%	<i>Mostly met</i> Note: Will begin to collect undergrad information May 2016
b	Present at professional conference as self-reported on PH Exit Survey.	20% of students (includes only MPH students)	40%	63.6%	38.1%	<i>Met</i> Note: Will begin to collect undergrad information May 2016

Objectives and Outcome Measures	Target	12/13	13/14	14/15	Action/Notes	
<b>RESEARCH GOAL 2</b>						
ENCOURAGE COLLABORATIVE RESEARCH BETWEEN FACULTY, STUDENTS, AND OTHER CONSTITUENTS						
<b>R2.1 Faculty collaborate in research with one another, students, and other constituents as evidenced by:</b>						
a	Faculty research projects involve students Funded Overall	25% of research projects	92% (Funded) ----- 69% (Overall)	100% (Funded) ----- 67% (Overall)	100% (Funded) ----- 100% (Overall)	<i>Met</i>
b	Faculty presentations involve students	25% of presentations	61%	61%	82%	<i>Met</i>
c	Faculty within PH program collaborate with one another on research projects	25% of research projects	61%	89%	100%	<i>Met</i>
d	Faculty research projects involve constituents outside the University	25% of research projects	6%	11%	14%	<i>Not Met</i> See comments in weaknesses and strategic plan discussions in 1.2.e
e	Faculty engage in interdisciplinary research projects outside the department	10% of research projects	33%	72%	32%	<i>Met</i>

	Objectives and Outcome Measures	Target	12/13	13/14	14/15	Action/Notes
<b>SERVICE GOAL 1</b>						
<b>PROVIDE OPPORTUNITIES FOR STUDENTS TO ENGAGE IN MEANINGFUL SERVICE-LEARNING</b>						
<b>S1.1 Students engage in service activities as evidenced by:</b>						
a	Service learning component incorporated into required concentration courses <u>MPH</u> Health Education Environmental Health  <u>BSPH</u> Health Education Environmental Health	50% of required concentration courses	Not available Not available	Not available Not available	N=16 18.8% N=20 20.0%  N=20 15.0% N=16 6.3%	<i>Not Met</i> See comments in weaknesses and strategic plan discussions in 1.2.e
b	Students complete internships that involve service (includes MPH and BSPH)	100% of internships	100%	100%	100%	<i>Met</i>
c	Students participate in PH student organizations (KPHA) Membership / Fall headcount PH Exit Survey	30% of students (includes only MPH students)	N= 5 80%	N= 11 63.6%	N= 21 90.5%	<i>Met</i> Note: Will begin to collect undergrad information May 2016
d	Students participate in service project outside of internship or course requirement as self-reported on PH Exit Survey	50% of students (includes only MPH students)	76%	63.6%	52.4%	<i>Met</i> Note: Will begin to collect undergrad information May 2016
<b>SERVICE GOAL 2</b>						
<b>FOSTER FACULTY INVOLVEMENT IN PUBLIC SERVICE ACTIVITIES</b>						
<b>S2.1 Faculty provide service to support local public health system as evidenced by:</b>						
a	Faculty provide one or more direct service activity for a local public health or health-related organization	25% of faculty	58%	58%	73%	<i>Met</i>
b	PH program conducts continuing education and/or training workshops for local health system	1 per year	0	0	1	<i>Partially Met</i>
c	Faculty serve on at least one local health-related board, coalition, etc.	50% of faculty	50%	50%	55%	<i>Met</i>

<b>S2.2 Faculty service to support regional and state public health system as evidenced by</b>						
a	Faculty serve on at least one health-related board, taskforce, council, coalition, etc. at the state/regional level	50% of faculty	33%	72%	32%	<i>Partially Met</i>
b	Faculty provide at least one direct service activity for a regional/state level health-related organization	25% of faculty	67%	67%	82%	<i>Met</i>
c	Faculty hold active membership in state affiliate (Kentucky Public Health Association)	100% of faculty	83%	83%	91%	<i>Partially Met</i>
<b>S2.3 Faculty engage in national and/or international service as evidenced by:</b>						
a	Faculty hold active membership in APHA	80% of faculty	75%	75%	73%	<i>Not Met</i> See comments in weaknesses and strategic plan discussions in 1.2.e
b	Faculty provide at least one direct service activity for a national/international level health-related organization	25% of faculty	58%	58%	82%	<i>Met</i>

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

In preparation of beginning the CEPH self-study process, Dr. Darlene Shearer, the MPH program coordinator, notified CEPH that the MPH program had begun the process of working collaboratively with the undergraduate public health program coordinator, Dr. Grace Lartey and viewing the two programs as a single unit rather than two separate programs. Also in preparation of this change a discussion was held with the MPH Advisory Committee at its 2013 summer meeting. The announcement was well received and suggestions were offered to widen the membership to include representatives for the BSPH program. We began reporting data for both programs in the annual report to CEPH, having discussions about how to best to share the responsibility of beginning the self- study process. In discussions with the Department Head, it made more sense to place both programs under the auspices of a single program director. In May of 2014, Dr. Lartey assumed the role as Program Director for both the MPH and BSPH programs. Dr. Shearer agreed to serve as the Accreditation Coordinator and work on the Self Study.

Drs. Lartey and Shearer attended the Accreditation Orientation Workshop on July 31, 2014. After reviewing each criterion, the self-study coordinator constructed a list of tasks that each Subcommittee was assigned to work on or address during the academic year. Updates and requests for information were prepared throughout the process and communicated to faculty via email and in MPH program meetings. During the summer of 2015 the Program Director and the Accreditation Coordinator met weekly to review and identify data to be collected or requested. Starting in August, 2015 after faculty returned, a workday was organized to update the Public Health Program Committee about what had been accomplished during the summer and what was still needed. Individuals were assigned to provide information for some of the criterion.

Ms. Zona Ascensio, MPH student and graduate assistant, supported the self-study process in numerous ways. First, as the student representative on the Public Health Program Committee, she brought students' needs and concerns to the faculty and offered honest feedback on existing and proposed program activities. She also assisted greatly with several data-related tasks. Ms. Mollie Berger, MPH student and graduate assistant, assisted with data tasks as well.

Alumni and representatives from the public health community were minimally involved in the development of the self-study document by participating in completing competency matrices. A copy of the self-study will be posted on the Department of Public Health website with a request for feedback and comment. An explanatory email will be sent out to these and other individuals, with directions as to how to locate the self-study document as well as how and where to post comments. The External Advisory Committee group have received their copy of the document and asked to comment on the document, particularly related primarily to curriculum, practical experience, and culminating experience areas. A summary of comments received to date will be included in the ERF. All comments received prior to the site visit will be available for reviewers in an on-site resource file.

The self- study report is scheduled to be posted online for general public commentary on February 22. University administrators, including Dean Chumbler and Associate Dean Kelly will receive copies of the

final report when it is completed. To date, they have provided helpful comments to clarify several aspects of CHHS roles and policies as well as observations about content.

1.2.e: Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

**This criterion is met with commentary.**

### **Strengths**

Since our last self-study, the PH program now has in place and uses procedures created for systematically assessing its effectiveness in achieving stated MGOs and for using the resultant data to inform programmatic and curricular changes. The data streams are in place and new ones are being considered to improve data collected for the practice experiences, culminating experiences, and employer survey. Several examples of how program data have been used to address areas of concern and deficiencies are noted herein this criterion and throughout this self-study document. However, there are two primary issues of commentary. The Program Director takes most of the responsibility for systematically collecting data and reviewing initial findings; however it takes a long time to organize the raw data for efficient use by our committee structure. Additionally, the existing policies and procedures for prospectively setting objectives, annual review/reporting of findings, and the use of data to inform program activities has shown itself to be a cumbersome and fragmented process. The number of subcommittees and heavy course loads play into this commentary.

### **Weaknesses**

The process for doing this to date, has not fully involved constituent groups. Some of the data streams have improved this issue in that the perspectives of students and alumni, are now being systematically collected and assessed as time permits. However, collecting complete and accurate data remains an ongoing challenge since we unfortunately lose contact with many of the graduates and few employers reply to surveys. From this self-study, the PH Program has determined that greater use of focus groups is in order.

While we have established policies and procedures for setting objectives and data collection, the annual review/reporting of findings, and the use of data to inform program activities remains a challenge. Faculty are devoted to mentoring students, teaching, meeting service and research obligations but they are overloaded, slow to attend additional meetings, and not always able to invest sufficient time for what the frequent evaluations require. A recent lengthy meeting reviewed the Program's performance on each outcome measure in Table 1.2.c. Even though faculty had been given this information well in advance, few had looked at it. Some of the discussion results are listed in the various plans below.

### **Strategic Plans**

1. *Data collection, response rates, and input.* The program will continue to engage key stakeholders, particularly students, alumni, public health agencies and other employers in a process of continual evaluation and improvement. We will expand the current use of student meetings titled as orientations, holding them at the beginning of every semester year. The director plans to use a broader array of social media sites to increase student and alumni input.

Additionally, major constituent groups will be provided access to annual reports and encouraged to provide commentary and suggestions.

2. *Core exam scores and perceived low proficiency in core competencies.* The program has noted changes in instructors (new faculty coming in and/or other faculty leaving) may be a problem. In some cases course work may be given by one instructor who then leaves the program and another instructor grades the exam. This may explain dips in the scores. We have begun the process for developing exams with standardize questions for each core course and developing objective questions that can be easily graded rather than lengthy essay questions. The director will examine the number of retakes of the core exam to determine truer passing rates, push for study guides for each course (currently students are told to meet with the instructor) and exhorted faculty who teach in these courses to add a statement in their course syllabus that students are expected to save their notes for studying the exam.  
To address the ups and downs of student-perceived proficiency in core competencies, faculty proposed that the program will hold a forum for PH before the end of the semester to determine if these perceptions are related to on-line, face-to-face, or blended courses.
3. *Faculty engagement in research.* Comments on unmet outcomes for this area can be found in Criterion 3 of this self study.

**1.3 Institutional Environment. The program shall be an integral part of an accredited institution of higher education.**

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

WKU is a comprehensive university that provides general and specialized higher education at the undergraduate and graduate levels to more than 20,000 students from Kentucky, 48 other states and 70 other countries. The University was founded in 1906. Its Carnegie Classification is Master's Colleges and Universities; Larger Programs. The highest degree offered is at the doctoral level.

**WKU Vision:** Western Kentucky University is a leading American university with international reach.

**Mission:** WKU prepares students of all backgrounds to be productive, engaged, and socially responsible citizen-leaders of a global society. The University provides research, service and lifelong learning opportunities for its students, faculty, and other constituents. WKU enriches the quality of life for those within its reach.

There are six colleges on campus that offer 5 associate, 7 bachelor, and 13 graduate degrees through more than 108 undergraduate program majors and 48 graduate programs:

- College of Education and Behavioral Sciences
- College of Health and Human Services
- Gordon Ford College of Business
- Ogden College of Science and Engineering
- Potter College of Arts and Letters
- University College

WKU also has one EdS degree program and four doctoral programs (Education, Nursing Practice, Physical Therapy and Psychology).

Student enrollment for 2015 included 17,315 undergraduates (86%) and 2,753 graduate students (14%). The most recent information on reported graduation rates were for AY 2013/14 (2,751 undergraduates and 901 graduate students)<sup>10</sup>. About half of baccalaureate degree-seeking students starting at WKU will graduate within six years. Another 5% are still enrolled at the university after six years. About 78% of graduate degree-seeking students graduate within six years.

WKU has approximately 2,300 full time employees, 35% of which are faculty, and 1,130 part time employees – half of which are graduate assistants<sup>10</sup>.

The University is fully accredited as a “Level V” institution by the Commission on Colleges of the Southern Association of Colleges and Schools (SACSCOC) to award associate, baccalaureate, master’s, doctoral and specialist degrees. WKU is also a member of 18 other academic associations and councils. Additional information about the number and names of accrediting bodies to which the university responds is found in *ERF Criterion 1, Other Accrediting Bodies*.

<sup>10</sup> 2015 Fact Book

### **College of Health and Human Services**

The College of Health and Human Services (CHHS) is the administrative home for the Department of Public Health, which houses the MPH program. CHHS was established by the Board of Regents in August 2002 and administratively houses seven academic units: the School of Nursing, the School of Kinesiology, Recreation and Sport, and five departments (Allied Health; Communication Disorders; Consumer and Family Sciences; Public Health; and Social Work). There are also five centers (The Academic Center for Excellence; the Institute for Rural Health; the Kentucky Emergency Medical Services Academy; and the South-Central Kentucky Area Health Education Center).

### **Department of Public Health**

The Department of Public Health (DPH) houses six different degree programs: a masters and baccalaureate degree in health care administration; a masters and baccalaureate degree in public health; a baccalaureate degree in environmental health science; and a master of science in environmental and occupational health science. Prior to the creation of CHHS, DPH was housed within the Ogden College of Science and Technology.

1.3.b: One or more organizational charts of the university indicating the program's relationship to other components of the institution, including reporting lines and clearly depicting how the program reports to or is supervised by other components of the institution.

Figures 1.3 b (i) and 1.3 b (ii) show the organizational layout of WKU



# University Organizational Structure

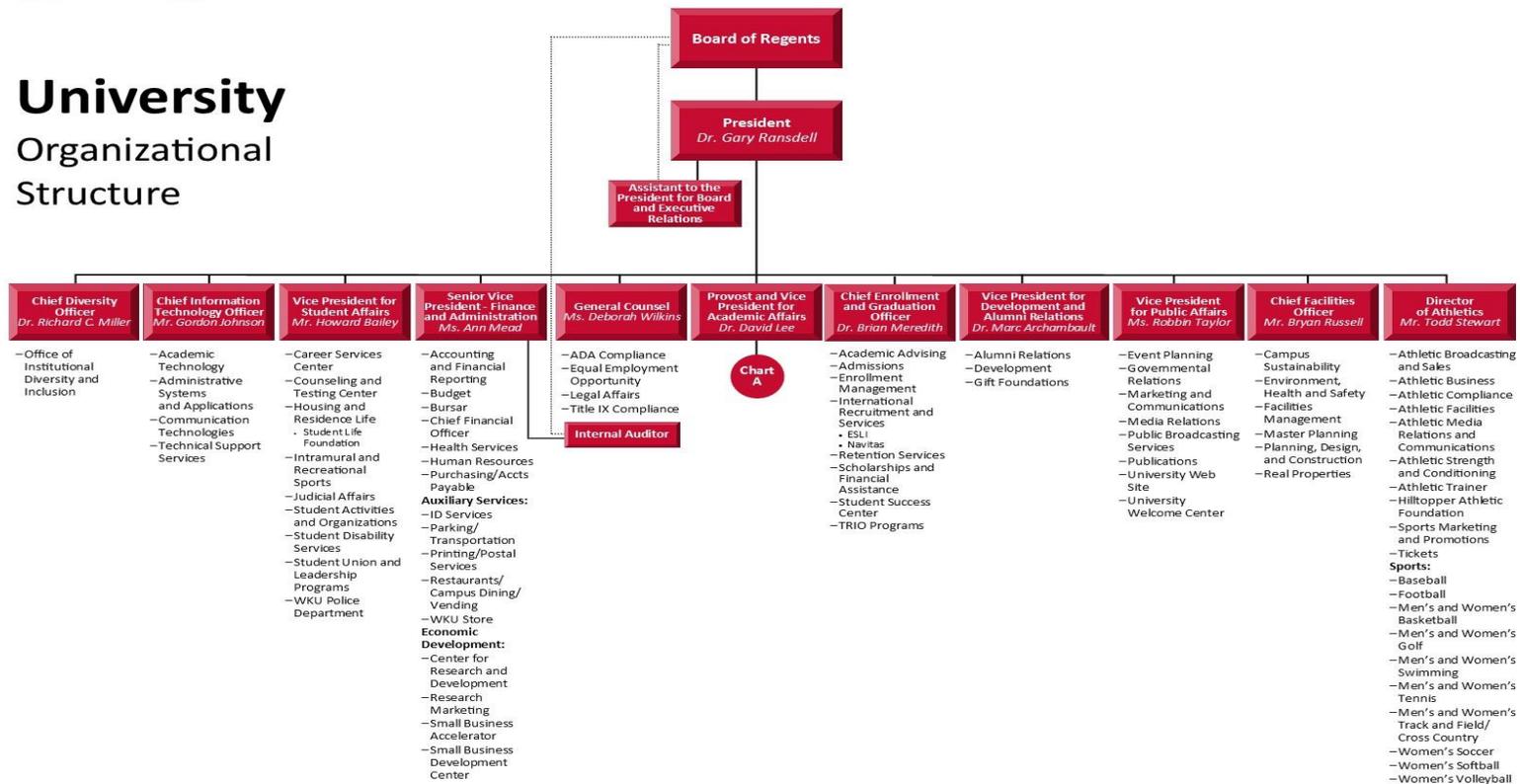


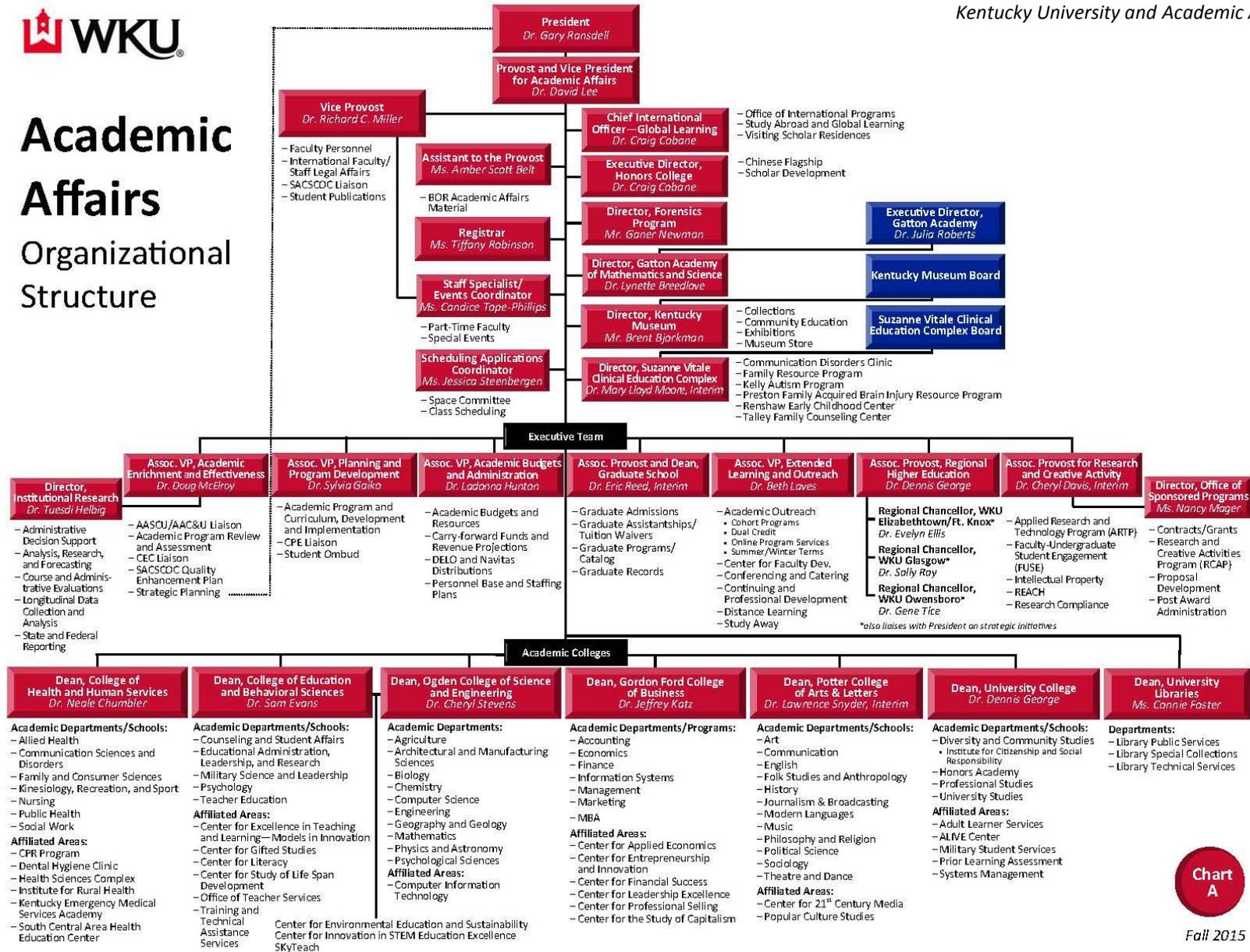
Figure 1.3b (i) Organizational Structure for Western Kentucky University and Academic Affairs

Fall 2015



# Academic Affairs Organizational Structure

Figure 1.3b (ii) Organizational Structure for Western Kentucky University and Academic Affairs



1.3.c: Description of the program's involvement and role in the following:

- budgeting and resource allocation, including budget negotiations, indirect cost recoveries, distribution of tuition and fees and support for fund-raising.
- personnel recruitment, selection and advancement, including faculty and staff
- academic standards and policies, including establishment and oversight of curricula

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

WKU employs a traditional academic hierarchy of accountability, illustrated in Figure 1.4.a on page 27 in which program faculty report to the department head, who reports to the college dean, who reports to the Provost/Vice President of Academic Affairs, who reports to the President, who reports to the Board of Regents. Program directors play an administrative role for the PH Program as well as other programs on campus.

#### **Budgeting and resource allocation, including budget negotiations, indirect cost recoveries**

##### Budgeting and Resource Allocation

The department head prepares an annual budget that reflects the needs of all programs in the department's purview. Funds are allocated from the Educational and General (E&G) budget to the department by Academic Affairs.

Deans are responsible for submitting revenue estimates relating to the activities in their respective departments. These estimates are reviewed in comparison to the previous year's actual receipts and the year-to-date receipts. Any deficits are the responsibility of each division, and reallocations must be made to eliminate deficits by the end of the fiscal year. An additional incentive to be fiscally prudent is that a majority of the unbudgeted revenue, and of the unused expenditure budgets, return as carry forward to the college departments.

Deans are required to submit a budget narrative documenting how the budget plan is linked to the university's strategic plan and what outcomes they expect to achieve with their resources. Deans and their designees can reallocate their respective base budgets, as deemed necessary. Action plans are developed by each department and include budget requests for new initiatives.

##### Indirect Cost Recovery

WKU's policy is to share facilities and administrative (indirect) cost recoveries: 40% to the University's general fund for support of facilities; 40% to the college from which the grant originated; and 20% to the Office of Sponsored Programs. College deans are responsible for recommending F&A distribution for projects that involve faculty from more than one college. F&A is allocated quarterly based on receipts from the previous three months.

Although there is no written policy at the college-level, 25% of the F&A recovered by CHHS goes into a general fund to be used at the discretion of the dean and 75% is distributed to the department of the principal investigator (PI).

## **Distribution of tuition and fees and support for fund-raising**

### Tuition and Fees

As a result of the Postsecondary Education Reform of 1997, Kentucky no longer uses an enrollment-driven formula to finance public higher education. It was replaced by benchmark funding to preserve the level of base funding and by a number of trust funds established to allocate a portion of state appropriations to fund initiatives deemed high priorities by the Council on Postsecondary Education (CPE).

Kentucky operates on a biennial budget approved by the General Assembly. The state CPE makes budget recommendations but generally has no role in approving or allocating state appropriations. WKU is provided a lump sum appropriation from the General Assembly with line item recognition of funds provided for debt for previously authorized bonds. On occasion, a pool of state funds may be provided to the CPE for a specific program and subsequent reallocation to the institutions; however, these are relatively small allocations in comparison to the direct appropriations

WKU relies on state funding and tuition and fees revenue as its primary sources of unrestricted operating funds. Tuition rates are set by the Board of Regents.

### Fundraising

The Office of Institutional Development directs fundraising activities for the University. Donations can be specified for specific departments and/or specific projects. Additionally, Mr. Ron Wilson, Development Officer for CHHS, solicits external contributions for special projects. These funds, housed within the foundation, can be accessed by the department as desired or as indicated by terms of the donation.

## **Personnel recruitment, selection and advancement, including faculty and staff**

### Recruitment

The Human Resource Department's recruitment philosophy states, "As an institution of higher learning, WKU seeks to hire and promote individuals with the requisite skills and abilities necessary to assist the University in accomplishing its mission. Consistent with University policy and applicable federal and state regulations, decisions regarding applicants and employees are made without regard to race, color, age, religion, gender, sexual orientation, national origin, disability or veteran status. Employment decisions are based on the principles of equal employment opportunity consistent with the intent to achieve the goals identified in the University's Affirmative Action Plan." Department heads are responsible for ensuring that recruiting and hiring recommendations are administered within these guidelines.

Recruitment for faculty or staff positions may only begin following official approval through University administrative channels.

### Selection

All openings for regular full-time positions must be filled through an open and competitive search process except as otherwise provided by policy. In order to ensure objective and fair hiring decisions, search committees are required for all executive, administrative, professional service/support, and faculty positions. Search committees *may be* utilized for other vacancies at the option of the department head.

By HR policy, each search committee must be comprised of a minimum of three (3) individuals with as much gender and ethnic diversity as possible. Search committees determine and agree on an effective process and means of evaluating candidates, and at the conclusion of the candidate evaluation process, the search committee chair is responsible for presenting committee recommendations in writing to the applicable department/unit head. Committee recommendations are to contain an analysis of strengths and weaknesses of the identified top applicants. Special guidelines govern hiring director-level positions<sup>11</sup>.

Department/unit heads hire staff. As stated above, the Search committee is responsible for presenting committee recommendations in writing for a faculty candidate to the applicable department/unit head. The department head is responsible for adding comments in writing and presenting it to the college dean who has authority to hire the candidate. The hiring process must also be approved by the provost, the president and the board of regents.

Notification to unsuccessful applicants for *staff* positions are coordinated by the department head. Notification to unsuccessful *faculty* applicants is coordinated by the search committee chair.

#### Advancement

Faculty in tenure and tenure-track lines advance by meeting guidelines for promotion set forth in the WKU Faculty Handbook<sup>12</sup> and by the college (ERF Criterion 3, Handbooks). Early in the fall semester, the department head appoints a chairperson for the Promotion Committee and the Tenure Committee (all tenured faculty members in the unit participate and are eligible to chair these committees). Recommendations of the committees are sent to the department head who signs a letter with the two Committee's decision. The process follows the chain of command (department head to the dean to the provost to the president to the Board of Regents). At each level, the person responsible writes a brief letter before sending the decision to the next level. This process is the same for tenure track faculty who teach in the graduate program and for tenure track faculty who teach in the baccalaureate program. There is no distinction of difference.

#### **Academic standards and policies, including establishment and oversight of curricula**

Each college has a graduate curriculum committee to review graduate related matters and make recommendations to the Graduate Council. The Graduate Council has general supervision and control over matters of graduate instruction, curricula, and general academic regulations. The Graduate Council submits recommendations concerning initiation or revision of graduate courses and programs through the University Senate to the Provost/Vice President for Academic Affairs for forwarding to the President and the Board of Regents when appropriate. MPH faculty serves on each of these oversight committees. Membership lists for each are available on the shared drive and in Table 1.5d.

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<sup>11</sup> <http://www.wku.edu/policies/docs/110.pdf>

<sup>12</sup> [https://www.wku.edu/academicaffairs/documents/wku\\_faculty\\_handbook\\_21st\\_edition.pdf](https://www.wku.edu/academicaffairs/documents/wku_faculty_handbook_21st_edition.pdf)

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

The Public Health Program at WKU is not collaborative and therefore components of 1.3d are not applicable.

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

The Public Health Program at WKU is not collaborative and therefore components of 1.3e are not applicable.

1.3.f: Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

**This criterion is met.**

### **Strengths**

WKU is fully-accredited through SACSCOC as a Level V institution that awards baccalaureate, masters, specialist, and three or fewer doctoral degrees. Many of WKU's academic programs have achieved accreditation through their respective accrediting bodies.

The University has clearly defined and equitable policies and procedures that apply to all academic units and divisions. These policies are well communicated in official University publications and online.

The PH program is housed within DPH, which is one of seven academic units housed in CHHS and the WKU Medical Center Health Science Complex. There are clear reporting lines that progress upward from program level through Board of Regents in a traditional academic structure.

### **Weaknesses**

None noted

### **Strategic Plans**

The Public Health Program will continue to work within the organizational structures and support all of the institutional efforts.

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

1.4.a: One or more organizational charts delineating the administrative organization of the program, indicating relationships among its internal components.

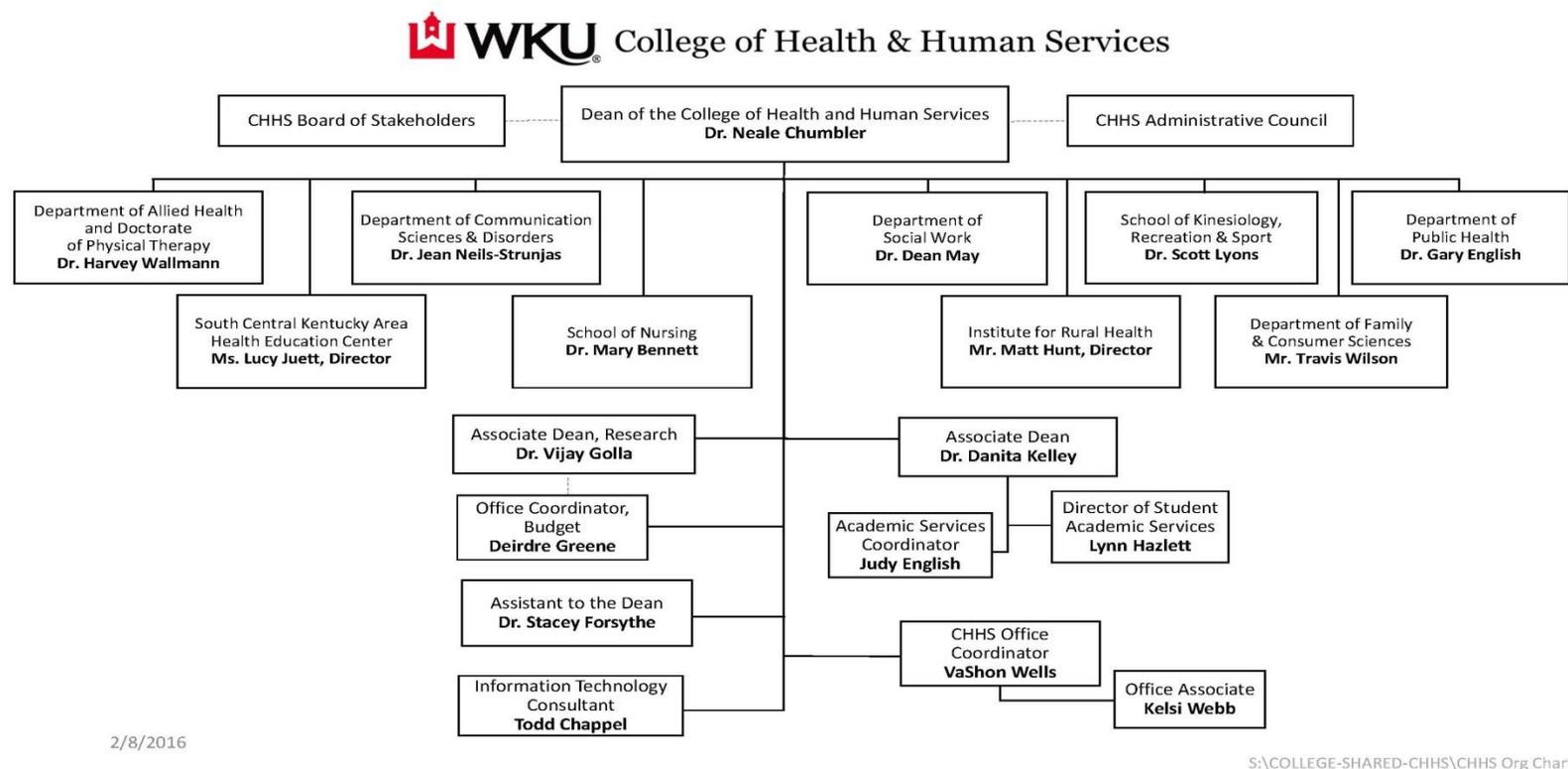


Figure 1.4.a (i) Organizational Structure for College of Health and Human Services

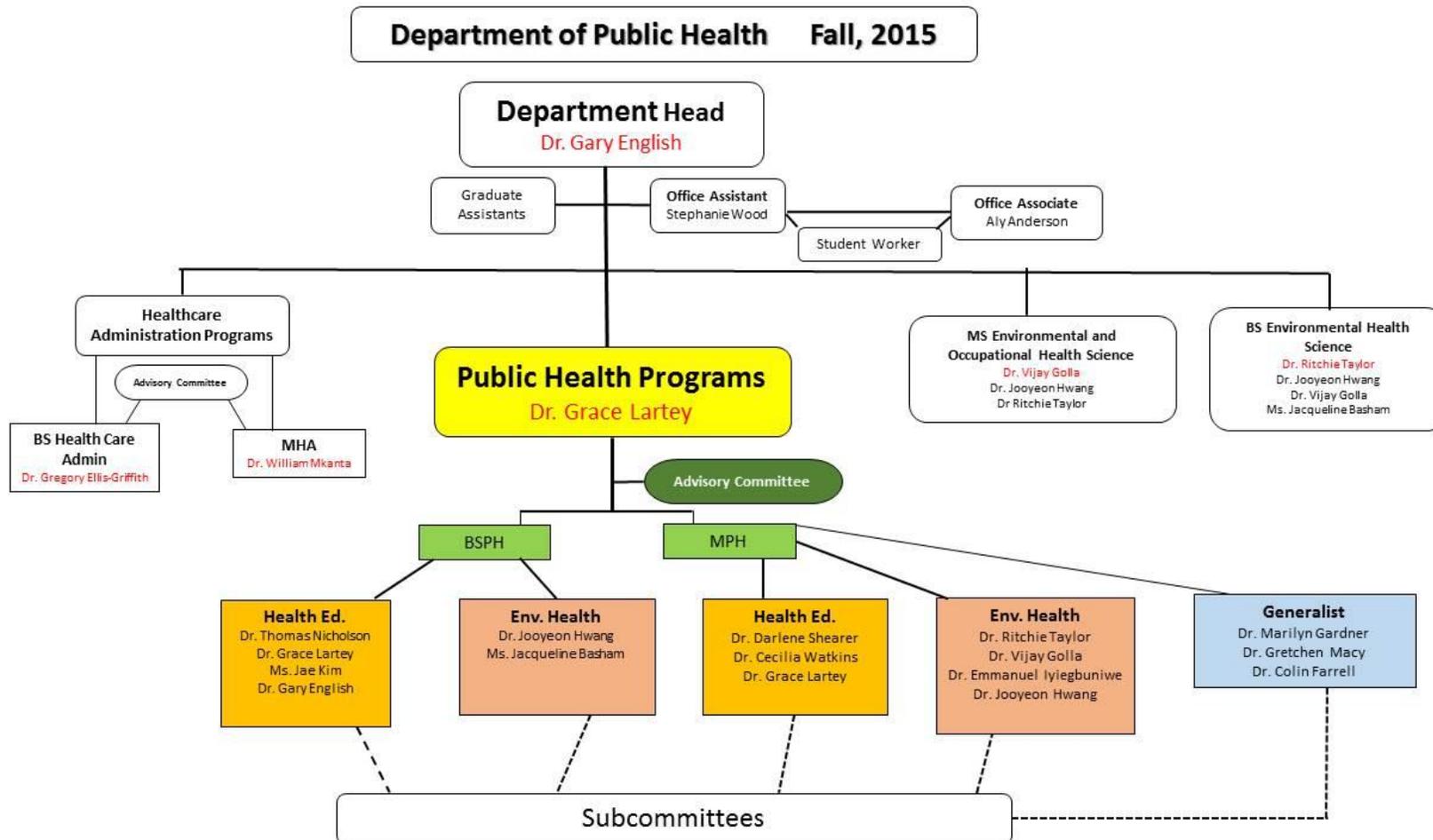
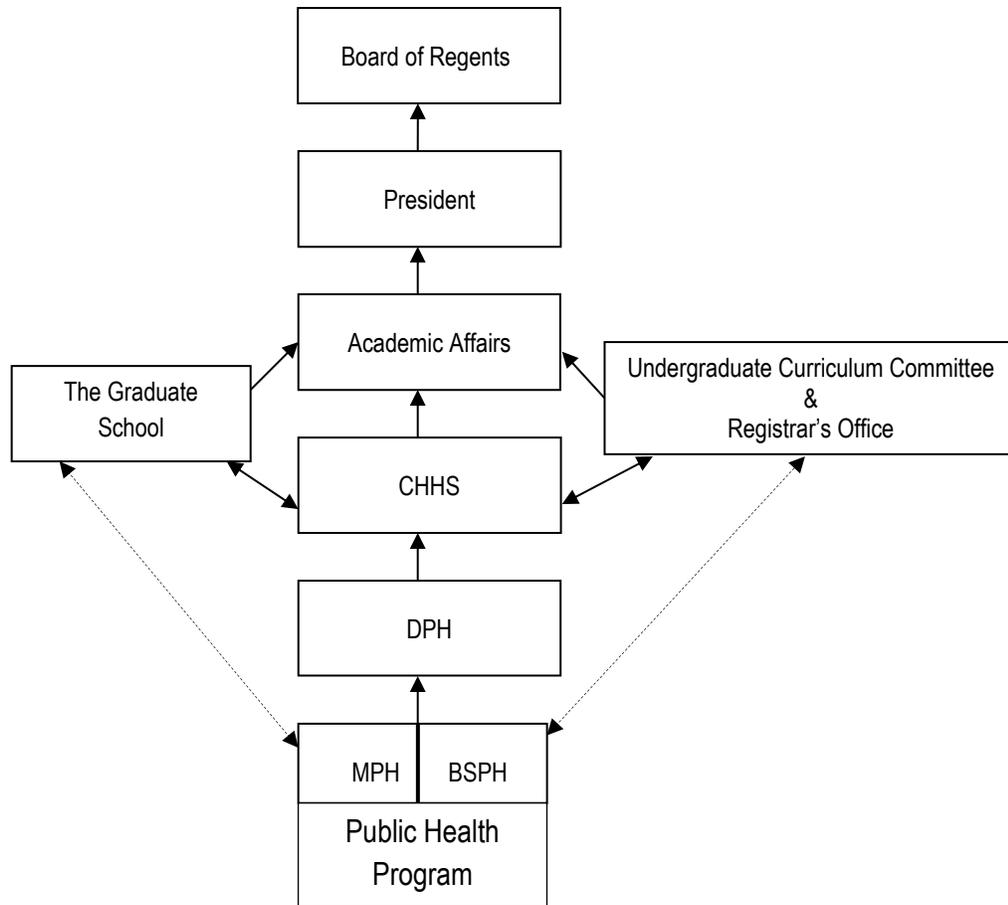


Figure 1.4.a (ii) Public Health Program's Relationship to DPH

Figure 1.4.a.(iii) Public Health Program's Institutional Relationships



### Department of Public Health

The MPH program is one of six programs housed within the DPH. DPH is the primary reporting unit of all MPH faculty, and the unit responsible for ensuring effective teaching, research and service.

Department Head. Dr. Gary English was hired in fall 2007 as the DPH department head. He is responsible for the administration and leadership of all programs housed therein, including oversight and scheduling of academic offerings; developing and monitoring the budget; hiring the faculty and staff; evaluating faculty performance; making recommendations for merit raises and promotion and tenure; documenting workloads; and, ensuring adequate resources for the program.

Per University policy, department heads are responsible for initiating policy discussions within the department that are directed toward the accomplishment of university goals and, with the dean's concurrence, for implementation of department policies. Further, the department head encourages the faculty to share responsibility both for making departmental decisions and for implementing the results

of those decisions. The roles and responsibilities of the head are carried out with appropriate faculty consultation, both as provided through formal university policies, CHHS policies and procedures, and departmental governance procedures and also through informal discussions in departmental meetings or through personal interaction. The WKU Faculty Handbook presents more information regarding the specific responsibilities of department heads.

### **College of Health and Human Services**

CHHS is the administrative home for DPH, one of seven academic units housed therein.

Dean. Dr. Neale Chumbler, Dean of CHHS, is the administrative officer responsible for the leadership and administration of the college and holds the rank of Professor with tenure in DPH. His responsibilities include: oversight of all programs, research, faculty/staff/student activity conducted within the CHHS; oversight of all salary/ workload/personnel issues; representative for the College in all University administration issues; oversees strategic planning for the College; spokesperson for all internal and external funding efforts; representative on all external boards/ committees/task forces/etc.; college spokesperson on issues related to CPE, KEPSB, the Legislature, etc. Dean Chumbler reports directly to the Provost/Vice President for Academic Affairs.

Associate Dean. The Associate Dean, Dr. Danita Kelley, participates in academic and administrative affairs of CHHS; works with faculty, department heads, and other administrators; assists in planning, implementation and evaluation of academic programs; provides administrative support to CHHS committees and initiatives; monitors and approves student academic actions. She is responsible for student-service related matters in CHHS including recruitment, retention, student appeals, and the Academic Center for Excellence. She serves as the dean's office liaison to CHHS Curriculum Committee and assumes the roles and responsibilities of the dean in his absence. She holds the rank of Professor with tenure within the Department of Family and Consumer Sciences.

Associate Dean for Research. The Associate to the Dean, Dr. Vijay Golla, is highly involved in the academic and administrative affairs of CHHS. He works closely with department heads and faculty to promote research projects for faculty and students in College of Health and Human Services. Dr. Golla is an Associate professor with tenure within the Department of Public Health. His responsibilities include:

- Review and approve all external and RCAP grant applications from CHHS faculty.
- Serve as Chair of the CHHS Research & Grants Committee.
- Coordinate and direct the CHHS Faculty/Student Research Scholarship program, which awards grants per academic year to CHHS faculty for their research.
- Serve on the WKU Research Council.
- Attend monthly meetings with the other Associate Deans for Research to discuss items germane to the WKU research environment
- Serve as "clearing house" for CHHS faculty on their various research ideas and projects, including offering consultation on the following: statistics, methodology, data interpretation, and constructing and managing a research team
- Work closely with the Office of Sponsored Programs to ensure CHHS faculty have adequate knowledge and resources for successful grant identification, application, and management
- Meet with all first-year tenure-track faculty to ensure they establish a five-year research plan and timeline to ensure successful application for tenure.
- In collaboration with the Dean and others, develop a research based mentoring plan tailored for tenure-track Assistant Professors.

- Work with Department Heads/Directors and the CHHS Dean to provide adequate start-up funds and space for new faculty and incentives for existing faculty.

## **The Graduate School**

The Graduate School provides administrative oversight of more than 50 graduate programs ranging from certifications to research-based degrees. The MPH program interfaces directly with the Graduate School on admission policies and decisions as well as student degree requirements. The Graduate School is also the entity that confers graduate status on faculty. The Dean of the Graduate School, Dr. Eric Reed, currently serves as the Interim Dean and is responsible for strategic planning and leadership of the unit.

### Graduate Council.

The Graduate Council has general supervision and control over all matters of graduate instruction, including admission and degree requirements, curricula, Graduate Faculty membership, and general academic regulations. The Graduate Council submits recommendations concerning initiation or revision of graduate courses and programs through the University Senate to the Academic Vice President. The Council is composed of three faculty members elected by and from the graduate faculty of each of the 6 academic colleges offering graduate courses, a graduate student representative from the Student Government Association (SGA), and a faculty representative from the Faculty Senate.

1.4.b: Description of the manner in which interdisciplinary coordination, cooperation and collaboration occur and support public health learning, research and service.

Interdisciplinary collaboration and cooperation is encouraged at WKU, as evidenced by institutional initiatives that cut across many disciplines including certificate programs, degrees, and international programs. CHHS fosters interdisciplinary collaboration formally at the college level through its centers and institutes, some of which are described below, and through informal relationships established within its academic units. These collaborations do support learning, research and service within the PH Program. We have students and faculty that collaborate with the following groups to provide education, participate in research and provide service.

### Institute for Rural Health (IRH)

The mission of IRH is “to engage students and faculty in activities designed to provide expertise and improve the health status of the rural community while enhancing the learning experience of students<sup>13</sup>.” IRH attempts to address many of the health disparities and access issues faced by rural communities through its Mobile Health Unit and by collaborating with community partners such as the Housing Authority of Bowling Green, Barren River Area District Health Department, Allen County Health Department, school systems in the ten county BRADD area, Salvation Army, Kentucky Cancer Program, South Central AHEC, Holy Spirit Catholic Church, the Rural Social Work Conference, Hart County Amish community, Kentucky Dental Association, the Kentucky Partnership for Farm Health & Safety, Anthem, and Delta Dental. The PH program has collaborated with and benefited from the work of this institute. Both MPH and BSPH students receive HIPAA training from IRH. Some students have provided community service, completed internships, received graduate assistantships, and used IRH data for capstone projects with the Institute. PH faculty also has collaborated with IRH staff, assisting with collection and analysis of the data for research and joint publications. The IRH Director serves on the PH External Advisory Board and many of his staff serve as preceptors for PH student practice experiences.

### South Central Kentucky Area Health Education Center (SCAHEC)

SCAHEC promotes healthy communities through innovative partnerships. This is accomplished by providing educational support services to health profession students and health care providers; community health education; and programs that encourage health professions as a career choice<sup>14</sup>. The SCAHEC Director is a PH External Advisory Board member and has generously shared data with PH faculty for their publications and research. Similar to the IRH, quite a few of our students have provided community service, completed internships, and, along with nursing students, they are regular guest speakers at community events such as the Annual Agricultural Safety Day (which targets hundreds of school children from counties in the Barren River District.)

### CHHS Internationalization (Service Learning Program to Belize)<sup>15</sup>

The Belize program is an interdisciplinary collaboration between five departments in the College of Health and Human Services. These departments, including Public Health, develop goals and objectives in preparation for a trip to Belize in January each year. Many MPH students and faculty have participated in these trips. Past projects have involved collaborating with nursing and social work to survey and screen the health status of targeted villages; work with dental hygiene students and faculty by providing assistance and health education to children and adults; and provide water and air testing and education about how to develop clean water supplies and improve air quality. The results of these annual trips typically produce poster presentations at student conferences, and at least one presentation at the state of Kentucky Innovations Conference in 2013 where faculty and students discussed their clean air initiative.

### Southeast Center for Agricultural Health and Injury Prevention at University of Kentucky

In cooperation with the Centers for Disease Control/National Institute for Occupational Safety and Health (CDC/NIOSH), the University of Kentucky SCAHIP supports and conducts research, education, and prevention activities to prevent occupational illness and injury and improve the safety and health of agricultural workers and their families in the southeastern United States. The PH Program environmental faculty has collaborated with faculty at SCAHIP for several years. Currently they have received external funding through this agency to examine occupational exposure to endotoxins in airborne particles in the Kentucky equine industry. Students and faculty will have various roles in this study (that is just getting underway). In the past, faculty in DPH have received funding from this center to conduct research on the pesticide Atrazine found in Kentucky drinking water and birth outcomes through collaboration with University of Kentucky College of Public Health and Department of Epidemiology faculty.

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14 <http://www.wku.edu/scahec/index.php>

15 <http://www.wku.edu/chhs/internationalization.php>

### Green River Health Department Collaboration

Public Health faculty has often collaborated with staff in the Green River Health Department (as well as other LHDs.) They welcome and often hire our students and many precept PH student internships. Environmental Health, in particular, has broadened this collaboration with students working on projects related to food safety. Some have turned into capstone projects for students. Currently students are working with GRHD and their volunteer firefighters to examine toxic exposures related to smoke inhalation and contamination.

### Environmental Health Opportunities in Other Communities

Many of the environmental health students are involved in community service and service learning opportunities because of collaboration between the PH Program and municipalities in Tennessee. Some conduct water shed assessments for ecosystem and human health protection. Others measure and monitor water quality and treatment. At the Warren County Storm Water Treatment Plant in Bowling Green, students volunteer to run a “Household Hazardous Waste Day” each semester. When citizens drop off their hazardous materials they are asked to complete a survey which the students are collecting to better understand community needs and to increase participation.

1.4.c: Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.

**This criterion is met.**

#### **Strengths**

The organizational setting for the Public Health Program is conducive to providing effective instruction, research, and service. The program is housed within the DPH, one of seven academic departments within CHHS. Frequent meetings and committee participation within the College facilitates interdisciplinary communication, cooperation and collaboration among the seven departments. This benefits the PH program’s mission through sharing of ideas and resources. Within CHHS, as well as the community, students have many rich opportunities to work on projects, do community service, gain experience and opportunities for research or skill development.

Within the organization of the PH program, the current administrative structure enables the program to continue important work in carrying out its instructional, research and service functions. The Program director provides leadership and oversight of both the MPH and BSPH programs’ operations. The elimination of separate directors for the two programs has provided better understanding of the needs and resources available to the PH Program. With time, the potential to adapt the BSPH and MPH experiences into a single 5 year degree will now be more feasible.

The department head reports directly to the dean of CHHS and is responsible for the leadership and administration of the department, and all programs therein, including developing and monitoring budgets; hiring the faculty and staff; evaluating faculty performance to document workloads; making recommendations for merit raises and promotion and tenure; and ensuring adequate resources for the program.

The PH program and Graduate School work together in developing policies and admittance standards for the program. The MPH program receives applicant referrals from the Graduate School for candidates to the program. Similarly, the PH program, the Registrar's Office and the Undergraduate Curriculum Council (housed in Academic Affairs) work together in developing/maintaining policies and admittance standards for the BSPH. The Undergraduate program accepts student candidates who meet established criteria (minimum GPA and hours of requirement courses). The relationship between the registrar and the program director is in the context of the Undergraduate Curriculum Council. Interdisciplinary communication, cooperation, and collaboration are supported through the organizational structure of academic units within CHHS as well as through its centers and institutes. The collaborations listed in the preceding section support learning, research, and service. Students and faculty that participate or collaborate with these initiatives provide education, participate in research and provide service.

The PH program adheres to WKU's policies on fair and ethical dealings with faculty, administrators, staff and students. These policies are delineated in the Faculty Handbook, Equal Opportunity Statements, and the WKU Undergraduate and Graduate Catalogs. The MPH and Undergraduate Student Handbooks address academic integrity, professional conduct and grievance procedures. The university has well-defined policies and procedures for student complaints and informal and formal grievances. Most complaints are handled informally. We could find only one formal grievance at the departmental level where a student complained about a faculty member. This was not a PH student and the grievance was dismissed.

#### **Weaknesses**

None noted

#### **Strategic Plan**

Not at this time

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

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

The Public Health (PH) Program complies with the policies and procedures set forth by the Department of Public Health, the College of Health and Human Services, and the University Handbook. The PH Program is governed by the PH Committee under the leadership and guidance of the Program Director. The PH Committee currently has six standing committees that carry out many of the functions of the program and serve in an advisory capacity to the PH Program Committee for recommending programmatic modifications. The PH Program also receives guidance and feedback from an External Advisory Committee.

### **PH External Advisory Committee**

#### **Formed 2006**

**Charge:** The PH External Advisory Committee serves as an advisory committee to the PH Program at Western Kentucky University. It provides a forum to discuss pertinent public health issues, including university and community based, and makes recommendations to the PH Program Director with respect to the following:

1. Provide recommendations on public health education initiatives
2. Assure that educational initiatives address identified public health education needs of the community
3. Periodically assess the curriculum for appropriateness and effectiveness relative to the mission and goals of the PH Program and to serving the needs of the regional public health communities, ensuring that the following factors are addressed - *labor pool, vacancy rates, anticipated growth, job outlook, salary ranges and funding sources.*
4. Review proposals and make recommendations for new and emerging educational training programs
5. Assure involvement of the broader public health community

**Meetings:** Meets at least once to twice a year or more often as needed

**Composition:** The PH External Advisory Committee is chaired by the PH Program Director and attended by faculty teaching in the program and a broad-based representation of members from regional and state health departments, employers of alumni, and former PH students. The Committee consists of no more than 20 and no less than 15 community leaders.

### **Current Membership:**

Chair: **Grace Lartey**, Public Health Program Director

**Allison Beshear**, MPH, Director, Pennyriple District Health Department (alum)

**Steve Bing**, Executive Director, Kentucky Public Health Association

**Kelsey Carter**, BSPH, Health Educator, Barren River District Health Department (alum)

**Dennis Chaney**, MPA, District Director, Barren River District Health Department

**Ines Dugandzija**, MPH, Provider Relations Representative, The Medical Center (alum)

**David Dunn**, PhD (Retired Professor)

**Kathy Fowler**, Acting Director, Division of Public Health Protection and Safety, KYDPH

**Leanne French**, Administrator, Health Promotion, Louisville Dept. of Public Health (alum)

**Clay Horton**, Environmental Health Director, Green River District Health Department

**Matthew Hunt**, Director, Institute for Rural Health, CHHS

**Lucy Juett**, Director, South Central KY Area Health Education Center

**Stephanie Mayfield Gibson** MD, FCAP, Commissioner, KY DPH (*Brandon Hurley serves as a proxy*)

**Crissy Rowland**, MPH CHES, Health Information Branch Manager (alum)

**Kathryn Steward**, MPH, MCHES, Assistant Director of Health Education, WKU (alum)

**Elizabeth Westbrook**, MPH MCHES, Kentucky Cancer Program

**Johnny White**, Benefits, Medical and Wellness Leader, Logan Aluminum Inc.

### **Public Health Program Committee**

**Formed:** January 2007

**Charge:** The Public Health Program Committee (PHPC) has the mission of directing the operation and future direction of the PH program, and makes decisions about curriculum, strategic planning, and program policy. The responsibilities of this committee include:

1. General management and oversight of the MPH and BSPH programs.
2. All accreditation-related activities, including preparing self-study documents, coordinating site visits, collecting relevant data from students and alumni, and routing communication with accrediting agency, alumni and other constituents.
3. Internal program reviews and reporting information related to program and faculty accomplishments.
4. Strategic planning, continuous quality improvement, and program evaluation consistent with accreditation needs and University accountability and assessment plan requirements.
5. Establishing admission requirements, approving admissions, and recommending students for graduate assistantships.
6. Selecting and obtaining affiliation agreements with internship sites and preceptors, as well as supervising internships and other experiential learning.
7. Scheduling and staffing classes by appropriately trained faculty.
8. Conducting environmental scanning and assessment relevant to the discipline in order to support strategic planning, curriculum development, and program evolution.

**Meetings:** The committee meets at least twice each semester, at minimum.

**Composition:** All of the full-time PH faculty serve on the PH committee and one student member.

**Current Membership:**

Chair: Grace Lartey, PhD Public Health Program Director

- Cecilia Watkins
- Ritchie Taylor
- Darlene Shearer
- Gary English
- Vijay Golla
- Marilyn Gardner
- Emmanuel Iyegbuniwe
- Jooyeon Hwang
- Jacqueline Basham
- Tom Nicholson
- Colin Farrell
- Gretchen Macy
- Jae Kim
- Student Member (TBA)

**Public Health Sub-Committees, 2012/2015**

Faculty membership on all standing and ad-hoc college, departmental, and program committees for the past three academic years are found in ERF Criterion 1 folder, Committees.

***Admissions Committee (AC)***

**Formed:** 2007

**Charge:** The PH Admission Committee ensures a diverse and well-qualified student body through the establishment of admissions criteria and the evaluation of program applicants against these criteria. Policies and procedures for this committee are found in ERF Criterion 1 folder, Committees.

**Meetings:** The PH Admission Committee meets twice a semester at minimum and more often as needed.

**Composition:** Consists of at least four PH faculty with at least one representative from MPH and one from BSPH plus one from each concentration. Committee members must be tenured or tenure-track.

**Current Membership:**

- Grace Lartey, Chair
- T. Nicholson
- M. Gardner
- E. Iyegbuniwe
- C. Farrell

### ***Culminating Experience Committee (CEC)***

**Formed:** 2007

**Charge:** The MPH Culminating Experience Committee ensures that MPH students have an opportunity to demonstrate their ability to integrate and synthesize material learned in the classroom and in the field of public health. The Culminating Experience Committee is charged with establishing the policy regarding the Culminating Experience. It annually reviews and updates procedures and guidelines for the experience options of the a) Core Exam, b) Capstone, and c) Thesis. Policies and procedures for this committee are found in ERF Criterion 1 folder, Committees.

**Meetings:** The committee meets at least twice annually.

**Composition:** Consists of at least three PH faculty members with at least one representative from each concentration. Committee members must be tenured or tenure-track.

**Current Membership:**

- Grace Lartey, Chair
- D. Shearer
- G. Macy
- R. Taylor

### ***Advising and Retention Committee (ARC)***

**Formed:** 2007

**Charge:** The Advising/Retention Committee assists and encourages students to achieve successful educational goals. Specifically, the Committee strives to:

- Encourage students to meet with their faculty advisors at least once a semester
- Encourage students to complete all coursework required for their degree
- Assist students to graduate in a timely manner
- Organize an annual MPH faculty orientation on policies, procedures and curriculum updates regarding Advising and Retention.

Policies and procedures for this committee are found in in ERF Criterion 1 folder, Committees.

**Meetings:** The Advising/Retention Committee meets at least twice each semester. Additional meetings are scheduled as needed.

**Composition:** Consists of at least four PH faculty with at least one representative from MPH and one from BSPH plus one from each concentration. At least 50% of Committee members must be tenured or tenure-track.

**Current Membership:**

- Cecilia Watkins, Chair
- D. Shearer
- J. Kim (new)
- J. Basham (new)

### ***Practical Experience Committee (PEC)***

**Formed:** 2009

**Charge:** The Practical Experience Committee establishes policies and procedures that ensure all students have the opportunity for a planned, supervised and evaluated practice experience within the realm of public health practice. The policies and procedures are found in ERF Criterion 1 folder, Committees.

**Meetings:** The PEC meets at least twice per year.

**Composition:** Consists of at least four PH faculty with at least one representative from MPH and one from BSPH plus one from each concentration. At least 50% of Committee members should be tenured or tenure-track.

**Current Membership:**

- Gary English, Chair
- R. Bruce
- C. Watkins
- E. Iyiegbuniwe
- G. Lartey

### ***Assessment Committee (PHAC)***

**Formed:** 2008

**Charge:** The PH Assessment Committee (PHAC) informs PH program processes by systematically and routinely assessing the program's effectiveness against its stated mission, goals, and objectives. PHAC is charged with coordination of all MPH program assessment activities and with reporting assessment findings to the PH faculty, students, and External Advisory Committee. As such the committee:

- Ensures that all major constituent groups are involved in the assessment of program activities, per CEPH recommendations.
- Utilizes existing data collected institutionally.
- Ensure data being collected at the program level are streamlined, to limit the number of surveys administered.
- Works in conjunction with other PH, DPH and CHHS committees to coordinate data collection efforts.

Policies and procedures for this committee are found in ERF Criterion 1 folder, Committees.

**Meetings:** The PHAC meets at least once per semester

**Composition:** Consists of at least four PH faculty with at least one representative from MPH and one from BSPH plus one from each concentration. At least 75% of Committee members should be tenured or tenure-track.

**Current Membership:**

- Darlene Shearer, Chair
- G. English
- G. Lartey
- M. Gardner
- V. Golla
- C. Farrell

**Curriculum Committee (CC)****Formed: 2008**

**Charge:** The PH Curriculum Committee ensures that the program provides high-quality, graduate-level professional preparation in the core disciplines of public health, and in each area of concentration. The Curriculum Committee is charged with oversight of all PH curricular issues including:

- Systematically and routinely assessing the program's curriculum to ensure courses reflect higher-order learning, are competency based and relevant to the PH workforce, and emphasize applied learning;
- Reviewing and/or initiating curricular modifications; and
- Keeping abreast of changes in national credentialing standards and competencies.

Policies and procedures for this committee are found in in ERF Criterion 1 folder, Committees.

**Meetings:** The Curriculum Committee meets at least once per year and more often as required.

**Composition:** The Curriculum Committee is chaired by the PH Director and is composed of, at minimum, one tenured or tenure-track PH faculty from each concentration area. One PH student from each area of concentration shall be appointed/elected by the PH student body.

**Current Membership:**

- Darlene Shearer, Temporary Chair
- T Nicholson
- R. Taylor
- G. English
- C. Farrell
- Student vacancy

1.5.b: Identification of how the following functions are addressed within the program's committees and organizational structure:

- *general program policy development*
- *planning and evaluation*
- *budget and resource allocation*
- *student recruitment, admission and award of degrees*
- *faculty recruitment, retention, promotion and tenure*
- *academic standards and policies, including curriculum development*
- *research and service expectations and policies*

## **General Program Policy Development**

The PH program is governed by the faculty under the administrative oversight and leadership of the PH program director. Standing committees carry out and make recommendations for many of the programmatic functions.

PH Program Director. The PH program director oversees the administration of the program and provides leadership to the PH faculty. Dr. Darlene Shearer stepped down from her role of program director at the end of AY 2013/2014 at which point Dr. Grace Lartey assumed responsibility for directing the MPH program in addition to her role as program director for the BSPH program. At that time, the two programs became known as the “Public Health” Program.

PH Committee Structure. The PH faculty comprises the departmental-level PH Program Committee and is chaired by the PH program director. Sub-committees, described in Criterion 1.5.a, carry out many of the program’s functions and serve in an advisory capacity to this overarching committee. The committee structure was reviewed and revised during the 2007/2008 academic year. Each committee created a set of policies and procedures that were brought forth to the PH Program Committee for consideration and/or adoption. Two new committees, the MPH Assessment Committee and the MPH Curriculum Committee, were created in the 2008/2009 academic year. This structure has served the PH program well.

## **Planning and Evaluation**

The PH Program Director and PH Program Committee are responsible for program planning and evaluation. An External Advisory Committee provides guidance and assistance to the MPH program. The committee is comprised of public health practitioners, practitioners in health-related fields/positions, alumni, MPH faculty, and student representatives. The charge for this committee, as well as its current membership, is found in ERF Criterion 1 folder, Committees.

## **Budget and Resource Allocation**

The PH program does not have a separate budget. The PH Director relates programmatic needs to the Department Head who determines resource allocations. This is consistent with most programs at WKU.

## **Student Recruitment, Admission and Award of Degrees**

Students are recruited through the PH website, booths at public-health conferences, and undergraduate student functions at WKU. Student recruitment is one of the responsibilities assigned to the PH Director. Admission requirements beyond those determined by the University, are proposed by the PH Admission Committee and enacted/rejected by the PH Program Committee. As noted in Criterion 1.5.a, the PH Admission Committee reviews all applicants and makes admission recommendations to the PH Program Director. Degrees are awarded in concordance with University policies.

## **Faculty Recruitment, Retention, Promotion and Tenure**

The PH program does not govern faculty recruitment, retention, promotion or tenure; rather, the department head is responsible for these functions which are described in greater detail in 4.3.d.

**Academic Standards and Policies, Including Curriculum Development**

University policies set forth academic standards for the PH Program with respect to GPA, program completion times, etc. The PH program, through its sub-committee and program committee, set policies for experiences unique to the PH program, such as the culminating experience and practice experience. The PH program, also through its curriculum sub-committee and program committee, set policies and approve changes or additions to the curriculum unique to the PH program. Final approval of changes in academic standards and policies then go through review by the CHHS Graduate Curriculum Committee, the CHHS Undergraduate Curriculum Committee, the WKU Graduate Council and the Undergraduate Curriculum Council.

**Research and Service Expectations and Policies**

The PH program does not have unique research and service expectations or policies. Instead, the program adheres to those set forth by CHHS and the University (ERF Criterion 3, Faculty Handbooks).

1.5.c: A copy of the bylaws or other policy document that determines the rights and obligations of administrators, faculty and students in governance of the program, if applicable.

The MPH program adheres to policies set forth by DPH, CHHS, Graduate Studies and Research, and the University. Policies and procedures that govern the overall internal operations of the PH program are in ERF Criterion 3, Handbooks. Each standing committee has established a set of policies and procedures which can be found in the ERF Criterion 1 folder, Committees referenced in Criterion 1.5.a.

The fall 2015 MPH Student Handbook (ERF Criterion 2 Student Handbooks) and BSPH Student Handbook delineate the rights and obligations of students.

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

**Table 1.5.d. Faculty Membership on Standing and Ad-hoc University Committees**

	2012/2013	2013/2014	2014/2015	2015/2016
<b>Standing University Committees</b>				
<b>G. English</b>				
University Program Review Committee	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
Professional Education Council	<b>X</b>			
<b>M. Gardner</b>				
University Budget and Finance			<b>X</b>	
University Undergraduate Curriculum Committee (UCC)			<b>X (Alt)</b>	<b>X (Alt)</b>
Faculty Senate				<b>X</b>
Colonnade (General Education) Committee				<b>X</b>
<b>V. Golla</b>				
University Benefits Committee	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>

<b>G. Lartey</b>				
University Undergraduate Curriculum Committee	X	X	X	
<b>G. Macy</b>				
Practical Experience Committee			X	X
<b>T. Nicholson</b>				
Library Liaison	X	X	X	X
<b>D. Shearer</b>				
Human Subjects Review Board (Alternate)	X			
<b>R. Taylor</b>				
Faculty Senate ( <i>alternate</i> )	X	X		
University Undergraduate Committee ( <i>alternate</i> )	X	X		
<b>Ad hoc University Committees</b>				
<b>V. Golla</b>				
University Academic Complaint Committee	X			
<b>G. Lartey</b>				
University Faculty Advising Award Committee	X	X	X	X
University Ad-hoc Committee			X	X
<b>G. Macy</b>				
University Blood Drive Committee	X	X	X	X
<b>C. Watkins</b>				
WKU Tobacco Free Campus Ad-hoc Committee			X	

#### 1.5.e: Description of student roles in governance, including formal student organizations.

##### Governance

Per PH program policies, students are appointed or elected to serve on the PH Program Committee and most standing program committees. Institutionally, elected or appointed representatives of the student body serve with members of the faculty and administration on policy-recommending councils and committees.

##### Student Organizations

The PH students do not, at present, have a formal governing organization. WKU students are, however, represented by the Student Government Association (SGA). SGA is involved in University affairs through student representation on University committees and work in academic affairs through the Academic Council and the College Curriculum Committees. A student chapter of the Kentucky Public Health Association is the primary organization in which students develop and participate in various community service projects and programs. This is an active and vital part of the PH Program that will be discussed later in the self-study.

##### Evaluation of Program Functioning

The on-line MPH Exit Survey provides an anonymous venue for providing feedback about various aspects of the program, including career counseling, academic advising, instruction, etc. Students are currently required to complete the survey before their Form E is released to the Graduate School. This requirement has greatly increased participation.

A virtual suggestion box has been available on the MPH organizational site on Blackboard since 2008 to allow students to share their frustrations about program functioning. Only two suggestions have been given in the past 7 years, both of which were complaints about faculty members.

1.5.f: Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

**This criterion is partially met.**

### **Strengths**

The PH program enjoys the same rights of other academic units within the University, including autonomy in effectuating program governance. The program has a clearly defined governance structure: Leadership is provided by the program director, and the seven standing committees are responsible for various programmatic functions and serve in an advisory role to the MPH program faculty at large. Policies and procedures have been established for all committees. An external advisory committee provides feedback and direction to the program through formal assessments and annual meetings. Students participate in a very strong student association (KPHA, student chapter) and are intended to play a role in program governance through committee memberships and by providing valuable feedback to the program in anonymous surveys and a virtual suggestion box.

### **Weaknesses**

Weaknesses are two-fold. The MPH faculty has made significant strides in rectifying problems with previous inadequate governance structure and lack of specific operation procedures. The structure that has been put into place is working, to some extent. However, heavy demands on the program director, faculty time, inability to attend committee meetings, and other committee responsibilities at the College and University level which take priority continues to slow the process of governance, meaningful discussion, planning, and needed change.

The second weakness relates to student governance. To date, few students have been appointed to the sub-committees. In some cases, the students appointed to serve found that meetings were cancelled at the last moment because of insufficient faculty attendance. In other cases, the students were confused and uncomfortable with the fast pace of the discussion, arguments and tension among the faculty and limited familiarity with the topics. Their silence and embarrassment when called upon to offer opinions spoke volumes that we have a lot of work to do in this area. We are committed to creating an all-inclusive environment that instills a sense of belonging and excitement about active participation and "ownership" for both faculty and students.

### **Strategic Plans**

At the annual spring meeting that the Program Director conducts with students, she will provide updates about changes to the program and opportunities for students. At this meeting she will discuss the importance of student involvement in the Program's various committees. They will be asked to consider volunteering to serve on a committee for the next academic year. The final appointments to the committee will be announced before the end of the semester. A second step will be for the PD to meet with all Committee chairs to make them aware of their new student member and ask them to be sensitive to having the student feel engaged and involved in decisions.

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

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

WKU's budget and allocation process is detailed in Criterion 1.3.c.

Legislative appropriations

As of 1997, Kentucky's enrollment-driven formula to finance public higher education was replaced by benchmark funding to preserve the level of base funding and by a number of trust funds established to allocate a portion of state appropriations to fund initiatives deemed high priorities by the Council on Postsecondary Education (CPE). However, the 2015 state election has brought in a new governor who has indicated major changes will be made for financing higher education. Currently, WKU relies on state funding and tuition and fees revenue as its primary sources of unrestricted operating funds. Tuition rates are set by the Board of Regents. DPH does not have a specific budget line in Kentucky's appropriations.

Formula for funds distribution

There is no formula for funds distribution within WKU per se. Nor does the university budget process typically provide for program budgets within departments. A university Budget Council recommends how projected state appropriations and tuition should be allocated and proposes distribution guidelines for salary pools (i.e., salary increases, merit pools, left over monies). The Council prepares strategic budget priorities directly linked to the university's strategic plan. Dr. M. Gardner has served on the University Subcommittee for Budget and Finance since AY 2014/15.

Tuition revenue estimates are based on the approved tuition schedule, the previous year's fall enrollment, and projections from admissions.

Deans are required to submit a budget narrative documenting how their budget plan is linked to the university's strategic plan and what outcomes they expect to achieve with their resources. Deans and their designees can reallocate their respective base budgets, as deemed necessary. Consequently, DPH has one operating budget and the MPH program does not have a separate budget. Base budget allocations are provided to DPH from Education and General (E&G) funds, allocated from Academic Affairs, to fund the general operating costs of the department, including faculty and staff salaries. All MPH faculty positions are fully-funded permanent lines from E&G.

In addition to base-budget allocations, DPH may receive funds from the following institutional sources:

The Division of Extended Learning and Outreach (DELO). DPH receives a portion of funds generated from departmental course offerings taught in summer and winter, as well as courses taught through alternative delivery methods, such as correspondence, ITV, and web based. This

sharing process began in FY06. The Department of Public Health has been quite successful in working with the Division of Extended Learning and Outreach. Since the spring of 2009 through the fall of 2015 the department has received \$288,410.00 or an average of \$57,682.00 per year to support the departments programs. This is unrestricted funding that is generally used to support faculty and student travel as well as other incidentals.

Incentive Shares. DPH receives a portion in indirect funds generated from externally-funded grants as detailed in Criterion 1.3.c. These funds carry forward indefinitely and are used at the department head's discretion. The amount received since 2011 is \$6,376.65.

Academic Affairs also provides funds for accreditation fees, classroom improvements, instructional equipment and other projects as funding and need allow. In addition to funds from Academic Affairs, DPH receives funding from CHHS to supplement travel and professional development. CHHS also allocates and funds graduate assistantships to DPH; Graduate Studies and Research funds graduate assistantships through its Minority Assistance Program.

DPH also has access to the WKU Foundation that receives donations from various donors. The Foundation holds four accounts for the department. One of these accounts is specifically designated for Environmental Health in the MPH program. The other 3 accounts are overseen by the Department Head and used for discretionary needs identified within the department, including the MPH program.

#### Indirect Cost Recovery

Of the administrative (indirect) cost recoveries that are shared with the college (40%), 25% of the F&A amount recovered by CHHS goes into a general fund to be used at the discretion of the dean and 75% is distributed to the department of the principal investigator (PI). Within the department, 25% goes into a development fund for the PI and 75% goes into the incentive shares account, used to support departmental operations and activities at the discretion of the department head.

#### Fundraising

The Office of Institutional Development directs fundraising activities for the University. Donations can be specified for specific departments and/or specific projects. Additionally, Mr. Ron Wilson, Development Officer for CHHS, solicits external contributions for special projects. These funds, housed within the foundation, can be accessed by the department as desired or as indicated by terms of the donation.

1.6.b: A clearly formulated program budget statement, showing sources of all available funds and expenditures by major categories, since the last accreditation visit or for the last five years, whichever is longer. If the program does not have a separate budget, it must present an estimate of available funds and expenditures by major category and explain the basis of the estimate. This information must be presented in a table format as appropriate to the program. See CEPH Data Template 1.6.1.

The amounts shown in Table 1.6.b reflect the proportionate amount of the DPH budget that is attributed to the MPH and BSPH programs. This proportion was based on number of faculty dedicated to these two programs compared to the total number of faculty in the department (MPH + BSPH/DPH ). The average proportion of the five years reported was approximately 74% (73.6%). Thus, the figures represented in Table 1.6.b are approximately 74% of the DPH budget.

**Table 1.6.1 Sources of Funds and Expenditures by Major Category, 2011 to 2015**

	2015	2014	2013	2012	2011
<b>Source of Funds</b>					
State Appropriation	\$1,333,442	\$1,368,587	\$1,283,720	\$1,193,781	\$1,178,859
Grants/Contracts	\$121,979	\$55,534	\$98,075	\$140,838	\$35,128
Indirect Cost Recovery	\$3,425	\$1,103	\$5,385	\$4,265	\$2,283
Gifts	\$3,430	\$1,190	\$518	\$1,220	\$1,655
Other (DELO)	\$55,155	\$55,252	\$50,323	\$28,642	\$71,874
Other (Carry Forward)	\$74,791	\$32,395	\$45,252	\$57,275	\$34,953
Other(Summer Distrib)	\$6,056	\$8,219	\$7,255	\$6,195	\$3,583
Other (Course Fees)	\$9,320	\$9,020	\$8,040	\$10,180	\$16,535
Other (Grad Assts)	\$123,975	\$127,326	\$170,127	\$180,985	\$134,452
<b>Total</b>	<b>\$1,731,573</b>	<b>\$1,658,627</b>	<b>\$1,668,695</b>	<b>\$1,623,381</b>	<b>\$1,479,322</b>
<b>Expenditures</b>					
FT Faculty Salaries & Benefits	\$1,210,522	\$1,163,557	\$1,169,953	\$1,149,942	\$1,164,642
Staff Salaries& Benefits	\$36,313	\$35,625	\$34,540	\$33,850	\$33,850
PT Faculty Salaries & Benefits	\$56,645	\$66,205	\$73,375	\$57,743	\$62,223
Operations	\$48,321	\$37,736	\$37,683	\$45,116	\$31,419
Travel	\$23,467	\$25,578	\$32,648	\$15,788	\$21,176
Student Support	\$6,688	\$14,681	\$6,029	\$9,464	\$8,912
Other (Grad Assts)	\$162,298	\$159,234	\$201,392	\$168,135	\$155,512
<b>Total</b>	<b>\$1,544,254</b>	<b>\$1,502,616</b>	<b>\$1,555,620</b>	<b>\$1,480,038</b>	<b>\$1,477,734</b>

1.6.c: If the program is a collaborative one sponsored by two or more universities, the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget. This should be accompanied by a description of how tuition and other income is shared, including indirect cost returns for research generated by public health program faculty who may have their primary appointment elsewhere.

Not applicable. The WKU Public Health Program is not a collaborative program.

1.6.d: Identification of measurable objectives by which the program assesses the adequacy of its fiscal resources, along with data regarding the program’s performance against those measures for each of the last three years.

Outcome Measure	Target	2012/2013	2013/2014	2014/2015
Institutional expenditures per student FTE	\$10,000	\$17,404	\$18,532	\$19,019
Institutional expenditure per MPH and BSPH FTE <sup>16, 17</sup>	\$8,000	\$16,586 BSPH \$22,144 MPH	\$13,802 BSPH \$18,403 MPH	\$13,507 BSPH \$18,009 MPH
Number of Graduate Assistants assisting MPH faculty	1 per faculty	Met	Met	Met

1.6.e: Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.

**This criterion is met with commentary.**

**Strengths**

The Department of Public Health has been quite successful in working with the Division of Extended Learning and Outreach. Since the spring of 2009 through the fall of 2015 the department has received \$288,410.00 or an average of \$57,682.00 per year to support the departments programs. This is unrestricted funding that is generally used to support faculty and student travel as well as other incidentals. All full-time faculty members have a graduate assistant. All GA’s work a minimum of 10 hours and up to a maximum of 20 hours per week. We have sufficient faculty to meet CEPH requirements and we have a search in progress to fill a vacant faculty line.

<sup>16</sup>Total PH-related budget (FY) expenses (Table) divided by average AY FTE (Table, BSPH/MPH); 2012/13 FTE27.8/41.1; 2013/14 FTE 37.2/45.9; 2014/15 FTE 26.2/58.1

<sup>17</sup> MPH FTE is weighted 25% higher than BSPH FTE, based on a model found in the National Association of College and University Business Officers (NACUBO)

## **Weaknesses**

As with many institutions nationally, WKU is facing budgetary constraints. This has affected the PH program primarily through increased teaching responsibilities resulting in maintaining a 12-12 load which affects faculty members' productivity in other areas. WKU has cut back on international student scholarships. With significant tuition increases, many international students are seeking other programs, which noticeably reduced new admissions in the past year.

## **Strategic Plan**

With help and support from DELO to build the online MPH we hope to attract new students and an additional revenue stream.

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

1.7.a: A concise statement or chart defining the number (headcount) of primary faculty employed by the program for each of the last three years, organized by concentration. See CEPH Data Template 1.7.1

	2012/2013	2013/2014	2014/2015	2015/2016
<b>Health Education</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>5</b>
<b>Environmental Health</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4<sup>19</sup></b>
<b>Generalist</b>	--	--	--	<b>3<sup>20</sup></b>
<b>Total</b>	<b>12</b>	<b>12</b>	<b>12</b>	<b>12</b>

<sup>18</sup> Primary faculty includes those faculty who teach in the core and/or concentration courses of the MPH and the BSPH programs and contribute a minimum of 50% of their individual workload annually to the PH program. The full-time biostatistician has a social and medical sciences degree and is included in the health education concentration. The epidemiologist also has a toxicology degree and is included in the environmental health concentration.

<sup>19</sup> The epidemiologist departed at the end of the 2014/2015 AY. The department is currently recruiting to fill the vacant faculty position in epidemiology. A full time instructor was hired at the beginning of 2015/2016 AY to teach in the undergraduate environmental concentration.

<sup>20</sup> The Generalist concentration began its pilot phase for 2015/2016 and will officially open in Fall 2016. Primary Faculty in this core have been teaching in the MPH program and moved out of the Health Education concentration although they continue to teach some courses in the Undergraduate Health Ed concentration.

1.7.b: A table delineating the number of faculty, students and SFRs, organized by concentration, for each of the last three years (calendar years or academic years) prior to the site visit. Data must be presented in a table format (see CEPH Data Template 1.7.2) and include at least the following information: a) headcount of primary faculty, b) FTE conversion of faculty based on % time devoted to public health instruction, research and service, c) headcount of other faculty involved in the program (adjunct, part-time, secondary appointments, etc.), d) FTE conversion of other faculty based on estimate of % time commitment, e) total headcount of primary faculty plus other (non-primary) faculty, f) total FTE of primary and other (non-primary) faculty, g) headcount of students by department or program area, h) FTE conversion of students, based on definition of full-time as nine or more credits per semester, i) student FTE divided by primary faculty FTE and j) student FTE divided by total faculty FTE, including other faculty. All programs must provide data for a), b), and i) and may provide data for c), d) and j) depending on whether the program intends to include the contributions of other faculty in its FTE calculations.

Note: CEPH does not specify the manner in which FTE faculty must be calculated, so the program should explain its method in a footnote to this table. In addition, FTE data in this table must match FTE data presented in Criteria 4.1 a. (Template 4.1.1) and 4.1.b (Template 4.2.2).

**Table 1.7.2****Faculty, Students and Student/Faculty Ratios by Program and Concentration for 2013-2016<sup>21</sup>**

	<i>HC Primary Faculty</i>	<i>FTE Primary Faculty</i>	<i>HC Other Faculty</i>	<i>FTE Other Faculty<sup>23</sup></i>	<i>HC Total Faculty</i>	<i>FTE Total Faculty</i>	<i>HC Students</i>	<i>FTE Students</i>	<i>SFR by Primary Faculty FTE</i>	<i>SFR by Total Faculty FTE</i>
<b>2013/2014<sup>22</sup></b>										
Health Ed Undergraduate	8	4.2	12	3.1	20	7.3	45	36.1	8.6	4.9
HE concentration	8	3.8	2	0.6	10	4.4	39	34.6	9.1	7.9
Environ Health Undergraduate	4	1.4	4	1.2	8	2.6	7	6.0	4.3	2.3
EH concentration	4	2.6	--	--	4	2.6	16	12.3	5.6	5.6
<b>2014/2015<sup>22</sup></b>										
Health Ed Undergraduate	8	3.6	12	2.9	20	6.5	28	22.8	6.8	3.5
HE concentration	8	4.4	2	0.6	10	5.0	37	31.8	7.2	6.4
Environ Health Undergraduate	4	1.2	5	1.3	5	2.5	4	3.3	2.8	1.2
EH concentration	4	2.8	--	--	4	2.8	20	15.6	5.6	5.6
<b>2015/2016<sup>22</sup></b>										
Health Ed Undergraduate	5	2.7	10	2.4	14	5.1	31	21.6	8.0	4.2
HE concentration	5	2.3	2	0.6	7	2.9	32	25.6	11.1	8.8
Environ Health Undergraduate	4	1.7	5	1.9	9	3.6	1	1	0.59	0.3
EH concentration	4	1.6	1	.1	5	1.7	16	11.9	7.4	7.0
Generalist concentration	3	1.8	0	0	3	1.8	8	4.5	2.5	2.9

<sup>21</sup> Faculty FTEs are calculated based on a 5-unit workload, whereby each unit contributes .2 FTE. Per University policy, the standard teaching load is 4 courses or 12 credit hours of classroom instruction per semester and constitutes 80% of the faculty's workload. The remaining unit of the faculty's workload is divided among research and service. All of this .2 FTE is applied to the program for primary faculty. The University allows a three credit-hour load reduction – or .2 FTE – to be granted to graduate faculty as reassigned time for research. Release time may also be granted for course development, program administration, and other activities on a case-by-case basis. Faculty must apply for this "special assignment" time.

Individual faculty FTEs were calculated by the sum of both semester's workload units (undergraduate and graduate credit hours + research and service, including graduate reassigned time) then dividing this product by two to obtain an average FTE for the academic year. To calculate student FTEs the numbers of full time and part-time students were obtained from Institutional Research. Full-time status was operationalized as enrolling in a minimum of 9 credit hours per semester. Part-time status was operationalized as less than 9 hours. An average 0.5% FTE was applied to each part-time student. In cases where only one course was taken the calculation was reduced to 1.7. Calculations for faculty and student FTEs are found in ERF Criterion 1, Faculty and Staff FTE.

<sup>22</sup> Almost all primary faculty in health education and in environmental health teaches a mixed load, meaning they teach under-graduate as well as graduate courses. The schedule varies, thus faculty may teach a 2-2 mixed load one semester and a 3-1 mixed load the next semester. Thus FTEs fluctuate somewhat but still add up to the faculty headcount.

<sup>23</sup> Other faculty who teach include the department head (who is not counted as a primary faculty), and faculty with full-time appointments in another program but teach one PH course. Also there are part-time staff, adjunct faculty and a few graduate teaching assistants.

1.7.c: A concise statement or chart concerning the headcount and FTE of non-faculty, non-student personnel (administration and staff) who support the program.

DPH employs two full-time office staff, Ms. Aly Anderson and Ms. Stephanie Wood. Approximately half of their time is dedicated to the PH program.

1.7.d: Description of the space available to the program for various purposes (offices, classrooms, common space for student use, etc.), by location.

DPH is housed in the 5500 sq. ft. wing of Academic Complex, the home of most CHHS programs and administrative staff. The wing contains 20 individual faculty offices plus a large shared office space for part-time and adjunct faculty utilized by the undergraduate programs. There are three work areas for graduate assistants and a common study/lounge area for students in the lobby. Additionally, there is a conference room/lounge, work-room for faculty and staff, administrative offices for the department head and office associates, and three storage areas. All full-time faculty have their own office.

In the fall of 2015 an additional 5 offices were renovated on the second floor of Academic Complex. This space added an additional 624 sq. feet of office space for the DPH. Four of the offices are occupied by members of the PH faculty; the additional office is shared space for Graduate Assistants assigned to these faculty members. This renovation also provided a small conference room for faculty to meet as needed.

DPH has one dedicated classroom in Academic Complex that is not included in the square footage noted above. The program uses other classrooms within Academic Complex and in neighboring buildings. Classes at WKU are scheduled centrally using a database (Astra Schedule) that matches the maximum enrollment in the course and room type preference with available classrooms.

1.7.e: A concise description of the laboratory space and description of the kind, quantity and special features or special equipment.

The Environmental Health Science Laboratory includes cabinetry, a fume hood, laboratory sink, eyewash station and counter space. Dimensions of the laboratory are approximately 29' by 12' or 384ft. In the fall of 2015 additional laboratory space was secured for the Environmental Health Science program at the Center for Research and Development (CRD). This is a state of the art laboratory which is approximately 850 sq. ft. PH students also have access to laboratory space at the Ogden College Biotechnology Center and the Advanced Materials Institute.

Equipment are supplied for PH student research and learning. Meters are available that can be used to analyze air, water, soil, and bacteriological samples. We have high-tech equipment to conduct environmental health studies of rivers and streams that supply drinking water. This equipment can be used to assess the exposure of communities to drinking water contaminants. Likewise, we have resources that will allow PH students to study the built and natural environment for hazards that may impact environmental health. Equipment is also available through CRD, Biotechnology Center, and the Advanced Materials Institute.

1.7.f: A concise statement concerning the amount, location and types of computer facilities and resources for students, faculty, administration and staff.

WKU's Information Technology Division is responsible for management of the university's computing services and other academic and instructional technologies. The Information Technology Division functionally includes administrative computing systems, university data center, networks, micro-computing, student computer labs, Student Technology Resource Center, distance learning systems including ITV and Blackboard, faculty/students/staff technology training, and research support, including online survey software.

#### Faculty and Staff Computers

New first-time, full-time, permanent faculty members are provided a new computer upon hire. Existing faculty will have their computer equipment replaced based on age of equipment and/or specific needs of the department as determined by the college's Dean, or representative chosen by the Dean. Academic Affairs determines which faculty is included in the new and existing faculty lists. When eligible, almost all faculty choose to accept a new computer and it is rare they defer to the next year. The replacement policy can be accessed online at <http://www.wku.edu/policies/docs/86.pdf>. The staff is typically provided computers, often through faculty computer rotations.

#### Student Technology Centers

WKU provides Student Technology Centers (general usage computer labs for all students) at seven locations on the main campus. There is also one Student Technology Center (STC) at each regional campus location, and another at South Campus location. STC labs are equipped with the latest hardware, software, scanners, and laser printing. The Mass Media and Technology Hall lab on the main campus is open 24 hours a day, 7 days a week during fall and spring semesters.

#### Wireless Access

WKU provides wireless network access in all WKU buildings and many outdoor locations via three available networks. "WKU-SECURE" offers a higher level of security than other WKU wireless networks. "WKU-WIRELESS" is an alternate wireless network for devices that can't support the higher level of security. "WKU-GUEST" does not require authentication, and offers a limited speed, restricted network for guests of the University.

#### Technical Support

Technical support is available through a centralized helpdesk. Remote access to computers on and off campus enables rapid resolution of many computing issues. The helpdesk is staffed 7 a.m. through 8 p.m. weekdays, and 11:30 a.m. through 8 p.m. on weekends.

CHHS has an IT position which is shared 50/50 with the university central tech support system. Todd Chappel currently holds this position and is responsible for helping faculty in CHHS – including DPH - with their technical needs. He supports all MPH faculty technical needs and his office is located within the DPH.

#### Technology Resources

The Technology Resource Center (TRC) is a hands-on digital media facility for students, faculty and staff. Specialized equipment and software are available, along with a knowledgeable support staff. The TRC provides resources to develop multimedia projects for course work.

The Academic Center for Excellence (ACE) is a student success center specifically for the College of Health and Human Services. The mission of ACE is to provide resources to students in the College of Health and Human Services that will help them attain their educational, career and life goals. This mission is fulfilled through improved academic advising, technology assistance, and various developmental programming.

1.7.g: A concise description of library/information resources available for program use, including a description of library capacity to provide digital (electronic) content, access mechanisms, training opportunities and document-delivery services.

WKU Libraries offers on-site and remote services through the main library, Helm-Cravens Library, and branch libraries in Glasgow, Owensboro, and Elizabethtown. The main library is open daily until midnight when fall and spring classes are in session; library hours are modified for summer, holidays, and breaks. WKU Libraries has approximately 800,000 cataloged volumes and 3,800 serials subscriptions.

Current serials subscriptions supporting the MPH and BSPH program have been converted to online-only format; monograph orders are split between print and electronic format. In the 2015-2016 fiscal year, \$6,240 has been allocated for monographs and \$39,102 has been allocated for serial publications to support the public health programs. Library materials are ordered in consultation with Dr. Tom Nicholson, who acts as departmental liaison for Public Health. Off-campus access to e-books and e-journals is enabled by logon via the same username/password used to access other student services. A suite of EBSCOhost bibliographic databases, as well as Web of Science, the Cochrane Library, Digital Dissertations, and many other resources, are accessible on-and off-campus. PubMed LinkOut and Google Links facilitate off-campus access to PubMed and Google Scholar. Access to monographs and other library holdings is also provided by Primo One-Search, which incorporates the library's book catalog. Additionally, a LibGuides subject page at <http://libguides.wku.edu/publichealth>, updated weekly, provides quick links for users.

The PH program (MPH and BSPH), together with other CHHS programs, is served by a full-time Health Sciences Librarian, who is herself an MPH graduate. She is available by phone, email, or appointment for individual, group, or classroom assistance. Last year she taught more than 50 instructional sessions to approximately 1000 individuals on use of the library. A help desk located in the Helm-Cravens Information Commons is also staffed daily until 10 p.m. when classes are in session; assistance is provided in person, by phone, email, or IM.

Three computer labs in the main library have approximately 100 workstations offering technical assistance and printing at no charge to WKU-affiliated individuals. Articles and books held by WKU Libraries are delivered to faculty offices upon request. An extended campus office delivers books and articles to extended campus students. Articles and books (except for textbooks) not held by WKU may be obtained by self-service online interlibrary loan at no cost to WKU-affiliated individuals. The average turnaround time for electronic delivery of article requests is less than two days.

1.7.h: A concise statement of any other resources not mentioned above, if applicable.

Faculty call upon public health practitioners as resources for instruction through guest lectures, applied projects for classes, and practice placements. Similarly, faculty interface with practitioners and agencies for research and service opportunities that extend beyond the classroom. Community resources are also accessed through WKU's ALIVE Center, which maintains an online list of volunteer opportunities,

matches WKU faculty, staff and student interests with service projects; and coordinates volunteer and service-learning training and placement.

CHHS has formal institutional agreements with all area hospitals, public health departments and other institutions. These are maintained by the associate dean for CHHS.

1.7.i: Identification of measurable objectives through which the program assesses the adequacy of its resources. Along with data regarding the program’s performance against those measures for each of the last three years.

<b>Table 1.7.i. Outcome Measures for Adequacy of Program Resources</b>				
<b>Outcome Measure</b>	<b>Target</b>	<b>2012/2013</b>	<b>2013/2014</b>	<b>2014/2015</b>
Primary faculty have computers that are updated every 4 years <sup>24</sup>	100%	100%	100%	100%
Student - Faculty Ratio <sup>25</sup>	10:1	<i>Met</i>	<i>Met</i>	<i>Met</i>
Student Use of Library Services <sup>26</sup>	50%	31.8%	43.6%	50.5%

<sup>24</sup> Previous years saw updates in computers every 3 years but in the past two academic years it has stretched to 4 years. A new university policy recommending 5 years was recently issued. (<http://www.wku.edu/policies/docs/86.pdf>.)

<sup>25</sup> This information is shown in Table 1.7.2

<sup>26</sup> WKU does not compute use of library services. The amount reported reflects the quotient of the total number of student requests for public health journal articles and other resources in a year (2,257; 3,532; 3,487) and fall headcount for MPH and .50 of BSPH enrollment for AYs 2013-2015 respectively, per Carol Watwood, Health Services Librarian.

1.7.j: Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.

**This criterion is met with commentary.**

**Strengths**

The library system has adequate holdings and provides faculty with services that facilitate effective research and instruction, including intercampus loan, document delivery, and database accessibility off campus. Similarly, services provided through IT provide faculty and students with current equipment and software and provide technical support even through remote assistance. Space is adequate: The PH Program moved into newly renovated office space in July 08, joining most of the other departments within CHHS. Seven years later the space is completely filled and DPH is beginning to overflow into more newly renovated office space that opened this fall on the floor above the main DPH office.

**Weaknesses**

The PH Program lacks its own conference room. With 6 major subcommittees, committees for the concentration areas and the Program Committee, there are a lot of meetings held. In most cases the PH

Office Assistant reserves meeting rooms through the university's central scheduling system. Rooms are usually in another college. The time spent walking to and from meetings is sometimes inconvenient and uses precious time of the faculty.

As with many institutions nationally, WKU is facing growing budgetary constraints. This has affected the MPH program primarily through increased teaching responsibilities, with most faculty teaching a 12-12 load. This, doubtlessly, affects faculty members' productivity in other areas, but with creative planning and clear performance expectations, faculty endeavor to remain productive in scholarship and service. Still, faculty workload is a concern and the primary source of commentary. Although some of this can be addressed, potentially, through a more equitable workload distribution among faculty, there is a need for additional faculty lines. We anticipate that the online MPH will grow quickly and require additional faculty.

### **Strategic Plan**

Yet to be determined. After the fall elections, Kentucky has a more fiscally conservative governor. Although his proposed budget has yet to be passed, the cuts to higher education will be devastating to all major universities in the state. Thus it is difficult to make plans at this time.

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

Western Kentucky University and the Public Health Program aspire to celebrate diversity by welcoming all students, faculty, administrators, and staff as respected and valued participants in their educational mission. Key documents referenced in this section include:

[http://www.wku.edu/academicaffairs/documents/challenging\\_the\\_spirit\\_action\\_plan\\_2012-18.pdf](http://www.wku.edu/academicaffairs/documents/challenging_the_spirit_action_plan_2012-18.pdf)

<https://www.wku.edu/dec/wkudiversityplan.php>

<https://www.wku.edu/dec/wku-student-diversity-report-july-2014-executive-summary.pdf>

(See ERF Criterion 1, Diversity).

**1.8.a: A written plan and/or policies demonstrating systematic incorporation of diversity within the program. Required elements include the following:**

**University Policies and Practices**

The university has articulated its vision in the WKU Diversity Plan for CPE. Furthermore, WKU's Strategic Plan, ***Challenging the Spirit (2012-2018)***, shows that three (3) of the five (5) Strategic Goals relate to the importance of diversity in the development of culturally responsible citizens, growing a high quality and diverse student body, and enhancing the climate for diversity and collegiality. The Strategic Plan's performance indicators include the engagement of the Chief Diversity Officer (CDO) who has direct access to the President. A Presidential appointed Diversity Enhancement Committee serves in an advisory capacity to the CDO who is responsible for overseeing diversity initiatives, continuous improvement in meeting diversity goals, and establishing a Diversity Plan for the University. The CDO also ensures compliance with each of the university's 8 major diversity goals.

As a leading American university with international reach, WKU insists on a welcoming environment in which it is committed to promoting acceptance, providing support, and encouraging diversity. Embracing diversity is an essential component to maintaining the University's efforts toward connecting faculty, staff, and student populations in striving for a high standard of excellence and success. The University is committed to recognizing and supporting meritorious talent and achievement by supporting diversity and equal opportunity in its educational and community/global service obligations. The University's dedication and persistence in its efforts to promote and strengthen its diversity initiatives serves as an institutional priority in which valuable contributions towards recruitment, retention and advancement of students, faculty, and staff may be realized.

**Public Health Policies and Practices**

The WKU Public Health program is committed to the University's goal of preparing students to become productive enlightened citizens who actively serve their communities and the world. The program complies with university philosophy and welcomes people of different races, ethnicities, religions, creeds, national origins, genders, sexual orientation/gender identity, physical disabilities, ages, veteran status, and social economic and educational backgrounds. The Program supports and encourages the promotion of diversity in its curricula, faculty research, scholarship and creative activities. Diversity has been a core value of the program since its inception, seeking to attract and retain diverse faculty, staff, and student bodies. At this time, the program does not have a formal Diversity Plan per se but follows the recommended practices of the university. Thus we continue efforts to grow a program that ensures diversity, practices inclusion, supports social justice and develops cultural competence, within the

context of public health. These are integrated throughout the curriculum and are reflected in the program's efforts to develop both knowledge and skills. Our students get public health experience in governmental and nonprofit organizations and agencies. Many have gained broader perspectives of public health through international opportunities such as study abroad programs.

**i. Description of the program's under-represented populations, including a rationale for the designation.**

Based on WKU's area of geographic responsibility (AGR), the total percentage for 5 racial groups (Blacks, American Indian/Alaskan Native, Asian/Native Hawaiian/Pacific Islander; Hispanic/Latino; and 2 or more races) is 7.2% (based on 2009 data of the US Census Bureau). The university's five-year baseline data for enrollment of minority students at the graduate level and undergraduate level showed a slight increase between 2006 and 2010 in overall minority. Five-year target goals for 2012-2017 make only modest projections for increases in this population.

In keeping with the WKU Diversity Plan, the PH program has identified the following under-represented populations to address:

- 1) Black or African American undergraduate and graduate students;
- 2) Hispanic or Latino (regardless of race), undergraduate and graduate students;
- 3) American Indian/Alaskan Native, Asian/Native Hawaiian or Other Pacific Islander undergraduate and graduate students; and
- 4) Black or African American, American Indian/Alaskan Native, Asian/Native Hawaiian or Other Pacific Islander faculty and staff.

**ii. A list of goals for achieving diversity and cultural competence within the program, and a description of how diversity-related goals are consistent with the university's mission, strategic plan and other initiatives on diversity, as applicable.**

The PH Program follows WKU's Diversity Plan and the targets discussed by the plan. Pages 4 – 18 of this plan address 8 goals, including workforce diversity, campus climate, student retention and achievement, as well student body diversity. The four goals we have listed reflect these particular areas of the Diversity Plan that fit with our program needs and efforts:

- 1) **Achieve broader diversity among our student population.**  
WKU places a heavy emphasis (in time and focus) on targeting and increasing the number of historically underrepresented students who apply and enroll as a result of recruitment. The university has incorporated diversity consideration in the allocation of scholarship funds and has pledged to increase the number of academic departments involved in recruiting more diverse populations. Our student population is diverse in its international population but there are gaps, both in our MPH and BSPH programs, when it comes to traditional groups such as Hispanic and Black students.
- 2) **Achieve broader diversity among our faculty and staff.**  
To meet this goal WKU, under the direction of the Chief Diversity Officer expects all search committees and department heads to use personal contacts, listservs, websites, professional associations and other sources such as the Southern Regional Education Board recruitment conferences, to attract a diverse candidate pool. Objectives have been established to increase the number of full-time, ethnic minority faculty annually over the next five years and to annually

monitor the progress of probationary minority faculty toward tenure. Furthermore, data can be retrieved from the university's annual and quarterly Affirmative Action Plan, which can and will be provided to search committee chairs and those who have underrepresentation of minorities and/or females will be provided with statistics to encourage a recruitment plan to achieve workforce diversity. The PH Program is aware of these expectations and follows these when recruiting faculty. We have been fortunate to have diverse candidate pools and hires. However, one area that we need to address is in the hiring of adjunct faculty, which do not require developing formal searches and candidate pools.

**3) Foster a welcoming environment which is committed to promoting acceptance, providing support, and encouraging inclusion.**

To meet this goal, WKU is building partnerships to strengthen a diverse campus community, provide all students, faculty and staff an accessible, secure campus environment, engage campus communities in reimagining strategies to promote acceptance of a diverse workforce and student body. Opportunities are offered for staff and faculty to engage in educational training and professional development that focuses on diversity and inclusiveness in all aspects of the campus community. To support these efforts, there are plans for an annual quantitative survey to be issued to campus groups, including students, faculty, administration, and staff (particularly those in supportive, non-leadership roles). The first survey was done in 2014. As a result there is growing support within the PH program to add similar questions to some of our existing surveys. Discussions have been held in the PH Department meetings about how to promote acceptance and inclusion among our very diverse students through social events.

**4) Promote and strengthen diversity initiatives towards the retention and success of the Program's diverse student population.**

Concern about the consistently low retention rates for African American and other minority students at the baccalaureate level has brought need for further attention to strengthen academic support and retention efforts at WKU. To do this, efforts are proposed to evaluate existing programmatic efforts that focus on support and retention of underrepresented students and to develop a venue to track and assess underrepresented students who are not retained. Further, is the renewed effort to foster the growth of student organizations to promote social connectedness, creating more Living Learning Communities and Themed-Living Options, sponsored by the Department of Housing and Residence Life where students with similar interests and goals live and study together. Within the PH Program, there is an Advising and Retention Sub-Committee that meets quarterly. However the emphasis has been more focused on advising and less on retention. Little emphasis effort has been given to diversity when discussing the issue of retention.

**iii. Policies that support a climate free of harassment and discrimination and that value the contributions of all forms of diversity; the program should also document its commitment to maintaining/using these policies.**

Oversight of ADA, EEO, and Title IX resides in WKU Academic Affairs under General Counsel, Deborah Wilkins who reports directly to the Office of the President. It is responsible for the administrative management and policy implementation of the University's equal opportunity and affirmative action programs. The mission of the Western Kentucky University Office of Equal Opportunity/Affirmative Action/University ADA Services is to promote, sustain, and advance an environment that supports principles of equity, diversity, inclusion and community. Andrea Potter Anderson is Assistant General

Counsel and designated as the University's Title IX Coordinator. Joshua Hayes is Director and Title IX Deputy/Investigator. Information regarding WKU's Title IX compliance, policies, and procedures may be found on the following websites:

<https://www.wku.edu/eoo/titleix/> and  
<https://www.wku.edu/judicialaffairs/titlenine.php>.

WKU's Sexual harassment and its Non-discrimination policies require all faculty and staff to complete training. Trainings are available online as well as face-to-face. The training programs are intended to promote a respectful work and learning environment: recognizing and avoiding sexual harassment, employment discrimination, and associated legal issues. The programs outline the current laws on these areas and WKU's policies and procedures for reporting incidents. These training modules help WKU to meet its legal requirements that all employees receive periodic training.

WKU prohibits any action or behavior that results in negative or different treatment of an Individual (student, faculty or staff) based upon race, color, ethnic origin, national origin, creed, religion, political belief, gender, sexual orientation, marital status, age, uniform service, veteran status, or physical or mental disability. WKU definitions include:

Harassment:

This includes any physical, behavioral or verbal abuse of a person based upon gender, race, color, ethnic origin, national origin, creed, religion, political belief, sexual orientation, marital status, age, uniform service, veteran status, or physical or mental disability, where:

1. Tolerance of or participation in the offensive conduct explicitly or implicitly becomes a condition of employment or participation in a university course, program or activity; or
2. The conduct is sufficiently severe, pervasive or persistent to interfere with an individual's work, academic or program participation; or
3. The conduct creates an environment that a reasonable person would consider intimidating, hostile, or offensive.

Sexual Harassment:

This involves unwelcome sexual advances, requests for sexual favors, or other verbal or physical behavior of a sexual nature, where:

1. Tolerance of or participation in the offensive conduct explicitly or implicitly becomes a condition of employment or participation in a university course, program or activity; or
2. The conduct is sufficiently severe, pervasive or persistent as to interfere with an individual's work, academic or program participation; or
3. The conduct creates an environment that a reasonable person would consider intimidating, hostile or offensive.

Hostile Work Environment:

These includes actions or behavior which discriminate against a member of a protected classification (i.e., gender, race, color, ethnic origin, national origin, creed, religion, political belief, sexual orientation, marital status, age, uniform service, veteran status, or physical or mental disability), and are severe and pervasive to the extent that the actions or behavior interfere with an employee's ability to perform his or her job or interfere with a student's access to educational opportunities.

Western Kentucky University is committed to providing a working and learning environment that is free from discrimination and harassment. Discrimination and harassment, and/or retaliation against anyone who makes a complaint or participates in the complaint process are prohibited and shall not be tolerated.

[Policy and Procedures Document No: 4.2302](#)

#### **iv. Policies that support a climate for working and learning in a diverse setting.**

The PH program is fortunate to be part of a larger institution that demonstrates its commitment to diversity through numerous initiatives and policies that create a campus environment that is inclusive and welcoming. **“As a leading American university with international reach, WKU insists on a welcoming environment in which it is committed promoting acceptance, providing support and encouraging diversity.”**

A few examples of institutional initiatives/activities that support and celebrate diversity include: *Presidential Diversity Award*. Each year, WKU President Gary Ransdell bestows diversity awards to a faculty member, a student, and a community member who demonstrates a commitment to diversity. *Office of Institutional Diversity and Inclusion*. Provides programs to foster the diversity within our communities, promote mature intercultural interaction, and educate our campus on issues of diversity, intellectual growth, leadership and social justice.

*Diversity Rocks!* This event, established in the spring of 2001, was initiated as a campus wide event to celebrate diversity in gender, race/ethnicity, sexual orientation, religion, disability, age, creed, language, and every other difference that is found in the Human Race.

*Office of International Programs (OIP)*. The OIP strives to complement Western Kentucky University's vision to be A Leading American University with International Reach through the strategic development, implementation, and management of campus-wide internationalization initiatives. In partnership with the Office of Study Abroad and Global Learning, OIP serves to enhance WKU's international profile by working closely with students, faculty, and staff, both domestic and foreign. WKU has a strong commitment to attracting and working with visiting international students, scholars, and faculty. During the 2013/2014 academic year, WKU hosted over 1,100 international undergraduate and graduate students (compared to 575 in fall 2009), as well as dozens of visiting scholars and faculty. The International Student Office provides support to all of these individuals, as well as organizes orientations and events that help integrate them into campus life.

#### **v. Policies and plans to develop, review and maintain curricula and other opportunities including service learning that address and build competency in diversity and cultural considerations.**

WKU has a strong commitment to service learning and community service for both students and faculty. The mission of the WKU Center for Community Partnerships (ALIVE) is to *“facilitate collaborative efforts that address local, regional and global needs while enhancing the level of student learning and educational experience”*. The ALIVE CCP supports engaged scholarship through service-learning and community based research as part of the WKU curriculum. By doing so, they expand student's knowledge of social issues, foster a sense of civic responsibility and social justice and create an expectation of service as part of the college experience.

The program also has a commitment to building competency in diversity and cultural considerations. This is reflected in the PH Program mission: *“to prepare competent public health practitioners – through instruction, research, and service – to enhance the health status and quality of life of diverse populations*

*in local, state, national, and global communities.”* Additionally this is addressed in core values of Service, Partnership and collaboration, Inclusion, and Community-based research. (Criterion 1.1.b) This is manifested in the curricula and research projects, as described below.

Oversight of the program curriculum is conducted by the PH Program Curriculum sub-committee, the Program Director and the PH Committee. The program monitors the inclusion of diversity and culture through the review of curricula. Matrices based on the ASPH cross cutting competencies assess the inclusion of four of the ten diversity and culture-related competencies of this content within the MPH program. Plans are underway to do the same in the undergraduate curriculum.

Table 1.8.a.v.1 lists the diversity-related competencies by degree program. These competencies are mapped to the respective degree curricula, as shown in the degree competency matrices in Criterion 2.6.

<b>Table 1.8.a.v Diversity-Related Competencies by Degree Program</b>		
<b>Degree</b>	<b>Diversity-Related Competencies</b>	<b>Course(s) Addressing Competencies</b>
MPH	<ul style="list-style-type: none"> <li>-Identify the role of cultural, social and behavioral factors in determining the delivery of public health services</li> <li>-Develop public health programs and strategies responsive to the diverse cultural values and traditions of the communities being served</li> <li>-Utilize appropriate methods for interacting sensitively, effectively and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds, and persons of all ages and lifestyle preferences</li> <li>-Discuss the importance and characteristics of a sustainable diverse public health workforce</li> </ul>	<ul style="list-style-type: none"> <li>PH 580 Intro to PH</li> <li>PH 587 Health Behavior</li> <li>PH 548 Comm Health Organization</li> <li>PH 575 Health Ed/Program Planning</li> <li>PH 510 Watershed Mngt Science</li> <li>PH 577 Environmental Toxicology</li> </ul>
BSPH	Currently in Progress	

The Public Health Assessment Committee is responsible for using program-level assessment findings from multiple surveys to inform the periodic revision of competencies. These surveys assess student competence in diversity and culture-related issues in 3 surveys, and the assessment findings are intended for improvement of the program. Specifically,

- a) The alumni survey, conducted annually, asks graduates to rate the extent to which the program prepared them in Cultural Competence and the relevance to their work.
- b) The student exit survey, conducted every semester, assesses student rating their own proficiency for each of the 4 competencies related to Cultural Competence.
- c) The employer survey, conducted biannually asks employers to rate the level of competency in the area of Cultural Competence of the graduate in their “ability to interact with both diverse individuals and communities to produce or impact an intended public health outcome.”

## **vi. Policies and plans to recruit, develop, promote and retain a diverse faculty.**

### Recruitment Philosophy and Compliance

WKU seeks to hire and promote individuals with the requisite skills and abilities necessary to assist the University in accomplishing its mission. Consistent with University policy and applicable federal and state regulations, decisions regarding applicants and employees are made without regard to race, color, age, religion, gender, sexual orientation, national origin, disability or veteran status. Employment decisions are based on the principles of equal employment opportunity consistent with the intent to achieve the goals identified in the University's Affirmative Action Plan.

The intended outcome of vacancy communication (advertising) is to establish a pool of highly qualified individuals from which to select. A desired candidate pool is one that is reasonable in size and diverse with respect to gender and ethnicity. It is recognized that applicant pools may be limited in number for specialized positions or those having restrictive qualifications. The Equal Opportunity/504/ADA Compliance Office reserves the right to determine the adequacy of a given applicant pool.

As described in section ii, goal 2, WKU and the Chief Diversity Officer expect all search committees and department heads to use a variety of approaches to select applicant candidates. In addition to traditional vehicles of communicating position openings such as The Chronicle of Higher Education, various professional journals, and on-line job sites), position openings in the Department of Public Health are also mailed to institutions of higher education which are historically black. It is also noteworthy that several of our minority faculty members have good relationships with individuals from the institutions where they received their terminal degrees. Hence, it is not uncommon to utilize these personal contacts to communicate position announcements, thus often enhancing our pool of minority candidates.

<http://www.wku.edu/eoo/documents/searchcommitteetraining/facultysearchprocess.pdf>

In the department of Public Health, the faculty recruitment process begins with a search committee, which is composed mainly of faculty (staff and students do not review applications but do meet the candidate or hear their presentation and share their perceptions with the search committee members. The committee develops the job ad, reviews applications, and recommends to the department chair which candidate to interview. The applicant pool is submitted to the EOC Office for approval. After interviews, the committee recommends its leading candidate to the department head who then sends it to the dean with his own comments. In addition to this standard procedure, efforts to attract a diverse faculty include:

- 1) Starting the search as early as possible in the fall semester, so that campus interviews are conducted and job offers made early during the spring semester;
- 2) Advertising widely using traditional approaches, as well as in websites of professional associations and other online tools;
- 3) Publishing notices of open faculty positions in relevant minority and women journals and professional organizations;
- 4) At the time of hiring, making job offers as attractive as possible in terms of start-up funds, research support and other incentives.

The Chief Diversity Officer provides back up and support thru this process. He attends meetings and is in frequent contact with the Southern Regional Education Board, talks to people at conferences, makes lists of potential minority recruits, and often plays an active role in passing this information on to Public Health and other programs. Furthermore he seeks funding to increase the number of underrepresented

minority faculty and uses it to augment or increase the amount of money the Program has for hiring particularly skilled candidates.

After hire, policies and procedures concerning faculty promotion, tenure, and appeal are in the Faculty Handbook:

<http://www.wku.edu/senate/documents/master-wku-faculty-handbook-21st-edition.pdf>

The College of Health and Human Services tenure and promotion are published on the web at this location: <https://www.wku.edu/chhs/documents/chhs-faculty-handbook-8th-ed-rev-5-2-2014.pdf>

To date the PH program has been highly successful in attracting and retaining high quality faculty members who are ethnically and culturally diverse. Efforts to promote diversity hiring are evident in the fact that the Department of Public Health is the most diverse faculty in the College of Health and Human Services and possibly the University.

#### **vii. Policies and plans to recruit, develop, promote and retain a diverse staff.**

All recruitment and employment activities conducted by WKU are carried out in accordance with applicable state and federal laws, principles of equal employment opportunity and affirmative action, and established University policy. Department/Unit heads and hiring officials are responsible for ensuring that recruiting and hiring recommendations are administered within these guidelines. All persons seeking employment at WKU are required to file a formal application, according to procedures, for any vacancy for which they possess the minimum qualifications and wish to be considered. Comprehensive job vacancy information can be obtained from the Department of Human Resources and is continuously available on the Human Resources web page located at [www.wku.edu/hr](http://www.wku.edu/hr).

The WKU Diversity Plan's Goal Four is to achieve diversity among faculty, administration, and staff populations. Objective 2 of this goal shows five-year targets for increasing professional (Non-Faculty) staff diversity. Objective 3 increases focus upon the retention and effective utilization of the contributions of diverse staff and other groups. Objective 5 ensures salary equity in faculty as well as professional and staff positions, where possible. And Objective 6 will identify barriers to providing equitable rewards for staff and will take proactive steps, where feasible, to eliminate those barriers. This particular objective outlines the roles and responsibilities of individuals for making this happen. (<https://www.wku.edu/.../diversityplanforcpewithappendixaonlyjuly14.docx>)

The PH program recognizes and supports the efforts of its staff to increase their professional satisfaction and advance their careers by formally pursuing additional academic training. WKU provides tuition waivers for educational development of full-time employees and our program offers flexible time for staff to pursue this training. At least two prior staff members have taken advantage of this, completed masters degrees and found employment elsewhere that increased their income. While the PH program would support more minority staff, the pool for these are usually very small and none have applied to our program when a rare opening is advertised.

#### **viii. Policies and plans to recruit, admit, retain and graduate a diverse student body.**

The University seeks to attract a diverse and well-qualified student body. All policies and procedures at the program, department, college and university levels are applied equitably to all applicants and students regardless of gender, race/ethnicity, disability, age, religion, sexual orientation, or national origin. Furthermore, the University utilizes international recruiters to encourage internationalization of

academic programs and domestic recruiters to reach underserved minority populations in the service region. The PH program does not have a formal recruitment plan to attract a diverse student body because it is fortunate to have more diversity than most programs on campus.

The University creates a climate of diversity, in part, through OIDI, which enhances the academic and social climate of ethnic minority students by fostering an environment that supports cultural diversity, scholarship, and student success. Some of their initiatives include:

Multicultural Student Leadership Retreat: Provides an opportunity for minority students to examine campus leadership issues. This weekend conference addresses challenges facing minority student organizations and focuses upon group success strategies.

Campus Environment Outreach: Enables dialogue within communities in order to generate an inventory of issues that will assist the Division of Student Affairs and Campus Services and OIDI in addressing the needs of our student communities. Issues include, but are not limited to, campus climate, discrimination, identity, and community unity.

Social Justice Colloquium: The Social Justice Colloquium provides campus and external constituents an opportunity to engage in deep discussions about race, racism and privilege. Four Social Justice Colloquium teams, each with a maximum of 20 participants, meet four times with an assigned Team Leader to facilitate deep discussion around the initial diversity and social justice reading. One goal of the Social Justice Colloquium is to provide the WKU campus community with a transparent framework to engage in deep, interrogative discussions about race, power, privilege, diversity, inclusion and intersectionality. A second goal is to use the “emerging themes” during the Social Justice Colloquium to leverage institutional transformational change which supports and sustains increased numbers of degree completion among under-represented students.

Project A.I.M.S.: It is the intention of Project A.I.M.S. to assist middle school students and their families with preparing properly, academically and financially, for higher education. Participants are involved in enrichment programs and activities at Western Kentucky University in addition participating in field trips and collaborative programs with other GMSCPP programs in the Commonwealth of Kentucky. Each Saturday Enrichment Program focuses on activities that assists the participants in developing personal and academic skills that will prepare them for post-secondary education. The purpose of these enrichment programs is to foster the participants' learning in various areas and for them to leave each session with a new knowledge and experiences that are adaptable to many functions and domains in life.

Cultural Celebrations Advisory Committee: The committee involves a diverse group of university constituents who share the responsibility of planning and engaging the larger campus and the Bowling Green communities in celebrating cultural diversity at WKU.

Minority Assistance Program (MAP): Provides tuition and assistantship stipend to unconditionally admitted African-American graduate students from Kentucky.

WKU's commitment to student diversity is expounded in its equal treatment of students policy: *WKU is committed to providing truly equal educational opportunities for all students. An important component of that commitment is to insure that all students, regardless of gender, race, religion, or ethnicity, feel welcome on campus, in the classroom, and in their interactions with faculty and staff. The Council of Academic Deans affirms this commitment and reinforces the expectation that all faculty and staff will conduct themselves in such a manner that all students feel they are treated equally and fairly at the university. Students who believe they have experienced any discrimination at Western should feel free to report it to a faculty member, a department head, a dean, or to any administrative official. Anyone receiving such a report should take it seriously and pass it on to appropriate deans or supervisors for further investigation and any needed action.*

During a period between 2010 and 2011, representatives and faculty from CHHS, the Master of Social Work, Master of Healthcare Administration and the Master of Public Health met with representatives and faculty from the same degree programs at Jackson State University in Mississippi. A series of alternating meetings were held at the respecting schools with the aim to undertake cooperation in several areas including: student exchange for research and study; exchange of faculty; joint research activities; organization and participation in seminars; and exchange of research and educational materials. These meetings resulted in a memorandum of understanding (MOU) between WKU and Jackson State University (JSU). The document is located in ERF Criterion1, Diversity.

The Public Health Program was particularly interested in the activities related to student exchange. JSU is primarily an African American University. The student population of their public health program included undergraduate, masters and doctoral levels. Considerable discussion was given to the idea that students graduating JSU's undergraduate PH program be encouraged to consider WKU's MPH program. In kind, MPH graduates from WKU interested in a PhD program would be encouraged to consider JSU's doctoral program. Both programs would benefit from the influx of a "minority" population for their respective schools. However, it has been difficult to implement the MOU due to realities such as arranging faculty appointments, lack of tuition scholarships for students and other financial barriers. Thus we have not been able to increase minority students thru this venue as of yet.

**ix. Regular evaluation of the effectiveness of the above-listed measures.**

On a university level, the Diversity Plan contains 5-year goals for each of its 8 objectives (four of which we are using). Evaluation of these 5-year goals will take place in 2017.

On a program level, diversity is informally examined each year thru examination of headcounts of faculty and students as shown in Table 1.8.ix.

<b>Outcome Measure</b>	<b>Race/Ethnicity</b>	<b>2012/2013</b>	<b>2013/2014</b>	<b>2014/2015</b>
<b>MPH</b>	Black/African American	17.5%	28.4%	24.3%
	Asian/Native Am/Pacific Island	40.4%	41.8%	40%
	White (non Hispanic)	35.1%	28.4%	30%
	Hispanic/Latino	0%	0%	1.4%
	Two or More Races	0%	0%	1.4%
	None Reported	7%	1.5%	2.9%
<b>BSPH</b>	Black/African American	22.6%	23.1%	22.6%
	Asian/Native Am/Pacific Island	3.2%	5.1%	6.5%
	White (non Hispanic)	74.2%	69.2%	64.5%
	Hispanic/Latino	0%	3.2%	0%
	Two or More Races	0%	0%	3.2%
	None Reported	0%	0%	3.2%
<b>Fulltime Faculty</b>	Black/African American	25%	23.1%	23.1%
	Asian/Native Am/Pacific Island	16.7%	23.1%	23.1%
	White (non Hispanic)	58.3%	53.8%	53.8%
	Hispanic	0%	0%	0%

1.8.b: Evidence that shows that the plan or policies are being implemented. Examples may include mission/goals/objectives that reference diversity or cultural competence, syllabi and other course materials, lists of student experiences, demonstrating diverse settings, records and statistics on faculty, staff and student recruitment, admission and retention.

Mission, Goals and Objectives. The PH program shows a commitment to diversity through our program values and objectives. One of our S.P.I.R.I.T. values discusses being “inclusive.....in our classrooms, community and profession”. Our stated mission is “to prepare competent public health practitioners.....to enhance the health status and quality of life of diverse populations in local, state, national and global communities”. Furthermore, our Service Goal 1 “Provide opportunities for students to engage in meaningful service learning” relates to the PH program to embody WKU’s quality enhancement plan (QEP) theme, “Engaging Students for Success in a Global Society” by emphasizing learning through service – in classroom activities, practice placements, and extracurricular activities.

Syllabi and Other Course Materials. As already discussed in 1.8.a.v, several courses involve content related to diversity, cultural competence and health disparities, for example, PH 580 (Intro to Public Health), PH 587 (Health Behavior), PH 548 (Community Health Organization), PH 575 (Program Planning), PH 585 (International Health), PH 510 (Watershed Management), and PH 577 (Environmental Toxicology) as well as emphasizing and identifying health disparities in Capstone and Internship projects. At the undergraduate level cultural awareness and health disparities related to cultural differences are taught in courses such as PH 100 (Personal Health), PH 381 (Community Health), PH 261 (Foundations of Health), PH 461 Comprehensive School Health, and PH 484 (Community Organization).

Student Experience in Diversity. Students are exposed to diverse communities while they are performing their service learning experiences. Service learning opportunities are provided thru the student practicum or internship experience in settings such as The Free Health Center, the Medical Center, Barren River District Health Department, or the Bowling Green Housing Authority. In addition, service learning opportunities are required of graduate and undergraduate students in some, though not all, courses. Examples of these are PH 584, PH 591, PH 571, PH 381, PH 484, and PH 485. Students who are members of the student KPHA association perform a number of service learning experiences in the community, working with and helping diverse populations.

Faculty and Student Diversity. There are differences between the diversity represented on campus and the PH Program. For example, among Faculty, nearly half (46%) are international and the remainder are white, there are no black or Hispanic faculty (Fall, 2015). The WKU faculty are 83% white, with 7% Asian, less than 2% Hispanic and 5.7% African American (Fall, 2010).

Among students there are differences in diversity between our two academic programs. MPH students were 30% white compared to BSPH students who were 64.5% white. The diversity differences related to international versus African American (22.6%) among BSPH

Faculty Research and Service Projects in Diverse Communities. The PH program is engaged in community-based research and service projects with diverse populations in the Bowling Green community as well as throughout the state of Kentucky. The BRIGHT Project with Bowling Green Independent Schools (5-2-1-0), is in two diverse schools (race and socioeconomics): Dishman McGinnis and Parker Bennett Curry Elementary. Faculty and students conduct research through the Rural Institute among the Amish community.

At the graduate level, faculty members incorporate cultural competency and other cross cutting competencies related to culture in PH 580 (Intro to Public Health), PH 587 (Health Behavior), PH 548 (Community Health Organization), PH 575 (Program Planning), PH 585 (International Health), PH 510 (Watershed Management), and PH 577 (Environmental Toxicology) as well as emphasizing and identifying health disparities in Capstone and Internship projects. At the undergraduate level cultural awareness and health disparities related to cultural differences are taught in courses such as PH 100 (Personal Health), PH 381 (Community Health), PH 261 (Foundations of Health), PH 461 Comprehensive School Health, and PH 484 (Community Organization).

The components of cultural competency reinforce content in other courses across the curriculum. Service learning opportunities are provided thru the student practicum or internship experience in settings such as The Free Health Center, the Medical Center, Barren River District Health Department, or the Bowling Green Housing Authority. In addition, service learning opportunities are required of graduate and undergraduate students in some, though not all, courses. Examples of these are PH 584, PH 591, PH 571, PH 381, PH 484, and PH 485.

1.8.c: Description of how the diversity plan or policies were developed, including an explanation of the constituent groups involved.

In June of 2007, President Ransdell appointed Dr. Richard C. Miller as WKU's first Chief Diversity Officer (CDO). The WKU Chief Diversity Officer has direct dotted-line reporting responsibility to the President for purposes of monitoring progress in diversity-related matters, and is a member of the Administrative Council. The President combined two previous Committees (Diversity Environment Committee and the Kentucky Plan Committee) into a single, new Diversity Enhancement Committee.

DEC is composed of faculty, staff and students with the mission of improving the diversity climate for all WKU. The twenty members include a community member, professors (including Gregory Ellis-Griffith from the Department of Public Health), a student government member, representatives from Counseling and Student Affairs and other critical stakeholders. A list of all members can be found at <https://www.wku.edu/dec/documents/committeemembers/decmembers.pdf>

The PH Program has engaged in casual discussion about the need to advance the components of the overall university plan within our own program. However, there is not a sense of urgency yet, at least not enough to drive us to action. Until now, we have experience student diversity in our two programs, as well as faculty diversity. We make consistent efforts to teach students about the importance of understanding diversity and disparities in health. We also provide or require service learning opportunities in our courses. However, the need to develop a diversity plan is better recognized among the faculty after completing this self-study. An important step will be to create a committee, including students, charged with responsibility for developing the plan over the next academic year.

1.8.d: Description of how the plan or policies are monitored, how the plan is used by the program and how often the plan is reviewed.

The DEC is responsible for assessing, monitoring, reviewing and reporting issues that affect minority faculty, staff, and student success. Their specific objectives are to

- Conduct diversity climate assessments of the university climate.
- Conduct reviews significant programming issues directly affecting minority students.

- Utilize university resources to monitor the diversity climate of the university.
- Select and award individuals contributing to improving the diversity climate at Western Kentucky University.
- Meet at least quarterly.

The WKU Student Campus Diversity Survey was developed and conducted in 2014 specifically to gather data relevant to the WKU campus diversity climate; attitudes with respect to fairness, inclusiveness, equality, and sensitivity; student experience with diversity; and beliefs and attitudes about diversity on campus. The survey contained five sections: demographic information, campus experience, perceptions of diversity on campus including inclusion and fairness, diversity in the classroom, and perceptions about one’s academic experience. All responses were made on a 5-point scale ranging from 1-Strongly Disagree to 5-Strongly Agree, unless otherwise noted. For purposes of data analyses, 23 composites were formed by grouping items related to specific diversity issues. Details on the items included in each composite are provided in this report.

The PH Program has reviewed the survey results of the Student Campus Diversity Survey and is considering using some of the questions in the program’s assessment plan, for example the exit survey or create a shorter survey for the programs.

1.8.e: Identification of measurable objectives by which the program may evaluate its success in achieving a diverse complement of faculty, staff and students, along with data regarding the performance of the program against those measures for each of the last three years. See SEPH Data Template 1.8.1. At a minimum, the program must include four objectives at least two of which relate to race/ethnicity. For non-US-based institutions of higher education, matters regarding the feasibility of race/ethnicity reporting will be handled on a case-by-case basis. Measurable objectives must align with the program’s definition of under-represented populations in Criterion 1.8a.

<b>Template 1.8.1. Summary Data for Faculty, Students and/or Staff in the Public Health Program</b>						
<b>Category/Definition</b>	<b>Method of Collection</b>	<b>Data Source</b>	<b>Target</b>	<b>Year 2013/2014</b>	<b>Year 2014/2015</b>	<b>Year 2015/2016</b>
Faculty/ with racially diverse background (non Caucasian)	Self-Reporting	Human Resources/Dept.	30%	46.2% <b>Met</b>	46.2% <b>Met</b>	46.2% <b>Met</b>
Staff/ with racially diverse background (non Caucasian)	Self-Reporting	Human Resources/Dept	30%	0% <b>Not Met</b>	0% <b>Not Met</b>	0% <b>Not Met</b>
Grad Students/ Black or African-American	Self-Reporting	Admissions Forms	20%	28.4% <b>Met</b>	24.3% <b>Met</b>	21.6% <b>Met</b>
Undergrad Students/Black or African American	Self-Reporting	Admissions Forms	15%	23.1% <b>Met</b>	22.6% <b>Met</b>	28.0% <b>Met</b>
Grad Students/Hispanic or Latino	Self-Reporting	Admissions Forms	5%	0% <b>Not Met</b>	1.4% <b>Not Met</b>	2.0% <b>Not Met</b>
Undergrad Students/Hispanic or Latino	Self-Reporting	Admissions Forms	5%	3.2% <b>Not Met</b>	0% <b>Not Met</b>	0% <b>Not Met</b>
Grad Students/Asian or Native Am/Pacific Islander	Self-Reporting	Admissions Forms	10%	41.8% <b>Met</b>	40% <b>Met</b>	35.3% <b>Met</b>
Undergrad Students/ Asian or Native Am/Pacific Islander	Self-Reporting	Admissions Forms	5%	5.1% <b>Met</b>	6.5% <b>Met</b>	0% <b>Not Met</b>

1.8.f: Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

**This criterion is met with commentary.**

### **Strengths**

1) A diverse public health faculty is crucial to the development of a diverse public health workforce. The PH program meets this challenge through its racially/ethnically diverse faculty.

2) WKU's climate of diversity and institutional initiatives allow the PH program to attract a diverse student body.

### **Weaknesses**

Despite the strengths cited in this criterion, the Program has had only casual discussion about the need to advance the components of the overall university plan within our own program, thus we do not have our own formal policies. We have been fortunate to experience student diversity in our two programs, as well as faculty diversity. The assumption remains that our consistent efforts to teach students about the importance of understanding diversity and disparities in health and requiring service learning opportunities in our courses is sufficient. However, after completing this self-study, the need to develop a specific diversity plan is better recognized among the faculty.

### **Plan**

An important step for the PH program will be to create a committee, including students, charged with responsibility for developing the plan over the next academic year. We will also revisit the cross cutting competencies for cultural awareness and competence. Several years ago more than half of these were deleted from the curriculum. The appropriate committees will be asked to review and reconsider the need for potential changes.

**CRITERION 2: INSTRUCTIONAL PROGRAMS**

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

2.1.a: An instructional matrix presenting all of the program’s degree programs and areas of specialization, including bachelors, masters and doctoral degrees, as appropriate. If multiple areas of specialization are available, these should be included. The matrix should distinguish between professional and academic degrees for all graduate degrees offered and should identify any programs that are offered in distance learning or other formats. Non-degree programs, such as certificates or continuing education, should not be included in the matrix. See CEPH Data Template 2.1.1.

Table 2.1.1. Instructional Matrix – Degrees & Specializations		
	Academic	Professional
<b><u>Bachelor’s Degrees</u></b>		
Health Education	Bachelor of Science in Public Health	
Environmental Health	Bachelor of Science in Public Health	
<b><u>Master’s Degrees</u></b>		
Health Education		MPH
Environmental Health Science		MPH
Generalist		MPH

2.1.b: The bulletin or other official publication, which describes all degree programs listed in the instructional matrix, including a list of required courses and their course descriptions. The bulletin or other official publication may be online, with appropriate links noted.

The Graduate Catalog is the University's official publication which lists all degree programs and includes a list of required courses and their course description. The publication can be found at <http://catalog.wku.edu/graduate/>

The Undergraduate Catalog is the University's official publication which lists all degree programs and includes a list of required courses and their course description. The publication can be found at <http://wku.edu/undergraduatecatalog/>

2.1.c: Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

**This criterion is met.**

### **Strengths**

The PH program offers one professional MPH degree in three areas of concentration, health education, environmental health, and generalist. The curricula for the PH program and areas of concentration are described in official University publications, the University website, the Department of Public Health website and program handbook and other materials, and are reflective of the program's mission and goals. The program is structured in a manner that allows traditional and working students to be able to complete the Program through traditional evening courses, on-line courses, and blended courses.

In addition to the MPH degree, the PH program also offers a BSPH degree in two areas of concentration, health education and environmental health. This degree requires 120 credits, including public health core courses (40 hours) and concentration courses 26 to 30 hours.

### **Weaknesses**

None Identified

### **Strategic Plans**

None at this time

**2.2. Program Length. An MPH program or equivalent professional masters degree must be at least 42 semester-credit units in length.**

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

Per University policy, a single credit hour is a unit of measure representing 750 minutes of instruction. Thus, a three-hour lecture course must provide a minimum of 2250 minutes of instruction excluding registration and final examination periods. These requirements are the same for both the graduate and the undergraduate program.

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

The MPH program uses the above definition of a credit hour and requires 42 credit hours to complete the MPH degree. All requirements for the master’s must be completed within six years from the date the first course is taken. Failure to complete a degree in six years will result in the loss of all credits taken outside of the time limit. In this case, students must request an extension to be approved by the Head of DPH, Dean of CHHS, and Dean of Graduate Studies. Extensions are considered on a case-by-case basis, and a student is not guaranteed approval.

**Table 2.2.b.1 Master of Public Health Curriculum For Health Education, Environmental Health, and Generalist (42 credit hours)**

<b>Core</b>		<b>Cr</b>
MPH Core Required: (24 hours)	PH 520 Biostatistics for Public Health	3
	PH 582 Epidemiology	3
	PH 583 Public Health Administration	3
	PH 584 Environmental Health	3
	PH 587 Health Behavior	3
	PH 580 Introduction to Public Health	3
	PH 591 Health Program Evaluation	3
	PH 546 Internship	3
	<b>Core Total</b>	<b>24</b>
<b>Health Education Concentration</b>		
Health Education Required Courses: (12 hours)	PH 548 Community Health Organization	3
	PH 575 Health Ed/Promotion Programming	3
	PH 576 Education and Communication Techniques in Health Education	3
	PH 588 Public Health Seminar Capstone <b>OR</b>	3
	PH 599 Thesis (take only one elective)	6
HE Concentration Electives: (6 hours) Students choose 6 hours from the following:	PH 467G Drug Abuse Education	3
	PH 501 Research Methods	3
	PH 502 Health Promotion in the Workplace	3
	PH 530 Independent Investigations in Public Health	3
	PH 564 Public Health Issues in Women’s Health	3
	PH 585 International Health	3
	PH 620 Advanced Biostatistics	3
PH 630 Advanced Epidemiology	3	
	<b>HE Concentration Total</b>	<b>18</b>

	<b>Environmental Health Concentration</b>	
Environmental Health Required Courses: (15 hours)	PH 510 Watershed Management and Science PH 571 Air Quality Management PH 577 Environmental Toxicology EHS 580 Solid and Hazardous Waste PH 588 Public Health Seminar Capstone <b>OR</b> PH 599 Thesis (take NO electives)	3 3 3 3 3 6
EH Concentration Electives (3 hours) Students choose 3 hours from the following:	PH 501 Research Methods PH 530 Independent Investigations in Public Health PH 595 Public Health Management of Disasters EHS 572 Environmental Epidemiology PH 620 Advanced Biostatistics PH 630 Advanced Epidemiology	3 3 3 3 3 3
	<b>ENV Concentration Total</b>	<b>18</b>
<i>Current</i>	<b>Generalist Concentration</b>	
Generalist Concentration Required (9 hours) Students choose 3 courses from the following <b>PLUS</b> PH 588 Capstone (3 hrs)=12 hours	PH 548 Community Health Organization PH 575 Health Ed/Promotion Programming PH 576 Education and Communication Techniques in Health Education PH 577 Environmental Toxicology PH 595 Public Health Management of Disasters EHS 572 Environmental Epidemiology HCA 541 Strategic Management and Marketing Health Services HCA 545 Managerial Finance in Health Services HCA 586 Health Economics and Policy PH 588 Capstone (Required)	3 3 3 3 3 3 3 3 3 3
Generalist Concentration Electives Required: (6 hours). Students choose 2 courses from the following	PH 467G Drug Abuse Education PH 501 Research Methods PH 502 Health Promotion in the Workplace PH 530 Independent Investigations in Public Health PH 548 Community Health Organization PH 564 Public Health Issues in Women's Health PH 575 Health Ed/Promotion Programming PH 576 Education and Communication Techniques in Health Education PH 577 Environmental Toxicology PH 585 International Health PH 595 Public Health Management of Disasters EHS 572 Environmental Epidemiology EHS 580 Solid and Hazardous Waste HCA 541 Strategic Management and Marketing Health Services HCA 545 Managerial Finance in Health Services HCA 586 Health Economics and Policy	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
	<b>Generalist Concentration Total</b>	<b>18</b>
<b>Total Hours</b>		<b>42</b>

In January 2016, the ad hoc Generalist Committee recommended and made a motion to do away with the required elective areas and instead to allow students to create customized public health focus areas that best meet their specific professional or academic goals. The MPH committee approved the motion unanimously with two members absent. At writing, the changes are going through required channels. The rationale for the changes is in minutes of the ad hoc Generalist Committee. (ERF Criterion 1, Generalist Committee). Pending university approval the Generalist Concentration will include PH 588 or PH 599 and 12 to 15 hours of electives within a customized area of focus.

**Table 2.2.b.2 Bachelor of Science in Public Health Curriculum for Health Education and Environmental Health (66 - 70 credit hours)**

<b>Core</b>		<b>Cr</b>
BSPH Core	PH 100 Personal Health	3
Required:	PH 381 Community Health	3
(21 hours)	PH 383 Biostatistics	3
	PH 384 Epidemiology	3
	PH 385 Environmental Health	3
	PH 490 Internship	6
	<b>Core Total</b>	<b>21</b>
<b>Health Education Concentration</b>		
Health Education	PH 261 Foundations of Health	3
Required Courses:	PH 461 Comprehensive School Health	3
(16 hours)	PH 483 Administration of Health Programs	3
	PH 484 Community Organization	3
	PH 485 Methods of Community Health Education	3
	SFTY 171 Safety and First Aid	1
HE Concentration	AH 290 Medical Terminology	2
Electives: (12	HMD 211 Human Nutrition	3
hours)	HCA 340 Health Care Organization & Management	3
Students choose 4	SFTY 270 General Safety	3
from the following:	PH 365 Human Sexuality	3
	PH 382 Peer Health Education	3
	PH 390 Wellness and Fitness Assessment	3
	PH 443 Health Problems of the Aged	3
	PH 444 Death Education	3
	PH 447 Human Values & the Health Sciences	3
	PH 464 Women's Health	3
	PH 467 Drug Abuse Education	3
	PH 402 Worksite Health Promotion	3
	PH 468 Sexuality Education	3
	<b>HE Concentration Total</b>	<b>27</b>
<b>Environmental Health Concentration</b>		
Environmental	ENV 280 Intro to Environmental Science	3
Health Required	ENV 321 Fundamentals of Industrial Hygiene	3
Courses:	ENV 323 Fundamentals of Industrial Hygiene Lab	1
(15 hours)	ENV 360 Air Pollution Control	3
	ENV 365 Air Pollution Control Lab	1
	ENV 460 Environmental Management	3
	SFTY 171 Safety and First Aid	1
EH Concentration	BIOL 315 Ecology	3
Electives (9 hours)	CHEM 314 Intro to Organic Chemistry	3
Students choose 3	CHEM 330 Quantitative Analysis	3
from the following:	ENV 375 Intro to Water Resources	3
	ENV 380 Principles to Environmental Toxicology	3
	ENV 410 Water Treatment Processes	3
	ENV 430 Radiological Health	3
	<b>ENV Concentration Total</b>	<b>18</b>

2.2.c: Information about the number of professional public health masters degrees awarded for fewer than 42 credit units, or equivalent, over each of the last three years. A summary of

the reasons should be included.

The program did not award any degrees for less than 42 semester credit hours during the last three years.

2.2.d: Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

**This criterion is met.**

**Strengths**

The MPH program requires students to successfully complete a minimum of 42 credit hours in order to be awarded the MPH degree in Health Education or Environmental Health. All degrees awarded during the last three years were competency based, required community-based practice experiences and the minimum threshold for program length.

**Weaknesses**

None noted

**Strategic Plan**

None at this time

**2.3 Public Health Core Knowledge. All graduate professional public health degree students must complete sufficient course work to attain depth and breadth in the five core areas of knowledge.**

2.3.a: Identification of the means by which the program assures that all graduate professional public health degree students have fundamental competence in the areas of knowledge basic to public health. If this means is common across the program, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each. See CEPH Data Template 2.3.1

All MPH students, regardless of concentration, are required to complete the 18-credit hour MPH core, which includes one 3-credit hour course in each of the five core disciplines of Public Health. Content of these courses aligns with discipline-specific competencies developed by the ASPH. The MPH core examination assures student achievement of the core discipline competencies. Table 2.3.a.1 presents the MPH core curriculum by knowledge area.

<b>Table 2.3.1 Required Courses Addressing Public Health Core Knowledge Area</b>		
<b>Course Number</b>	<b>Course Title</b>	<b>Credit Hours</b>
<b>Biostatistics</b>		
PH 520	Biostatistics for Public Health	3
<b>Epidemiology</b>		
PH 582	Epidemiology	3
<b>Health Services Administration</b>		
PH 583	Public Health Administration	3
<b>Environmental Health Sciences</b>		
PH 584	Environmental Health	3
<b>Social and Behavioral Sciences</b>		
PH 587	Health Behavior	3
	<b>TOTAL</b>	<b>15</b>

While MPH students gain competency in the core public health areas, they are also prepared for careers in their selected concentration area. Students are required to complete required and elective concentration coursework, field experience, and two culminating experiences. (See Criterion 2.5).

2.3.b: Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

**This criterion is met.**

**Strengths**

The MPH side of the program offers courses in each of the five core areas of knowledge basic to public health, and embeds competencies from these disciplines in other core and concentration courses. Matrices clearly align course content and activities with competencies.

Mastery of the core public health knowledge is assessed through a variety of mechanisms. For example, all students in both programs must earn a C or higher in each course. MPH students must pass a core exam that assesses knowledge in the core disciplines of public health. Currently students assess their deficiencies and strengths as they enter their capstone experience and reflect on these again when they finish the experience.

**Weaknesses**

During this self-study period, feedback from various sources indicate that the core competency set we have been using has too many items for measurement and thus it is difficult to conduct an accurate assessment of competence in the areas of knowledge basic to public health. We intend to adopt a more manageable set of core competencies, smaller in number but more accurately assessed.

**Plans**

During Fall, 2016 the PH Program Committee will meet to review the matrices for the recent curriculum assessment for core and cross-cutting competencies. The Committee will identify and adopt a smaller and manageable set of core competencies that will be used by all faculty in the MPH program beginning January, 2017.

During Spring, 2016 the curriculum committee will review all course syllabi for the semester and provide written feedback to the faculty regarding the relationship between the course syllabus, the outcomes, and the competencies.

Beginning late Spring, 2016 the curriculum committee will begin work in developing new matrices for conducting a similar curriculum assessment for the undergraduate programs core and cross cutting competencies.

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

2.4.a: Description of the program's policies and procedures regarding practice placements including the following:

- selection of sites
- methods for approving preceptors
- opportunities for orientation and support for preceptors
- approaches for faculty supervision of students
- means of evaluating student performance
- means of evaluating practice placement sites and preceptor qualifications
- criteria for waiving, altering or reducing the experience, if applicable

All students in the MPH program are required to satisfactorily complete a supervised internship experience. The internship experience requires 3 semester hours for MPH students and includes development of practical skills, documenting application of the knowledge, skills, and academic objectives of each of the respective degree programs. In the internship setting, the student is directly supervised by a public health or other eligible professional on site, as well as a faculty member who oversees the student's experience. Policies and procedures for completing the internship are set forth in the Public Health Internship Guide for each degree program, located at ERF Criterion 2 , Internship Experience.

### **Selection of Sites**

Students select their field experience in consultation with and approval of their faculty advisor. In the semester prior to their field experience, the student meets with his/her faculty advisor to discuss their field experience plans and career goals. The student also attends mandatory internship orientation that is offered in the first month of the beginning of each semester. The orientation provides a comprehensive overview of the process, expectations of the student, dates and deadlines for applying and registering for the experience, and resources for seeking additional information and ideas.

The next step is to identify one or two acceptable internship sites. Students are required to meet with their academic advisor to discuss these or other options available to the student. A list of previous internship sites are available to students (and advisors) in an electronic database. The student can review the site and, if interested, contact the site to see if they have an opening. Students seeking a site are also encouraged to talk to other students who have completed the process.

Ultimately it is the student's responsibility to begin the process and work with his/her advisor and the Internship Supervisor (IS) to arrange the internship placement. The student completes a planning questionnaire and identifies his/her goals for the practicum experience. Upon completing these materials, the student contacts the site (in some cases, submits an application to the site) and schedules a meeting with the potential preceptor. When the student meets with the potential preceptor they discuss the student's goals and skills as well as the needs and requirements of the

internship position itself. If the meeting is successful, the preceptor will complete a form with the student that briefly outlines what was agreed upon and outlines the responsibilities and expectations for the internship experience.

Once the preceptor, academic advisor, and internship supervisor (IS) sign off on this form and the student turns in forms completed with the advisor, the student is cleared to register for the internship in the following semester. If a student identifies a new internship site that is not on the electronic database, the site and the mentor must be approved by the PH Program and a fully executed affiliation agreement put in place with CHHS before the student is allowed to register for the internship experience.

Selection for an ideal site includes the following:

- Provides services relevant to public health;
- Provides support, resources, supervision and workspace for students;
- Offers a variety of public health related experiences that includes opportunities within the student's area of concentration;
- Encourages application of academic knowledge to practice opportunities.

### **Methods for Approving Preceptors**

Students identify a qualified preceptor at their field experience organization in consultation with and approval of their faculty advisor. The preceptor is typically the director of the facility, the head of the department or organizational unit that will be hosting the student, or their designee. As such the preceptor is a working professional with sufficient professional experience to train students in public health practice and to evaluate their ability to apply the competencies of their respective concentration area. It is expected that preceptors have three or more years of public health related experience and are recognized by their organization to provide the required level of training for public health students.

WKU is situated in a semi-rural/small town, thus we have a relatively small pool of approved internship sites, compared to most PH programs. Furthermore there is not an abundance of MPH degreed individuals working in our public health departments and community agencies in Kentucky. Fortunately, over the past 7 years we have organized the list of the approved internship sites to include recorded credentials of each preceptor who has worked with our students. There is minimal turn-over in these positions, thus we know our preceptors and they know us. A review of preceptors for the MPH internships shows that 100% have a master's degree or higher and/or lengthy experience in public health. Nearly 25% have an MPH, 3 individuals have a doctoral degree, 12% have nursing degrees, and 56% have a master's degree other than an MPH.

Within the internship site/organization, preceptors are approved based on the following criteria:

- Ability to facilitate interaction and communication with others in the organization;
- Professional qualifications to fulfill the learning needs of the student as described above;
- Belief in the professional obligation of preceptors and interest in teaching;
- Capacity to assign duties and provide necessary resources to the student;
- Willingness to devote time to field activities including planning and supervision;

- Commitment to evaluating the student’s performance relative to the program competencies and
- Interest in working with the program faculty.

### **Opportunities for Orientation and Support for Preceptors**

Prior to beginning a student’s internship, all of our preceptors receive communication from the Internship Supervisor via a phone call or email, generally to confirm the student’s name and placement. If the preceptor is new, the Internship Supervisor calls them several weeks before the student’s internship begins. They discuss the student and their assigned activities and the IS reviews each person’s (i.e., student, preceptor and IS) upcoming role and responsibilities. All preceptors receive an email during the second week just to thank them for agreeing to work with the program and the student. During the midterm meeting, which is generally face-to-face with the preceptor, the IS will review the student’s performance, preceptor impressions and concerns about the student’s progress and then discusses what will happen during the second half of the term. This is followed up with an email that outlines the deadlines and forms to be completed by the end of the semester. Visitations to the site are conducted when distances are not problematic. In the case of long distance the midterm meeting will be conducted over the phone.

Familiarity between the preceptors and the IS enables both of them to quickly identify and discuss problems or sense when a student is not performing well.

### **Approaches for Faculty Supervision of Students**

The Internship Supervisor is the instructor for the field experience course, and is responsible for the general oversight of the experience for all internship students. While students are completing their field experience, they submit a mid-experience status report (ERF Criterion 2, Internship). The mid-course report requires students to identify activities completed and competencies used to date, provide an analysis of insights gained during the first half of the experience, and reflection of their learning. The student may also discuss barriers to success, and a plan for completing the final portion of hours. This report is signed by the preceptor and reviewed by the IS. The Supervisor also communicates directly with the preceptors to ensure that communication between the Program and the host organization is open and productive in the event there are concerns. In cases where preceptor participation is inappropriate, the IS works with the preceptor’s institution and persons involved to resolve problems. If necessary, a new internship site is identified.

### **Means of Evaluating Student Performance**

Student performance is evaluated based on: 1) the quality of deliverables and 2) the preceptor’s assessment of the student’s performance. Prior to or at the beginning of the semester, the student submits an “Appendix A” (ERF Criterion 2, Internship) which describes the student’s current skills, desired competencies he/she wishes to work on during the field placement. This is used to help the student, advisor and potential preceptor discuss what is possible for the field placement experience. When the student meets with the potential preceptor a list of competency-related tasks, responsibilities, or projects for the field experience are identified and listed on “Appendix B” (ERF

Criterion 2, Internship). This form is signed by student, advisor, preceptor, and Internship advisor and these responsibilities become part of the deliverables. The student's midterm evaluation (progress report) is due half-way through the semester and relates to progress on the competency-related tasks. At the end of the semester the students submit their final report and the IS reviews all of the required materials: students' mid-experience report, the student's portfolio and written report of the experience, student's evaluation of the preceptor/host organization, and the preceptors' evaluation of the students' performance. All materials are evaluated to determine the student's grade, using the criteria and points earned as outlined in the course syllabus (ERF Criterion 2, Internship). The Preceptor completes a standard two-part Internship Evaluation Form at the conclusion of the internship experience. Overall, the student is evaluated by their successful attainment and demonstration of self-selected program competencies throughout the internship experience.

### **Means of Evaluating Practice Placement Sites and Preceptor Qualifications**

The program utilizes multiple means of evaluating field experience organizations to ensure the best possible practice experience for students. A preliminary measure of evaluation is a standard comprehensive Affiliation Agreement (Memorandum of Understanding) that is executed between the university and the field organization. The MOU is a standard university document that details roles and responsibilities of both parties and is signed by the signing authority from both organizations. If the field organization does not accept the standard MOU, discussions ensure between the university's legal counsel and the field organization until verbiage and terms are satisfactory to both parties. In rare occasions, if consensus cannot be reached, the organization is not authorized for the field experience. Periodically the internship supervisor visits field sites during their students' internship. These periodic visits help to maintain relationships with the preceptors, identify any potential issues regarding the students or their assignments, and assess the general status of the site for future internships. The program also evaluates field experience organizations and preceptors based on student input. Students, as part of the internship final report and reflection, offer candid feedback about the effectiveness of the organization in meeting student expectations (ERF Criterion 2, Internship).

### **Criteria for Waiving, Altering or Reducing the Experience, if applicable**

The MPH program does not permit waivers for the practice experience. A student employed full-time in a public-health setting is permitted to complete their internship within their agency, but must complete a practice experience that is independent of their normal job responsibilities.

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

<b>Table 2.4.b.1 Internship Placements for MPH Students in Health Education</b>		
<b>Site</b>	<b>Preceptor</b>	<b>Academic Year</b>
Get Toned Fitness	David Nichols, MS, Owner	2013-2014
Green River District Health Department	Clay Horton, MPH, Senior Health Environmentalist	
WKU Health Services	Kathryn Steward, MPH, Assistant Director of Health Education	
Institute of Rural Health	Matt Hunt, MA, Director	
WKU Employee Wellness	Wade Pinkard, MS, Manager	
The Medical Center: Health and Wellness Center	Jenny Golden, BS, Director	
Hardin County Community Health Clinic	Rebecca Farris RN,BSN,MBA, Executive Director	
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WKU Health Services	Kathryn Steward, MPH, Assistant Director of Health Education	2014-2105
Barren River District Health Department	Stacy Trowbridge, PHRDH, Dental Services Director  Crissy Rowland, MPH, Planning, Quality and Communication Branch Director	
Housing Authority of Bowling Green	Abraham Williams, MBA, Executive Director	
South Central Area Health Education Center (AHEC)	Lucy Juett, MS, Director	
Kentucky Cancer Program	Elizabeth Westbrook, BS, MCHES, Cancer Control Specialist	
Full Circle Adult Day Center	Patricia Ingram, BS, Executive Director	
Lincoln Trail District Health Department	Michelle Coble, MS, RD, LD, CDE, Diabetes Coordinator/ Nutritionist	
Cincinnati Health Department	Denisha Porter, MPH, RS, HHS, Director of Health Promotion and Worksite Wellness	

<b>Table 2.4.b.2 Internship Placements for MPH Students in Environmental Health</b>		
<b>Site</b>	<b>Preceptor</b>	<b>Academic Year</b>
Ohio County Emergency Management	Charlie Shields, Director/ SAR Coordinator	2013-2014
Berry Plastics Safety Department	John Patterson, MS, CSP, PHR, EHS Manager	
Barren River District Health Department	Janarae Conway, BS, RS, Emergency Management Director	
<hr/>		
WKU Health Services	Katheryn Steward, MPH, Assistant Director of Health Education	2014-2015
Emerson Hermetic Motors	Chad Davis, MSAP (Applied Psychology), Human Resource Manager	

Barren River District Health Department	David Burton, BS, Environmental Health Program Manager	
Housing Authority of Bowling Green	Jessica Stunson, BIS, Education Director	
Colonial Center	Penny Daniel, BS, Human Resources	
University of Louisville Department of Neurology	M. Steven Evans, MD, Director	
USDA-ARS Food and Animal Environmental Systems Research Unit	Rohan Parekh, BS, Biological Science Laboratory Technician	

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

No students have received a waiver on the practicum experience

2.4.d: Data on the number of preventive medicine, occupational medicine, aerospace medicine and general preventive medicine and public health residents completing the academic program for each of the last three years, along with information on their practicum rotations.

N/A

2.4.e: Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

**This criterion is met with commentary.**

**Strengths**

The PH Program has an established set of policies and procedures in place to support the practice skills requirement. All students are required to complete a practice placement that allows them to apply knowledge and skills from coursework in a planned, supervised, and evaluated field placement. Our students have guidelines that are very clear, an orientation that prepares them well and they are fortunate to be mentored by preceptors who are not only experienced in their field but also experienced in mentoring the students.

**Weaknesses**

The PH Program recognizes that it does not have access to many preceptors with MPH degrees. This is not unique to our community. The state of Kentucky has a way to go to gain sufficient support to mandate and provide financial incentives to help local health departments hire this caliber of worker. Another weakness is that we do not have a Preceptor Manual to insure that all policies and procedures are accessible to them. The Practice Experience Committee has been having discussions about this particular need and will be encouraged to make it happen.

Recently, there have been a few organizations that students chose for their internship site in which all partners were in agreement that it would be an excellent placement but we were not able to

secure an affiliation agreement. In a few cases, the agency's administration or attorney refused to sign the WKU agreement. (In one case it was due to liability language and disagreement). In other situations it was because of the length of time to get the affiliation agreement signed. The students involved in these situations had no option but to find another placement or delay their graduation date.

**Strategic Plan**

The Internship Committee is currently revising the MPH Internship Manual.

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

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

**MPH Culminating Experience**

The culminating experience is the means by which students synthesize and integrate knowledge acquired in course work.

The MPH culminating experience involves two separate experiences: the "core" exam and either a Thesis or Capstone Project. The student and advisor discuss the latter option (thesis versus Capstone) at least 1 to 2 semesters prior to the student's graduation.

**Core Exam**

All MPH students are required to take a core exam and must successfully pass the written exam at or near the end of their formal coursework. The comprehensive exam reflects the content of the core knowledge curriculum. Questions are comprehensive in scope, requiring students to draw upon concepts and skills from across the curriculum to address a variety of public health problems and issues. Questions relate to competencies within each of the five core disciplines of public health. MPH core-course instructors write and grade these discipline-specific questions. A 10-point scale is used to assess each answer.

Students who score 7 or more on each area of the test are considered to have successfully passed the core exam. Those students that receive a score between 6.0 and 6.99 on no more than 3 areas will earn an assessment of satisfactory with reservations. These students will be required to meet with the professor(s) of those sections or areas and receive guidance regarding additional work, assignments, or oral exam needed to demonstrate their mastery of the MPH core and or concentration areas. The Core Exam Coordinator (currently the PD) will set a timeframe for this assignment to be completed. If the student fails to meet the established deadline, the result of the entire core exam will be deemed unsatisfactory and the student will be required to retake the exam.

Students who score less than 6 on one or more areas will earn an assessment of unsatisfactory (fail) on the core exam. Students who score less than 6 on one or two areas only are permitted to retake those sections of the exam. Students who score less than 6 on more than two areas are permitted to retake the entire exam in the following semester. Individuals who fail the exam upon the second administration are not eligible to complete the MPH program.

Students who transfer coursework from other institutions or substitute courses from other programs into the MPH program are expected to take the same exam as students who have taken their entire

program at WKU. It is the student's responsibility to meet with faculty and identify areas of deficiency and prepare accordingly.

Graduate students may take the exam onsite or off-site. Students may take the exam off-site if they are residing more than 90 miles from campus at the time the exam is given. Graduate students planning to take the exam off-site must submit their *Application to Take the Core Exam* to the Office Associate in the Department of Public Health at least three weeks in advance of the scheduled exam date. They are also required to contact the Distance Education Learning Office (DELO) to provide the contact information for the off-site examination proctor. In many cases it takes three weeks to make appropriate arrangements to schedule off-site exams. Students are responsible for any fees associated with the off-site administration.

### **Concentration-Specific Culminating Experience**

Students are also required to complete either a six-hour thesis (PH 599) project or a three-hour capstone course (PH 588, PH Capstone). Each of these options focus on students demonstrating competencies within their area of concentration (which embed program-wide competencies) and require a public oral defense/presentation of their work.

#### Capstone: Health Education

*Description.* PH 588: PH Capstone represents the second culminating experience in the WKU MPH Program. The capstone provides the opportunity to develop expertise in a specific topic area and to make a contribution to the field of public health. For example the experience could result in the publication of a manuscript or the development of a public health program or intervention. This process creates opportunities for the student to examine, refine, and demonstrate public health and concentration-specific competencies. Specifically the experience: (1) brings closure to previous student work in theory, foundations, organization, planning, research methods, and evaluation; (2) assimilates the principles of core competencies (3) refines specific entry and advanced level skills and competencies within the health education concentration area; (4) improves the articulation of theory to practice through development, composition, and presentation of a research or analytic project on a relevant issue in the student's specific concentration of public health and (5) enables the student to demonstrate their understanding of a public health problem through applying, analyzing, and evaluating the problem, and creating a solution to it.

*Content.* Capstone sessions review the essential steps of project development including: Conducting a literature review to research the background and significance of the public health problem chosen; define a research question or problem statement and specific aims, develop methodology including an analysis plan; identify the public health competencies they expect to develop through their Capstone project.

*Expectations.* Students are encouraged to think carefully about the topic they wish to explore. They may choose to do a systematic review that involves the investigation of a specific public health question using published studies. Or they may choose a policy analysis or practice issue. Thus far, neither of these options has been a popular choice. Currently most students do a data analysis and report combined with planning a program. They select a topic of interest and a secondary dataset to study it in a select population. They develop study questions and an analysis plan then perform the analysis and interpret it. Based on their study findings, they plan a program or intervention to address the problem. They then discuss who would be targeted, goals and objectives for the

program, the content or activities to be involved, factors and potential barriers associated with implementation and how the program would be evaluated.

Each student must present their Capstone project through an oral presentation that demonstrates their ability to synthesize and integrate knowledge acquired in the process. Presentations are formally scheduled, announced and attended by three or more faculty members, students and peers. During the presentation, the audience uses a standard rubric (ERF Criterion 2, Capstone) to evaluate the quality of the project, the presentation and the presenter. The information from these forms is tallied and a summary provided to the presenter later. Each part of the project is graded throughout the semester and given a letter grade based on the number of points earned by the student.

*Lessons Learned.* Time has taught us many things about this approach to the Capstone. At first the notion of integrating knowledge from multiple courses and building competencies was hard for students to understand. Many tended to compartmentalize each course topic and found the process of integrating information to be a difficult and intensive task. The early results of this approach were disappointing, resulting in poorly written term papers and proposed objectives that had little to do with the topic or the paper!

Gradually, over two or three semesters, students slowly began to understand the relevance and importance of the process. They began attending and listening to presentations of graduating students and learning how intense this semester is. Eventually projects began to get stronger and better. The most frequent complaint we heard from students and faculty was that there was not enough time to complete the project. One semester was not sufficient for students to develop an idea for a project, collect data, enter and analyze it and write a cohesive paper. Graduating students began to tell newer students to start thinking about their topic early in their program.

To address these issues in the Health Education section of PH 588, the instructor, Dr. Darlene Shearer, condensed the materials of the first 3 course sessions and put them into a set of self-learning modules on Blackboard. Mid semester she identified and contacted students who were approaching eligibility for the Capstone course and invited them to an orientation. The “candidates” learned about the 4 modules they should follow in order to be ready for PH 588 in the next semester. The modules addressed a) how to identify and select a suitable project, b) how to review the literature and develop an annotated bibliography, c) how to develop a good study question, and d) self-assessment with the core and concentration competencies resulted in an abstract and brief paper about their chosen topic. Four cohorts of students have gone through this process. While not perfect, students do enter their Capstone semester with better developed ideas. The semester mainly focuses on getting students to search appropriate literature and develop a strong literature review and methodology which are written up and shared in a group project proposal meeting with classmates and a few faculty. Students request and are assigned a “second reader” who reads the proposal as well as the final paper. In some cases the second reader becomes a mentor who can help with data analysis and interpretation on an as-needed basis.

#### Capstone: Environmental Health Concentration

*Capstone Process and Expectations.* In the environmental health section of the capstone students work one on one with the capstone instructor and their second reader. There is a Blackboard site for the capstone that has resources that guide students through developing a research topic, creating an initial proposed topic presentation, conducting a literature review and background, developing the

methods, and completing the proposal stage. The proposal stage consists of the capstone paper, from the Introduction through the Methods. Students are required to present the capstone paper at this stage, Introduction through Methods, to the instructor and other students.

Course content is provided in Blackboard within sections that cover aspects of the capstone project, including development of the final capstone paper and creation of a final presentation. The grade in the course is determined by the quality of the final paper and presentation. All other phases of the course are not grade dependent, yet, the student can't advance to the final paper and presentation until they present the proposed topic and complete the capstone paper from Introduction through Methods.

Upon completion of the Introduction through Methods of the paper and presentation, students are required to work on the data collection, analysis, and evaluation. The procedure for this phase of the capstone is for each student to collect original data, utilize a dataset provided by a faculty member, or acquire a dataset from an industry, agency, program, research center, or health department. It is the student's responsibility to code the dataset and organize the information to allow for statistical and other analyses, such as computer modeling. The student is required to develop a primary research question and the dataset must address this question.

The process for data analysis requires each student to consult with a biostatistician, the instructor, and/or the second reader. This is done through one-on-one meetings with each student, as this has proven to be most effective with the topics of environmental health capstones. The typical environmental health capstone requires the student to work with analytical software such as Microsoft Excel, SPSS, SAS, S-Plus, instrument specific software, Geographic Information Systems (GIS), and environmental health computer models.

Data analysis results were discussed between the student and the instructor. At this stage, students develop the final capstone paper. At the completion of the capstone students submit a manuscript to the instructor and the second reader for comments. This review requires a minimum of a one-week timeframe. Student's will receive comments, incorporate these into the final capstone paper, develop the final presentation, and prepare for the capstone oral presentation. The capstone culminates with each student submitting a final research paper and defending the research in an oral presentation. Oral presentations are conducted in a seminar that is open to faculty, students, and the public health community.

*Lessons Learned.* Due to the quality of research that was conducted, EH faculty determined that a classroom setting was not appropriate for the capstone, such as is the case for a thesis. The capstone is not a course that a student simply takes. At the beginning, when capstones were first initiated, students regarded the process as another paper for another course. However, transitioning capstones from a classroom setting to one-on-one mentoring has put more impetus on the students to take responsibility for their research and strive to answer a real-world environmental health question(s). Likewise, this format has required students to incorporate application of competencies learned through the MPH program of study.

At times, students struggle to identify a topic and associated dataset. However, there is value in a student working to cultivate a research project of an environmental health problem, understanding the topic, and initiating a project to answer specific research questions. The primary concern is that the capstone takes place in only one semester. Over the past several semesters, faculty have

encouraged students to begin the capstone process earlier in the MPH program. There is discussion that this should be formalized for the student, thus requiring them to take PH 501 (Research Methods) or incorporate the proposal phase of the capstone within a course. This would take place in the second or third semester of the program, to allow students to develop a topic and allow ample time for data collection and analysis. Another option we are assessing is the development of environmental health case studies.

### Thesis

Students completing a thesis need to register for PH 599 Thesis Research and Writing. They may register for six hours at once or three hour increments in sequential semesters. It sometimes happens that students continue to work on their thesis project, after the semester in which they have registered for PH 599 credit. In such cases, students may need to register for PH 600 Maintaining Matriculation, to continue having access to all University resources necessary for successful completion of the thesis.

*Prerequisites.* Once a student determines that s/he will be doing a thesis, it is important to complete the appropriate course work. PH 520 Biostatistics, PH 582 Epidemiology, PH 583 PH Administration, PH 584 Principles of Environmental Health, PH 587 Health Behavior, PH 591 Program Evaluation and permission of the committee chair are required.

*Faculty Supervision.* Students completing the thesis option are guided by at least three faculty members in the Department of Public Health. One of those faculty members will serve as chair of the thesis committee and the student's principal supervisor for the thesis project. The other members of a student's thesis committee are chosen by the student and committee chair; the student's academic advisor is not required to be on the committee. Faculty must indicate to the student a willingness to serve on their thesis committee. Students are encouraged to select professors that have relevant expertise or other personal and professional qualities that would make them desirable thesis committee members. In lieu of three public health professors, a professor in another discipline or an expert from outside the university who has adjunct faculty status is permitted to serve on the thesis committee. This is at the discretion of the student and the committee chair.

*Project Formulation.* The student should have a rough outline of her/his thesis idea prior to selecting her/his thesis committee members. Before a thesis committee is officially appointed, often there will be preliminary discussion with various faculty members as students are considering topics and research questions. Once the committee is formed, the thesis idea will be further clarified and developed with the guidance of the thesis committee.

*The Thesis Proposal.* The next step is for the student to complete a formal thesis proposal, which includes the first three chapters of the thesis. Chapter one is an overview of the research question being addressed. Chapter two is the review of literature that has a bearing on the research question. Chapter three is a description of the research design, including methods of data collection and statistical analysis. Once the proposal is developed, it must be reviewed by the thesis committee. After revisions, the thesis proposal is approved, and the student will then proceed to data collection and the completion of the thesis project.

*Reference Style.* All literature references in the thesis should be carefully documented, using APA style, or other reference format approved by the thesis and committee chair. There are reference

books available that fully explain the procedures of a selected reference style. It is the student's obligation to become familiar with those guidelines.

*Human Subjects Review.* Students who are gathering original data or planning to use already existing health data with personal identification will be required to submit their research proposal to the WKU Human Subjects Review Board for approval prior to initiating the project. The thesis committee chairperson will assist the student with that procedure.

*Support for Thesis Research.* Students should also note that there are funds available (maximum \$1,500) to support expenses that may be associated with thesis research. Expenses might include printing of questionnaires, postage, envelopes, and laboratory equipment. Students are directed to the following web address for additional information:

<http://www.wku.edu/Dept/Academic/Graduate/facellowships/gradstugrant.html>

*Data Analysis.* As data are being collected and analyzed, students should seek advice and assistance from thesis committee members. As their data analysis demands, students may need to learn how to use data analysis software, such as SPSS and SAS.

*Synthesis of Data Findings.* Once data are analyzed, the student will write chapter four of their thesis, detailing the findings of the research. The chapter will include prose narrative as well as tables and charts as appropriate. Chapter five follows, and will summarize the project, with suggestions for future research. Once all five chapters of the thesis are written, there will be careful review of the manuscript by the thesis committee. Often it is necessary to make several revisions before the final document is approved.

*Thesis Defense.* At the end of this process, the student is required to make a public presentation and an oral defense of the thesis project. The presentation is an overview of each part of the thesis. Presentations typically take 30-45 minutes, with 15 to 30 minutes of questions and discussion following. The thesis committee will be present for the presentation, but all faculty and graduate students are also invited. It is expected that students use appropriate visuals (e.g., Powerpoint) in doing the presentation.

*Final University Procedures.* Once the student passes the Thesis Oral Defense and the final thesis document is approved by the thesis committee, the manuscript goes to the Office of Graduate Studies where a language editor will review the document for spelling, grammar, sentence structure, reference style, and formatting. Based on this review, there will usually be some additional revisions.

If the student does not display adequate knowledge and understanding of the research study or thesis project, he/she would be asked to provide additional information and/or display ability to complete the thesis project with the appropriate changes made within the specified time, based on the recommendations of the thesis committee members. The student would be required to meet with the committee and produce the additional information requested on time and make the necessary changes and/or revisions to the thesis manuscript. At the successful completion of the thesis presentation and the completion of all revisions in the written manuscript, the student will receive approval and a letter grade for the thesis project.

## Generalist Concentration

In addition to the core exam, generalist students will complete a concentration-specific culminating experience that links directly and measurably to their concentration objectives. With approval from their advisor, students can choose to do a six-hour thesis (PH 599) that conforms to the University requirements or develop a three-hour capstone project (PH 588). Either option requires an oral public defense/presentation of their work. The final product will be evaluated by the generalist faculty using a rubric that assesses the extent to which the concentration objectives were met. The Generalist Ad-Hoc Committee is in the process of developing protocols, procedures, and tools to implement and assess the concentration-specific culminating experience for the generalist concentration.

2.5.b: Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

### **This criterion is met.**

#### **Strengths**

Students are required to complete a culminating experience that demonstrates skills and the integration of knowledge. All students fulfill this requirement through a comprehensive exam assessing the five core disciplines of public health. Students also have the option of completing either an applied research project in the Capstone Course or thesis, though few opt to do the latter. The creation of a core exam ensures that knowledge in the core public health disciplines is assessed for each student. The capstone course or thesis provides a meaningful experience for students to synthesize knowledge and demonstrate competence within their area of concentration. These strengthen the culminating experience and provide for more systematic and consistent assessment of competence.

#### **Weaknesses**

The Culminating Experience Committee recommended that once the Capstone Experience was created and the "bugs" worked out, both the Thesis and the Capstone be graded in a similar manner as the Core Exam, using a 10-point scale/rubric to assess the finished product; a score of 7 or higher on the product would be a "pass". This has not been implemented for either Thesis or Capstone. One reason is because the sheer number of competencies in the Health Ed concentration makes this a daunting task. We reviewed our most recent instructional matrix and agreed that the number of competencies must be scaled back to make this do-able for the Capstone or the Thesis. A second reason is continued disagreement about what the Capstone should "be." There is agreement that we are fulfilling our CEPH requirement but it is a cumbersome and time consuming process for the assigned instructor who may have 8 or 10 students each semester. The self-study has re-ignited the discussion about the need to do this but not the "how".

#### **Plan**

With planning for the capstone process for the generalist concentration, we will revisit our previous discussions and review the competencies and intended outcomes of the three concentrations to make sure they are compatible and meet CEPH guidelines.

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

2.6.a: Identification of a set of competencies that all graduate professionals public health degree students and baccalaureate public health degree students, regardless of concentration, major or specialty area, must attain. There should be one set for each graduate professional public health degree and baccalaureate public health degree offered by the program (eg, one set each for BSPH, MPH and DrPH).

**MPH Core Public Health Competencies**

Competencies for the MPH program fall into five core discipline areas and five cross-cutting domain areas as shown in table 2.6.a.1 below.

<b>Table 2.6.1 Core Competencies</b>
<b>BIOSTATISTICS COMPETENCIES</b>
Distinguish among the different measurement scales and the implications for selection of statistical methods to be used based on these distinctions
Apply descriptive techniques commonly used to summarize public health data
Describe basic concepts of probability, random variation and commonly used statistical probability distributions
Apply common statistical methods for inference
Apply descriptive and inferential methodologies according to the type of study design for answering a particular research question
Interpret results of statistical analysis found in public health studies
Develop written and oral presentations based on statistical analysis for both public health professionals and educated lay audiences
Use vital statistics and public health records in the description of public health research and evaluation
<b>ENVIRONMENTAL HEALTH COMPETENCIES</b>
Specify approaches for assessing, preventing and controlling environmental hazards that pose risks to human health and safety
Describe the direct and indirect human, ecological and safety effects of major environmental hazards that pose risks to human health and safety
Specify current environmental risk assessment methods
Describe genetic, physiologic and psychosocial factors that affect susceptibility to adverse health outcomes following exposure to environmental justice and equity
Discuss various risk management and risk communication approaches in relation to issues of environmental justice and equity
Explain the general mechanisms of toxicity in eliciting a toxic response to various environmental exposures
Develop a testable model of environment insult
Describe federal and state regulatory programs, guidelines and authorities that control environmental health issues

<b>EPIDEMIOLOGY COMPETENCIES</b>
Explain the importance of epidemiology for informing scientific, ethical, economic and political discussion of health issues
Describe a public health problem in terms of magnitude, person, time and place
Apply the basic terminology and definitions of epidemiology
Identify key sources of data for epidemiologic purposes
Calculate basic epidemiology measures
Evaluate the strengths and limitations of epidemiologic reports
Draw appropriate inferences from epidemiologic data
Communicate epidemiologic information to lay and professional audiences
Identify the principles and limitations of public health screening programs
<b>PUBLIC HEALTH ADMINISTRATION</b>
Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the U.S.
Discuss the policy process for improving the health status of populations
Describe the legal and ethical bases for public health and health services
Apply quality and performance improvement concepts to address organizational performance issues
Demonstrate leadership skills for building partnerships
Apply principles of strategic planning and marketing to public health
Communicate health policy and management issues using appropriate channels and technologies
Apply the principles of program planning , development, budgeting, management and evaluation in organizational and community initiatives
Explain methods of ensuring community health safety and preparedness
Apply “system thinking“ for resolving organizational problems
<b>BEHAVIORAL AND SOCIAL SCIENCES</b>
Describe the role of social and community factors in both the onset and solution of public health problems
Identify the causes of social and behavioral factors that affect health of individuals and populations
Identify basic theories, concepts and models from a range social and behavioral disciplines that are used in public health research and practice
Apply ethical principles to public health program planning, implementation and evaluation
Specify multiple targets and levels of intervention for social and behavioral science program and/or policies
Identify individual, organizational and community concerns, assets, resources and deficits for social and behavioral science interventions
Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions
Describe the merits of social and behavioral science interventions and policies
Describe steps and procedures for the planning, implementation and evaluation of public health programs, policies and interventions
Identify critical stakeholders for the planning, implementation and evaluation of public health programs, policies and interventions
<b>ANALYTICAL ASSESSMENT/CRITICAL THINKING</b>
Demonstrate ability to use statistical software programs(e.g. SPSS, ACCESS, etc.) for data management and data analysis
Develop skills to make relevant inferences form quantitative and qualitative data
Retrieve and synthesize data from divergent sources to critically assess and characterize public health issues
Critically assess and critique published research in terms of study design, limitations and significance
Determine appropriate uses and limitations of both quantitative and qualitative data
Apply ethical principles to the collection, maintenance, use and dissemination of data and information
Differentiate between qualitative and quantitative evaluation methods in relation to their strengths, limitations and appropriate uses

Develop comprehensive logic models
<b>COMMUNICATION</b>
Demonstrate effective written and oral skills for communicating with different audiences in the context of professional public health activities
Use information technology to access, evaluate, and interpret public health data
Use media and communication methods to advocate for community public health programs and policies
Effectively present accurate demographic, statistical, programmatic, and scientific information for professional and lay audiences
Demonstrate the ability to listen to others in an unbiased manner, respect points of view of others and promote the expression of diverse opinions and perspectives
Demonstrate ability to use various technologies in professional communications (e.g. PowerPoint, GIS, etc.)
<b>CULTURAL COMPETENCIES</b>
Identify the role of cultural, social and behavioral factors in determining the delivery of public health services
Develop public health programs and strategies responsive to the diverse cultural values and traditions of the communities being served
Utilize appropriate methods for interacting sensitively, effectively and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds, and persons of all ages and lifestyle preferences
Discuss the importance and characteristics of a sustainable diverse public health workforce
<b>LEADERSHIP AND PROFESSIONALISM COMPETENCIES</b>
Articulate the relevance of sentinel events in the history and development of the public health profession to public health practice
Apply evidence-based principles and the scientific knowledge base to critical evaluation and decision-making in public health
Discuss the importance of working collaboratively with diverse communities and constituencies(e.g. researchers, practitioners, agencies and organizations)
Articulate an achievable mission, set of core values, and vision
Demonstrate team building, negotiation, and conflict management skills
Develop skills for lifelong learning and professional service
Apply social justice and human rights principles when addressing community needs
Identify internal and external issues that may impact delivery of essential public health services
<b>PROGRAM AND POLICY DEVELOPMENT</b>
Develop skills to collaborate with others to prioritize individual, organizational, and community concerns and resources for public health programs and policies
Differentiate among goals, measureable objectives, related activities and expected outcomes for a public health program or policy
Differentiate the purpose of formative, process and outcome evaluation
Prepare a program budget with justification
Develop skills to identify, interpret and implement public health laws, regulations and policies related to specific programs
Utilize current techniques in decision analysis, including stating the feasibility and expected outcomes of each option
Develop a theory-based plan to implement a policy or program, including development of goals and measurable objectives, activities, staffing plan and budget with justifications, and mechanisms to monitor and evaluate effectiveness and quality

## BSPH Core Public Health Competencies

Competencies for the BSPH program fall into five core discipline areas and five cross-cutting domain areas as described below. They are similar to the MPH competencies but have been adjusted to a lower level using Blooms Taxonomy.

<b>Table 2.6.a.2 Core Competencies for BSPH</b>
<b>BIOSTATISTICS COMPETENCIES</b>
Define the different measurement scales
Recognize descriptive techniques commonly used to summarize public health data
Describe basic concepts of probability and commonly used statistical probability distributions
Identify common statistical methods for inference
Recognize descriptive and inferential methodologies according to the type of study design
Explain results of statistical analysis found in public health studies
Develop written and oral presentations based on statistical analysis for both public health professionals and educated lay audiences
List types of vital statistics in the description of public health research and evaluation
<b>ENVIRONMENTAL HEALTH COMPETENCIES</b>
Describe approaches for assessing, preventing and controlling environmental hazards that pose risks to human health and safety
Recognize the direct and indirect human, ecological and safety effects of major environmental hazards that pose risks to human health and safety
List current environmental risk assessment methods
Describe factors that affect susceptibility to adverse health outcomes
Discuss issues of environmental justice and equity
Explain the general mechanisms of toxicity in environmental exposures
Duplicate testable model of environmental insult
Describe federal and state regulatory programs, guidelines and authorities that control environmental health issues
<b>EPIDEMIOLOGY</b>
Explain the importance of epidemiology for informing scientific, ethical, economic and political discussion of health issues
Describe a public health problem in terms of magnitude, person, time and place
Use the basic terminology and definitions of epidemiology
Identify key sources of data for epidemiological purposes
Interpret basic epidemiological outputs
Identify the strengths and limitations of epidemiological reports
Draw appropriate inferences from epidemiological data
Explain basic epidemiological information to lay and professional audiences
Identify the principles and limitations of public health screening programs
<b>PUBLIC HEALTH ADMINISTRATION</b>
Identify the main components and issues of health service and public health systems in the U.S.
Discuss policies for improving the health status of populations
Describe the legal and ethical bases for public health and health services
Discuss quality and performance improvement ideas to address organizational performance
Demonstrate leadership skills for building partnerships
Discuss principles of strategic planning and marketing public health
Describe the principles and steps for program planning, development, budgeting, management and evaluation of an organizational or community initiative

Explain methods of ensuring community health safety and preparedness
Discuss “systems thinking” for resolving organizational problems
<b>BEHAVIORAL AND SOCIAL SCIENCES</b>
Discuss social and community factors related to the onset and solution of public health problems
Identify social and behavioral factors that affect health of individuals and populations
Identify basic theories, concepts and models from a range social and behavioral disciplines that are used in public health research and practice
Identify ethical principles for public health program planning, implementation and evaluation
Identify individual, organizational and community concerns, assets, resources and deficits that affect social and behavioral science interventions
Recognize importance of evidence based approaches in the development and evaluation of social and behavioral science intervention
Discuss benefits of social and behavioral science intervention and policies
Describe basic steps and procedures for the planning, implementation and evaluation of public health programs, policies and interventions
Identify important stakeholders for the planning, implementation and evaluation of public health programs, policies and interventions
<b>ANALYTICAL ASSESSMENT/CRITICAL THINKING COMPETENCIES</b>
Demonstrate ability to use statistical software programs( e.g. SPSS, ACCESS, etc.) for data management and data analysis
Develop skills to make relevant inference from quantitative and qualitative data
Retrieve and interpret data from divergent sources to characterize public health issues
Describe ethical principles to the collection, maintenance, use and dissemination of data and information
Explain the use/ purposes of logic models
<b>COMMUNICATION COMPETENCIES</b>
Demonstrate effective written and oral skills for communicating with different audiences in the context of professional public health activities
Use information technology to access, evaluate, and interpret public health data
Practice media and communication methods to advocate for community public health programs and policies
Present accurate demographic, statistical, programmatic, and scientific information for lay audiences
Demonstrate the ability to listen to others in an unbiased manner, respect points of views of others, and support the expression of diverse opinions and perspectives
Demonstrate ability to use various technologies in professional communications (e.g. PowerPoint, GIS, etc.)
<b>CULTURAL COMPETENCIES</b>
Describe the role of cultural, social and behavioral factors in determining the delivery of public health services
Identify public health practices and strategies responsive to the diverse cultural values and traditions of the communities being served
Discuss appropriate methods for interacting sensitively, effectively and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds, and persons of all ages and lifestyle preferences
Discuss the importance and characteristics of a sustainable diverse public health work force
<b>LEADERSHIP AND PROFESSIONALISM COMPETENCIES</b>
Describe the importance of sentinel events in the history and development of the public health profession
Discuss the importance of working collaboratively with diverse communities and constituencies(e.g. researchers, practitioners, agencies and organizations)
Identify an achievable mission, set of core values, and vision
Discuss team building, negotiation, and conflict management skills
Develop skills for lifelong learning and professional service
Use social justice and human rights principles when addressing community needs

<b>PROGRAM AND POLICY DEVELOPMENT COMPETENCIES</b>
Develop skills to collaborate with others to prioritize individual, organizational, and community concerns and resources for public health programs and policies
Select goals, measurable objectives, related activities and expected outcomes for a public health program or policy
Explain the purpose of formative, process and outcome evaluation
Prepare a program budget with justification
Develop skills to identify, interpret and implement public health laws, regulations and policies related to specific programs

2.6.b: Identification of a set of competencies for each concentration, major or specialization (depending on the terminology used by the program) identified in the instructional matrix, including professional and academic graduate degree curricula and baccalaureate public health degree curricula.

#### Health Education (MPH)

The MCHES competencies/sub-competencies were adopted for the MPH Health Education concentration in 2008 and reaffirmed in October 2015.

#### Environmental Health (MPH)

The Environmental Health Competency Project: Recommendations for Core Competencies for Local Environmental Practitioners were adopted for the MPH Environmental Health concentration in 2008 and reaffirmed in 2015.

#### Generalist (MPH)

Custom competencies will be developed to align with students' approved, individualized focus area, and in consort with their academic advisor and/or concentration coordinator. The ad hoc Generalist Committee brought this recommendation forth as a motion to the MPH Committee in January 2016 and it was approved unanimously by those in attendance.

#### Health Education (BSPH)

The CHES competencies/sub-competencies were adopted for the BSPH Health Education concentration in October 2015.

#### Environmental Health (BSPH)

The Environmental Health Competency Project: Recommendations for Core Competencies for Local Environmental Practitioners were adopted for the BSPH Environmental Health concentration in 2015.

Copies of these competency documents and matrices linking course content to competencies are available in the ERF Criterion 3 Folder, Competencies.

2.6.c: A matrix that identifies the learning experiences (eg, specific course or activity within a course, practicum, culminating experience or other degree requirement) by which the competencies defined in Criteria 2.6.a and 2.6.b are met. If these are common across the program, a single matrix for each degree will suffice. If they vary, sufficient information must be provided to assess compliance by each degree or specialty area. See CEPH Data Template 2.6.1.

The following tables relate to course exposures to competencies in the MPH Program. The first set of tables relates to required Core Courses in the program. The second set relates to the Environmental Health Concentration and the third set relates to the Health Education Concentration. Reports that provide detailed curricular assessments, documentation of competency-related activities, and Stakeholder Competency Assessment Surveys are located in ERF Criterion 2, Competencies.

We have been unable to begin the course mapping for the BSPH Program due to the number of adjunct faculty, lack of time to train them, and completing the MPH course mapping.

**Table 2.6.1.a. Courses and other learning experiences by which Biostatistics competencies are met**

	Core							Health Education				Environmental				
Core Competencies	PH 520 Biostats	PH 582 Epi	PH 583 PH Admin	PH 584 Env Hlth	PH 580 Intro PH	PH 587 Hlth Behav.	PH 591 PH Eval.	PH 548 Com Hlth Org	PH 575 PH Pgrm Plan	PH 576 Hlth Ed Com	PH 588 Capstone	PH 510 Watershed mang. & sci	PH 571 Air qual mang	PH 577 Env. Tox	PH 588 Capstone	EHS 580 Solid & Haz waste
Distinguish among the different measurement scales and the implications for selection of statistical methods to be used based on these distinctions	P						R		R		R			R		
Apply descriptive techniques commonly used to summarize public health data	P						R				R			R	R	
Describe basic concepts of probability, random variation and commonly used statistical probability distributions	P										R			R	R	
Apply common statistical methods for inference	P						R				R			R	R	
Apply descriptive and inferential methodologies according to the type of study design for answering a particular research question	P						R				R	R	R	R	R	
Interpret results of statistical analysis found in public health studies	P						R				R	R	R	R	R	
Develop written and oral presentations based on statistical analysis for both public health professionals and educated lay audiences	P						R				R	R	R	R	R	
Use vital statistics and public health records in	P						R		R							

the description of public health research and evaluation																
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**P=Primary R=Reinforcing**

**Table 2.6.1.a. Courses and other learning experiences by which Environmental Health competencies are met**

	Core							Health Education				Environmental				
Core Competencies	PH 520 Biostats	PH 582 Epi	PH 583 PH Admin	PH 584 Env Hlth	PH 580 Intro PH	PH 587 Hlth Behav.	PH 591 PH Eval.	PH 548 Com Hlth Org	PH 575 PH Pgrm Plan	PH 576 Hlth Ed Com	PH 588 Capstone	PH 510 Watershed mang. & sci	PH 571 Air qual mang	PH 577 Env. Tox	PH 588 Capstone	EHS 580 Solid & Haz waste
Specify approaches for assessing, preventing and controlling environmental hazards that pose risks to human health and safety				P								R	R	R	R	R
Describe the direct and indirect human, ecological and safety effects if major ecological and safety effects of major environmental hazards that pose risks to human health and safety				P								R	R	R		R
Specify current environmental risk assessment methods				P								R	R	R		R
Describe genetic, physiologic and psychosocial factors that affect susceptibility to adverse health outcomes following exposure to environmental justice/equity				P												R
Discuss various risk management and risk communication approaches in relation to issues of environmental justice and equity				P								R		R		R
Explain the general mechanisms of toxicity in eliciting a toxic response to				P								R	R	R		R

various environmental exposures																	
Develop a testable model of environment insult				P									R	R	R	R	R
Describe federal and state regulatory programs, guidelines and authorities that control environmental health issues				P									R	R	R		R

**P=Primary R=Reinforcing**

**Table 2.6.1.a. Courses and other learning experiences by which Epidemiology competencies are met**

Core Competencies	Core							Health Education				Environmental				
	PH 520 Biostats	PH 582 Epi	PH 583 PH Admin	PH 584 Env Hlth	PH 580 Intro PH	PH 587 Hlth Behav.	PH 591 PH Eval.	PH 548 Com Hlth Org	PH 575 PH Pgrm Plan	PH 576 Hlth Ed Com	PH 588 Capstone	PH 510 Watershed mang. & sci	PH 571 Air qual mang	PH 577 Env. Tox	PH 588 Capstone	EHS 580 Solid & Haz waste
Explain the importance of epidemiology for informing scientific, ethical, economic and political discussion of health issues		P		R					R							
Describe a public health problem in terms of magnitude, person, time & place		P		R							R	R		R		
Apply the basic terminology and definitions of epidemiology		P									R					
Identify key sources of data for epidemiologic purposes		P							R							
Calculate basic epidemiology measures	R	P		R					R		R					
Evaluate the strengths and limitations of epidemiologic reports		P														
Draw appropriate inferences from epidemiologic data		P									R					

Communicate epidemiologic information to lay and professional audiences		P									R					
Identify the principles and limitations of public health screening programs		P														

**Table 2.6.1.a Courses and other learning experiences by which Public Health Administration competencies are met**

	Core							Health Education				Environmental				
Core Competencies	PH 520 Biostats	PH 582 Epi	PH 583 PH Admin	PH 584 Env Hlth	PH 580 Intro PH	PH 587 Hlth Behav.	PH 591 PH Eval.	PH 548 Com Hlth Org	PH 575 PH Pgrm Plan	PH 576 Hlth Ed Com	PH 588 Capstone	PH 510 Watershed mang. & sci	PH 571 Air qual mang	PH 577 Env. Tox	PH 588 Capstone	EHS 580 Solid & Haz waste
Identify the main components and issues of the organization, financing and delivery of health services and public health systems in the U.S.			P												R	
Discuss the policy process for improving the health status of populations			P					R							R	
Describe the legal and ethical bases for public health and health services			P					R		R		R		R		
Apply quality and performance improvement concepts to address organizational performance issues			P													
Demonstrate leadership skills for building partnerships																
Apply principles of strategic planning and marketing to public health			P													
Communicate health policy and management issues using appropriate channels and technologies.								R				R				

Apply the principles of program planning, development, budgeting, management and evaluation in organizational and community initiatives			P				R	R	R			R				
Explain methods of ensuring community health safety and preparedness												R		R	R	
Apply "system thinking" for resolving organiz. problems			P													

**P=Primary R=Reinforcing**

<b>Table 2.6.1.a. Courses and other learning experiences by which Behavioral and Social Sciences competencies are met</b>																
	<b>Core</b>							<b>Health Education</b>				<b>Environmental</b>				
<b>Core Competencies</b>	PH 520 Biostats	PH 582 Epi	PH 583 PH Admin	PH 584 Env Hlth	PH 580 Intro PH	PH 587 Hlth Behav.	PH 591 PH Eval.	PH 548 Com Hlth Org	PH 575 PH Pgrm Plan	PH 576 Hlth Ed Com	PH 588 Capstone	PH 510 Watershed mang.& sci	PH 571 Air qual mang	PH 577 Env. Tox	PH 588 Capstone	EHS 580 Solid & Haz waste
Describe the role of social and community factors in both the onset and solution of public health problems					R	P	R	R	R							
Identify the causes of social and behavioral factors that affect health of individuals and populations					R	P		R	R		R					
Identify basic theories, concepts and models from a range social and behavioral disciplines that are used in public health research and practice						P	R	R	R		R					
Apply ethical principles to public health program planning, implementation and evaluation						P	R	R		R						

Specify multiple targets and levels of intervention for social and behavioral science program and policies						P	R	R	R						R	
Identify individual, organizational and community concerns, assets,resources and deficits for social and behavioral science interventions					R	P		R	R							
Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions					R	P	R	R			R					
Describe the merits of social and behavioral science interventions and policies					R	P		R								
Describe steps and procedures for the planning, implementation, and evaluation of public health programs, policies and interventions					R	P		R	R		R					
Identify critical stakeholders for the planning, implementation and evaluation of public health programs, policies and interventions						P	R	R								

**P=Primary R=Reinforcing**

**Table 2.6.1.a. Courses and other learning experiences by which Cross Cutting : Analytical Assessment/ Critical Thinking competencies are met**

	Core							Health Education				Environmental				
Core Competencies	PH 520 Biostats	PH 582 Epi	PH 583 PH Admin	PH 584 Env Hlth	PH 580 Intro PH	PH 587 Hlth Behav.	PH 591 PH Eval.	PH 548 Com Hlth Org	PH 575 PH Pgrm Plan	PH 576 Hlth Ed Com	PH 588 Capstone	PH 510 Watershed mang. & sci	PH 571 Air qual mang.	PH 577 Env. Tox	PH 588 Capstone	EHS 580 Solid & Haz waste
Demonstrate ability to use statistical software programs(e.g. SPSS, ACCESS, etc.) for data management and data analysis	R						R				R	R		R	R	
Develop skills to make relevant inferences form quantitative and qualitative data	R						R				R			R	R	
Retrieve and synthesize data from divergent sources to critically assess and characterize public health issues					R		R	R	R		R	R		R	R	
Critically assess and critique published research in terms of study design, limitations and significance									R		R			R		
Determine appropriate uses and limitations of both quantitative and qualitative data	R						R							R		
Apply ethical principles to the collection, maintenance, use and dissemination of data and information							R		R		R					
Differentiate between qualitative and quantitative evaluation methods in relation to their strengths, limitations and appropriate uses							R		R		R					
Develop comprehensive logic models							R		R							

**Table 2.6.1.a. Courses and other learning experiences by which the Cross cutting: Communication Competencies are met**

	Core							Health Education				Environmental				
Core Competencies	PH 520 Biostats	PH 582 Epi	PH 583 PH Admin	PH 584 Env Hlth	PH 580 Intro PH	PH 587 Hlth Behav.	PH 591 PH Eval.	PH 548 Com Hlth Org	PH 575 PH Pgrm Plan	PH 576 Hlth Ed Com	PH 588 Capstone	PH 510 Watershed mang. & sci	PH 571 Air qual mang.	PH 577 Env. Tox	PH 588 Capstone	EHS 580 Solid & Haz waste
Demonstrate effective written and oral skills for communicating with different audiences in the context of professional public health activities					R		R	R			R			R	R	
Use information technology to access, evaluate, and interpret public health data																
Use media and communication methods to advocate for community public health programs and policies					R		R	R				R		R	R	
Effectively present accurate demographic, statistical, programmatic, and scientific information for professional and lay audiences								R				R			R	
Demonstrate the ability to listen to others in an unbiased manner, respect points of view of others, and promote the expression of diverse opinions and perspectives					R							R		R	R	
Demonstrate ability to use various technologies in professional communications (e.g. PowerPoint, GIS, etc.)				R			R	R				R		R	R	R

**Table 2.6.a.1. Courses and other learning experiences by which Cross cutting: Cultural Competencies are met**

	Core							Health Education				Environmental				
Core Competencies	PH 520 Biostats	PH 582 Epi	PH 583 PH Admin	PH 584 Env Hlth	PH 580 Intro PH	PH 587 Hlth Behav.	PH 591 PH Eval.	PH 548 Com Hlth Org	PH 575 PH Pgrm Plan	PH 576 Hlth Ed Com	PH 588 Capstone	PH 510 Watershed mang. & sci	PH 571 Air qual mang.	PH 577 Env. Tox	PH 588 Capstone	EHS 580 Solid & Haz waste
Identify the role of cultural, social and behavioral factors in determining the delivery of public health services					R			R	R							
Develop public health programs and strategies responsive to the diverse cultural values and traditions of the communities being served					R			R	R			R		R		
Utilize appropriate methods for interacting sensitively, effectively and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds, and persons of all ages and lifestyle preferences								R								
Discuss the importance and characteristics of a sustainable diverse public health workforce						R		R								

**Table 2.6.a.1. Courses and other learning experiences by which the Cross cutting: Leadership and Professionalism are met**

	Core							Health Education				Environmental				
<b>Core Competencies</b>	PH 520 Biostats	PH 582 Epi	PH 583 PH Admin	PH 584 Env Hlth	PH 580 Intro PH	PH 587 Hlth Behav.	PH 591 PH Eval.	PH 548 Com Hlth Org	PH 575 PH Pgrm Plan	PH 576 Hlth Ed Com	PH 588 Capstone	PH 510 Watershed mang. & sci	PH 571 Air qual mang.	PH 577 Env. Tox	PH 588 Capstone	EHS 580 Solid & Haz waste
Articulate the relevance of sentinel events in the history and development of the public health profession to public health practice					R							R		R		
Apply evidence-based principles and the scientific knowledge base to critical evaluation and decision-making in public health					R		R	R			R	R		R	R	
Discuss the importance of working collaboratively with diverse communities and constituencies(e.g. researchers, practitioners, agencies and organizations)					R		R	R	R							
Articulate an achievable mission, set of core values, and vision								R								
Demonstrate team building, negotiation, and conflict management skills						R										
Develop skills for lifelong learning and professional service															R	
Apply social justice and human rights principles when addressing community needs					R		R	R			R					
Identify internal and external issues that may impact delivery of essential public health services					R			R								

**P=Primary R=Reinforcing**

Table 2.6.1.b Courses by which EH Concentration Competencies are met														
Competency	Core								Environmental Concentration					
	PH 520	PH 582	PH 583	PH 584	PH 580	PH 587	PH 591	Core Tot.	PH 510	PH 571	PH 577	PH 588	EHS 580	Env. Tot.
<b>A.1 Information Gathering:</b> The capacity to identify sources and compile relevant and appropriate information when needed, and the knowledge of where to go to obtain the information		R		R	R	R		4		P	P	P	P	4
<b>A2. Data Analysis and Interpretation:</b> The capacity to analyze data, recognize meaningful test results, interpret results, and present the results in an appropriate way to different types of audience.							R	1		P	P	P	P	4
<b>A3 Evaluation:</b> The capacity to evaluate the effectiveness or performance of procedures, interventions, and programs.		R		R		R	R	4		P	P			2
<b>B1. Problem Solving:</b> The capacity to develop insight into and appropriate solutions to environmental health problems		R		R	R	R		4		P	P	P	P	4
<b>B2. Economic and Political Issues:</b> The capacity to understand and appropriately use information about the economic and political implications of decisions.		R			R	R		3		P	P	P	P	4
<b>B3. Organizational Knowledge and Behavior:</b> The capacity to function effectively within the culture of the organization and to be an effective team player.		R				R		2				P		1
<b>B4. Project Management:</b> The capacity to plan, implement, and maintain fiscally responsible programs and projects using		R		R		R	R	4			P	P		2

skills and prioritize projects across the employee's entire workload.														
<b>B5. Computer/Information Technology:</b> The capacity to use information technology as needed to produce work products.						R	R	2		P	P	P	P	4
<b>B6. Reporting, Documentation, and Record Keeping:</b> The capacity to produce reports to document actions, keep records, and inform appropriate parties.							R	1			P	P	P	3
<b>B7. Collaboration:</b> The capacity to form partnerships and alliances with other individuals and organizations to enhance performance on the job.						R	R	2						5
<b>C1. Educate:</b> The capacity to use the environmental health practitioner's front-line role to effectively educate the public on environmental health issues and the public health rationale for recommendations				R	R	R		3		P	P	P	P	4
<b>C2. Communicate:</b> The capacity to effectively communicate risk and exchange information with colleagues, other practitioners, clients, policy-makers, interest groups, media, and the public through public speaking, print and electronic media, and interpersonal relations.				R		R	R	3		P	P		P	3
<b>C3. Conflict Resolution:</b> The capacity to facilitate resolution of conflicts within the agency, in the community, and with regulated parties.								0			P			1
<b>C4. Marketing:</b> The capacity to articulate basic concepts of environmental health and public health and convey an understanding of their value and importance to clients and the public.						R		1			P		P	2

**Table 2.6.1.c. Courses by which HE Concentration Competencies are met**

Competency	Core Courses								Health Education Concentration				
	PH520	PH582	PH583	PH584	PH580	PH587	PH591	Core Total	PH548	PH575	PH576	PH588	HE Total
<b>Competency 1.1 Plan Assessment Process</b>													
1.1.1 Identify existing and needed resources to conduct assessments				R			R	2	P	P		P	3
1.1.2 Identify stakeholders to participate in the assessment process							R	1	P	P	P		3
1.1.3 Apply theories and models to develop assessment strategies						R	R	2	P	P		P	3
1.1.4 Develop plans for data collection, analysis, and interpretation							R	1	P	P		P	3
1.1.5 Engage stakeholders to participate in the assessment process								0			P		1
1.1.6 Integrate research designs, methods, and instruments into assessment plan							R	1		P			1
<b>Competency 1.2: Access Existing Information and Data Related to Health</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	Core Total	PH548	PH575	PH576	PH588	HE Total
1.2.1. Identify sources of data related to health	R			R	R		R	4	P	P		P	3
1.2.2. Critique sources of health information using theory and evidence from the literature						R	R	1.5	P	P		P	3
1.2.3. Select valid sources of information about health	R				R		R	3	P	P			2
1.2.4. Identify gaps in data using theories and assessment models							R	1					0
1.2.5. Establish collaborative relationships and agreements that facilitate access to data								0		P		P	2
1.2.6. Conduct searches of existing databases for specific health-related data	R						R	2	P	P	P	P	4
<b>Competency 1.3: Collect Quantitative and/or Qualitative Data Related to Health</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	Core Total	PH548	PH575	PH576	PH588	HE Total
1.3.1. Collect primary and/or secondary data	R						R	2	P				1
1.3.2. Integrate primary data with secondary data								0					0
1.3.3. Identify data collection instruments and methods							R	1	P	P			2
1.3.4. Develop data collection instruments and							R	1		P			1

methods													
1.3.5. Train personnel and stakeholders regarding data collection								0					0
1.3.6 Use data collection instruments and methods							R	1					0
1.3.7 Employ ethical standards when collecting data							R	1	P				1
<b>Competency 1.4: Examine Relationships Among Behavioral, Environmental &amp; Genetic Factors That Enhance or Compromise Health</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core Total</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>
1.4.1. Identify factors that influence health behaviors	R			R		R	R	4	P	P		P	3
1.4.2. Analyze factors that influence health behaviors	R					R	R	3	P	P		P	3
1.4.3. Identify factors that enhance or compromise health	R				R	R		3	P	P			2
1.4.4. Analyze factors that enhance or compromise health	R					R		1.5	P				1
<b>Competency 1.5: Examine Factors That Influence the Learning Process</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core Total</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>
1.5.1. Identify factors that foster or hinder the learning process						R		1		P			1
1.5.2. Analyze factors that foster or hinder the learning process						R		.5		P			1
1.5.3. Identify factors that foster or hinder attitudes and belief						R	R	2	P	P			2
1.5.4. Analyze factors that foster or hinder attitudes and beliefs						R	R	1.5	P	P			2
1.5.5 Identify factors that foster or hinder skill building						R	R	2	P				1
1.5.6 Analyze factors that foster or hinder skill building						R	R	1.5	P				1
<b>Competency 1.6: Examine Factors That Enhance or Compromise the Process of Health Education</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core Total</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>
1.6.1. Determine the extent of available health education programs, interventions, and policies							R	1	P	P		P	3
1.6.2. Assess the quality of available health education programs, interventions, and policies								0	P	P		P	3
1.6.3. Identify existing and potential partners for the provision of health education								0	P	P		P	3
1.6.4. Assess social, environmental, and political conditions that may impact health education					R			1	P	P			2
1.6.5. Analyze the capacity for developing needed health education								0	P				1
1.6.6. Assess the need for resources to foster health								0	P	P			2

education													
<b>Competency 1.7: Infer Needs for Health Education Based on Assessment Findings</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core Total</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>
1.7.1. Analyze assessment findings							<b>R</b>	1	<b>P</b>			<b>P</b>	2
1.7.2. Synthesize assessment findings							<b>R</b>	1	<b>P</b>			<b>P</b>	2
1.7.3. Prioritize health education needs								0	<b>P</b>	<b>P</b>		<b>P</b>	3
1.7.4. Identify emerging health education needs								0	<b>P</b>				1
1.7.5. Report assessment findings							<b>R</b>	1	<b>P</b>	<b>P</b>			2
<b>Competency 2.1: Involve Priority Populations and Other Stakeholders in the Planning Process</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core Total</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>
2.1.1. Incorporate principles of community organization				<b>R</b>				1	<b>P</b>	<b>P</b>			2
2.1.2. Identify priority populations and other stakeholders						<b>R</b>		.5	<b>P</b>	<b>P</b>			2
2.1.3. Communicate need for health education to priority populations and other stakeholders								0	<b>P</b>				1
2.1.4. Develop collaborative efforts among priority populations and other stakeholders								0	<b>P</b>				1
2.1.5. Elicit input from priority populations and other stakeholders								0	<b>P</b>	<b>P</b>			2
2.1.6. Obtain commitments from priority populations and other stakeholders								0	<b>P</b>				1
<b>Competency 2.2: Develop Goals and Objectives</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core Total</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>
2.2.1 Use assessment results to inform the planning process								0	<b>P</b>	<b>P</b>		<b>P</b>	3
2.2.2 Identify desired outcomes utilizing the needs assessment results							<b>R</b>	1	<b>P</b>	<b>P</b>		<b>P</b>	3
2.2.3 Select planning model(s) for health education							<b>R</b>	.5	<b>P</b>	<b>P</b>		<b>P</b>	2
2.2.4 Develop goal statements							<b>R</b>	1	<b>P</b>	<b>P</b>		<b>P</b>	3
2.2.5 Formulate specific, measurable, attainable, realistic, and time-sensitive objectives							<b>R</b>	1	<b>P</b>	<b>P</b>	<b>P</b>	<b>P</b>	4
2.2.6 Assess resources needed to achieve objectives								0	<b>P</b>	<b>P</b>		<b>P</b>	3
<b>Competency 2.3: Select or Design Strategies and Interventions</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core Total</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>
2.3.1 Assess efficacy of various strategies to ensure consistency with objectives								0	<b>P</b>	<b>P</b>		<b>P</b>	3
2.3.2 Design theory-based strategies and interventions							<b>R</b>	1	<b>P</b>	<b>P</b>		<b>P</b>	3

to achieve stated objectives														
2.3.3 Select a variety of strategies and interventions to achieve stated objectives								0	P	P				2
2.3.4 Comply with legal and ethical principles in designing strategies and interventions						R		.5	P	P				2
2.3.5 Apply principles of cultural competence in selecting and designing strategies and interventions								0	P	P	P	P		4
2.3.6 Pilot test strategies and interventions								0						0
<b>Competency 2.4: Develop a Scope and Sequence for the Delivery of Health Education</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core Total</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>	
2.4.1 Determine the range of health education needed to achieve goals and objectives								0	P	P				2
2.4.2 Select resources required to implement health education								0	P	P				2
2.4.3 Use logic models to guide the planning process						R		1	P	P		P		3
2.4.4 Organize health education into a logical sequence								0		P	P			2
2.4.5 Develop a timeline for the delivery of health education								0		P				1
2.4.6 Analyze the opportunity for integrating health education into other programs								0						0
2.4.7 Develop a process for integrating health education into other programs								0						0
<b>Competency 2.5: Address Factors That Affect Implementation</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core Total</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>	
2.5.1 Identify factors that foster or hinder implementation							R	1	P	P		P		3
2.5.2 Analyze factors that foster or hinder implementation							R	1	P	P				2
2.5.3 Use findings of pilot to refine implementation plans as needed								0		P				1
2.5.4 Develop a conducive learning environment								0						0
<b>Competency 3.1: Implement a Plan of Action</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core Total</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>	
3.1.1 Assess readiness for implementation								0	P	P				2
3.1.2 Collect baseline data								0		P				1
3.1.3 Use strategies to ensure cultural competence in implementing health education plans								0	P	P				2

3.1.4 Use a variety of strategies to deliver a plan of action								0	P	P			2
3.1.5 Promote plan of action								0	P				1
3.1.6 Apply theories and models of implementation						R		.5	P				1
3.1.7 Launch plan of action								0	P				1
<b>Competency 3.2: Monitor Implementation of Health Education</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core Total</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>
3.2.1 Monitor progress in accordance with timeline								0		P			1
3.2.2 Assess progress in achieving objectives								0		P			1
3.2.3 Modify plan of action as needed								0		P			1
3.2.4 Monitor use of resources								0		P			1
3.2.5 Monitor compliance with legal and ethical principles								0					0
<b>Competency 3.3: Train Individuals Involved in Implementation of Health Education</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core Total</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>
3.3.1 Select training participants needed for implementation								0		P			1
3.3.2 Identify training needs								0		P			1
3.3.3 Develop training objectives								0		P			1
3.3.4 Create training using best practices								0					0
3.3.5 Demonstrate a wide range of training strategies								0					0
3.3.6 Deliver training								0					0
3.3.7 Evaluate training								0		P			1
3.3.8 Use evaluation findings to plan future training								0					0
<b>Competency 4.1: Develop Evaluation/Research Plan</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core Total</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>
4.1.1 Create purpose statement							R	1		P		P	2
4.1.2 Develop evaluation/research questions	R						R	2		P		P	2
4.1.3 Assess feasibility of conducting evaluation/research							R	1	P	P		P	3
4.1.4 Critique evaluation and research methods and findings found in the related literature								0		P		P	2
4.1.5 Synthesize information found in the literature	R						R	2		P			1
4.1.6 Assess the merits and limitations of qualitative and quantitative data collection for evaluation							R	1	P	P			2
4.1.7 Assess the merits and limitations of qualitative and quantitative data collection for research							R	1					0
4.1.8 Identify existing data collection instruments							R	1	P	P			2

4.1.9 Critique existing data collection instruments for evaluation							R	1	P	P			2
4.1.10 Critique existing data collection instruments for research							R	1					0
4.1.11 Create a logic model to guide the evaluation process							R	1		P			1
4.1.12 Develop data analysis plan for evaluation							R	1		P			1
4.1.13 Develop data analysis plan for research							R	1					0
4.1.14 Apply ethical standards in developing the evaluation/research plan							R	1	P				1
<b>Competency 4.2: Design Instruments to Collect</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core Total</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>
4.2.1 Identify useable questions from existing instruments							R	R	1.5		P		1
4.2.2 Write new items to be used in data collection for evaluation							R	R	1		P		1
4.2.3 Write new items to be used in data collection for research							R	R	1				0
4.2.4 Establish validity of data collection instruments									0				0
4.2.5 Establish reliability of data collection instruments									0				0
<b>Competency 4.3: Collect and Analyze Evaluation/Research Data</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core Total</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>
4.3.1 Collect data based on the evaluation/research plan							R	R	1				0
4.3.2 Monitor data collection and management							R	R	1				0
4.3.3 Analyze data using descriptive statistics	R						R	R	2				0
4.3.4 Analyze data using inferential and/or other advanced statistical methods	R						R	R	2				0
4.3.5 Analyze data using qualitative methods									0				0
4.3.6 Apply ethical standards in collecting and analyzing data							R	R	1				0
<b>Competency 4.4: Interpret Results of the Evaluation/Research</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core Total</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>
4.4.1 Compare results to evaluation/research questions	R						R	R	2				0
4.4.2 Compare results to other findings	R						R	R	2				0
4.4.3 Propose possible explanations of findings	R						R	R	2				0
4.4.4 Identify possible limitations of findings	R						R	R	2				0
4.4.5 Develop recommendations based on results							R	R	1				0
<b>Competency 4.5: Apply Findings From</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>

<b>Evaluation/Research</b>								<b>Total</b>					
4.5.1 Communicate findings to stakeholders							<b>R</b>	1					0
4.5.2 Evaluate feasibility of implementing recommendations from evaluation								0					0
4.5.3 Apply evaluation findings in policy analysis and program development							<b>R</b>	1					0
4.5.4 Disseminate research findings through professional conference presentations								0					0
<b>Competency 5.1: Manage Fiscal Resources</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core Total</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>
5.1: Manage Fiscal Resources								0					0
5.1.1 Identify fiscal and other resources								0		<b>P</b>			1
5.1.2 Prepare requests/proposals to obtain fiscal resources								0		<b>P</b>			1
5.1.3 Develop budgets to support health education efforts			<b>R</b>					1		<b>P</b>			1
5.1.4 Manage program budgets								0					0
5.1.5 Prepare budget reports			<b>R</b>					1					0
5.1.6 Demonstrate ethical behavior in managing fiscal resources								0					0
<b>Competency 5.2: Obtain Acceptance and Support for Programs</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core Total</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>
5.2.1 Use communication strategies to obtain program support								0	<b>P</b>	<b>P</b>			2
5.2.2 Facilitate cooperation among stakeholders responsible for health education								0	<b>P</b>				1
5.2.3 Prepare reports to obtain and/or maintain program support			<b>R</b>				<b>R</b>	2					0
5.2.4 Synthesize data for purposes of reporting			<b>R</b>				<b>R</b>	2					0
5.2.5 Provide support for individuals who deliver professional development opportunities								0					0
5.2.6 Explain how program goals align with organizational structure, mission, and goals			<b>R</b>				<b>R</b>	2					0
<b>Competency 5.3: Demonstrate Leadership</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core Total</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>
5.3.1 Conduct strategic planning								0					0
5.3.2 Analyze an organization's culture in relationship to health education goals								0					0
5.3.3 Promote collaboration among stakeholders								0	<b>P</b>				1

5.3.4 Develop strategies to reinforce or change organizational culture to achieve health education goals						<b>R</b>		.5	<b>P</b>				1
5.3.5 Comply with existing laws and regulations								0	<b>P</b>				1
5.3.6 Adhere to ethical standards of the profession								0	<b>P</b>				1
5.3.7 Facilitate efforts to achieve organizational mission								0					0
5.3.8 Analyze the need for a systems approach to change								0					0
5.3.9 Facilitate needed changes to organizational cultures								0					0
<b>Competency 5.4: Manage Human Resources</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core Total</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>
5.4.1 Develop volunteer opportunities								0					0
5.4.2 Demonstrate leadership skills in managing human resources								0					0
5.4.3 Apply human resource policies consistent with relevant laws and regulations								0					0
5.4.4 Evaluate qualifications of staff and volunteers needed for programs								0					0
5.4.5 Recruit volunteers and staff								0					0
5.4.6 <i>Employ conflict resolution strategies</i>								0					0
5.4.7 Apply appropriate methods for team development								0					0
5.4.8 Model professional practices and ethical behavior								0					0
5.4.9 <i>Develop strategies to enhance staff and volunteers' career development</i>								0					0
5.4.10 <i>Implement strategies to enhance staff and volunteers' career development</i>								0					0
5.4.11 Evaluate performance of staff and volunteers								0					0
<b>Competency 5.5: Facilitate Partnerships in Support of Health Education</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core Total</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>
5.5.1 <i>Identify potential partner(s)</i>								0	<b>P</b>				1
5.5.2 <i>Assess capacity of potential partner(s) to meet program goals</i>								0	<b>P</b>				1
5.5.3 Facilitate partner relationship(s)								0	<b>P</b>				1
5.5.4 <i>Elicit feedback from partner(s)</i>								0					0
5.5.5 <i>Evaluate feasibility of continuing partnership</i>								0					0
<b>Competency 6.1: Obtain and Disseminate Health-</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>

<b>Related Information</b>								<b>Total</b>					
6.1.1 Assess information needs								0	P				1
6.1.2 Identify valid information resources								0	P				1
6.1.3 Critique resource materials for accuracy, relevance, and timeliness								0					0
6.1.4 Convey health-related information to priority populations								0	p				1
6.1.5 Convey health-related information to key stakeholders								0	P				1
<b>Competency 6.2: Provide Training</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core Total</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>
6.2.1. Analyze requests for training								0					0
6.2.2 Prioritize requests for training								0					0
6.2.3 Identify priority populations								0					0
6.2.4 Assess needs for training								0					0
6.2.5 Identify existing resources meeting training needs								0					0
6.2.6 Use learning theory to develop or adapt training programs								0					0
6.2.7 Develop training plan								0					0
6.2.8 Implement training sessions and programs								0					0
6.2.9 Use a variety of resources and strategies								0					0
6.2.10 Evaluate impact of training programs								0					0
<b>Competency 6.3: Serve as a Health Education Consultant</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core Total</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>
6.3.1 Assess needs for assistance								0					0
6.3.2 Prioritize requests for assistance								0					0
6.3.3 Define parameters of effective consultative relationships								0					0
6.3.4 Establish consultative relationships								0					0
6.3.5 Provide expert assistance								0					0
6.3.6 Facilitate collaborative efforts to achieve program goals								0					0
6.3.7 Evaluate the effectiveness of the expert assistance provided								0					0
6.3.8 Apply ethical principles in consultative relationships								0					0
<b>Competency 7.1: Assess and Prioritize Health Information and Advocacy Needs</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core Total</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>
7.1.1 Identify current and emerging issues that may					R	R		1.5	P				1

influence health and health education													
7.1.2 Access accurate resources related to identified issues								0					0
7.1.3 Analyze the impact of existing and proposed policies on health					R			1					0
7.1.4 Analyze factors that influence decision-makers								0					0
<b>Competency 7.2: Identify and Develop a Variety of Communication Strategies, Methods, and Techniques</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core Total</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>
7.2.1 Create messages using communication theories and models						R		.5	P		P		2
7.2.2 Tailor messages to priority populations						R		.5	P				1
7.2.3 Incorporate images to enhance messages								0	P				1
7.2.4 Select effective methods or channels for communicating to priority populations						R		.5	P				1
7.2.5 Pilot test messages and delivery methods with priority populations								0					0
7.2.6 Revise messages based on pilot feedback								0					0
<b>Competency 7.3: Deliver Messages Using a Variety of Strategies, Methods and Techniques</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core Total</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>
7.3.1 Use techniques that empower individuals and communities to improve their health								0	P				1
7.3.2 Employ technology to communicate to priority populations								0	P				1
7.3.3 Evaluate the delivery of communication strategies, methods, and techniques								0	P				1
<b>Competency 7.4: Engage in Health Education Advocacy</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core Total</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>
7.4.1 Engage stakeholders in advocacy								0	P				1
7.4.2 Develop an advocacy plan in compliance with local, state, and/or federal policies and procedures								0	P				1
7.4.3 Comply with organizational policies related to participating in advocacy								0	P				1
7.4.4 Communicate the impact of health and health education on organizational and socio-ecological factors								0	P				1
7.4.5 Use data to support advocacy messages								0	P				1
7.4.6 Implement advocacy plans								0	P				1
7.4.7 Incorporate media and technology in advocacy								0	P				1

7.4.8 Participate in advocacy initiatives								0	P				1
7.4.9 Lead advocacy initiatives								0	P				1
7.4.10 Evaluate advocacy efforts								0	P				1
<b>Competency 7.5: Influence Policy to Promote Health</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core Total</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>
7.5.1 Use evaluation and research findings in policy analysis					R			1					0
7.5.2 Identify the significance and implications of health policy for individuals, groups, and communities					R	R		1.5	P				1
7.5.3 Advocate for health-related policies, regulations, laws, or rules				R				1	P				1
7.5.4 Use evidence-based research to develop policies to promote health			R					1	P				1
7.5.5 Employ policy and media advocacy techniques to influence decision-makers								0	P				1
<b>Competency 7.6: Promote the Health Education Profession</b>	PH520	PH582	PH583	PH584	PH580	PH587	PH591	<b>Core Total</b>	PH548	PH575	PH576	PH588	<b>HE Total</b>
7.6.1 Develop a personal plan for professional growth and service								0					0
7.6.2 Describe state-of-the-art health education practice								0					0
7.6.3 Explain the major responsibilities of the health education specialist in the practice of health education					R			1					0
7.6.4 Explain the role of health education associations in advancing the profession					R			1					0
7.6.5 Explain the benefits of participating in professional organizations					R			1					0
7.6.6 Facilitate professional growth of self and others					R			1					0
7.6.7 Explain the history of the health education profession and its current and future implications for professional practice					R			1					0
7.6.8 Explain the role of credentialing in the promotion of the health education profession					R			1					0
7.6.9 Engage in professional development activities								0					0
7.6.10 Serve as a mentor to others								0					0
7.6.11 Develop materials that contribute to the professional literature								0					0
7.6.12 Engage in service to advance the health education profession								0					0

2.6.d: Analysis of the completed matrix included in Criterion 2.6.c. If changes have been made in the curricula as a result of the observations and analysis, such changes should be described.

**Core Competencies (MPH):** Completed course grid and course exposure grid, but have not yet completed a stakeholder competency assessment yet.

**Health Education (MPH):** Completed course grid, course exposure grid, and stakeholder competency assessment. The Curricular assessment showed the HE students are exposed to 70% of the 223 sub competencies in at least one course, most frequently (57%) from courses within the HE concentration. At least 80% of the sub competencies were met by at least one required course. A detailed report of the full assessment can be found in ERF Criterion 2, Competencies.

**Environmental Health (MPH):** Completed course grid and course exposure grid. The stakeholder competency assessment did not yield a sufficient number of responses (7) and will be recirculated after the CEPH site visit. EH students were exposed to 100% of the 14 competencies in at least one course. These students are exposed to more than 70% (n=10) of competencies thru five or more courses. A partial report is located in ERF Criterion 2, Competencies.

**Generalist (MPH):** Not Available

**Core Competencies (BSPH):** Not Available

**Health Education (BSPH):** Not Available

**Environmental Science (BSPH):** Not Available

2.6.e: Description of the manner in which competencies are developed, used and made available to students.

#### Competency Development

In January of 2006, the MPH faculty adopted the competencies delineated by the American Schools of Public Health (ASPH) insomuch as there was desire to prepare students to become certified in public health through the **National Board of Public Health Examiners (NBPHE)** exam. However, the curriculum does not provide for all of the ASPH cross-cutting competencies, namely those in public health biology and informatics. As such, the faculty adopted a hybrid set of competencies: ASPH discipline-specific competencies were kept intact and a unique set of cross-cutting competency domains were created. The latter reflects similar competencies from ASPH and the Council on Linkages, and incorporates feedback provided by the Advisory Committee (January 05), findings from a survey of stakeholders (April 05), and comments from our accreditation site visit and self-study review (November 05).

After tentative approval of these revised competencies by the MPH faculty (April 07), an electronic survey was sent to a group of public health professionals, academicians, and alumni to assess the

perceived importance of each of competency for MPH graduates, to endorse competencies, and to solicit addition input for the program. These findings were submitted to CEPH in August 2007, the same month in which the faculty officially adopted this set of competencies.

The PH Program is still using the same ASPH discipline-specific and unique set of cross-cutting competencies in 2015. Throughout the spring 2015 and fall semester a nominal group technique was used by the PH Curriculum Committee to reduce the lengthy number of competencies by half. However this has not been shared with the PHPC or stakeholders yet, given the many other demands on their time. Instructional matrices for both core and concentration competencies have been completed with the already existing competencies for the purpose of the self-study but we have not completed all of the stakeholder checks for two of them.

#### Competency Use

Competencies are used to guide the curriculum. Faculty completed grids for each of their required courses, core and concentration, that a) demonstrated clear linkages between their course objectives and the discipline- and domain-related competencies; b) made transparent the activities and basic content/topics of the course used to meet these course objectives; and, c) identified methods of assessing course objectives. However, we learned that faculty who had been in the program less than 4 years were unaware of the importance of the competencies and their use until they had to complete the grids for their courses. Thus we have a way to go in getting better information from our curriculum mapping.

#### Availability of Competencies

The competencies are widely available to students and other stakeholders. They are published in the student handbooks (see ERF Criterion 2. Student Handbooks) and on some of the course syllabi. Faculty discuss the competencies in their courses and advisors discuss them individual students when helping them plan their internship experience so that students develop competency-based field objectives to guide their experience. They report on the achievement of those objectives in their final report and final presentation. During their capstone experience, the health education students are asked to use the competencies (core and concentration) to self-assess their strengths and deficiencies and then reflect on these at the end of the capstone experience (see examples in ERF Criterion 2, Culminating Experience). Currently the PH program is revising its website and will post the competencies on the program website.

2.6.f: Description of the manner in which the program periodically assesses changing practice or research needs and uses this information to establish the competencies for its educational programs.

The program keeps abreast of the changing needs of public health practice through membership in professional societies. Many of the faculty are active members of the American Public Health Association and other national organizations aligned with public health. Some faculty serves in leadership roles within these organizations.

The PH program has close affiliations with local and state health departments and other health-related organizations. Nearly all of the faculty are members of the Kentucky Public Health Association, which allows us to interface with practitioners at conferences, through committee involvement, etc., to keep abreast of changes in public health practice in the Commonwealth. The External Advisory Committee is also an invaluable resource to the PH program in this regard.

2.6.g: Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

**This criterion is met with commentary.**

### **Strengths**

The curricular assessment is perhaps the greatest strength related to this criterion. The process requires faculty to critically assess how their course objectives, activities, and assessments align with competencies. The product (the master grid) allows faculty to glimpse into what others are doing in their courses and thus see the program from a student perspective. This process, developed prior to the 2008 self study, is easily modified for core and concentration classes, and can be used for course development.

Another strength is the strong ties with practitioners working in the field of public health. These ties help us to understand what competencies our students need to be successful in a PH career.

### **Weaknesses**

Differing opinions from outside sources regarding which competencies should guide the program make decisions difficult.

The process of course mapping is long, tedious, and time-consuming. Faculty are not well trained in the process and thus when asked to complete lengthy and detailed grids, some have little insight about the importance and relevance of the process. This can result in data that are not as thorough as could otherwise be expected by someone with clear knowledge of the process.

Faculty who joined the program after the 2008 self-study have expressed frustration because of their lack of knowledge of expectations in this area.

### **Plans**

We will complete the last phases of the curricular assessment and begin to train faculty in the process of what is needed to do each of the steps (as outlined in our policies) throughout AY 2016-2017.

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

2.7.a: Description of the procedures used for monitoring and evaluating student progress in achieving the expected competencies, including procedures for identifying competency attainment in practice and culminating experiences.

The PH program monitors and evaluates student progress towards achieving the expected competencies and the overall quality of its educational programs (BSPH and MPH). Student progress and competence is assessed at multiple points throughout their matriculation as seen in Figure 2.7.a.

**Figure 2.7.a Evaluation of BSPH and MPH Programs**

Qualifications of applicants → course outcomes → core exam (*MPH only*) → field experience → capstone or thesis (*MPH only*) → student exit survey → GPA at graduation and graduation rate → job placement rates → alumni survey, employer survey → external advisory committee input.

Undergraduate Program

*Qualification of applicants.* Students are not admitted directly into the BSPH until they have completed a minimum of 30 semester hours (that include 5 pre-requisite courses) and have an overall GPA of 2.3

*Course outcomes.* For all BSPH students, major course requirements must be passed with grades of “C” or higher. If a student’s GPA average falls below 2.3 for two successive semesters he/she will be dropped from the program. If they are dropped and later increase their GPA they must seek readmission to the program. Faculty members in the BSPH program measure performance of students in coursework using a range of assessment methods such as tests, research papers, presentations, class discussion, and others. At the end of each course, students complete the Student Instructional Teaching Evaluation (SITE). Two of the questions on the SITE address whether the course objectives were clear and whether the student increased their knowledge and skills in the subject matter. The faculty and the department head receive a summation of their SITES each semester and department head reviews the SITES each semester.

*Field experience.* BSPH students are required to complete a field experience (see Criterion 2.9). The student’s preceptor completes a formal survey assessing the student’s mastery of the relevant tasks and competencies.

*Student exit survey.* Beginning May, 2016 BSPH students will complete a standard exit survey near or at the time of graduation. The survey will assess student satisfaction with different components of their educational experience and their assessment of the program’s effectiveness of preparing them for public health practice within each of the 10 competency areas.

*GPA monitoring, Graduation rates and Job placement.* The program monitors the cumulative GPA of students at graduation by program and concentration area, as well as graduation and job placement rates (See Criterion 2.7.b).

*Alumni and Employer surveys.* The program has just begun to conduct annual alumni surveys of the prior year's BSPH graduates

### Graduate program

*Qualification of applicants.* The graduate MPH degree has admissions standards that assure the qualifications of enrollees. The PH Admissions Committee is a standing committee of the program and responsible for reviewing applications to the program and make admission decisions (see Criterion \_\_\_\_).

*Course outcomes.* Faculty members in the MPH program measure performance of students in coursework using a range of assessment methods such as tests, exams, case studies, research papers, presentations, class discussion, and others. As demonstrated on each course syllabus, assessment methods are designed to evaluate student achievement of the course-specific learning objectives, which are linked to respective competencies mapped to the course. At the end of each course, students complete the Student Instructional Teaching Evaluation (SITE). Two of the questions on the SITE address whether the course objectives were clear and whether the student increased their knowledge and skills in the subject matter. The faculty and the department head receive a summation of their SITES each semester and department head reviews the SITES each semester.

*MPH core exam.* All MPH students sit for a written Core Exam. Exam questions relate to competencies within each of the five core disciplines of public health. MPH core-course instructors grade the discipline-specific questions. A 10 point scale is used to assess each answer; a score of 7 or higher on the question is a pass. Students failing the exam or some part of it are permitted to retake the exam in the next semester when the exam is offered again. (See Criterion 2.5). The policies and procedures of the core exam are detailed in the MPH Student Handbook (ERF Criterion 2, Student Handbook).

*Field experience.* MPH students are required to complete a field experience (see Criterion 2.9). The student's preceptor completes a formal survey assessing the student's mastery of the relevant tasks and competencies.

*Capstone experience or thesis.* All MPH students are required to complete a capstone project or thesis related to their respective concentration competencies. Evaluation forms and rubrics for these culminating experiences are located in the ERF Criterion 2, Culminating Experience.

*Student exit survey.* Each MPH student will do a standard on-line exit survey near or at the time of graduation. The survey assesses student satisfaction with different components of their educational experience, the program's effectiveness of preparing them for public health practice within each of the 10 competency areas, and gathers their input about ways to improve the MPH program.

*GPA monitoring, Graduation rates and Job placement.* The program monitors the cumulative GPA of students at graduation by program and concentration area, as well as graduation and job placement rates when completing the CEPH annual report each year (See Criterion 2.7.b).

*Alumni and Employer surveys.* The program conducts annual alumni surveys of the prior year's graduates (and five year grads). In addition to collecting satisfaction and placement data, the alumni survey provides an opportunity for graduates to self-assess mastery and usefulness of program competencies in their work. Employer surveys have been conducted in the past but not recently, due to restructuring the questions and the process in which information is gathered.

2.7.b: Identification of outcomes that serve as measures by which the program will evaluate student achievement in each program, and presentation of data assessing the program’s performance against those measures for each of the last three years. Outcome measures must include degree completion and job placement rates for all degrees included in the unit of accreditations (including bachelors, masters, and doctoral degrees) for each of the last three years. See CEPH Data Templates 2.7.1 and 2.7.2. If degree completion rates in the maximum time period allowed for degree completion are less than the thresholds defined in this criterion’s interpretive language, an explanation must be provided. If job placement (including pursuit of additional education), within 12 months following award of the degree, includes fewer than 80% of graduates at any level who can be located, an explanation must be provided.

**Table 2.7.b.i Outcome Measures for MPH Student Achievement – AY 2012/2013 – 2014/2015**

Outcome Measure	Target	2012/2013	2013/2014	2014/2015
Overall GPA average of enrolled students	3.5			
Health Education		3.37	3.64	3.65
Environmental Health		3.1	3.44	3.57
Length of time to graduate				
two years	30%	45%	27%	41%
three years	50%	45%	57%	74%
four years	70%	50%	68%	78%
Job placement rate within year of graduation	80%	85%	92%	00%
Students earn a B or higher in each public health core discipline courses.	80% of MPH students			
Biostatistics (PH 520)		85.7%	90.3%	95.2%
Epidemiology (PH 582)		83.8%	89.0%	79.2%
Public Health Admin (PH 583)		94.1%	100%	100%
Environmental Health (PH 584)		100%	96.1%	95.8%
Health Behavior (PH 587)		100%	96.7%	100%
Students score a 7 (of 10) or higher on each public health core discipline item and concentration item in culminating experience	80% of students taking comps first time			
Biostatistics		78.2%	58.3%	68.2%
Epidemiology		82.6%	91.7%	50.0%
Public Health Administration		73.9%	75.0%	100%
Environmental Health		82.6%	66.7%	68.2%
Health Behavior		82.6%	91.7%	100%
Students earn a B or higher in required concentration courses	80% of students			
<u>Health Education</u>				
Community Health Organization (PH 548)		100%	100%	100%
Health Ed and Program Planning (PH 575)		100%	95.8%	100%
Education & Communication Tech in PH (PH 576)		100%	100%	100%
Capstone (PH 588)		94.4%	100%	100%
<u>Environmental Health</u>				
Watershed Management & Science (PH 510)		100%	100%	100%
Air Quality Management (PH 571)		66.7%	66.7%	75.0%
Environmental Toxicology (PH 577)		100%	100%	100%
Solid & Hazardous Waste (EHS 580)		100%	100%	100%
Capstone (PH 588)		92.3%	100%	100%

**Table 2.7.b.ii Outcome Measures for BSPH Student Achievement – AY 2012/2013 – 2014/2015**

Outcome Measure	Target	2012/2013	2013/2014	2014/2015
Overall GPA average of enrolled students	3.0			
Health Education		3.38	2.94	3.10
Environmental Health		3.40	3.57	3.71
Length of time to graduate <sup>2</sup>				
Two years	40%	43%	63%	72%
three years	60%	62%	80%	85%
four years	80%	67%	83%	87%
Job placement rate within year of graduation	80%	100%	100%	100%
Students earn a B or higher in each public health core discipline courses.	80% of students			
Biostatistics (PH 383)		33.3%	30.8%	37.5%
Epidemiology (PH 384)		70.0%	95.5%	100%
Environmental Health (PH 385)		84.6%	100%	93.3%
Community Health (PH 381)		90.0%	94.4%	100%
Personal Health (PH 100)		100%	100%	100%
Students rated as “improvement of major skills” or higher by preceptor on how competence in area concentration was demonstrated during internship	80% of students completing internship	85.7%	80%	96.2%
Students earn a B or higher in required concentration courses	80% of students			
<u>Health Education</u>				
Foundations of Health (PH 261)		60.0%	80.0%	88.9%
Comprehensive School Health (PH 461)		68.4%	83.3%	93.8%
Administration of Health Programs (PH 483)		100%	100%	100%
Community Organization (PH 484)		100%	100%	100%
Methods of Community Health Education (485)		73.3%	83.3%	70.8%
Safety and First Aid (SFTY 171)		100%	100%	100%
Internship (PH 490)		90.9%	86.7%	92.6%
<u>Environmental Health</u>				
Intro to Environmental Science (ENV 280)		72.6%	100%	100%
Fundamentals of Industrial Hygiene (ENV 321)		100%	81.2%	N/A
Fundamentals of Industrial Hygiene Lab (ENV 323)		100%	90%	N/A
Air Pollution Control (ENV 360)		75.0%	50%	100%
Air Pollution Control Lab (ENV 365)		100%	100%	87.5%
Environmental Management (ENV 460)		62.5%	50%	100%
Safety and First Aid (SFTY 171)		100%	100%	100%
Internship (PH 490)		100%	100%	100%

Graduation Rates

The PH program presents data on its outcomes in the areas of degree completion for the MPH and the BSPH degrees. All retention and graduation data are recorded, monitored, and reported by WKU’s Office of Institutional Research.

### Master's Students

The WKU College of Graduate Studies has determined the maximum time to degree for master's programs is six years. In the table below, summary data examining the percentage of students who completed their master's degree within the six-year limit are presented. Given that graduation data are available and most reliable for the Fiscal Year (FY), the PH Program begins its data with the cohort entering in the Fall 2008 for which a full six year period ended in Spring 2014. A second cohort entered in the Fall 2009 for which the six year period ended in Spring 2015. Although we report the data on subsequent cohorts entering, none have reached the maximum period to graduation. The two-year graduation rate is highlighted mainly for interest because there are students who complete the program within two years. However, for graduate students we use the six-year graduation rates when reporting to CEPH. Thus far, the graduation rate for the 2008-2009 cohort and the 2009-2010 cohort has met the maximum time to degree limit, and meets or exceeds the CEPH requirement of 70%.

MPH		08/09	09/10	10/11	11/12	12/13	13/14	14/15
08/09	# students entered	41						
	# students withdrew	6						
	# students graduated	0						
	Cumulative graduation rate	--						
	Attrition rate	15%						
09/10	# students entered/continuing	35	37					
	# students withdrew	0	5					
	# students graduated	9	0					
	Cumulative graduation rate	22%	--					
	Attrition rate	15%	14%					
10/11	# students entered/continuing	26	32	23				
	# students withdrew	2	2	1				
	# students graduated	18	10	0				
	Cumulative graduation rate	66%	27%	--				
	Attrition rate	20%	19%	4%				
11/12	# students entered/continuing	6	20	22	22			
	# students withdrew	2	3	1	2			
	# students graduated	2	11	9	0			
	Cumulative graduation rate	71%	57%	41%	--			
	Attrition rate	24%	27%	9%	6%			
12/13	# students entered/continuing	2	6	12	20	26		
	# students withdrew	0	1	0	2	7		
	# students graduated	1	4	8	6	0		
	Cumulative graduation rate	73%	68%	74%	27%	--		
	Attrition rate	24%	30%	9%	18%	27%		
13/14	# students entered/continuing	1	1	4	12	19	25	
	# students withdrew	1	0	1	3	3	4	
	# students graduated	0	1	1	6	1	0	
	Cumulative graduation rate	73%	70%	78%	55%	4%	--	
	Attrition rate	26%	30%	13%	32%	38%	16%	
14/15	# students entered/continuing	0	0	2	3	15	21	16
	# students withdrew	0	0	0	0	0	6	0
	# students graduated	0	0	1	3	6	1	0
	Cumulative graduation rate	73%	70%	83%	68%	27%	4%	--
	Attrition rate	26%	30%	17%	32%	38%	33%	0%
15/16	# students continuing	0	0	1	0	9	14	16

### Undergraduate Students

WKU does not limit undergraduate students to a maximum time to graduation, which is consistent with other public 4-year peer institutions. For purposes of establishing a standard for calculating and reporting baccalaureate graduation rates compliant with the CEPH requirements, the PH Program has adopted 6-years as the maximum time to degree and uses this as the standard. To calculate the rates, the Office of Institutional Research followed similar procedures used for the MPH students. A difference however, is that students who enroll in the BSPH program must have a minimum of 30 semester hours completed before they are considered for enrollment in the PH program. Where it appears that some students graduate at the end of one year in the program, it is likely they completed their required hours and perhaps many of the BSPH required courses before enrolling or transferring into the PH program from another major. These data represent unduplicated student counts and account for attrition, graduation, and continuation. At 79% or higher, baccalaureate 6-year graduation rates for BSPH students are greater than MPH students and exceed the required minimal graduation rate of 70% for baccalaureate degrees as established by CEPH.

		08/09	09/10	10/11	11/12	12/13	13/14	14/15
08/09	# students entered	57						
	# students withdrew	0						
	# students graduated	16						
	Cumulative graduation rate	28%						
	Attrition rate	0%						
09/10	# students entered/continuing	41	96					
	# students withdrew	2	1					
	# students graduated	22	25					
	Cumulative graduation rate	67%	26%					
	Attrition rate	4%	1%					
10/11	# students entered/continuing	17	70	125				
	# students withdrew	1	0	3				
	# students graduated	7	35	39				
	Cumulative graduation rate	79%	63%	31%				
	Attrition rate	5%	1%	2%				
11/12	# students entered/continuing	9	35	83	110			
	# students withdrew	6	9	5	5			
	# students graduated	0	17	51	58			
	Cumulative graduation rate	79%	80%	72%	53%			
	Attrition rate	16%	10%	6%	5%			
12/13	# students entered/continuing	3	9	27	47	74		
	# students withdrew	1	1	3	5	4		
	# students graduated	0	2	16	27	20		
	Cumulative graduation rate	79%	82%	85%	77%	27%		
	Attrition rate	18%	11%	9%	9%	5%		
13/14	# students entered/continuing	2	6	8	15	50	109	
	# students withdrew	2	3	3	1	3	4	
	# students graduated	0	1	3	11	29	47	
	Cumulative graduation rate	79%	83%	87%	87%	66%	43%	
	Attrition rate	21%	15%	11%	12%	9%	4%	
14/15	# students entered/continuing	0	2	2	3	18	58	75
	# students withdrew	0	0	0	0	0	0	0
	# students graduated	0	0	0	2	13	37	39
	Cumulative graduation rate	79%	83%	87%	89%	84%	77%	52%

	Attrition rate	21%	15%	11%	12%	9%	4%	0%
15/16	# students continuing	0	2	2	1	5	21	36

<b>Outcome Measure</b>	<b>Target</b>	<b>AY2011/2012</b>	<b>AY2012/2013</b>	<b>AY2013/2014</b>
Percentage of undergraduates who graduate by the six year maximum period	80% (CEPH: 70%)	79%	82%	87%
Percentage of Master's students who graduate by the six year maximum period	80% (CEPH: 70%)	73%	70%	83%
Undergraduate student attrition rate at one year	0%	0%	1%	2%
Graduate student attrition rate at one year	5%	15%	14%	4%

Since our 2008 Self-Study, the PH Program has made slow but steady improvement in reducing attrition and increasing graduate rates among the MPH students. Three actions were implemented during 2009-2011 to stem the tide of disappearing students.

New Student Policies. The Program Director met with the Graduate School and WKU Student and Scholar Services (ISSS) staff to discuss issues related to international student attrition in the program. Prior to 2009 a “boom period” of foreign trained physicians enrolled in the MPH program. They believed that an MPH degree was integral to securing a medical residency – an important step to practicing medicine in the US. Studying for their medical licensing exam (MLE) was a priority so they could apply to a residency program. Some students were successful and left the program with completing only half of their requirements. Other students would attend classes for a semester, then transfer out to attend Kaplan courses to study for MLEs full time. If they did not secure a residency they would return to WKU to complete another semester or two, always with the priority of securing a residency. With the help of ISSS, the PH program created policies related to transfer requests (requiring students to complete 2 full semesters at WKU before transferring to another program – if they wanted to be considered for readmission) and leave of absence (LOA) requests (requiring students to meet with the program director and department head; if granted the LOA, they were required to communicate with the PD monthly.) Students not attending the program for 2 semesters or not communicating with the PD could not seek readmission. How well these policies worked was never measured. But, over time, we saw more and more of the international students postpone studying for their MLE until they finish the program (ERF Criterion 2, Student Handbooks).

New Admission Policies. To encourage more US students to enroll in the program, and particularly the WKU undergraduate PH students, the PH Admissions Committee changed our admission policy to waive the GRE for any student graduating from a US college or university with a GPA of 3.2 or higher. This action brought in more students who wanted to avoid taking the GRE (ERF Criterion 2. Student Handbook).

Graduate School Changes. During this timeframe, the WKU Graduate School began reviewing policies regarding length of time for degree completion. In the past, students found it easy to get an extension each semester. The Grad School made it clear that the existing policy requiring all master's degrees to be completed within a six-year period was going to be formally enforced. Students who returned to

complete their degree beyond the six year limit were made aware that courses older than 6 years would no longer be accepted and new courses would have to be taken. This action has caused some of the MPH students who had been in the program for 8 or more years to quit. Currently, students who enroll in the program as part-time students are made aware of how long it will take them to complete the program and how the time-to-completion rule is enforced.

Currently, attrition has slowed down in both the MPH and BSPH programs. However, anecdotal evidence suggests a new challenge to graduation and attrition rates – *financial concerns and student burnout*. We have noticed that some of our students who have full time jobs and take courses part time do well for the first three semesters and then get bogged down when it comes time to take their core exam and enroll for internship and the capstone experience. Typical comments from these students are that they need to take some time off due to employment demands, family crises, funding issues or boredom. This is a concerning and important trend that we are following closely.

### 2.7.2.i Destination of MPH Graduates by Employment Type in 2012 - 2015

	2012/2013	2013/2014	2014/2015
Employed	8	9	14
Continuing education/training (not employed)	3	2	4
Actively seeking employment	1	1	2
Not seeking employment (not employed and not continuing education/training, by choice)	1	0	0
Unknown	7	4	9
Total	20	16	29
Job Placement Rate*	85%	92%	90%

\*Job placement defined by CEPH as % of graduates who can be located that are employed or pursuing additional education. Excludes graduates who chose not to be employed or seek employment

### 2.7.2.ii Destination of BSPH Graduates by Employment Type in 2012 – 2015

	2012/2013	2013/2014	2014/2015
Employed	2	13	26
Continuing education/training (not employed)	4	3	4
Actively seeking employment	0	0	0
Not seeking employment (not employed and not continuing education/training, by choice)	0	0	0
Unknown	32	4	10
Total	38	20	40
Job Placement Rate*	100%	100%	100%

2.7.c: An explanation of the methods used to collect job placement data and of graduates response rates to these data collection efforts. The program must list the number of graduates from each degree program and the number of respondents to the graduate survey or other means of collecting employment data.

The PH Program collects data on students that graduate from the program through an exit survey, which does not capture job placement data and through an alumni survey which has several questions that capture job placement information. The alumni survey is conducted annually and targets 1-year, 2-year, and 3-year alumni. It tends to have a low response rate, partly because we use the last known e-mail address of the student. WKU provides each alum with life-long access to the university email system. However these mailboxes have limited quotas that are quickly reached if the individual never checks their in-box. Currently we are discussing and exploring social media such as LinkedIn, Facebook, Twitter, Google+ etc. Although this method holds great potential, the main barrier to proceeding is having someone on staff with permanent and major responsibility for mining this data and replying to alums and students who post information.

The alumni surveys from 2010 to 2014 show employment rates that range from 85.7% to 90.5% but the small sample sizes and low response rates are limiting. Another approach used by the former Program Director was to send each graduate of the previous calendar year a personal email Christmas greeting. This yielded a 70 to 80 percent response rate (as shown in Table 2.7.2.i.). However, when combined with informal assessments of faculty knowledge of student job placement, the rates are likely higher. The 2015 alumni survey launch was postponed until after the site visit. We plan to request faculty to send personal emails to former advisees and students to increase the number of responses.

Job placement for graduates of the BSPH program was conducted via the 2014 alumni survey with only 4 responses. The PH Program director then used personal contacts to provide the information included in Table 2.7.2.ii. Because the BSPH was only added to the unit in Summer, 2013 the historical data on job placement does not exist.

2.7.d: In fields for which there is certification of professional competence and data are available from the certifying agency, data on the performance of the program's graduates on these national examinations for each of the last three years.

At present, the PH program does not have a formal tracking mechanism to determine individual performance for undergraduates and graduate students on national examinations. NCHEC provides anonymous information about WKU graduate performance on the CHES Examination, however, we are unable to identify if these are undergraduate or graduate students. To date, we have received no information on the MCHES examination. To our knowledge, only one student has taken the CPH exam. She successfully passed.

<b>2.7.d Outcome Measures for Certification of Professional Competence</b>				
<b>Outcome Measure</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<b>CHES Certification</b>	1 PH Student <i>100% passed</i>	2 PH Students <i>100% passed</i> 1 PH/PHED Stud. <i>0% passed</i> 2 PHED Students <i>50% passed</i>	1 PH Student <i>0% passed</i> 1 PHED Student <i>100% passed</i>	Info not available
<b>CPH Exam</b>	Info not available	Info not available	1 PHED Student <i>100% passed</i>	Info not available

2.7.e: Data and analysis regarding the ability of the program’s graduates to perform competencies in an employment setting, including information from periodic assessments of alumni, employers and other relevant stakeholders. Methods for such assessment may include key informant interviews, surveys, focus groups and documented discussions.

### **Alumni Survey 2014**

#### MPH Alumni

The Fall 2014 MPH alumni survey was completed by 14 of 74 alumni for a response rate of 19%. Of those, one year graduates had a 29.2% response rate, second year graduates had a 15.4% response rate and five year graduates had a 20% response rate. Nearly 79% were health education grads. Thirty percent of responders said they had been or were currently enrolled in further education – half in doctoral degrees and half in certificate programs. More than 85% reported being employed - fulltime, part time, residency or military. Of those, about 25% were employed in health departments, 31% in non-profit agencies, 25% in hospital settings and 15% in state or federal agencies. Over two thirds of responders were in their first job after graduation; 75% said it took up to 6 months before they secured their job and the other 25% said it took up to 12 months. Half of those employed said their job was directly public health related and another 21% said it was somewhat public health related. First year salaries ranged from less than \$20,000 to \$60,000. Current salaries ranged from under \$20,000 to \$75,000. Also, 82% of the responders agreed or strongly agreed they felt prepared for their current job.

A question asked how well the content of their MPH degree prepared them for their current job and listed the core and cross-cutting competency domains. Their answer choice was a 5-point Likert scale where 1=*not prepared at all* to 5=*very well prepared* and “*not applicable to my work.*” Of alumni responders who answered the latter option, the following domains were identified: Biostatistics (45.5%), Epidemiology (27.3%), Public Health Administration (27.3%), Environmental Health (36.4%), and Health Behavior (18.2%). In terms of feeling prepared to use these competency areas, 18% said they felt very prepared for Environmental Health but the four remaining competency domains highest ratings were only 9%. On the other hand, feeling very prepared to apply the five cross cutting competencies were much higher; Analytical & Critical Thinking (27.3%), Communications (36.4%), Cultural Competence

(18.2%), Leadership & Professionalism (36.4%) and Program Development (18.2%). The length of this survey is such that there are few open-ended questions, but more work is needed for this survey.

### BSPH Alumni

The Fall, 2014 BSPH alumni survey was offered for the first time. It was sent to a total of 46 first year and second year alumni. Unfortunately we learned later that the first year graduates did not receive the survey, thus only 4 of the 15 two year alumni completed the survey, a response rate of 27%. All four had been or were currently enrolled in further education since graduation – 50% in the MPH program and 50% in nursing. Seventy five percent were employed full time and the other was employed by several part time jobs. Half of the responders said they got their first full time job within 3 months of graduation the other half it took more than a year to find a job. Salaries for jobs following graduation ranged from under \$20,000 to \$40,000. Current salaries range from \$20,000 to \$60,000.

A question similar to that of the MPH survey asked how well the content of their degree prepared them for their current job and listed the core and cross-cutting competency domains. Their answer choice was a 5-point Likert scale where 1=*not prepared at all* to 5=*very well prepared* and "*not applicable to my work.*" Of alumni responders who answered the latter option, the following domains were identified: 25% percent of BSPH alumni identified Biostatistics, Epidemiology, Public Health Administration, Environmental Health, and Community Health as "*not applicable to their job*". In terms of feeling prepared to use these competency domains, 25% said they felt prepared for all five core public health areas. The BSPH alumni were even more confident about being prepared to apply the five cross cutting competencies; Analytical & Critical Thinking (50%), Communications (50% plus 25% very prepared), Cultural Competence (25% plus 50% very prepared), Leadership & Professionalism (50% plus 25% very prepared) and Program Development (25%). One limitation of this particular survey was the small sample who participated.

### **Employer/Practitioner Assessment**

The last Employer/Practitioner assessment by the PH Program was conducted in 2009. It was a very time consuming task to contact alumni, faculty peers, and numerous other sources just to get names and addresses of known employers. More than 170 letters were sent out with a request to take an online survey. This yielded 10 responses which can be found in ERF Criterion 2 Folder, Surveys. Since that time, the will to undertake this type of task again has been missing. Members of the PH Assessment Committee have differing views about the purpose of the existing survey, they have reviewed similar surveys of other PH programs, and appointed an ad hoc committee to review the examples and revise the survey. At its last meeting, the External Advisory Committee also discussed the issue, again with differing opinions and suggestions; the most appealing idea was that they would be willing to distribute a survey in their respective agencies and organizations.

At the writing of this self-study report, the PH Assessment Committee (see minutes in ERF Criterion 1 Folder, Meeting Minutes) held a short meeting to discuss the process for collecting Employer data. A proposal was made that PHAC convene a focus group of local employers of our students and also conduct key informant interviews if there is sufficient time. This focus group will occur in late Spring and will be audio and video-taped to yield the most and clearest information. Suggestions for the employer survey center around asking employers to rank order a list of skills/competencies that meet their expectations for a position or represent how their expectations are met. We also want to know what other skills are needed for these jobs (eg, finance, management, and/or policy skills).

2.7.f: Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

**This criterion is met with commentary.**

### **Strengths**

The PH program has procedures for monitoring and assessing student attainment of public health competencies. Courses are structured to foster higher-order learning through applied activities and assessments. Students must maintain a cumulative GPA of 3.0 or higher and earn a C or higher in all required core and concentration courses. The culminating and practice experiences are also means by which competencies are assessed.

The program also has multiple outcome measures for student success, including a self-assessment of competencies in the PH Exit Survey and Alumni Survey. Graduation rates for the MPH and the BSPH meet or exceed the outcome target of 70% as do employment rates

### **Weaknesses**

Strong commentary relates to lack of employer feedback for the program. As noted, lack of agreement regarding what outcome information will best help us improve our program, concern about burdening employers with requested information that they may not understand or find overly burdensome (i.e., long lists of competencies), thus providing information that is not useful, and finding a method to collect this information so that it does not provide an onerous responsibility upon the Program Director has kept us from obtaining important information for our programs. The focus group activity planned late Spring is an important step toward postponing this dreaded task.

Another weakness is being slow to review and revise our competencies for each program. Struggling to examine and measure outcomes of literally hundreds of competencies with the level of detail we have set for this task is undermining the enthusiasm and morale of faculty members who are incredibly busy. The PH curriculum committee has begun the process of reducing the number of competencies that will be targeted for the 2016 Academic year but there is still a ways to go in securing agreement and collaboration on this particular task.

The lack of a faculty member dedicated to evaluation and assessment to monitor, collect, and compile information to be reviewed by the PH Assessment and Program Committees each semester hampers the program's ability to follow and be sensitive to issues that need to be expedited or addressed. A program director is unable to do this, oversee the many demands of two programs, teach, and do research.

### **Strategic Plan**

Continue working to improve and increase response rates for the PH Program's three major surveys, thus increasing the strength of the data we collect.

Identify a faculty member who is given course release time and the responsibility to monitor, collect, compile, and present reports of the required outcome data to the PH Program Committees on a semester by semester basis.

Expedite the process of reducing the number of competencies used in the MPH and BSPH programs for readiness in the 2016 academic year.

**2.8 Bachelors Degrees in Public Health.** If the program offers baccalaureate public health degrees, they shall include the following components:

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

**Elective Public Health Coursework:** in addition to the required public health core knowledge courses, students must complete additional public health-related courses. Public health-related courses may include those addressing social, economic, quantitative, geographic, educational and other issues that impact the health of populations and health disparities within and across populations.

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

2.8.a: Identification of all bachelors-level majors offered by the program. The instructional matrix in Criterion 2.1 a may be referenced for this purpose.

The instructional matrix in Criterion 2.1.a identifies the bachelors-level majors offered by the program that are part of the unit of accreditation. The Program offers a Bachelor of Science in Public Health with a concentration in Health Education and a concentration in Environmental Health.

2.8.b: Description of specific support and resources available in the program for the bachelors degree programs

Several support services are offered to bachelor's program students at WKU to help students be successful. These are among the most common and used.

#### Academic Advising and Retention Center AARC

AARC provides a wide range of academic services to undergraduate students. The Center coordinates academic advising activities among undergraduate colleges and academic departments for undergraduate students. At WKU academic advising is required for all associate and baccalaureate degree seeking students until graduation. AARC helps students plan for their potential major. The mission of AARC is to provide students with the academic support necessary to achieve their academic goals. They provide advising, student success initiatives, and training on advising for faculty and staff. AARC has many services:

*The Best Expectation Programs (BEP).* BEP is a part of the Academic Advising & Retention Center (AARC) and teaches students the importance of positive study habits, time management, and provides academic support to help students be independent and successful learners. These academic services offer participating students the opportunity to better prepare and adapt to college life and to improve their academic skills and performance in college courses. The mission is to equip diverse undergraduate student populations with the necessary resources to improve their academic performance. BEP works with each student individually to identify realistic academic goals as well as address other academic and non-academic concerns. Ultimately, the efforts of BEP will help retain at risk students so they may be academically successful and graduate from WKU.

*The Learning Center (TLC).* At TLC, undergraduate students provide free peer-to-peer course specific tutoring. Currently enrolled WKU undergraduate students make appointments for one-on-one or group tutoring via an online scheduling system. In addition to tutoring course specific content, TLC offers assistance with academic skill areas such as note taking, time management, test taking skills, etc. The mission of TLC is to promote student success, enhance student performance, and increase student retention at Western Kentucky University. TLC helps students enhance their academic performance and sharpen their skills to be successful WKU graduates.

#### Academic Center for Excellence (ACE)

The Academic Center for Excellence (ACE) is a student success center specifically for the College of Health and Human Services. The mission of ACE is to provide resources to students in the College of Health and Human Services that will help them attain their educational, career, and life goals. This mission is fulfilled through improved academic advising, technology assistance, and various developmental programming.

*The CHHS Living Learning Community.* Provides a unique opportunity that allows students with majors in the College of Health and Human Services to live and take classes together. The Offices of Housing and Residence Life and CHHS have partnered to help students' transition into WKU easier and have the best possible experience. The students in the LLC live in the same single gender residence halls. Women are in one and men in another. Being a part of the LLC helps students form stronger relationships with peers and faculty, as well as, professionals in areas of interest.

#### Computer Labs on Campus

Western Kentucky University provides Student Technology Centers (open computer labs for all students) at convenient locations across the university. In addition to six locations on the main campus, there is also one Student Technology Center (STC) at each regional campus location, and another at the South Campus. STC labs are equipped with the latest hardware, software, scanners, and laser printing.

### Student Support Services

Student Support Services (SSS) is located in Jones Jagers Hall (JJH) Room 132. This program provides comprehensive continuing academic assistance for 225 undergraduate students with academic potential. Specifically, a student must meet certain financial guidelines and/or be from a family where neither parent holds a bachelor's degree or is a student with a documented disability. All services are free of charge to qualifying students. Students seeking assistance who have yet to achieve junior standing can determine their eligibility and apply for services at the program offices.

### Student Accessibility Resource Center

Student Accessibility Resource Center, formerly Student Disability Services, coordinates services and accommodations for students with documented disabilities.

### The Writing Center

The Writing Center has two locations on campus. The main location is in Cherry Hall (CH) Room 123. There is also a location in the Helm Library Reference Room. The Writing Center can help with all writing processes and have resources for instructions on all citation styles. Students can call for an appointment, walk-in, or schedule appointments online. Students of all levels are welcome.

### WKU Counseling and Testing Center

The university experience should be challenging, not overwhelming, and universities have a duty to support students as they are being challenged. To this end, the WKU Counseling and Testing Center is committed to promoting the academic mission of the university by providing a variety of psychological services to students that will augment recruitment, retention, and graduation by strengthening students' capacity to tolerate distress, form healthy relationships, and seek healthy expressions of their ideals and values. The Counseling and Testing Center also advances the university's mission by providing educational programming, training, and consultation to the students, faculty, staff, and constituents of WKU. The WKU Counseling and Testing Center was accredited in 2009 through the [International Association of Counseling Services \(IACS\)](#). IACS sets standards for college and university counseling centers and accredits centers through a comprehensive application process involving site visits and review of services, policy and procedure.

2.8.c: Identification of required and elective public health courses for the bachelors degree(s). Note: the program must demonstrate in Criterion 2.6 c that courses are connected to identified competencies (ie, required and elective public health courses must be listed in the competency matrix in Criterion 2.6.d).

<b>Table 2.8.c.i. Bachelor of Science in Public Health – Health Education Concentration, Required and Elective Courses</b>	
<b>Major Requirements</b>	<b>Course Prefix and Course Name (credit hours)</b>
<b>Required Core Coursework: (21 hours)</b>	PH 100 Personal Health (3 hours) PH 381 Community Health (3 hours) PH 383 Biostatistics (3 hours) PH 384 Epidemiology (3 hours) PH 385 Environmental Health (3 hours) PH 490 Internship (6 hours) [Capstone]
<b>Health Education Concentration Required (16 hours)</b>	PH 261 Foundations of Health (3 hours) PH 461 Comprehensive School Health (3 hours) PH 483 Administration of Health Programs (3 hours) PH 484 Community Organization (3 hours) PH 485 Methods of Community Health Education (3 hours) SFTY 171 Safety and First Aid (1 hour)
<b>Health Education Electives (12 hours)</b>	AH 290 Medical Terminology (2 hours) HMD 211 Human Nutrition (3 hours) HCA 340 Health Care Organization & Management (3 hours) SFTY 270 General Safety (3 hours) PH 365 Human Sexuality (3 hours) PH 382 Peer Health Education (3 hours) PH 390 Wellness and Fitness Assessment (3 hours) PH 443 Health Problems of the Aged (3 hours) PH 444 Death Education (3 hours) PH 447 Human Values & the Health Sciences (3 hours) PH 464 Women's Health (3 hours) PH 467 Drug Abuse Education (3 hours) PH 402 Worksite Health Promotion (3 hours) PH 468 Sexuality Education (3 hours)

**Table 2.8.c.ii. Bachelor of Science in Public Health – Environmental Health Concentration, Required and Elective Courses**

Major Requirements	Course Prefix and Course Name (credit hours)
<b>Required Core Coursework: (21 hours)</b>	PH 100 Personal Health (3 hours) PH 381 Community Health (3 hours) PH 383 Biostatistics (3 hours) PH 384 Epidemiology (3 hours) PH 385 Environmental Health (3 hours) PH 490 Internship (6 hours) [Capstone]
<b>Environmental Health Concentration (Required) (15 hours)</b>	ENV 280 Intro to Environmental Science (3 hours) ENV 321 Fundamentals of Industrial Hygiene (3 hours) ENV 323 Fundamentals of Industrial Hygiene Lab (1 hour) ENV 360 Air Pollution Control (3 hours) ENV 365 Air Pollution Control Lab (1 hour) ENV 460 Environmental Management (3 hours) SFTY 171 Safety and First Aid (1 hour)
<b>Environmental Health Electives (9 hours)</b>	BIOL 315 Ecology (3 hours) CHEM 314 Intro to Organic Chemistry (5 hours) CHEM 330 Quantitative Analysis (5 hours) ENV 375 Intro to Water Resources (3 hours) ENV 380 Principles to Environmental Toxicology (3 hours) ENV 410 Water Treatment Processes (3 hours) ENV 411 Water Treatment Processes Lab (1 hour) ENV 430 Radiological Health (3 hours) ENV 474 Environmental Risk Assessment (3 hours) ENV 480 Hazardous and Solid Wastes (3 hours) ENV 490 Food Safety (3 hours) GEOG 310 Global Hydrology (3 hours) GEOG 487 Environmental Law and Policy (3 hours) SFTY 270 General Safety (3 hours)

While preparing this self-study document, the Program Director discovered the BSPH environmental health concentration lacked a core course in the area of health services administration. A program change will need to be submitted to the Undergraduate Curriculum Council before the end of April in order so that it can be approved for the next academic year. Dr. Lartey is aware of this and will see that this is done.

2.8.d: A description of program policies and procedures regarding the capstone experience.

The culminating experience for the Bachelor of Science in Public Health, both the Health Education concentration and the Environmental Health concentration, is PH 490 Public Health Internship.

Culminating (Internship) Policies and Procedures: An internship with a 6 credit hour credit load (400 clock hours) practical experience is to be completed in a public health setting under the supervision of an agency staff. The internship requires a minimum of 10 weeks to complete. Students must complete or be enrolled in all core and concentration courses at the time of the internship.

Students participate in a mandatory orientation prior to being enrolled in the internship. The student's choice of agency must have an affiliation agreement on file with Western Kentucky University before they can start the experience.

Preceptors should have a graduate degree in the appropriate field. In only a few cases, individuals with seniority, many years of applied experience and regular continuing education, are permitted to function as the preceptor. Students must submit their application forms and the student activities/learning activities form before they can be registered for the internship.

These and other policies and procedures regarding the capstone experience are fully outlined in the document titled *Bachelors of Public Health Internship Manual* (See ERF Criterion 2 Folder, Practical/Internship Experience).

2.8.3: Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

**This criterion is met.**

**Strengths**

The BSPH Program has been in existence for more than 20 years. The curriculum is well organized and the required course work of all five core public health knowledge areas are offered (see comments listed in weakness section). The content of concentration coursework addresses the competencies of their respective organizations (NCHEC and CDC) and elective courses address social, behavioral, and biological sciences. The capstone experience involves completion of a 400 hour practice experience with a public health agency. Long standing relationships with several local, regional and state public health agencies help to better facilitate internship placements. Furthermore, the BSPH students have graduation and employment rates that meet CEPH guidelines.

The required public health core courses are taught and the capstone experience is supervised by faculty documented in Criteria 4.1 a and 4.1.b. The primary faculty have a degree in public health and/or their health education/environmental health discipline.

## **Weaknesses**

The competencies for the BSPH program were identified/developed early in 2015. To some extent they mirror the competencies of the MPH program. However, the PH Curriculum Committee used Bloom's Taxonomy and lower level terminology to make the competencies more appropriate for the undergraduate level. A few competencies that were not appropriate for the curriculum were deleted. What the PH program has not done is to develop instructional matrices to assess the curriculum. As soon as this self-study report is completed and mailed, we will begin this process.

Another weakness that we are acutely aware of relates to addressing all five of the core public health knowledge areas. The main course that is missing in the required core is Public Health Administration. PH 483 Administration of Health Programs is a required course in the Health Education concentration but it is not taught in the Environmental Health concentration. We anticipate that PH 483 will be added to the core so that all students have this course. However this will require some major revisions in the curriculum so that credit hours remain the same. Such revisions will also have to go through the various university committees for curriculum change, which will take time.

## **Plans**

In addition to addressing the two weaknesses listed above, plans are in place to more fully assess BSPH student and alumni achievement of competencies. Student self-assessment of competencies will begin with the Exit Survey and we are having discussions about requiring more competency assessment in the Internship.

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

2.9.a: Identification of all academic degree programs, by degree and area of specialization. The instructional matrix in Criterion 2.1.a may be referenced for this purpose

Not Applicable

2.9.b: Identification of the means by which the program assures that students in academic curricula acquire a public health orientation. If this means is common across the program, it need be described only once. If it varies by degree or specialty area, sufficient information must be provided to assess compliance by each.

Not Applicable

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

Not Applicable

2.9.d: Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

Not Applicable

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

2.10.a: Identification of all doctoral programs offered by the program, by degree and area of specialization. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

Not Applicable

2.10.b: Description of specific support and resources available to doctoral students including traineeships, mentorship opportunities, etc.

Not Applicable

2.10.c: Data on student progression through each of the program's doctoral programs, to include the total number of students enrolled, number of students completing coursework and number of students in candidacy for each doctoral program. See CEPH Template 2.10.1.

Not Applicable

2.10.d: Identification of specific coursework, for each degree, that is aimed at doctoral-level education.

Not Applicable

2.10.e: Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

Not Applicable

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

2.11.a: Identification of joint degree programs offered by the program. The instructional matrix in Criterion 2.1.a may be referenced for this purpose.

Not Applicable

2.11.b: A list and description of how each joint degree program differs from the standard degree program. The program must explain the rationale for any credit-sharing or substitution as well as the process for validating that the joint degree curriculum is equivalent.

Not Applicable

2.11.c: Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

Not Applicable

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

2.12.a: Identification of all degree programs that are offered in a format other than regular, on-site course sessions spread over a standard term, 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 instructional matrix in Criterion 2.1.a may be referenced for this purpose.

An online MPH, generalist concentration, was approved by CEPH during the summer of 2015 and began enrolling students in AY 2015/2016.

2.12.b: Description of the distance education or executive degree programs, including an explanation of the model or methods used, the program’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 other degree programs offered by the program, and the manner in which it evaluates the educational outcomes, as well as the format and methods.

**Online methods used.** The PH program already uses an asynchronous online course delivery system utilizing the Blackboard Platform. Although course material is predominantly provided to the students asynchronously, via talking powerpoint lectures, there are a variety of audio and video components that are compatible with Blackboard and can be used by an instructor if conferencing or synchronous methods are needed. DELO provides faculty support and professional instructional design staff for development of new and revision of older on-line material.

**Rationale for offering.** As a regional comprehensive university, one of WKU’s prime directives is to address the workforce needs of the region. The Master of Public Health (MPH) is a professional degree designed to meet the needs of a wide range of professionals, including the public health workforce. The Master of Public Health program is already in existence at Western Kentucky University (WKU). The

program has two concentrations: Health Education and Environmental Health. The on-line MPH was designed to meet the needs of working public health and other healthcare professionals. In a growing market of MPH programs that compete for students, adding an online option will make our program more competitive.

***Manner in which administrative and student support services are provided.*** The university assesses a student technology fee to support continual investment in WKU's information systems. Additionally, a portion of the distance learning revenues are appropriated for technological infrastructure. WKU has a team of professionals charged with ensuring WKU's infrastructure is kept current and data is secure. Emerging technologies are continually being evaluated and piloted for implementation. The importance of information technology is articulated in Western Kentucky University's Strategic Plan. "In the broad context of academic quality, it is imperative that the fast-changing dimension of Information Technology continue to be a priority for the University. It is critical to achievement of a bold vision for a university."

The [Office of Distance Learning](#) has a number of resources for creating or translating an existing face-to-face course to the online environment. Faculty is supported with funding for course development, instructional design consulting, and assistance in the actual production of courses and course materials. The staff lends their technical and pedagogical expertise to the faculty's content expertise. The result is a university course that reaches a wider and more diverse audience than the on campus learner and communicates the faculty's research and instruction to the larger community. WKU uses the Quality Matters® rubric to facilitate the transition from a traditional course to an online course. The QM rubric becomes the guideline to incorporate the necessary components of successful instruction at the module/lesson level in fully online and blended courses.

Faculty training spaces are located in MMTH as well as in the Office of Distance Learning. Students, faculty, and staff heavily utilize an IT helpdesk that offers phone and virtual support seven days a week including evening hours. Live workshops and online video tutorials are the key components of the Academic Technology training program for WKU faculty, staff, and students. Video tutorials are short, Flash-based animations showing how to carry out technology tasks. All the Academic Technology trainers are developers of video tutorials. WKU currently has 364 active videos in 26 categories. A special area of focus in 2012 was the new *Creating ADA-Compliant Course Sites* online workshop, which will be required for instructors teaching online courses for the first time. The workshop contains six new video tutorials, supplementary resources, and an assessment. This is the first time a public university in Kentucky has developed required training to make sure that online courses are fully accessible to students with disabilities.

Distance Education is a mainstream option for student learning at WKU encompassing 19% of the institution's total enrollment. As such, offices across campus have developed methods for communicating with and meeting the needs of distance learners. The Office of Online Program Services works with students to ensure they have the academic resources to be successful in pursuit of their online and/or distance learning degree. The unit has created a Student Resource Center to provide a one-stop portal for access to student services: <http://www.wku.edu/online/src/>. This resource is embedded on the learning management system into every online course. Services range from academic tutoring to career services and writing center support, all free of charge and easily accessible. They also partner with other student support organizations at WKU, including the Academic Advising and Retention Center (AARC), Library Services, and Career Services to conduct monthly webinars and

online social networking events, all in an effort to provide students with the social support and networking to maximize retention toward their degree completion.

Additionally, ADA Compliance and services for our students with disabilities is a priority. Each online course lecture is transcribed for our hearing impaired students and online courses receive the same support with adherence to all accommodations made for students with disabilities.

***Manner in which academic rigor is monitored in the program.*** Online MPH students are held to the same requirements, standards, and expectations as brick-and-mortar students. Course objectives, content, and assessments do not differ by course modality. As such, we expect academic rigor to be consistent. Because the online MPH was launched recently, a formal strategy for monitoring this consistency has not been developed or implemented.

***Manner of evaluating educational outcomes of the online MPH.*** Again, because of the recent launch of the online MPH degree, a formal strategy is not currently in place. However, when analyzing data for the MPH program’s instructional objectives, it would be prudent to do online v. brick-and mortar student comparisons to ensure educational outcomes are being met.

***Manner of evaluating online format and delivery methodologies of the online MPH.*** The WKU PH Program has access to an extensive and effective system of training in online educational strategies and methodologies via a vis the Division of Extended Learning & Outreach (DELO) at WKU. DELO partners with faculty and departments to offer convenient and flexible learning opportunities to students and to faculty. In addition, the Center for Faculty Development (CFD) supports the teaching and scholarly work of faculty. Through close partnerships with several units at WKU, the CFD facilitates these professional development and mentoring services by offering single or multi-day workshops, professional learning communities, seminars, and one-on-one consultations in an effort to meet the professional development needs of its constituents. These are supplemented by training sessions and seminars on online educational theory, technology and methods offered by the DELO and the University.

2.12.c: Description of the processes that the program uses to verify that the student who registers in a distance education or correspondence education course or degree is the same student who participates in and completes the course or degree and receives the academic credit.

Western Kentucky University holds firmly to the belief that student identity is most reliably verified, regardless of course delivery format. Due to the physical separation of distance education courses, WKU has put in place resources to assist instructors in this verification. This WKU policy is required by the Southern Association of Colleges and Schools – Commission on Colleges policy statement “Distance and Correspondence Education,” adopted by the SACSCOC Board of Trustees in June 2010.

As stated in WKU Policy 1.3120, instructors will be able to demonstrate that the student who registers in a WKU distance education course or program is the same student who participates in and completes the course or program and receives the credit by verifying the identity of a student who participates in class or coursework by using, at the option of the instructor, methods such as (1) secure login and pass code (2) proctored examination, and (3) new or other technologies and practices that are effective in verifying student identification as they are developed. These resources will be supported by the WKU Information Technology Division and the Academic Affairs Division through the Distance Learning Office.

All courses taught using Blackboard as the learning management system have secure logins and pass codes that are required of every student taking that course in order to access course materials, take online examinations, and engage with peers within the online classroom.

Instructors may elect to use proctored examinations in distance education courses. The Distance Learning Testing Center, a unit of the Distance Learning Office in the Division of Extended Learning and Outreach, assists instructors by scheduling student exams in on-campus testing centers; or working with students who wish to take their examinations at another location, by communicating with the proctor at that location, delivering the exam and receiving it when complete, or communicating necessary pass codes for proctored online examinations.

The Distance Learning Office continues to explore new and alternative technologies that will assist the instructor to verify student identity and will support those technologies as they become available for instructor use.

Upon admission, all WKU students receive an email with a link to the WKU Electronic Data Privacy and Acceptable Use Policies and are counseled on the importance of maintaining the security of their student information including passwords and log ins.

<http://www.wku.edu/policies/docs/41.pdf>

<http://www.wku.edu/policies/docs/80.pdf>

<http://www.wku.edu/policies/docs/83.pdf>

2.12.d: Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

**This criterion is met with commentary.**

### **Strengths**

WKU has committed considerable resources to support online programs offered at the university. These efforts have been critical in strengthening all programs on campus. It allows considerable flexibility for offering blended courses, traditional face-to-face courses where students obtain and store their course materials, and provides a growing number of on-line courses and certificates. This growth has provided a level and scope of technical support to encourage the PH program to implement its first graduate level professional degree. We can now focus on key quality assurance aspects such as rigor and emphasis of public health competencies as well as having courses reviewed through the "Quality Matters" process. Students as well as faculty are supported through the IT Helpdesk and DELO. Through IT and DELO there are processes in place to ensure students who are registered in the online courses are the students performing the work.

### **Weaknesses**

The commentary for this criterion is that we are still in the infancy of the online MPH degree program and haven't yet developed strategies to monitor and assess educational outcomes and rigor at the program level.

### **Strategic Plans**

The Assessment Committee will be charged with identifying strategies to monitor and assess educational outcomes of online MPH students.

### CRITERION 3: CREATION, APPLICATION AND ADVANCEMENT OF KNOWLEDGE

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

3.1.a: Description of the program's research activities, including policies, procedures and practices that support research and scholarly activities.

#### **Research and Scholarly Activities**

Conducting and disseminating quality research is a primary goal of the PH Program and research/discovery is a part of our program's vision, mission, values and goals. The Program has two research goals: 1) Foster applied Public Health research and 2) Encourage collaboration research between faculty students, and other constituents. Furthermore, research and scholarly activities are among the three major components of the mission of Western Kentucky University.

Research is supported institutionally through the Office of Sponsored Programs (OSP). OSP is a service unit that assists the faculty and staff at WKU in obtaining external funds. They offer assistance across the entire spectrum of sponsored programs activities, from identifying a potential source of funding to reviewing the terms and conditions of awards made to the institution. Services of OSP include:

*Identifying Faculty Interests.* The Office of Sponsored Programs wants to know about faculty research interests to better match the incoming program announcements with the interests and expertise of WKU faculty.

*Disseminating Information about Sponsored Programs.* OSP receives a wide variety of information from funding sources and can assist faculty in obtaining program guidelines, application kits, award lists and tips on writing effective proposals. Notices of grant opportunities are regularly distributed to WKU faculty and staff.

*Searching for Funding Sources.* Computerized searches of databases of potential sources of funding are available to the WKU campus through the sponsorship of OSP. The Office also assists in arranging visits to agency offices in Washington, DC, and serves as the campus liaison to the offices of federal, state and foundation funding agencies.

*Grant Preparation & Administration Seminars.* OSP offers a variety of seminars on preparing grant proposals and administering awards. Each semester a basic course in proposal development is offered, and mini-seminars focusing on specific topics are offered throughout the year.

*Proposal Development.* Assists in developing or revising a proposal for submission.

*Budget Preparation.* Developing a budget requires attention to policies and regulations of sponsors as well as the internal policies governing sponsored programs at WKU. OSP provides a sample budget and tips on developing a budget that realistically reflects the costs of a proposed project.

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*Coordination of the Internal Sign-off Procedure.* Proposals submitted for external funding must first be routed through the University's approval process.

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*Post-Award Assistance.* Negotiates and approves grant and contract awards, prepares charts of accounts, authorizes setting up a university account, informs PIs of terms and conditions of awards, negotiates and issues sub awards to other institutions and organizations, approves all post-award budget modifications, negotiates funding extensions, manages research ethics (including intellectual property, copyright, human subjects, biosafety issues), and assists PIs with final closeout of awards.

*Follow-up Consultations.* Provides a *follow-up consultation* when a proposal has been denied funding. OSP can assist in obtaining (and interpreting) reviewers' comments and revising the proposal for resubmission.

### **Policies, Procedures and Practices.**

All tenure-track faculty in the PH Program are expected to engage themselves and their students in active, relevant community-based and applied research related to population and environmental health. Collaboration with public health partners is encouraged and facilitated by the partnerships with the local, regional and national public health agencies. Engaging students in research affords them opportunities to develop the skills critical for generating scientific evidence that is critical to evidence-based public health practice.

Active engagement in research is required as part of the Promotion and Tenure (P & T) process for tenure-track faculty. Upon hiring, each tenure-track faculty member is provided with a copy of the P & T guidelines which are published electronically in the WKU Faculty Handbook at:

<http://www.wku.edu/senate/documents/master-wku-faculty-handbook-21st-edition.pdf>

These guidelines and criteria are also available in the ERF Criterion 3 Folder.

The University, CHHS and DPH provide institutional support that perpetuates a culture of research and scholarly activities such as investments in the support of research administration and facility infrastructure. DPH follows the University research policies, procedures and practices.

While non-tenure-track faculty members are not contractually required to engage in research, it is encouraged in the PH Program. All faculty are evaluated each year based on the criteria required in the WKU Annual Evaluation Process.

Faculty can “buy out” teaching time on funded projects, or may be awarded special pre-assigned time to conduct research, funded or unfunded. Application for reassigned time requires approval of the department head, dean and provost at WKU.

### **PH Program Research Infrastructure Support**

To promote its overall program of research and funding, the College of Health and Human Services maintains several important relationships and activities. A key member in this endeavor is the CHHS Associate Dean for Research who reports directly to the Dean and supports/facilitates interdisciplinary research teams in the CHHS with research and grant proposals. The Assistant Dean for Research serves on the CHHS Research and Grant Committee as ex-officio member and represents the CHHS on WKU’s Research Council. This Research and Grant committee assists in promoting College-wide collaborative research and committee members are selected at the discretion of the Dean. The Associate Dean for Research serves as the chair of this committee. Suggested committee activities for the coming year include: (1) support a research symposium annually to discuss and share research in the college; (2) identify recipients of mini-grants through the Dean’s office.

Each fall and spring semester, the CHHS Research Committee accepts applications from faculty and students for research funding. While this type of "college level" funding is not unique to CHHS, it is not something provided by all colleges. Faculty must obtain an endorsement from their Department Head, while students must have endorsement from a faculty mentor. Due to a limited budget, there is strong competition for these research scholarships. Thus, the CHHS Research Committee considers carefully each application and only awards those of the highest merit.

### **Seed Grants and other Support**

#### Research and Creative Activities Program (RCAP)

RCAP funding is provided by the Office of Research to encourage faculty to develop individual or collaborative research projects leading to the pursuit of external funding sources or the promotion of scholarly and creative activities. Funds target all disciplines and academic pursuits, including international activities, entrepreneurial efforts, and innovative scientific or artistic enterprises. All projects should aim to incorporate undergraduate and/or graduate students, whether monetarily supported by RCAP or not.

*Category I* funds are considered "seed" monies to enhance the competitiveness of a subsequent submission of a new or renewal proposal for external funding. It awards up to \$16,000 and targets all disciplines. Applicants without prior extramural funding must identify a grants mentor who may use up to \$1,000 for travel to scholarly meetings, if noted in the proposed budget.

*Category II* funds support the general development, expansion, or enhancement of faculty research and scholarly activity, and/or the creative and performing arts. Awards range up to \$8,000.

#### Faculty-Undergraduate Student Engagement (FUSE)

FUSE grants are designed to support undergraduate students' intellectual development by fostering active engagement in the areas of research, creative and scholarly activities, and/or artistic performances. All undergraduate students in good academic standing who will reach at least sophomore

status at the time of award may apply. FUSE is well-suited for sophomore and junior level undergraduates. All areas of research, creative activity, and artistic performance are eligible. Projects must be student- initiated, although the initial concept can originate from the faculty mentor. Students are encouraged to propose activities that have an international component and may coordinate FUSE projects with existing study abroad opportunities. In addition to the standard FUSE award package, supplemental funding may be awarded to support unavoidable increases in expenditures due to the international component. Up to \$3,000 that can be used for 1) project-related expenses (including travel needed to carry out research); 2) student to travel to a conference to present; and 3) travel for the faculty mentor to accompany the student to that conference.

Adam Kratt, a former undergraduate student in EHS received a FUSE grant under Dr. Iyiegbuniwe's mentorship (Belize January 2014/FUSE Award #14-SP173). The purpose of the grant was to support the student in conducting "Research on Indoor Air Quality in Gales Point, Belize." The results were presented at both the KPHA and APHA conferences in 2014.

#### Quick Turn Around Grants (QTAG)

Quick Turn-Around Grants are small grants in the amount of \$1,000-\$3,000 for research and creative activity, funded by Facilities & Administrative costs accrued through the external grant process. These funds are provided to support critical and immediate needs, and are intended to be spent within three months of being awarded. Examples of QTAG activities are travel to conduct research at an archive, costs associated with shipping artwork for an exhibit, purchase of lab supplies to further existing research, and/or costs associated with mailed survey materials.

Funds may be used to support research assistants; materials and supplies; travel/shipping/other expenses to conduct research/creative activity or the dissemination of research/creative activity. Requests for conference travel must include a copy of the program, or other evidence, clearly indicating your attendance at the conference is for the purpose of disseminating research or creative activity. This might also include participation in a panel, a scheduled workshop, an exhibition, or similar venue.

Requests must be submitted by the last day of the month preceding the month in which the funds are needed. Awards will be made by the 15<sup>th</sup> of the following month and are expected to be spent within three months.

Faculty may only receive one QTAG award. Unsuccessful applications may be revised and resubmitted for subsequent funding cycles. <http://www.wku.edu/chhsresearch/qtag.php>

#### WKU Research Foundation

Since July 1, 2001 the WKU Research Foundation has become operational as the unaffiliated fiscal agent of most external funds from grants, contracts, and cooperative agreements. The rapid growth of external funding in the form of grants, contracts, and cooperative agreements stimulated the formation of the WKURF. With the WKURF as the fiscal agent for WKU on external proposals and awards, the efforts of WKU's faculty and staff members, along with their students, have increased external awards significantly. The foundation is thus a big step to the next level of funding. But the figures are not as important as the research, instruction, and public service programs that these funds make possible. New programs to increase student learning and faculty development are the results of these combined efforts. New positions in all of the academic colleges and many support units have invigorated WKU with activities and infrastructures that would not have been possible under state funding alone.

The WKU RF provides many services that would not otherwise be available to the university. It promotes financial flexibility; provides incentives for intellectual property opportunities; provides customized services for contracting with business and industry; and, most importantly, helps WKU to attract and retain quality researchers. The WKURF accomplishes these services by promoting the development, implementation, and coordination of extramurally-funded sponsored programs.

*Faculty Incentive Program.* An agreement between WKU and the WKU Research Foundation allows faculty members to receive incentive payments for charging time and effort to extramural sources. By mutual consent with the Department Head, a faculty member can use funding from external sources (“buying out”) to pay a portion of their salary, and thus become eligible for an incentive bonus; as follows:

- Grants that carry full F&A (42%) will result in a bonus of 40% of the salary saved.
- Buy out from all other sources will result in a bonus of 20% of the salary saved.
- The percentage of salary “bought out” shall not exceed the following for any given semester:
- 60% for faculty on nine-month contracts;
- 40% for faculty with appointments at the level of department head/director; and
- 20% for faculty with administrative appointments at the level of dean or higher.
- Bonuses are paid by the WKURF into the faculty member’s paycheck after the semester in question.

Drs. Taylor and Golla received funding from the WKU Research Foundation in Fall of 2012 to supplement their Kentucky State funding for the development of the HazWatch System (\$100,000). The HazWatch System is an innovative system that will provide real-time hazardous material commodity flow data, vital reporting of statistics for incident planning, interactive applications with Emergency Management and messaging services.

3.1.b: Description of current research activities undertaken in collaboration with local, state, national or international health agencies and community-based organizations. Formal research agreements with such agencies should be identified.

The PH Program has a strong history of collaborating with local community partners. Currently the faculty are involved in a number of research projects spanning the continuum of Vet Dogs and PTSD to combining worksite wellness with worksite protection. These research initiatives have provided the PH faculty with opportunity to collaborate with external agencies, including funding agencies. Table 3.1.c outlines the research and scholarship activities that the PH core faculty are currently engaged in, including the amount of funding. A brief summary of six projects that involve community partners are outlined below.

Barren River Initiative to Get Healthy Together (BRIGHT) Project. The purpose of this six year longitudinal study is to examine the impact of the 5-2-1-0 educational program and track childhood Body Mass Index (BMI) data from two Bowling Green elementary school students in Kindergarten through fifth grade. Two schools are participating; the control school is using health education not related to 5-2-1-0 and the intervention school is employing a 5-2-1-0 health education scheme. Specifically, the study will measure obesity levels among elementary students in kindergarten through fifth grade and reduce obesity by promoting healthy habits among elementary students. At the baseline, children in both intervention and control schools had similar demographic characteristics, such as

gender and race/ethnicity, except for grade levels. BMI categories were similar between intervention and control schools (normal weight 50.0% vs. 47.4%, overweight 18.0% vs. 16.8%, and obese 23.8% vs. 29.5% for intervention and control schools respectively). Children at the intervention school received a previously developed and validated 10-item questionnaire assessing behaviors related to the 5-2-1-0 program at pre-test. Repeat assessment was conducted May, 2015. Children at the intervention school also received educational 8 sessions conducted one-hour per month on healthy behaviors related to the 5-2-1-0 program. Children at the control school received educational sessions not related to the 5-2-1-0 program (e.g. dental hygiene, bullying, etc.). The BRIGHT Project is a collaboration among Western Kentucky University Department of Public Health, Barren River District Health Department, The Medical Center Health and Wellness Center and Bowling Green Independent Schools.

Integration of Health Promotion and Health Protection in Workplaces Located in a Rural State: Challenges and Implementation of Interventions. Workplaces are struggling with cost incurred in areas of both health protection and health promotion. Companies and employees must work together through organizational principles, policies, and practices as well as individual efforts to create a culture of health, not only at the workplace, but also within the community and the home. This study will begin November, 2015 in Kentucky's south central Barren River Area. The aim of the study is to examine and promote the integration of health protection and health promotion to create a bond of responsibility between employer and employee. Few studies have examined the integration of health promotion and health protection in workplaces located in rural states. The study will have two phases. In the first phase, an assessment instrument, designed and validated by the Harvard School of Public Health Center for Work, Health and Wellbeing, will examine practices related to health protection and practices related to health promotion and the relationship between the two. In phase two, interventions designed through the SafeWell Practice Guidelines, also developed by Harvard, will be implemented. From this study, barriers as well as existing infrastructure could be identified to implement comprehensive programs that would integrate health protection and health promotion as well as examine the organizational approach to the Total Worker Health concept. Companies in south central Kentucky' Barren River Area Development District (BRADD) that have an established health promotion program and an established health protection program, with interest in merging the two, will be chosen for this study. This is an opportunity to pilot best practices for the integration of health protection and health promotion in workplaces located in rural states.

Barriers to Wellbeing in the Barren River Area Development District. This study examined nearly 7,000 responses to a community wellbeing survey that examined five wellness areas: factors affecting health; use of local farmers markets; use of employer wellness programs; sources of payment for health and dental services; and need for travel out of home county for health-related services. Although 45 to 56% of responders had little or no concern about their ability to buy fresh and healthy foods, access places to be physically active, exposure to tobacco, afford medications and doctors' fees and access a doctor when needed. However, other participants expressed moderate to huge concerns and felt this could have a severe effect on their own health or that of their family. Women expressed the most concerns about these areas, particularly buying fresh and healthy foods (40%) and having access to places to be physically active (31%). Inability to buy healthy foods ranked highest among the oldest (42%) and youngest (41%) participants. Not surprisingly, individuals with only high school or less education ranked each of the 11 possible items on the survey as having a moderate to huge impact on their health. Nearly half said not being able to buy fresh and healthy foods would affect their health. Nearly two out of three survey participants said they bought food from a local farmers market in the past year. However, these participants varied by age and education. Individuals in the 18 to 24 age group used farmers markets the

least (less than 7%). Farmer's market use increased among those with higher education. The higher the education, the higher their reported use. For those whose employer did offer a wellness program, nearly 50% said they participated in these programs. Men reported slightly higher rates of wellness programs compared to women. Responders between the ages of 25 to 64 were the highest users (48 to 57%) and the higher the education, the higher their reported use. Four main sources of payment for care were reported: Medicare, Medicaid, private insurance, and cash. A number of other sources were also given. Not surprisingly, the youngest age group cited Medicaid (42%), the eldest group said Medicare (73%), and the 45 to 64 year old group had the highest frequency of payment by private insurance (76%). When examined by education level, Medicare and Medicaid usage decreased as education increased. In contrast, frequency of payment by private insurance and cash increased as education increased. A surprising number of participants traveled out of county to visit their doctor. The most frequently cited reason was to see an obstetrician or gynecologist (37%). Nearly 48% of women traveled out of county to see an OB/GYN and another 31% traveled to see their primary care doctor. Individuals in the 25-44 age group traveled out of county more than other age groups. Those in the 18 – 24 group traveled out of county more to see providers who take Medicaid. One message that resonates from these survey findings is that the BRADD district is very diverse in terms of knowledge and need. The BRIGHT Coalition faces many challenges in identifying, addressing and individualizing approaches to information and services in the 10 counties.

Shelby County Commodity Flow Study Abstract. A Commodity Flow Analysis of Hazardous Materials for Interstate 64 (I-64), was conducted by Western Kentucky University in partnership with the Shelby County Local Emergency Planning Committee (LEPC). This study specifically focused on the portion of the I-64 corridor located in Shelby County, Kentucky. Components of the commodity flow analysis included a placard survey on multiple road ways and a rail road and an analysis of fixed facilities. The purpose of this study was to present information regarding the patterns of hazardous materials transportation observed in Shelby County from July 6, 2015 through August 11, 2015. Finally, the study assessed survey information that was collected from fixed facilities within Shelby County that ship and receive hazardous materials. The commodity flow analysis was necessary in order to provide the Shelby County LEPC with information about hazardous materials transport patterns to better prepare for potential incidents and releases of hazardous materials. The data collected will assist in the emergency planning process by providing valuable information about frequently observed hazardous materials within the duration of the study.

Selection of *E. coli* surrogates for produce safety. *Escherichia coli* are often used as surrogates for pathogens in quality control and food safety research. It is important that the surrogate *E. coli* be representative of produce pathogens. A key step in selecting appropriate surrogates is to understand their survival relative to produce pathogens. In this research, 63 *E. coli* have been chosen from 1,346 isolates taken from animal and surface water sources. These environmental *E. coli* isolates, the produce related pathogens *Salmonella typhimurium*, *E. coli* O157:H7, and a common FDA quality control *E. Coli* strain were characterized for factors related to survival in soil and on plant surfaces. Isolates with the greatest biofilm formation, soil and lettuce leaf adhesion were selected as improved pathogen surrogates for use in greenhouse studies. These studies will measure surrogate and pathogen survival in soils and on plant surfaces in greenhouse studies where contamination is applied via spray or drip irrigation. Results of the research will be used to assess current produce safety procedures and evaluate sampling standards for pathogen detection on produce.

Association of Body Mass Index and Waist Circumference on Risk for Hypertension. This research was a collaborative effort between faculty and students in the Dept. of Public Health. The body mass index (BMI) and waist circumference (WC) are a risk of hypertension, but their potentially multiplicative effect on hypertension is underexplored. The aim of the study was to examine modifying effects of BMI and WC on hypertension using a nationally representative U.S. adult sample stratified by gender. Data were derived from the 2009–2010 NHANES. Overweight and obesity were based on BMI of 25.0–29.9 and C 30 kg/m<sup>2</sup>, respectively. High-risk WC was based on C 102.0 and C 88.0 cm for males and females, respectively. Hypertension was determined by systolic/diastolic blood pressure of C 140/C 90 mmHg, or taking prescribed medications. Logistic regression was used to examine the association between hypertension and BMI and WC by gender. Interaction terms were added to examine if BMI modified the effect of WC on hypertension. Results showed both BMI and WC were significant predictors of hypertension in overall population. Gender-specific models indicated that BMI played an important role in hypertension risk among males, but WC in females. The interaction effects were present among males implying that the association of WC with hypertension was stronger if subjects were overweight or obese. This effect, however, was not present in females.

Efficacy of VetDogs in reducing the effects of PTSD. This project is a collaboration involving America's VetDogs (an affiliation of the Guide Dog Foundation) and WKU's Department of Public Health. The study is designed to assess the efficacy of VetDogs in reducing the effects of Post-Traumatic Stress Disorders (PTSD) among combat veterans. VetDogs are specifically trained to provide assistance to individuals diagnosed with PTSD. In addition to the basic obedience and service dog training VetDogs are also trained to perform commands that help mitigate the PTSD.

As evidenced in Tables 3.1.c.1 and 3.1.c.2, Public Health faculty research interests and other scholarly activities are diverse.

3.1.c: A list of current research activity of all primary and secondary faculty identified in Criteria 4.1.a and 4.1.b., including amount and source of funds, for each of the last three years. These data must be presented in table format and include at least the following: a) principal investigator and faculty member's role (if not PI), b) project name, c) period of funding, d) source of funding, e) amount of total award, g) amount of current year's award, g) whether research is community based and h) whether research provides for student involvement. Distinguish projects attributed to primary faculty from those attributed to other faculty by using bold text, color or shading. Only research funding should be reported here; extramural funding for service or training grants should be reported in Template 3.2.2 (funded service) and Template 3.3.1 (funded training/workforce development). See CEPH Data Template 3.1.1.

Table 3.1.c.i and Table 3.1.c.ii details faculty involvement in research, in which they are the principle investigator for each of the past three academic years. Unless otherwise indicated by foot note, all are primary faculty in the PH Program.

**Table 3.1.c.i Externally Funded Research Activity from 2012-13 to 2014-2015**

Project Name	Principal Investigator (Faculty Role)	Funding Source(s)	Funding Period Start/End	Amount Total Award	Amount 2012-13	Amount 2013-14	Amount 2014-15	Community-Based Y/N	Student Participation Y/N
Value of Serum M2PK in Colorectal Cancer Screening Among Underserved Populations	Dr. Zhu <sup>27</sup>	KBRIN AREA (NIH)	2012-2013	\$52,000	\$52,000	--	--		
Brain Research to Ameliorate Impaired Neurodevelopment	Dr. Shearer	NIH/UAB Birmingham (sub contract)	2009-2013	\$128,970	\$32,242	--	--	N	N
Kentucky and Appalachia Public Health Training Center (KA-PHTC)	Dr. Shearer	HRSA/ U of KY (Subcontract)	9/2010-8/2013	\$49,027	\$13,410	---	--	y	y
Worksite Assessment for Kentucky Dept. of Public Health	Dr. Watkins	Kentucky Dept. of Public Health	1/2013-4/2014	\$28,105	--	\$28,105	--	Y	Y
Noise and Air Quality Exposure Assessment	Dr. Iyiebuniwe	Leggett & Platt	2012	\$3,250	\$3,250	---	---	y	y
Environmental Health Science Program at WKU	Dr. Iyiebuniwe	NIOSH/ U. of Cincinnati	7/2014-Present	\$100,000	---	---	\$100,000	---	---
Produce Safety: Non-pathogenic <i>E-Coli</i> isolates...	Dr. Golla Dr. Taylor	USDA ARS (Center for Produce Safety)	2/2014-11/2015	\$65,466	---	---	\$65,466	N	Y
Selection of <i>E-Coli</i> Surrogates with Attachment	Dr. Taylor	USDA ARS (Center for Produce Safety)	2/2014-11/30/2015	\$32,733	--	--	\$32,733	N	Y
Occurrence of Synthetic Estrogen in Surface Water, Source Water, and Drinking Water in the Barren River Watershed	Dr. Taylor	Kentucky Water Resources Research Institute	3/2012-2/2013	\$4,978	\$4,978	---	---	Y	Y

Assessment of Stream Corridors within the City of Gallatin's MS4	<b>Dr. Taylor</b>	City of Gallatin, TN	1/2015-6/2015	\$5,773	---	---	\$5,773	Y	Y
Commodity Flow Study of Hazardous Material Transport in Henderson Co., Kentucky	<b>Dr. Golla, Dr. Taylor</b>	Henderson Co. Emergency Management Agency	5/1/2013-9/30/2013	\$16,363	\$16,363	---	---	Y	Y
Commodity Flow Study of Hazardous Material Transport in Daviess Co., Kentucky	<b>Dr. Golla, Dr. Taylor</b>	Daviess Co. Emergency Management Agency	5/1/2013-9/30/2013	\$16,593	\$16,593	---	---	Y	Y
Commodity Flow Study of Hazardous Material Transport Rowan Co., Kentucky	<b>Dr. Golla, Dr. Taylor</b>	KAS	5/5/2014-9/30/2014	\$19,566	---	\$19,566	---	Y	Y
Commodity Flow Study of Hazardous Material Transport in Montgomery Co., Kentucky	<b>Dr. Golla, Dr. Taylor</b>	Montgomery Co. Emergency Management Agency	4/14/2014-9/30/2014	\$19,411	---	\$19,411	---	Y	Y
Madison County Haz Material Incident Prep. Assessment	<b>Dr. Golla, Dr. Taylor</b>	Madison County LEPC	11/2012-8/2014	\$17,451	\$8725.50	\$8725.50	---	Y	Y
Hazardous Materials Commodity Flow Analysis in Louisville-Jefferson County, Kentucky	<b>Dr. Golla, Dr. Taylor</b>	Louisville/ Jefferson Co. Emergency Management Agency	2011-2012	\$67,038	\$56,400	---	---	Y	Y
Hazardous Materials Commodity Flow Analysis Shelby Co., Kentucky	<b>Dr. Taylor</b>	Shelby Co. Emergency Management Agency	5/1/2015-9/30/2015	\$35,140	---	---	\$35,140	Y	Y
Hazardous Materials Placard Survey	<b>Dr. Taylor</b>	Madison Co. LEPC	5/1/2013-9/30/2013	\$16,219	\$16,219	---	---	Y	Y

Hazardous Materials Placard Survey	<b>Dr. Taylor</b>	Madison Co. LEPC	5/1/2014-9/30/2014	\$16,045	---	\$16,045	---	Y	Y
Watershed Health Visual Assessment for MS4 Phase II Permit, Goodlettsville, TN	<b>Dr. Taylor</b>	City of Goodlettsville, TN	8/1/2015-12/15/15	\$7,967	---	---	\$7,967	Y	Y
Laboratory Identifications and Quantifications of Stream Macroinvertebrate Samples	<b>Dr. Taylor</b>	City of Goodlettsville, TN	4/2013-5/2014	\$3,640	---	\$3,640	---		Y
Hazardous Material Information System for Emergency Response: HMISFER Project	<b>Dr. Golla, Dr. Taylor, Dr. Baylis<sup>28</sup>, Mr. Tivol<sup>28</sup></b>	Commonwealth of Kentucky Office of Commercial-action and Innovation, WKU Research Foundations, EWA Government Systems Inc.	3/2012-12/2014	\$100,000	\$33,333	\$33,333	\$33,333	Y	Y
<b>Totals</b>				<b>\$826,575</b>	<b>\$274,354</b>	<b>\$128,826</b>	<b>\$280,412</b>		

<sup>27</sup> Dr. Zhu left the Program in summer 2015

<sup>28</sup> Dr. Baylis was Associate Provost of Research and Mr. Tivol was from EWA Government Systems

**Table 3.1.c.ii Internally Funded Research Activity from 2012-13 to 2014-2015**

Project Name	Principal Investigator (Faculty Role)	Funding Source(s)	Funding Period Start/End	Amount Total Award	Amount 2012-13	Amount 2013-14	Amount 2014-15	Community-Based Y/N	Student Participation Y/N
Study of Ergonomic Exposures and Prevalence of Computer Related Musculoskeletal Symptoms among University Employees	<b>Dr. Golla</b>	WKU Research Foundation	2012-2013	\$2,894	\$2,894	---	---	---	---
Hazardous Material Information System for Emergency Response: HMISFER Project	<b>Dr. Golla,</b> <b>Dr. Taylor,</b> <sup>28</sup> <i>Dr. Baylis,</i> <sup>28</sup> <i>Mr. Tivol</i> <sup>28</sup>	Commonwealth of Kentucky Office of Commercial-action and Innovation, WKU Research Foundations, EWA Government Systems Inc.	3/12-12-14	\$100,000	\$33,333	\$33,333	\$33,333	---	---
A Pilot Study of Indoor Air Quality Assessment of Selected Homes in Gales Point, Belize	<i>Adam Kratt (Student, Co-PI)</i> <sup>29</sup> <b>Dr. Iyiebuniwe</b> (Co-PI)	WKU FUSE grant	2013	\$5,500	---	---	---	Y	Y
BRIGHT (Barren River Initiative to Get Healthy Together)	<b>Dr. Macy</b>	College of Health and Human Services Faculty Research Fund	2014-2015	\$3,307	---	---	\$3,307	Y	Y
<b>Totals</b>				<b>\$,111,701</b>	<b>\$40,277</b>	<b>\$33,333</b>	<b>\$40,640</b>		

<sup>29</sup> Adam Kratt was an undergraduate student

3.1.d: Identification of measures by which the program may evaluate the success of its research activities, along with data regarding the program’s performance against those measures for each of the last three years. For example, programs may track dollar amounts of research funding, significance of findings (eg, citation references), extent of research transcribe (eg, adoption by policy or statute), dissemination (eg, publications in peer-reviewed publications, presentations at professional meetings) and other indicators.

Outcome Measure	Target	2012/2013	2013/2014	2014/2015	Action
External Funding	Total (N) 10k faculty	274,354 (12) \$22,863	128,826 (12) \$10,736	280,412 (11) \$25,492	Met
Refereed Journal Publications	0.5 per faculty headcount	Target=6 8	Target=6 11	Target=5.5 9	Met
% faculty procuring non-training related grant or contract (internal or external)	50% of faculty	42% (5 of 12)	42% (5 of 12)	46% (5 of 11)	Consider reducing target
% faculty conducting community-based research	50% of faculty	42% (5 of 12)	33% (4 of 12)	46% (5 of 11)	Review definition of CBR
Submit at least one manuscript annually to a peer-reviewed journal	50% of faculty	58% (7 of 12)	67% (8 of 12)	73% (8 of 11)	Met
Present at one or more national or regional/state conferences	50% of faculty	N=12	N=12	N=11	Consider reducing target
		National 33% (4)	25% (3)	42% (5)	
		Regional/State 33%(4)	50%(6)	50% (6)	
Faculty presentations involve students	25% of presentations	61% (11 of 18)	61% (20 of 33)	82% (18 of 22)	Met
Faculty research projects involve students	25% of research projects	92% (11/12)	100%(7/7)	100%(8/8)	Met
Funded		69%(11/16)	67%(8/12)	100% (11/11)	
Overall					

Three of our outcome measures for research were not met and require explanation. Procuring grant funding in the current shrinking-extramural-monies- climate is difficult, at best, even for seasoned researchers and grant writers. In this reality, faculty who carry 12 – 12 teaching loads and struggle to find spare time to publish are less than enthusiastic about looking for and writing a grant. In spite of the many resources put at our disposal for pursuing grant funding, few faculty take advantage of it.

A second outcome measure that was not met is presenting at conferences. With the exception of 2012/2013, the target was met for attending regional and state conferences, no doubt because of their close proximity and lower costs. However, national conferences have become very expensive to attend. In spite of the fact that faculty receive financial support for conference travel and housing, there is usually a serious financial gap that requires personal out of pocket spending. This may be acceptable for one conference per year, but it becomes quite expensive to attend two or three.

The third unmet measure is the number of faculty who conduct community-based research. Given the nature of what our faculty do in the community this should be much higher but it was not reflected in the Achievement Forms that they completed for the self-study. It may be that with the next iteration of the form we will need to develop clearer instructions, including the definition of community based research and that research that was not grant funded should also be counted.

### 3.1.e: Description of student involvement in research

Basic research principles are embedded in core and concentration courses, but beyond these exposures. The PH program does not have a mandatory requirement for involving students in research but over forty percent (43%) of students completing the PH Exit Survey in spring 2015 (N=17) reported involvement with research outside of course requirements. Although we are not able to ascertain if these students were graduate assistants, the numbers suggest that most students have exposure to research.

As shown in Table 3.1.d and detailed in ERF Criterion 3 Folder, faculty have made concerted efforts to involve students in research: they may attend meetings with the faculty, as part of a research team, they may perform primary data collection and data entry, assist with analyses, and collaborate on posters, papers and publications. The proportion of presentations quadrupled during the self-study period.

There is still the need to provide students with access to a wider selection of research opportunities as well as to match them with faculty, in and beyond the MPH program, who have similar interests. Utilizing the organizational site on Blackboard can improve this need, as it provides faculty a venue to easily announce opportunities for student involvement in their own lines of research as well as for announcing calls for abstracts, funding information, etc. Faculty need regular reminding to use this resource.

Institutionally, student research is supported through two small grants programs. The Office of Research offers FUSE grants (Faculty-Undergraduate Student Engagement) to undergraduate students. The Graduate School offers Graduate Student Research Grants. To encourage research on a wide basis, the Graduate Student Research Grant committee (GSRGC) will fund as many projects as possible. Thus, grants are limited to a maximum of \$2000, except for unusually meritorious requests. Students also receive financial support from CHHS, DPH, the Graduate School, and special initiatives through Academic Affairs for conference travel to present research at state and national meetings.

WKU also hosts a student research fair in which undergraduate and graduate students present original research and compete for top ranking within their division.

### 3.1.f: Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

**This criterion is met.**

## **Strengths**

The WKU environment is conducive to research and scholarship activities. Core faculty actively engage in applied, collaborative research that contributes to the practice of public health. Faculty involves students in research as evidenced by the proportion of projects and presentations with student involvement. The PH program has consistently met its targets for all scholarship outcome measures over the past three years.

The Office of Sponsored Programs subscribes to a number of grant and funding repositories through which they identify relevant funding opportunities that match faculty research interest. Annual faculty evaluations are based in part on the requirement for research, thus providing reason for faculty members to remain engaged in research.

The new Associate Dean for Research at CHHS is Dr. Vijay Golla, a core faculty member in our program. His role and mission is to increase research and extramural funding in the College of Health and Human Services as well as increase collaborative research across the college. In this role he serves as the chair of CHHS Research and Grant Committee. He has continued a CHHS program that has been successful in increasing writing efforts among faculty. At least one day a month is set aside for CHHS Writing Day from 8 am to 4 pm in a quiet setting. Faculty members “reserve” a space and lunch, coffee, and tea are provided so they don’t have to leave to go somewhere for food/ drinks. Several of the PH faculty members have participated in the Writing Day opportunities. The Dean, Dr. Chumbler, also recently recruited Dr. Colin Farrell to serve on the CHHS Research and Grant Committee. These are important linkages that will help the program to collaborate and expand its research and publication agenda.

## **Weaknesses**

Established targets for research success are modest, but appropriate, and recognize the *process* of research – and not just the outcomes – as valid indicators of success in scholarship. A more outcomes-driven model, such as requiring a certain number of peer-reviewed publications annually, would likely dissuade faculty from conducting extensive community-based participatory research given the time and effort this requires, especially given rigorous teaching loads.

The PH Program’s research output is modest. It suffers, in part from having a “low profile” within the College and University. A research symposium is conducted annually to discuss and share research in the college. There is also a spring poster session sponsored by the Dean’s Office. Both of these are waiting opportunities to improve our low profile. However faculty members may require strategic encouragement and prompting to make these opportunities a higher priority in their busy schedules. Currently we are doing very little research with undergraduate students. This is an untapped opportunity.

## **Strategic Plans**

It is expected that more grant submissions, research collaborations and engagement of students in these activities will occur in the future. To this end, when faculty members retire or vacate positions the program will be selective in the assembly of faculty that have been successful in attracting extramural funding and strongly request they engage students in their research agendas. We will continue to foster relationships with community partners to develop research ideas and to collaborate on research that is needed for public health practice improvement.

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

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

The mission of the PH Program is "To prepare competent public health practitioners – through instruction, research and service. Service is an integral and essential component of WKU's mission and one of the areas in which faculty are evaluated annually and for promotion and tenure (as described in 4.2.c). The Faculty Handbook includes, as areas of public service, service to "local, state, and/or national governmental and advisory boards, agencies, commissions; to business and industry or private citizens as technical expert or member of policy advisory committees; as organizers/directors of seminars, workshops and/or other conferences." (pg 24). In this context, the PH program has not experienced the need to develop a formal policy about service activities per se. The Program believes that providing quality education includes a significant service component, and it has established specific goals and objectives for service activities. Sections 1.1 and 1.2 of this document describe these goals and objectives. The Program holds itself accountable to faculty and student participation in service activities that contribute to the advancement of public health practice through measurable indicators of performance as described in Section 1.2.

3.2. b: Description of the emphasis given to community and professional service activities in the promotion and tenure process.

The PH Program evaluates its core faculty members' performance by looking at their levels of teaching, scholarly work and by the level of service they render to the community. Service is an essential component for the promotion and tenure criteria for faculty at WKU as specified in Part II.B of the University's 21st edition Faculty Handbook, e.g.. *"Among the components of the total workload of the faculty member are classroom and laboratory instruction; scholarly activities including research and creative endeavors; student consultation and advising; assisting in the administration of the work of the department or college; service on departmental, college or University committees; representing the University in a service or consultative role to schools, governmental or outside agencies; and other duties incidental to the above or as assigned by the head of the department, dean of the college, Provost, or the President." ..."Full workload assignments for full-time faculty members are distributed across teaching, research/creative activities and service."* Furthermore, a faculty member may initiate a request for a special assignment for research or service activities.

Faculty are also encouraged to engage in service activities at local, regional, state, and national levels. The institution, college and PH Program support faculty service by providing professional development monies from a variety sources for travel and service related expenses.

3.2. c: A list of the program’s current service activities, including identification of the community, organization, agency or body for which the service was provided and the nature of the activity, over the last three years. See CEPH Data Template 3.2.1. Projects presented in Criterion 3.1 should not be replicated here without distinction. Funded service activities may be reported in a separate table; see CEPH Template 3.2.2. Extramural funding for research or training/continuing education grants should be reported in Template 3.1.1 (research) or Template 3.3.1 (funded workforce development), respectively.

**Table 3.2.1. Faculty Service from 2012-2015**

Faculty member	Role	Organization	Activity or Project	Year(s)
Gary English <sup>30</sup>	Committee Member	Kentucky Health Foundation	BOST Conference Planning Committee	2014-2015
	Manuscript Reviewer	Journal of School Health	Manuscript reviews	2010-Present
	Manuscript Reviewer	Journal of Health Education Teaching Techniques	Manuscript review	2011-Present
	Evaluator	Guide Dog Foundation	PTSD- Vet Dog Study/ Evaluation Study	2015- Present
Darlene Shearer	Advisory Board Member	Barren River Community Health Planning Counsel	School Stakeholders Group	2012-Present
	Member	Barren River District Health Department	HPV Coalition	2014-Present
	Advisory Committee Member	Kentucky and Appalachia Public Health Training Center (KA-PHTC)	Development and review of survey for assessing Linkages competencies for KY	2012-2015
	Review Panel Member	Barren River District Health Department	Fetal Infant Mortality Review Panel	2010-present
	Site Visitor	CEPH	Reviewer on a CEPH site visit	2012-2013
	Grant Reviewer	CDC	Special Emphasis Panel for DP15-007 Effectiveness of Teen Pregnancy Prevention	2014-2015
	Member	APHA	MCH ad hoc committee	2012-13
	Consultant	International Portage Association- Georgia	Provided training and consultation to the Portage Association of Georgia (country)	2012-2013
	Survey Developer	Elkton & Todd County Health Department	Todd County Tobacco Information Project	3/30/2014-present
Ritchie Taylor	Analyst/Author	Barren River District Health Department and BRIGHT Coalition	Analysis of Responses to Community Wide Surveys and report development	2012/2013 & 2014/2015
	Reviewer	Water Environment	Review of journal	2014-presesnt

		Foundation	articles/scientific manuscripts	
	Committee Member	Kentucky Environmental Public Health Workgroup	Committee on Environmental Public Health Tracking For Kentucky	2010-Present
	Technical Advisor	City of Goodlettsville, TN	Storm Water Program	2010-Present
	Technical Advisor	City of Millersville, TN	Storm Water Program	2010-Present
Vijay Golla	Committee Member	NIOSH Education and Research Center	Pilot Research Program	2011-Present
	Member	Kentucky Department of Public Health	Kentucky Environmental Public Health Tracking Network (KYEPTN)	2010-Present
	Subcommittee Member	National Institute for Occupational Health and Safety (NIOSH)	National Occupational Research Agenda (NORA)-Agricultural Health	2010- Present
	Member	American Public Health Association	Occupational Health and Safety, Environmental	2007-Present
	Member	Kentucky Public Health Association		2007-Present
	Special Interest Group Member	American Industrial Hygiene Association	Academic Special Interest Group	2003-Present
	Committee Member	Green River District Health Department	Health Impact Assessment and Steering Committee	2010-2012
Jae Kim	Member	Western Kentucky University	Focus on Western	2012-2015
	Mentor	Western Kentucky University	Honors College: Honors Augmentation	2013-2015
	Judge	Western Kentucky University	Student Research Conference	2012-2015
	Review Committee Member	WKU: College of Health and Human Services	CE Review committee member	2012-2015
	Coordinator	United Way		2014-2015
Emmanuel Iyiegbuniwe	Director, faculty mentor, instructor	WKU: College of Health and Human Services	International Service Learning Project to Belize	2013
Emmanuel Iyiegbuniwe	Training Project Director/PI	National Institute for Occupational Safety and Health (NIOSH)	Training Project	2014-2015
Emmanuel Iyiegbuniwe	Chair	Environmental Health Science Program at WKU	Advisory Board	2013-2015
	Subcommittee	Building	Academic/University	2012-2015

	Member	Epidemiology Capacity in Kentucky (BECKY)		
	Committee Member	National Institute for Occupational Safety and Health	Pilot Research Program Steering Committee	2012-2015
	Reviewer/Moderator	National Institute for Occupational Safety and Health/ University of Cincinnati	Piolet Research Project for Grant Proposals in Occupational Health and Safety Research	2012-2015
	Member	KPHA		2012-2015
	Member	American Public Health Association	Occupational Health and Safety/Environmental Health SIGs	2012-2015
	Member	American Industrial Hygiene Association	Academic, Exposure Assessment and International SIGs	2012-2015
	Member	Association of Energy Engineers/ World Energy Engineering Congress	International Affairs Section	2012-2015
	Reviewer	Journal of Public Health Nursing	Manuscript Review	2012-2015
Cecilia Watkins	Advisory	KPHA	KPHA Board of Directors	2012-2014
	Advisory	American Cancer Society	Relay for Life	2012-2014
	Advisory	Worksites	Kentucky Worksite Wellness Advisory Board	2012-2014
	Member	BRADD District	Barren River District Planning Committee	2013-2014
	Member	Bowling Green, KY	Coalition for a Smoke-free Bowling Green	2013-2014
	Wellness Summit Planning Group Member	BRADD District	BRIGHT Coalition	2014-2015
	Member	Kentucky	Coalition for a Smoke-free Kentucky	2014-2015
Thomas Nicholson	Member	BG Cancer Board		2012-2015
	Member	BG Junior High YSC Board		2012-2015
	Member	KPHA		2012-2015
	Member	American Council on Science & Health		2012-2015
	Member		Marijuana Policy Project	2012-2015
	Member	Drug Policy Alliance		2012-2015
	Reviewer	J. Alch & Drug Ed J Substance Use	Manuscript Reviews	2012-2015

		Addic Res & Theory		
Gretchen Macy	Facilitator	Bowling Green City Schools	Facilitated educational lessons	2014-present
Gretchen Macy	Member	BRADD District	BRIGHT Coalition	2013-2015
Gretchen Macy	Member	BRADD District	BRIGHT-Worksite Steering Committee	2014-2015
Gretchen Macy	Chair	KPHA University Chapter Chair	Chair	2012-2015
Marilyn Gardner	Member	Rare Disease Support		2012-2015
Marilyn Gardner	Member	Healthy Weight Kids Coalition		2012-2015
Marilyn Gardner	Member	President's Club		2012-2015
Marilyn Gardner	Member	Office For Institutional Diversity	I am Diversity	2012-2015
Marilyn Gardner	Member	APHA		2012-2015
Grace Lartey	Reviewer	J. of School Health	Review manuscripts	2007-present
	Reviewer	McGraw-Hill	Review textbooks	2007-present
	Reviewer	J. of Public Health	Review manuscripts	2010-present

<sup>30</sup> Dr. English is the PH Department Head but is not a primary faculty member. All other faculty listed are considered "primary".

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

Table 3.2.c. Outcome Measures for Service

Outcome Measure	Target	12/13	13/14	14/15	Action
Faculty provide $\geq 1$ direct service activity	% faculty	N=12	N=12	N=11	<i>Met</i>
local	25%	58%	58%	73%	
state / regional	25%	67%	67%	82%	
national/international	25%	58%	58%	82%	
Faculty conduct continuing education and/or training workshops for local health system	1 per year	0	0	1	<i>See comments in 2.2.f</i>
Faculty serve on at least one health-related board, coalitions, etc.	% faculty	N=12	N=12	N=11	<i>See comments in 2.2.f</i>
local	50%	50%	50%	55%	
state/regional	50%	33%	33%	27%	
Faculty involved in professional societies	% faculty	N=12	N=12	N=11	<i>DPH &amp; CHHS paid KPHA dues</i>
KPHA	100%	83%	83%	91%	<i>Met</i>
APHA	80%	75%	75%	73%	<i>Met</i>
Students participate in service outside of course requirements		N=9	N=11	N=21	
% students who report direct service activities per MPH Exit Survey	50%	50%	64%	52.4%	<i>Met</i>
Student satisfaction in service opportunities rated as 4 (of 5) or higher on MPH exit survey	50%	N=9 40%	N=11 46%	N=21 62%	<i>Improve communication re: service opportunities</i>

With few exceptions, the WKU PH Program faculty successfully met all service goals over the reporting period.

**3.2.e: Description of student involvement in service, outside of those activities associated with the required practice experience and previously described in Criterion 2.4.**

PH students engage in service-learning in several ways. Some faculty requires students complete 5 to 15 hours of volunteer work outside of class. This occurs mainly among undergraduate students. At least 7 courses (5 graduate and 2 undergraduate) reward students for volunteerism activities. Three courses require a civic engagement project (1 graduate and 2 undergraduate), and 3 graduate courses include service learning as part of class activities. Additionally most, if not all, practice placements include a strong service component. As noted in Table 3.2.c, the majority of students completing the MPH Exit Survey in spring 2015 reported having been involved in a service project outside of class. Table 3.2.b.i shows the faculty's direct service activities at the local level but it does not show is that most of these activities involve students. Additional discussion and description of types of student involvement in service and service learning projects is located in Criterion 1.4.b.

The Student Chapter of the Kentucky Public Health Association provides service opportunities for its members. Recent service projects include assisting with HIV/AIDS testing; implementing a non-smoking survey; participating in a campus-wide "healthy days" event; food drives for holidays; coat, mitten and scarf drives for area schools; Relay for Life; Red Cross blood drive; health education and recruitment at Bowling Green middle and high school; Agriculture Safety Day; and Salvation Army homeless shelter services.

Despite these opportunities for service, results from the MPH Exit Survey revealed that some students were not satisfied with the service opportunities available to them during their program of study. We do not have information from undergraduate students yet but will collect our first data in December. Clearly, student satisfaction related to service opportunities could be improved. Individual instructors indicate they often provide service opportunities but they are not adequately promoted. One approach is to communicate these opportunities by adding them to the KPHA, Undergraduate, and MPH organizational sites on Blackboard and to mass email new and interesting postings, which we have been doing. However even with service opportunities so accessible, some students are difficult to persuade that service learning can teach them something.

**3.2.f: Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.**

**This criterion is met.**

**Strengths**

- 1) The Program's commitment to service is evident in its mission, core values, policies and procedures, and the range of programs supporting service.
- 2) PH faculty participation in service is integral to tenure and promotion decisions at the departmental, college and university levels.

3) Faculty members are highly engaged in community and professional service including funded projects and unfunded activities. On average, faculty spends approximately 15 to 20% FTE on service activities.

4) The program offers a range of opportunities for students to engage in service via the required field experience, community-focused courses and a student organization. Our students are involved in service both in and outside the classroom (service-learning projects), internship activities, membership in student organizations, and assisting in and/or conducting service projects. Student involvement in service is tracked by faculty and self-reporting by students.

5) In addition, campus programs such as the ALIVE Center further broaden opportunities to work in the community. The ALIVE CCP is committed to bringing campus and community together for the enrichment of both higher education and public life. They facilitate collaborative efforts that address local, regional, and global needs while enhancing the level of student learning and educational experience and provide WKU students with opportunities that cultivate personal growth, ethical values, and public action for the common good. The Center supports engaged scholarship through service-learning and community-based research as part of the WKU curriculum and it provides numerous opportunities for volunteerism and ongoing community service.

**Weaknesses**

None

**Plan**

None at this time

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

3.3.a: Description of the ways in which the program periodically assesses the continuing education needs of the community or communities it intends to serve. The assessment may include primary or secondary data collection or data sources.

The PH Program uses its links with local health organizations, public health agencies and not-for-profit service organizations to assess the continuing education needs of the community. Faculty members with the Program contribute to and collaborate within several multidisciplinary groups to assess the continuing education needs of the communities served by the WKU Public Health Program. These groups use formal and informal methods for workforce assessments. The Kentucky Institute of Public Health Practice Enhancement (KIPHPE) and the Kentucky-Appalachian Public Health Training Center (KA PHTC) involved WKU faculty (Drs. Shearer and C. Nagy) in the development and distribution of self-assessment questionnaires based on Council on Linkages competencies throughout Kentucky's public health system. UK analyzed the data from these questionnaires and we participated in presentations to local health departments in our service area to identify areas of need in workforce development for their respective regions. KA-PHTC, KIPHPE and BECKY (Building Epidemiologic Capacity in Kentucky) (in which several of our faculty are members) have created venues to share the multidisciplinary needs during their meetings over the past three years.

KIPHPE's assessment identified the need to offer a certificate for public health practitioners. However, this need has been known for quite a while. In 2001, the Council on Postsecondary Education (CPE) charged leaders within the four public schools/programs of public health in the Commonwealth to, along with the Kentucky Department for Public Health (KDPH), develop a plan of action for collaboration to meet workforce needs for education in public health. This state-wide consortium, known as the Kentucky Public Health Advisory Committee (KPHAC), continues to meet to discuss methods and issues involved in meeting the CPE charge requiring collaboration in providing Kentucky's graduate public health programs. As a result of the charge from the CPE and collaborative efforts by the four universities and KDPH, two schools of public health (University of Kentucky and University of Louisville) and one additional MPH program (Eastern Kentucky University) were formed during 2001-2002, in addition to the existing MPH program at WKU. As of fall of 2007, all five MPH core course were available in distance format through a collaboration between the schools/programs, CPE and Embanet. This collaboration is not without problems. Neither the universities nor the local health departments have been keen about the manner in which this is set up and it is unclear how many public health professionals have used or taken advantage of the system. There is lack of clarity about who would issue the final certificate if a student took one course through each institution's on-line courses. Because competition for students exists in Kentucky, each program may be reluctant to develop a core certificate for fear of creating hard feelings or appearing less than collegial. Also the lack of a mandate for this certificate discourages busy programs from creating something that may not yield enough students.

External Advisory Meetings are also used to assess the workforce needs of the public health community. For example, in the March 2015 meeting, committee members had an extensive discussion about the difficulty of engaging employers in the topic of assessing employees who are WKU graduates and about skill sets that the workforce needs and are not getting in their undergraduate or MPH degrees (budget and financial management were at top of the list).

3.3.b: A list of the continuing education programs, other than certificate programs, offered by the program, including number of participants served, for each of the last three years. Those programs offered in a distance-learning format should be identified. Funding training/continuing education activities may be reported in a separate table. See CEPH Data Template 3.3.1 (i.e., optional template for funded workforce development activities). Only funded training/continuing education should be reported in Template 3.3.1. Extramural funding for research or service education grants should be reported in Template 3.1.1. (research) or Template 3.2.2 (funded service, respectively).

In April 2014 Dr. Stephanie Mayfield, Commissioner of the Department for Public Health, Cabinet for Health and Family Services visited the WKU Campus, met with the PH Program Faculty and then presented a 2 hour seminar that was open to the public (including local and regional health department staff, Bowling Green service agencies), and students. She spoke about Kentucky's tobacco legislation, opportunities in public health, and the Commonwealth's efforts to implement the Affordable Health Care Act. More than 150 people attended this seminar the majority of attendees was students. Approximately 50 graduate and undergraduate students from the PH Program attended. (In most cases they received extra credit in some of their courses.)

Also in April 2014, in collaboration with the WKU Alumni Center and Barren River Health Department, the WKU Department of Public Health, PH Program and Health Education Concentration hosted "Those Who Know Stuff Do Better Than Those Who Don't: How public perception of what causes *health* shapes public health." The two hour seminar was conducted by Marshall Kreuter PhD (former Distinguished Scientist at CDC) and Martha Katz MPHA (National health policy leader). They presented research evidence and their practical experiences related to (1) How public perception of "what causes health" shapes public health action; (2) The critical need for listening, communicating and engaging others (especially locally); (3) Importance of elevating public health's commitment to "accountability" ; and (4) Why policy is a powerful public health tool. Over 140 students, PH practitioners, community members, and faculty sat in a packed room as the guest speakers presented their information.

On October 31, 2014, Dr. Golla invited Dr. Wayne Sanderson, Interim Dean of the College of Public Health at University of Kentucky to present a seminar: "*Coal Workers Pneumoconiosis – An Ancient Disease that is Still Among Us.*" The seminar was attended by personnel from the Barren River Health Department, public health students and faculty (n = 15), as well as other faculty and students on campus.

On March 26, 2015 Rod Handy, MBA, Ph.D., CIH Presented a seminar on *Potential Health, Safety, and Environmental Implications of Hydraulic Fracturing or "Fracking."* Dr. Handy is a technical and professional Industrial Hygienist with a strong business/industry background and over thirty years of experience. He is currently a tenured full professor in the William States Lee College of Engineering at the University of North Carolina at Charlotte where he teaches courses related to Environmental, Occupational Health and Safety. Prior to his current role at UNC Charlotte, Dr. Handy was a tenured faculty member at Purdue University (2004-2012) and Western Kentucky University (1996-2004). Rod earned his Ph.D. in Environmental Engineering from the University of Florida in 1995 and has been a board-certified Industrial Hygienist since 1999. Dr. Iyiegboniwe who hosted this seminar reported 50 people in attendance including 12 EH MPH and 7 BSPH students as well as 8 additional graduate students from other programs and faculty.

3.3. c: Description of certificate programs or other non-degree offerings of the program, including enrollment data for each of the last three years.

Environmental Health and Safety (**Graduate**) Certificate 15 credit hours

This program is designed to provide advanced professional training for careers focused on the protection of human health and environment from hazards in the community and workplace. This interdisciplinary field focuses on environmental hazards, both in the workplace and environment, assessment of exposures, mechanisms of environmental response, and control of risks associated with environmental hazards. A major component of the certificate program is the requirement for study in the field of epidemiology, including environmental and occupational epidemiology. This program provides students a strong foundation that will increase their skills and knowledge for protecting human health and the environment. The program is designed for working professionals and students desiring opportunities with industry, consulting firms, government agencies and other environmental health science professions. Courses required for this certificate are EHS 572 (Environmental and Occupational Epidemiology); PH 577 (Environmental Toxicology); PH 584 (Principles of Environmental Health); PH 530 (Independent Investigations in Public Health Safety Management); and one elective: PH 571 (Air Quality Management); EHS 580 (Solid and Hazardous Waste); PH 560 (Environmental Management and Risk Assessment); PH 595 (Public Health Management and Disasters); or PH 510 (Watershed Management).

Occupational Safety and Health (**Undergraduate**) Certificate 15 credit hours

The certificate program in Occupational Safety and Health is designed to provide training careers focused on the protection of human health from occupational hazards in the built and natural environments. Courses will require application of basic Occupational Safety and Health Administration (OSHA) principles and challenges, which will prepare students for diverse opportunities in safety and health, environmental management, and business careers. The required courses are: ENV 120 (Introduction to Occupational Safety & Health); ENV 221 (Safety & Health Standards); ENV 321 (Fundamentals of Industrial Hygiene); ENV 322 (Physical Hazards Recognition & Control); and ENV 423 (Safety Program Management).

Worksite Health Promotion (**Undergraduate**) Certificate 18 credit hours

The certificate program in Worksite Health Promotion requires 18 semester hours and is designed to provide training for students and professionals who have an interest in developing worksite health promotion programs in the private sector. This certificate program will provide a comprehensive skill base for assessment, planning, implementation and evaluation of health promotion programs in a worksite environment. The required courses are PE 100 (Fundamentals of Physical Activity); ENV 120 (Intro to Occupational Safety & Health); HMD 211 (Human Nutrition); PH 100 (Personal Health); PH 261 (Foundations of Health Education); and PH 402 (Worksite Health Promotion).

Advanced Worksite Health Promotion (**Graduate**) Certificate 15 credit hours

The Advanced Worksite Health Promotion graduate certificate enables students to blend health education, program planning, communication, and health and safety in a unique way, providing graduates with a comprehensive skill base for assessment, planning, implementation and evaluation of

health promotion programs in a work environment, effective communication techniques and a basic understanding of workplace hazards. The graduate certificate is available fully online. Up to 12 hours of the certificate may count as part of a master's program in a variety of disciplines, with advisor approval. Required Courses include: PH 502 (Health Promotion in the Workplace); PH 575 (Health Education/Promotion Program Planning); PH 587 (Health Behavior); PH 576 (Education and Communication Techniques); PH 530 (Independent Study-Health and Safety). Upon completion of the program, graduates will be equipped to do the following:

- Design theory-based worksite health promotion program, with evidence-based programming which will encompass all aspects of program planning, including program assessment, implementation and evaluation.
- Manage a worksite health promotion program, including personnel supervision and the most effective program structure, tailored to the specific workplace.
- Illustrate a "healthy culture" and supportive environment within the workplace.
- Demonstrate marketing strategies for health promotion programs within the workplace.
- Utilize effective communication techniques with employees and employers, including conflict resolution.
- Design and adhere to best practices promoting health and safety, including participatory approaches to hazard detection.

### Minors

Undergraduate students may also pursue several minor programs that are slightly different than certificate programs but have the same effect on expanding careers in public health or environmental health science. The PH Program has three such programs:

The *minor in Worksite Health Promotion* (reference number 495) requires a minimum of 18 semester hours. This minor provides a basic foundation for students desiring preparation in worksite health promotion. This minor will enable students to merge worksite health promotion with physical education, nutrition, health education, or business management courses in their professional preparation. The worksite health promotion minor may be used in combination with many majors to enhance a student's career opportunities and as preparation for graduate study in a variety of health disciplines. All courses in the minor must be completed with a minimum grade of "C". Courses include ENV 120 (Intro to Occupational Safety & Health); PH 261 (Foundations of Health Education); PH 381 (Community Health); PH 390 (Wellness and Fitness Assessment); PH 402 (Worksite Health Promotion); PE 100 (Fundamentals of Physical Activity).

The *minor in Occupational Health and Safety* (reference number 427) requires a minimum of 27 semester hours. This minor provides the basic foundation for students to develop the skills necessary to promote a safe and healthy work environment in a number of industries. The occupational health and safety minor may be used in combination with many majors to enhance a student's career opportunities and as preparation for graduate study in a variety of health disciplines. Requirements are ENV 120, 221, 321, 322, and 423 and 9 hours of ENV upper-division electives. In addition, the student must complete supporting courses as follows: SFTY 171, CHEM 109, and ENG 307.

The *minor in health education* (reference number 389) requires a minimum of 23 semester hours. This minor provides a basic foundation for students desiring preparation in health promotion and disease prevention. The minor in health education may be used in combination with many majors to enhance a

student's career opportunities and as preparation for graduate study in a variety of health disciplines. Completion of the minor along with a teaching certifiable major leads to certification in health education. Three credit hours of electives must be selected from the following courses with approval of the academic advisor: PH 385, PH 456, PH 463, PH 465 or HMD 211. Alternative electives may be approved by advisor. All courses in the minor must be completed with a minimum grade of "C." Students utilizing the minor in health education for teacher certification must complete SEC 483, Teaching Health, as a required support course.

<b>Program</b>	<b>Certificate</b>	<b>AY 2012-2013</b>	<b>AY 2013-2014</b>	<b>AY 2014-2015</b>
<b>MPH</b>				
	Environmental Health and Safety	1	4	5
	Advanced Worksite Health Promotion	0	1	2
<b>BSPH</b>				
	Occupational Safety and Health	7	3	2
	Worksite Health Promotion	3	0	3
<b>Minors</b>				
	Minor: Worksite Health Promotion	8	3	4
	Minor: Occupational Health and Safety	3	1	2
	Minor: Health Education	49	22	27

**3.3.d: Description of the program’s practices, policies, procedures and evaluation that support continuing education and workforce development strategies.**

The PH program’s mission clearly articulates the program’s commitment to the workforce development with its initial phrase, “To prepare public health practitioners.” This commitment is woven throughout the program’s three goal areas and their related objectives and activities.

There are no formal policies or procedures governing the program’s continuing education activities, nor has there been a systematic evaluation of the program’s efforts. There is, however, evidence of faculty efforts in this area at the local, regional, and state level to engage in activities that support the professional development of the public health workforce as noted in the sections below.

In addition to formal continuing education and workforce development initiatives faculty engage in informal development activities by assisting local practitioners and agencies with grant development, implementation activities, data analysis, etc. Although these activities are arguably more service related, they also provide opportunities for education and training of practitioners at the individual level.

Evaluation of workshops, seminars and other continuing education activities are based on recipient and student post surveys developed by the sponsors (i.e., faculty) of these events. In some cases these are based on feedback solicited to be in compliance with credentialing agencies associated with the event. For one of the seminars, MPH students in the Program Evaluation course developed, disseminated, and analyzed evaluation data.

3.3.e: A list of other educational institutions or public health practice organizations, if any, with which the program collaborates to offer continuing education.

The MPH program participates with other programs and schools of public health in the recently-formed Kentucky Institute of Public Health Practice Enhancement (KIPHPE), whose purpose is to develop and deliver post-secondary and continuing education courses to address identified educational and training needs of the public health workforce in the Commonwealth of Kentucky. The functions of KIPHPE are to: provide a professional application of interdisciplinary scientific scholarship through community engagement to create and disseminate knowledge in furthering the core public health functions; facilitate communication and interaction among local public health leaders and institutions; establish and support linkages among local public health leaders, state public health leaders, public health departments, and universities that are educating public health leaders; and, serve as a bridge between academia and public health practice in this collaborative effort for addressing the workforce educational development of public health practitioners at the local and state levels.

Besides Program faculty involvement in the multidisciplinary collaborations to offer continuing education within the KIPHPE and the KA\_PHTC, several Program faculty participate in the Building Epidemiologic Capacity in Kentucky initiative (BECKY), which brings together epidemiologists, public health professionals, and other public health partners to brainstorm ways to increase our ability to respond epidemiologically to public health needs, events, and crises in Kentucky.

3.3.f: Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

**This criterion is met.**

### **Strengths**

Workforce development is an integral part of the MPH program's mission through the preparation of public health practitioners. Faculty regularly engages in collaborative efforts locally and with partners throughout the Commonwealth to assist in the training and education of the public health workforce on discipline-specific topics as well as core public health knowledge. The faculty also engages in workforce development through informal channels when we hear that experts in the field are going to be in or near our community (such as the three examples we described).

The PH program policies call for assessment of workforce needs through its employer/workforce survey, through relationships with public health practitioners and organizations, and through the External Advisory Committee. Establishing a more formalized process for delivering and evaluating continuing education would strengthen the program's efforts.

### **Weaknesses**

The PH Program acknowledges the weakness we have because we have not been regularly collecting employer information about knowledge and skill needs of the PH workforce. Until now, much of our information has come from discussions with the External Advisory Committee or less formal discussions

with health department staff and directors. We plan to take a major step by hosting a focus group meeting with employers next month.

### **Strategic Plan**

In late Spring, 2016, we will host a focus group with local health department directors and employers to discuss issues and concerns related to current and former employees who graduated from our program. We will also explore immediate and long term training needs and skills required for their agencies and staff.

## CRITERION 4: FACULTY, STAFF AND STUDENTS

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

4.1.a: A table showing primary faculty who support the degree programs offered by the program. It should present data effective at the beginning of the academic year in which the self-study is submitted to CEPH and should be updated at the beginning of the site visit. This information must be presented in table format and include at least the following: a) name; b) title/academic rank; c) FTE or % time, d) tenure status or classification\*, g) graduate degrees earned, h) discipline in which degrees were earned, i) institutions from which degrees were earned, j) current instructional areas and k) current research interests. See CEPH Data Template 4.1.1.  
\*Note: classification refers to alternative appointment categories that may be used at the institution

See next page

4.1.b: Summary data on the qualifications of other program faculty (adjunct, part-time, secondary appointments, etc.). Data should be provided in table format and include at least the following: a name; b) title/academic rank; c) title and current employment; d) FTE or % time allocated to the program; e) gender; f) race; g) highest degree earned (optional: programs may also list all graduate degrees earned to more accurately reflect faculty expertise); h) disciplines in which listed degrees were earned and i) contributions to the program. See CEPH Data Template 4.1.2.

**Table 4.1.1. Current Primary Faculty Supporting Degree Offerings of Program by Specialty Area *(Updated 2/10/2016)***

Department Specialty Area (programs)	Name	Title/ Academic Rank	Tenure Status or Classification	FTE or % Time to the school or program	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Teaching Area	Research Interest
<b>D/S #1</b>									
<b>MPH: EH</b>	Taylor	Assoc Prof	Tenured	.7	PhD MS	UN Texas Tenn Tech	Env Science Biology, Env	Watershed Mgt/Sc Env Tox	Water quality impact/pollution
	Golla	Assoc Prof	Tenured	.5	Phd MPH	Univ Iowa WKU	Occup & Env Health Public Health	Solid&Haz Waste Env Mgt Risk Ass	Worker Hlth & Sfty Environmental Exposure Assessment
	Iyiegbuniwe	Assoc Prof	Tenured	1.0	PhD MS MS	UI Chicago U. Lagos	Env & Occu Hlth Science Microbiology	Principles EH Air Qual mgt PH Disaster Mgt	Indoor Air Quality Noise Exposure
<b>D/S #2</b>									
<b>MPH: HE</b>	Watkins	Assoc Prof	Tenured	1.0	PhD MS	U Tenn WKU	Public Health Hum Ecology Comm Health	Community Org Intro PH Worksite Wellness	Worksite Health Promotion Obesity Health policy
	Lartey	Assoc Prof	Tenured	1.0	PhD MA	U Toledo UN Iowa	Health Ed Comm Health	Edu & Comm Techniques	Injury Prevention School Health Immigration Health
	Shearer	Assoc Prof	Tenured	1.0	DrPH MPH	UAB UNC	MCH MCH	Prog Planning Int. Health Women's Health	Adol Health Women's Health Child Obesity International Health
<b>D/S #3</b>									
<b>MPH: Generalist</b>	Gardner	Assoc Prof	Tenured	1.0	PhD MS	UAB U Miss	Health Behavior Wellness	Health Behav Prog Evaluation	Health Prog Evaluation Behavioral Change Theory
	Macy	Assist Prof	Tenure Track	1.0	EdD MPH MS	UK WKU UofL	Kinesiology Public Health Exercise Phys	Intro PH Health Behav	School Health Worksite Wellness Obesity
	Farrell	Assist Prof	Tenure Track	1.0	PhD MPH MA	UAB UAB UAB	Medical Sociol'y Epi/Int Hlth Sociology	Biostats Adv Biostats	Medical Sociology Soc Epidemiology Health over Lifespan

D/S #4									
BSPH: HE	Nicholson	Prof	Tenured	1.0	PhD MPH MAEd	SIU U of TX WKU	Commun Hlth Ed Commun Hlth Counseling	Epidemiology Biostatistics Res Methods Drug Abuse Ed	Drug Abuse Education; Research Methods
	Kim	Instructor	Non- Tenure	1.0	MA MS	WKU WKU	Educ <i>Stud Affair</i> Public Health	Death & Dying Human Sexuality Health & aging Personal Health	Health Education
D/S #5									
BSPH: EH	Basham	Instructor	Non-Tenure	1.0	MPH BS	WKU WKU	Environ Health Environ Health	Intro Env Scien General Safety Indus Hyg Lab	Env Exp Risk Assess

**Table 4.1.2. Current Other Faculty Supporting Degree Offerings of Program by Specialty Area *(Updated 2/10)***

Department (school)/Specialty Area (program)	Name	Title/Academic Rank	Title & Current Employer	FTE or % Time	Graduate Degrees Earned	Discipline for earned graduate degrees	Teaching Areas
<b>Dept/Spec #1</b>							
<b>MPH: HE</b>							
	Bruce	Part-time Instructor	Retired Non-Tenure	.2	MS	WKU	Internship Supervisor
<b>Dept/Spec #2</b>							
<b>MPH: EH</b>	Hwang	Assistant Professor	Assistant Professor of Public Health, WKU	.1	PhD	Industrial Hygiene	Environmental & Occup. Health
<b>Dept/Spec #3</b>							
<b>BSPH Core</b>							
	Britt	Part-time Instructor	Environmental Health Science at WKU	.2	MHA	Healthcare Administration	Environmental Health
	Chaney	Part-time Instructor	Dir, Barren River District Health Department	.1	MPA	Public Administration	Admin of Health Programs
	Drexler	Part-time Instructor	WKU	.19	BS; BLS Instructor	Education; Safety, first AID & CPR	Safety & First Aid
	Rowland	Part-time Instructor	Barren River District Health Department	.2	MPH	Public Health, Hlth Ed	Personal Health
	Bruce	Part-time Instructor	Retired Non-Tenure	.4	MS	Public Health	Community Health
<b>BSPH: HE</b>							
	Duncan	Part-time Instructor	Program Director, Life Skills, KY	.4	MS	Health Administration	Drug Abuse
	English	Associate Professor	Head of Dep of Public Health, WKU	.4	PhD MS	Commun Hlth Ed Hlth & Phys Education	
	Misener	Part-time Instructor	WKU	.2	PhD; MPH	Public Health	Wellness & Fitness Assess
	Williams	Part-Time Instructor	Commonwealth Health Corporation	.09	BSN	Nursing	Safety & First Aid

	Levisay	Part-Time Instructor	WKU	.17	MEd	Counseling and Human Development	Safety & First Aid
	Obi	GTA	WKU	.2			Personal Health
<b>Dept/Spec #4</b>							
BSPH EH	Hwang	Assistant Professor	Assistant Professor of Public Health, WKU	.3	PhD	Industrial Hygiene	Environmental Science
	Britt	Part-time Instructor	Environmental Health Science at WKU	.2	MHA	Healthcare Administration	Environmental Health
	Cann	Part-time Instructor	Green River District Health Department	.3	MPH	Environmental Health and Safety	Environmental Health
	Curry	Part-time Instructor	Monument Chemical, KY	.3	MS	Human Resource Development	Safety & Hazard-control

4.1.c: Description of the manner in which the faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if used by the program. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.

The PH program does not have an appointment track for practitioners. However, the program does integrate perspectives from public health practice to enhance student learning. Many of the primary faculty do so by using public health practitioners as guest speakers -- in the classroom or at their agency/organizational site -- to supplement course work and provide students with exposure to public health in action.

Primary faculty also partner with community agencies to provide service-learning opportunities or to conduct applied projects that integrate information, resources, methods, data, and experiences from the field. The environmental faculty use the “city as a textbook” to identify, describe, manage, and solve environmental problems within the local community. Example projects include assessment of mercury exposure due to eating fish caught from Kentucky’s waters, assessment of environmental and public health protection at Mammoth Cave National Park, analysis of local environmental toxicology challenges and development of solutions to protect human and ecosystem health, and detection of illicit wastewater discharges in Bowling Green, Ky.

The Program integrates highly experienced adjunct faculty in its BSPH program. As of Fall 2015 a pool of 28 adjunct faculty are eligible to support the Program through teaching. Adjunct faculty are typically employed and assigned to a public health course that matches their degree and experience. Both primary and adjunct faculty integrate ideas gained through professional development workshops and conferences, as well as those gleaned through keeping current in public health research and work-related initiatives. By virtue of their multidisciplinary nature, educational preparation, research and teaching competence, and practical experience, the faculty complement is able to support the Program’s mission, goals, and objectives. The Program measures the qualifications of its faculty complement, in part, by the extent to which it demonstrates success in meeting its instruction, scholarship, and service goals (Table 1.2.c and 4.1.d).

4.1.d: Identification of measureable objectives by which the program assesses the qualifications of its faculty complement, along with data regarding the performance of the program against those measures for each of the last three years.

<b>Outcome Measure</b>	<b>Target</b>	<b>2012/13</b>	<b>2013/14</b>	<b>2014/15</b>	<b>Action</b>
Graduate degree from CEPH accredited program <ul style="list-style-type: none"> <li>• Primary Faculty</li> <li>• Other Faculty</li> </ul>	50%	9 of 10 90% 100% 5 of 5	10 of 11 91% 100% 5 of 5	9 of 10 90% 100% 4 of 4	<i>met</i>
Faculty with prior employment in public health or closely-related field <ul style="list-style-type: none"> <li>• Primary Faculty</li> </ul>	20%	4 of 10 40% 20%	5 of 11 45.5% 20%	5 of 11 45.5% 25%	<i>met</i>

• Other Faculty		1 of 5	1 of 5	1 of 4	
Terminal degree • Primary Faculty • Other Faculty	100%	10 of 10 100% 90% 4 of 5	11 of 11 100% 90% 4 of 5	10 of 10 100% 75% 3 of 4	<i>met</i>
MPH required courses (core and discipline) taught by faculty who have education/training within content area	90% of req. courses	97% 30 of 31	100% 26 of 26	100% 27 of 27	<i>met</i>
BSPH required courses (core and discipline) taught by faculty who have education/training within content area	90% of req. courses	100% 54 of 54	100% 55 of 55	100% 59 of 59	<i>met</i>
MPH faculty with terminal degree related to area of concentration Health Education Environmental Health	100%	N=10 100% 100%	N=11 100% 100%	N=10 100% 100%	<i>met</i>
BSPH faculty with terminal degree related to area of concentration Health Education Environmental Health	50%	N=44 66% 59%	N=44 66% 59%	N=44 66% 59%	<i>met</i>
MPH faculty (primary) with graduate degree in specific core discipline Biostatistics Epidemiology Public Health Administration <sup>31</sup> Environmental Health Health Behavior	1 per core discipline	1 1 0 3 1	1 1 0 3 1	0 1 0 3 1	<i>Faculty in Biostatistics and PHA have very long lists of course in their respective areas</i>
MPH faculty (primary) with >2 graduate courses in specific core discipline Biostatistics Epidemiology Public Health Administration Environmental Health Health Behavior	1 per core disc	10 5 0 4 2	9 6 0 4 2	9 6 0 4 2	<i>Faculty PHA has very long lists of course in their respective areas</i>

<sup>31</sup> Dr. Gregory Ellis Griffith is a full-time tenure-earning professor in the MHA program and has been teaching the public health administration course because he has completed 19 masters and doctoral level programs related to PHA.

4.1.e: Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

**This criterion is met with commentary.**

**Strengths**

PH program faculty members are committed to the success of the program and its graduates. All PH faculty members hold terminal degrees in a discipline related to their area of concentration. Faculty are committed to the ideals and profession of public health, and integrate perspectives from the field into

their courses in meaningful and novel ways. The PH program is fortunate to have secondary faculty with doctoral degrees as well. One of our secondary faculty has an MPH and as well as other health related degrees. Overall, the faculty who support the PH Program at WKU are accomplished practitioners and scholars in public health and affiliated fields that relate to the content area they are assigned.

### **Weaknesses**

Commentary is related to the formal education, training, and experience in public health. Not all of the faculty earned graduate degrees within an accredited program or school of public health. It can be argued justifiably that there are similarities in the basic content of courses offered outside of accredited public health programs/schools. A stronger argument is that most graduates of doctoral programs are trained as generalists and acquire skills to conduct and apply research findings. In a more practical sense they learn where to go for information and how to transfer knowledge and skills across multiple settings. Ultimately, though, a graduate program is more than a collection of individual courses. By virtue of being accredited, schools and programs of public health are required to demonstrate how they shape the development of public health practitioners beyond course content.

A somewhat related area of commentary regards education and training within the core disciplines. Presently, there are five PH faculty members with terminal degrees in a core discipline area of public health: three in environmental health and two in health behavior. This deficiency is lessened by academic coursework faculty have completed, with the exception of public health administration, at least one PH faculty has more than two graduate-level courses within each discipline area. Given that DPH also houses a Master of Health Care Administration program, and the MHA faculty member that teaches the PH 583 public health administration course does have a terminal degree in this area, the issue is less problematic.

The PH program was without an Epidemiologist since the beginning of the 2015 academic year. Dr. Zhu was on faculty during the three academic years of this self-study report. The program has searched for a replacement and recently extended an offer to an individual who has accepted the position. She has a strong background in epidemiology and will join us in the summer of 2016.

### **Strategic Plans**

None at this time

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

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

The 21<sup>st</sup> edition of the WKU Faculty Handbook details the rules and regulations for faculty. A pdf copy is available in the Electronic Resource File (Folder 4) as well as this link:

<http://www.wku.edu/senate/documents/master-wku-faculty-handbook-21st-edition.pdf>

Policies and procedures for faculty are found in the CHHS Faculty Handbook (See ERF 3).

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

WKU devotes considerable time and resources to the development of all faculty members. Academic Affairs provides money for each tenure and tenure-track line to support professional development travel. These funds are provided to the college and distributed by the dean. In CHHS, these funds are allocated to faculty at the discretion of the dean; travel requests are often supplemented by funds from the CHHS general fund and departmental sources.

Other examples of institutional supports include:

The Center for Faculty Development (CFD).

In 2014, the Center for Faculty Development was created to support the research, creative activities, and teaching of faculty at WKU. It replaced FaCET (Faculty Center for Teaching). To this end, the CFD works with key partners to provide training, workshops, seminars, and one-on-one mentorship for faculty in the areas of:

- Best Practices in Mentoring and College Teaching (BPMCT) certification program
- Research Methodology
- Developing Interdisciplinary Research Collaborations
- Competitive grant writing, Identification of contract and grant opportunities, Intellectual property (w/ Office of Sponsored Programs and Office of Research)
- Tenure and promotion
- Assessment of teaching and learning
- Evaluation research design
- Innovative teaching and learning strategies
- Using technology in face-to-face, online, and blended learning environments
- ADA compliance and copyright compliance (w/ Distance Learning)
- Quality Matters (for online distance learning courses) (w/ Distance Learning)
- Mentor training program for existing faculty
- Mentorship of new faculty

- Effective communication of scholarly work

The CFD is a unit of the Division of Extended Learning and Outreach (DELO) and partners closely with other units to provide professional development opportunities and support for faculty, the mentorship for new faculty, and the mentorship and training for graduate students at WKU. These units include:

- Office of Academic Affairs
- ALIVE Center for Community Partnerships
- College Dean's Offices
- Distance Learning
- The Graduate School
- Grants and Contact Accounting
- Information Technology (Academic Technology and IVS Conferencing)
- Office of International Programs
- The Office of Research
- The Office of Sponsored Programs
- WKU Libraries

#### Human Resources Workshops

Training and informational workshops are offered throughout the academic year through Human Resources. Most workshops are open to all WKU faculty and staff, though some are limited due to their scope. Topics range from job-specific trainings to workshops related to employee health and wellness.

#### Informational Technology (IT)

IT provides trainings and workshops through on-campus courses, video tutorials, and individualized help for all faculty, regardless of appointment type, and staff.

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

WKU follows guidelines set forth by SACSCOC to assure a qualified faculty. (See Academic Affairs Policy and Procedure on Evaluation of Faculty Credentials in ERF Criterion 4 Folder)

Faculty performance is evaluated annually, and through the promotion and tenure process. After three years of service faculty are required to go through a mid-tenure review process. This review is conducted by senior faculty members of the department and uses the same criterion used for promotion & tenure. Upon completion of the review, comments and suggestions are forwarded to the junior faculty member. At that point the department head works with senior faculty members to establish a plan to mentor the individual in addressing any identified weaknesses revealed in the mid-tenure review process.

#### Annual Evaluation

Each faculty member prepares an annual report which is used as the basis for her/his annual evaluation by the department head. Faculty are evaluated on teaching effectiveness; relationships with students and colleagues; participation in departmental, college and university activities; research and creative activities; university and public service; continuing professional development; and continuing professional development according to standards and guidelines established by each college. These data are being captured online, institutionally, through "Digital Measures".

The department head forwards a recommendation relative to salary increment, promotion, and/or tenure to the college dean, who makes a similar evaluation and forwards his/her recommendation and the recommendation of the department head to the Provost/Vice President for Academic Affairs. The President receives a recommendation from the Provost/ Vice President for Academic Affairs and forwards his/ her own recommendation to the Board of Regents, which makes the final decision.

#### Tenure-Track Faculty

All non-tenured and tenure-track faculty are evaluated annually for continuation by, successively, the tenured faculty, department head, dean, provost, president, and Board of Regents. For tenure-track faculty, a specific evaluation of progress toward tenure is also completed each year by the department head.

Unless otherwise negotiated, eligible faculty apply for tenure during their sixth academic year of employment, to be effective beginning their seventh year. Decisions concerning tenure will be based on performance in the following categories: instructional activities, other scholarly activities, and service to and for the University. It is understood that the faculty member should cooperate in working with colleagues in carrying out the University's educational mission.

The following general statements are guidelines for evaluating the faculty member's performance in assigned responsibilities:

The evaluation of instructional performance considers factors including knowledge of subject matter, teaching effectiveness, academic advisement, and curriculum development.

The evaluation of other scholarly activities considers factors including the individual's activities and achievements in areas such as research, publications, program participation at professional meetings, creative activity, and work toward a terminal degree (if the degree is a requirement for the position).

The evaluation of service to and for the University considers factors including committee work, student-related activities, and public and community service. Public and community service should be related to the special competencies of the individual and be an extension of the faculty member's role as a scholar-teacher.

Procedures for tenure are found in the Faculty Handbook as well as in the CHHS Policies and Procedures (*ERF Criterion 3 Folder*).

#### Tenured Faculty

Tenured faculty are evaluated through an annual post-tenure review designed to commend and recognize superior performance through merit pay; encourage and facilitate improvement wherever necessary; maximize opportunities for continuing professional development; and, advance attainment of institutional goals. The post-tenure review process incorporates and builds upon the existing system of annual performance reviews. Key elements of the review process include annual activity reports submitted by each faculty member, results of student (SITE) evaluations of faculty, and department head evaluation.

The results of the annual post-tenure review process are provided to the college dean and the Provost/Vice President for Academic Affairs and are incorporated into recommendations for merit salary increases and university recognition and awards. If areas needing improvement are identified, the department head works with the faculty member in developing a plan for improvement and monitors progress during the following year.

Any dispute involving an individual faculty member's evaluation under the post-tenure review process will be resolved, if possible, at these levels (in order): department head; college dean; Provost/Vice President for Academic Affairs. Any unresolved disputes may be submitted to the Faculty Grievance Committee through the President.

### Promotion

Promotion decisions at WKU are made at six levels: recommendations from department peer review, the department head, and the academic dean, the Provost / Vice President for Academic Affairs, the President, and approval by the Board of Regents. Review at all levels apply the standards for promotion set by the University. By University policy, academic deans must establish levels of achievement that equalize the rigor with which candidates from different departments are judged. These guidelines must be in compliance with the standards stated in the Faculty Handbook. Academic departments, in turn, develop standards that state explicitly the requirements for promotion and tenure. These, too, must be in accord with the Faculty Handbook and those established within the college.

*Promotion to Associate Professor.* Unless otherwise negotiated, a faculty member is eligible to apply for promotion to associate professor after five years of service at the assistant level. General criteria include:

- Teaching Effectiveness--attainment of at least the average level of performance according to departmental standards.
- Research/Creative Activity--tangible evidence of high-quality productivity.
- University/Public Service--tangible evidence of high-quality productivity.

*Promotion to Full Professor.* Unless otherwise negotiated, a faculty member is eligible to apply for promotion to full professor after five years of service at the associate level. General criteria include:

- Teaching Effectiveness--consistently above the average level of performance according to departmental standards.
- Research/Creative Activity--a record of significant and high-quality productivity.
- University/Public Service--a record of significant and high-quality productivity.

Specific guidelines and standards for promotion are found in the Faculty Handbook (ERF Criterion 4 Folder) and CHHS Policies and Procedures (ERF Criterion 3 Folder).

4.2.d: Description of the processes used for student course evaluation and evaluation of instructional effectiveness.

### Student Assessment of Teaching Effectiveness

Student Input to Teaching Effectiveness (SITE) evaluations are conducted each semester for all campus-based courses. In May 2012, the University Senate and the Provost approved moving course evaluations online. Since Fall 2012, course evaluations are administered via EvaluationKIT, a robust web-based evaluation alternative to the traditional paper and pencil method. With this change to online, faculty no longer have to take class time to allow students an opportunity to complete their evaluations and students have more time to complete thoughtful responses and provide meaningful comments. Faculty receive summary reports, including student comments, much more quickly because reports are distributed shortly after grades are submitted. The results of SITE evaluations are also sent to the DPH department head and the CHHS Dean.

As a supplement to the SITE evaluation, faculty may also elect to create and administer their own student assessments as a self-assessment of teaching and planning skills to improve teaching effectiveness.

#### Peer Assessment of Teaching Effectiveness

The CHHS Handbook discusses peer evaluation/assessment for tenure eligibility faculty as needing to be systematic and evaluative. Department Heads will observe probationary and non-tenured faculty on an annual basis. In addition, at least one other peer evaluation may be completed annually for all non-tenured faculty members. The purpose of peer evaluation is to provide information to a faculty member to improve his/her teaching to include activities such as effective presentations, active-learning and tools to enhance student learning including, but not limited to, collaborative learning, problem-based learning, integration of service learning and other community-based learning into courses.

The PH Program director conducts peer assessment with adjunct and other secondary faculty members on a periodic basis, particularly observing new adjunct faculty.

Online courses may be assessed through Quality Matters™, an inter-institutional peer review program. Reviews are performed, on a voluntary basis, by three-member teams of online faculty and Instructional Designers from QM participating schools in Kentucky. Peer review teams provide suggestions to improve instruction and ensure the quality of online courses. This program is managed by DELO.

#### Self-Assessment of Teaching Effectiveness

Self-assessment includes techniques such as reflective statements about statements of philosophy about teaching, critiques of the linkages between course objectives and activities, descriptions of teaching materials and assignments, and statements about what worked well, what barriers were encountered, and what steps to improve the course next time it is offered.

4.2.e: Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

**This criterion is met.**

#### **Strengths**

The PH program operates within a department, college, and university structure with well-defined policies and procedures. Faculty competence and performance is routinely evaluated in the three major goal areas and are linked to merit pay, promotion, and tenure. University initiatives support the professional development and advancement of faculty internally. Limited funding is available to support professional development and travel.

General guidelines for promotion and tenure are delineated in the Faculty Handbook which states that departments should develop "specific quantitative and qualitative criteria appropriate to their disciplines." DPH Promotion and Tenure Guidelines provide examples (qualitative) of criteria by which faculty performance is judged, but offers no objective quantitative standards of what is considered "average" or "above average" performance in each area of evaluation, nor how each area is weighted in

merit, promotion, and tenure. As such, MPH faculty do not have explicit standards by which they can self-assess and adjust performance.

**Weaknesses**

None

**Strategic Plans**

None at this time

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

4.3.a: Description of the program’s recruitment policies and procedures. If these differ by degree (eg, bachelors vs graduate degrees), a description should be provide for each.

Both the BSPH and MPH program seek to attract and admit applicants who demonstrate the desire and potential to, upon graduation, assist in sustaining and building the Public Health workforce in the Commonwealth, the Nation, and the global community. Applicants from diverse cultural, geographic, academic, and professional backgrounds are encouraged to apply, as are current practitioners in the public health workforce. The programs recruit primarily through faculty’s personal and professional relationships within the University and community. The programs also participate in the University’s student recruitments fairs as well as staffing recruitment booths at state and national conferences. The Program Director participates in all university recruitment fairs (Head for the Hill, Majors and Minors Fair) along with the Department Head, faculty and students on campus. Head for the Hill, a university recruitment effort, is organized four times each year (September, November, February and April) for prospective students. Majors and Minors fair which is also organized in September specifically targets undeclared/exploratory students. This fair provides opportunity to such students to collect information on available programs on campus to help in their decision making. Undergraduate students are required to declare a major before completing 60 credit hours. Other recruitment efforts include presentations in freshmen classes such as PH 100 and CHHS 175 by Program Director, Department Head, faculty and KPHA members. The Graduate School also organizes recruitment fairs on campus once a year for graduate programs to provide information to prospective students. The Program Director, faculty and students participate in this event as well. KPHA advisors and students participate in recruitment activities each year at the annual KPHA Conference (outside Bowling Green).

4.3.b: Statement of admissions policies and procedures. If these differ by degree (eg, bachelors vs graduate degrees), a description should be provide for each.

**MPH Student Admission Requirements**

<http://catalog.wku.edu/graduate/>

Applicants seeking admission into the MPH program must meet the requirements and deadlines set forth by the Graduate School. All application materials must be submitted to the Graduate School; incomplete applications, including those not declaring an area of concentration or those submitted after the posted deadlines, will not be considered for admission.

Students seeking a graduate degree must obtain the Application for Admission (Form A) from the Office of the Graduate School. The completed form, along with a non-refundable application fee, must be returned to the Graduate School. Alternatively, students may apply online. Additionally, applicants must provide the following:

- 1) *Transcript Record.* Graduates of accredited institutions other than WKU Kentucky University must submit one official transcript showing the completed degree to the Graduate School. Applicants who have not completed the undergraduate degree are required to submit one official transcript at the time of application and one official transcript after the degree is completed.
- 2) *Standardized Examination Scores.* The Graduate School no longer requires the GRE, however, the PH Program does require all degree-seeking students to submit the Graduate Record Examination (GRE) General Test scores. An exception is made for students with an undergraduate GPA of 3.2 or higher from a fully accredited US institution of higher learning. If standardized test scores are required, they must be received by the Graduate School prior to admission. Registration material for the GRE is available on campus at the Counseling Service Center and The Graduate School. International students are also required to submit official TOEFL scores. Students who have a master's degree or a terminal professional degree from an accredited institution in a related field may be exempt from this requirement with the approval of the Admissions Committee.
- 3) *Personal Statement.* Applicants must submit thoughtful answers to each of these specific questions:
  - a. How have your academic and professional experiences prepared you for graduate study in public health, and, in particular, the area of concentration into which you are seeking admission (public health education or environmental health)?
  - b. What are your long-term career plans and how will the MPH degree help you achieve them; and
- 4) *Letters of Recommendation.* Applicants must submit three letters of recommendation from instructors, supervisors, or colleagues that address academic and/or professional capabilities and qualities.
- 5) *Resume.*

Admission decisions at the Graduate School level are based upon the cumulative GPA of at least 3.0 on 4.0 scale and GRE minimums of 145 for the verbal score, 148 for the quantitative score and 3.5 for the analytical writing score. International students must also score a minimum of 550 on the written TOEFL or a minimum of 79 on the Internet-based TOEFL (iBT) or a minimum of 6.5 on the IELTS and provide evidence of adequate financial resources.

*Applicants who meet these requirements* are admitted into the Graduate School and all application materials are then forwarded to the Department for review. It is important to note, however, that admission into the Graduate School does not guarantee admission into the MPH Program. Instead, members of the Admission Committee critically assess and discuss each application on its individual merit, including how well the applicant fits within the departmental mission. One of three recommendations may be rendered by the committee: 1) admission; 2) conditional admission (conditions will be listed); or, 3) denial of admission. Recommendations are forwarded to the Program Director. The Department Head then renders the final admission decision, and sends the application back to the Graduate School.

*Applicants who do not meet these requirements* will be denied admission at the Graduate School level and the applicant's materials are not forwarded to the Department. This decision may be appealed by requesting consideration through an alternate admission process. In the alternate admission process,

applicants are required to submit the following *additional* application materials to the Graduate School: 1) a letter to the Admissions Committee detailing the applicant’s rationale for why alternate admission should be granted, and 2) two or three examples of work that illustrate their *individual* professional or academic accomplishments, such as papers, reports, projects, etc. Once received, the Graduate School will fill out an alternative recommendation form for the applicant and forward all application materials to the Department. The Admissions Committee will then critically assess and discuss the applicant and render one of three recommendations: 1) admission; 2) conditional admission (conditions will be listed); or, 3) denial of admission. Recommendations are forwarded to the Program Director. The Department Head then renders the final admission decision at the departmental level, and sends application materials forth to the College of Health and Human Services. Once processed, materials are returned to the Graduate School.

Additional Information for International Applicants: Per policies set forth by the Graduate School, all international students must participate in orientation and testing of English proficiency three days prior to the beginning of the regular registration period. Students found to be deficient in English skills must take remedial course work. Health insurance must be purchased upon arrival at the University.

	Complete Application Due to The Graduate School	Public Health Admission Committee Begins Review	Public Health Admission Committee Ends Review
Fall Admissions			
Domestic Applicants	June 15	February 15	June 30
International Applicants	April 1	February 15	April 15
Spring Admission			
Domestic Applicants	November 15	August 15	November 30
International Applicants	September 1	August 15	September 30

All application materials must be submitted to the Graduate School by the dates posted above. Because of the length of time required to process international applications, international applications received after the posted deadlines, without exception, will not be forwarded to the Department of Public Health for consideration. The Admission Committee begins its review of applicants *prior* to the Graduate School deadlines in order to provide applicants with a timely decision; therefore, all applicants are encouraged to submit their materials early to ensure full consideration into the program.

Conditional Admissions

Applicants may be admitted at the Departmental level with specific conditions through the general or the alternative admission process. Once conditions have been met, students will be admitted fully into the program. If students do not meet the conditions, their application for admission into the MPH program will be denied.

Appealing an Admission Denial

Applicants being denied admission at the Departmental level may appeal the decision through the Admissions Committee by submitting a letter to the Admissions Committee detailing rationale for why their denial should be overturned and two or three examples of work that illustrate their *individual* professional or academic accomplishments, such as papers, reports, projects, etc.. These materials should be submitted through the Graduate School.

## **BSPH Student Admission Requirements**

[https://www.wku.edu/undergraduatecatalog/documents/15\\_16\\_ugrad\\_catalog/wku\\_15\\_16\\_ugrad\\_catalog.pdf](https://www.wku.edu/undergraduatecatalog/documents/15_16_ugrad_catalog/wku_15_16_ugrad_catalog.pdf)

Students who have completed a minimum of 30 semester hours, including COMM 145, PH 100, BIOL 131, and CHEM 109, with an overall GPA of 2.3 qualify for admission into the BSPH program. Equivalents of these courses from other accredited institutions will be accepted, but the minimum GPA requirement must be met. At the end of each semester, a report is generated by the Program Director to identify students who have met all admission requirements to the BSPH program. Successful students are sent an email to complete a change of major form for admission into the BSPH program.

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

The Graduate Catalog provides official information regarding academic calendars, grading and degree requirements. A hard copy of this catalog will be provided onsite in the resource file as will the Schedule of Classes, produced each semester to detail course offerings (dates, times, instructor) and provides an academic calendar for that academic year.

### **Recruitment Materials**

The PH program has a dedicated website and promotional brochures and other materials, examples of which are provided in the ERF Criterion 4 Folder.

4.3.d: Quantitative information on the number of applicants, acceptances and enrollment, by concentration, for each degree, for each of the last three years. Data must be presented in table format. See CEPH Data Template 4.3.1.

		<b>2012/2013</b>	<b>2013/2014</b>	<b>2014/2015</b>
<b>MPH</b>				
Health Ed	Applied	80	121	52
	Accepted	68	110	40
	Enrolled	25	27	17
Env Health	Applied	17	34	15
	Accepted	14	28	15
	Enrolled	5	13	9
<b>BSPH*</b>				
Health Ed	Enrolled	39	21	15
Env. Health	Enrolled	3	3	2

\*Undergraduate application requirements for the BSPH are simpler. If a student applies and meets the eligibility criteria, they are immediately accepted and enrolled

4.3.e: Quantitative information on the number of students enrolled in each specialty area of each degree identified in the instructional matrix, including headcounts of full- and part-time students and an FTE conversion, for each of the last three years, Non-degree students, such as those enrolled in continuing education or certificate programs, should not be included. Explain any important trends or patterns, including a persistent absence of students in any degree or specialization. Data must be presented in table format. See CEPH Data Template 4.3.2.

**Table 4.3.2 Student Enrollment Data from 2013 to 2016**

	2013 - 2014		2014 - 2015		2015 - 2016	
	HC	FTE	HC	FTE	HC	FTE
MPH Health Education	39	34.7	38	31.8	TBD	TBD
MPH Environmental Health	14	11.8	19	15.6	TBD	TBD
MPH Generalist <sup>32</sup>	0	0	0	0	2 <sup>32</sup>	1.67
BSPH Health Education	41	35.2	29	24.2	TBD	TBD
BSPH Environmental Health	5	4.0	3	2.8	TBD	TBD

<sup>32</sup>The online MPH, generalist concentration has been under discussion since May 2014. During the next year discussions were held with DELO about costs and specifics such as target audiences. Meetings were held with the Program Curriculum Committee and PHPC to prepare a formal application that outlined enrollment requirements, concentration objectives and curriculum which was then forwarded thru committees and finally the Graduate Council. When approved thru all WKU levels the application was sent to and approved by CEPH in the summer of 2015. During this period, news began to leak out about the online degree and the Program Director began to get inquiries and requests to register for the fall 2015 semester. A decision was made to accept the 2 students who applied and treat it and the next semester as a test run of the online program. As of February, 2016 DELO began advertising in earnest in preparation for the 2016/17 academic year, when the online degree is fully operational.

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

Outcome Measure	Target	2012/2013	2013/2014	2014/2015	Action
<b>MPH Program</b>					
GRE verbal score of new enrollees is 145 or higher*	80%	53.1%	80%	66.7%	<i>Conditional admission was given</i>
GRE quantitative score of new enrollees is 148 or higher	80%	78.1%	73.3%	83.3%	<i>Conditional admission was given</i>
Undergrad GPA of new enrollees is 3.0 or higher	80%	80%	81.8%	83.1%	<i>Met</i>
<b>BSPH Program</b>					
GPA is 3.2 or higher	100%	100%	100%	100%	<i>Met</i>
Completed a minimum of 30 hours	100%	100%	100%	100%	<i>Met</i>
Completed and passed all 5 required courses	100%	100%	100%	100%	<i>Met</i>

\*Conditional admission with conditions to be met

International student GRE verbal scores tend to be below minimum requirements. If their quantitative score and GPA are satisfactory, the student is given a conditional admit. During the self-study period, the condition in this case was taking one semester of the UCC 200 course taught by an English professor with considerable experience teaching international students. She collaborated with the program to identify specific writing needs for the program and for students. Nearly every student benefited from and met this condition. However, as tuition rates began to increase and the international student “scholarship” amount began to drop, we began to hear complaints from the students about the added cost of paying for a course that did not count toward their degree. When the PH program learned that students were charged graduate tuition rates for an undergraduate course a decision was made to require students to do an online self-study of pre-requisite writing skills. This began this semester and has not been evaluated.

4.3.g: Assessment of the extent to which this criterion is met and an analysis of the program’s strengths, weaknesses and plans relating to this criterion.

**This criterion is met with commentary.**

### **Strengths**

The MPH program has a well-defined admissions procedure and attracts and admits academically qualified students. Like most other universities and MPH programs, this program relies primarily upon university initiatives for student recruitment, a noted area of weakness, especially in a time of rising tuitions and an increasing number of accredited PH programs.

### **Weaknesses**

The Graduate School has recently added a “Quick Admit” procedure which is a screening procedure whereby if a candidate meets a checklist of items they can immediately be admitted to a program without going through the steps listed in criterion 4.3.b. Graduate programs were asked to submit their own checklist of requirements for recruiters to use when traveling abroad or in the US. Given the careful process set out by the PH Admissions Committee we were reluctant to permit a recruiter to speak on our behalf. Thus the checklist of items we submitted is more stringent than we normally require. There

have been reported incidents on campus where a recruited student has shown up without sufficient skills to perform graduate work and the program was more or less stuck with the student. Our stance on this issue may cause us to miss opportunities to increase our student numbers but we want to maintain the high caliber of students who have graduated from our program.

Another weakness is that with growing deficits in the university budget, the amount of tuition scholarship for international students was equivalent to almost \$5,000 per semester when started, is now down to about \$1,500 per semester and only for three semesters. In addition, international students no longer receive in-state tuition rates and now have a complicated formula of part out of state rates and part out of country rates. Add rising health insurance at \$1,600 per year to these changes and we have found a huge drop in international applications. This has seriously affected the size of the MPH program population and makes it more imperative that we recruit new students from within the US, which explains our decision to develop an on-line MPH degree with the Generalist concentration.

### **Strategic Plan**

The new on-line MPH Generalist program will target individuals currently working in health related professions, including health departments, hospitals, medical schools, etc. It will officially be launched in AY 2016.

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

4.4.a: Description of the program's advising services for students in all degrees and concentrations, including sample materials such as student handbooks. Include an explanation of how faculty are selected for and oriented to their advising responsibilities.

### **MPH Students**

#### New Student Orientation

Students are required to attend a new-student orientation prior to the commencement of their first semester of study. Students unable to attend new student orientation are required to meet with the PH Program Director during the first two week of classes. Students are provided with information on course sequencing.

Students are provided a copy of the MPH Student Handbook during the mandatory New Student Orientation. There are occasions when international students arrive in the US after the orientation, in which case they must meet with the Program Director for one-on-one orientation. Results from the Spring 2015 MPH Exit Survey indicated that over 95% of students received a handbook. It is also posted online via the PH organizational site on Blackboard. (See ERF Criterion 2 Folder, Handbooks)

#### Academic Advising

Students are assigned an academic advisor upon acceptance into the program. New students are required to meet with their academic advisor after their orientation session or within a few days of that time. They meet to discuss and complete their program of study form (Form B/C; available in in ERF Criterion 4 Folder, Advising and Counseling). Failure to complete this form before completing 12 credit hours, which is reviewed and filed in the Graduate School, will result in a registration hold.

Students are encouraged to communicate with their academic advisors at least once each semester to ensure proper progression through the program and completion of required programmatic and administrative forms. Similarly, faculty members are encouraged to communicate with their advisees. The MPH Advising and Retention Committee tracks student progress (ERF Criterion 1 Folder, Committees). CHHS provides advising support to faculty through trainings, workshops, and advising materials.

### **BSPH Students**

Currently, the BSPH students do not have a formal student orientation and handbook. In preparing for this self-study, the need was identified and plans are being laid to put these in place by the next academic year. When students are accepted into the BSPH program they must complete a Major/Minor/Concentration/Advisor/Change/Form which is required by the university. Dr. Lartey becomes the advisor for all BSPH students.

4.4 b: Description of the program’s career counseling services for students in all degree programs. Include an explanation of efforts to tailor serves to meet specific needs in the program’s student population.

Career Counseling

The University provides career counseling to all students through the Center for Career and Professional Development. The mission of the Center for Career and Professional Development is to assist students and alumni in identifying and reaching their career and employment goals, to help employers access an educated and highly trained workforce, and to support faculty and staff in providing opportunities to increase student learning and skill development. Located in the new Student Success Center in the center of WKU's campus, the Center provides service to WKU students, alumni, faculty, staff, WKU families, extended campuses and the surrounding communities. The office was established initially as a placement office whose main goal was to find jobs for our exiting graduates. Although we do still assist students and alumni with the job search process, our mission has expanded to include career exploration, career engagement, academic career guidance and a host of other individual specific services.

Tess McKinley serves as the liaison with CHHS and is available to:

Assist students/alumni individually with the job search process including resume and cover letter critique, practice interviewing, effective networking, how to search for job opportunities;

Speak to student organizations on topics such as resume development and interviewing tips;

Send job announcements to students registered in our database through TopJobs - an online job search and employment management system. Students/alumni can also search for job opportunities on their own, upload several different resume versions, schedule on-campus interviews, employers can search for students, etc.

Faculty provide career counseling to students on an informal and as-requested basis. Job announcements are posted on the departmental bulletin board and communicated through the MPH organizational site on blackboard.

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

The MPH Exit survey assesses the quality of academic advising and student satisfaction with career counseling/advise. Table 4.6.c displays findings for these items. Unfortunately the Exit Survey for BSPH students will not be launched until May 2016, thus there is no information to post for those students.

	Target	2012/2013	2013/2014	2014/2015	Action
Students rate quality of/satisfaction with academic advising as 4 (of 5) or higher on MPH Exit Survey.	80%	N=6 83.3%	N=11 81.9%	N=21 81%	met
Students rate satisfaction with career counseling/advise as 4 (of 5) or higher on MPH Exit Survey.	80%	40.0%	72.8%	71.4%	See note below

These results have prompted the MPH faculty to continue discussions of strategies to better understand the drop in satisfaction scores for student career counseling/career advice. The PH Advising and Retention Committee brought two proposals forward to the PH Program Committee in October, 2014. The first proposal was to develop a survey that students would complete at the end of each semester, regarding their experiences and content of discussion with advising. A sample survey was shared and motion was made to table the discussion until the PH Assessment Committee reviewed and discussed the matter. The second action by the PH Advising and Retention Committee was to supply each advisor with a notebook that contains a checklist of items to discuss with advisees, as well as a pamphlet regarding best practices in mentoring. More information is required to determine if there is a need change the way in which the career counseling question is posed.

4.4.d: Description of the procedures by which students may communicate their concerns to program officials, including information about how these procedures are publicized and about the aggregate number of complaints and/or student grievances submitted for each of the last three years.

### **Student Complaint Procedure**

WKU has outlined a four step procedure for students to resolve complaints regarding a grade, course policy, or faculty member:

#### **Step 1 (Faculty Member)**

The first step is for the student to discuss the complaint with the faculty member involved. If the faculty member is no longer employed by the University, the student should go directly to the department head who will contact and represent the former faculty member. If the complaint involves a grade, the student must take the complaint to the faculty member within the first two weeks of the first regular semester (fall; spring) following the assignment of the grade. It is hoped that the complaint may be satisfactorily dealt with at this level.

#### **Step 2 (Department Level)**

If the student and the faculty member are unable to resolve the complaint, the student may take the complaint to the faculty member's department head. Written notification of the complaint must be given to the department head within two weeks after the meeting with the faculty member. It is the responsibility of the department head to arrange for a conference where the student, faculty member and the department head will be present for discussion. Neither the faculty member nor the student will be allowed representation at the conference. The department head shall hear both sides of the complaint and shall attempt to mediate a settlement. The department head shall keep a written record of the proceedings, including the recommended solution. The department head's recommended solution is to be considered by both the faculty member and the student as a recommendation and not as a decision that is binding.

### **Step 3 (College Level)**

Should the student be unable to receive the satisfaction desired at the departmental level, the complaint may be taken to the college level. Written notification of the complaint must be submitted to the college dean or his designated representative within two weeks after the conference with the department head (Step 2). Upon receipt of the notification, the college dean or his representative shall provide the student a copy of the procedural guidelines to be followed by the College Complaint Committee. The procedural guidelines shall provide for a conference with both the student and the faculty member present for joint discussion of the complaint with the committee.

The College Complaint Committee will be responsible for scheduling the conference within two weeks following the submission of a written complaint to the chairman of the College Complaint Committee including as much detail as the student cares to include. The written complaint should clearly state what is considered to be unreasonable and/or unfair practices or procedures. Neither the faculty member nor the student will be allowed representation at the conference. The College Complaint Committee shall hear both sides of the complaint and render a decision. The decision shall be sent in writing to the Provost and Vice-President for Academic Affairs, with a copy being sent as a matter of record to the student, faculty member, faculty member's department head and the faculty member's college dean. The Office of the Provost and Vice-President for Academic Affairs shall be responsible for enforcing the decision of the college committee. The Office of the Provost and Vice-President for Academic Affairs shall not enforce the decision until two weeks after the decision is made by the college committee. The purpose of the two week delay is to provide either the student or the faculty member an opportunity to submit a formal written notice of appeal to the University Complaint Committee.

### **Step 4 (University Level)**

Should the student or the faculty member desire to appeal the decision of the College Complaint Committee, a formal written notice of appeal may be submitted to the University Complaint Committee chair, with a copy to the Provost and Vice-President for Academic Affairs, within two weeks of the decision of the College Complaint Committee. The chair of the University Complaint Committee will provide the student and the faculty member involved with a copy of the University Complaint Committee's Procedural Guidelines. The University Complaint Committee will secure copies of the written proceedings from the department head and the College Complaint Committee. The University Complaint Committee will schedule a conference where the faculty member and the student jointly discuss the issue. Neither the faculty member nor the student will be allowed representation at the conference. The committee's decision will be sent to the Provost and Vice-President for Academic Affairs, with a copy being sent as a matter of record to the student, faculty member, faculty member's department head and the faculty member's college dean. The Office of the Provost and Vice-President for Academic Affairs will see that decisions of the University Complaint Committee are carried out. The University Complaint Committee's decision is final.

In checking with the Associate Dean of CHHS, the PH Program was informed there were no formal or informal complaints from PH students at the college-level for any of the academic years 2011-2012 through 2014-2015.

4.4.e: Assessment of the extent to which this criterion is met and an analysis of the program's strengths, weaknesses and plans relating to this criterion.

**This criterion is met.**

**Strengths**

The PH program has clearly defined and institutionally-supported mechanisms for academic advising and career counseling. The program is making strides to promote these processes through its student handbooks, student orientations, and advising faculty. Student opinions are routinely assessed in the Exit Survey. Students, themselves, report that they are receptive to having regular one-on-one meetings with their academic advisor, as one student put it, "we need the big picture of where we are going and how we are going to get there".

**Weaknesses**

None

**Strategic Plans**

None at this time