

Master of Public Health Program
University of Kansas School of Medicine

Annual Report
July 1, 2003 – June 30, 2004



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Mission

The mission of the KU-MPH program is to provide teaching, research and service activities that prepare public health practitioners, health care providers, and researchers to develop and apply population-based and individual approaches to maintaining and improving the public's health in the heartland and the nation.

Program Goals

1. To prepare MPH students for professional careers.
2. To provide knowledge and skills training for our local, state and regional public health workforce.
3. To conduct research that will strengthen the science base for public health policy and practice.
4. To lead and support service and practice activities to meet public health needs.
5. To maintain an organizational structure that supports the mission of the MPH program.

Leadership

Executive Director:	Linda M. Frazier, MD, MPH
Associate Site Director, Wichita:	Suzanne R. Hawley, PhD, MPH
Site Director, Kansas City:	Simon Choi, PhD (July-August 2003)
	Won S. Choi, PhD, MPH (September 2003-present)
Executive Council:	Linda M. Frazier, MD, MPH
	Suzanne R. Hawley, PhD, MPH
	Won S. Choi, PhD, MPH
	Craig A. Molgaard, PhD, MPH
	Jasjit S. Ahluwalia, MD, MPH
Operations Committee:	Linda M. Frazier, MD, MPH
	Suzanne R. Hawley, PhD, MPH
	Melissa Armstrong
	Won S. Choi, PhD, MPH
	Geanie Porte, MPA
Chair, Admissions Committee:	Angelia Paschal, PhD
Chair, Curriculum Committee:	Subashan Perera, PhD
Chair, Research Committee:	Sue-Min Lai, PhD, MKS, MBA
Director, MD/MPH Program:	Edward F. Ellerbeck, MD, MPH
Co-presidents, MPH Student Organization:	Elizabeth A. Ablah, MA
	CPT. Heidi Whitescarver
Chair, External Advisory Committee:	D. Charles Hunt, MPH, Senior Epidemiologist, Kansas Department of Health and Environment
Staff, Wichita	Melissa Armstrong, Senior Coordinator
	Germaine Hall (July-September 2003)
	Amy Chesser (October 2003-May 2004)
	Iva Chrisman (June 2004)
Staff, Kansas City	Geanie Porte, MPA, Senior Coordinator (July 2003-June 2004)
	Miranda Rosenberger

Executive Summary

This was a busy year with many achievements. We enrolled 25 new degree-seeking MPH students and 20 students graduated. Our graduation rate was 79% by 5 years after enrollment. Time to complete an MPH degree reflected the fact that we have many part-time students. To be convenient for employed individuals, we offered at least 5 courses each semester during evening hours or in web-based format.

Our faculty and staff made major contributions to public health workforce development in our region. We launched the Kansas Public Health Leadership Institute, attended by 22 scholars representing public health practice in 11 counties. We served on the Kansas Public Health Workforce Development Committee, collaborating with representatives from our state and local health departments and the Heartland Centers for Public Health Preparedness at the St. Louis University School of Public Health. The president of the Kansas Public Health Association was a member of our faculty. Another faculty member served as the Medical Director and Health Officer for the Sedgwick County Health Department. We provided technical assistance in program evaluation to our state health department. Our continuing education course, Biostatistics for the Non-Statistician, was well-received by clinicians from KU Medical Center and public health professionals. We also launched the Chautauqua Informatics Project, taking 17 laptop computers around the state to provide training for local health departments.

Improving health among vulnerable populations was a prominent theme in our research. MPH faculty had 21 active grants and contracts for research to benefit populations such as low-income individuals in the inner city, victims of domestic violence, the uninsured, adults with low literacy skills, people living in rural areas, children who are not ready to begin school, and the homeless. MPH students participated in public health practice research, making scholarly presentations at professional meetings on topics ranging from breast and cervical cancer detection to bacterial bioremediation of contaminated soils.

An unexpected opportunity was a new endowment provided by the Kansas Health Foundation to honor John T. Stewart III by providing scholarships to medical students who extend their training by enrolling in the MPH program. Our challenge will be to find ways to use this scholarship to help bridge the gap that the Institute of Medicine recognizes has grown between public health and medicine.

Each semester, 70 to 80 individuals enrolled in MPH courses. Because we serve many employed students, about 50 full-time equivalent students were enrolled each semester. Our students viewed the quality of our MPH courses as excellent. On a scale where 5.0 is the highest possible score, students ranked our courses on average at 4.5 to 4.8.

We began a multi-year initiative to ensure that our curriculum is relevant to the national core public health competencies and the critical new areas needed by public health professionals in the 21st century. We developed and offered a new course in cultural competency that received outstanding student evaluations. We collected new types of data to assist with strategic planning for our curriculum. These data included a self-assessment of competencies by newly-enrolled students, and targeted, formal stakeholder input from our External Advisory Committee, other public health practitioners and our alumni. These data converged on health policy and management as an area of curricular need. Currently, we provide only one introductory MPH course in this domain. We began working more closely with faculty from the Department of Health Policy and Management at our medical school. Together during FY05, we will seek funding to develop two new intermediate-level MPH courses to be taught collaboratively with public health practitioners. One course will concern public health administration and finance, and another will concern public health policy and law. In the coming year we will also advance our curricular initiative by working with faculty to increase the number of course syllabi that include the applicable national public health competencies as learning objectives. These data will allow us to identify competencies that may receive lesser emphasis in our required and elective courses.

Program Goals and Objectives, FY04 (2003-2004)

EDUCATION – FY04

GOAL 1: Prepare MPH students for professional careers.

Objective 1.1: Enroll a qualified student body

Target 1: 15-25 new students/year will enroll at our Kansas City campus, and 10-15 new students/year will enroll at our Wichita campus.

Data: Slightly more than half of the applicants were accepted for admission, and of these 43 students, 25 were enrolled as degree-seeking students (58%) (Table 1).

Table 1. Applicants, admitted students and students who enrolled in the program.

Site	Applied	Admitted	Enrolled Non-Degree	Enrolled Degree-Seeking
Kansas City				
Fall 2003	23	15	1	7
Spring 2004	19	12	1	9
Wichita				
Fall 2003	22	13	4	7
Spring 2004	8	3	1	2
Total	72	43	7	25

Target 2: At least 90 percent of degree-seeking new enrollees have undergraduate GPA ≥ 3.0

Data: The mean grade point average (GPA) of degree-seeking new enrollees was 3.49 (range 2.74 to 3.90). Twenty-three of 25 enrolled degree-seeking students (92%) had a GPA of 3.0 or above. The two students with lower GPAs worked closely with their advisors and are doing very well in their course work.

Target 3: At least 90 percent of degree-seeking new enrollees have GRE scores $\geq 50^{\text{th}}$ percentile

Data: Twenty one of 25 degree-seeking newly enrolled students (84%) had Graduate Record Examination (GRE) test results that met our target, while four students had results below the 50th percentile on both the verbal and quantitative subscores. Of these, three students had an undergraduate GPA of 3.5 or higher. All four of these students are doing well academically.

Comment: We met our enrollment targets in Kansas City (18 enrolled students of whom 16 were degree-seeking) and in Wichita (15 enrolled students of whom 9 were degree-seeking). Four of 37 newly-enrolled students (12.5%) are currently in public health practice at our state and local health departments and in the public health section of the US military. The academic potential of enrolled students was satisfactory, as reflected by undergraduate GPA data, although we did not meet our

target for GRE scores. Individuals with lower GPA or GRE scores had other compelling reasons for admission, and are making good academic progress.

Objective 1.2: Ensure adequate graduation rates

Target 1: 80% graduation rate within 5 years of enrollment as a degree-seeking student

Data: Graduation rates through Summer 2004 among degree-seeking students are provided on Table 2. The data are organized according to the year each student enrolled (i.e. by enrollment cohort). The chart presents the cumulative graduation rates to the present time (i.e. students who first enrolled in 1999 may have graduated in 2000, 2001, 2002, 2003, or 2004).

Table 2. Student graduation rates.

	Year Enrolled (Degree-Seeking Students)						
	1997	1998	1999	2000	2001	2002	2003
Enrolled	17	24	19	25	18	33	29
Graduated	12	18	15	19	9	17	4
% Graduated	70	75	79	76	50	51	14

Target 2: Structure the curriculum to accommodate needs of employed students by providing at least 3 evening or web-based courses during the Fall and Spring semesters.

Data: Courses provided at times that are relatively more convenient for employed students are provided in Table 3 on the next page.

Comment: Graduation rates approached 80% at 3 to 4 years after enrollment, reflecting the fact that our program is structured to accommodate part-time students (see Appendix 1 for numbers of full-time and part-time students). We contacted students who first enrolled in the past 5 years but had interrupted their study for two or more semesters recently (FY04 Attrition Survey). Risk factors for non-graduation included moving out of state, and not originally intending to be a degree-seeking candidate (e.g. some students with prior doctoral degrees). With additional advising, two of these students graduated in FY04. Employed students could choose between evening or web-based courses if needed to accommodate job schedules. On Table 3, each web-based course was available on both campuses. Each evening course was taught in traditional classroom format and was considered available only on the campus where it was taught. The total number of such courses from which students could choose during Fall 2003 was 8 in Kansas City and 6 in Wichita, and during Spring 2004 was 6 in Kansas City and 5 in Wichita. The Kansas City campus also offered an elective at 7:30 am in Fall 2003 and Spring 2004. Courses such as independent study, practicum and thesis that included early morning or evening meetings with faculty are not shown on this table. During summer sessions, evening, web-based and independent study courses were also offered.

Table 3. Evening and web-based courses available to students.

	Kansas City		Wichita	
	Required	Elective	Required	Elective
Evening courses				
Summer 2003	0	1	0	0
Fall 2003	4	1	3	0
Spring 2004	2	2	1	2
Web-based courses				
Summer 2003	0	1	0	1
Fall 2003	2	1	2	1
Spring 2004	1	1	1	1
Total courses convenient for employed students*				
Summer 2003	2		1	
Fall 2003	8		6	
Spring 2004	6		5	

*Does not include convenient early morning and independent study courses.

Objective 1.3: Teach a high-quality, competency-based curriculum

Target 1: All courses will receive student evaluations of ≥ 4 out of 5 on at least 2 of the 4 quality indicators

Data: Course evaluations are completed confidentially by students using a scale where 1 is the lowest rating and 5 is the highest. These are summarized by the MPH coordinators at each site, and four items are entered into the program's course evaluation database. Data from courses taught during FY04 are shown in Table 4. All courses met our target. The mean response rate per course was 75.8% (range 57% to 100%), with lower rates associated with electronic submission format instead of completion of evaluations during class time. Since the number of students in evaluated classes was small (in FY04, mean 8.7 students, range 5-14 students), the quality indicators are interpreted with some caution because of the potentially large statistical influence of a single data point (i.e. one student's response).

Table 4. Summary of quality indicators from student evaluations of courses.

Item	Mean	Minimum	Maximum
Instructor demonstrated expertise of the subject	4.8	4.0	5.0
Overall, instructor demonstrated effectiveness as a teacher	4.7	3.8	5.0
Overall organization of course	4.5	3.9	5.0
Overall quality of course	4.6	3.6	5.0

MPH site directors provided a course summary report to 100% of instructors that includes not only the items shown in Table 4, but also other information such as students' written comments. Site directors also discussed successes and any opportunities for improvement.

Target 2: *Develop template for all course syllabi that includes core public health competencies*

Data: The bi-campus Curriculum Committee was charged with this task, and voted to adopt a syllabus template on 4/13/04. Components previously included in syllabi were retained, such as course calendar, instructor contact information and portion of course grade made up by each assignment. New syllabus components were also adopted. These included items such as our program’s mission statement, our university’s disability accommodation statement, a paragraph about our policy on reproducing copyrighted material and a confidentiality statement. The syllabus template also included those competencies that each course addresses from among the 68 core competencies promulgated by the Council on Linkages between Academia and Public Health Practice. The Operations Committee developed a procedure to assist faculty to accomplish any needed syllabus revisions for required and elective courses during FY05.

Target 3: *All students will self-assess skill levels in core public health competencies on enrollment.*

Data: Newly-enrolled MPH students ranked their baseline skills for each of the Council on Linkages core public health competencies using an instrument developed by the bi-campus Operations Committee (100% response rate). The ranking scale for each skill was coded as 1 = very undeveloped, 2= fairly undeveloped, 3 = basic, 4 = fairly developed, and 5 = highly developed. Results for students newly-enrolled during FY04 are shown on Table 5.

Table 5. Baseline public health competency self-assessment.

Domain (number of competencies)	Mean	Minimum	Maximum
Analytic/assessment skills (11)	3.2	1.7	4.9
Policy development and program planning skills (11)	2.7	1.3	4.6
Communication skills (7)	3.3	1.8	5.0
Cultural competency skills (5)	3.8	1.8	5.0
Community dimensions of practice skills (8)	2.9	1.0	5.0
Basic public health skills (8)	2.9	1.3	5.0
Financial planning and management skills (10)	2.6	1.0	4.8
Leadership and systems thinking skills (8)	2.9	1.3	5.0

The cultural competency domain received the highest self-assessment, and was rated in the fairly developed skill level range. The financial planning and management domain received the lowest, and was rated in the fairly undeveloped skill level range.

For individual items that made up the domain score, the highest self-assessment scores were:

- Listens to others in an unbiased manner, promoting views of diverse opinions (mean = 4.21)
- Defining a problem (mean = 4.03)
- Understanding the importance of a diverse public health workforce (mean = 4.00)
- Utilizes appropriate methods for interacting sensitively, effectively, and professionally with persons from diverse backgrounds (mean = 4.00)
- Develops a lifelong commitment to rigorous critical thinking (mean = 3.95)

For individual items, the lowest self-assessment scores were:

- Conducts cost effectiveness, cost-benefit, and cost-utility analyses (mean = 2.19)
- Negotiates, develops contracts and other documents for the provision of population-based services (mean = 2.22)
- Prepares proposals for funding from external sources (mean = 2.24)
- Uses legal and political system to effect change (mean = 2.39)

- Identifies, interprets, and implements public health laws, regulations, and policies related to specific programs (mean = 2.45)

Target 4: Obtain stakeholder input at least every 3 years on curricular areas that may need to be developed (FY04, FY07 and so on)

Data: Curricular needs were discussed with our External Advisory Committee, which included practitioners from 6 of our local health departments, 2 practitioners from our state health department, and others representing public health policy or education at the interface between medicine and public health. During a meeting on 4/19/04, committee members suggested that our curriculum needs to include organizational management, conflict resolution, finance, strategic planning, working with communities, epidemiology, surveillance and health promotion. In a formal survey afterwards, committee members ranked the following MPH elective courses as most important from their perspectives:

- PRVM 877 Health Communication
- PRVM 807 Field Epidemiologic Investigation
- PRVM 823 Field Experience in Public Health Education
- PRVM 872 Grantwriting
- PRVM 820 Public Health Promotion
- PRVM 820 Advanced Topics in Health Promotion
- PRVM 875 Management of Public Health Data

External Advisory Committee members also ranked the following elective courses (which are only offered by the Department of Health Policy and Management in Kansas City) as most important from their perspectives:

- HPM 857 Evaluating Outcomes of Health Care
- HPM 828 Human Resources Management
- HPM 837 Health Care Policy and Administration
- HPM 825 Health Services Managerial Accounting

Surveys of two other groups were conducted. One group was the FY04 scholars who were enrolled in the Kansas Public Health Leadership Institute (KPHLI). Scholars were primarily from public health practice fields. (For a description of the Institute, see Objectives 2.2 and 4.1, below). These scholars agreed with the External Advisory Committee that skills related to health administration, policy and law were very much needed. The other group was the KU-MPH program alumni who graduated between Summer of 2000 and Fall of 2003. Alumni were asked to rank our current MPH elective courses, and they believed that analytic/assessment skills were most important from their perspectives:

- PRVM 841 Advanced Epidemiologic Methods I
- PRVM 875 Management of Public Health Data
- PRVM 849 Qualitative Methods in Public Health
- PRVM 842 Advanced Epidemiologic Methods II

Comment: Student evaluation data indicated that they feel the quality of courses is good to excellent. Our program provided student feedback to faculty and developed solutions to improve potential course weaknesses. Data from the core competencies covered by each course will be available in FY05 as a result of the syllabus template adopted this year. This will allow us to construct a curriculum matrix in FY05, and identify competencies that might need more emphasis in our curriculum. Complementing this activity, incoming students ranked their skills as lowest for competencies related to financial planning, management, health policy and law. Stakeholder input from public health practitioners and graduates agreed that MPH students need to acquire advanced skills in health administration, public health policy, and epidemiologic methods, including field experiences and data management. We used these needs assessment data to formulate our FY05 program objectives. We were able to obtain the following grant to support development of our curriculum based on these data:

- Needs Assessment and Planning for MPH Curriculum Development at KUMC. Nielsen M (PI), Frazier LM, Choi WS. Kansas Health Foundation. \$30,000

Objective 1.4: Educate students about public health practice

Target: *Ensure public health practice experience in the capstone.*

Data: We voted to eliminate thesis option as the culminating experience. Beginning with the Fall 2004 enrollment cohort, the practicum will be the only option for the culminating experience.

Comment: To assist with structuring capstone, we developed materials to help faculty and students structure the practicum. Recruitment of potential practicum sites was strengthened by networking with practitioners (see Service and Practice section, below). Recruitment of practitioners into the MPH program was strengthened by the following grant:

- MPH Scholarships for Public Health Practitioners. Molgaard C (PI). Kansas Health Foundation. \$10,000 (provides 50% of MPH tuition and fees for each practitioner)

GOAL 2: Provide education and training for our local, state and regional public health workforce

Objective 2.1: Lead workforce development planning activities in our region

Target 1: *At least 2 faculty will be members of the Kansas Public Health Workforce Development Committee each year*

Data: Faculty who served on this committee were:

- Dr. Craig Molgaard
- Dr. Suzanne Hawley

The committee includes members from the Kansas Department of Health and Environment (KDHE), the Kansas Association of Local Health Departments, the St. Louis University School of Public Health's Heartland Centers for Public Health Workforce Development, and others. Strategic planning by this committee during FY04 included:

- Training needs assessment among KDHE employees
- Bioterrorism training needs assessment among health professionals
- KPHLI curriculum
- Pilot test of basic informatics training at local health department
- Implement a statewide learning management system for public health practitioners (KS-TRAIN)
- Promote participation in public health workforce development activities

Target 2: *At least 2 faculty will participate in other such planning activities each year*

Data: Planning activities included:

- Presidency of the Kansas Public Health Association (KPHA) (Dr. Kim Richter)
- Kansas Liaisons for the Heartland Centers for Public Health Preparedness at the St. Louis University School of Public Health (Dr. Craig Molgaard & Dr. Suzanne Hawley).
- Member of the Kansas Public Health Systems Group sponsored by the Kansas Health Foundation (Dr. Craig Molgaard). This is an ad hoc committee of senior-level representatives from state and local health departments, government and academic public health institutions. The group's main purpose is to develop and implement an integrated strategic plan that protects and promotes the health of Kansans.
- Member of the Kansas Leadership Forum (faculty member Ruth Wetta-Hall)
- Members of the Kansas Comprehensive Cancer Partnership, led by KDHE (faculty members Judy Johnston, John Neuberger, Sue-Min Lai, D. Charles Hunt, Aimee James and Allen Greiner). This group is developing an updated comprehensive cancer control and prevention plan for Kansas. This plan will include cancer-related workforce development needs.

Comment: Program faculty played leadership roles in many important workforce development

activities in our region.

Objective. 2.2: Provide public health continuing education

Target: *At least 2 public health continuing education courses in our region will include our faculty as teachers each year*

Data: MPH faculty participated in many continuing education activities for public health practitioners, serving as course directors and instructors. These included:

- Kansas Public Health Leadership Institute. Dr. Molgaard served as Co-executive Director with Shirley Orr from KDHE. Dr. Hawley served as Program Director. Faculty members Craig Molgaard, Suzanne Hawley, James Early, Kimber Richter and Angelia Paschal served as capstone project mentors. Faculty member Deborah Fromer served as a speaker. FY04 was known as Cycle I. A total of 22 scholars enrolled representing our state health department, local health departments in urban and rural Kansas, and the KU School of Medicine. The 11 counties represented (Shawnee, Jefferson, Johnson, Lyon, Ellsworth, Saline, Pratt, Reno, Kingman, Sedgwick, Crawford) are home to 50% of the Kansas population.
- Chautauqua Informatics Project provides training for health department personnel throughout Kansas. Dr. Molgaard is the project's Director, Julie Oler-Manske is the Project Manager, Susan Popejoy is the Project Coordinator). During FY04 the team planned the project, recruited staff, purchased laptop computers and software to use for training at local sites, and conducted pilot educational sessions.
- Public Health Grand Rounds, an activity of the Kansas Workforce and Leadership Development Center (Dr. Molgaard, Director, Germaine Hall, Coordinator). During FY04, 3 training sessions were provided by means of a downlink from CDC. The project also provided a session on racial disparities downlinked from Kansas City as part of the KUMC visiting professor series.
- Biostatistics for the Non-statistician was directed by Dr. Mayo and sponsored by Dr. Ahluwalia. This continuing medical and nursing education program was attended by over 50 people, a number of whom were health department employees.
- Kansas Public Health Certificate Program for state and local health department employees. This program is administered by The University of Kansas Public Management Center. The program entails 12 two-day workshops and had 29 students in the 2003 class. Full-day seminars were provided by faculty members Craig Molgaard (Introduction to Public Health), Linda Frazier (Introduction to Environmental Health) and Charlie Hunt (Introduction to Basic Epidemiology).
- Health Data in Action. This program was coordinated by the Kansas Health Institute as part of the Kansas Turning Point Initiative. The initiative entailed regional two-day workshops focused on developing skills related to accessing and utilizing population-based health data for assessment and planning. Faculty members Charlie Hunt and Angelia Paschal participated as faculty in this program.

Comment: Program faculty were very actively involved in public health continuing education in Kansas.

Program Goals and Objectives, FY04 (2003-2004)

RESEARCH – FY04

GOAL 3: Conduct research that will strengthen the science base for public health policy and practice

Objective 3.1: Author scholarly publications

Target: *The number of scholarly authorships (peer-review journal articles or book chapters) by the faculty as a whole will total at least 15 on each campus each year*

Data: Authorships and the journals in which faculty published are provided in Tables 6 and 7, respectively. Data were tabulated by whole calendar years, so 2004 data will be included in the FY05 annual report.

Table 6. Authorships in scholarly journals and books by program faculty.

	2002	2003
Kansas City		
Peer-review journal articles	37	111
Books and book chapters	2	1
Abstracts and national/regional presentations and posters*	55	170
Wichita		
Peer-review journal articles	11	7
Books and book chapters	2	6
Abstracts and national/regional presentations and posters*	30	97
Total peer-review journal articles, books and book chapters		
Kansas City	39	112
Wichita	13	13

*Abstracts, posters and presentations provide rough indication of potential publications in the future.

Table 7. Journals in which program faculty published.

2002	2003
Addiction	Addiction
AIDS & Behavior	Addictive Behaviors
American Journal of Alzheimer's Disease & Other Dementias	Agroforestry Systems
American Journal of Geriatric Cardiology	American Family Physician
American Journal of Preventive Medicine	American Journal of Health Behavior
American Journal of Public Health	American Journal of Obstetrics & Gynecology
Annals of Epidemiology	American Society for Testing & Materials International
Archives of Pediatrics & Adolescent Medicine	Annals of Behavioral Medicine
Circulation	Archives of Internal Medicine
Fertility & Sterility	Archives of Pediatrics & Adolescent Medicine
Kaohsiung Journal of Medical Sciences	Archives of Physical Medicine & Rehabilitation
Headache	Behavioral & Cognitive Psychotherapy
Health Education & Behavior	Chemical Senses
Health Physics	Circulation
Hemoglobin	Clinics in Occupational & Environmental Medicine
International Journal of Occupational & Environmental Health	Evidence-Based Preventive Medicine
Journal of Clinical Epidemiology	Health Education & Behavior
Journal of Gerontological Nursing	Journal of American College Health
Journal of Public Health Management & Practice	Journal of Applied Behavior Analysis
Journal of Rehabilitation Research & Development	Journal of Business, Industry & Economics
Journal of the American Geriatrics Society	Journal of Clinical Pharmacology
Journal of the American Medical Association	Journal of Health Care for the Poor & Underserved
Journal of the National Medical Association	Journal of Palliative Medicine
Neuroepidemiology	Journal of Pediatrics
Nicotine & Tobacco Research	Journal of Public Health Management & Practice
Obesity Research	Journal of Registry Management
Pediatrics	Journal of Rural Health
Pharmacoepidemiology & Drug Safety	Journal of School Health
Preventive Medicine	Journal of Sports & Exercise Psychology
Public Health	Journal of Substance Abuse Treatment
Spine	Journal of the American Board of Family Practice
Stroke	Journal of the American College of Cardiology
	Journal of the American Geriatrics Society
	Journal of the American Medical Directors Association
	Journal of the American Statistical Association
	Journal of the Louisiana State Medical Society
	Mathematics Teacher
	Medicine & Science in Sports & Exercise
	Nicotine & Tobacco Research
	Neoplasia
	Neuroepidemiology
	Neurology
	Obesity Research
	Pharmacogenetics
	Preventive Medicine
	Psychology of Addictive Behaviors
	Reviews on Environmental Health
	Spine
	Stroke
	Substance Abuse
	Violence Against Women

Comment: There was substantive scholarly activity by faculty on both campuses. Wichita faculty did not meet the publication target in calendar years 2002 or 2003, although there were fewer total faculty on the Wichita campus (see Appendix). The many Wichita abstracts, posters and regional/national presentation

authorships suggest that publication numbers will increase in the future. In addition to these authorship data, program faculty generated numerous research grants (see Objective 3.2 and also Appendix).

Objective. 3.2: Conduct research for vulnerable populations

Target: *At least two faculty research projects will address vulnerable populations on each campus each year*

Data: Faculty published research findings in journals devoted to vulnerable populations, including:

- Violence Against Women:
Richter KP, Surprenant ZJ, Schmelzle KH, Mayo MS. Detecting and documenting intimate partner violence: an intake form question is not enough. *Violence Against Women* 2003;9:458-65.
- Journal of Health Care for the Poor & Underserved:
Jean S, Richter KP, Ahluwalia JS, Schmelzle K, Mayo M. Reasons for ineligibility for a randomized clinical trial. *J Health Care Poor Underserved* 2003;14:324-30.
- Journal of Rural Health:
Ellerbeck EF, Totten B, Markello S, Patterson K, Sipe TR, Tilden C. Quality improvement in critical access hospitals: addressing immunizations prior to discharge. *J Rural Health* 2003;19:433-8.

Scholarly articles concerning vulnerable populations that were published elsewhere included:

- Catley D, Ahluwalia JS, Resnicow K, Nazir N. Depressive symptoms and smoking cessation among inner-city African American Smokers. *Nicotine Tob Res* 2003;5:61-8.
- Okah FA, Okuyemi KS, Harris KJ, Catley D, McCarter KS, Kaur H, Ahluwalia JS. Prediction adoption of home smoking restriction by inner-city black smokers. *Arch Pediatr Adolesc Med* 2003;157:1202-5.
- Altshuler K, Berg M, Frazier LM, Laurenson J, Mendez W, Molgaard CA. Overview of the vulnerability and special health problems of children. *OCHP Paper Series on Children's Health and the Environment*. US Environmental Protection Agency, Office of Children's Health Protection. Paper 2003-1, February 2003, pp. 1-39. Available at <http://yosemite.epa.gov/ochp/ochpweb.nsf/content/publications.htm>
- Carmack-Taylor CL, Boudreaux ED, Jeffries SK, Scarinci IC, Brantley PJ. Applying exercise stage of change to a low-income underserved population. *Am J Health Behav* 2003;27:99-107.

MPH faculty had 21 active grants and contracts for research concerning vulnerable populations, including:

Kansas City campus:

- Measurement and Role of Psychological Stress in Smoking Cessation among Low-Income African-Americans. Ahluwalia JS (PI), Jeffries S. Cancer Research Foundation of America. \$60,000.
- African-American Smokers in Low-income Housing. Ahluwalia JS (PI), Catley D, Choi WS, Harris K, Okuyemi K, Sullivan D, Mayo M. National Cancer Institute. Initial grant and two supplements: \$1,202,201, \$156,987, \$107,948, respectively.
- Smoking Cessation Among the Homeless. Okuyemi K (PI), Ahluwalia JS. American Lung Association. \$70,000.
- Addressing Nicotine Addiction in Drug Abuse Patients. Richter K (PI), Ahluwalia JS, Wallace DD, Mayo M. National Institute on Drug Abuse. \$579,306.
- Disease Management for Smokers in Rural Primary Care. Ellerbeck E (PI), Ahluwalia JS, Greiner A, Jeffries S, Li C. National Cancer Institute. \$2,195,363.
- Obesity in Rural Kansas. Greiner A (PI), Ahluwalia JS. Sunflower Foundation. \$149,671.
- Environmental Barriers to Maintaining Healthy Body Mass Indexes in Low Income Housing Development. Lee R (PI). Sandra A. Daugherty Foundation. \$50,000.
- The BRIDGE Program at KUMC—Domestic Violence Advocacy. Surprenant Z (PI). Kansas State Attorney General's Office. \$201,474.

Wichita campus:

- Enhancing the Project Access System of Care in Wichita/Sedgwick County, Kansas. Wetta-Hall R (PI), Ablah E. Health Resources and Services Administration. \$120,000.
- Hospital Utilization of the Uninsured and those with Medicaid: Project Access. Dismuke SE (PI), Jones TL, Armbruster SM. Health Resources and Services Administration.
- Evaluation of Adult Literacy Interventions. Fredrickson D (Co-I). NIH: National Institute for Literacy and National Institute for Child Health and Development. \$48,463.
- Ready, Set, Go! To Improve School Readiness—Community Needs Assessment. Wetta-Hall R (PI). John S. and James L. Knight Foundation. \$91,424.

Comment: A major focus of faculty research was improving health in vulnerable populations. On the Kansas City campus, projects included smoking cessation among inner-city African Americans, homeless persons and substance-addicted individuals, obesity among rural and inner-city populations, and domestic violence. On the Wichita campus, projects included access to health care among the uninsured, adult literacy, school readiness among low-income children and others.

Objective 3.3: Provide opportunities for students to become involved in research

Target: *Develop methods to measure student involvement in research.*

Data: This program need was considered by the bi-campus Research Committee and the Operations Committee. We decided that one key indicator of student involvement in research is student authorship on abstracts and posters submitted to local, regional and national professional meetings. These included (student names provided in bold type):

Kansas City campus:

- **Hu P**, Engleman K, Ellerbeck EF, Perpich D, McNamee JR, Markello S. Barriers to mammography access in SE Kansas Medicare beneficiaries. Poster presented at the annual Kansas Public Health Association conference, Overland Park, KS, September 2003 (won the student poster competition).
- **Morgan A**, Engelman K, Ellerbeck EF, Ahluwalia JS. A Qualitative Approach to Evaluating Mammography Satisfaction in Kansas. Poster presented at the annual Kansas Public Health Association conference, Overland Park, KS, September 2003.
- **Whitescarver H**. Evaluation of the Kansas Nutrition Network Food Stamp Promotion Campaign. Poster presented at the annual Kansas Public Health Association conference, Overland Park, KS, September 2003.
- **Osman S**, Nesmith I. Tracking and Monitoring Perinatal Hepatitis B in Johnson County, Kansas. Poster presented at the annual Kansas Public Health Association conference, Overland Park, KS, September 2003.
- **Huston A**. Bacterial Bioremediation of Soils Contaminated with Polycyclic Aromatic Hydrocarbons. Poster presented at the annual Kansas Public Health Association conference, Overland Park, KS, September 2003.
- **Rowland J**. Investigation of Policies and Practices Emergency Personnel Use to Assist People with Mobility Impairments During and Emergency in Three Rural and Three Urban Locations in Northeast Kansas. Poster presented at the annual Kansas Public Health Association conference, Overland Park, KS, September 2003.
- **Bond R**, Burrington S, Snow TM, Nollen N, Okuyemi KS, Ahluwalia JS. Demographic differences between African American light and heavy smokers. Poster presented at the annual Kansas Public Health Association conference, Overland Park, KS, September 2003.
- **Budinas L, Hamilton A**. Environmental Factors that Potentially Contribute to the Rising Prevalence of Obesity in the Inner City. Poster presented at the annual Kansas Public Health Association conference, Overland Park, KS, September 2003.
- **Potter C**; Neuberger J, Lai SM. Risk and Protective Factors Associated with Prostate Cancer in Scott City, Kansas. Poster presented at the annual Kansas Public Health Association conference, Overland Park, KS, September 2003.

- James AS, Jeffries S, **Casey G**, Ahluwalia JS. Post-intervention focus group findings from a community-based health behavior clinical trial. Poster presented at the 2004 annual meeting of the Society of Behavioral Medicine, Baltimore, MD, March 2004.

Wichita campus:

- **Stuever D**, Molgaard CA, Jones TL, Allen P. Preparedness for bioterrorism: a survey of family medicine, emergency medicine, and internal medicine physicians in Sedgwick County, Kansas. Poster presented at the annual Kansas Public Health Association conference, Overland Park, KS, September 2003.
- **Keller J**, Fredrickson DD. Will uninsured health department patients tolerate increased fees? Poster presented at the annual Kansas Public Health Association conference, Overland Park, KS, September 2003.
- **Brooks MM**, Jones TL, Fredrickson DD. Unintentional poisonings: uncovering preventable health hazards. Poster presented at the annual Kansas Public Health Association conference, Overland Park, KS, September 2003.
- **Ibrahim M**, Fredrickson DD, Curtis D. Diabetes focus groups in Kansas among Hispanic meat packing plant workers. Poster presented at the annual Kansas Public Health Association conference, Overland Park, KS, September 2003.
- **Ablah E**, Burdsal C, Wetta-Hall R, Nelson A, Bloxham B. Assessment of Patient and Provider Satisfaction Scales. Poster presented the annual Kansas Public Health Association conference, Overland Park, KS, September 2003.
- **Berry M**, Jones TL, Fredrickson DD. The relationship between psychological factors and HIV risk behaviors. Poster presented at the annual Kansas Public Health Association conference, Overland Park, KS, September 2003.
- **Brzezny AL**, Frazier LM, Fromer DB, Early JL, Molgaard CA, Johnson D. Perceptions about infant feeding in one Northwestern community. Poster presented at the KU School of Medicine-Wichita's annual research forum, October 7, 2003, Wichita, KS.
- Good MJ, Frazier LM, Wetta-Hall R, **Ablah E**, Molgaard CA. Kansas office-based nurses' evaluation of patient tobacco cessation activities. Presented and published in the conference proceedings (page 8) for the 10th annual meeting of the Society for Research in Nicotine and Tobacco, February 18-21, 2004, Scottsdale, AZ.
- **Ibrahim ML**, Fredrickson DD, Paschal A. Development of Domestic Violence Educational Material in Spanish Language Using Focus Groups. National Conference on Health Education and Health Promotion, Orlando, Florida, May 5-7, 2004.

Comment: This measure revealed that in FY04, at least 19 research presentations involved 18 MPH students (11 students in Kansas City and 7 in Wichita). Most of the student research topics concerned public health practice or vulnerable populations.

Program Goals and Objectives, FY04 (2003-2004)

SERVICE AND PRACTICE – FY04

GOAL 4: Lead and support service and practice activities to meet public health needs

Objective 4.1: Assist organizations devoted to the public's health

Target: At least 2 faculty or staff will assume leadership roles in organizations devoted to the public's health each year

Data: Selected leadership roles included:

- President, Kansas Public Health Association (KPHA) (Dr. Richter)
- KPHA Student Poster Committee (MPH Coordinator, Melissa Armstrong)
- Lead Consultant, BRFSS, Council of State and Territorial Epidemiologists (D. Charles Hunt)
- Chair, Science and Epidemiology Committee, Association of State and Territorial Chronic Disease Program Directors (D. Charles Hunt)
- Chair, Protocol Review and Data Monitoring Committee, Kansas Masonic Cancer Research Institute (Dr. Mayo)
- Director, Kansas Cancer Registry (Dr. Lai)
- Chair, Kansas Cancer Data Release Advisory Board (Dr. Lai)
- Executive Board Member, Physicians for a Violence-Free Society (Dr. Surprenant)
- Chair, Medical Committee, Community Action Violence Council, Johnson County, KS (Dr. Surprenant)
- Kansas Liaison for the Heartland Centers for Public Health Preparedness at the St. Louis University School of Public Health (Dr. Craig Molgaard).
- Co-Chair, Kansas Public Health Workforce Development Committee (Dr. Molgaard)
- Co-Chair, Hydrocarbons Committee, ACGIH-Worldwide (Dr. Frazier; international organization that recommends occupational exposure limits for hazardous chemicals).
- Medical Director and Chief Health Officer, Sedgwick County Health Department (Dr. Fredrickson)

Comment: Faculty and staff assumed leadership roles in traditional public health organizations as well as community and international organizations devoted to the public's health.

Objective 4.2: Provide technical assistance to public health practitioners

Target: At least 2 public health programs in our region will receive technical assistance from our faculty each year

Data: Formal technical assistance was provided to several public health programs in our region, including:

- The Sedgwick County Health Department was assisted by Wichita faculty member Dr. Doren Fredrickson in his role as Medical Director and Chief Health Officer
- KDHE received technical assistance for developing the public health workforce (see Objective 2.1 for details)
 - Dr. Craig Molgaard
 - Dr. Suzanne Hawley

- KDHE was assisted in designing the state's comprehensive cancer plan by the following faculty:
 - Ms. Judy Johnston
 - Dr. John Neuberger
 - Dr. Sue-Min Lai
 - Mr. D. Charles Hunt
 - Dr. Aimee James
 - Dr. Allen Greiner
- KDHE contracted with faculty member Judy Johnston, who was assisted by MPH student Elizabeth Ablah, to provide evaluation of the following state health department programs:
 - Stroke & Heart Disease Prevention.
 - Good For You!
 - Let's Move, Learn and Have Fun!
- KDHE implemented the Kansas Child Health Assessment and Monitoring Project (K-CHAMP). This project was funded by the Sunflower Foundation in September 2003 to study overweight and related factors among children in kindergarten through grade 12 in Kansas. Faculty member Charles Hunt serves as the Principal Investigator, and the following MPH faculty served on the Advisory Committee:
 - Dr. Jasjut S. Ahluwalia
 - Dr. Nicole Nollen
 - Dr. Chaoyang Li

Comment: Faculty provided technical assistance of several types to public health practitioners in Kansas.

Objective 4.3: Students will participate in service activities to enhance the public's health

Target: *At least one service activity involving a group of students will occur on each campus each year*

Data: The MPH Student Organization:

- Collected canned goods for food banks (Wichita and Kansas City)
- Participated in the annual Fun Walk/Run to raise funds for Habitat for Humanity (Kansas City)
- Volunteered at Sedgwick County Health Department in a diabetes assessment project (Wichita)
- Volunteered at "Night of the Living Zoo," a Halloween event for children (Wichita)

Comment: Students participated as a group in service activities on both campuses.

Program Goals and Objectives, FY04 (2003-2004)

PROGRAM ENVIRONMENT – FY04

GOAL 5: Develop and maintain an organizational structure that supports the faculty and staff as they accomplish the mission of the MPH program

Objective. 5.1: Maintain a strong, bi-campus organizational structure for managing the program

***Target 1:** Evidence-based strategic planning will be accomplished through quarterly meetings of the Executive Council, with regular input from the Dean, the faculty and students, and regional stakeholders.*

Data: Our program's strategic planning and program evaluation was accomplished through a bi-campus process that was led by Executive Director Dr. Frazier, and was documented in meeting minutes (meeting dates are shown in Table 8). Membership in the Executive Council, the Chairs of each bi-campus standing committee (each of which has two voting student members), and the Chair of the External Advisory Committee are listed at the beginning of this report.

Table 8. Formal bi-campus meetings for strategic planning and program evaluation.

Meeting	Date	FY04 Total
Executive Council	7/28/04, 10/23/04, 2/4/04, 5/6/04, 5/20/04	5
External Advisory Committee	1/30/04, 4/19/04	2
Dean	6/16/03, 11/24/03, 2/12/04	3
Admissions	9/25/03, 10/23/03, 12/17/03, 2/10/04, 4/28/04, 5/3/04, 5/18/04	7
Curriculum	9/25/03, 12/17/03, 1/16/04, 2/17/04, 4/13/04	5
Research	9/25/03, 1/23/04	2
Bi-campus faculty	7/29/03, 12/16/03, 2/25/04, 5/4/04	4
MD/MPH Committee (ad hoc)	11/26/03, 12/17/03, 2/25/04, 5/11/04, 5/20/04, 6/1/04	6
FY04 Program Total		34

***Target 2:** Program priorities will be implemented through the bi-campus Operations Committee, which will meet at least monthly*

Data: The Operations Committee was very active, meeting 14 times by televideo, teleconference and trips to each campus. Dates of the formal meetings with minutes are listed on Table 9. Numerous phone calls and e-mails were also exchanged. Adding these 14 meetings to the 34 listed on Table 8, there were a total of 48 governance meetings in FY04, an average of nearly one per week.

Table 9. Formal bi-campus Operations Committee meetings to implement program priorities.

Meeting	Date	FY04 Total
Operations Committee	7/31/03, 8/26/03, 10/15/03, 11/11/03, 11/26/03, 12/7/03, 12/17/03, 1/7/07, 2/17/04, 4/14/04, 5/14/04, 5/19/04, 5/20/04, 5/20/04, 6/16/04	14

Target 3: Programwide data collection and management systems will be improved.

Data: We set up a secure bi-campus shared computer directory to house databases, instruments for assessing competencies, budgetary information and statistical summaries. The directory also houses meeting minutes, key written materials (e.g. promotional brochures, forms, survey instruments) and other shared documents. Program databases include:

Table 10. Established MPH program databases.

Name	Software		Types of Information
	Data Storage	Data Analysis	
Enrollment	PeopleSoft	PeopleSoft	Courses, course dates, grades
Comprehensive Student Database	Access	SPSS, SAS	Demographics, undergraduate GPA, GRE scores, highest degree obtained, occupation, admission status and date, advisor assigned, plan of study, course grades, date graduated
Baseline Student Competencies	Excel	SPSS	Self-assessment of competencies at first enrollment
Bi-campus Budget	Excel	Excel	<u>Expenditures:</u> Teaching faculty, MPH staff travel for MPH business, promotional expenses, tuition scholarships, awards, MPH Student Organization, other <u>Revenues:</u> State of Kansas funds, teaching grants, scholarship accounts, other endowments, E-learning fees, Departmental revenues, other.
FY04 Alumni Survey	Excel	SPSS	Feedback about each currently-available MPH course
FY04 External Advisory Committee Surveys	Excel	SPSS	Feedback about each currently-available MPH course and course in KU Dept. of Health Policy and Management
FY04 KPHLI* Scholar Survey	Excel	SPSS	Feedback about each currently-available course in KU Dept. of Health Policy and

			Management
FY04 Attrition Survey	Excel	Excel	Highest prior degree, initial admission status, credit hours attained, whether moved, other reasons for attrition, interest in re-enrolling, other

*Public health practitioners enrolled in the FY04 Kansas Public Health Leadership Institute

Comment: During FY04, the bi-campus administrative structure of the MPH program was strong and very active, with a governance meeting occurring on average almost once a week. We revised our mission statement, goals and objectives, establishing numeric targets for program achievement. Key program data were analyzed and used for evaluation and planning. Examples of this process include:

- Ensuring Adequate Graduation Rates: We targeted an 80% graduation rate within 5 years of enrollment as a degree-seeking student. The attrition survey revealed that some students would have been more appropriately admitted as non-degree-seeking students. Based on these data, admissions procedures were corrected. Other students we contacted who had interrupted their studies re-enrolled and two graduated in FY04.
- Assuring Course Quality: The course evaluation forms that students complete were standardized on both campuses, four survey items were selected as quality indicators, and student feedback from these evaluations was provided to instructors in a standardized manner with emphasis on successes and opportunities for improvement.
- Assessing Curricular Needs: A need for additional course offerings in public health administration and policy was shown by data from the baseline competency self-assessments by incoming students, and by three stakeholder surveys specifically designed to assess curricular needs (FY04 Alumni Survey, FY04 External Advisory Committee surveys and FY04 KPHLI Scholar Survey). Based on these data, we developed a plan for FY05 to create one new intermediate-level MPH course in public health policy and law, and another new intermediate-level MPH course in public health administration and finance. Analytic skills were also identified as very important, and we will begin addressing this need during FY05.
- Assuring Student Competency: The baseline self-assessment of competencies by new students, and development of a syllabus template that includes competencies as learning objectives were both accomplished in FY04. In FY05 we will take the next step by developing a database on competencies covered by each required and elective course.

Objective 5.2: Foster professional development among our faculty

Target: *Tenure-track faculty will achieve promotion at intervals expected by the University of Kansas*

Data: Three MPH program faculty applied for and were granted promotions by the university's Promotion and Tenure Committee:

- Angelia Paschal, PhD: After one year as Research Instructor, promoted to Assistant Professor
- Suzanne Hawley, PhD, MPH: After one year as Research Instructor, promoted to Assistant Professor
- Linda Frazier, MD, MPH: After 8 years as Associate Professor with Tenure, promoted to Professor with Tenure

Comment: 100% of MPH program faculty who applied for promotion were successful. The interval for Dr. Frazier was one year longer than expected by the University of Kansas.

Challenges and Opportunities

Our chief challenge during FY04 was to reorganize the program's administrative structure. We were successful. We achieved a closer working relationship between our two campuses, we incorporated more data into program planning, and we increased our emphasis on the core public health competencies. Another challenge was personnel turnover. The new MPH Site Director in Kansas City, Dr. Won Choi (who began in September 2003), quickly became a major contributor to the program. A new MPH coordinator in Kansas City will begin work early in FY05. We now have a permanent administrative assistant in Wichita (Iva Chrisman).

An unexpected opportunity was a \$500,000 endowment from the Kansas Health Foundation to honor John T. Stewart III. The endowment will provide a \$15,000 scholarship to five KU School of Medicine Students who devote a year to public health study, graduating with MD and MPH degrees. The Foundation stipulated that a preference for medical students who plan to practice in Kansas. This endowment should remove financial barriers to MD/MPH training. The Kansas Health Foundation has also assisted public health practitioners to obtain additional training by providing scholarships covering 50% of tuition and fees for MPH courses, as well as grants to our program faculty that are supporting extensive public health workforce development in Kansas.

Another opportunity was a small grant (\$46,259 direct costs) that we received through a competitive process from the Association of American Medical Colleges in cooperation with the Centers for Disease Control and Prevention. This project, entitled Regional Medicine and Public Health Education Centers, allows us to network with six other medical schools that are working to increase public health training in the required curriculum for medical students.

Goals and Objectives, FY05 (2004-2005)

EDUCATION – FY05

GOAL 1: Prepare MPH students for professional careers

Objective 1.1: Enroll a qualified student body

Target 1: 10-15 new students/year—Wichita

15-25 new students/year—KC

Target 2: $\geq 90\%$ of degree-seeking new enrollees have undergraduate GPA ≥ 3.0

Target 3: $\geq 90\%$ of degree-seeking new enrollees have GRE scores $\geq 50^{\text{th}}$ percentile

Objective 1.2: Ensure adequate graduation rates

Target 1: 80% graduation rate within 5 years of enrollment as a degree-seeking student

Target 2: Structure curriculum to accommodate needs of employed students (provide at least 3 evening or web-based courses in Fall and Spring semesters)

Objective 1.3: Teach a high-quality, competency-based curriculum

Target 1: All courses will receive student evaluations of ≥ 4 out of 5 on at least 2 of the 4 quality indicators

Target 2: 100% of course syllabi include core public health competencies

Target 3: All students will self-assess skill levels in core public health competencies on enrollment.

Target 4: Obtain funding to develop 2 new intermediate-level courses: public health administration/finance and public health policy/law. Collect data on resources needed to develop concentration in epidemiology.

NEW

NEW

Objective 1.4: Educate students about public health practice

Target 1: 100% of capstones will include public health practice (beginning with Fall 2004 enrollment cohort).

Target 2: Develop plan for recruiting additional adjunct faculty from public health practice

NEW

GOAL 2: Provide education and training for our local, state and regional public health workforce

Objective 2.1: Lead workforce development planning activities in our region

Target 1: At least 2 faculty will be members of the Kansas Public Health Workforce Development Committee each year

Target 2: At least 2 faculty will participate in other such planning activities each year

Objective 2.2: Provide public health continuing education

Target: At least 2 public health continuing education courses in our region will include our faculty as teachers each year

Goals and Objectives, FY05 (2004-2005)

RESEARCH – FY05

GOAL 3: Conduct research that will strengthen the science base for public health policy and practice

Objective 3.1: Author scholarly publications

Target: The number of scholarly authorships (peer-review journal articles or book chapters) by the faculty as a whole will total at least 15 on each campus each year

Objective 3.2: Conduct research for vulnerable populations

Target: At least two faculty research projects will address vulnerable populations on each campus each year

Objective 3.3: Provide opportunities for students to become involved in research

Target 1: Test methods to measure student involvement in research

Target 2: Develop methods to assess student satisfaction with opportunities for involvement in research

NEW

Objective 3.4: Conduct public health practice research

Target: Identify barriers and opportunities for conducting public health practice research

NEW

Goals and Objectives, FY05 (2004-2005)

SERVICE AND PRACTICE – FY05

GOAL 4: Lead and support service and practice activities to meet public health needs

Objective 4.1: Assist organizations devoted to the public's health

Target: At least 2 faculty or staff will assume leadership roles in organizations devoted to the public's health each year

Objective 4.2: Provide technical assistance to public health practitioners

Target: At least 2 public health programs in our region will receive technical assistance from our faculty each year

Objective 4.3: Students will participate in service activities to enhance the public's health

Target: At least one service activity involving a group of students will occur on each campus each year

Goals and Objectives, FY04 (2004-2005)

PROGRAM ENVIRONMENT – FY05

GOAL 5: Develop and maintain an organizational structure that supports the faculty and staff as they accomplish the mission of the MPH program

Objective 5.1: Maintain a strong, bi-campus organizational structure for managing the program

Target 1: Evidence-based strategic planning will be accomplished through quarterly meetings of the Executive Council, with regular input from the Dean, the faculty and students, and regional stakeholders.

Target 2: Program priorities will be implemented through the bi-campus Operations Committee, which will meet at least monthly

Target 3: The following core programwide data systems will be used for program management:

- Enrollment
- Comprehensive Student Database
- Baseline Student Competencies
- Course Evaluations
- Bi-campus Budget
- Periodic surveys for special initiatives (includes stakeholders at least every 3 years—FY04, FY07 and so on)
- Competencies in Course Learning Objectives **NEW**

Objective 5.2: Foster professional development among our faculty

Target: Tenure-track faculty will achieve promotion at intervals expected by the University of Kansas

Appendix 1

Students and Graduates – FY04

Table 11 shows the number of our graduating and new students for FY04. Public health practice is defined as working at sites such as KDHE, county health departments, military public health and CDC.

The proportion of graduating students employed in public health is a better measure of the impact of the training program on the public health workforce than the proportion of practitioners among new students. This is because new students who were not originally working in public health practice, often obtain such jobs by graduation.

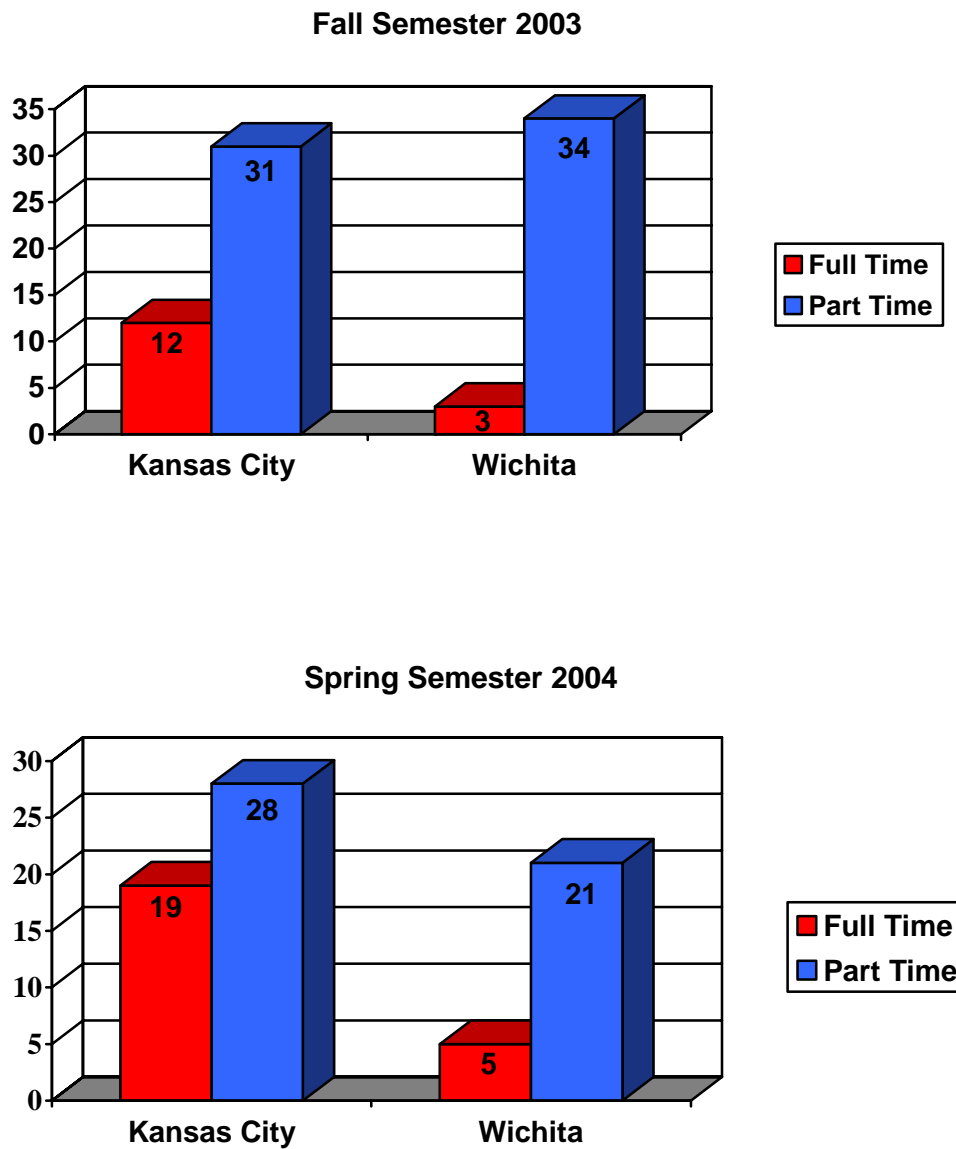
Table 11. Students who graduated and students newly enrolled.

Graduating Students	New Students
	<i>Degree Seeking</i>
<ul style="list-style-type: none">• 20 students• 9 of these students are in public health practice (45%)	<ul style="list-style-type: none">• 25 students• 3 of these students are in public health practice
	<i>Non Degree-Seeking</i>
	<ul style="list-style-type: none">• 7 students• 1 of these students is in public health practice

Full-time and Part-time Students

Each semester, 70 to 80 students were enrolled in MPH courses (80 students in Fall Semester 2003 and 73 in Spring Semester 2004; 34 students also took classes in Summer Term 2003). Most students took fewer than 9 credit hours per semester and were thus classified as part-time students (see Figure 1 below). There were 50.4 full-time equivalent (FTE) students taking classes in Fall Semester 2003 and 47.3 FTE students taking classes in Spring Semester 2004.

Figure 1. Full time and part time students, by semester.



Student-Faculty Ratio

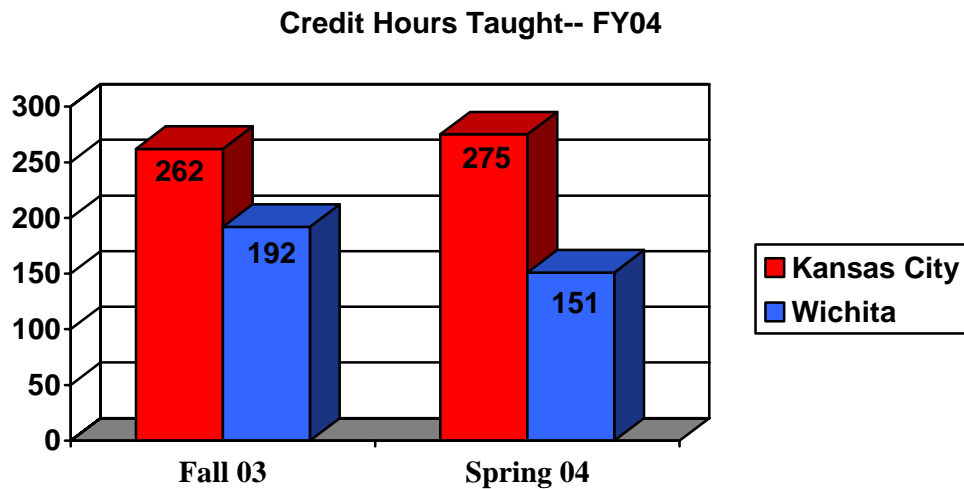
Our program had had a total of 9.21 FTE faculty engaged in teaching MPH students, advising/mentoring these students and administering the MPH program (5.36 FTE contributed by 22 faculty in Kansas City and 3.85 FTE contributed by 12 faculty in Wichita; these faculty are listed in Appendix 2).

The student-faculty ratio ranged from 5.5 in the Fall 2003 Semester (50.4 FTE students / 9.21 FTE faculty) to 5.1 in the Spring 2004 semester (47.3 FTE students / 9.21 FTE faculty).

Credit Hours Taught

Each semester, more than 400 credit hours were provided by our faculty in the MPH courses they taught (454 credit hours in Fall Semester 2003 and 426 in Spring Semester 2004; 149 credit hours were also provided in Summer Term 2003). Most students took fewer than 9 credit hours per semester and were thus classified as part-time students (Figure 2).

Figure 2. Credit hours taught, by semester.



Appendix 2

Program Faculty

Teaching Faculty

Faculty members who taught MPH courses, were formally assigned to advise MPH students and who administered the program during FY04 are provided on Table 12. Faculty who administered the program also taught MPH courses. The percent effort contributed by each of the 34 faculty shown in this table was used to calculate FTE for these faculty.

Table 12. Teaching faculty.

Kansas City Campus	Wichita Campus
1. Jasjit A. Ahluwalia, MD, MPH, MS	1. Jack Brown, MPA*
2. Wendi Born, PhD	2. Dulcie Chance, MEd
3. Tom D.Y. Chin, MD, MPH*	3. James L. Early, MD
4. Simon T. Choi, PhD, MPH	4. Linda M. Frazier, MD, MPH
5. Won S. Choi, PhD, MPH	5. Doren D. Fredrickson, MD, PhD*
6. Edward F. Ellerbeck, MD, MPH	6. Deborah Fromer, MPH, MT(ASCP)
7. Kimberly K. Engelman, PhD	7. Suzanne Reid Hawley, PhD, MPH
8. K. Allen Greiner, MD, MPH	8. Judy Johnston, MS, RD/LD
9. Matthew A. Hall, PhD, MS	9. Terri Jones, MPH, MT(ASCP)
10. Sandra Hall, PhD	10. Craig A. Molgaard, PhD, MPH
11. Aimee S. James, PhD, MPH	11. Angelia Paschal, PhD, MEd
12. Norge W. Jerome, PhD, FACN, FASI CNS	12. Ruth Wetta-Hall, RN, MPH, MSN
13. Sue-Min Lai, PhD, MS, MBA	
14. Rebecca E. Lee, PhD	
15. Chaoyang Li, MD, MPH, PhD	
16. Matthew S. Mayo, PhD	
17. Niaman Nazir, MBBS, MPH	
18. John S. Neuberger, DrPH, MBA	
19. Kolawole S. Okuyemi, MD, MPH	
20. Kimber P. Richter, PhD, MPH, MA	
21. Paula C. Rhode, PhD	
22. Zita J. Surprenant, MD, MPH	

* Public health practitioners. See text describing Table 11 for definition.

Faculty on this list who are not designated as public health practitioners often collaborate with practitioners in state and local health departments, or may work in the public health policy field. Additional public health practitioners and other community-based individuals served as practicum mentors but did not have adjunct faculty appointments. In Kansas City, teaching contract faculty included Michael H. Fox, ScD, an adjunct faculty member from the Department of Health Policy and Management, and V. James Guillory, DO. In Wichita, teaching contract faculty included Sonja M. Armbruster, MAC, a public health practitioner, Phillip M. Allen, MD, PhD, and Dale Horst, PhD. D. Charles Hunt, MPH, a public health practitioner, chaired the External Advisory Committee. Contract faculty who taught or co-taught MPH courses during FY04 were not included in FTE faculty calculations.

Total Faculty Complement

The total faculty complement in the Departments of Preventive Medicine and Public Health is provided in Table 13 for calendar year 2003. The 2004 faculty list will be provided in the FY05 annual report.

Table 13. Total faculty complement.

Kansas City Campus	Wichita Campus
<i>Core Faculty</i>	<i>Core Faculty</i>
Jasjit A. Ahluwalia, MD, MPH, MS	S. Edwards Dismuke, MD, MSPH
Wendi Born, PhD	James L. Early, MD
Delwyn Catley, PhD, MS	Linda M. Frazier, MD, MPH
Simon T. Choi, PhD, MPH	Doren D. Fredrickson, MD, PhD*
Won S. Choi, PhD, MPH	Lawrence E. Frisch, MD, MPH
Edward F. Ellerbeck, MD, MPH	Deborah Fromer, MPH, MT(ASCP)
Kimberly K. Engelman, PhD	Suzanne Reid Hawley, PhD, MPH
Changyong Feng, PhD	Judy Johnston, MS, RD/LD
Matthew A. Hall, PhD, MS	Terri Jones, MPH, MT(ASCP)
Sandra Hall, PhD	Craig A. Molgaard, PhD, MPH
Kari Jo Harris, PhD, MPH	Ruth Wetta-Hall, RN, MPH, MSN
Qingjiang Hou, MS	Angelia Paschal, PhD, MEd
D. Charles Hunt, MPH*	Timothy Scanlan, MD, MBA
Aimee S. James, PhD, MPH	
Shawn K. Jeffries, PhD	
John D. Keighley, MS	
Sue-Min Lai, PhD, MS, MBA	
Rebecca E. Lee, PhD	
Chaoyang Li, MD, MPH, PhD	
Matthew S. Mayo, PhD	
Robert M. McCool, MS	
Niaman Nazir, MBBS, MPH	
John S. Neuberger, DrPH, MBA	
Nicole L. Nollen, PhD, MA	
Subashan Perera, PhD	
Kimber P. Richter, PhD, MPH, MA	
Paula C. Rhode, PhD	
Zita J. Surprenant, MD, MPH	
Mary D. Virden, MEd, RN	

* Public health practitioners

Table 13, continued.

Kansas City Campus	Wichita Campus
<i>Faculty with Secondary Appointments</i>	<i>Faculty With Secondary Appointments</i>
Andrea Charbonneau, MD, MSc Michael H. Fox, ScD K. Allen Greiner, MD, MPH James E. Grobe, PhD Harsohena Kaur, MD, MPH David G. Meyers, MD, MPH Kolawole S. Okuyemi, MD, MPH Glen W. White, PhD Jeffrey C. Whittle	Ken J. Kallail, PhD Rick Kellerman, MD Anne Walling, MB, ChB
<i>Volunteer Faculty</i>	<i>Volunteer Faculty</i>
M. Denise Dowd, MD, MPH V. James Guillory, DO Gerald L. Hoff, PhD* Allen J. Parmet, MD, MPH Gianfranco Pezzino, MD, MPH* Hugh D. Riordan, MD Marvin G. Stottlemire, PhD, JD	Cindy Burbach, DrPH* Thomas Clements, MD, MPH David Grainger, MD, MPH Deanna Knapp Rhonda Lewis, PhD Patricia MacDonald, MA* Arneatha Martin, ARNP Robert St. Peter, MD D. Cramer Reed, MD Dean Paul Scheurman, MS
<i>Additional Faculty</i>	<i>Additional Faculty</i>
Tom D.Y. Chin, MD, MPH* Norge W. Jerome, PhD, FACN, FASNS, CNS	Phillip M. Allen, MD, PhD Sonja M. Armbruster, MAC* Jack Brown, MPA* Dale Horst, PhD

*Public health practitioners

Comment: Most of the program's MPH course teaching, mentoring of students by way of capstone committees, student advising and program administration was provided by 34 faculty members (22 faculty in Kansas City and 12 in Wichita). The median percent effort by teaching faculty was 14.5% for the 22 Kansas City faculty, and 21.5% for the 12 Wichita faculty (range 1 to 100% effort). The other core faculty provided service and conducted research.

The program's teaching faculty included 3 KU faculty members engaged in public health practice as well as one practitioner who taught under a contract mechanism. Total faculty complement included 5 additional public health practitioners who had formal adjunct appointments. These 9 public health practitioners worked at the Kansas Department of Health and Environment, the Kansas City--Missouri Health Department, the Johnson County (Kansas) Health Department and the Sedgwick County (Kansas) Health Department. Additional public health practitioners served as student mentors but did not have formal adjunct appointments.

Appendix 3

Selected Research Grants Active in FY04

Research grants that were active in FY04 are provided below. See Appendix 4 for technical consulting grants and contracts; these often have a research component, such as evaluating a public health program.

Grants for Research Related to Vulnerable Populations

- Measurement and Role of Psychological Stress in Smoking Cessation among Low-Income African-Americans. Ahluwalia JS (PI), Jeffries S. Cancer Research Foundation of America. \$60,000.
- African-American Smokers in Low-income Housing. Ahluwalia JS (PI), Catley D, Choi WS, Harris K, Okyuei K, Sullivan D, Mayo M. National Cancer Institute. Initial grant and two supplements: \$1,202,201, \$156,987, \$107,948, respectively.
- Helping African-American Light Smokers Quit. Ahluwalia JS (PI), Catley D, Okyuei K, Harris K, Choi WS, Mayo M. National Cancer Institute. \$1,604,016.
- Treatment of Nicotine Dependence in African Americans. Ahluwalia JS (PI). National Cancer Institute. \$72,205.
- Disease Management for Smokers in Rural Primary Care. Ellerbeck E (PI), Ahluwalia JS, Greiner A, Jeffries S, Li C. National Cancer Institute. \$2,195,363.
- Obesity in Rural Kansas. Greiner A (PI), Ahluwalia JS. Sunflower Foundation. \$149,671.
- Environmental Barriers to Maintaining Healthy Body Mass Indexes in Low Income Housing Development. Lee R (PI). Sandra A. Daugherty Foundation. \$50,000.
- Understanding Neighborhood Structures that Contribute to Overweight and Obesity. Lee R (PI). American Heart Association. \$110,000.
- Epidemiologic Review and Analysis of Smoking Data. Neuberger J (PI). Big Brothers, Big Sisters of Kansas City. \$11,250.
- Smoking Cessation Among the Homeless. Okuyemi K (PI), Ahluwalia JS. American Lung Association. \$70,000.
- Cigarette Craving in African-Americans and Whites. An fMRI Study. Okuyemi K (PI), Ahluwalia J. Kansas City Area Life Sciences Institute. \$25,000.
- Addressing Nicotine Addiction in Drug Abuse Patients. Richter K (PI), Ahluwalia JS, Wallace DD, Mayo M. National Institute on Drug Abuse. \$579,306.
- National Survey of Smoking Cessation Practices in Methadone and Other Opioid Treatment Facilities. Richter K (PI), Ahluwalia JS, Mayo M. Robert Wood Johnson Foundation. \$98,359.
- Urban-Rural Sedative and Anxiolytic Use in Long-term Care. Perera S (Co-I). National Institute on Aging. \$639,908.
- The BRIDGE Program at KUMC—Domestic Violence Advocacy. Surprenant Z (PI). Kansas State Attorney General's Office. \$201,474.
- Medicare Senior Error Patrol Project. Wetta-Hall R (PI), Ablah E. Kansas Department of Aging. \$61,200.
- Enhancing the Project Access System of Care in Wichita/Sedgwick County, Kansas. Wetta-Hall R (PI), Ablah E. Health Resources and Services Administration. \$120,000.
- Hospital Utilization of the Uninsured and those with Medicaid: Project Access. Dismuke SE (PI), Jones TL, Armbruster SM. Health Resources and Services Administration.
- Evaluation of Adult Literacy Interventions. Fredrickson D (Co-I). NIH: National Institute for Literacy and National Institute for Child Health and Development. \$48,463.
- Ready, Set, Go! To Improve School Readiness—Community Needs Assessment. Wetta-Hall R (PI). John S. and James L. Knight Foundation. \$91,424.
- Youth Mentoring for Weight Management. Early J (Co-PI), Johnston J (Co-PI), Hawley SR. Sunflower Foundation. \$104,000.

Other Research Grants

New in FY04

- Walkin' Wichita. Johnston J (PI). Sunflower Foundation. \$193,299.
- Effect of Environmental Exposures on Fertility-related Outcomes in Humans. Frazier LM (PI). Kansas University Research Institute. \$25,000.

Ongoing

- Analysis of Environmental Risk Factors for Obesity. Ahluwalia JS (Co-I). National Institute for Diabetes, Digestive and Kidney Disorders. \$3.3 million.
- A Study of Formal Office Systems for Breast Cancer Screening in Physician Offices. Ahluwalia JS (PI), Engelman K. Cancer Research Foundation of America. \$60,000.
- Role of Controllability in Scheduled Smoking Reduction. Catley D (PI). National Institute on Drug Abuse. \$50,000.
- Longitudinal Study of Tobacco Marketing and College Smoking. Choi, WS (Co-I). KU Research Institute. \$24,985.
- Prevention of Obesity by Alteration of Dietary Fat. National Institutes of Health. Mayo M (Co-I). \$2,158,002.
- Structural Measures of Quality for Acute Myocardial Infarction. Ellerbeck E (PI). American Heart Association. \$234,066.
- Health Care Quality Improvement. Ellerbeck E (PI), Virden M. Kansas Foundation for Medical Care. \$361,831.
- Role of Mammography Facilities in Mammography Service Satisfaction. Engleman K (PI), Ellerbeck E, Ahluwalia JS. American Cancer Society. \$654,722.
- Preventing Change to Regular Smoking in College Students. Harris K (PI). National Cancer Institute. \$572,969.
- Understanding Smoking among College Students. Harris K (PI), Catley D, Nazir N, Ahluwalia JS, McCarter K. Cancer Research Foundation of America. \$79,607.
- Measurement and Role of Self-Regulation in Smoking Among College Students. Harris K (PI). Cancer Research Foundation of America. \$79,967.
- Pesticides and Risk for Prostate Cancer Using GIS Technology. Lai S (PI), Keighley J. CDC and Association of Teachers of Preventive Medicine. \$303,251.
- Drug Abuse Prevention in Adolescence and Early Adulthood II. Li C (PI). University of Southern California. \$10,135.
- Chemicals and Cancer. Neuberger J (PI). Adams and Reese. \$27,830.
- Youth Mentoring for Adolescent Weight Management. Early J (Co-PI), Johnston J (Co-PI). Sunflower Foundation. \$149,000.

Appendix 4

Selected Service Grants and Contracts Active in FY04

Service grants and contract active during FY04 are provided below.

Public Health Service Contracts

- Medical Director and Chief Health Officer. Agency: Sedgwick County Health Department. Fredrickson D. Funded by Sedgwick County Government.
- Chronic Disease Epidemiologist. Agency: Kansas Department of Health and Environment. Hunt DC. Funded by Kansas Department of Health and Environment.

Grants and Contracts for Technical Consulting Related to Practice of Public Health, or Public Health Workforce Development

Note: Many of the following grants and contracts have a research component, such as evaluating a public health program.

New in FY04

- Stroke & Heart Disease Prevention. Johnston J (PI), Ablah E. Kansas Department of Health and Environment. \$3,000.
- Good For You! And Let's Move, Learn and Have Fun! Johnston J (PI), Ablah E. Kansas Department of Health and Environment. \$10,000.

Ongoing

- Kansas Cancer Registry and Cancer Surveillance. Lai S (PI), Keighley J. Centers for Disease Control and Prevention, Kansas Department of Health and Environment. \$5,710,167.
- Infant Mortality and Morbidity—Validation of Vital Statistics and Medicaid. Lai S (PI), Kansas Department of Health and Environment. \$20,000.
- Evaluating a West Nile Virus Education and Awareness Campaign in Kansas. Neuberger J (PI). Kansas Department of Health and Environment. \$26,894.
- CHIP Disenrollment in California. Fredrickson D (PI), Staylor-Made Communications and the San Diego Health Plan. \$9,000.
- Kansas Bioterrorism Preparedness Training Evaluation. Molgaard CA (PI), Fredrickson D, Wetta-Hall R, Ablah E. Health Resources and Service Administration. \$320,000.
- Leader Full Communities. Johnston J (Co-I). Kansas Health Foundation. \$99,855.
- Comprehensive Cancer Plan Listening Tour. Johnston J (PI). Kansas Department of Health and Environment. \$9,405.
- Facilitate Strategic Planning with the Office of Health Promotion. Johnston J (PI). Kansas Department of Health and Environment. \$6,000.
- Kansas Lean. Johnston J (PI). Kansas Department of Health and Environment, and Kansas Health Foundation. \$64,352.
- Workforce and Leadership Development (WALD) Center. Molgaard CA (PI), Hawley SH. Centers for Disease Control and Prevention, and Health Resources and Services Administration. \$640,000.
- Kansas Public Health Leadership. Molgaard CA (PI). Kansas Health Foundation and Centers for Disease Control and Prevention: \$142,875 and \$440,103, respectively.
- WALD Center-Chautauqua Public Health Informatics Project. Molgaard CA (PI). Kansas Department of Health and Environment. \$25,000.

Other Technical Consulting Grants and Contracts.

New in FY04

- Stroke Prevention Sustainability Project. Johnston J (PI) United Methodist Health Ministry Fund. \$95,042.
- Kansas Breast and Cervical Cancer Screening Program Evaluation. Wetta-Hall R (PI). Via Christi Regional Medical Center. \$36,959.

Ongoing

- Kansas Church-based Health Promotion Initiative. Johnston J (PI), Ablah E. United Methodist Health Ministry Fund. \$1,550.
- SAFE KIDS Walk This Way. Johnston J (PI), Ablah E. National Safe Kids and Wichita Area Safe Kids Coalition. \$1,000.
- Strategic Planning for the Flint Hills Regional Health Network. Ablah E. \$1,350.
- Perceptions of Community Health Care Providers: Ablah E (PI). A Study for the Flint Hills Regional Health Network. \$13,000.
- Leapfrog Initiative: Program Support. Fredrickson D. Via Christi Regional Medical Center. \$12,000.
- Kansas Church-Based Health Promotion Initiative. Johnston J (PI), Ablah E. Kansas Area United Methodist Health Ministry Fund. \$1,550.