

Master of Public Health Program
University of Kansas School of Medicine

Annual Report
July 1, 2005 – June 30, 2006



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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 Directors:	Linda M. Frazier, MD, MPH (thru 12/31/05) Won S. Choi, PhD, MPH (effective 1/1/06)
Site Director, Wichita:	Suzanne R. Hawley, PhD, MPH
Site Director, Kansas City:	Won S. Choi, PhD, MPH
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 (thru 8/31/05) Edward F. Ellerbeck, MD, MPH (effective 9/1/05) Sue Min Lai, PhD, MS, MBA (effective 1/1/06) Angelia Paschal, PhD, (effective 1/1/06)
Operations Committee:	Linda M. Frazier, MD, MPH Suzanne R. Hawley, PhD, MPH Melissa Armstrong Won S. Choi, PhD, MPH Mary Ann Woirhaye, MPH Angelia Paschal, PhD
Chair, Admissions Committee:	Karen Kramer, PhD (thru 12/31/05)
Chair, Curriculum Committee:	Linda M. Frazier, PhD, MPH (effective 1/1/06)
Chair, Research Committee:	Sue-Min Lai, PhD, MS, MBA
Director, MD/MPH Program:	Edward F. Ellerbeck, MD, MPH
Co-presidents, MPH Student Organization:	Joseph So, Kansas City Carolyn Synovitz, (thru 12/31/05), Wichita Sandy Pickert, Wichita
Chair, External Advisory Committee:	D. Charles Hunt, MPH, Deputy State Epidemiologist, Kansas Department of Health and Environment
Staff, Wichita	Melissa Armstrong, MAC, Senior Coordinator Iva Chrisman
Staff, Kansas City	Mary Ann Woirhaye, MPH, Senior Coordinator Coreen Gunja

Executive Summary

The KU-MPH program was at its largest in FY06. With the addition of 42 new degree-seeking students and over 100 students taking courses each semester, enrollment was at an all-time high. The incoming students were highly qualified with an average undergraduate GPA of 3.4, each bringing a diverse range of experiences. In an effort to manage the number of program admissions, the bi-campus Admissions Committee implemented a new applicant ranking system. The number of program graduates was also high. Twenty-four students graduated in the 2005-2006 academic year, 11 of whom received honors for outstanding capstone projects. Several of the graduates have become public health practitioners obtaining employment at state and local health departments, private health agencies, the Food and Drug Administration, and the military.

Four MD/MPH students were officially awarded the John T. Stewart III Scholarship and were invited to participate in the Kansas Public Health Leadership Institute. In a luncheon with Mr. and Mrs. Stewart, MPH leadership, and the Kansas Health Foundation, the scholars shared what fueled their interest in public health. Among them was a student who was born and raised in Africa and lived in five different countries before coming to America. Another scholar completed a fellowship at the Centers for Disease Control and Prevention and was passionate about a career in reproductive epidemiology.

We were also able to award scholarships for Leadership or Diversity to six KU-MPH students and secured a permanent funding source for these scholarships. Three students were awarded diversity scholarships, representing careers in rural health, HIV and AIDS prevention, and pediatric oncology. The three leadership scholarship recipients held a variety of service and leadership positions in the MPH program and the community, from the MPH student organization to interfaith ministries.

In Summer 2005, the Council on Education for Public Health (CEPH) released revised accreditation standards. Most significantly, we were tasked to increase the program credit hour requirement from 36 semester hours to 42 hours. The bi-campus Curriculum Committee drew upon survey data from the public health workforce, external advisory board, and program alumni to develop a curriculum to meet the workforce needs. This curriculum plan (Table 8) was approved by the MPH Executive Council and will be submitted to the KU Graduate Council for further approval, with the goal of implementation in Fall 2007.

We also assessed the program practices to determine which accreditation criteria would need to come into compliance by the 2010 accreditation site visit. Among them was the formal documentation of student achievement of competencies. An ad hoc work group on Competency Development was formed, and the use of portfolios as a means to document competencies was explored. In addition, students self-assessed competency achievement upon admission to the program, initiation of capstone, and graduation.

The program faculty were extremely productive in FY06. The core teaching faculty devoted 13.66 FTE to the MPH program, compared to 9.84 in FY05. Dr. Won Choi assumed the position of KU-MPH Executive Director in January 2006, as Dr. Linda Frazier took on the role of Curriculum Committee Chairperson. Faculty conducted public health practice research evaluating health services, access to care, and rural health issues. They conducted several public health workforce training activities, including the Chautauqua Informatics Project, Biostatistics for the Non-statistician, and the National Incident Management System/Incident Command System Training. Students were involved in public health research and training activities as well, presenting posters at local and national conferences and providing training to local health departments.

Program Goals and Objectives, FY06 (2005-2006)

EDUCATION – FY06

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:

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

Site	Applied	Admitted	Enrolled Non-Degree	Enrolled Degree-Seeking
Kansas City				
Fall 2005	43	35	2	22
Spring 2006	16	11	0	9
Wichita				
Fall 2005	16	9	0	6
Spring 2006	7	6	0	4
Total	82	61	2	41

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

Data: The mean GPA of the 38 US graduates was 3.40 (range 2.68 to 4.0), and 33 students had a GPA above 3.0 (86.8%). Four of the five students with undergraduate GPAs below 3.0 are doing very well, all having achieved a GPA of 4.0 in their FY06 MPH courses. One student who was admitted under probationary status was not permitted to re-enroll in the program after one unsuccessful semester.

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

Data: The analytic and verbal subscales of the Graduate Record Examination (GRE) test met our target for 75% of the newly enrolled degree-seeking students. For five students, the analytic and verbal subscores were both below the 50th percentile. These five students all had undergraduate GPAs above 3.0 (average 3.72), and have achieved a GPA of 3.86 in their FY06 MPH courses. Quantitatively, the average GRE score was in the 40th percentile among degree-seeking new enrollees. Only five students presented quantitative scores above the 50th percentile. However, all degree seeking new enrollees met the admissions requirement of passing undergraduate coursework in College Algebra or Calculus.

Finally, it should be noted that 18 degree-seeking new enrollees did not take the GRE exam, as the requirement was waived for either holding a previous doctoral degree or submitting MCAT scores.

Comments: In FY06 we welcomed 41 new degree-seeking students – 31 in Kansas City and 10 in

Wichita. Last year, there were 36 new degree seeking enrollees, with 22 in Kansas City and 14 in Wichita. Although the target that at least 90% of degree-seeking new enrollees have GRE scores at or above the 50th percentile was not met, the individuals with lower scores were admitted for other compelling reasons and are making excellent academic progress.

The admission of 31 degree-seeking students in Kansas City in FY06 exceeded our target of 15-25 new students. Consequently, class sizes were at their largest in FY06. In an effort to control the class size and subsequent demand on faculty, the use of a ranking system was implemented in the Summer/Fall 2006 Admissions Committee meeting. Applicants were ranked by each member of the committee, and then reviewed by the entire committee according to their cumulative rank. Applicants who met the qualifications for admission but were not ranked among the most desirable applicants were placed on a wait-list for admission if space became available.

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 Spring 2006 among degree-seeking students are provided in 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 2000 may have graduated in 2001, 2002, 2003, 2004, 2005 or Spring 2006). Currently, graduation rates for students matriculating in 2000, 2001 and 2002 range from 65-77%. Students have 7 years to complete the KU-MPH degree.

Table 2. Student graduation rates.

	Year Enrolled (Degree-Seeking Students)					
	2000	2001	2002	2003	2004	2005
Enrolled	25	20	31	29	36	38
Graduated	19	13	24	18	11	2
% Graduated	76	65	77	62	30	5

Comment: Graduation rates were 76% at 5 and one-half years after enrollment (2000 enrollment cohort) and 65% at 4 and one-half years after enrollment (2001 enrollment cohort). Typically, the graduation rates of each cohort peak at 4.5 to 5.5 years after enrollment because our program has a large amount of part time students (see Appendix 1 for numbers of full-time and part-time students).

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. Evening courses are those courses that start 4 p.m. and after.

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

	Kansas City		Wichita	
	Required	Elective	Required	Elective
Evening courses				
Summer 2005	0	0	0	1
Fall 2005	3	2	2	1
Spring 2006	1	1	2	1
Web-based courses				
Summer 2005	0	1	0	0
Fall 2005	1	0	2	2
Spring 2006	0	1	0	3
Total courses convenient for employed students*				
Summer 2005		1		1
Fall 2005		6		7
Spring 2006		3		6

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

Comment: Employed students could choose between evening or web-based courses if needed to accommodate job schedules. We met our targets for the number of these courses provided. Web-based courses are available to students 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 2005 was 6 in Kansas City and 7 in Wichita, and during Spring 2006, the number was 3 in Kansas City and 6 in Wichita. 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.

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 a rank of 1 represented an unsatisfactory rating, and a rank of 5 represented an outstanding rating. Data from courses taught during FY06 are shown in Table 4. The student response rate per course was 76.2% in FY06 compared to 87.2% in FY05. Since the number of students per class was small (median 10.0 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 concerns).

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

Item	Mean	Minimum	Maximum
Instructor demonstrated expertise of the subject	4.61	3	5.0
Overall, instructor demonstrated effectiveness as a teacher	4.51	3.33	5.0
Overall organization of course	4.40	3.8	5.0
Overall quality of course	4.44	3.67	5.0

There were four courses taught in FY06 that did not meet our target. None of the four courses received a mean score less than 3.0 on any indicator. Two of the four courses that did not meet our target were new or significantly revised courses taught for the first time, while one course used an alternative media (web-based delivery with online testing) for the first time. The fourth course will be phased out in Fall 2007 as a part of the new MPH curriculum requirements (See table 8 below).

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

Data: In FY04, a template was developed for all required and elective courses intended for MPH students. This template was designed for academic courses taught in classroom or web-based format, and excluded the practicum and MPH courses conducted by independent study. The syllabus template includes those competencies that the course addresses from among the 68 national competencies promulgated by the Council on Linkages between Academia and Public Health Practice. In FY06, 25 of 29 syllabi from these academic courses 86.2% listed the public health competencies addressed.

The 68 national public health competencies are divided into 8 competency domains of 5 to 11 competencies each (Table 5). Although students may gain necessary skill levels after taking only one course covering a particular competency, revisiting the competency in several courses probably increases the likelihood that all students become skilled. The number of competencies taught in two or more required courses is provided in Table 5.

Table 5. Curriculum matrix analysis to assess competencies addressed in required courses.

Domain	Total # Competencies in Domain	Competencies Taught in ≥ 2 Required Courses other than Practicum N (% of competencies in domain)
1. Analytic/assessment skills	11	10 (90.9%)
2. Policy development/program planning skills	11	9 (81.8%)
3. Communication skills	7	6 (85.7%)
4. Cultural competency skills	5	4 (80%)
5. Community dimensions of practice skills	8	3 (37.5%)
6. Basic public health skills	8	8 (100%)
7. Financial planning and management skills	10	6 (60%)
8. Leadership/systems thinking skills	8	4 (50%)

Target 3: All students will self-assess skill levels in core public health competencies periodically during training. Faculty will assess each student's competency level during completion of the capstone. Design and field test materials that could be used to assist competency development by means of portfolios.

Data: Newly-enrolled MPH students ranked their baseline skills for each of the 68 core public health competencies. The ranking scale for each skill was coded as 1 = very undeveloped, 2= fairly undeveloped, 3 = basic, 4 = fairly developed, and 5 = highly developed. Domain scores for the FY06 degree-seeking new enrollees (response rate 94.2%) are shown in Table 6. In FY06, students preparing for the capstone again assessed their skills for the 68 core public health competencies. Students worked with their capstone committee chairs to incorporate those skills that were ranked lowest (1 or 2) into the capstone experience. Table 7 lists domain scores for students preparing to begin the capstone in FY06. Note, N=13

Table 6. Baseline competency self-assessment among new degree-seeking enrollees. (N=33)

Domain	Mean	Minimum	Maximum
1. Analytic/assessment skills	3.10	2.84	3.72
2. Policy development/program planning skills	2.46	2.09	3.22
3. Communication skills	3.44	2.86	4.31
4. Cultural competency skills	3.66	3.28	4.03
5. Community dimensions of practice skills	2.63	2.34	2.88
6. Basic public health skills	2.84	2.44	3.63
7. Financial planning and management skills	2.40	2.09	2.91
8. Leadership/systems thinking skills	2.62	2.19	3.16

Competency self-assessments among new students this year were similar to those among new students last year. The cultural competency skills domain received the highest self-assessment (mean = 3.66). The two lowest domains were financial planning and management, and policy development/program planning, both of which were in the fairly undeveloped skill level range.

Table 7. Competency self-assessment among students beginning capstone in FY06 (N=13)

Domain	Mean	Minimum	Maximum
1. Analytic/assessment skills	3.72	3.17	4.00
2. Policy development/program planning skills	3.30	2.62	4.00
3. Communication skills	4.02	3.38	4.38
4. Cultural competency skills	4.27	4.00	4.62
5. Community dimensions of practice skills	3.51	3.08	3.85
6. Basic public health skills	4.23	3.62	4.85
7. Financial planning and management skills	3.19	2.92	3.69
8. Leadership/systems thinking skills	3.37	3.15	3.77

At the time of capstone initiation, students rated their skills in the 68 core competencies at a basic or fairly developed level. Students rated themselves highest in cultural competency and basic public health skills at a fairly to highly developed level. The two lowest domains were still financial planning and management and policy development/program planning, but students still reported basic competency achievement.

Dr. Ruth Wetta-Hall and Dr. Aimee James co-chaired an ad hoc work group on Competency Development in FY06. They took on the task of designing and field testing materials that could be used to assess competency development by means of portfolios. The use of portfolio applications at other universities was reviewed, and guidelines for a student's KU-MPH portfolio were written. The portfolio process would encompass 4 steps, by which students would continually update and evaluate their progress toward achievement of program competencies. These steps include:

- 1). Assessment
 - Review career and learning goals
 - Completion of advising form
 - Enrollment
 - Updates plan of study
- 2). Planning
 - Student completes semester course(s)
- 3). Implementation
 - Student monitors progress toward core competency mastery
 - Written reflection
 - Examples of competency achievement from coursework
- 4). Evaluation
 - Faculty advisor reviews portfolio and discusses with student during advising

In Summer 2006, the University of Kansas implemented the ANGEL Learning Technology program. Within it is the capability to utilize online portfolios. The ad hoc work group on Competency Development will work in ANGEL to explore it as a medium for students to create online portfolios to document achievement of program competencies in FY07.

Target 4: Design two new intermediate level courses; public health administration/finance and public health policy/law. Act on data collected on resources needed to develop concentration in epidemiology.

In June 2005, the following 2-year grant was awarded to design, implement, and sustain two new courses in public health administration/finance and public health policy/law.

Integrating health policy and management content into the Masters of Public Health Program at the University of Kansas. Nielsen M (PI), Department of Health Policy and Management; Frazier LM and Choi WS (MPH Program). Kansas Health Foundation. \$220,000.

Specific aims of the proposal included:

- Highlighting availability to MPH students of certain courses already offered by the Department of Health Policy and Management by cross-listing them
- Incorporating distance learning into health administration and policy courses to reach MPH students outside of the Kansas City metro area
- Creating two new courses, the first focusing on health administration, management, and budgeting and the second focusing on public health policy and law
- Raising awareness of these courses among current MPH students and potential students across Kansas.

Health Policy and Law

In Spring 2006, the Health Policy and Law course was pilot-tested with a group of five MPH students on the Kansas City Campus. The course was directed by Kimber Richter, PhD, MPH with adjunct assistance from Sonja Armbruster, MAC, and Elaine Schwartz, Executive Director of the Kansas Public Health Association.

Students participated in the following activities:

- Monitored developing public health-related legislation for the State of Kansas
- Attended legislative committee meetings

- Participated in agenda setting meetings via conference call with public health practitioners and advocates to coordinate action and share strategies
- Assisted in planning and implementing a public health “Walk on Capitol Hill” in April.

Overall, the course was well-received by the students. The skills and competencies addressed in the course covered topics in policy development and program planning. These competencies were among those that were identified in a needs assessment conducted in FY04 among public health practitioners. Additionally, the policy development and program planning domain of core competency assessment was rated at a low proficiency level among incoming students. Thus, this course could be very beneficial in addressing this need.

Public Health Administration and Finance

Dr. Mike Grasso of the Department of Health Policy and Management will lead the course in Public Health Administration and Finance. In FY06, the ad hoc Health Policy & Management work group met several times to discuss the course development. Scheduled to begin in Fall 2006, Dr. Grasso’s course will build on the core course, Public Health Administration. Through a hands-on, practice-based approach, students will study administration and finance principles such as grant writing, tax issues, governmental regulations. Students will interact with agencies such as the Kansas Association for the Medically Underserved to discover how clinics operate and will interview CEOs in both the public and private sector to learn about health care delivery systems.

Epidemiology Specialty Area

In FY05, we considered whether we should launch an MPH specialty area in epidemiology, also sometimes described as an epidemiology concentration or epidemiology track. Our bi-campus standing committee on curriculum discussed the curriculum needs assessment data our program collected in FY04, and agreed that development of sound analytic skills was a theme that emerged. It appeared that our program did not have the resources to offer this concentration on both campuses, mainly because some epidemiology elective courses are offered only once every two years. Although we do not have 3.0 FTE in teaching contributed by epidemiology faculty members on each campus each year, it may be appropriate to include not only our faculty with epidemiology expertise, but also our faculty with biostatistics expertise. Students who need additional skill development can take advantage of our existing electives in epidemiology, biostatistics and data management.

In FY06, the Curriculum Committee developed a curriculum plan to meet with new accreditation standards. In doing so, the committee considered how best to ensure all students gain skills in the analytic domain. Table 8 describes the curriculum plan, which will be implemented in Fall 2007. The Principles of Epidemiology Lab, and the Management of Public Health Data courses, now electives, will be required courses. Additionally, the Principles of Biostatistics Lab will be dissolved, as its content will be covered in the Management of Public Health Data. Finally, students will take an additional three elective hours. In sum, students admitted Fall 2007 and later will take 42 semester hours, an increase from the 36 hours currently required.

Table 8. 42 Credit Hour Curriculum Plan

	Credit Hours	Generalist MPH, Traditional Format	MD/MPH Dual Degree	MSN/MPH Joint Degree	MPH/PhD
Core Courses	15	PRVM 800 PRVM 804 or 814 or BMTR 811 PRVM 818 PRVM 830 PRVM 827	PRVM 800 PRVM 804 or 814 or BMTR 811 PRVM 818 PRVM 830 PRVM 827	PRVM 800 PRVM 804 or 814 or BMTR 811 PRVM 818 PRVM 830 PRVM 827	PRVM 800 PRVM 804 or 814 or BMTR 811 PRVM 818 PRVM 830 PRVM 827
Required Courses	1 3	PRVM 802 PRVM 875	PRVM 802 PRVM 875	PRVM 802 PRVM 875	PRVM 802 PRVM 875
Other Requirements	n/a	None	Must receive permission to enroll from medical school associate dean, and must maintain good academic standing in medical school	Approved nursing school electives may be used to fulfill 7 semester hours of MPH electives	Per Dept. Applied Behavioral Science (Lawrence)
Elective Courses	17	Selected in consultation with advisor	Selected in consultation with advisor	Selected in consultation with advisor	Selected in consultation with advisor
Capstone	6	Practicum	Practicum	Practicum	Practicum
Total Sem. Hrs.	42	42	42	42	42

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).

Data: A policy requiring practicum (not thesis) as the capstone experience was implemented in Fall 2004.

Target 2: The program will have at least 8 faculty/adjunct faculty from public health practice involved in teaching each year (4 on each campus)

Data: The number of public health practitioners with formal faculty appointments in our Departments during FY05 and FY06 are shown in Table 9. KDHE and county health departments are the primary practice sites for most of these faculty.

Table 9. Public health practitioners among faculty.

	Kansas City	Wichita
FY05	4	8
FY06	5	8

Public health practitioners serve as teachers and mentors in our program. Faculty engaging in health officer duties at the three largest counties in Kansas brought public health practice experience to the program (Dr. Greiner, Wyandotte County, Dr. Chin, Johnson County and Dr. Fredrickson, Sedgwick County). Other faculty public health practitioners had expertise in epidemiology (Mr. Hunt, KDHE), rural health and workforce development (Ms. Orr, KDHE), health education (Dr. Burbach, Ms. McDonald and Ms. Armbruster), environmental health and public health administration (Mr. Brown). Dr. Howard Rodenberg, as KDHE's Director of Health, held an adjunct appointment, as did Elaine Schwartz, the Executive Director of the Kansas Public Health Association. In FY06, the course PRVM 805 Seminar in Public Health brought additional public health practitioners to speak to MPH students on both campuses. Students also learn about public health practice informally from classmates. In FY06, 22% of our newly enrolled students held jobs in public health settings, from state and local

health departments to government or non-profit health agencies. (See Table 15).

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
- Dr. Ruth Wetta-Hall

Other committee members include representatives from the Kansas Department of Health and Environment (KDHE), the Kansas Association of Local Health Departments (KALHD), the St. Louis University School of Public Health's Heartland Centers for Public Health Workforce Development, Kansas State University, and others. During FY06, this committee produced the report interpreting the training needs assessment conducted among local health departments. Additionally, a KU-MPH student conducted a survey regarding outcomes and competencies covered in the Kansas Public Health Certificate Program.

The committee continued to promote and coordinate public health workforce development activities including those listed below.

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

Data: Planning activities included:

- Public Health Day at the Capitol was organized by Dr. Kimber Richter and Sonja Armbruster. Public Health Day at the Capitol showcased public health departments and agencies across that state. It allowed legislators an opportunity to see the wide variety of public health activities occurring throughout Kansas. Informational sessions on public health policy and law were also sponsored by the Kansas Health Institute. The day concluded with a public health rally on the steps of the state capital building in Topeka.
- Kansas Public Health Association (KPHA):
 - Legislative Action, Dr. Kim Richter (Chair). This committee studies and makes recommendations to the Board of Directors on public health or environmental issues which are timely and of interest to KPHA. The committee also solicits and initiates resolutions as appropriate. It also reviews resolutions submitted.
 - Awards, Shirley Orr (Chair)
 - Student Poster Committee, Melissa Armstrong (Chair)
 - Medical/Clinical Care Caucus, Dr. Ruth Wetta-Hall (Chair)
 - Student Section, MPH student Mr. Joseph So (Chair)
 - Kansas Public Health Leadership Institute Conference, Dr. Suzanne Hawley (Chair)
- Pandemic Influenza Workgroup. Faculty member Dr. Elizabeth Ablah and Dr. Carolyn Synovitz serve as a member of this planning committee. The goal of this group is to develop a plan for Sedgwick County for pandemic influenza preparedness.
- Kansas Public Health Systems Group sponsored by the Kansas Health Foundation, Dr. Craig Molgaard and Dr. Won Choi (members).
- Heartland Centers for Public Health Preparedness at the St. Louis University School of Public Health, Dr. Craig Molgaard and Dr. Suzanne Hawley (Kansas Liaisons)
- National Public Health Leadership Network. Faculty member Jack Brown is assisting in the implementation of the Environmental Public Health Leadership Institute, sponsored by the

Heartland Centers at St. Louis University.

Comment: The MPH program was represented by leadership roles in important workforce development planning activities in our region. Faculty and staff continue to provide expertise and guidance regarding issues of workforce development and education across the state.

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 served as course directors, instructors and mentors in many continuing education activities for public health practitioners. These included:

- The 2006 Governor's Conference on Public Health was held April 11 – 13, 2006. This conference was a combination of KPHA's Annual Spring Conference and the Annual Maternal Child Health Conference. Attendance Conference attendance exceeded 300 public health practitioners from across the state. The conference was coordinated by Julie Oler-Manske and faculty member Deborah Fromer. Co-sponsors included the KU School of Medicine-Wichita, KDHE, the Heartland Center for Public Health Preparedness and the Heartland Public Health Education & Training Center.
- Biostatistics for the Non-statistician, Third Annual Program was held on February 25, 2006. Directed by Dr. Mayo, this continuing medical and nursing education program was attended by over 40 physicians, nurses and public health practitioners. The sessions included Introduction to Biostatistics, Introduction to Categorical and Survival Data Analysis, Introduction to Epidemiology and Introduction to Statistical Computing. Course evaluations were excellent.
- Chautauqua Informatics Project. Dr. Molgaard is the project's Director, Julie Oler-Manske is the Project Manager and Jennifer Dutton is the Project Coordinator. The Chautauqua Project provides computer software training sessions for health department personnel at sites throughout Kansas. Types of training include Basic Computing, MS Word (basic and intermediate), MS Excel (basic and intermediate), MS Outlook and MS Powerpoint. During FY06 the team provided training for 344 practitioners (736 training sessions) in 74 Kansas counties.
- Distinguished Visiting Scholar Series is a monthly lecture series made possible by a NIH Clinical Research Curriculum Program K-30 Award. Distinguished scholars visited KUMC to visit with preventive medicine faculty and staff and share collaborative insights. Presenters included: Joseph E. Donnelly, EdD, "Energy Balance & Weight Management", Professor & Director, Energy Balance Laboratory; Jack E. Henningfield, PhD, "Tobacco Addiction in the 21st Century: Science, Health, Product Change and Global Regulation" Director, Robert Wood Johnson Foundation; William Rakowski, PhD, "A Context-Based Approach to Planning Cancer Control Interventions", Brown University; Michael Perri, PhD, ABPP, "Improving the Long-Term Management of Obesity", University of Florida; Christi A. Patten, PhD, MA, "Tobacco Use Among Alaska Natives", Mayo Clinic; Marci K. Campbell, PhD, MPH, "Colorectal Cancer Prevention: Tailoring Interventions to Reduce Health Disparities" University of North Carolina at Chapel Hill; and Delia Smith West, PhD, "Motivational Interviewing for Behavioral Weight Control in Type 2 Diabetes", University of Arkansas for Medical Sciences.
- Kansas Public Health Certificate Program for state and local health department employees. This program entails 12 two-day workshops and has 55 students that attend courses at 5 different sites. Full-day seminars were provided by Dr. Craig Molgaard, Dr. Linda Frazier, Dr. Elizabeth Ablah, Dr. Carolyn Synovitz, and Ms. Deborah Fromer and Mr. Charlie Hunt.
- Kansas Public Health Leadership Institute. Dr. Molgaard served as Co-executive Director with Ms. Shirley Orr from KDHE. Dr. Hawley served as Program Director and Theresa St.Romain as the Coordinator. Several faculty members serve as speakers and capstone project mentors. During Cycle III of the project (September 2005 -September 2006), a total of 28 scholars enrolled. Scholars are predominantly practitioners at KDHE and county health departments.
- NIMS/ICS Training. National Incident Management System/Incident Command System Train-the-Trainer sessions were offered to health department employees across the state. Faculty

member Dr. Elizabeth Ablah and MPH student Lisa Huntoon held 4 trainings sessions for preparedness coordinators from counties across Kansas.

- Public Health Grand Rounds, an activity of the Kansas Workforce and Leadership Development Center. Dr. Molgaard is the Director, Theresa St.Romain is the Coordinator. During FY06, 12 downlinked training sessions were on public health issues including preparedness, disease surveillance and obesity.

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

Program Goals and Objectives, FY05 (2005-2006)

RESEARCH – FY06

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 20 on each campus each year

Data:

Table 10. Authorships in scholarly journals and books by program faculty

	2004	2005
Kansas City		
Peer-review journal articles	101	117
Books and book chapters	3	1
Abstracts and national/regional presentations and posters*	166	104
Wichita		
Peer-review journal articles	24	43
Books and book chapters	6	6
Abstracts and national/regional presentations and posters*	152	124
Total peer-review journal articles, books and book chapters		
Kansas City	106	118
Wichita	30	49

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

Table 11. Journals in which program faculty published

2004	2005
Addictive Behaviors	Addiction
Age and Ageing	Addictions Biology
Alcoholism, Clinical and Experimental Research	Addictions Nursing
American Journal of Gastroenterology	Addictive Behaviors
American Journal of Health Promotion	Adult Basic Education
American Journal of Medical Quality	American Journal on Addictions
American Journal of Pathology	American Journal of Obstetrics & Gynecology
American Journal of Preventive Medicine	American Journal of Preventive Medicine
Applied Animal Behaviour Science	Behavioral & Cognitive Psychotherapy
BMC Public Health	Cancer Detection and Prevention
Cancer Epidemiology, Biomarkers, & Prevention	Cancer Epidemiology, Biomarkers, & Prevention
Clinical Cancer Research	Developmental Biology
Controlled Clinical Trials	Diabetic Medicine
Dermatitis	Emerging Infectious Diseases
Diabetes Care	Environmental Health Perspectives
Digestive Diseases and Sciences	Epilepsy & Behavior
Eating Behaviors	Ethnicity & Disease
Education & Behavior	Evaluation & the Health Professions
Ethnicity & Disease	Health Education & Behavior
Family Medicine	Infection and Immunity
Fertility and Sterility	International Journal of Behavioral Medicine
Health Care Manager	JAMA: The Journal of the American Medical Association
Health Communication	Journal of Addictive Diseases
Health Promotion International	Journal of American Dietetics Association
Health Psychology	Journal of Behavioral Medicine
Journal of Adolescent Health	Journal of Burn Care and Rehabilitation
Journal of Aging and Physical Activity	Journal of Cardiothoracic and Vascular Anesthesia
Journal of American College Health	Journal of Child and Adolescent Psychopharmacology
Journal of Behavioral Medicine	Journal of Community Health
Journal of Child and Adolescent Substance Abuse	Journal of Community Health Nursing
Journal of Community Health	Journal of Continuing Education in Nursing
Journal of Community Health Nursing	Journal of General Internal Medicine
Journal of General Internal Medicine	Journal of Health Care for the Poor & Underserved
Journal of Multicultural Nursing & Health	Journal of Intellectual Disability Research
Journal of Palliative Medicine	Journal of Nutrition Education & Behavior
Journal of Public Health Management and Practice	Journal of Public Health Management and Practice
Journal of Registry Management	Journal of Registry Management
Journal of Rural Health	Journal of Studies on Alcohol
Journal of School Health	Journal of the American Board of Family Practice
Journal of the American Board of Family Practice	Journal of the American Geriatrics Society
Journal of the National Cancer Institute	Journal of the National Medical Association
Journal of the National Medical Association	Journal of Youth and Adolescence
Lung Cancer	Maternal and Child Health Journal
Medical Care	Medical Laboratory Observer
National Medical Association	NeuroImage
Neurology	Nicotine & Tobacco Research
Obesity Research	Preventing Chronic Disease
Preventive Medicine	Preventive Medicine
Psychiatric Services	Quality of Life Research
Psychology of Addictive Behaviors	Research in Developmental Disabilities
Public Health Nursing	Spine
Quality Management in Health Care	Statistics in Medicine
Scandinavian Journal of Infectious Diseases	Stroke
Social Science & Medicine	Women & Health
Spine	
Stroke	

Comment: We exceeded our target of 15 scholarly authorships by the faculty on each campus.

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: The many scholarly journal articles published by faculty on both campuses in FY06 that concerned vulnerable populations included:

- Berg C, **Sanderson-Cox L, Nazir N**, Mussulman LM, **Ahluwalia JS**, and **Ellerbeck EF**. Correlates of Home Smoking Restrictions among Rural Smokers. *Nicotine & Tobacco Research*. 2006 Jun 1;8(3):353-360.
- Catley D, Harris KJ, **Okuyemi KS, Mayo MS**, Pankey E, and **Ahluwalia JS**. The Influence of Depressive Symptoms on Smoking Cessation among African Americans in a Randomized Trial of Bupropion. *Nicotine & Tobacco Research*. 2005 Dec;7(6):859-870.
- **Choi WS, Daley CM, James A, Thomas J**, Schupbach R, Seagraves M, Barnoskie R and **Ahluwalia JS**. Beliefs and Attitudes Regarding Smoking Cessation among American Indians: A Pilot Study. *Ethnicity and Disease*. 2006 Winter;16(1):35-40.
- **Cox LS**, Feng S, Cañar J, Ford MM, and Tercyak KP. Social and Behavioral Correlates of Cigarette Smoking among Mid-Atlantic Latino Primary Care Patients. *Cancer Epidemiology, Biomarkers, and Prevention*. 2005 Aug;14(8):1976-1980.
- Foraker RE, Patten CA, Lopez KN, Croghan IT, and **Thomas JL**. Beliefs and Attitudes Regarding Smoking among Young Adult Latinos. *Preventive Medicine*. 2005 Jul;41(1):126-133.
- **Greiner KA, James AS, Born WK, Hall S, Engelman KK, Okuyemi K**, and **Ahluwalia JS**. Predictors of Fecal Occult Blood Test (FOBT) Completion among Low-Income Adults. *Preventive Medicine*. 2005 Aug;41(2):676-684.
- **Greiner KA, Born W, Nollen NL**, and **Ahluwalia J**. Knowledge and Perceptions of Colorectal Cancer Screening among Urban African Americans. *Journal of General Internal Medicine*. 2005 Nov;20(11):977-983.
- Jachna CM, **Shireman T**, Whittle J, **Ellerbeck EF**, and Rigler S. Differing Patterns of Antiresorptive Pharmacotherapy in Nursing Facility Residents and Community Dwellers. *Journal of the American Geriatrics Society*. 2005 Aug;53(8):1275-1281.
- Jeffries SK, **Choi W**, Butler J, Harris KJ, and **Ahluwalia JS**. Strategies for Recruiting African-American Residents of Public Housing Developments into a Randomized Controlled Trial. *Ethnicity & Disease*. 2005 Autumn;15(4):773-778.
- Moreland S, **Engelman KK, Greiner KA**, and **Mayo MS**. Papanicolaou Testing among Native American and Hispanic Populations. *Ethnicity and Disease*. 2006 Winter;16(1):223-227.
- **Nollen NL**, Catley D, Davies G, Hall M, and **Ahluwalia JS**. Religiosity, Social Support, and Smoking Cessation among Urban African American Smokers. *Addictive Behaviors*. 2005 Jul;30(6):1225-1229.
- **Nollen NL**, Kaur H, Pulvers K, **Choi WS**, Fitzbiggon M, Li C, **Nazir N**, and **Ahluwalia JS**. Correlates of Ideal Body Size among Black and White Adolescents. *Journal of Youth and Adolescence*. 2006 Apr;35(2):276-284.
- **Okuyemi KS**, Caldwell AR, **Thomas JL, Born W, Richter KP, Nollen N**, Braunstein K, and **Ahluwalia JS**. Homelessness and Smoking Cessation: Insights from Focus Groups. *Nicotine and Tobacco Research*. 2006 Apr;8(2):287-296.
- Kimminau K, **Hunt DC**, Menager H, Satzler C, **Paschal A**, and Starrett B. Minority Health Community Training Materials. *Racial and Ethnic Minority Health Disparities in Kansas: Data and Chartbook*. Appendix I, Section 8:1-13, 2005.
- **Fredrickson DD**, Jones TL, **Molgaard CA**, Carman CG, Schukman J, **Dismuke SE**, and **Ablah E**. Optimal Design Features for Surveying Low-Income Populations. *Journal of Health Care for the Poor and Underserved*. 2005 Nov; 16(4):677-690.
- **Hawley SR**, Beckman H, and Bishop T. Development of an Obesity Prevention and Management Program for Children and Adolescents in a Rural Setting. *Journal of Community Health Nursing*. 2006 Summer;23(2):69-80.
- **Paschal AM, Ablah E, Wetta-Hall R, Molgaard CA**, and Liow K. Stigma and Safe Havens: A Medical Sociological Perspective on African American Female Epilepsy Patients. *Epilepsy &*

Behavior. 2005 Aug;7(1):106-115.

- **Paschal AM**, Lewis RK, Martin AK, Shipp DD, and Simpson DS. Evaluating the Impact of a Hypertension Program for African Americans. *Journal of the National Medical Association*. 2006 Apr;98(4):607-615.
- Treaster C, **Hawley SR**, **Paschal AM**, **Molgaard CA**, and St. Romain T. Addressing Health Disparities in Highly Specialized Minority Population: Case Study of Mexican Mennonite Farmworkers. *Journal of Community Health*. 2006 Apr;31(2):113-122.
- **Wetta-Hall R**, Berg-Copas GM, and **Dismuke SE**. Help on the Line: Telephone-Triage Use, Outcomes, and Satisfaction within an Uninsured Population. *Evaluation & the Health Professions*. 2005 Dec;28(4):414-427.
- Zimbelman M, **Paschal AM**, **Hawley SR**, **Molgaard CA**, and St. Romain T. Addressing Physical Inactivity among Developmentally Disabled Students Through Visual Schedules and Social Stories. *Research in Developmental Disabilities*. 2006 Jun 7;on-line: DOI:10.1016/j.ridd.2006.03.004.

MPH faculty also had numerous active grants and contracts for research concerning vulnerable populations (see Appendices 3 and 4). New grants and contracts of this type were received on both campuses during FY06, and included:

- Addressing cigarette smoking among Native Americans. Choi WS (PI). American Lung Association. July 2005-June 2007. \$79,843.
- Use of a radiolucent pad to reduce mammography discomfort among African Americans. Engelman KK (PI). Susan G Komen Breast Cancer Foundation. May 2005-April 2007. \$199,496.
- Healthy Weight Management Among African American Women. Paschal AM (PI). Center of Excellence for Minority Medical Education and Junior Faculty. 2005-2006, \$40,000.
- Risk Factors for Lower Live Birth Rates Among Racial and Ethnic Minorities Treated with Assisted Reproductive Technologies (ART). Frazier LM (PI) Paschal AM (Co-I). Kansas University Research Institute. February 2005-January 2006, \$35,000.

Comment: This program objective was met. A major focus of faculty research was improving health in vulnerable populations. On the Kansas City campus, new journal articles, grants and contracts in FY06 concerned smoking cessation, obesity and mammography among inner-city African Americans, tobacco use and cancer screening among Native Americans, and health care delivery among rural and inner-city populations. On the Wichita campus, new journal articles, grants and contracts in FY06 concerned access to health care among the uninsured, health disparities and hypertension in African Americans.

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

Target: *≥ 5 students from each campus will participate in research each year*

Data: Methods used to measure student involvement in research included reviewing the authors of posters at the Annual Kansas Public Health Association meeting, the annual school of medicine research symposia, research survey, and the departmental annual reports. The following posters and presentations by MPH students reported findings from research projects. Presentation venues included local, regional and national professional meetings (student names provided in bold type):

Kansas City campus:

- **Foster, J.**; "Developmental Screening and Child Care: A Qualitative Study"; Interdisciplinary Research Seminar, May 2006.
- **Imholte, J.**; "Incident Command and SERT"; US Public Health Service Professional Conference, May 2006.
- **Mulcahy, E.**; "Development of a Refugee Health Database to Identify and Target Health Disparities in a Somali Bantu Community"; Kansas Public Health Association Conference, September 2005.
- Berg, C., Ellerbeck, E., Nazir, N., **Mussulman, L.**, Ahluwalia, JS., "Characteristics of rural smokers implementing home smoking restriction" American Public Health Association

Conference, November 2005.

- **Peacock, G.**; "Creation of a medical record for students in Peru with developmental disabilities"; Kansas Public Health Association Conference, September 2005.
- **Peacock, G.**; "A Nutrition Program in Peru for Children and Adults with Disabilities"; Kansas Public Health Association Conference, September 2005.

Wichita campus:

- **Dutton, J., Huntoon, L., Ross, S.,** Fredrickson, D.; "Getting the Word Out – Defining Content and Marketing Plans for Sedgwick County Health Department and Local Sliding Fee Clinics: Results of Focus Groups and Extended Interviews"; Kansas Public Health Association Conference, September 2005.
- **Pickert, S.,** Fedrickson, D., Ablah, E., Wetta-Hall, R., Davenport, MJ., Martin, P.; "Demographic Factors Associated with Repeat STD Cases: Epidemiologic Analysis of an Urban Midwest Public STD Clinic Database, 2001-2004"; Kansas Public Health Association Conference, September 2005.
- **Stiles, R.,** Molgaard, C., Ablah, E., Orr, S.; "An Evaluation of the Kansas Public Health Certificate Program"; Kansas Public Health Association Conference, 2005.
- **Smith, T.,** Hawley, S.; "Message Framing to Motivate Health Behaviors"; Kansas Public Health Association Conference, September 2005
- **Smith, T.,** Ablah, E., Fredrickson, D., Griffin, P.; "Population Distribution of High-Risk Tuberculosis Cases in Kansas"; Kansas Public Health Association Conference, September 2005.
- **Synovitz, C.,** Ablah, E., Molgaard, C., Brown, J.; "Health Care Providers Knowledge of Environmental Health Response to a Terrorist Event"; Kansas Public Health Association Conference, September 2005.

Target: *≥ 60% of students will be satisfied for opportunities for involvement in research*

Data: In Spring 2006, a survey was conducted among currently enrolled and active MPH students. Of the 111 surveys sent, 69 surveys were returned (62% response rate). Survey results are as follows:

- 90% of respondents agree that the KU-MPH program provides opportunities for students to participate in public health related research
- 90% of respondents agree that they have received information/training on how to conduct public health research while in the KU-MPH program
- 80% of respondents were satisfied with the research opportunities available to them as students in the KU-MPH program
- 85% of respondents said that the KU-MPH program stimulated their interest in conducting and/or evaluating public health research
- 55% of respondents have given oral or poster presentations while in the KU-MPH program

Comment: In FY06, at least 12 research presentations involved 12 MPH students (5 students in Kansas City and 7 students in Wichita). Most of the student research topics concerned public health practice or vulnerable populations. Students are largely satisfied with the research opportunities available, with 80% satisfaction. Over half of the students have given oral or poster presentations at local, regional, or national conferences while in the KU-MPH program. Upon implementation of the portfolio in FY07, students will be asked to record their research participation systematically.

Objective 3.4: Conduct public health practice research

Target: *Act on data collected about barriers and opportunities for conducting public health practice research.*

Data: In FY05, the bi-campus Research Committee was tasked to identify barriers and opportunities for conducting public health practice research. The committee found very helpful the approach taken by the University of Pittsburgh's Center for Public Health Practice. Its stated mission is to enhance the linkages between the academic arena and the practice arena of public health. It aims to become a national model for academic public health practice by advancing the scholarship of practice, and by recruiting, developing and supporting faculty members to conduct applied research on topics of high priority for the practice of public health.

In FY06, program faculty led activities to promote advance the scholarship of public health practice. Dr. Theresa Shireman joined the Department of Preventive Medicine and Public Health, bringing expertise in pharmacoconomics and analysis of large claims data. Several collaborative sessions were held with faculty in the Department of Health Policy and Management. Research interests and agendas common among faculty in the Departments of Health Policy and Management and Preventive Medicine and Public Health included health services delivery, quality management, access to care, health care financing, and Medicare and Medicaid.

Public health practice research activities included:

- **Engelman, K (PI), Ellerbeck, E (Co-I), Mahnken, JD (Co-I), Richter, K (Co-I)**, "Development of a Comprehensive Mammography Services Quality Index" American Cancer Society.
- **Lai, SM (PI)** "Cardiovascular Health Examination Survey in Kansas" Centers for Disease Control and Prevention.
- **Lai, SM (PI)** "Kansas Cancer Registry" Kansas Department of Health & Environment and Centers for Disease Control and Prevention.
- **Richter, K (PI)** "Quality Improvement for the American Legacy Foundation Learning to Quit Quitline" American Legacy Foundation.

Additionally, MPH faculty on the Wichita campus were involved in a variety of public health practice projects. Topics included preparedness training, workforce evaluation, access to care and rural health. Specific public health practice research activities included:

- **Ablah, E (PI)**, "Columbia Bioterrorism Preparedness Evaluation Project," Columbia University, New York.
- **Ablah, E (PI)**, "Rural EMS Service in Western Kansas," Kansas Board of EMS.
- **Fredrickson, DD (PI)**, "Evaluation of Uninsured Patients Receiving Acute Care Service," Via Christi Regional Medical Center.
- **Wetta-Hall, R (PI)**, "Pandemic influenza preparedness in small Kansas counties," Kansas Association of Local Health Departments.

Program Goals and Objectives, FY06 (2005-2006)

SERVICE AND PRACTICE – FY06

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: In FY06 MPH faculty held the following leadership roles within the community:

- Medical Director and Chief Health Officer, Wyandotte County Health Department (Dr. Allen Greiner). Wyandotte is the county in which Kansas City is located, and has many significant public health issues.
- Director of Health, KDHE, adjunct faculty member Dr. Howard Rodenberg.
- Deputy State Epidemiologist, KDHE, adjunct faculty member D. Charles Hunt, MPH.
- Medical Director and Chief Health Officer, Sedgwick County Health Department (Dr. Fredrickson)

Selected additional leadership activities are listed below.

- KPHA (Committee chairships by Drs. Wetta-Hall, Richter, Hawley, and Ms. Shirley Orr and Melissa Armstrong (see also Program Objective 2.1)
- 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)

Leadership and service within the MPH program and the school of medicine were recognized for the following faculty and students during FY06:

- Departmental Outstanding Faculty Award: This was awarded for outstanding teaching, service and research to Dr. Sue Min Lai (Kansas City)
- Golden Apple Outstanding Faculty Award – Wichita: This was awarded for outstanding teaching, service and research to Dr. Elizabeth Ablah (Wichita).
- Kansas Health Foundation Excellence in Public Health Teaching Awards: Awarded to Dr. Angelia Paschal (Wichita) and Dr. Nicole Nollen (Kansas City). These awards were given for an outstanding contribution to public health through teaching activities.
- MPH Outstanding Graduate Awards:
 - Amy Weaver received the award on the Kansas City campus, named in honor of late faculty member, Analee E. "Betsy" Beisecker. Amy worked as an Intern at the Johnson County Health Department where she created a guidebook for policy makers

regarding the impact of enacting an indoor smoking ban, assisted health educators with community health screenings, and organized a work day at Habitat for Humanity. Her honors capstone project was entitled, "Evaluation of the American Cancer Society's Services in the Kansas City Region."

- Robert Stiles received the award on the Wichita campus. Robert works for the Kansas Department of Health and Environment in the Migrant Farmworkers Program. For his capstone project, Robert conducted a comprehensive survey of all Kansas Public Health Certificate Program graduates and their supervisors regarding their knowledge of public health core competencies. His capstone, titled "A Case Control Evaluation of the Kansas Public Health Certificate Program" has been presented to the Kansas Public Health Workforce Development committee and its result have greatly impacted the certificate program's curriculum.
- KUMC Student Leader Award 2006:
 - MD/MPH Students Mike Oller and Lindsey Rome were nominated for this award that recognizes student leaders at the Medical Center. Mr. Oller is active in Kansas City as the Student Governing Council. Ms. Rome is active in various medical student organizations as well as the Jay Doc Free Clinic.
- Special Recognition Award 2005 – 2006: Awarded to Dr. Linda Frazier for her outstanding contribution in her role as Executive Director of the University of Kansas Master of Public Health Program.
- Center of Excellence for Minority Medical Education Junior Faculty Development Award: Awarded to Dr. Angelia Paschal in order to promote her research activities and professional development.

Comment: Faculty and staff assumed leadership roles in traditional public health organizations in Kansas. Students, Faculty and staff also led and participated in community-based and university-based activities to improve the public's health, and several individuals were recognized for outstanding contributions this 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*

Data: Formal technical assistance was provided by our core faculty members 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
- The Wyandotte County Health Department was assisted by Kansas City faculty member Dr. Allen Greiner 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 implementing the state's Comprehensive Cancer Plan by committee service from the following faculty:
 - Ms. Judy Johnston
 - Dr. John Neuberger
 - Dr. Sue-Min Lai
 - D. Charles Hunt
 - Dr. Aimee James
 - Dr. Allen Greiner

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

Data: MPH Student Organization activities included:

Kansas City

- Hosted the "Christmas in October" event to provide local families assistance with minor home renovations.
- Collected canned goods for local families, assisting KUMC's Developmental Disabilities Center for the "Kansas City Healthy Start" campaign.
- Arranged and donated a "Get Physical and Get Healthy" basket for the KU Medical Center's Street Fair Silent Auction. Proceeds went to Rosedale Middle School and the JayDoc Free Medical Clinic.
- Volunteered at the Student Research Forum hosted by the School of Medicine and Graduate Studies.
- Partnered with Habitat for Humanity to help build a Habitat for Humanity house.

Wichita

- Hosted a reception at the Kansas Public Health Association Conference.
- Sponsored a mentoring series on the use of PubMed and AMA citations.
- Hosted an annual mixer with Department of Preventive Medicine and Public Health faculty and staff.
- Students volunteered at several agencies in Wichita, including Sedgwick County Health Department, Wesley Hospital and Inter-Faith Ministries.

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

Target 2: Design and field test portfolio materials that could be used to promote and assess service activity by students.

Comment: As noted in Objective 1.3, Target 3, the ad hoc work group on Competency Development will explore the use of portfolios to document student's achievement of the core competencies in FY07. Within the portfolio component of the online ANGEL Learning Technology system is the capacity to upload and update components for a vita or resume. Students will update portfolios each semester and will include research, learning, and service activities.

Program Goals and Objectives, FY06 (2005-2006)

PROGRAM ENVIRONMENT – FY06

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: The Executive Directors (Dr. Frazier-July 1 to December 31, 2005 and Dr. Choi-January 1 to June 30, 2006) led the program’s strategic planning and program evaluation through a bi-campus process that was documented in meeting minutes (dates shown in Table 12). 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 12. Formal bi-campus meetings for strategic planning and program evaluation in FY06

Meeting	Date	FY06 Total
Executive Council	8/4/05, 11/9/05, 2/8/06, 5/17/06	4
External Advisory Committee	None	0
Dean	7/8/05, 8/11/05, 11/28/05, 2/21/06, 5/23/06	5
Admissions	7/11/05, 10/20/05, 4/24/06	3
Curriculum	7/1/05, 1/11/06, 2/13/06, 3/7/06, 4/5/06	5
Research	None	0
Bi-campus faculty	8/2/05, 11/1/05, 2/3/06, 5/5/06	4
MD/MPH Committee (ad hoc)	7/13/05, 8/19/05, 1/13/06, 2/4/06	4
FY06 Program Total		25

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

Data: The bi-campus Operations Committee was very active, working together 11 times in formal meetings with minutes (Table 13), and numerous other times less formally. When these meetings are added to the 25 meetings shown in Table 12, there were a total of 36 formal meetings in FY06 to manage the program.

Table 13. Formal bi-campus Operations Committee meetings to implement program priorities in FY06.

Meeting	Date	FY06 Total
Operations Committee	7/27/05, 8/1/05, 8/17/05, 9/29/05, 10/11/05, 10/31/05, 12/21/05, 1/18/06, 3/16/06, 5/10/06, 6/8/06	11

Target 3: *The following program wide data systems will be maintained and used for program management:*

- *Enrollment (PeopleSoft)*
- *Comprehensive Student Database (Access)*
- *Course Evaluations (Excel)*
- *Competency Self-Assessments: Newly-enrolled Students (Excel)*
- *Bi-campus Budget (Excel)*
- *Periodic surveys for special initiatives (including stakeholders at least every 3 years—FY04, FY07 and so on).*
- *Biographic/Demographic/Enrollment and Transcript Information (KUMC DataWarehouse)*

Comment: During FY06, 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. Key program data were analyzed and used for evaluation and planning. In FY06, the data collection for the student self-assessments of competencies was expanded. In addition to the baseline assessment on enrollment, students completed another competency self-assessment before beginning the practicum and a faculty advisor assessed completion of the competencies upon completion of completion of the practicum.

In late June 2005, CEPH released new accreditation criteria for MPH programs. Documentation of competency achievement is became a priority for FY06 and will continue to be a priority in FY07 as the use of portfolios to document core competencies is explored. Preliminary review of the new accreditation standards suggests we are already in compliance with most of the requirements, and that we are already collecting many of the types of documentation required.

Objective 5.2: Conduct a comprehensive review of our MPH program to develop any needed initiatives to achieve compliance with CEPH’s 2005 Amended Accreditation Criteria for Public Health programs

Target 1: *Assess compliance with each of the new criteria by December 31, 2005.*

Data: This is a objective for FY06. It was developed in response to the release of CEPH’s Amended Accreditation Criteria released in Summer 2005. The following accreditation criteria were identified as those that need action to come into compliance by the next CEPH site visit in 2010. A mid-term compliance report is due on December 31, 2007 for the program length and program faculty criteria.

1. Program length (accreditation item 2.2): We must increase the minimum number of credits from 36 to 42 semester-hours.
2. Public health core knowledge (accreditation item 2.3): Mastery of this knowledge by students must now be documented formally.
3. Practical skills (accreditation item 2.4): Agencies and preceptors used by students in the last two academic years must be documented.

4. Required competencies (accreditation item 2.6): Learning competencies must be identified and measured systematically.
5. Assessment procedures (accreditation item 2.7): Attainment of competencies by students must now be documented formally.
6. Research (accreditation item 3.1): Community-based research activities in collaboration with health agencies and community-based organizations should occur with formal research agreements with such agencies.
7. Faculty (accreditation item 4.2): Describe the manner in which faculty complement “integrates the perspectives from the field of practice.”
8. Student diversity (accreditation item 4.5): Identify measures by which program may evaluate its success in achieving a demographically diverse student body.
9. Advising and career counseling (accreditation item 4.6), and Organization and administration (accreditation item 1.3): Tabulate formally any grievances and complaints by students.

Comment: We are well on our way to achieving the compliance required by the 2007 compliance report due date. Students admitted in Summer/Fall 2007 will complete the new 42 credit hour MPH curriculum (Table 8). Our goal is that by August 31, 2006 (the start of the new application cycle) our website must include the new curricular requirements and the KUMC Graduate Council must approve the curricular changes. The 2007 compliance report will also require that we report at least three faculty devoted to the MPH program.

By the next accreditation site visit in 2010, the other amended criteria must be in compliance. In FY06, we began the process of formally documenting competencies by improving the self assessment process, exploring the use of portfolios, and by assuring that all syllabi include core competencies.

Target 2: *Establish the format of any new data systems needed to document compliance by June 30, 2006.*

Data: In FY06, the following data systems were created or revised to document compliance for CEPH's Amended Accreditation Criteria

- A bi-campus record was created to document practical skills. All agencies and preceptors are recorded in a spreadsheet. Agency and preceptor information is obtained when the student arranges the practical experience. Preceptors are routinely granted temporary graduate faculty appointments for the duration of the student's experience.
- The core competencies addressed by each elective course were added to the current matrix of core competencies addressed by elective courses.
- Student's self assessment of the core competencies prior to capstone was added to the matrix of competencies assessed upon entrance to the MPH program

Comment: The bi-campus governance and data collection procedures have improved dramatically over the past three fiscal years. In order to meet accreditation standards by 2010, the following data systems should be created:

- Formal documentation of student grievances, actions, and outcomes
- Documentation of formal research agreements with community based agencies

Objective 5.3: Foster professional development among our faculty

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

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

- Matthew S. Mayo, PhD was promoted from Associate Professor to full Professor.
- Won S. Choi, PhD, MPH was promoted from Assistant Professor to Associate Professor.
- Kimber Richter, PhD, MPH was promoted from Assistant Professor to Associate Professor.
- Theresa Shireman, PhD, RPH was hired with immediate tenure as an Associate Professor.
- John Keighley, PhD, MS was promoted from Research Instructor to Research Assistant Professor.
- Christine M. Daley, PhD, MA, SM was promoted from Research Instructor to Research Assistant Professor.
- Christie Befort, PhD, MA was promoted from Postdoctoral Fellow to Research Assistant Professor.
- Ruth Wetta-Hall, RN, PhD, MPH, MSN was promoted from Research Assistant Professor to Assistant Professor (tenure-track).
- Elizabeth Ablah, PhD, MPH was promoted from Research Assistant Professor to Assistant Professor (tenure-track).

Comment: 100% of MPH program faculty who applied for promotion were successful. There is no specific time expectation for promotion for non tenure-track faculty. All three faculty members promoted from Assistant or Associate Professor to full Professor met the University's expectation of a 7-year interval.

Challenges and Opportunities

The release of the revised CEPH Accreditation Criteria in Summer 2005 challenged us to improve KU-MPH program practices and policies to meet with the new accreditation standards. Our bi-campus governance was strong and we were able to successfully develop a new curriculum that satisfied workforce needs and program competency goals. The transition to 42 credit hours will begin in FY07 with the Fall 2007 admission cycle. By August 31, 2006, the MPH program's application materials, website, and publications must all indicate that 42 credit hours are required of incoming students. A compliance report will be submitted to CEPH in FY08. Other accreditation requirements that should be addressed are the documentation of competencies and the assessment procedures by which to measure their achievement. Data systems should be created to formally document student grievances, actions, and outcomes, formal research agreements with community agencies, and dimensions of diversity.

Among the program goals and objectives for FY06, we were successful in enrolling a qualified student body. Nearly 90% of incoming applicants held GPA's above a 3.0, and those that did not held other qualifying traits and have been extremely successful thus far in MPH courses. A larger pool of applicants was offered admission to the MPH program in FY06, however the Admissions Committee implemented a ranking system to avoid exceeding our admission targets in the future.

The target of 80% graduation rate within five years was not met in FY06, nor was it met in FY05. In 2003, the MPH leadership conducted an attrition investigation to discover why students were not finishing the MPH degree. Attempts were made to contact students who had not finished, and some did eventually complete the degree. In FY07, it may be necessary to address known barriers to degree completion (such as geographic location and course flexibility) by continuing to add web courses and courses held after 4pm to accommodate students who have re-located to other states or who work in inflexible jobs. It may also be necessary to identify current students at risk of attrition who began courses in 2003 but have not enrolled in 1 to 2 consecutive semesters.

The addition of two courses to the MPH curriculum in policy and law/administration and finance will further enhance the elective options for students and address some of the lowest-ranked competency areas among incoming students. The Kansas Health Foundation has provided funding for faculty interested in distance learning modalities to attend distance learning training in FY07. It is our hope that these new courses, as well as other MPH courses will take advantage of the learning technologies available, such as Illuminate and ANGEL.

The KU-MPH program will closely monitor and participate in national activities to enhance public health education. The Association of Teachers of Preventive Medicine is working to incorporate public health into undergraduate education. This would serve as a natural conduit for further graduate study in public health. Currently, KU-MPH is collaborating with the Department of Applied Behavioral Science to add instruction in epidemiology and public health to the community health undergraduate program. National efforts are also underway to produce an MPH Credentialing Exam. At least two core KU-MPH faculty will participate in the development of the exam proposed by the National Board of Public Health Examiners.

Goals and Objectives, FY07 (2006-2007)

EDUCATION – FY07

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

NEW

Target 2: A diverse student body will be recruited and enrolled

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

NEW

Target 2: Target students at 3 and 4 years enrollment to develop a plan of study to finish degree within 5 years (all students will meet with an advisor at least one a semester)

Target 3: 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 periodically during training. Faculty will assess each student's competency level during completion of the capstone. Design and field test materials that could be used to assist competency development by means of portfolios.

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: The program will have at least 8 faculty/adjunct faculty from public health practice involved in teaching each year (4 on each campus).

Objective 1.5: Ensure MPH Graduates are adequately prepared for careers in public health

NEW

Target 1: At least 60% of surveyed alumni report being adequately prepared for a career in public health practice

Target 2: At least 60% of surveyed employers of MPH graduates are satisfied with their employee's preparation

Target 3: At least two MPH core faculty are actively involved in the development of a National Board Exam for MPH graduates

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, FY07 (2006-2007)

RESEARCH – FY07

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 20 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: ≥ 5 students from each campus will participate in research each year.

Objective 3.4: Conduct public health practice research

Target: At least 3 faculty persons from each campus will conduct public health practice research.

NEW

Goals and Objectives, FY07 (2006-2007)

SERVICE AND PRACTICE – FY07

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

Goals and Objectives, FY07 (2006-2007)

PROGRAM ENVIRONMENT – FY07

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 program wide data systems will be used for program management:

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

NEW

Objective 5.2: Ensure Compliance CEPH's 2005 Amended Accreditation Criteria for Public Health Programs

Target: Update website and all print materials to reflect curricular changes effective Fall 2007

Objective 5.3: Foster professional development among our faculty

Target: Faculty will achieve promotion at intervals expected by the University of Kansas

Appendix 1

Students and Graduates – FY06

Graduating and new students are listed on Table 15. Three graduates work at KDHE, the US Public Health Service and international public health. Eight of the 44 newly enrolled students (18%) are working in public health practice

Table 14. Students who graduated and students newly enrolled.

Graduating Students	New Students
<u>Kansas City Campus</u> 14 students	<u>Degree Seeking</u> 41 students
<u>Wichita Campus</u> 10 students	<u>Non Degree-Seeking</u> 2 students

The proportion of graduating students employed in public health practice at graduation and during follow up is a measure of the impact of the training program on the public health workforce, as students who were not originally working in public health practice obtain such jobs. As of graduation, three of our students worked at KDHE, one at the FDA, one in the military health system, one in health education and one student at a local health department.

The MPH program is serving constituents throughout our state. From Spring 2002 through Spring 2006, our MPH student body has come from these 19 Kansas counties: Butler, Crawford, Douglas, Finney, Geary, Gove, Harvey, Johnson, Leavenworth, McPherson, Meade, Osage, Pratt, Reno, Riley, Sedgwick, Shawnee, Stevens, and Wyandotte.

Full-time and Part-time Students

Each semester, approximately 100 students were enrolled in MPH courses (97 students in Fall Semester 2005 and 108 in Spring Semester 2006; 46 students also took classes in Summer Term 2005). Most students (e.g. 77.3% in Fall 2005) took fewer than 9 credit hours per semester and were thus classified as part-time students (see Figure 2 below). There were 61.6 full-time equivalent (FTE) students taking classes in Fall Semester 2005, and 68.4 FTE students taking classes in Spring Semester 2006.

** FTE students = Total # credit hours taught / 9

Figure 1. Full time and part time students – Fall 2005.

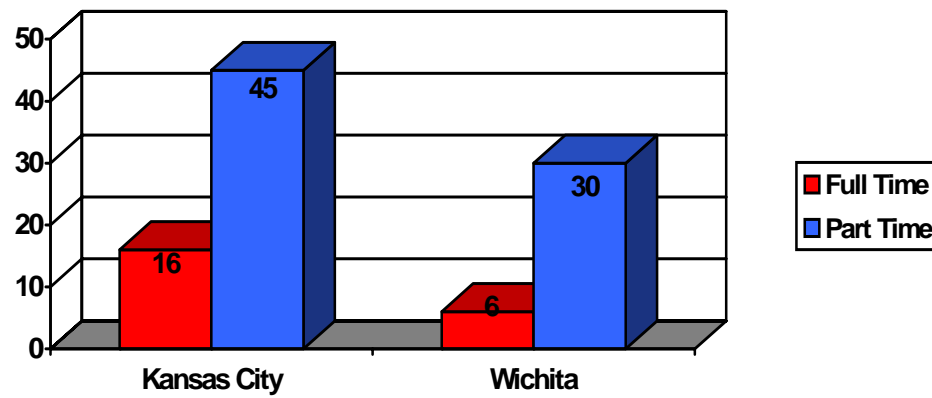
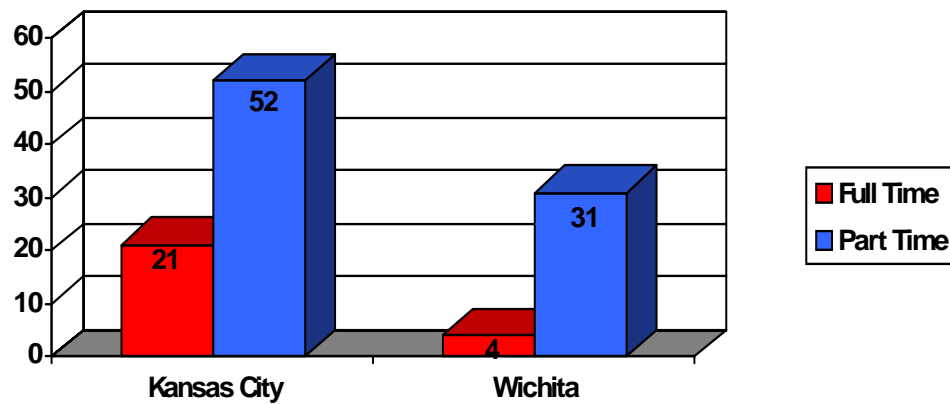


Figure 2. Full time and part time students – Spring 2006.



Student-Faculty Ratio

The student-faculty ratio was calculated from student FTE listed above and the FTE contributed by core teaching faculty. The method by which faculty effort for teaching and advising was determined is shown on Table 16.

Table 15. Method of determining faculty teaching effort in the MPH program.

Teaching Activity	Annualized % Effort
Traditional classroom teaching	
Established course	4% per semester hour
New or substantially-revised course	5% per semester hour
Web-based course teaching	
Established course	5% per semester hour
New or substantially-revised course	7% per semester hour
Independent study	2% per semester hour
Capstone committee	
Chair	2% per credit hour
Member	1% per credit hour
Serving as advisor	1% per student assigned

Within the FTE for FY06, effort for program leadership amounted to 4.58 FTE, and was contributed by the Executive Director, site directors, and faculty serving on the MPH standing committees (Admissions, Curriculum, and Research). Considering both teaching and program leadership contributed by core faculty, the student-faculty ratio ranged from 4.50 in the Fall 2005 semester (61.6 FTE students / 13.66 FTE faculty) to 5.00 in the Spring Semester (68.4 FTE students / 13.66 FTE faculty). The effort provided to the MPH program by core faculty increased from 9.84 FTE in FY05 to 13.66 FTE this year, a 38% increase (Table 17). This increase may be largely attributed to an the increased faculty load due to a large number of students, credit hours taught, and capstone defenses.

Table 16. Trends in effort devoted to the MPH program by core teaching faculty.

Faculty Effort*	FY05	FY06
Kansas City		
Number of core faculty	25	20
Number contributing \geq 30% effort	8	10
FTE core faculty	5.63	8.36
Wichita		
Number of core faculty	12	13
Number contributing \geq 30% effort	6	7
FTE core faculty	4.21	5.30
Total for Program		
Number of core faculty	37	33
FTE core faculty	9.84	13.66

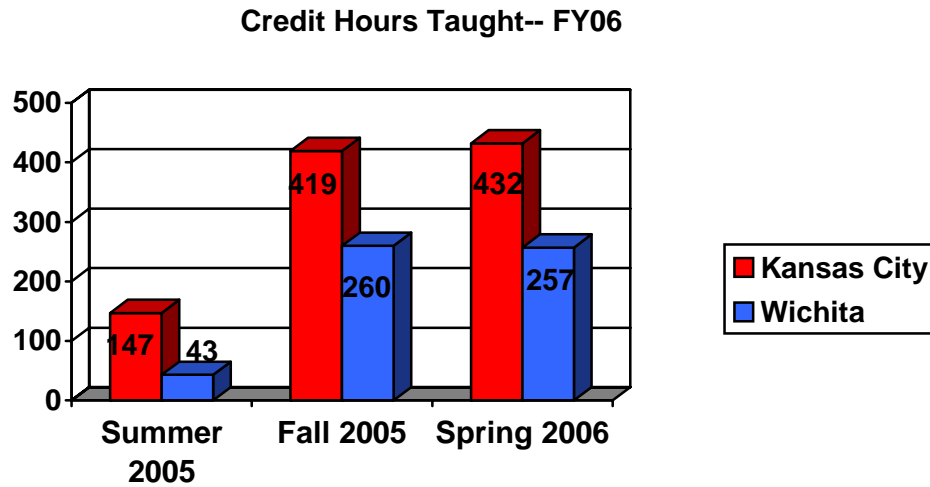
*Teaching MPH courses, advising or mentoring MPH students, and administering the MPH program. Contract faculty who held adjunct appointments also taught MPH courses in the classroom and on the Web. In FY06, this type of teaching was provided by 2 Kansas City faculty who contributed a total of 29% teaching effort and by 3 Wichita contract faculty who contributed a total of 29% teaching effort. Overall totals for core plus contract faculty were: 22 faculty who provided 8.64 FTE in Kansas City, and 16 faculty who provided 5.59 FTE in Wichita. For the bi-campus program as a whole, 38 faculty members provided 14.23FTE. Using these overall faculty totals, the student-faculty ratio ranged from

4.32 in the Fall 2005 semester (61.6 FTE students / 14.23 FTE faculty) to 4.80 in the Fall Semester (68.4 FTE students / 14.23 FTE faculty).

Credit Hours Taught

As shown in Figure 3, a total of 679 credit hours were taught in Fall Semester 2005, a 30% increase from Fall 2004. 689 credits were taught in Spring Semester 2006, a 35% increase from Spring 2005. In addition, 190 credit hours were provided in Summer Term 2005.

Figure 3. Credit hours taught, by semester.



Appendix 2

Program Faculty

Core teaching faculty members who were lead instructors for MPH courses, who were formally assigned to advise MPH students and who administered the program during FY06 are provided below. The percent effort contributed by each of the 33 faculty shown in Table 18 was used to calculate the FTE for core faculty.

Table 17. Core teaching faculty.

Kansas City Campus	Wichita Campus
1. Jasjit S. Ahluwalia, MD, MPH, MS	1. Elizabeth Ablah, MA
2. Tom D.Y. Chin, MD, MPH*	2. Jack Brown, MPA*
3. Won S. Choi, PhD, MPH	3. James L. Early, MD
4. Christine M. Daley, PhD, MA, SM	4. Linda M. Frazier, MD, MPH
5. Edward F. Ellerbeck, MD, MPH	5. Doren D. Fredrickson, MD, PhD*
6. Kimberly K. Engelman, PhD	6. Deborah Fromer, MPH, MT(ASCP)
7. K. Allen Greiner, MD, MPH*	7. Suzanne Reid Hawley, PhD, MPH
8. Sandra Hall, PhD	8. Judy Johnston, MS, RD/LD
9. Aimee S. James, PhD, MPH	9. Karen Kramer, PhD
10. John D. Keighley, MS	10. Craig A. Molgaard, PhD, MPH
11. Sue-Min Lai, PhD, MS, MBA	11. Angelia Paschal, PhD, MEd
12. Jonathan D. Mahnken, PhD	12. Carolyn Synovitz, MD, MPH
13. Matthew S. Mayo, PhD	13. Ruth Wetta-Hall, RN, MPH, MSN
14. Niaman Nazir, MBBS, MPH	
15. John S. Neuberger, DrPH, MBA, MPH	
16. Nicole L. Nollen, PhD, MA	
17. Kolawole S. Okuyemi, MD, MPH	
18. Kimber P. Richter, PhD, MPH, MA	
19. Paula C. Rhode, PhD	
20. Janet Thomas, PhD	

* Public health practitioners.

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, contract teaching faculty included Marvin Stottlemire, who is an adjunct faculty member from the KU-Public Management Center, 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 Terri Jones, MPH, MT (ASCP).

The total faculty complement in the Departments of Preventive Medicine and Public Health is provided in Table 19 for calendar year 2005. The 2006 faculty list will be provided in the FY07 annual report.

Table 18. Total faculty complement.

Kansas City Campus	Wichita Campus
<i>Core Faculty</i>	<i>Core Faculty</i>
<p>Jasjit S. Ahluwalia, MD, MPH, MS Won S. Choi, PhD, MPH Lisa Sanderson Cox, PhD Christine M. Daley, PhD, MA, SM Edward F. Ellerbeck, MD, MPH Kimberly K. Engelman, PhD Sandra Hall, PhD Qingjiang Hou, MS D. Charles Hunt, MPH* Aimee S. James, PhD, MPH John D. Keighley, PhD, MS Sue-Min Lai, PhD, MS, MBA Jonathan D. Mahnken, PhD Matthew S. Mayo, PhD Niaman Nazir, MBBS, MPH John S. Neuberger, DrPH, MBA, MPH Nicole L. Nollen, PhD, MA Kimber P. Richter, PhD, MPH, MA Paula C. Rhode, PhD Zita J. Surprenant, MD, MPH Janet L. Thomas, PhD Mary D. Virden, MEd, RN</p>	<p>Elizabeth Ablah, MA Jack Brown, MPA* S. Edwards Dismuke, MD, MSPH James L. Early, MD Linda M. Frazier, MD, MPH Doren D. Fredrickson, MD, PhD* Deborah Fromer, MPH, MT(ASCP) Suzanne Reid Hawley, PhD, MPH Judy Johnston, MS, RD/LD Karen Kramer, PhD Craig A. Molgaard, PhD, MPH Angelia Paschal, PhD, MED Timothy Scanlan, MD, MBA Carolyn Synovitz, MD, MPH Ruth Wetta-Hall, RN, MPH, MSN</p>
<i>Faculty with Secondary Appointments</i>	<i>Faculty With Secondary Appointments</i>
<p>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</p>	<p>Amanda Golbeck, PhD Ken J. Kallail, PhD Rick Kellerman, MD Anne Walling, MB, ChB</p>
<i>Graduate School Faculty Appointments</i>	<i>Graduate School Faculty Appointments</i>
<p>Gregory L. Bono, MD, MPH Jeffrey H. Coben, MD Christopher Crenner, MD, PhD Ron Griffin, BA, MSW V. James Guillory, DO Melissa Henrich Gerald L. Hoff, PhD* Jerry A. Menikoff, JD, MD Martha M. Montello, PhD Gianfranco Pezzino, MD, MPH R. Matthew Reese, PhD Melissa Smith</p>	<p>Phillip M. Allen, MD, PhD Cindy Burbach, DrPH* David Grainger, MD, MPH W. Dale Horst, PhD Shirley Orr, MHS, ARNP, CNA* Samuel F. Posner, PhD</p>

Marvin Stottlemire, PhD, JD

Additional Faculty

Tom D.Y. Chin, MD, MPH*
Norge W. Jerome, PhD, FACN, FASNS, CNS
Elaine Schwartz*
Marvin G. Stottlemire, PhD, JD

Additional Faculty

Sonja M. Armbruster, MAC*
Lolem Ngong, MPH*
Howard Rodenberg, MD*

* Public health practitioners

Appendix 3

Selected Research Grants Active in FY06

Note: See Appendix 4 for technical consulting grants and contracts that often have a research component, such as evaluating a public health program.

Grants for Research Related to Vulnerable Populations

New in FY06

- Addressing Cigarette Smoking among Native Americans. Choi WS (PI). American Lung Association. July 2005-June 2007. \$79,843.
- Bridging the Gap in Cancer Disparities among Obese African American Women. Befort, CA (PI). American Cancer Society. January 2006-March 2007. \$44,000.
- Developing Education Materials for a Pan-Tribal American Indian/Alaskan Native Smoking Cessation Program. Daley, CM (PI). KUMC Research Institute. February 2006-April 2007. \$34,752.
- Colorectal Cancer Screening Barriers in American Indians/Alaskan Natives. Daley, CM (PI). National Institutes of Health. May 2006-July 2008. \$73, 500.
- Needs and Barriers to Mammography in a Heterogenous American Indian/Alaskan Native Population. Daley, CM (PI). Susan G. Komen Breast Cancer Foundation. May 2006-July 2008. \$131,885.
- Perception of Colorectal Cancer Screening in Low-Income Adults. James, A (PI). American Cancer Society. January 2006-December 2010. \$726,000.

Ongoing

- Use of a Radiolucent Pad to Reduce Mammography Discomfort among African Americans. Engelman KK (PI). Susan G Komen Breast Cancer Foundation. May 2005-April 2007.
- 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.
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.
- Health Congregations in Action Initiative Pilot Evaluation. Ablah E (PI). United Methodist Health Ministry Foundation. September 2005-August 2007, \$206,675.
- Healthy Weight Management Among African American Women. Paschal AM (PI). Center of Excellence for Minority Medical Education and Junior Faculty. 2005-2006, \$40,000.
- Risk Factors for Lower Live Birth Rates Among Racial and Ethnic Minorities Treated with Assisted Reproductive Technologies (ART). Frazier LM (PI) Paschal AM (Co-I). Kansas University Research Institute. February 2005-January 2006, \$35,000.
- Improving Employment Among Gynecologic Cancer Survivors. Frazier LM (PI) Paschal AM (Co-I). National Cancer Institute. 2005-2007, \$100,000.
- Comprehensive Cancer Plan Implementation: Engagement of the Public. Community

Organizations, Physicians and Office Staff. Johnston J (PI) Early J (Co-I) Frazier LM (Co-I). Kansas Department of Health and Environment. July 2005-June 2006, \$47,842.78.

Other Research Grants

New in FY06

- Cardiovascular Health Examination Survey in Kansas. Lai, SM (PI). Centers for Disease Control and Prevention. September 2005-November 2006. \$172,636.
- The Design and Implementation of a Biological Incident Plan Among Local Health Departments in Kansas. Wetta-Hall R (PI). Kansas Association of Local Health Departments. 2006, \$30,000.
- Preparing for Burn Disasters: A Training Course for Prehospital and Hospital Professionals in Kansas. Wetta-Hall R (Subcontracted to Perform Program Evaluation). US Department of Health and Human Services, Health Resources and Services Administration and the Healthcare Systems Bureau Entitled National Bioterrorism Hospital Preparedness Program. 2006, \$9,746.
- Enhanced Care Management Within a Medicaid Population in Sedgwick County, Kansas. Wetta-Hall R (PI). Central Plains Regional Healthcare Foundation. 2006, \$15,000.
- Use of Novel Tailored Reminders in Rural Primary Care. Engelman, K (PI). National Institutes of Health. April 2006-March 2007. \$167,301.
- Residential Radon Exposure and Multiple Sclerosis: A Pilot Study. Neuberger, J (PI). National Multiple Sclerosis Society. December 2005-February 2007. \$44,000.
-

Ongoing

- Promoting Physical Activity and Health Eating to Reduce the Prevalence of Obesity in Kansas. Rhode, PC (PI). Sunflower Foundation. August 2004-October 2006. \$165,761.
- Health Behaviors Among Kansas Youth. Nollen N (PI). Pfizer. \$130,000
- Development of a Disability-Related Stress Scale. Rhode PC (PI). Kansas University Research Institute. \$34,967.
- Supportive Behaviors to Assist in Smoking Cessation. Thomas JL (PI). National Institute on Drug Abuse. \$68,330.
- 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.
- Health Care Quality Improvement. Ellerbeck E (PI), Virden M. Kansas Foundation for Medical Care. \$361,831.
- Role of Mammography Facilities in Mammography Service Satisfaction. Engelman K (PI), Ellerbeck E, Ahluwalia JS. American Cancer Society. \$654,722.
- Chemicals and Cancer. Neuberger J (PI). Adams and Reese. \$27,830.

- New York Consortium for Emergency Preparedness Continuing Education. Gebbie K (PI), Columbia University. United States Department of Health and Human Service, Health Resources and Services Administration. September 2005-August 2008, \$3,713,207. Ablah E (Subcontracted Evaluator), \$419,580.
- Can it Happen in Kansas? Response to Terrorism and Emerging Infections. Cook D (PI), University of Kansas Medical Center. United States Department of Health and Human Services, Health Resources and Services Administration. September 2005-August 2008, \$3,994,176. Ablah E (Evaluation Project Manager), \$296,346.
- Determining Best Practices for Immunization Services in Kansas. Paschal AM (PI). Kansas Association of Local Health Departments (KALHD). 2005-2007, \$140,000.
- Improving Employment Among Gynecologic Cancer Survivors. Frazier LM (PI) Paschal AM (Co-I). National Cancer Institute. 2005-2007, \$100,000.
- Integrating Health Policy and Management Content into the Masters of Public Health Program at the University of Kansas. Choi, WS (PI) Frazier LM (Co-I). Kansas Health Foundation. July 2005-June 2007, \$220,000.
- Building Health Professional Capacity to address Children's Environmental Health; USEPA-AO-OCHP-04-03. Frisch L (PI) Frazier LM (Co-I). US Environmental Protection Agency. October 2005-September 2007.
- Pure and Simple Lifestyle Community-Based Abstinence Education Project Subcontracted to Perform Community Mobilization. Abstinence Education, Inc. (PI) Wetta-Hall R (Co-I). Administration for Children and Families, Family and Youth Services Bureau. 2005-2008, \$86,350.
- Merging Imaging Modalities. Hall, S (PI). National Institutes of Health. April 2005-June 2010. \$278, 470.

Appendix 4

Selected Service Grants and Contracts Active in FY06

Public Health Service Contracts

New in FY06

- Deputy State Epidemiologist. Agency: Kansas Department of Health and Environment. Hunt DC. Funded by Kansas Department of Health and Environment.

Ongoing

- Medical Director and Chief Health Officer. Agency: Wyandotte County Health Department. Greiner A. Funded by Wyandotte County Government.
- Medical Director and Chief Health Officer. Agency: Sedgwick County Health Department. Fredrickson D. Funded by Sedgwick County Government.

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 FY06

- Epidemiology Course Development. Choi, WS (PI). Association of Teachers in Preventive Medicine. April 2006-March 2007. \$20,000.
- Clinical Research Curriculum Award. Ellerbeck, EF (PI). National Institutes of Health. August 2005-August 2007. \$600,000.

Ongoing

- Strengthening Workforce Capacity Through Preparedness Training. Hawley SR (PI). Kansas Department of Health and Environment. \$50,000.
- Kansas Chautauqua Informatics. Molgaard CA (PI). Kansas Department of Health and Environment. \$23,611.
- 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.
- 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.
- 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.
- Stroke Prevention Sustainability Project. Johnston J (PI). United Methodist Health Ministry Fund. \$95,042.