KENT STATE UNIVERSITY

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Contents

Instructional Matrix - Degrees and Concentrations

Instructional Matrix - Degrees and Concentrations						
			Categorized as public health*	Campus based	Executive	Distance-based
Bachelor's Degrees						
Concentration	*Degree*		X	X		X
Allied Health	B.S.P.H.		X	X		X
Clinical Trials Research	B.S.P.H.		X	X		X
Community Health Outreach and Development	B.S.P.H.		X	X		X
Global Health	B.S.P.H.		X	X		
Health Services Administration	B.S.P.H.		X	X		X
Pre-Medicine, Dentistry, Osteopathy	B.S.P.H.		X	X		
Master's Degrees	**Academic**	**Professional**				
Concentration	*Degree*	*Degree*				
Biostatistics		M.P.H	X	X		
Clinical Epidemiology	M.S.					X
Epidemiology		M.P.H	X	X		X
Health Policy and Management		M.P.H	X	X		X
Social and Behavioral Science Theories		M.P.H	X	X		X
Doctoral Degrees	**Academic**	**Professional**				
Concentration	*Degree*	*Degree*				
Epidemiology	Ph.D		X	X		
Health Policy and Management	Ph.D		X	X		
Prevention Science	Ph.D		X	X		
Joint Degrees (Dual, Combined, Concurrent, Accelerated Degrees)	**Academic**	**Professional**				
2nd Degree Area	**Public Health Concentration**					
Degree area earned in conjunction	*Existing or joint-specific*	*Degrees*	*Degrees*			
Doctor of Podiatric Medicine	*Health Policy and Management*		D.PM -MPH.			

Enrollment Introduction

Template Intro-2

Degree		Current Enrollment On ground/Online
Master's		
	MPH*	
	Biostatistics	13
	Epidemiology	31
	Environmental Health*	7
	Health Policy and Management	24/97
	Social and Behavioral Sciences	16/57
	MS	
	Clinical Epidemiology	20/16
Doctoral		
	Academic public health doctoral	
	Epidemiology	26
	Health Policy and Management	21
	Prevention Science	14
Bachelor's		
	BSPH	
	Allied Health	116/81
	Clinical Trials Research	54/15
	Community Health Outreach and Development	31/21
	Environmental Health*	6
	Global Health	26
	Health Promotion and Education	48/27
	Health Services Administration	122/37
	Pre-Medicine	84
	Not Declared	111/5
	* Environmental Health is no longer offered as a degree program. Enrollments reflect students who are completing their remaining requirements.	

Introduction

1) Describe the institutional environment, which includes the following:

a. year institution was established, and its type (e.g., private, public, l, and-grant, etc.)

Kent State University is a public research university in Ohio. Founded in 1910, Kent State University's eight-campus system, among the largest regional systems in the country, serves both the development of a true living/learning approach at the Kent Campus and the regional needs on seven other campuses throughout Northeast Ohio. The Kent Campus provides the resources and facilities of a large, diverse Ohio University. At the same time, the Regional Campuses – Kent State University at Ashtabula, Kent State University at East Liverpool, Kent State University at Geauga, Kent State University at Salem, Kent State University at Stark, Kent State University at Trumbull, and Kent State University at Tuscarawas - offer associate degrees and some bachelor degrees.

b. number of schools and colleges at the institution, and the number of degrees offered by the institution at each level (bachelor's, master's, doctoral, and professional preparation degrees)

As of October 2019, Kent State was the fourth-largest University in Ohio, with 35,883 students in the eight-campus system and 26,804 students at the Kent campus. Kent State offers over 300 degree programs, including 250 baccalaureate, 40 associate, 50 master's, and 23 doctoral programs of study, including nursing, business, history, library science, aeronautics, journalism, and fashion design.

A complete description of Kent State University Colleges and Programs can be found at this web site: **https://www.kent.edu/colleges-, and schools**

c. number of university faculty, staff, and students

There are more than 2,700 full-time faculty and part-time faculty from 6 continents at Kent State University. More than 70% of the faculty have the highest degree in their field. The faculty includes 62% full-time, tenure-track faculty.

There are 2,644 full-time staff and 3,878 part-time staff at Kent State University.

Worldwide, there are over 250,000 alumni of Kent State. There are over 37,000 students enrolled in the 8-campus system, including more than 5.500 graduate students. The student population includes 63% female and 37% male students. There is an 81.2% retention rate for first-time, full-time freshmen (Kent Campus). Kent State awarded more than 9,500 degrees awarded in 2019 **https://www.kent.edu/facts-figures**.

d. a brief statement of distinguishing university facts, and characteristics

Detailed data can be found at:: **https://www.kent.edu/facts-figures**.

Kent State University is a large public university with many distinguishing facts. Of most relevance to the accreditation review of the College of Public Health are these facts:

- Kent State University has been ranked as one of the top 20 colleges in the US for online education.
- The University has received the Prestigious Healthy Campus Award 2018-2020.
- Forbes has ranked Kent State as a top employer for diversity.

- Kent State University has been ranked in the top tier of the best universities by US News

e. Names of all accrediting bodies (other than CEPH) to which the institution responds. The list must include the regional accreditor for the University as well as all specialized accreditors to which any school, College, or other organizational units at the university responds.

Kent State University is an affiliate of the National Association of State Universities, Land Grant Colleges, and the American Association of State Colleges and Universities. The Higher Learning Commission accredits the University.

In addition to CEPH, there are over 50 other regionalized and specialized accreditors to which the University responds. The comprehensive list can be found at: **http://catalog.kent.edu/accreditation/**

f. brief history and evolution of the school of public health (SPH), and related organizational elements, if applicable (e.g., date founded, educational focus, other degrees offered, the rationale for offering public health education in unit, etc.)

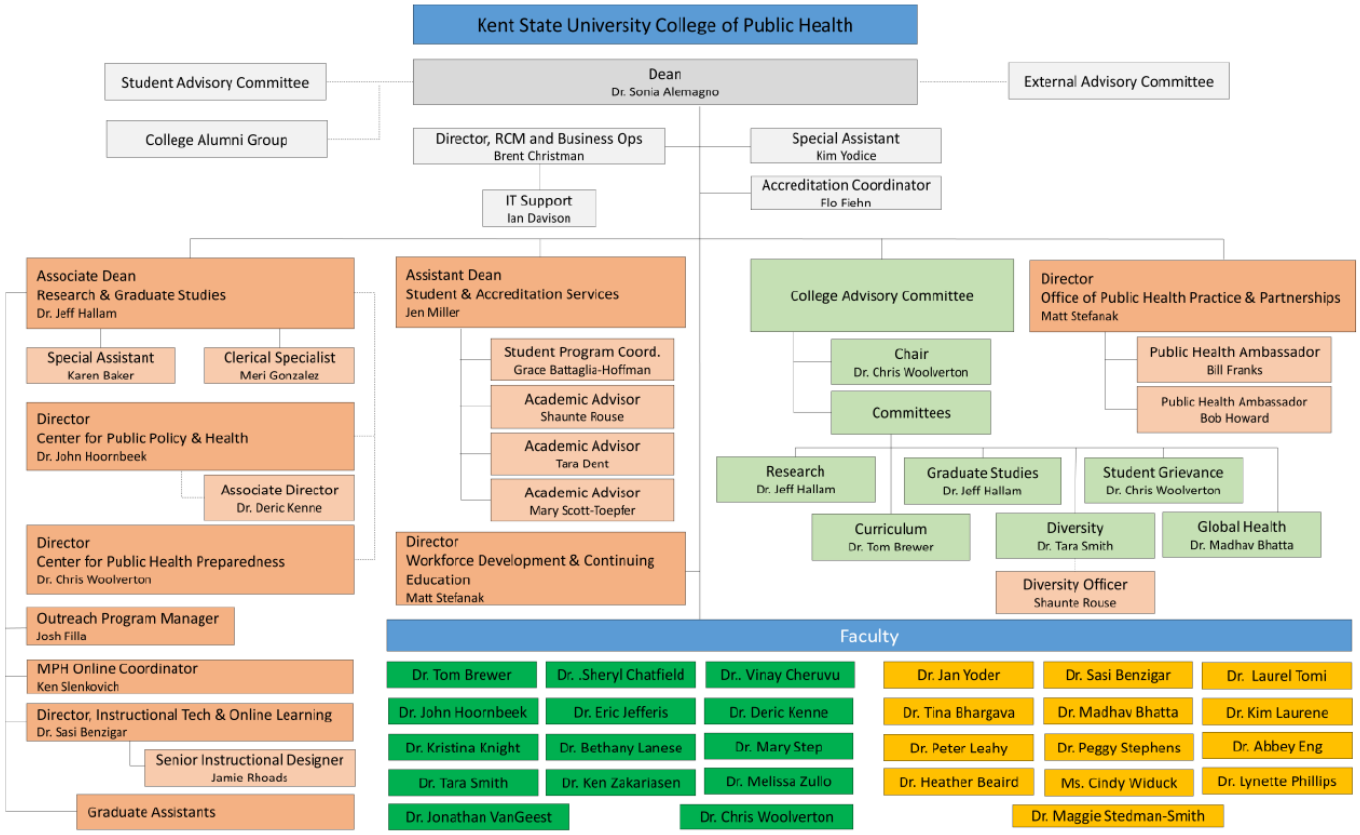
Kent State University's College of Public Health was established in 2009 to educate, prepare students to meet the currently projected shortage of public health professionals in Ohio and the nation. It is one of only two schools of public health in Ohio (the other at The Ohio State University) and the first to offer a Bachelor of Science in Public Health degree. In addition to the bachelor's degree, the College also offers a Master of Public Health, Master of Science in Clinical Epidemiology, and a Doctor of Philosophy degree. The academic programs integrate theory and practice to equip graduates with the knowledge and skills to address and solve the health challenges of the 21st century. Faculty engage in innovative research that seeks answers to some of society's most challenging public health issues. Partners include local health departments, community organizations, health care institutions, and businesses; those partnerships provide students with applied practical experiences in public health.

The mission, vision, values distinguish the College of Public Health and goals related to the Kent State University's overall strategic plan.

MISSION To advance public health by preparing leaders, scientists, and practitioners to collaborate with community partners in conducting impactful research and practice to solve public health challenges.		**VISION** To be a leader in public health education, inquiry, and engagement.		***VALUES*** **F**-*Fairness* ***L***-*Leadership* ***A***-*Accountability* ***S***-*Student's First* ***H***-*Honor* ***E***-*Excellence* ***S***-*Students*
STUDENTS FIRST	**NATIONALLY DISTINCT**	**GLOBALLY COMPETITIVE**	**REGIONAL IMPACT**	**ORGANIZATIONAL STEWARDSHIP**
GOAL: To promote and maintain a competent public health workforce by educating students through high-impact experiences.	GOAL: To engage in rigorous scientific investigations leading to sustainable public health innovations.	GOAL: To increase engagement of and with organizations, faculty, and students worldwide.	GOAL: To promote public health in Ohio through leadership, partnerships, workforce development, and innovation.	GOAL: To engage in activities that promote a sustainable university and College with students, faculty, staff, and alumni who thrive and reach their goals.

2) Organizational charts that depict the following related to the school:

a. the school's internal organization, including the reporting lines to the dean



The College is administered using a committee structure. The dean is advised by the College Advisory Committee (CAC) (Internal faculty advisory committee), the External Advisory Committee, the Student Advisory Committee, and the College Curriculum Committee (CCC). On an ad hoc basis, the Student Grievance Committee is formed (note that there have been no formal student grievances during this accreditation period). The committee structure also includes the Research Committee, Graduate Studies Committee, Student Grievance Committee, Curriculum Committee, Diversity Committee, and the Global Health Committee. Additionally, the College Workforce Development and Continuing Education Committee report directly to the dean. The administration is comprised of faculty leaders and full-time professional staff. Committee membership can be found in *ERF: Introduction*.

Administrative roles include:

DEAN: Resolves problems, provide instructions, guidance, and counsel to faculty, students, staff, and administrators in the College in matters of University procedure, policy, interpersonal relations, development and public relations; Evaluates faculty for reappointment, tenure, promotion, development leaves and merit salary increases; Provides leadership for strategic planning; Develops, monitors, and advises sub-units on budgets, and fiscal management; allocates current expenses, capital equipment and personnel budgets; Evaluates, and approves all curricular changes, advising functions, student recruitment, and retention actions, and initiatives; Engages in development through cultivation, and solicitation of individual donors, foundations and corporations; Fosters development activities, and provide assistance to respective school directors in development initiatives, proposals and case studies; Serves on various University boards, and committees including: University Foundation Board, Educational Policies Council (EPC), AAC and Faculty Senate, etc.; Represents the College to the University Administration on all curricular, fiscal, personnel, and administrative issues; Makes recommendations to the University on behalf of the College; Serves as a spokesperson for the College on a variety of topics related to institutional mission; Fulfills responsibilities of human resource management including equal employment opportunity, affirmative action and employee development; Coordinates, and oversees a number of unique projects.

ASSOCIATE DEAN: Provides oversight of all aspects of the graduate curriculum (i.e., working with the Graduate Curriculum); Oversees recruitment, placement, and support of faculty; Serves as liaison between the College of Public Health, and the regional campuses, particularly as it relates to the undergraduate program; Develops, and implements st, standards, and practices related to student admission to the College, dismissal, grievances, and judicial matters such as plagiarism; Serves on University committees; represents College at appropriate University bodies, committees, councils, etc.

ASSISTANT DEAN: Directs the Undergraduate and Accreditation operations of the College. Supervises the Student Services staff, including advising and career counseling. Administers the college scholarship programs.

ADMINISTRATIVE ROLES HELD BY FACULTY are appointed at the discretion of the dean. Faculty serving in administrative roles defined below shall receive at least one 3-credit course release per semester. As these roles require significant administrative time and service, they are generally held by tenured faculty members. Potential administrative functions include the following:

- **Graduate Program Coordinator (GPC)** is appointed by the dean after consultation with the CAC. The term of service is typically three years, and is renewable, unless otherwise negotiated by the dean in consultation with the CAC, but may be terminated by the dean, at their sole discretion. The GPC has oversight over graduate degree program(s) as assigned in the College. The dean determines the specific duties and responsibilities of the GPC in consultation with the CAC. This may include drafting curricular changes and submitting them to the CCC, CAC, and Dean's Office for approval; liaise with Dean's Office to schedule classes; respond to graduate requests for information; liaise with the Office of Student Services; participate in graduate student recruitment activities; and other duties as negotiated. The GPC must hold the rank of Associate Professor or Professor. The duties shall be specified in a letter of appointment and referenced in the description of workload equivalents in this handbook.

- **Practicum Coordinator (PC)** is appointed by the dean after consultation with the CAC. The term of service is typically three years, and is renewable, unless otherwise negotiated by the dean in consultation with the CAC, but may be terminated by the dean, at their sole discretion. The PC has oversight over the practicum experience. This may include helping identify a preceptor who aligns with the practicum project and approving the practicum project. It shall consist of approving preceptors, addressing any issues that

may arise between the student and the preceptor; maintaining all documentation including agreement forms, preceptor CVs, evaluation forms, and timesheets; reviewing and approving the portfolio in conjunction with the student and preceptor; arranging the practicum presentations including date, time, location or coordinating digital presentations; approving the practicum handout(s), and presentation; assigning grades; and other duties as negotiated. The duties shall be specified in a letter of appointment and referenced in the description of the handbook's workload equivalents.

- **Research Coordinator (RC)** is appointed by the dean after consultation with the CAC. The term of service is typically three years and is renewable unless otherwise negotiated by the dean in consultation with the CAC, but may be terminated by the dean at their sole discretion. The Coordinator must be a tenured member of the Faculty. The RC is responsible for the coordination of student research activities throughout the College. Examples of coordination activities include managing regular meetings of a graduate student writing club, facilitating opportunities for undergraduate and graduate students seeking research experiences, and supporting students' participation in research symposia. The duties shall be specified in a letter of appointment and referenced in the description of the handbook's workload equivalents.

- **Online MPH Coordinator (OMPHC)** is appointed by the dean after consultation with the CAC. The appointment is typically for a three-year term and is renewable but may be terminated by the dean, at their sole discretion. The OMPHC has oversight over an Online MPH degree program in the College. This may include drafting curricular changes and submitting them to the CCC, CAC, and Dean's Office for approval; liaise with Dean's Office to schedule classes; liaise with appropriate contractors, the University's online partner, respond to student requests for information; liaise with the Office of Student Services; participate in student recruitment activities; coordinate the online program practicum, and other duties as negotiated.

- **Center Director** is appointed by the dean after consultation with the CAC. The appointment is renewed annually based on the activity of the Center. Responsibilities typically include leadership, coordination, strategic planning, and oversight for all Center (including personnel, operating budget, research programs, community engagement, etc.). The duties shall be specified in a letter of appointment and referenced in the description of the handbook's workload equivalents.

b. the relationship between school and other academic units within the institution. Organizational charts may include committee structure organization and reporting lines

An organizational chart presenting the relationship between the school and other academic units within the University is presented at the website below and in the *ERF: Introduction*.

https://www.kent.edu/sites/default/files/file/KSU-Administrative-Leadership-Org-Chart-05-07-2020-rev_0.pdf

c. the lines of authority from the school's leader to the institution's chief executive officer (president, chancellor, etc.), including intermediate levels (e.g., reporting to the president through the provost)

The Dean of the College reports to the Senior Vice President for Academic Affairs and Provost, who reports directly to the University President. Also, the dean has quarterly meetings with the Vice President for Research. The dean meets twice monthly with the Provost, and other college deans, and regional campus deans in the Provost's Leadership Council.

The lines of accountability and access to higher-level University officials for the CPH are the same as all other colleges.

d. for multi-partner schools and schools (as defined in Criterion A2), organizational charts must depict all participating institutions

Not applicable

A1. Organization and Administrative Processes

The school demonstrates effective administrative processes that are sufficient to affirm its ability to fulfill its mission and goals and to conform to the conditions for accreditation.

The school establishes appropriate decision-making structures for all significant functions and designates appropriate committees or individuals for decision making and implementation.

The school ensures that faculty (including full-time and part-time faculty) regularly interact with their colleagues and are engaged in ways that benefit the instructional school (e.g., participating in instructional workshops, engaging in school-specific curriculum development, and oversight).

1) **List the school's standing and significant ad hoc committees. For each, indicate the formula for membership (e.g., two appointed faculty members from each concentration), and list the current members.**

The College of Public Health at Kent State University was formed in 2009 and is one of 14 Kent Campus Colleges that are stand-alone and directed by a dean. The Kent State University Academic Affairs organizational chart can be viewed at:

https://www-s3-live.kent.edu/s3fs-root/s3fs-public/file/Org%20Chart%20Provost%20Office_2020_July_0.pdf

The College of Public Health is administered by the dean, and the College administration, with counsel from the CAC, which is the faculty advisory unit at the college level mandated by the Collective Bargaining Agreement and University Policy. The dean's administrative team is comprised of the Associate Dean, Assistant Dean, Finance Manager, Graduate Coordinators, and Senior Advisory members who direct Community Affairs and Workforce Development.

The faculty CAC is comprised of all tenured faculty in the College and two elected representatives of the Non-Tenure Track (NTT) faculty. The dean or any member of the CAC may call for a meeting of the CAC. The dean shall be ex-officio, non-voting member, and shall serve as presiding chairperson in accord with the Collective Bargaining Agreement. The Chair presides over meetings and conveys CAC decisions. The CAC shall provide advice, and recommendations to the dean on all academic matters including, but not limited to:

- Issues concerning reappointment, tenure, promotion, sanctions, and dismissal.
- Appointments of new faculty, including issues of rank and salary parameters,
- Performance reviews of full-time non-tenure-track faculty;
- Allocation or re-allocation of faculty positions and academic staff positions including new, and vacant positions;
- Program development, restructuring, and/or discontinuance;
- Evaluations relating to faculty salary increases and other salary adjustments;
- College-level planning and budget priorities, including review of requests for new funding and allocation of discretionary resources;
- Selection and structure of committees, including search committees;
- Issues related to teaching assignments, maximum class enrollments, and class schedules, including appropriate application of workload equivalencies;
- Faculty professional improvement, research, and other leaves;
- Issues related to the advising and retention of students;
- Ensuring that instructional standards are followed;
- Ensuring that class and other duties of Faculty members are met;
- Peer review of teaching forms and assignments.

In addition to the CAC, the overall administrative decision-making process is conducted with the CPH Student Advisory Committee's guidance. The Student Advisory Committee is comprised of the Graduate Student Senator (elected by the graduate students), the Undergraduate Student Senator (elected by the undergraduate students) and the officers of the Public Health Student Alliance (elected by the membership of this student organization, chartered by the University as the official CPH student organization). These committee meetings twice a semester with the dean and as needed with their faculty advisors and other College administrators.

The third major advisory committee to the dean's office is the College External Advisory Committee (EAC), comprised of executives representing area health departments, hospitals, non-profit and for-profit organizations that partner with the College for internships/practicums, research, and/or represent the major employers of our graduates. Additional information related to the EAC can be found in the *ERF: A1 Organization and Administrative Processes*, including the directory of members and charter. The EAC meets twice annually.

College Curriculum Committee

The CPH offers a wide spectrum of undergraduate and graduate programs, and given the CEPH accreditation process, the CPH requires an undergraduate curriculum committee and graduate studies committee.

The CAC shall select members to serve as the College Graduate Studies Committee (CGCC) and the College Undergraduate Curriculum Committee (CUCC). When there are five (5) or more full-time non-tenure-track faculty, at least one (1) representative of the full-time non-tenure-track faculty will be elected to the undergraduate Curriculum Committee by the full-time non-tenure-track faculty. The tenure-track Faculty of the unit shall decide whether and the extent to which there will be additional full-time non-tenure-track faculty representatives on any Curriculum Committee(s). In all cases, the tenure-track Faculty of the academic unit shall constitute a majority of the members of any Curriculum Committee.

The Dean (or designee) shall act as an ex officio non-voting member of each committee. The role of the committees shall be to review and make recommendations to the CAC, who will vote on the matters, and make appropriate recommendations to the Dean regarding all curricular issues including, but not limited to:

- Proposals for new courses, including Special Topics courses;
- Course and curriculum changes that require College or University review and/or approval;
- College syllabus template;
- Criteria for admission;
- Policies pertaining to the transfer of credits;
- Policies pertaining to course substitutions;
- Course enrollment caps; and
- Periodic reviews of the curriculum

Student Academic Complaint Committee

The Student Academic Complaint Committee (SACC) comprises three (3) Full-Time Faculty members appointed by the CAC. If there are full-time non-tenure-track faculty within the College who are interested in serving the SACC, then at least one (1) full-time non-tenure-track faculty may serve the SACC. Additionally, one graduate student and one undergraduate student will be identified by the CAC to serve on the SACC. The graduate student will serve on the committee for cases involving graduate student complaints and the undergraduate for undergraduates cases. The majority of the SACC must be TT faculty. The CAC shall appoint the Chair of the SACC. This committee and the process for its composition are governed by University Policy 3342-4-02.3.

If a member of the SACC is the subject of, or may otherwise be involved with, a student complaint, the CAC will select a replacement.

Reappointment, Tenure, and Promotion (RTP) Committee
The policies and procedures which govern the College's Reappointment, Tenure, and Promotion (RTP) Committee are included in University Policy. Procedural and operational guidelines for this committee are provided annually by the Office of the Provost. This committee reviews materials relevant to TT faculty's professional performance who are candidates for reappointment, tenure, or promotion in rank and makes recommendations to the Dean on each of these personnel decisions. The RTP Committee will also play a role in the performance review and reappointment process of NTT faculty, as specified in this Handbook and governed by the applicable *Collective Bargaining Agreement*. Together with the materials assembled for the committee by the candidates, the recommendations of this committee are forwarded to the Dean.

Graduate Faculty Committee
The Graduate Faculty Committee shall consist of all full members of the graduate faculty in the College. The Dean shall be an ex officio nonvoting member of the committee and shall chair the committee. The Dean shall convene meetings of the committee and prepare written minutes. The committee shall review all faculty for graduate faculty status and forward the recommendation to the Dean. The **Administrative policy regarding graduate faculty** can be found in the University Policy Register. (*See*, *University Policy Register 3342-6-15.1*)

Other Ad Hoc Committees
The Dean may establish, charge, and appoint ad hoc committees' membership as required by the College. In establishing ad hoc committees, naming members, and designating a committee, the Dean shall consult with the CAC. The Dean will welcome requests and preferences from the Faculty before establishing and making appointments to ad hoc committees.

2) Briefly describe which committee(s) or other responsible parties make decisions on each of the following areas and how the decisions are made:

a. degree requirements

The College offers a wide spectrum of undergraduate and graduate programs, and given the CEPH accreditation process, the College requires an undergraduate curriculum committee and graduate studies committee. The CAC shall select members to serve as the College Graduate Studies Committee (CGCC) and the College Undergraduate Curriculum Committee (CUCC). Each committee includes at least five faculty members, the majority of which shall be tenure-track faculty.

The dean (or designee) shall act as an ex officio non-voting member of each committee. The role of the committees shall be to review and make recommendations to the CAC, who will vote on the matters, and make appropriate recommendations to the dean regarding all curricular issues including, but not limited to:

- Proposals for new courses, including Special Topics courses;
- Course and curriculum changes that require College or University review and/or approval;
- College syllabus template;
- Criteria for admission;
- Policies pertaining to the transfer of credits;
- Policies pertaining to course substitutions;
- Course enrollment caps; and
- Periodic reviews of the curriculum

All curriculum actions shall be developed, approved, and submitted from the CCC to the CAC. Once the CAC approves the action, it goes to the University Educational Policies Committee and Faculty Senate for final approval. The Educational Policies Council (EPC) is charged with the long-range academic planning and overall curriculum and policy guidelines for Kent State University. The council was established on 1 July 1967. Previously, there existed the University Council on Curriculum. Similar to its previous incarnation, the EPC was an independent group chaired by the provost. In 1970, under terms of the revised Faculty Senate charge and bylaws, the EPC went under Senate jurisdiction, co-chaired by the Faculty Senate's provost and chair. The EPC has oversight for curriculum issues, programs, policy proposals, library policies, and facilities. More information on the council can be accessed in the *University Policy Register*:

https://www.kent.edu/policyreg/administrative-policy-, and-procedures-regarding-educational-policies-council

b. curriculum design

Curriculum design is the charge of the faculty and the College Curriculum Committee (CCC). The CCC is a subcommittee of the College Advisory Committee (CAC) comprised of all tenured faculty in the College and two elected representatives from the Non-Tenure Track faculty.

Curriculum design in the College is a highly collaborative process. There are two subcommittees of the CCC, the Graduate Curriculum Committee, and the Undergraduate Curriculum Committee who meet regularly to address issues and discuss best practices. Generally, significant revisions are identified during the annual college retreat, which occurs in August at the start of the academic year. At that point, action items are referred to the appropriate committee for further detailed discussion and action. Suppose the subcommittee decides an action will be taken. In that case, a lead faculty member is identified who works to gain student input and develop a formal proposal with faculty who teach within that concentration/specialization. There are student representatives on the subcommittees, and part-time faculty who teach in the concentration/specialization are consulted. Once the development phase is completed, the proposal goes to the formal process.

All curriculum developments for new courses and new programs must follow the CCC/EPC/Faculty Senate process detailed above. All new courses, major course revisions, new degree programs, and program revisions must be proposed by faculty following the university educational policies procedures (see EPC policies above in A1.1). Faculty must present their proposals at the College Curriculum Committee where a discussion occurs, and the proposal is approved following the College Curriculum Committee voting rules. If the proposal is approved, it then goes to the university Educational Policies Committee, comprised of faculty representatives from all colleges (there are two representatives to this University committee from the College of Public Health who present proposals at the university level meetings). If EPC approves the proposal, it goes to the Faculty Senate for final approval. If the proposal is for a new degree program, the proposal moves further to the Provost for approval, followed by the Board of Trustees. For new degree programs in the State of Ohio, proposals must then go to the Ohio Department of Higher Education. This process is outlined at the following site:

https://www.ohiohighered.org/academic-program-approval

It is important to note that curriculum is developed in consultation with students (based on student feedback on evaluations and student participation in the curriculum committee review process), employer feedback (as collected from the regular employer survey), review of the External Advisory Committee Curriculum Committee, and input from other colleges and units

on campus. Faculty also consider recommendations at the national level from curriculum organizations in public health (such as ASPPH reports).

Another important aspect to note is that the college teaches most courses at the bachelor and master level in person and online. The College employs a Ph. D. trained Instructional Designer and an MS trained Educational Technologist, both full time in the College, to assist faculty with developing, revising, and maintaining our online courses. Later in this document, we detail that process and our commitment to the Quality Matters process.

c. student assessment policies and processes

Assessment of student learning is an intentional process at the University and College levels. The University accreditation prompts much of this effort by the Higher Learning Commission. At the university level, there are structured committees, including the Advisory Committee on Academic Assessment. The purposes of the Advisory Committee on Academic Assessment are to serve the university as the primary advisory body to the Office of Accreditation, Assessment and Learning. Members serve as liaisons for assessment ideas and issues to their constituencies while fulfilling their committee responsibilities as university citizens. Members may also provide leadership to academic units as they help foster a comprehensive academic assessment plan for the university. There is a representative from every college, including the College of Public Health, to the Committee.

https://www.kent.edu/aal/assessment-student-learning

Student assessment is also the charge of the faculty and the CCC. The College must adhere to the University grading policies, which can be found at:

http://catalog.kent.edu/academic-policies/grading-policies-procedures/

The CAC reviews the aggregate data for BSPH, MPH, and Ph.D. graduates. The CCC reviews data to monitor student satisfaction with the program, student's assessment of achieving competency, and student plans after graduation.

d. admissions policies and/or decisions

Admissions to the undergraduate BSPH program are made centrally at the university. Details about the undergraduate admissions process can be found at:

https://www.kent.edu/admissions/undergraduate

Admissions to the graduate programs in CPH are made by the Graduate Coordinators (MS, MPH-Ground, MPH-Online, DPM/MPH) in collaboration with the faculty, as guided by the admission criteria approved by the CCC. The MPH admission criteria can be viewed at:

https://www.kent.edu/publichealth/master-public-health-mph-degrees?viewId=

The admissions process for the MS in Clinical Epidemiology can be viewed at:

http://catalog.kent.edu/colleges/ph/clinical-epidemiology-ms/

The admissions process for the Ph.D. in Public Health can be viewed at:

http://catalog.kent.edu/colleges/ph/public-health-phd/

Graduate Coordinators (MPH- EPI, BST, MS, and Ph.D. EPI- Dr. Melissa Zullo; MPH-SBS and Ph.D. SBS- Dr. Eric Jefferis; MPH-HPM and PhD-HPM- Dr. Jonathan Van Geest) are

tenured full professors who interact with faculty who teach in these degree programs to make admission decisions. For the Ph.D., faculty are consulted to be sure that students who apply to the Ph.D. are proposing to conduct research that fits with the research being conducted by faculty. At times, to make graduate admissions decisions, interviews are conducted between the student applicant and the faculty. Admissions decisions are not made without faculty consultation.

e. faculty recruitment and promotion

Faculty Recruitment

The College supports the goals of equal opportunity and affirmative action in recruiting and in making appointments to the faculty. The Dean appoints search Committees for Tenure-Track (TT) faculty positions after consultation with the CAC and faculty members in the specific area or discipline searching for candidates. TT faculty search committees consist of at least three faculty members and include a student member selected by the faculty members who serve on the search committee. The search committee will elect a search committee Chair.

The duties of the TT faculty search committee:

- Draft the position vacancy announcement
- Review all application materials
- Make recommendations for candidates to be interviewed
- Solicit feedback from College faculty, students, and the broader university community on the candidates, as appropriate, and provide it to the Dean
- Provide input to the CAC and Dean, as appropriate

Each TT faculty candidate who is invited to campus for an interview will present a seminar before the College. The search committee may recommend its choice of candidates to the Dean with a ranking of candidates. Committee recommendations are advisory to the Dean, who makes a recommendation to the Provost. If the Dean's recommendation is different from that of the search committee and the faculty, the Dean shall inform the Provost of all recommendations, faculty ranking of candidates, the reasons for the disagreement, and provide a copy to the search committee and CAC. The Dean will prepare a Letter of Appointment, outlining College expectations, to serve as the intent to hire the Faculty candidate.

The College Dean hires full-time NTT faculty members in consultation with the CAC. NTT faculty members will typically have a doctorate in an appropriate discipline; however, individuals with a master's or professional degree, and an appropriate level of experience, can also be considered. NTT appointments are usually made on an annual basis as governed by the applicable *Collective Bargaining Agreement*.

Faculty Promotions

The policies and procedures which govern the College's Reappointment, Tenure, and Promotion (RTP) Committee are included in University Policy. Procedural and operational guidelines for this committee are provided annually by the Office of the Provost. The RTP Committee in the College is comprised of all tenured faculty members. This committee reviews materials relevant to TT faculty's professional performance who are candidates for reappointment, tenure, or promotion in rank and makes recommendations to the Dean on each of these personnel decisions. The RTP Committee will also play a role in the performance review and reappointment process of NTT faculty, as specified in this Handbook and governed by the applicable *Collective Bargaining Agreement*. Together with the materials assembled for the committee by the candidates, the recommendations of this committee are forwarded to the Dean.

The faculty RTP process is a governed process detailed at:

https://www.kent.edu/flashport/reappointment-tenure-and-promotion-rtp

The College-level RTP process is detailed in the CPH Faculty Handbook in *ERF: A1 Organization and Administrative Processes*.

f. research and service activities

Research and service requirements of the College faculty are stipulated in the CPH Faculty Handbook. The Dean assigns research and service requirements and load in consultation with the CAC. Any release for these activities is according to the applicable Collective Bargaining Agreement and Faculty Handbook.

3) A copy of the bylaws or other policy documents that determine administrators, faculty, and students' rights and obligations in the school's governance.

The *University Policy Register* is a compilation of the official university, administrative and operational policies of Kent State University. The purpose of this online registration is to serve the university community as a source of reliable information and as a foundation on which decisions can be made. It is the duty of the Office of General Counsel to oversee and maintain the official *University Policy Register* as provided for in the Kent State University Constitution.

It is the duty of the Office of General Counsel to record in the *University Policy Register*, upon receipt, any university, administrative or operational policies as approved in accordance with the Kent State University Constitution and the rules of the Ohio Legislative Service Commission. Upon its posting in this official *University Policy Register*, that particular policy or procedure will be recognized as official and operational. The effective date of the policies will be 14 days after it is submitted to the Commission. All administrative policies are governed by the Kent State *University Policy Register*: **https://www.kent.edu/policyreg**

This Collective Bargaining Agreement establishes the terms and conditions of employment for members of the Faculty. Still, it does not limit how Faculty are provided meaningful participation in the governance and planning of a great university, nor does it limit the Board of Trustees' rights and responsibilities and its duly constituted authorities. Except to the extent expressly outlined in this Agreement, it is not intended that the collective bargaining relationship embodied herein will supersede previously existing and hereafter established, modified, or terminated policies and procedures which implement the intent and purpose outlined in the preceding paragraphs. The Collective Bargaining Agreement can be found at:
https://www.kent.edu/sites/default/files/file/2019%20CBA%20-With%20Signatures.pdf

The Governing policies related to the RTP process can be found at:

https://www.kent.edu/policyreg/chapter-6-personnel

4) Briefly describe how faculty contribute to decision-making activities in the broader institutional setting, including a sample of faculty memberships and/or leadership positions on committees external to the unit of accreditation.

The Faculty Senate is the faculty governing body for Kent State University. It is primarily concerned with university educational policies, curriculum, academic and professional standards, the establishment, discontinuance, and significant alteration of academic programs. The senate also possesses shared responsibilities and advisory responsibilities. In addition, the Faculty Senate may consider other matters pertaining to the welfare and mission of the University. Detailed information can be found at Web: **www.kent.edu/provost/faculty-senate.**

The College of Public Health Faculty elect members to the University Faculty Senate Currently, 48 senators represent 21 different electorates, 27 non-voting Ex-Officio members, and 3 Observers (1 Emeritus Professor, 1 Graduate Student Senate, and 1 Undergraduate Student Senate).

- Senators are elected each year on a rotating basis for three-year terms.
- Each year, the Senators elect the Executive Committee, which consists of a Chair, a Vice-Chair, a Secretary, and an At-Large member.
- Also, two appointed members are selected for the Executive Committee.

Generally, the fall and spring meetings are scheduled on the second Monday of each month. Currently, Dr. Melissa Zullo represents the College of Public Health at Faculty Senate

5) Describe how full-time and part-time faculty regularly interact with their colleagues (self-study document), and provide documentation of recent interactions, which may include minutes, attendee lists, etc.

The College of Public Health holds an annual fall retreat, which is generally a day of interaction related to the annual review of the mission, vision, and values of the College and review of assessment data by which the yearly goals and objectives are developed. Faculty participate in a monthly all-faculty meeting, generally held on the second Friday of each month. The CAC meets at least once monthly, and the CCC meets on dem, and. Other committee meetings, and chaired and scheduled by the faculty.

Copies of agendas, attendee lists, and minutes (minutes are generated when action items need to be documented) can be viewed in the electronic resource file (ERF) at *ERF: A1 Organization and Administrative Processes*.

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Due to the highly structured governance structure at Kent State University, including the Policy Register, the Collective Bargaining Agreements, the mandated Faculty Handbook, the highly structured Educational Policies process, and the State of Ohio Department of Education policies, the overall administrative structure of the College is complex, yet straight-forward. The faculty can, at any time, move to renegotiate the administrative processes at the College level by opening negotiations of the Faculty Handbook. The Faculty Senate governs all other faculty administrative processes and committees. Overall, this highly structured process works well. There are no weaknesses to note at this time

A2. Multi-Partner Schools (applicable ONLY if functioning as a "collaborative unit" as defined in CEPH procedures)

Not applicable

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A3. Student Engagement

Students have formal methods to participate in policy making, and decision making within the school and the school engages students as members on decision-making bodies whenever appropriate.

1) **Describe student participation in policymaking and decision making at the school level, including identification of all student members of school committees over the last three years and student organizations involved in school governance. Schools should focus this discussion on students in public health degree programs.**

The College of Public Health students is represented in decision-making by the College Undergraduate Senator and the College Graduate Senator. These positions are elected from the student body as per University guidelines. The College of Public Health senators represents one of the twenty-five officials elected in the spring semester to serve a one-year term. The Student Body President oversees the senators, eight directors cover specific areas of student life, and sixteen senators represent the degree-granting colleges, commuters, and off-campus students, residence hall students, university college, and other student demographic groups.

The Dean and Assistant Dean engage monthly with our student senators (undergraduate and graduate) and student organization leaders to better the College's suggestions and recommendations. Due to COVID-19, these meetings are taking place using Microsoft Teams and are online meetings. The student senators follow the university process for obtaining input from the student body and represent the College in university-wide decision making. Also, student senators are invited to present their priorities to the faculty and make recommendations for College committees' student representatives. Generally, student senators pick important projects for the students, and the College works to assist with resources and support. This year, due to the COVID-19 situation, the senators have decided to focus on career preparation. They hope to co-host online events such as preparing a career portfolio and resume, online career fairs (the senators will assist in recruiting students to attend). They will inform the College about specific topics of interest.

More information on the undergraduate student government process can be found at:
http://www.kentstateusg.com/

Information related to the Graduate Student Government can be found at:
https://www.kent.edu/graduatestudies/gss

Students are consulted regarding significant curriculum changes. Students are also represented on the College Diversity Committee and the College Student Grievance Committee. The faculty chairs of these committees recruit students. They take part in regular meetings and give input.

Student Senators
As registered student organizations on the Kent State University campus, the Undergraduate Student Government (USG) and Graduate Student Senate (GSS) receive their respective charges from their charters. These charters are located within the *University Policy Register* located at **https://www.kent.edu/policyreg/chapter-2-organization-governance**.

Undergraduate college senators are elected annually and serve a term of one year. Elections are typically held following the USG charter and held between weeks eight and eleven in the spring semester. Candidates must declare a position, petition, and campaign for that position. Undergraduate students may vote for one candidate for each office, with the highest number of votes serving as the election metric. Successful candidates enter into their positions 20 days post-election. In the fall, the College of Public Health Senator meets with the Dean or designee

to understand and the slate the Senator plans to complete during the academic year. The Dean or designee provides guidance and support for the Senator's initiatives in alignment with the College and University's mission and vision. The Senator and the Dean or designee then meet monthly to discuss the progress and address any specific concerns the senator has from the College's student body. In addition, the senator serves as a member of the Student Advisory Committee.

Students holding graduate student standing may choose to run for Graduate Student Senator for the College of Public Health. In the fall, the College of Public Health requests a call for nominations (including self-nominations) for the position. If more than one candidate is nominated for the role, an election of the graduate student body will be held to select the senator, with the highest number of votes serving as the election metric. In the fall, the College of Public Health Senator meets with the Dean or designee to understand and the slate the Senator plans to complete during the academic year. The Dean or designee provides guidance and support for the Senator's initiatives in alignment with the College and University's mission and vision. The Senator and the Dean or designee then meet monthly to discuss the progress and address any specific concerns the Senator has from the College's student body. In addition, the Senator serves as a member of the Student Advisory Committee.

Public Health Student Alliance

The College also sponsors the Public Health Student Alliance (PHSA), the College of Public Health student organization. PHSA is open to students at all levels (undergraduate, masters, and doctoral). It included over 100 students who attended monthly meetings and participated in social and community service events in the most recent years. For example, PHSA has annually participated in the Greater Akron Heart Walk of the American Heart Association and Relay for Life of the America Cancer Society. PHSA has assisted local food banks with food distribution and assisted local hospitals with health fairs and health screenings. The PHSA firmly believes that student participation in humanitarian efforts is essential. The organization assists and represents students in their career and academic decision-making processes. Its mission is to promote public health and social responsibility through community involvement and humanitarian service. This organization also focuses on student development within the public health field, providing avenues for academic/career networking and professional development.

The purpose of the PHSA is:

- To promote the study of Public Health
- To promote academic and professional networking
- To provide current information about the public health field
- To develop a sense of community among all students and staff in the College of Public Health
- To expand opportunities for student professional development
- To promote social responsibility through community involvement, and service

In addition to the University student government process involving the College Senators, PHSA is our students' voice to the College.

Any student at Kent State University can join the PHSA. As a registered student organization on the Kent State University campus, the PHSA has a faculty advisor in the College of Public Health who assists the student leaders with guidance and mentoring. Officers are elected in the spring annually and are voted on by the PHSA membership. Meetings for the organization are typically held monthly for general meetings, along with executive meetings as necessary. PHSA executive officers serve as members of the Student Advisory Committee, providing additional perspective on the College's student experience.

This year is unique due to COVID-19, and all events have been canceled. Therefore, PHSA is meeting online, and all events will be held virtually or in small group events of less than ten that are approved by the University COVID-19 response plan. At the writing of this Self Study, PHSA is developing its student engagement plan for this year, and it will be available for review and discussion at the site visit.

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
The College's governance structure is determined by University Policy, College Handbook, and the Collective Bargaining Agreements. Students are represented on committees as guided by these documents.

Challenges
As the College progresses into the Fall 2020 Semester, additional care is needed to address how we engage students in a pandemic environment.

Plans
Changes to the governance process will be made according to changes in University policies, renegotiation of the Collective Bargaining Agreements, and approved changes to the College Handbook.

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A4. Autonomy for Schools of Public Health

A school of public health operates at the highest level of organizational status and independence available within the university context. If there are other professional schools in the same University (e.g., medicine, nursing, law, etc.), the school of public health shall have the same degree of independence accorded to those professional schools. Independence and status are viewed within the context of institutional policies, procedures, and practices.

1) **Briefly describe the school's reporting lines up to the institution's chief executive officer. The response may refer to the organizational chart provided in the introduction.**

   The Dean of the CPH reports to the Senior Vice President for Academic Affairs and Provost, who reports directly to the University President. Also, the Dean of the CPH has quarterly meetings with the Vice President for Research. The Dean meets twice monthly with the Provost, and other college deans, and regional campus deans in the Provost's Leadership Council. During the time of the COVID-19 pandemic, the Dean's Council has met weekly.

   The lines of accountability and access to higher-level University officials for the CPH are the same as all other colleges within the University. The organizational chart of the Academic Affairs division is presented at this web site:

   https://www.kent.edu/sites/default/files/file/Org%20Chart%20Provost%20Office_2020_May_2.pdf

2) **Describe the reporting lines and levels of autonomy of other professional schools located in the same institution, and identify any differences between the school of public health's reporting lines/level of autonomy and those of other units.**

   Other professional colleges at Kent State University include the College of Podiatric Medicine, the College of Nursing, the College of Business, the College of Engineering and Aeronautics, and the College of Architecture and Environmental Design. There are no differences in the reporting lines or levels of autonomy of the deans in these colleges.

3) **If applicable, assess strengths and weaknesses related to this criterion and plan for improvement in this area.**

   There are no weaknesses in the organizational structure that impact the College of Public Health or the ability to implement the accreditation criteria.

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A5. Degree Offerings in Schools of Public Health

A school of public health offers a professional public health master's degree (e.g., MPH) in at least three distinct concentrations (as defined by competencies in Criterion D4), and public health doctoral degree programs (academic or professional) in at least two concentrations (as defined by competencies in Criterion D4). A school may offer more degrees or concentrations at either degree level.

1) **Affirm that the school offers professional public health master's degree concentrations in at least three areas and public health doctoral degree programs of study in at least two areas. Template Intro-1 may be referenced for this purpose.**

   The College of Public Health offers a master's degree in Public Health (MPH) in the following concentrations – Biostatistics, Epidemiology, Health Policy and Management, and Social and Behavioral Sciences. The Doctoral degree, the Doctor of Philosophy (Ph.D.), is offed in Epidemiology, Health Policy, Management, and Prevention Science concentrations.

2) **An official catalog or bulletin that lists the degrees offered by the school.**

   Information regarding academic programs can be found in the University Catalog at **http://catalog.kent.edu/colleges/ph/#academicprogramstext**.

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B1. Guiding Statements

The school defines a *vision* that describes how the community/world will be different if the school achieves its aims.

The school defines a *mission statement* that identifies what the school will accomplish operationally in its instructional, community engagement, and scholarly activities. The mission may also define the school's setting or community and priority population(s).

The school defines *goals* that describe strategies to accomplish the defined mission.

The school defines a statement of *values* that informs stakeholders about its core principles, beliefs, and priorities.

1) **A one- to three-page document that, at a minimum, presents the school's vision, mission, goals, and values.**

2) **If applicable, a school-specific strategic plan or other comparable document.**

KENT STATE UNIVERSITY COLLEGE OF PUBLIC HEALTH STRATEGY MAP 2020 -2021				
MISSION To advance public health by preparing leaders, scientists, and practitioners to collaborate with community partners in conducting impactful research and practice to solve public health challenges.		**VISION** To be a leader in public health education, inquiry, and engagement.		***VALUES*** **F**-*Fairness* ***L***-*Leadership* ***A***-*Accountability* ***S***-*Student's First* ***H***-*Honor* ***E***-*Excellence* ***S***-*Success*
STUDENTS FIRST	**NATIONALLY DISTINCT**	**GLOBALLY COMPETITIVE**	**REGIONAL IMPACT**	**ORGANIZATIONAL STEWARDSHIP**
GOAL: To promote and maintain a competent public health workforce by educating students through high impact experiences.	GOAL: To engage in rigorous scientific investigations leading to sustainable public health innovations.	GOAL: To increase engagement of and with organizations, faculty, and students around the world.	GOAL: To promote public health in Ohio through leadership, partnerships, workforce development, and innovation.	GOAL: To promote a sustainable university and College with students, faculty, staff, and alumni who thrive and reach their goals.
Objectives 1. Engage the CPH Student Advisory Committee to have strategic input. 2. Due to COVID19, implement a new virtual process for student engagement. 3. Develop, and implement a new virtual Career Services program. 4. Revise Professional Practice courses. 5. Begin development of an e-portfolio process for students at all levels.	**Objectives** 1. Increase the # of proposals and % of AY faculty research time. 2. Expand the post-doctoral program. 3. Implement a virtual research discussion brown bag program. 4. Develop a proposal for a new research center on population mental health and substance abuse research and addressing health inequities. 5. Expand the Center for Public Policy, and Health research, and services.	**Objectives** 1. Increase the number of Kent State undergraduates enrolled in Global Health classes. 2. In place of the global health study abroad program, develop and implement online courses that offer global health content and virtual practicum opportunities. 3. Offer online graduate programs to international partners.	**Objectives** 1. Implement the Interprofessional Education program- this year, virtual. 2. Expand workforce development by developing new micro-credentials. 3. Engage the CPH External Advisory Board to promote our regional impact. 4. Launch the new DPM/MPH program in collaboration with the College of Podiatric Medicine to exp, and our regional impact.	**Objectives** 1. Recognize community-based partners who support student training and service. 2. Support the Alumni Group to implement their core activities. 3. Increase funding for scholarships, endowed positions, and high impact programs with priority on underserved students and underrepresented faculty. 4. Maintain CEPH Accreditation standards and meet college goals and objectives. 5. Celebrate the 10th CPH Anniversary of the College of Public Health.
REVISED DUE TO COVID-19 PANDEMIC PLAN, SEPTEMBER 2020				

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

CPH has an articulated mission, set of values, goals, and objectives, which have been developed by diverse stakeholders (faculty, staff, students, and members of existing committees).

The College's goals are consistent with those of the Office of the President, and the academic affairs strategic plan developed at the Provost level *"Our Voices, Our Vision."* This consistency aids the College in obtaining University-level resources.

A formal annual review process of the mission, vision, values, goals, and objectives has been followed since the College's start. This includes a yearly meeting of all faculty and staff held at the beginning of a new academic year in the fall. The most recent revisions to the mission, vision, values, goals, and objectives were a multi-phased process beginning with a retreat and a series of meetings with stakeholders groups. The revisions were approved by the CAC and submitted to the Office of the President.

The mission, vision, values, goals, and objectives of the College are reviewed and approved annually by the College EAC, including community stakeholders and alumni.

There is a shared set of measurable objectives that relate to each goal.

Challenges

The most significant challenges moving forward involve the revisions made in June 2020 to the strategic plan due to the COVID-19 pandemic. Some objectives that would have been implemented on campus have now been moved to virtual programs. This presents challenges related to resources and student engagement.

Plans

As we receive greater feedback from constituency groups (i.e., students, alumni, employers) due to the COVID-19 pandemic, we will need to revise this plan as we have moved from on campus to total virtual to phased in re-entry. The plan will be revisited at the annual all-college retreat in Fall 2020.

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B2. Graduation Rates

The school collects and analyzes graduation rate data for each public health degree offered (e.g., BS, MPH, MS, Ph.D., DrPH).

The school achieves graduation rates of 70% or greater for bachelor's and master's degrees, and 60% or greater for doctoral degrees.

1) Graduation rate data for each degree in unit of accreditation. See *Template B2-1*.

Template B2-1. Students in BSPH Degree, By Cohorts, Entering Between Summer 2010, and Summer 2020													
Maximum Time to Graduate: 10 years													
	Cohort of Students	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016 - 2017	2017-2018	2018-2019	2019-2020	2020-2021
2009-2010	# Students entered	1											
	# Students withdrew, dropped, etc.	0											
	# Students graduated	0											
	Cumulative graduation rate	0											
2010-2011	# Students continuing at the beginning of this school year	1	43										
	# Students withdrew, dropped, etc.	0	0										
	# Students graduated	0	6										
	Cumulative graduation rate	0%	14%										
2011-2012	# Students continuing at the beginning of this school year	1	37	121									
	# Students withdrew, dropped, etc.	0	2	3									
	# Students graduated	0	27	16									
	Cumulative graduation rate	0%	77%	13%									
2012-2013	# Students continuing at the beginning of this school year	1	8	102	156								
	# Students withdrew, dropped, etc.	0	1	3	1								
	# Students graduated	1	3	79	25								
	Cumulative graduation rate	100%	84%	79%	16%								

Template B2-1. Students in BSPH Degree, By Cohorts, Entering Between Summer 2010, and Summer 2020													
Maximum Time to Graduate: 10 years													
	Cohort of Students	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016 - 2017	2017-2018	2018-2019	2019-2020	2020-2021
2013-2014	# Students continuing at the beginning of this school year		4	20	130	179							
	# Students withdrew, dropped, etc.		0	0	9	2							
	# Students graduated		3	14	89	23							
	Cumulative graduation rate		91%	90%	73%	13%							
2014-2015	# Students continuing at the beginning of this school year		1	6	32	154	193						
	# Students withdrew, dropped, etc.		0	3	2	3	2						
	# Students graduated		0	2	25	114	16						
	Cumulative graduation rate		91%	92%	89%	77%	8%						
2015-2016	# Students continuing at the beginning of this school year		1	1	5	37	175	206					
	# Students withdrew, dropped, etc.		0	1	0	5	7	11					
	# Students graduated		0	0	4	20	140	25					
	Cumulative graduation rate		91%	92%	89%	88%	81%	12%					
2016-2017	# Students continuing at the beginning of this school year				1	12	28	170	193				
	# Students withdrew, dropped, etc.				0	5	4	14	13				
	# Students graduated				1	3	14	122	34				
	Cumulative graduation rate				92%	89%	88%	71%	18%				

Template B2-1. Students in BSPH Degree, By Cohorts, Entering Between Summer 2010, and Summer 2020													
Maximum Time to Graduate: 10 years													
	Cohort of Students	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	2016 - 2017	2017-2018	2018-2019	2019-2020	2020-2021
2017-2018	# Students continuing at the beginning of this school year		0			5	11	37	148	172			
	# Students withdrew, dropped, etc.		1			0	2	2	4	2			
	# Students graduated		0			2	3	27	120	36			
	Cumulative graduation rate		91%			91%	90%	84%	80%	21%			
2018-2019	# Students continuing at the beginning of this school year		1			4	6	10	24	134	182		
	# Students withdrew, dropped, etc.		0			1	1	4	5	7	1		
	# Students graduated		1			3	2	5	11	99	48		
	Cumulative graduation rate		93%			92%	91%	87%	85%	78%	26%		
2019-2020	# Students continuing at the beginning of this school year						3	2	10	28	133	212	
	# Students withdrew, dropped, etc. (TBD)						0	0	0	6	5	0	
	# Students graduated (TBD)						3	2	7	17	104	50	
	Cumulative graduation rate (TBD)						92%	88%	89%	88%	84%	24%	
2020-2021	# Students continuing at the beginning of this school year								4	5	24	162	125
	# Students withdrew, dropped, etc. (TBD)								2	0	0	1	0
	# Students graduated (TBD)								2	3	16	125	26
	Cumulative graduation rate (TBD)								90%	90%	92%	83%	21%

Template B2-1: Students in MPH Degree, by Cohorts Entering Between Fall 2010 to Summer 2020												
Maximum Time to Degree: 6 years												
	Cohort of Students	**2010-11**	**2011-12**	**2012-13**	**2013-14**	**2014-15**	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**
2010-11	# Students entered	37										
	# Students withdrew, dropped, etc.	0										
	# Students graduated	0										
	Cumulative graduation rate	0%										
2011-12	# Students continuing at the beginning of this school year (or # entering for newest cohort)	37	39									
	# Students withdrew, dropped, etc.	2	2									
	# Students graduated	22	0									
	Cumulative graduation rate	58%	0%									
2012-13	# Students continuing at the beginning of this school year (or # entering for newest cohort)	13	37	65								
	# Students withdrew, dropped, etc.	1	5	4								
	# Students graduated	5	18	0								
	Cumulative graduation rate	71%	46%	0%								
2013-14	# Students continuing at the beginning of this school year (or # entering for newest cohort)	7	14	61	67							
	# Students withdrew, dropped, etc.	0	0	9	1							
	# Students graduated	4	11	22	0							
	Cumulative graduation rate	82%	74%	34%	0%							

Template B2-1: Students in MPH Degree, by Cohorts Entering Between Fall 2010 to Summer 2020												
Maximum Time to Degree: 6 years												
	Cohort of Students	**2010-11**	**2011-12**	**2012-13**	**2013-14**	**2014-15**	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**
2014-15	# Students continuing at the beginning of this school year (or # entering for newest cohort)	3	3	30	66	100						
	# Students withdrew, dropped, etc.	0	0	3	4	10						
	# Students graduated	1	2	17	31	0						
	Cumulative graduation rate	84%	79%	60%	46%	0%						
2015-16	# Students continuing at beginning of this school year (or # entering for newest cohort)	2	1	10	31	89	138					
	# Students withdrew, dropped, etc.	1	0	2	1	4	3					
	# Students graduated	1	1	3	19	36	1					
	Cumulative graduation rate	87%	82%	65%	76%	36%	0%					
2016-17	# Students continuing at the beginning of this school year (or # entering for newest cohort)			5	11	49	134	126				
	# Students withdrew, dropped, etc.			0	0	3	29	5				
	# Students graduated			2	6	30	40	0				
	Cumulative graduation rate			68%	83%	66%	29%	0%				
2017-18	# Students continuing at the beginning of this school year (or # entering for newest cohort)			3	5	16	65	121	109			
	# Students withdrew, dropped, etc.			0	2	3	6	18	6			
	# Students graduated			2	0	6	44	29	0			
	Cumulative graduation rate			71%	83%	73%	61%	23%	0%			

Template B2-1: Students in MPH Degree, by Cohorts Entering Between Fall 2010 to Summer 2020												
Maximum Time to Degree: 6 years												
	Cohort of Students	**2010-11**	**2011-12**	**2012-13**	**2013-14**	**2014-15**	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**
2018-19	# Students continuing at the beginning of this school year (or # entering for newest cohort)			1	3	6	15	74	107	122		
	# Students withdrew, dropped, etc.			0	1	1	1	5	11	10		
	# Students graduated			0	1	4	7	46	28	1		
	Cumulative graduation rate			71%	85%	76%	66%	60%	25%	0%		
2019-2020	# Students continuing at the beginning of this school year (or # entering for newest cohort)			1	1	1	7	23	72	111	113	
	# Students withdrew, dropped, etc.			1	0	0	0	10	9	17	1	
	# Students graduated			0	1	0	5	7	45	25	0	
	Cumulative graduation rate			71%	86%	76%	70%	65%	67%	21%	0%	
2020-2021	# Students continuing at the beginning of this school year (or # entering for newest cohort)						4	6	22	69	112	103
	# Students withdrew, dropped, etc.						0	0	0	9	0	0
	# Students graduated						3	3	6	16	TBD	TBD
	Cumulative graduation rate						72%	67%	72%	34%	TBD	TBD

Template B2-1. Students in Ph.D. Degree, by Cohorts, Entering Between Fall 2010 to Summer 2020												
Maximum Time to Degree: 10 years												
	Cohort of Students	**2010-11**	**2011-12**	**2012-13**	**2013-14**	**2014-15**	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**
2010-11	# Students entered	11										
	# Students withdrew, dropped, etc.	0										
	# Students graduated	0										
	Cumulative graduation rate	0%										
2011-12	# Students continuing at the beginning of this school year	11	16									
	# Students withdrew, dropped, etc.	1	0									
	# Students graduated	0	0									
	Cumulative graduation rate	0%	0%									
2012-13	# Students continuing at the beginning of this school year	10	16	9								
	# Students withdrew, dropped, etc.	0	1	0								
	# Students graduated	1	0	0								
	Cumulative graduation rate	9%	0%	0%								
2013-14	# Students continuing at the beginning of this school year	9	15	9	8							
	# Students withdrew, dropped, etc.	0	0	0	0							
	# Students graduated	0	0	0	0							
	Cumulative graduation rate	9%	0%	0%	0%							
2014-15	# Students continuing at beginning of this school year	9	15	9	8	11						
	# Students withdrew, dropped, etc.	0	0	0	0	0						
	# Students graduated	2	2	0	0	0						
	Cumulative graduation rate	27%	13%	0%	0%	0%						

Template B2-1. Students in Ph.D. Degree, by Cohorts, Entering Between Fall 2010 to Summer 2020												
Maximum Time to Degree: 10 years												
	Cohort of Students	**2010-11**	**2011-12**	**2012-13**	**2013-14**	**2014-15**	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-20**	**2020-21**
2015-16	# Students continuing at beginning of this school year	7	13	9	8	11	5					
	# Students withdrew, dropped, etc.	2	0	0	0	2	0					
	# Students graduated	1	0	0	0	0	0					
	Cumulative graduation rate	36%	13%	0%	0%	0%	0					
2016-17	# Students continuing at beginning of this school year	4	13	9	8	9	5	4				
	# Students withdrew, dropped, etc.	0	1	0	0	1	0	0				
	# Students graduated	0	3	1	3	0	0	0				
	Cumulative graduation rate	36%	33%	11%	38%	0%	0	0%				
2017-18	# Students continuing at beginning of this school year	4	9	8	8	8	5	4	15			
	# Students withdrew, dropped, etc.	0	0	1	0	0	1	0	0			
	# Students graduated	0	2	2	0	2	1	0	0			
	Cumulative graduation rate	36%	46%	33%	0%	22%	20%	0%	0%			
2018-19	# Students continuing at beginning of this school year	4	7	5	8	6	3	4	15	11		
	# Students withdrew, dropped, etc.	0	0	0	0	0	0	0	0	0		
	# Students graduated	2	2	1	0	4	0	0	0	0		
	Cumulative graduation rate	54%	60%	44%	0%	66%	20%	0%	0%	0%		
2019-20	# Students continuing at beginning of this school year	2	5	4	8	2	3	4	15	11	10	
	# Students withdrew, dropped, etc.	0	1	1	0	0	0	0	1	1	2	
	# Students graduated	1	1	0	1	0	0	1	0	0	0	
	Cumulative graduation rate	63%	66%	44%	50%	66%	20%	25%	0%	0%	0%	
2020-21	# Students continuing at beginning of this school year	1	3	3	4	2	3	3	14	10	8	1
	# Students withdrew, dropped, etc.	0	0	TBD	0	0	0	TBD	0	0	0	0
	# Students graduated	0	0	TBD	0	0	0	TBD	0	0	0	0
	Cumulative graduation rate	63%	66%	44%	0%	66%	20%	25%	0%	0%	0%	0%

2) Data on doctoral student progression in the format of Template B2-2.

Template B2-2: Doctoral Student Data for the Year 2019			
	Epidemiology	**Health Policy & Management**	**Prevention Science**
# newly admitted in 2019-2020	4	5	2
# currently enrolled (total) in 2019-2020	26	19	15
# completed coursework during 2018-2019	6	2	2
# in candidacy status (cumulative) during 2018-2019	12	9	8
# graduated in 2018-2019	3	3	3

3) Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations, and plans to address these factors.

Graduation data is collected three times a year, in June/July, November/December, and March/April through the college exit survey.

BSPH students are placed in a cohort at the point in which they have earned 90 hours toward their BSPH program. MPH students are placed in a cohort in their first semester of enrollment. Ph.D. students are placed into a cohort once they have completed their MPH level pre-requisite coursework.

At this time, graduation rates for the BSPH for completed cohorts 2009, 2010, 2011, and 2012, 2013, and 2014 remain above 90%. Graduation rates for the MPH for cohort years 2010, 2011, 2012, 2013, and 2014 remain above 70%.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

The College is engaging in an internal process to review students who have stopped out of the BSPH and MPH programs to complete their degree.

B3. Post-Graduation Outcomes

The school collects and analyzes data on graduates' employment or enrollment in further education post-graduation for each public health degree offered (e.g., BS, MPH, MS, Ph.D., DrPH).

The school achieves rates of 80% or greater employment or enrollment in further education within the defined time period for each degree.

1) Data on post-graduation outcomes (employment or enrollment in further education) for each degree. See Template B3-1.

Template B3-1 Post-Graduation Outcomes			
BSPH	**2020 Number and Percentage**	**2019 Number and Percentage**	**2018 Number and Percentage**
Employed	88 (52%)	94 (50%)	110 (64%)
Continuing education/training (not employed)	58 (34%)	2 (1%)	24 (14%)
Not seeking employment or not seeking additional education by choice	0 (0%)	1 (1%)	2 (1%)
Actively seeking employment or enrollment in further education	18(11%)	76 (40%)	6 (3%)
Unknown	5 (3%)	15 (8%)	31 (18%)
Total graduates (known + unknown)	169	188	173
MPH	**2020 Number and Percentage**	**2019 Number and Percentage**	**2018 Number and Percentage**
Employed	66 (76%)	62 (77%)	61 (79%)
Continuing education/training (not employed)	16 (19%)	1 (1%)	9 (12%)
Not seeking employment or not seeking additional education by choice	0 (0%)	1 (1%)	0 (0%)
Actively seeking employment or enrollment in further education	5 (5%)	14 (17%)	1 (2%)
Unknown	0 (0%)	3 (4%)	6 (7%)
Total graduates (known + unknown)	87	81	77
PhD	**2020 Number and Percentage**	**2019 Number and Percentage**	**2018 Number and Percentage**
Employed	9 (100%)	5 (71%)	7 (100%)
Continuing education/training (not employed)	0 (0%)	2 (29%)	0 (0%)
Not seeking employment or not seeking additional education by choice	0 (0%)	0 (0%)	0 (0%)
Actively seeking employment or enrollment in further education	0 (0%)	0 (0%)	0 (0%)
Unknown	0 (0%)	0 (0%)	0 (0%)
Total graduates (known + unknown)	9	7	7

2) Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors.

Alumni data is collected three times a year, in June/July, September/October, and February/March. Each collection cycle targets alumni who completed their degrees in summer, fall, or spring of the preceding year. Additionally, data is collected through the Institutional Research Office from the National Clearinghouse to secure student enrollment information in non-Kent State academic programs. Names of alumni who do not complete the survey and who are not enrolled in an educational program are then referred to the Faculty for outreach and contact. Additionally, LinkedIn is reviewed to see if one year out alumni have joined the alumni group.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths

CPH has a structured data collection process to support assessment, including multiple sources. The assessment process is required by policy for the course evaluations and the exit surveys. The University has an extensive data system that can be used for report purposes and an institutional research office at the University-level that works with accredited programs to collect the required information. The President and Provost require the continuous collection of "dashboard" data publicly available on the University web site and allow for College-level examination.

Challenges

The major challenge encountered for assessment has been the response from BSPH alumni. The University currently does not have a good University-level tracking system, and therefore, we have experienced issues locating our undergraduate alumni. This has required the College to invest in an external contractor to do a comprehensive alumni survey.

Plans

The College has established a process to collect on-going assessment data for all measures presented in this self-study. Moving forward, a comprehensive alumni survey will be performed every three years.

B4. Alumni Perceptions of Curricular Effectiveness

For each public health degree offered, the school collects information on alumni perceptions of their own success in achieving defined competencies and of their ability to apply these competencies in their post-graduation placements.

The school defines qualitative and/or quantitative methods designed to maximize response rates and provide useful information. Data from recent graduates within the last five years are typically most useful, as distal graduates may not have completed the curriculum that is currently offered.

1) Summarize the findings of alumni self-assessment of success in achieving competencies and ability to apply competencies after graduation.

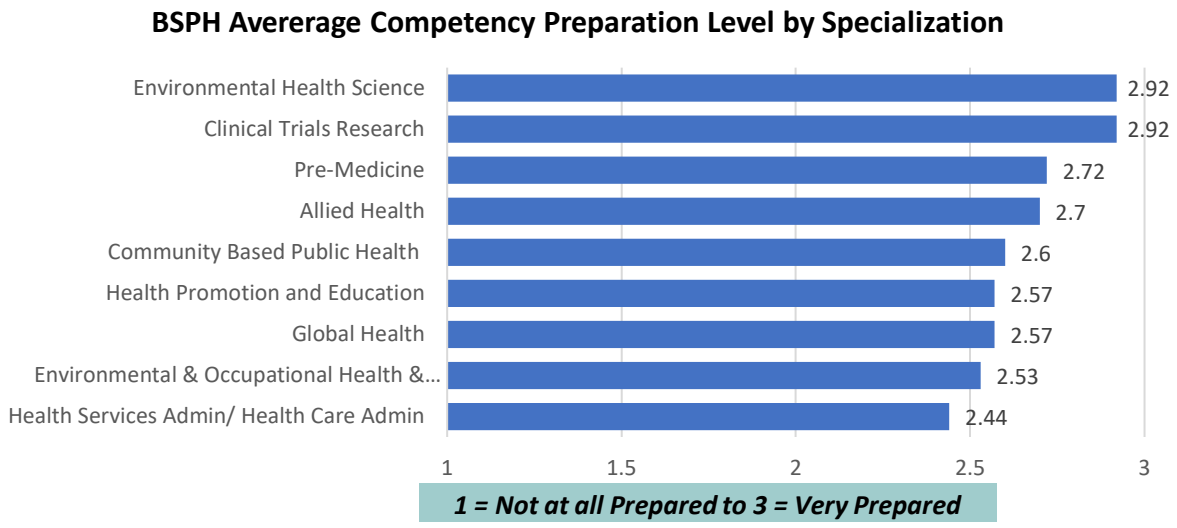
Alumni Perceptions of Curricular Effectiveness					
	Excellent	Good	Fair	Poor	Very Poor
BSPH 2016-17 (n=108)	45.37%	42.59%	10.19%	0.93%	0.93%
BSPH 2017-18 (n=75)	45.98%	37.84%	12.16%	2.70%	1.35%
BSPH Fall 2018 (n=10)	40%	60%	0%	0%	0%
MPH 2016-17 (n=51)	41.19%	47.06%	9.80%	1.96%	0%
MPH 2017-18 (n=51)	48.02%	41.18%	7.84%	1.96%	0%
MPH Fall 2018 (n=9)	44.44%	33.33%	11.11%	11.11%	0%
PhD 2016-17 (n=7)	57.14%	28.57%	14.29	0%	0%
PhD 2017-18 (n=5)	20%	80%	0%	0%	0%
Ph.D. Fall 2018 (n=3)	66.67%	33.33%	0%	0%	0%

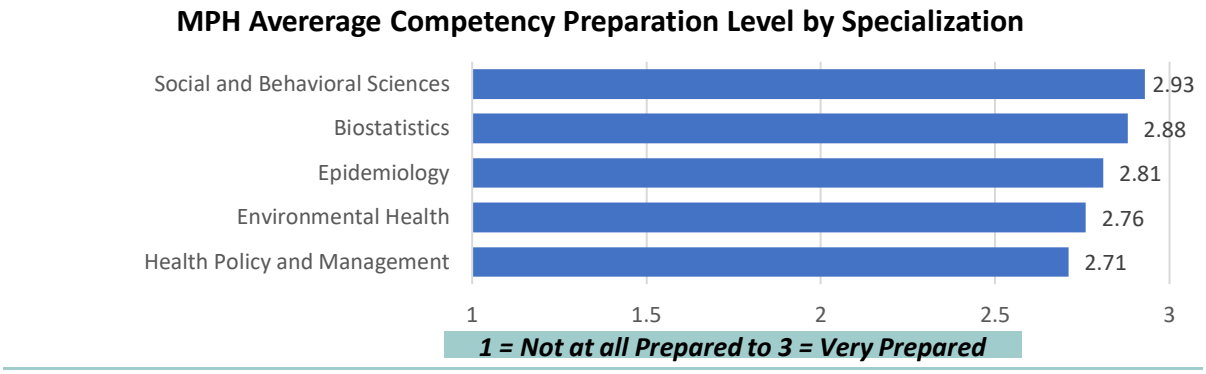
When asked, “How would you rate the overall quality of the instruction while you were in the program?” all levels of students in the College of Public Health indicate a robust positive relationship with their learning as either Excellent of Good. On average, 80%+ of students feel their curriculum was Excellent or Good.

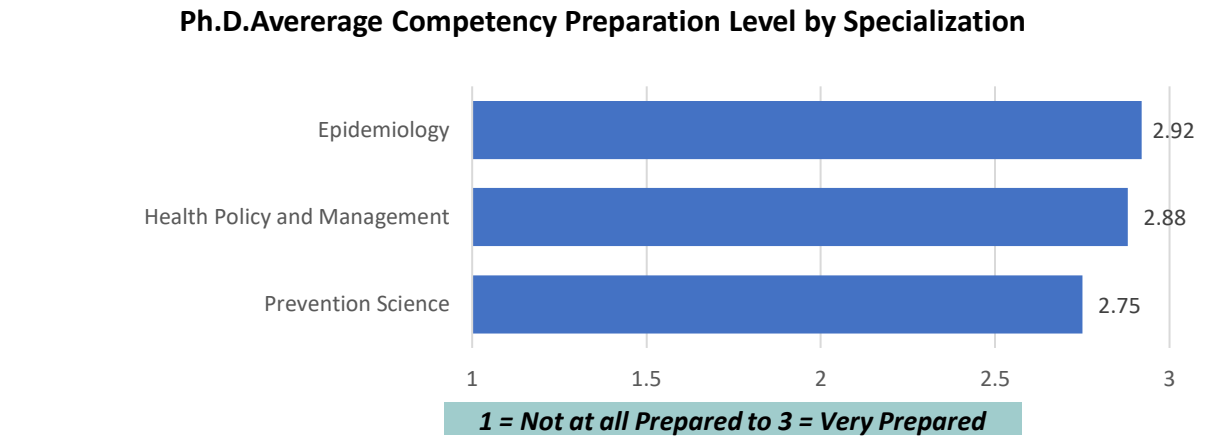
Additionally, the alumni data aligns with the data collected from our students in the final semester of their degree programs.

Graduating Students Perceptions of Curricular Effectiveness				
	Excellent	**Good**	**Fair**	**Poor**
BSPH 2017-2018 (n=176)	51.10%	39.20%	9.10%	0.60%
BSPH 2018-2019 (n=158)	53.20%	36.10%	9.50%	1.30%
BSPH 2019-2020 (n=142)	53.50%	39.40%	6.30%	0.70%
MPH 2017-2018 (n=78)	48.10%	35.40%	15.20%	1.30%
MPH 2018-2019(n=83)	55.40%	37.30%	4.80%	2.40%
MPH 2019-2020 (n=49)	53.10%	34.70%	8.20%	4.10%
PhD 2017-2018 (n=7)	28.60%	57.10%	14.30%	0.00%
PhD 2018-2019 (n=9)	62.50%	37.50%	0.00%	0.00%
PhD 2019-2020 (n=3)	0.00%	100.00%	0.00%	0.00%
MS 2017-2018 (n=0)	N/A	N/A	N/A	N/A
MS 2018-2019 (n=0)	N/A	N/A	N/A	N/A
MS 2019-2020 (n=9)	55.60%	44.40%	0.00%	0.00%

Data collected from our ten-year alumni survey indicated high levels of alumni competency specialization across all degree levels and concentrations. This report can be found in *ERF: B4 Alumni Perceptions of Curricular Effectiveness*.







2) Provide full documentation of the methodology and findings from alumni data collection.

Alumni data is collected three times a year via a Qualtrics Survey in June/July, September/October, and February/March. Each collection cycle targets alumni who completed their degrees in summer, fall, or spring of the preceding year. Additionally, data is collected through the Institutional Research Office from the National Clearinghouse to secure student enrollment information in non-Kent State academic programs. Names of alumni who do not complete the survey and who are not enrolled in an educational program are then referred to the Faculty for outreach and contact. Additionally, LinkedIn is reviewed to see if one year out alumni have joined the alumni group.

Additional information can be found, including copies of the survey, and the final report can be found in *ERF: B4 Alumni Perceptions of Curricular Effectiveness*.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Strengths
This year the College of Public Health partnered with the CMOR to produce a comprehensive alumni survey for all alumni over the last ten years. This yielded a 30%+ response rate.

Weaknesses
The process of gathering post-graduation data continues to be a challenge for BSPH students. Approaches are being explored to have students develop LinkedIn profiles and to join the LinkedIn Alumni group to have additional connection points to students to gather data.

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B5. Defining Evaluation Practices

The school defines appropriate evaluation methods and measures that allow the school to determine its effectiveness in advancing its mission and goals. The evaluation plan is ongoing, systematic, and well-documented. The chosen evaluation methods and measures must track the school's progress in 1) advancing the field of public health (addressing instruction, scholarship, and service), and 2) promoting student success.

1) Present an evaluation plan that, at a minimum, lists the school's evaluation measures, methods, and parties responsible for review (See *Template B5-1)*.

Evaluation is a formal, ongoing process at the College, with oversight from the CAC. As presented in B1, the College has a Strategy Map guided by the College Mission, Vision, and Values, with Goals and Objectives related to advancing public health and advancing student success. The overall goals flow from the University goals of (1) Students First, (2) Being Nationally Distinct, (3) Being Globally Competitive, (4) Having a Regional Impact, and (5) Organizational Stewardship.

Progress toward achieving goals and objectives is the responsibility of the Dean's Office and the CAC. Each fall, at the annual retreat, the CAC meets with the College faculty and staff to review progress, revise the Mission, Vision, Values, Goals, and Objectives as needed, and reviews the data sources presented in B5-1. The evaluation process is a continual process, and each faculty group (BSPH, MPH-EPI, MPH-SBS, MPH-HPM, MPH-BST, MS, Ph.D.) receives data specific to their programs to review in subcommittee meetings. In addition to the curriculum groups, information is reviewed by the Research Committee (research-related metrics), the Continuing Education Committee (Workforce Development metrics), the College Diversity Committee (metrics related to underserved students and diversity of faculty), the Distance Education Committee (metrics about online courses, and programs), and the College Executive Committee (metrics related to finance, enrollment, resources, physical facilities).

TEMPLATE B5-1

Evaluation measures	Identify data source(s), and describe how raw data are analyzed and presented for decision making*	Responsibility for review	Primary Responsibility
Goal Statement: STUDENTS FIRST			
Student report of how well prepared to perform tasks related to BSPH, MPH, or Ph.D. competencies	Student exit survey. An exit survey is conducted for all graduating students at the end of last semester. Data is collected through online survey tools. Analysis and report development are coordinated by the Dean and Assistant Dean.	CAC, CCC, CCC program subcommittees, EAC, Executive Committee	CCC
Student achievement in BSPH, MPH, and Ph.D. classes	Data collected from final grades and course evaluations provided to each faculty member—data generated by institutional research and reviewed annually to inform evidence-based improvement.	CCC, CCC program subcommittees	Dean and Program Coordinators
Student estimate of the overall learning experience (perceptions of curricular effectiveness)	Student exit survey. An exit survey is conducted for all graduating students at the end of last semester. Data is collected through online survey tools. Analysis and report development are coordinated by the Dean and Assistant Dean.	CAC, CCC, CCC program subcommittees, EAC, Executive Committee	Dean and Program Coordinators
Student ability to perform tasks related to CEPH competencies in practice	Preceptor and Student Evaluation of Student Performance in Internship/Practicum. Each preceptor and student evaluate performance at the end of the practicum as related to CEPH competencies.	CAC, CCC, CCC program subcommittees	Dean and Program Coordinators
Student Satisfaction with Advising	Student exit survey. An exit survey is conducted for all graduating students at the end of last semester. Data is collected through	Assistant Dean- UG, and Undergraduate CCC (BSPH); Associate Dean- GR, and CCC Subcommittees	Assistant Dean and Associate Dean

Evaluation measures	Identify data source(s), and describe how raw data are analyzed and presented for decision making*	Responsibility for review	Primary Responsibility
	online survey tools. Analysis and report development are coordinated by the Dean and Assistant Dean.		
Alumni career achievements	Student research achievements: Percentage of funded research engaging students as reported on the student exit survey	CAC, Dean's office, CCC, College Career Services	Dean
Student achievement in Research	Student research achievements: Percentage of funded research engaging students as reported on the student exit survey. An exit survey is conducted for all graduating students at the end of last semester and official grant records.	Associate Dean-GR Research Committee	Associate Dean for Research
Goal Statement: NATIONALLY DISTINCT/RESEARCH PRODUCTIVITY			
Eligible tenure track faculty engaged in research (graduate faculty status; funded research, publications annually, the achievement of tenure)	Annual report of faculty and submissions to the Flash Folio RTP database = External Funding per faculty member. Faculty present a yearly report, and those in the tenure track submit RTP data.	Dean, CAC, RTP Committee, Associate Dean-GR, Research Committee	Dean
External funding to the College increases annually	Research and Sponsored Programs Monthly/Annual Reporting Data. External funding is monitored monthly	CAC, Associate Dean-GR, Research Committee	Dean
College Research Center for Public Policy and Health achieves target goals	Research and Sponsored Programs Monthly/Annual Reporting Data = # of submitted and funded proposals. Center staff meeting monthly to monitor progress.	CAC, Associate Dean-GR, Research Committee	Associate Dean for Research

Evaluation measures	Identify data source(s), and describe how raw data are analyzed and presented for decision making*	Responsibility for review	Primary Responsibility
The College participates in service activities that have national significance	Research and Sponsored Programs Monthly/Annual Reporting Data = # of submitted and funded proposals. External funding, and faculty report of service of national significance.	CAC, Dean, Associate Dean-GR	Dean, Associate Dean-GR
Tenured/Tenure-track faculty on editorial boards and/or providing service to national organizations	Annual report of faculty and submissions to the Flash Folio RTP database = External Funding per faculty member. Yearly report of faculty and submissions to the Flash Folio RTP database= External Funding per faculty member.	Dean, CAC, RTP Committee, Associate Dean-GR, Research Committee	Dean, Associate Dean-GR
Goal Statement: GLOBALLY COMPETITIVE *Due to COVID-19, these metrics have been modified			
Overall international students in College degree programs will increase	Official enrollment reports. The college enrollment management committee monitors enrollment.	CAC, Dean	Dean
College engages in activities related to global health and study abroad	# of courses with significant global content. Courses were reviewed on an annual basis.	CAC, CCC, Global Health faculty	Dean
Goal Statement: REGIONAL IMPACT			
Faculty leadership/advisory board roles locally, nationally	Annual report of faculty and submissions to the Flash Folio RTP database = External Funding per faculty member. Yearly report of faculty and submissions to the Flash Folio RTP database = External Funding per faculty member.	Dean, CAC, RTP Committee	Dean

Evaluation measures	Identify data source(s), and describe how raw data are analyzed and presented for decision making*	Responsibility for review	Primary Responsibility
Number of partnerships for practicums and internships – number of hours of professional service to sponsoring organizations	# of partnering organizations for student internships and practicums. Data is collected each semester and entered into the database.	Dean, Associate Dean-GR, CCC, Program Coordinators	Associate Dean-GR
Service projects conducted annually by faculty, students, Center for Public Policy and Health, student organizations	Annual report of faculty and progress reports of student organizations. Data is collected on student exit surveys and faculty yearly reports.	CAC, Dean	Dean
Continuing education programs developed and delivered in response to needs assessment of the workforce	# of courses offered and CEU generation. Data is collected by the University Office of Distance and Continuing Education.	CAC, Dean, Continuing Education Committee	Associate Dean-GR
Goal Statement: ORGANIZATIONAL STEWARDSHIP			
The college will meet enrollment goals for all degree programs	Enrollment reports. Data is monitored continually by program coordinators, finance manager, and Dean.	CAC, Dean, Associate Dean, Assistant Dean, Program Coordinators	Associate Dean, Assistant Dean
The College will meet revenue targets	University finance reports. Data is monitored continually by Dean, Finance Manager, Associate Dean, and program coordinators.	CAC, Dean, Associate Dean, Assistant Dean, Program Coordinators	Dean

2) **Briefly describe how the chosen evaluation methods and measures track the school's progress in advancing the field of public health (including instruction, scholarship, and service) and promoting student success.**

The CPH evaluation plan ensures that objectives and overall quality are continuously monitored and revised. There are evaluation expectations at the University, College, and Department levels.

Evaluation is critical and is assigned for oversight to the Executive Committee and the CAC. The evaluation role of the Dean and the CAC is to: (1) coordinate evaluation activities across committees and staff members; (2) provide formal feedback to the College faculty, committees, staff, students, alumni, and external advisory committee regarding the evaluation processes; (3) ensure that data are collected, analyzed, and used in the decision making processes; (4) engage stakeholders in the processes (5) monitor remedial activities developed in response to formal evaluation processes, and (6) report progress on continuous quality improvement.

Sources of data available to evaluate the College's goals and objectives include:

- Annual reports of faculty on activities related to teaching, research, and service
- Records related to external funding and research activities
- Records of student recruitment, admission, retention, progress toward a degree, internships, practicums, and advising
- Course evaluations and learning assessments
- Student exit survey results
- Alumni survey results
- Employer survey results
- Community continuing education needs assessment results
- Committee meeting minutes

3) **Provide evidence of implementation of the plan described in Template B5-1. Evidence may include reports or data summaries prepared for review, minutes of meetings at which results were discussed, etc. Evidence must document examination of progress and impact on both public health as a field and student success.**

Evidence provided in this self-study document include:

- College Strategy Map (past three years) – see Criterion B1
- College Annual Retreat Agenda - see Criterion A1
- College Advisory Committee, and College Curriculum Committee minutes - see Criterion A1
- Student exit survey, and summary of results – see Criterion B3, B4, B6, C2, H1, and H2
- Student annual alumni survey, and summary of results – see Criterion B3, B4, B6, C2, H1, and H2
- Employer survey and summary of results – see Criterion F3 and F4
- Continuing education needs assessment report – see Criterion F3 and F4
- Financial records – see Criterion C1
- Enrollment reports – see ***Template Intro 2***
- Annual reports of faculty members and updated CVs – see Criterion E1, E2, E3, E4, and E5

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

The College evaluation plans are designed to address our Mission, Vision, Values, Goals, and Objectives. Promoting student success and advancing the field of public health is essential to achieving our Mission. Evaluation in the College is a formal, sometimes informal, ongoing activity that engages faculty, staff, students, administration, alumni, and external stakeholders.

The University requires periodic formal evaluation of all academic programs, and the University also requires much of what is presented in this self-study for accreditation purposes. Therefore, the data is collected in a structured format by the Office of Provost, which directs the Institutional Research office. Data is monitored monthly related to finance and enrollment. Beyond the College data collection of exit and alumni surveys, the University conducts a periodic (every three year) Climate Survey. Every college must formally address the results of this survey. The College-level data collected related to competencies and skills is extensive and a part of the feedback given to each faculty member by the Student Survey of Satisfaction. By mandate of the Collective Bargaining Agreement, these results are not used in formal evaluation but are used as continuous quality improvement. This is discussed later in this self-study.

The weakness of this approach is related to the strengths of the many metrics used in evaluating the College's progress in promoting student success and advancing the field of public health. As a College of the whole, and by mandate of the organizational structure that the Dean makes all decisions in consultation with the CAC (all tenured faculty, and two representatives of the non-tenure-track faculty), there is a considerable time commitment and demand on faculty time to review metrics. Data, participate in committees, and monitor implementation of decisions made by the CAC.

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B6. Use of Evaluation Data

The school engages in regular, substantive review of all evaluation findings, as well as strategic discussions about the implications of evaluation findings.

The school implements an explicit process for translating evaluation findings into programmatic plans and changes and provides evidence of changes implemented based on evaluation findings.

1) Provide two to four specific examples of programmatic changes undertaken in the last three years based on evaluation results. For each example, describe the specific evaluation finding and the groups or individuals responsible for determining the planned change, as well as identifying the change itself.

A. Development of the Clinical Trials BSPH Concentration, and the MS in Clinical Epidemiology

Based on employer data collected in 2018 and 2019 and student needs assessment and survey data, Dr. Melissa Zullo and the faculty in Epidemiology proposed developing a Clinical Trials Research concentration in the BSPH and an MS in Clinical Epidemiology. Large employers conducting clinical trials in NE Ohio include the Cleveland Clinic, University Hospitals of Cleveland, Akron Children's Hospital, Summa Health Systems, MetroHealth Medical Center, and the Louis Stokes Cleveland Veterans Administration Medical System. Approximately 40,000 patients are enrolled in clinical trials in NE Ohio at any point in time, lending this to a large workforce need that the College was asked to address.

The degree programs were approved according to the following schedule:

College Curriculum Committee (BSPH Clinical Trials Research) October 9, 2015
College Advisory Committee (BSPH Clinical Trials Research) October 9, 2015
University Educational Policies Committee (BSPH Clinical Trials Research) November 16, 2015
College Curriculum Committee (MS Clinical Epidemiology) September 17, 2017
College Advisory Committee (MS Clinical Epidemiology) September 17, 2017
University Educational Policies Committee (MS Clinical Epidemiology) October 16, 2017
State of Ohio Department of Education (MS Clinical Epidemiology) April 23, 2018

Bachelor of Science in Public Health students with a concentration in Clinical Trials Research and/or an MS in Clinical Epidemiology prepare to obtain a position as a Clinical Research Associate or Clinical Trials Manager. These are ideal degrees for students interested in epidemiology and health research. With experience, there is room for advancement, and the clinical research field is growing. The MS in Clinical Epidemiology was developed based on student needs assessment across our Kent State University health colleges: College of Public Health (CPH) undergraduates and graduate students; College of Nursing (CN) undergraduate students; and College of Podiatric Medicine (CPM) students. A survey was administered to CPH students in November 2016 to determine if there was interest in the degree and electives offered in the degree. Separate surveys were distributed to students in the CN and CPM in August 2017 to determine interest in a graduate research degree after completing their current degrees. These two groups were chosen because they will be practicing clinicians who work directly with patients, and there is a demand for employees with this combination of training. Across the three student groups, 30-40% of responding students indicated an interest in the new MS in Clinical Epidemiology. Therefore, the degree was developed and implemented.

Complete information on the BSPH Clinical Trials Research concentration and the MS in Clinical Epidemiology can be found in *ERF: B6 Use of Evaluation Data*.

https://www.kent.edu/publichealth/bachelor-science-public-health-bsph-clinical-trials-research

https://www.kent.edu/publichealth/master-science-clinical-epidemiology?viewId=

Clinical Trials Research graduates are prepared for jobs at:

- Contract research organizations
- Pharmaceutical companies
- Hospitals
- Medical schools
- Universities
- Insurance companies

B. Development of the Doctor of Podiatric Medicine DPM/MPH Combined Program

The DPM/MP program was developed based on student interest, and a needs assessment conducted in collaboration with the College of Podiatric Medicine. It was proposed by Dr. Thomas Brewer to the College Curriculum Committee and passed according to the following timetable:

College Curriculum Committee (DPM/MP) February 23, 2018
College Advisory Committee (DPM/MP) February 23, 2018
University Educational Policies Committee (DPM/MPH) March 19, 2018

The Doctor of Podiatric Medicine and Master of Public Health **(DPM/MPH) combined degree program** provides a foundation within podiatric medicine and public health to prepare students with pre-clinical, research, policy, and clinical skills to address individual health and wellness, as well as health, and wellness in the broader community.

Students are exposed to an interdisciplinary curriculum that supplements and expands the skills needed to practice in an increasingly complex and rapidly evolving healthcare system. The innovative coursework prepares students to address public health risks and develop effective health services delivery models. It is an interdisciplinary program that incorporates health services research, health policy analysis, healthcare planning, and management. Given the College's faculty's active research in identifying service gaps and developing evidence-based practices and policy analysis, students emerge with strong skills in health services management, alternative models of service financing, and strategies for improving services.

Students have the flexibility to take classes in-person at our Kent Campus, online anywhere in the world or a combination that meets student needs. All courses are taught by experienced faculty and feature small class sizes for individualized attention.

Additional information on the combined DPM/MPH program can be found in *ERF: B6 Use of Evaluation Data*.

https://www.kent.edu/cpm/dpmmph-combined-degree

C. Expansion of Career Services and Professional Practice Courses in the BSPH

Over the past three years, student exit survey data has indicated student satisfaction with academic advising and indicated that only 2/3 of CPH students are satisfied with career services. One possibility is that the career services offered on campus are primarily targeted to on-campus students, while CPH has about half of our students overall taking mostly online

courses. Therefore, CPH has prioritized enhancing and expanding career services at the College level.

These expanded services include the following specific actions:

- Expansion of the CPH "Career Ambassadors" program: The College currently employs three retired health executives, including two former health commissioners and a senior vice president of a hospital system, who dedicate 1.0 FTE effort (combined) to assist students with individual career counseling appointments, and monthly group career sessions (which are now offered virtually using Zoom due to the pandemic). These sessions are open to all students and alumni.
- Implementation of a fall and spring career fair dedicated to CPH, including over 25 major employers' participation.
- CPH developed a 3-course series at the undergraduate level: Professional Practice I, Professional Practice II, and Professional Practice III. These courses were developed by the Health Policy and Management faculty and approved through the curricular process. These courses have a practical element related to career development. Each student will:

    - complete a self-assessment of their job interests, and skills using Career Exploration, and Development's Focus 2 assessment tool
    - create a resume
    - write a cover letter for a job application
    - introduce themselves to a prospective mentor with a 30-second "elevator speech."
    - create a LinkedIn account and profile
    - develop an ePortfolio to highlight their academic and professional accomplishments
    - prepare for job shadowing and internship
    - become familiar with job search tools and websites
    - meet with one or more of the Public Health Ambassadors
    - propose a personal and professional development plan that they update, and revise throughout their degree program

The syllabi for the professional practice courses may be *ERF: B6 Use of Evaluation Data*. It is important to note that student satisfaction of those electing to participate in the formal career service activities is very high.

D. Development of the combined BSPH/MPH program

Over the past three years, students at both the undergraduate and graduate program levels have expressed in annual climate surveys and exit surveys that one of the most significant challenges is college's affordability and financial challenges. The State of Ohio and Kent State University have responded with affordability and accessibility strategic plan. Based on our students' feedback in the evaluation process, the College committed to developing a combined BSPH/MPH program.

The combined program was proposed by Dr. Thomas Brewer to the CCC on April 7, 2015, after consultation with the faculty in Health Policy and Management. The combined College faculty, approved by the CCC October 9, 2015, presented to, and approved by the CAC on October 9, 2015, and approved by the University EPC on November 16, 2015.

A combined bachelor's/master's degree program allows exceptional, well-prepared Kent State University undergraduate students early admission into a graduate program. Students in a combined degree program take graduate-level coursework as undergraduate students, thus enabling courses to be applied toward both degree programs. Students in a combined

degree program must meet the minimum requirements for each degree earned. Undergraduate requirements must be fully satisfied before a bachelor's degree will be awarded. Until that time, students continue to have undergraduate student status and are charged undergraduate tuition and fees. Following the awarding of the undergraduate degree, their status is changed to that of a graduate student.

To be eligible for admission to a combined degree program, undergraduate students must meet the following stipulations:

- Earn a minimum of 60 credit hours (junior standing)
- Achieve a minimum 3.000 overall Kent State GPA (some combined degree programs may require a higher GPA)
- Complete a standard online graduate application, including paying the application fee
- Meet all admissions requirements for the master's degree program (consult the University Catalog for specific requirements)
- Be admitted to the master's degree program
- Submit the Combined Bachelor's/Master's Degree Form before the first semester of enrollment in the combined program

Undergraduate students in a combined degree program may complete 9-12 credit hours of graduate-level coursework, depending on the approved combined degree program (see **list**) and apply for the courses and credit hours toward their undergraduate degree. Once students complete the undergraduate degree and enter graduate student status, their graduate-level coursework may be applied toward the graduate degree (i.e., courses are double-counted). Students who undertake a combined bachelor's/master's degree program must complete a minimum of 141 unique credit hours, with 30 of those credit hours applied toward the master's degree.

To be eligible for double counting, the coursework must meet all the following criteria:

- Be of graduate-level – under no circumstances will undergraduate-level coursework be applied toward the master's degree
- Apply to degree requirements for the bachelor's, and master's degrees
- Are not awarded as credit by examination
- Meet minimum standards as described in the Academic Standing Graduate policy in the University Catalog

Combined degree programs are initiated by students in consultation with their academic advisor. The combined degree program should be developed according to the student's career interests and goals. It should be an integrated learning experience rather than merely completing a certain number of undergraduate and graduate credits. The proposed combined degree program requires the approval of both the undergraduate and the graduate programs involved and the respective college dean(s).

The overall advantages of this program are savings in time for MPH degree completion and costs.

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Overall, CPH has a robust process for using the many evaluation data sources to make decisions. The CAC and CCC (comprised of faculty) review data provided by institutional research, student exit data, alumni survey data, climate survey data, student surveys of instruction, employer survey data, the student needs assessment data required for the development of new academic programs, financial, and resource data and practicum/internship

evaluations on an annual basis, if not more frequently depending on proposals made by faculty. At Kent State University, the curriculum process rests with the faculty and is a highly structured process that requires evaluation data to make changes or additions/deletions. Therefore, the process is strong and well informed with student data.

The weakness of the highly structured process at Kent State University is that actions often take a year to be implemented. Generally, curriculum changes need to be developed by November to go through the 4-step process of faculty submission to the College Curriculum Committee, the College Advisory Committee, the University Educational Policies Committee, and the Faculty Senate. New programs must then be submitted to the State of Ohio Department of Education, and some programs must then go to the Higher Learning Commission for approval. This process can take one or more years to complete.

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C1. Fiscal Resources

The school has financial resources adequate to fulfill its stated mission and goals. Financial support is adequate to sustain all core functions, including offering coursework and other elements necessary to support the full array of degrees and ongoing operations.

1) Describe the school's budget processes, including all sources of funding. This description addresses the following, as applicable:

Kent State University adopted the Responsibility Center Management (RCM) method of budgeting and forecasting on July 1, 2010. Under this method of accounting, each College is responsible for its own revenue production and expense management. The University maintains a website with information related to the Kent State RCM model at: http://www2.kent.edu/about/administration/business/rcm/links.cfm

The College of Public Health earns revenue through instructional fees, the state share of instruction (SSI), indirect cost recovery, and gifts. During the spring of each year, the College of Public Health RCM and Business Manager meets with the CPH Undergraduate Committee, Graduate Committee, Research & Sponsored Program Committee, and the Budget Planning Committee within the Office of Academic Affairs to formulate the College of Public Health's budget for the upcoming fiscal year. On the revenue side, the key targets are the number of new incoming freshmen, the number of recent graduates, current retention rates, and any changes in the SSI formula. The College also monitors the seated students closely at different intervals within the semester to project revenue streams in both Undergrad and Graduate tuition return.

An expense budget is prepared with the input from Chairs, CAC, and program directors. As our expense budget is formulated each year, the Senior Management of the College strives to ensure that our current and future budgets match our Strategic Initiatives that are outlined in the academic plans.

Once the income and expense budgets have been established, the CPH is responsible for calculating a monthly forecast that is reported to senior administrators within the College and senior financial administrators (Provost and V.P. of Finance and Administration) at the university level. The CPH begins this process after the first quarter of each fiscal year and projects revenues and expenditures for the year, based on past run rates, capital planning, human resource planning, and outstanding obligations. The College monitors external funding using similar planning tools and with the support of the University Research and Administrative Office.

a) Briefly describe how the school requests and/or obtains additional faculty or staff (additional = not replacements for individuals who left). If multiple models are possible, indicate this, and provide examples.

The CAC approves additional Faculty and Staff Positions with advisement from the College's Executive Team. The College must demonstrate continuous funding for any new permanent positions to be approved. Once internal approvals have been obtained, all new positions go through a Provost Office and Central Budget Office review. After approvals have been made through the College, Provost Office, and Central Budget Office, the new position can be posted for applications.

b) Describe how the school funds the following:

a. operational costs (schools define "operational" in their own contexts; definition must be included in response)

The College primarily funds operating costs through Tuition return and State Share of Instruction (SSI). The College's operating expenses include salaries related to

Instructional costs, salaries related to administrative costs associated with instruction, salaries related to University, college service, and non-salary expenses related to instructional delivery.

b. student support, including scholarships, support for student conference travel, support for student activities, etc.

The College uses Tuition, SSI, Discretionary Funds, and Gifts to support these student activities

c. faculty development expenses, including travel support. If this varies by individual or appointment type, indicate this, and provide examples

The College uses Tuition, SSI, Discretionary Account Funding, External Grant Funding, and Indirect Cost Recovery funding to support faculty development costs.

c) In general, terms, describe how the school requests and/or obtains additional funds for operational costs, student support, and faculty development expenses.

This is through the University's Investment and Subvention Committee. The first step in requesting subvention funding through the Central Finance Office at Kent State University requires an internal financial review. For all funding requests, the College of Public Health provides a financial proforma for new investments along with a capital budget for any new capital projects that are being considered. This is first reviewed by the College's Executive Committee for approval and then by the University's financial committee.

Once a project is determined to be financially viable, the formal paperwork is completed and sent to Central Finance for consideration. Central Finance ranks each of the requested projects and determines which ones will be funded for the year. This is based on potential returns and added value to the mission of the University.

From a historical perspective, the College of Public Health has received a large sum of subvention funding from the University. This was related to the College's start-up and the significant investment that the University made in the College. In the first five years of the College's operations, the University invested approximately $10 million in operation funding. Over the past five years, the College of Public Health has not made any additional requests.

d) Explain how tuition and fees paid by students are returned to the school. If the school receives a share rather than the full amount, explain, in general terms, how the share returned is determined. If the school's funding is allocated so that it does not bear a relationship to tuition and fees generated, indicate this and explain.

Tuition and Program Fees: Tuition is comprised of an instructional fee and a general fee. General fees are allocated to certain areas based upon a particular service provided to students (e.g., Student Center, Health Services, and Transportation Services). Tuition is assessed to students based on enrolled credit hours. In RCM, instructional fees are allocated to the responsibility centers. However, the following expenses reduce the overall instructional revenue allocated to the responsibility centers: scholarships, collection costs, bad debt expense, and bank service charges.

Undergraduate revenues are shared between the unit delivering the instruction (80%) and where the student is enrolled as a major (20%). If a student has a dual major, then the 20% portion will be divided equally, with 10% of the revenues going to each major. Graduate revenues are distributed entirely to the College of the course taken by the student. Revenues are distributed based on current year enrollment data.

Most Colleges at Kent State University believe that the allocation method that has been adopted through this RCM model is equitable. There has been a discussion on changing the Input % distributions, but no changes have been made since KSU adopted this RCM methodology.

e) Explain how indirect costs associated with grants and contracts are returned to the school and/or individual faculty members. If the school and its faculty do not receive funding through this mechanism, explain.

Central Research Administration retains 63% of all Indirect Cost Recovery dollars that are generated. This funding is used for operating costs associated with services provided by the KSU Central Research Office (RASP). This leaves 37% for distribution to the Colleges and Faculty. The distribution of Indirect Cost Recovery within the College is set up as a 20% return to the Dean's Office, 12% to Depts, and the remaining 5% to the PI.

If the school is a multi-partner unit sponsored by two or more universities (as defined in Criterion A2), the responses must make clear the financial contributions of each sponsoring university to the overall school budget. The description must explain how tuition and other income is shared, including indirect cost returns for research generated by the school of public health faculty appointed at any institution.

N/A

2) A clearly formulated school budget statement in the format of Template C1-1, showing sources of all available funds and expenditures by major categories for the last five years.

Template C1-1

Sources of Funds, and Expenditures by Major Category, 2014 to 2020						
	2014-15	**2015-16**	**2016-17**	**2017-18**	**2018-19**	**2019-2020**
Source of Funds						
Tuition & Fees	5,159,296	5,588,308	6,713,363	6,686,747	7,517,755	7,640,618
State Appropriation	3,483,172	3,872,177	4,408,504	4,601,489	4,772,217	5,049,630
University Funds	222,717	435,776	710,741	485,008	463,623	335,049
Grants/Contracts	1,411,643	1,533,248	1,024,922	693,168	922,717	1,275,746
Indirect Cost Recovery	89,611	101,477	60,635	89,747	32,429	52,287
Endowment				22,670	26,020	31,073
Gifts	120,000	140,000	140,000	99,351	97,121	93,912
Total	10,486,439	11,670,986	13,058,165	12,678,180	13,831,882	14,478,315
Expenditures						
Faculty Salaries & Benefits	3,344,786	4,009,362	3,630,955	4,255,511	3,947,768	4,250,150
Staff Salaries & Benefits	2,032,243	1,987,507	2,364,003	1,729,830	1,646,260	1,411,328
Operations	672,745	1,022,759	1,072,445	1,055,420	1,118,068	1,335,139
Travel	136,630	275,086	207,984	151,206	131,079	82,429
Student Support	735,031	928,000	714,003	610,924	829,878	1,040,632
University Tax	3,641,225	3,841,521	5,118,738	4,943,658	5,355,471	5,610,118
Indirect Cost Expenses	240,757	275,183	173,651	89,747	87,045	141,317
Total	10,803,417	12,339,418	13,281,779	12,836,296	13,115,569	13,871,113

If the school is a multi-partner unit sponsored by two or more universities (as defined in Criterion A2), the budget statement must make clear the financial contributions of each sponsoring university to the overall school budget.

N/A

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

The College of Public Health is continuously reviewing and revising our 5-year financial plan. We provide a financial business model proforma for every new program that is launched. This proforma is reviewed and approved by our CAC (faculty input).

Overall, the RCM financial model has strength in allowing for college-level decision making regarding financial resources. The RCM fee to the University is a challenge; however, the College has met financial challenges in recent years and is at break-even.

C2. Faculty Resources

The school has adequate faculty, including primary instructional faculty and non-primary instructional faculty, to fulfill its stated mission and goals. This support is adequate to sustain all core functions, including offering coursework and advising students. The stability of resources is a factor in evaluating resource adequacy.

Students' access to a range of intellectual perspectives and to breadth of thought in their chosen fields of study is an important component of quality, as is faculty access to colleagues with shared interests and expertise.

All identified faculty must have regular instructional responsibility in the area. Individuals who perform research in a given area but do not have some regular expectations for instruction cannot serve as one of the three to five listed members.

1) **A table demonstrating the adequacy of the school's instructional faculty resources in the format of Template C2-1**

TEMPLATE C2-1: PRIMARY INSTRUCTIONAL FACULTY

	1st Degree Level			2nd Degree Level	3rd Degree level	Additional Faculty
	PIF 1	PIF 2	PIF 3	PIF 4	PIF 5	
Allied Health BSPH	Tina Bhargava	Kenneth Zakariasen	Jonathan Vangeest	N/A	N/A	PIF: 0 Non-PIF: Miller, Kasim, Nelson, Orlens, Roufael, Snyder
Clinical Trials Research BSPH	Melissa Zullo	Maggie Stedman-Smith	Margaret Stephens	N/A	N/A	PIF: 0 Non-PIF: Bista, Durieux, Jones, Midha, Mulvany, Nayak
Community Health Outreach and Development BSPH	Tina Bhargava	Kristina Knight	Cindy Widuck	N/A	N/A	PIF: 0 Non-PIF: Coetzer Liversage, Evans, Kirkland, Ruther, Sokefun
Global Health BSPH	Madhav Bhatta	Christopher Woolverton	Thomas Brewer	N/A	N/A	PIF: 0 Non-PIF: Alemagno, Bonnah, Miller, Mubikayi, Kabasele
Health Services Administration BSPH	Thomas Brewer	Bethany Lanese	Deric Kenne	N/A	N/A	PIF: 1 Non-PIF: Allam, Beechey Riley, Fink, Franks, Haselton, Howard, Rubens, Spieler, Stefanak, Tomi, Thapaliya
Pre-Medicine BSPH	Madhav Bhatta	Kenneth Zakariasen	Tara Smith	N/A	N/A	PIF: 0 Non-PIF:
Biostatistics MPH	Vinay Cheruvu	Abbey Eng	Lynette Phillips	N/A	N/A	PIF: 2 Non-PIF:
Epidemiology MPH and PhD	Tara Smith	Lynette Phillips	Heather Beaird	Christopher Woolverton	N/A	PIF: 4 Non-PIF: Dalman, Gudina, Shakya, Kodukula
Health Policy and Management MPH and PhD	Peter Leahy	John Hoornbeek	Bethany Lanese	Jonathan Vangeest	N/A	PIF: 4 Non-PIF: Alemagno, Birmingham, Johnson, King, Kollin, Paciorek, Slenvovich

TEMPLATE C2-1: PRIMARY INSTRUCTIONAL FACULTY

	1st Degree Level			2nd Degree Level	3rd Degree level	Additional Faculty
Social and Behavioral Sciences MPH	Eric Jefferis	Kristina Knight	Margaret Stephens	N/A	N/A	PIF: 2 Non-PIF: Hallam, Nolan, DeJulius
Clinical Epidemiology MS	Melissa Zullo	Maggie Stedman-Smith	Vinay Cheruvu	N/A	N/A	PIF: 3 Non-PIF:
Prevention Science PhD	Eric Jefferis	Sheryl Chatfield	Mary Step	N/A	N/A	PIF: 2 Non-PIF: DeBois, Hallam

TOTALS:		
	Named PIF	22
	Total PIF	23
	Non-PIF	47

*__Primary Instructional Faculty (PIF)__ may be counted as a PIF a maximum of two times.

^__Faculty 3__ can be either primary instructional faculty or non-primary instructional faculty. These individuals may appear multiple times if their responsibilities and training/experience are appropriate to count in multiple concentrations.

+__Additional Faculty__ must be individually identified in Templates E1-1 and E1-2, as applicable. PIF and non-PIF faculty identified in other concentrations in the table may be included in this headcount if their responsibilities and training/experience are appropriate to count in multiple concentrations.

The FTE indicated below each faculty name should denote the contribution to the school as a whole rather than to individual concentrations.

2) All primary instructional faculty, by definition, are allocated 1.0 FTE. Schools must explain the method for calculating FTE for any non-primary instructional faculty presented in C2-1.

The College calculates our non-primary instructional faculty FTE by determining the base workload equivalency for staff and faculty. We used a base workload equivalency of 24 load credit hours for our staff participating in teaching within the College. A staff member that taught one three-credit hour course within the year would generate a .125 FTE in this category (3 credit hours / 24 credit hours = .125 FTE). We would use this same methodology to calculate a TT level Faculty's participation in this non-primary instructional category. For our NTT calculation, we are using a base of 30 load credit hours. An NTT that taught a 3-credit hour course within the year would generate a .10 FTE for this category
(3 credit hours/30 credit hours = .10 FTE).

3) If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates.

Not Applicable

4) Data on the following for the most recent year in the format of Template C2-2. See *Template C2-2* for additional definitions and parameters.

General Advising & Career Counseling			
Degree Level	**Average**	**Min**	**Max**
Bachelor's	n/a	n/a	n/a
Master's	19.1	1	62
Doctoral	3.6	1	9

Advising in MPH Integrative Experience		
Average	**Min**	**Max**
4.75	2	8
Supervision/Advising of bachelor's Cumulative or Experiential Activity		
Average	**Min**	**Max**
n/a	n/a	n/a

Mentoring/Primary Advising on Thesis, Dissertation or DrPH Integrative Project			
Degree	**Average**	**Min**	**Max**
DrPH	n/a	n/a	n/a
PhD	2.2	1	5
Master's other than MPH	17	1	33

The College of Public Health employs professional primary role academic advisors to advise bachelor's degree students. These individuals are not faculty members. The career ambassadors who provide

career advising and the Office of Career Exploration and Development at the university level are professional staff members and do not hold faculty rank.

5) Quantitative data on student perceptions of the following for the most recent year. Schools should only present data on public health degrees and concentrations.

a. Class size and its relation to quality of learning (e.g., The class size was conducive to my learning)

Kent State University has moved away from collecting this data in the Student Survey of Instruction; thus, this data is not collected. However, students in the college of Public Health experience maximum course sizes at the bachelor's level that are, on average, 44 students, at the master's level, on average 28 students and the doctoral level, 18 students. This data is based on the Fall 2020 schedule before reducing class size due to the COVID -19 pandemic. Independent investigation, internships, practica, thesis, and directed research have been removed from the calculations due to their individualistic nature and smaller class sizes.

This will be added as a component of the College of Public Health exit survey for graduating seniors. Feedback will be available for students graduating in December 2020.

b. Availability of faculty (i.e., Likert scale of 1-5, with five as very satisfied)

How would you rate the availability of public health faculty outside of class?

	Excellent	Good	Fair	Poor	Very Poor
BSPH 2016-2017 (n=108)	42.06%	40.19%	13.08%	3.74%	0.93%
BSPH 2017-2018 (n=75)	52.00%	34.67%	10.67%	1.33%	1.33%
BSPH 2018-2019 (n=10)	60.00%	30.00%	10.00%	0.00%	0.00%
MPH 2016-2017 (n=51)	50.98%	33.33%	11.76	3.92%	0.00%
MPH 2017-2018(n=51)	55.10%	30.61%	10.20%	4.07%	0.00%
MPH 2018-2019 (n=9)	44.44%	33.33%	22.22%	0.00%	0.00%
PhD 2016-2017 (n=7)	57.14%	14.29%	28.57%	0.00%	0.00%
PhD 2017-2018 (n=5)	20.00%	60.00%	20.00%	0.00%	0.00%
PhD 2018-2019 (n=3)	33.33%	33.33%	33.33%	0.00%	0.00%

6) Qualitative data on student perceptions of class size and availability of faculty. Only present data on public health degrees and concentrations.

Qualitative data was collected as part of the exit survey across six semesters spanning academic Years (AY) 2017-2018 and 2018-2019. The procedure for collecting exit surveys resulted in a robust overall response rate: 97.8% in 2017-2018 and 98.9% in 2018-2019.

Sixty-one students provided a comment about their experience with faculty. 67.2% (41) were classified as positive, 16.4% (10) were classified as negative, and 16.4% (10) were classified as mixed.

Many students named individual faculty who made a positive impact on their experience as a student. Students also provided more general positive feedback:

- *One of my favorite things about being a public health graduate from Kent State University is that all of my professors in the Public Health department were so respectful of me not only as a student but as a human being. Open and honest communication is so important when it comes to student and teacher relationships, and I find that the public health faculty really value that.*

- *There have been many professors and advisers along the way in this college that have inspired me to never quit on my goals, truly an amazing experience with the college of Public Health! I feel that the instructors were incredibly accessible and knowledgeable.*
- *I have been very impressed with the expectations that professors have for online students.*
- *My professors have been incredible and a wealth of knowledge and support…*
- *… I felt that the teachers knew you and cared about your success as a student.*

Students are affected by faculty who are not engaged or seem too busy. They want faculty to provide meaningful assignments and content:

- *I encountered a few online professors that were very distant and not engaged with the class.*
- *Some instructors were not prepared for class; others were so overboard on assignments that were just time-consuming and took away from the actual learning of the materials needed for the core competencies.*
- *I think it is important in online courses that instructors interject their experiences and knowledge into the discussion and assessments of assignments and topics. As for other courses, most grading was far too subjective and not truly based on rubrics.*

Many students recognized both positive and negative experiences with faculty:

- *I also do not believe that all the Professors had their hearts into the subjects. It seemed to me some of our Professors just wanted to get it over with. Do not get me wrong; there were some Instructors that showed forth their desire to help us learn the subjects being taught.*

Students also cited specific aspects of the program, such as faculty and community:

- *Overall, I have greatly enjoyed the MPH program. I feel that the instructors were incredibly accessible and knowledgeable. I enjoyed the variety of courses. I look forward to using the knowledge and skills I obtained in the program in my career.*
- *I would like to express my appreciation and gratitude towards all the Public Health professors I came into contact with during my undergrad and graduate years. The PH community at Kent State is very friendly and has been great for networking; I appreciate all the faculty's kindness and willingness to help me through my journey. KSU's PH department is one to be recognized and remembered.*

A full summary will be prepared in the final study. Data is available in *ERF: C2 Faculty Resources*.

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Due to the COVID-19 Pandemic Student, Instructional Data for Spring 2020 and Summer 2020 will be unavailable. There have been no determinations made regarding the Fall 2020 data at this time. There will need to be a modification of the Exit and Alumni Surveys moving forward to accommodate for item five in this section.

C3. Staff and Other Personnel Resources

The school has staff and other personnel adequate to fulfill its stated mission and goals. The stability of resources is a factor in evaluating resource adequacy.

1) **A table defining the number of the school's staff support for the year in which the site visit will take place by role or function in the format of Template C3-1. Designate any staff resources that are shared with other units outside the unit of accreditation.**

Template C3-1 - Staff Support

Role/Function	FTE
Sonia Alemagno (Dean, lead Academic, and Operational function in College)	1.0
Jeff Hallam (Associate Dean, oversees Graduate Programs)	1.0
Jennifer Miller (Assistant Dean, oversees Undergrad Program, and Advising)	1.0
Brent Christman (Director RCM, and Business Operations)	1.0
Tracy Schlemmer (Advancement Officer, Gifts, and Development)	1.0
Sasi Benzigar (Dir, Inst Tech & Online Lrng, Develop & Support Online Prog)	1.0
Jamie Rhoads (Sr Inst. Designer, Support Online Programs)	1.0
Karen Baker (Graduate Prog Asst Coordinator, Graduate Administration)	1.0
Kim Yodice (Special Assistant, College Administration)	1.0
Shaunte Rouse (Academic Advisor, Student Advising)	1.0
Mary Scott Toepfer (Academic Advisor, Student Advising)	.5
Tera Dent (Academic Advisor, Student Advising)	.5
Josh Filla (Outreach Prog Mgr, Grants Administration)	1.0
Grace Battaglia Hoffman (Student Prog Coord, various administrative)	1.0
Ken Slenkovich (Ambassador, support MPH Online, and Continuing Education)	.4
Matt Stefanak (Ambassador, Workforce Development, and Continuing Education)	.4
Bill Franks (Ambassador, Student Placement)	.2

2) **Provide a narrative description, which may be supported by data if applicable, of the contributions of other personnel.**

DEAN: Resolves problems, provide instructions, guidance, and counsel to faculty, students, staff, and administrators in the College in matters of University procedure, policy, interpersonal relations, development and public relations; Evaluates faculty for reappointment, tenure, promotion, development leaves and merit salary increases; Provides leadership for strategic planning; Develops, monitors, and advises sub-units on budgets, and fiscal management; allocates current expenses, capital equipment and personnel budgets; Evaluates, and approves all curricular changes, advising functions, student recruitment, and retention actions, and initiatives; Engages in development through cultivation, and solicitation of individual donors, foundations and corporations; Fosters development activities, and provide assistance to individual school directors in development initiatives, proposals and case studies; Serves on various University boards, and committees including: University Foundation Board, EPC, AAC and Faculty Senate, etc.; Represents the College to the University Administration on all curricular, fiscal, personnel, and administrative issues; Makes recommendations to the University on behalf of the College; Serves as a spokesperson for the College on a variety of issues related to institutional mission; Fulfills responsibilities of human resource management including equal employment opportunity, affirmative action and employee development; Coordinates, and oversees a number of special projects.

AMBASSADOR: Directs the Office of Public Health Practice, and Partnerships; Cultivates, builds, and sustains support for the College from a variety of key constituents including: local health departments, Ohio Department of Health, Ohio Colleges, and Universities, Ohio's public health associations, Ohio legislators, public, and private social service organizations in NE Ohio,

healthcare institutions, substance abuse prevention, and treatment organizations, etc.; Develops a strategic initiative to present the College of Public Health to key constituents – including: developing a plan, implementing the initiative, scheduling/arranging/conducting meetings, and presentations, and the design, and production of communication pieces (e.g., press releases, letters, interview, etc.); Develops partnerships with key organizations (i.e., joint grant applications between faculty, and other Ohio universities; Develops agreements, and projects with appropriate state, and local agencies; Develops community health projects with The Center for Community Solutions/Community Health Advisory Council; Develops program components for the College (cultural competence plan; Assists with the development of a research center; develop a student placement program); Works collaboratively with the Dean on strategic planning initiatives, projects and governance; May respond to, and resolve complaints.

DIRECTOR, RCM and BUSINESS OPERATIONS: Develops, and maintain budgeting systems; prepares cost projections for budget increases, and additions; Identifies funding sources; review budget proposals; Distributes budget information for the College; Prepares, and reviews forecast worksheets; Consults with Dean's, and Executive Management officers on methodology, and reasonableness of forecast projections; Develops, maintains and supports the College in the formulation of three to five year forecasts; Maintains financial records; review financial reports; respond to requests for financial data; Advises Dean, and Executive Management on various personnel matters involving recruitment, selection, retention, compensation and performance evaluation; Ensures compliance with division, and University personnel policies, and procedures; Compiles, and reports financial information for management analysis, and decision making needs; Serves on various University committees; Works with the Dean, and Executive Management team to develop the long, and short term strategic financial plans; Manages the general accounting functions involving revenue, expenditure, asset, liability, fund balance and development accounts; Prepares budget revisions, and other various financial transactions; Reviews, and approves budget revisions; Provides routine audits of the expense reimbursements, Pcard transactions and check request process; Manages the Research Administrative process; Fulfills responsibilities of human resource management including equal opportunity, affirmative action and employee development; Coordinates, and oversees personnel activities including but not limited to, recruitment, employee selection, appraisals and evaluation.

DIRECTOR, ADVANCEMENT: Develops and implements cultivation strategies in consultation with other professional development staff for generating private financial support based on assigned area's goals and objectives; Identifies, cultivates, and solicits prospects for major and special gifts and larger annual gifts; Assists in the University's capital campaign; cultivates, and solicits individuals within Ohio, and in nationally assigned regions; Recruits, and trains volunteers to assist with fundraising efforts at the special gifts, and annual giving levels; Serves as liaison between designated area, and Institutional Advancement regarding prospect activity; Manages major donor prospects including individuals, corporations and foundations; Works with the Annual Fund to execute the annual giving program, concentrating on donor upgrading; May assist in planning, and developing special projects relative to interests of prospects.

ASSISTANT DEAN: Coordinates the schedule of undergraduate and graduate classes with the Assoc Dean; Directs the activities of undergraduate academic advising; Assists departments with the activities of graduate student orientation; Coordinates the efforts of undergraduate/graduate recruitment between dean's office staff and departments; Coordinates the evaluation process for student exit surveys, advising surveys, employer surveys, and alumni surveys; Works with our Public Health Ambassadors to ensure students are receiving valuable job placement, and mentoring opportunities; Advises the Dean concerning issues related to the Students Services mission; Coordinates the CEPH accreditation data collection process; Serves on various departmental, divisional and University committees.

DIRECTOR, DISTANCE LEARNING (INSTRUCTIONAL DESIGNER): Coordinates the school's online course offerings and implement the Quality Matters quality control process; Supervises the

College educational technologists and support resources; Works directly with faculty on delivering on-line course sections.

3) **Provide narrative and/or data that support the assertion that the school's staff and other personnel support is sufficient or not sufficient.**

The organization and administration of the College meet the needs of CPH. The College operates as a College of the whole, which meets our Collective Bargaining structure's needs.

4) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

No substantial changes in the near future.

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C4. Physical Resources

The school has physical resources adequate to fulfill its stated mission and goals and to support instructional schools. Physical resources include faculty, and staff office space, classroom space, student shared space, and laboratories, as applicable.

1) Briefly describe, with data as applicable, the following. (Note: square footage is not required unless specifically relevant to the school's narrative.)

- *Faculty office space*

  The College of Public Health occupies Faculty Office space on the 3rd floor of Lowry, 1st Floor of Lowry, and the Second Floor of Moulton Hall. This is adequate space for our faculty, along with room for growth in our programs. Full-time faculty have private office space.

- *Staff office space*

  The College of Public Health's primary Office space for staff is on the 1st floor of Moulton Hall. The Dean's Office is located on the first floor of Moulton, along with our student services group. We have additional staff that are spread throughout other areas in both Moulton and Lowry Halls. Full-time staff have private offices.

- *Classrooms*

  In general, classrooms at KSU are pooled and shared across programs at the University. This gives the College many different options based on student capacity and electronic needs. The College currently has two designated classrooms that are primarily set aside for the College of Public Health (Moulton 231, and 231a). The College access classroom space through the centralized process, and there have been no challenges in obtaining classroom space.

- *Shared student space*

  The College has a common student area on the second floor of Moulton Hall. This is a working lounge for students. This is adjacent to our tutoring lab on the second floor of Moulton Hall.

- *Laboratories, if applicable to public health degree school offerings*

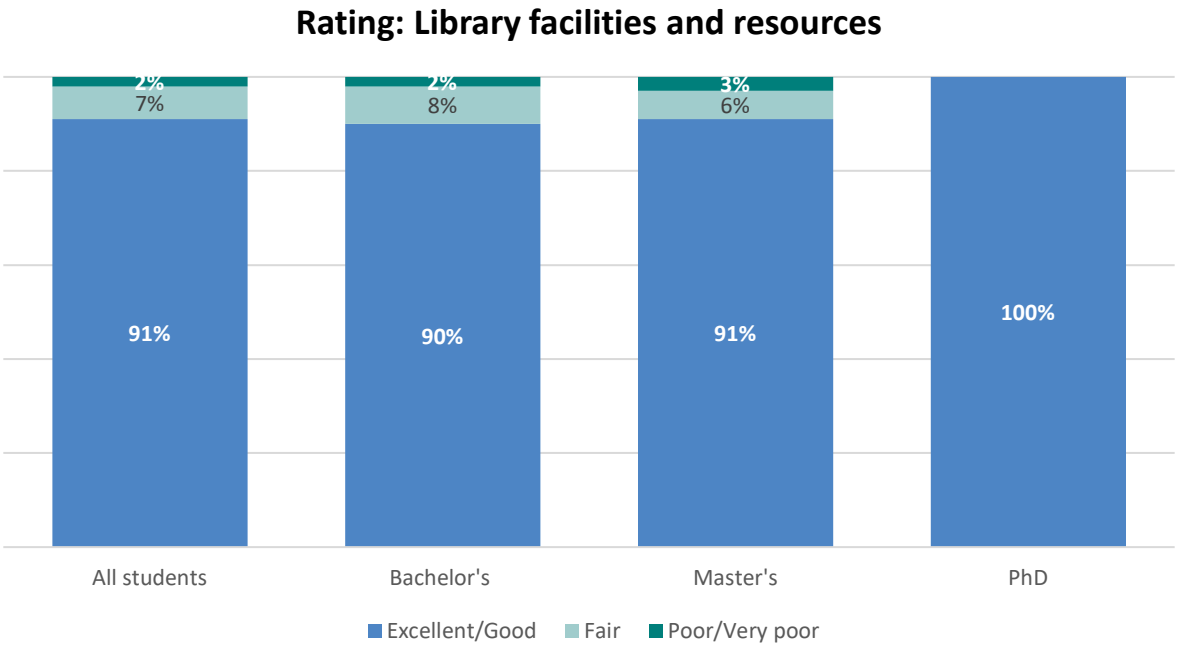
  The College has two labs that are designated solely for the College of Public Health. These are both on the 3rd floor of Lowry and are occupied by Dr. Tara Smith and Dr. Chris Woolverton.

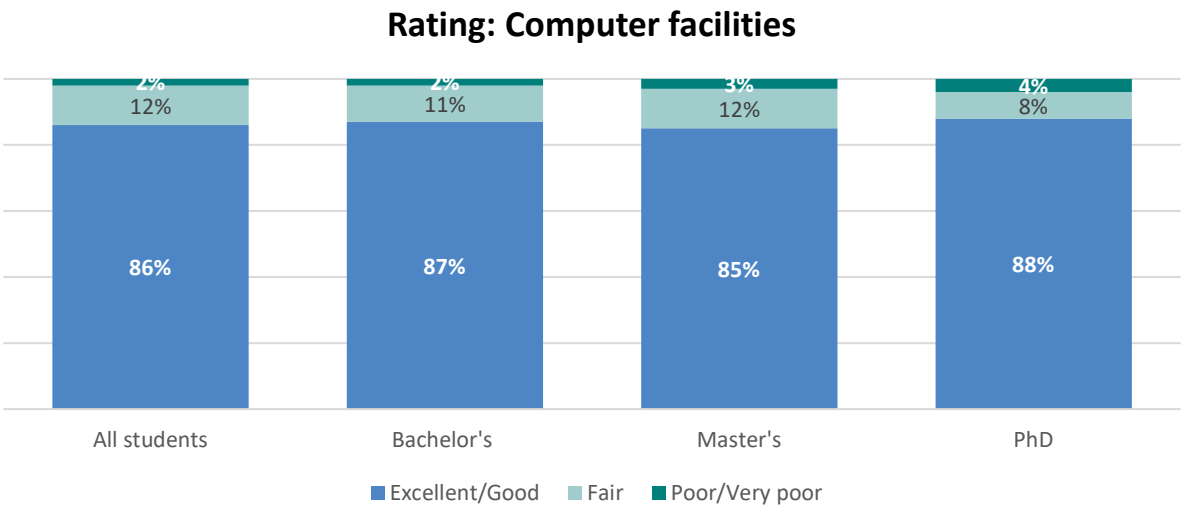
2) Provide narrative and/or data that support the assertion that the physical space is sufficient or not sufficient.

With the College's expansion into Moulton Hall in the last two years, we believe the College. Space is adequate, with room for growth. This room for growth includes several public gathering spaces, flexible spaces, office space, and laboratory space. Additionally, as part of the building, CPH has access to the Moulton Hall Ballroom with a capacity for 90+ and a reduced 40 person capacity due to COVID -19.

Additionally, information obtained as part of the 10 Year Alumni Survey yielded alumni feedback regarding library facilities and resources and computer facilities access. The results are below. A

more detailed explanation can be found in *ERF: B4 Alumni Perceptions of Curricular Effectiveness*.





3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Students, Faculty, and Staff seem to be relatively pleased with the College's space accommodations. The College's space has been updated recently, with many new additions in the past three years.

C5. Information and Technology Resources

The school has adequate information and technology resources to fulfill its stated mission and goals and support instructional schools. Information and technology resources include library resources, student access to hardware and software (including access to specific software or other technology required for instructional schools), faculty access to hardware and software (including access to specific software required for the instructional schools offered), and technical assistance for students, and faculty.

1) Briefly describe, with data if applicable, the following:

- *library resources, and support available for students and faculty*

  University Libraries (UL) budgets over $50,000 annually for library collections to support the ongoing needs of the new College of Public Health. Over the past nine months, UL identified and purchased many important public health resources. UL has expended over $19,000 in new journal subscriptions, over $14,000 for books, eBooks, reference materials, and over $10,000 for the Public Health (ProQuest) database, which indexes and provides full-text access to core public health literature.

  In addition to the public health resources currently available in our local collection, we also provide access to many key public health journals via OhioLINK's Electronic Journal Center (EJC). Additionally, an increasing number of online resources are freely available to the public via government and other public health agencies such as the World Health Organization and Centers for Disease Control and Prevention. Library resources available to all CPH faculty, staff, and students can be viewed at the University Libraries site at **http://www2.kent.edu/library/index.cfm**

- *student access to hardware and software (including access to specific software or other technology required for instructional schools)*

  Students have access to multiple campus computer labs and workspaces (17 current computer labs on campus). Additionally, students can purchase and download free software through the Software Catalog (**https://apps.kent.edu/SoftwareCatalog/Software.aspx**). A comprehensive offering of software available to students in the Library can be found at (**https://libguides.library.kent.edu/amenities/computers**).

- *faculty access to hardware and software (including access to specific software or other technology required for instructional schools)*

  To ensure that faculty have the latest technology to use for teaching and research, the University has a computer refresh program that allocates resources towards purchasing a new computer every four years. This is made available for both tenure-track and non-tenure-track faculty. There are several computer options for faculty to choose from that best fit their research and teaching needs.

- *technical assistance available for students and faculty*

  Multiple Tech Help Centers are located in academic and residential buildings (6 current Tech Help sites). A detailed map can be found at **https://map.concept3d.com/?id=568#!ce/10571?ct/10574**. Additionally, Helpdesk tech support is available 24/7 to all Kent State students on all campuses by phone 24 hours a day, seven days a week.

2) Provide narrative and/or data that support the assertion that information and technology resources are sufficient or not sufficient.

Between the resources offered by the University Library, expansive and accessible public lab spaces, and critical software across campus, a robust hardware refresh program for our faculty, and comprehensive computer support provided by the Department of Information Technology's Helpdesk as well as local desktop support provided to the college, the information, and technology resources available to the College of Public Health are sufficient for its mission.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

One area that can be improved in our technology offerings, especially in the wake of the COVID-19 pandemic, is access to virtual lab spaces. Kent's Department of Information Technology is currently working to establish multiple Virtual Machines to augment the existing physical lab spaces, allowing users working or learning remotely the same access to resources and software provided in our physical labs. This includes access to key Public Health software such as SPSS, and SAS, at no additional charge to the end-user.

When these virtual machines are operational, users will be able to practice responsible physical distancing without sacrificing access to key technological resources integral to the College experience.

D1. MPH & DrPH Foundational Public Health Knowledge

The school ensures that all MPH and DrPH graduates are grounded in foundational public health knowledge.

The school validates MPH and DrPH students' foundational public health knowledge through appropriate methods.

1) **Provide a matrix, in the format of Template D1-1, that indicates how all MPH and DrPH students are grounded in each of the defined foundational public health learning objectives (1-12). The matrix must identify all options for MPH and DrPH students used by the school.**

TEMPLATE D1-1. Content Coverage for MPH (, and DrPH degrees, if applicable)	
Content	**Course number(s) & name(s) or other educational requirements**
1. Explain public health history, philosophy, and values	EPI 52017 – Module 1 HPM 53010 – Module 1
2. Identify the core functions of public health and the 10 Essential Services*	EPI 52017 – Module 1 EHS 52018 – Module 1
3. Explain the role of quantitative, and qualitative methods, and sciences in describing, and assessing a population's health	BST 52019 – Module 1,2 HPM 53010 – Module 1,3,4,5,6,7
4. List major causes, and trends of morbidity, and mortality in the US or other community relevant to the school or program	EHS 52018 – Module 1,2,3,4
5. Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc.	EPI 52017 – Module 1
6. Explain the critical importance of evidence in advancing public health knowledge	BST 52019 – Module 1,2
7. Explain the effects of environmental factors on a population's health	SBS 54634 – Module 2 EHS 52018 – Module 2,3,4,5,6,7
8. Explain biological and genetic factors that affect a population's health	EHS 52018 – Module 4
9. Explain behavioral and psychological factors that affect a population's health	SBS 54634 – Module 4 EHS 52018 – Module 2,5,7
10. Explain the social, political, and economic determinants of health, and how they contribute to population health, and health inequities	HPM 53010 – Module 2 SBS 54634 – Module 5 EHS 52018 – Module 3
11. Explain how globalization affects global burdens of disease	EHS 52018 – Module 5,6
12. Explain an ecological perspective on the connections among human health, animal health, and ecosystem health (e.g., One Health)	EHS 52018 – Module 6

2) **Document the methods described above. This documentation must include all referenced syllabi, samples of tests or other assessments, and web links or handbook excerpts that describe admissions prerequisites, as applicable.**

   Additional Documents can be found in *ERF: D1 MPH & DrPH Foundational Public Health Knowledge*.

3) If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area.

The CPH has taken a meaningful approach to provide students with the required learning experiences to support students' foundational knowledge at the graduate level. In 2017 the College realigned its core curriculum to meet the criterion mentioned above. The CPH reviews academic performance in coursework (grades) to ensure students meet standards after each semester and review grade trends in online and on-ground coursework. The College additionally reports data and has aligned these competencies to the Kent State University assessment system Taskstream for university reporting.

D2. MPH Foundational Competencies

The school documents at least one specific required assessment activity (e.g., component of existing course, paper, presentation, test) for each competency, during which faculty or other qualified individuals (e.g., preceptors) validate the student's ability to perform the competency.

Assessment opportunities may occur in foundational courses that are common to all students, in courses that are required for a concentration or in other educational requirements outside of designated coursework, but the school must assess *all* MPH students, at least once, on each competency. Assessment may occur in simulations, group projects, presentations, written products, etc. This requirement also applies to students completing an MPH in combination with another degree (e.g., joint, dual, concurrent degrees). For combined degree students, assessment may take place in either degree school.

1) **List the coursework and other learning experiences required for the school's MPH degrees, including the required curriculum for each concentration and combined degree option. Information may be provided in the format of *Template D2-1* or hyperlinks to student handbooks or webpages, but the documentation must present a clear depiction of the requirements for each MPH degree.**

   Program requirements for the MPH Degree can be found at http://catalog.kent.edu/colleges/ph/public-health-mph/#programrequirementstext.

Requirements for an MPH Degree, Biostatistics Concentration		
Course number	**Course Name***	**Credits (if applicable)**
BST 52019	Biostatistics in Public Health	4
EHS 52018	Environmental Health Concepts in Public Health	3
EPI 52017	Fundamentals of Public Health Epidemiology	3
HPM 52016	Public Health Administration	3
HPM 53010	Community Health Needs Assessment	3
SBS 54634	Social Determinants of Health Behaviors	3
	Major Electives	6 to 9
BST 60192	Practicum Experience in Biostatistics	3 to 6
BST 63012	Survival Analysis in Public Health	3
BST 63013	Experimental Designs in Public Health Research	3
BST 63014	Applied Regression Analysis of Public Health Data	3
EPI 63016	Principles of Epidemiologic Research	3
EPI 63034	Longitudinal Data Analysis	3

Requirements for an MPH Degree, Epidemiology Concentration		
Course number	**Course Name***	**Credits (if applicable)**
BST 52019	Biostatistics in Public Health	4
EHS 52018	Environmental Health Concepts in Public Health	3
EPI 52017	Fundamentals of Public Health Epidemiology	3
HPM 52016	Public Health Administration	3
HPM 53010	Community Health Needs Assessment	3
SBS 54634	Social Determinants of Health Behaviors	3
	Major Electives	6 to 9
BST 63012	Survival Analysis in Public Health *or*	3
or EPI 63034	Longitudinal Data Analysis	
BST 63014	Applied Regression Analysis of Public Health Data	3
EPI 60192	Practicum Experience in Epidemiology	3 to 6
EPI 63014	Epidemiology of Chronic Diseases	3
EPI 63015	Epidemiology of Infectious Diseases	3
EPI 63016	Principles of Epidemiologic Research	3

Requirements for MPH Degree, Health Policy and Management Concentration		
Course number	**Course Name***	**Credits (if applicable)**
BST 52019	Biostatistics in Public Health	4
EHS 52018	Environmental Health Concepts in Public Health	3
EPI 52017	Fundamentals of Public Health Epidemiology	3
HPM 52016	Public Health Administration	3
HPM 53010	Community Health Needs Assessment	3
SBS 54634	Social Determinants of Health Behaviors	3
	Major Electives	6 to 9
HPM 53003	Health Care Systems	3
HPM 53004	Public Health Policy, Law, and Ethics	3
HPM 53005	Financial Management for Public Health Organizations	3
HPM 53006	Cost-Benefit Analysis in Public Health Programs	3
HPM 53007	Public Health Programs: Planning, Implementation, and Evaluation	3
HPM 60192	Practicum Experience in Health Policy and Management	3 to 6

Requirements for Joint DPM/MPH Degree, Health Policy and Management Concentration		
Course number	**Course Name***	**Credits (if applicable)**
BST 52019	Biostatistics in Public Health	4
EHS 52018	Environmental Health Concepts in Public Health	3
EPI 52017	Fundamentals of Public Health Epidemiology	3
CMD 80326	Public Health Administration	3
HPM 53010	Community Health Needs Assessment	3
SBS 54634	Social Determinants of Health Behaviors	3
	Major Electives	6 to 9
HPM 53003	Health Care Systems	3
CMD 80327	Healthcare Law and Regulation	**3**
HPM 53005	Financial Management for Public Health Organizations	3
HPM 53006	Cost-Benefit Analysis in Public Health Programs	3
HPM 53007	Public Health Programs: Planning, Implementation, and Evaluation	3
HPM 60192	Practicum Experience in Health Policy and Management	3 to 6

Requirements for MPH Degree, Social, and Behavioral Sciences Concentration		
Course number	**Course Name***	**Credits (if applicable)**
BST 52019	Biostatistics in Public Health	4
EHS 52018	Environmental Health Concepts in Public Health	3
EPI 52017	Fundamentals of Public Health Epidemiology	3
HPM 52016	Public Health Administration	3
HPM 53010	Community Health Needs Assessment	3
SBS 54634	Social Determinants of Health Behaviors	3
	Major Electives	6 to 9
HPM 53007	Public Health Programs: Planning, Implementation, and Evaluation	3
SBS 50002	Quantitative Methods in Social and Behavioral Sciences	3
SBS 50020	Social and Behavioral Science Theories	3
SBS 50030	Seminar in Social and Behavior Sciences	3
SBS 53008	Grant Writing in Social and Behavioral Sciences	3
SBS 60192	Practicum Experience in Social and Behavioral Sciences	3 to 6

2) **Provide a matrix in the format of *Template D2-2* that indicates the assessment activity for each of the foundational competencies. If the school addresses all of the listed foundational competencies in a single, common core curriculum, the school need only present a single matrix. If combined degree students do not complete the same core curriculum as students in the standalone MPH school, the school must present a separate matrix for each combined degree. If the school relies on concentration-specific courses to assess some of the foundational competencies listed above, the school must present a separate matrix for each concentration.**

Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s), and name(s)***	**Describe specific assessment opportunity[n]**
Evidence-based Approaches to Public Health		
1. Apply epidemiological methods to the breadth of settings, and situations in public health practice	EPI 52017, Fundamentals of Public Health Epidemiology	**Module 2 Assignment:** Epidemiological approach to diseases: This assignment will require you to use data provided in the attached Excel spreadsheet to conduct analyses, describe the population, and calculate the epidemiologic measures necessary to investigate the source of the outbreak presented in the scenario for Exercise 1: Descriptive Investigation. You are expected to perform all of the data analyses yourself; you are encouraged to work with your Exercise Group and assist each other, as you would like. Once you are comfortable with your work, click on the link for this assignment and enter each of your answers directly in the space provided for each question, without units and rounded to one decimal place, when applicable. **Module 2 Quiz:** Question 3:In three sentences or less, briefly describe how public health practice and the field of epidemiology have evolved over the past 100 years. Question 11: How does the herd immunity proportion relate to the basic reproductive rate and the chance of an epidemic? **Module 3 Discussion Assignment:** To begin, get to know your external partner. Browse the attached Interprofessional Bio to learn about their background, current positions, responsibilities, and the role they will play to assist your group in the completion of this exercise. Then, navigate to your Exercise Group's Blackboard page and enter your Group Discussion Board. In the forum titled Interprofessional Collaboration Forum: Exercise 1, introduce yourself to your external partner and ask any questions about their background, the exercise scenario, and options for their preferred method(s) of communication. Then, using a prearranged method of communication, cooperate with your Exercise Group to effectively communicate with your external partner to meet the following objectives: Communicate with your external partner to identify and obtain all information relevant to your descriptive investigation; Explain the methods, results, and implications of your descriptive investigation to your external partner; Identify and discuss your external partner's plan of action for a suitable response to the situations of public health concern; Work with your external partner to formulate potential recommendations for relevant methods of future public health prevention and control; and Discuss options and your external partner's preferences for your group's preparation of an effective and audience-appropriate summary report. **BST 52019:** Data Analysis

Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s), and name(s)***	**Describe specific assessment opportunity[n]**
		Project and Quiz can be located in Assignments Referenced in D2-2 in *ERF: D2 MPH Foundational Competencies*
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	EPI 52017, Fundamentals of Public Health Epidemiology BST 52019, Biostatistics in Public Health	**EPI 52017 Module 5: Research and Study Design-** This assignment will require you to brainstorm ideas to design one possible analytic research study you could have conducted to produce the attached exercise data. Although you are responsible for submitting your answers to the ten assignment questions in Blackboard and you are expected to perform all of the data analyses yourself, you are encouraged to work with your Exercise Group and assist each other, as you would like. Once you are comfortable with your work, click on the link for this assignment and enter each of your answers directly in the space provided for each question. Note that you may save and resume your work up until the due date for the assignment. When you have entered all ten of your answers, click Save and Submit to submit your assignment. **EPI 52017 Module 5 Quiz-** Question1: A local group of obstetricians conducted a study among their patient population to investigate the relationship between delayed conception and maternal caffeine consumption. For this study, time to conception was dichotomized as normal, defined as trying to conceive for less than one year, or delayed, defined as trying to conceive for one year or longer. The study enrolled 300 pregnant women between the ages of 18 and 34, half of whom had delayed conception. Upon enrollment, each woman was interviewed in-person about her pre-pregnancy behaviors, including her daily caffeine consumption, which was ultimately dichotomized as low, defined as less than 300 mg per day, or high, defined as 300 mg per day or more. Which type of design best describes this study? Question 2: To improve the management of patients with type II diabetes, a large health insurance provider worked with endocrinologists in their service area to develop a new lifestyle modification program involving a team-centered approach to personalized nutrition and physical activity planning. Shortly after, a study to evaluate the program's benefits was initiated, and 500 patients recently diagnosed with type II diabetes were enrolled. The patients underwent a baseline assessment, and 1/4 were randomly assigned to participate in the new lifestyle modification program, while the remaining 3/4 were assigned to continue receiving their usual care. All patients, regardless of study group assignment, were reevaluated every three months, and several standardized indicators of success in diabetes management were recorded. These indicators were combined and dichotomized to identify the patients as successful or unsuccessful in managing their

Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s), and name(s)***	**Describe specific assessment opportunity[n]**
		diabetes for the analyses. Which type of design best describes this study? **BST 52019:** Data Analysis Project Attached; Quiz can be located in Assignments Referenced in D2-2 in *ERF: D2 MPH Foundational Competencies*
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming, and software, as appropriate	BST 52019, Biostatistics in Public Health	**Module Discussion Post:** Find an example of a 95% confidence interval in a research article (include the link to the article). Give an interpretation of the confidence interval. What question is the confidence interval answering? Describe the sample that is used in the research. Be thorough in your reporting of the confidence interval and your description of the sample and cite the article. **Module 2 Quiz** can be located in Assignments Referenced in D2-2 in *ERF: D2 MPH Foundational Competencies*
4. Interpret results of data analysis for public health research, policy, or practice	EPI 52017, Fundamentals of Public Health Epidemiology BST 52019, Biostatistics in Public Health	**EPI 52017 Module 7 Assignment 3**: This assignment will require you to independently evaluate your group's analytic research study's strengths and limitations and scrutinize the true nature of the relationship between the "exposure" and "disease" you investigated. Although you are responsible for submitting your answers to the ten assignment questions in Blackboard, you are encouraged to work with your Exercise Group and assist each other, as you would like. **Quiz:** To improve the management of patients with type II diabetes, a large health insurance provider worked with endocrinologists in their service area to develop a new lifestyle modification program involving a team-centered approach to personalized nutrition and physical activity planning. Shortly after, a clinical trial to evaluate the program's benefits was initiated, and 500 patients recently diagnosed with type II diabetes were enrolled. The patients underwent a baseline assessment, and 1/4 were randomly assigned to participate in the new lifestyle modification program, while the remaining 3/4 were assigned to continue receiving their usual care. All patients, regardless of study group assignment, were reevaluated every three months for one year, and several standardized indicators of success in diabetes management were recorded. These indicators were combined and dichotomized to identify the patients as successful or unsuccessful in managing their diabetes for the analyses. Following current treatment standards, some patients were prescribed medications to assist in managing their diabetes. Thus, participant use of diabetes medication and hypoglycemia (i.e., low blood sugar) were also recorded. After the study, hypoglycemia incidence was calculated separately among participants using and not using diabetes medication in the usual care and lifestyle modification program study groups. Given the stratified study results depicted in the

Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s), and name(s)***	**Describe specific assessment opportunity[n]**
		table below, answer the following questions (worth 3 points each): a) According to an additive interaction model, what is the expected incidence of hypoglycemia among participants using diabetes medication in the lifestyle modification program? b) According to a multiplicative interaction model, what is the expected incidence of hypoglycemia among participants using diabetes medication in the lifestyle modification program? c) In this study, is there interaction between using diabetes medication and participating in the lifestyle modification program on hypoglycemia incidence? d) What evidence is there that there is/is no interaction between using diabetes medication and participating in the lifestyle modification program on the incidence of hypoglycemia? **BST 52019 Discussion:** Design your study where Correlation or Regression would be the appropriate test statistic. Give (1) your sample, (2) research question, (3) the appropriate test with the null and research hypotheses, and (4) the two (or more in the case of regression) variables, including (a) how you would measure the variables and (b) each variable's level of measurement. Be creative. Do not include data in your response. Read the posts of other learners and respond to at least two other learners. In your response, make modifications to their study. For example, could the outcome variable have been measured in another way? Could a different test or sample have been used?
Public Health & Health Care Systems		
5. Compare the organization, structure, and function of health care, public health, and regulatory systems across national, and international settings	HPM 52016, Public Health Administration EHS 52018, Environmental Health Concepts in Public Health	**HPM 52016 Discussion Questions:** Module 1- Identify a significant health issue (prevalence of HIV, opioid deaths, low vaccination rates, etc.) and discuss how the public health system and the healthcare system should work together to address the problem. Module 2- Given all of the available information about us and the important role it plays in promoting public and population health, what do you think should be the "ground rules" for how this information is collected and used? **EHS 52018- Quizzes** can be located in Assignments Referenced in D2-2 in *ERF: D2 MPH Foundational Competencies*
6. Discuss the means by which structural bias, social inequities, and racism undermine health and create challenges to achieving	SBS 54364, Social Determinants of Health Behaviors	**Reaction Papers:** The **reaction paper** is a documentation of your first reaction(s) to the assigned readings' content and how the content "fits" with your own life experiences and beliefs. From the READINGS in this module, select ONE or TWO "mechanisms" that link the social determinants of health (for example, discrimination, segregation, the stress response, etc.) to health disparities, and discuss how you felt

Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s), and name(s)***	**Describe specific assessment opportunity[n]**
health equity at organizational, community, and societal levels		after learning more about these pathways to poor health behaviors and outcomes. **Application Essay: T**he essay application assignments should focus on applying the concepts or material you have covered in the course and particularly the corresponding reading(s) for this module/week. Apply the concept(s) to a CURRENT Public Health-Related EVENT/ISSUE to apply what you've learned about the political/policy context and the multiple levels of the economic system/structure on health messaging, health policy, and healthy lifestyles. The current event/issue you choose may have been covered recently in the news or other media and may be of local, national, or global scope and interest. You may also incorporate other readings covered to date, but you should focus on the APPLICATION of those readings' content to your selected current event/issue. This essay should not exceed three typewritten pages (12-point font), not including references. Your essay will be evaluated based on the extent to which you provide the reader with a thesis statement (relevant to the focus of the assignment) and the support you provide for your statement (see rubric). **Discussion Post:** Recall "In Sickness and Wealth" and the WHO Conceptual Framework for SDH in responding to the following discussion questions. Everyone MUST answer this question: 1. Describe the role that structural and intermediary determinants of health impact health outcomes. Provide an example (e.g., poor nutrition) of these influences on significant health behavior and outcome. 2. How does the video "In Sickness and Wealth" illustrate the role of the social determinants and "power" in creating health inequities? **Final Exam:** can be located in Assignments Referenced in D2-2 in *ERF: D2 MPH Foundational Competencies*
Planning & Management to Promote Health		
7. Assess population needs, assets, and capacities that affect communities' health	HPM 53010, Community Health Needs Assessment	**Discussion Post**: In at least 6 to 8 sentences, tell the group your most important takeaways from this module. It can be the readings, the lectures, or others. Your post is expected to be substantive and references the assigned readings and other theoretical, empirical, or professional literature to support your views and writings. Response Posts: Read the posts of other learners and respond to at least two. In your response posts, you can: Ask a probing question; offer a suggestion; elaborate on a particular point; provide an

Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s), and name(s)***	**Describe specific assessment opportunity[n]**
		alternative perspective. **Essay Assignments:** attached **Health Supplemental Survey:** In the previous modules, you selected a community and found secondary data sources to create a community health profile. In this module, you'll complete the "picture" of your community by filling in gaps in information through the use of primary data collection—specifically a community health survey. Your task for this exercise is to identify gaps in your understanding of your community's health profile regarding the Leading Health Indicators (Healthy People 2020) and develop a survey and administration plan to collect primary data to fill in those gaps in information. The first step is to identify three leading health indicators that you have not been able to find current data on for your selected community. Go to the HealthyPeople.gov LHI website and explore the links associated with the three LHI you will be measuring (you only need to include three LHI in your survey, even if you have missing data on more than three indicators—pick the three you feel are priorities for your community). Now, using the steps outlined in your readings and the lecture, construct a short self-report survey and administration plan (including target population, mode of administration, and sampling plan) that will provide valid information on your community regarding the selected LHI. Your submission should include a PDF of the actual survey you would distribute and a narrative describing your survey administration (including target population, mode of administration, sampling procedures, participation and follow-up procedures, etc.). Your narrative should also include a "limitations" section that identified the strengths and weaknesses of the survey procedures you are proposing. Initial Post: Complete the assignment above and post your survey and narrative to the discussion board. Response Posts: After you post your survey, examine two surveys posted by other students and critique them regarding question-wording (e.g., no "double-barrel" questions), formatting (ease of reading, question ordering, etc.), administration (focusing on response rate and sampling coverage). **CHNA Critique** can be located in Assignments Referenced in D2-2 in *ERF: D2 MPH Foundational Competencies*

Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s), and name(s)***	**Describe specific assessment opportunity[n]**
8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs	SBS 54364, Social Determinants of Health Behaviors	**Discussion Post:** Recall "In Sickness and Wealth" and the WHO Conceptual Framework for SDH in responding to the following discussion questions. Everyone MUST answer this question: 1. Describe the role that structural and intermediary determinants of health impact health outcomes. Provide an example (e.g., poor nutrition) of these influences on significant health behavior and outcome. 2. How does the video "In Sickness and Wealth" illustrate the role of the social determinants and "power" in creating health inequities? **Application Essay:** The essay application assignments should focus on an application of the concepts or material you have covered in the course and particularly the corresponding reading(s) for this module/week. Apply the concept(s) to a CURRENT Public Health-Related EVENT/ISSUE to apply what you've learned about the political/policy context and the multiple levels of the economic system/structure on health messaging, health policy, and healthy lifestyles. The current event/issue you choose may have been covered recently in the news or other media and may be of local, national, or global scope and interest. You may also incorporate other readings covered to date, but you should focus on the APPLICATION of those readings' content to your selected current event/issue. This essay should not exceed three typewritten pages (12 point font), not including references. Your essay will be evaluated based on the extent to which you provide the reader with a thesis statement (relevant to the focus of the assignment) and the support you provide for your statement (see rubric). **Final Exam** can be located in Assignments Referenced in D2-2 in *ERF: D2 MPH Foundational Competencies* .
9. Design a population-based policy, program, project, or intervention	HPM 52016, Public Health Administration	**HPM 52016** Discussion Question: Identify a significant health issue (prevalence of HIV, opioid deaths, low vaccination rates, etc.) and discuss how the public health system and the healthcare system should work together to address the problem.
10. Explain basic principles, and tools of budget, and resource management	HPM 52016, Public Health Administration	**HPM 52016 Quiz** can be located in Assignments Referenced in D2-2 in *ERF: D2 MPH Foundational Competencies*
11. Select methods to evaluate public health programs	EPI 52017, Fundamentals of Public Health Epidemiology	**EPI 52017: Foodborne Outbreak Activity: Purpose** The module, available at https://navigatinganoutbreakmodule.org/, aims to promote interprofessional practice among health professionals to improve and protect population health. **EPI 52017: Individual Investigation Assignment and EHS 52018**

Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s), and name(s)***	**Describe specific assessment opportunity[n]**
	EHS 52018, Environmental Health Concepts in Public Health	**Policy Analysis** can be located in Assignments Referenced in D2-2 in *ERF: D2 MPH Foundational Competencies*
Policy in Public Health		
12. Discuss multiple dimensions of the policy-making process, including the roles of ethics, and evidence	HPM 52016, Public Health Administration	**HPM 52016 Discussion Questions:** Module 1- Identify a significant health issue (prevalence of HIV, opioid deaths, low vaccination rates, etc.) and discuss how the public health system and the healthcare system should work together to address the problem. Module 2- Given all of the available information about us and the important role it plays in promoting public and population health, what do you think should be the "ground rules" for how this information is collected and used?
13. Propose strategies to identify stakeholders, and build coalitions, and partnerships for influencing public health outcomes	EHS 52018, Environmental Health Concepts in Public Health HPM 53010, Community Health Needs Assessment	**EHS 52018 Preparedness Investigation:** Investigate the university or your workplace preparedness plan for disasters and epidemics. Discuss the key elements of the plan and what strikes you as most important in potential environmental hazards. **HPM 53010 Community Health Indicators and PRECEDE Model Assignment**: In Module 1, you conducted a community health profile for the county in which you currently live or grew up in. In this module, you will apply what you have learned about the PRECEDE model and the theoretical basis for the model related to each of the health indicators used in the community health profile. Use the Community Health Profile spreadsheet you created for Module #1 for this assignment. Carefully read through the Instructions for the Module #2 assignment on the Instructions tab at the bottom left of the spreadsheet and complete columns H through P. After you complete the assignment, click on the "Assignment: Community Health Indicators and the PRECEDE Model" above and upload your completed spreadsheet to the Discussion Board by clicking on "Create a Thread."
14. Advocate for political, social, or economic policies and programs that will improve health in diverse populations	SBS 54634, Social Determinants of Health Behaviors	**SBS 54634 Final Exam** can be located in Assignments Referenced in D2-2 in *ERF: D2 MPH Foundational Competencies*
15. Evaluate policies for their impact on public health and health equity	HPM 52016, Public Health Administration	**HPM 52016 Discussion Questions:** Module 1- Identify a significant health issue (prevalence of HIV, opioid deaths, low vaccination rates, etc.) and discuss how the public health system and the healthcare system should work together to address the

Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s), and name(s)***	**Describe specific assessment opportunity[n]**
		problem. Module 2- Given all of the available information about us and the important role it plays in promoting public and population health, what do you think should be the "ground rules" for how this information is collected and used?
Leadership		
16. Apply principles of leadership, governance, and management, which include creating a vision, empowering others, fostering collaboration, and guiding decision making	PM 52016, Public Health Administration	**HPM 52016 Discussion Questions:** Module 1- Identify a significant health issue (prevalence of HIV, opioid deaths, low vaccination rates, etc.) and discuss how the public health system and the healthcare system should work together to address the problem. Module 2- Given all of the available information about us and the important role it plays in promoting public and population health, what do you think should be the "ground rules" for how this information is collected and used?
17. Apply negotiation and mediation skills to address organizational or community challenges	HPM 53010, Community Health Needs Assessment	**HPM 53010** Discussion: In at least 6 to 8 sentences, tell the group your most important takeaways from this module. It can be the readings, the lectures, or others. Your post is expected to be substantive and references the assigned readings and other theoretical, empirical, or professional literature to support your views and writings. Response Posts: Read the posts of other learners and respond to at least two. In your response posts, you can: Ask a probing question. Offer a suggestion. Elaborate on a particular point. Provide an alternative perspective.
Communication		
18. Select communication strategies for different audiences and sectors	EHS 52018, Environmental Health Concepts in Public Health	**EHS 52018** Policy Analysis- Attached
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	EPI 52017, Fundamentals of Public Health Epidemiology	**EPI 52017** Analytical Investigation Exercise: Throughout Modules 5, 6, and 7, you will be working with your previously assigned Exercise Group to complete a real-world, practice-based exercise involving methods of descriptive epidemiology and interprofessional collaboration with an external partner to design an analytic study, investigate a prevention program, and communicate the results. A full account of the

Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s), and name(s)***	**Describe specific assessment opportunity[n]**
		exercise scenario, tips on preparing for the exercise, and the exercise dataset are provided in the attached files.
20. Describe the importance of cultural competence in communicating public health content	SBS 54634, Social Determinants of Health Behaviors	**SBS 54364 Reaction Paper:** In this reaction paper, you should focus on the Williams reading and constructs from Bourdieu's theory of structure and agency. The reaction paper is a documentation of your first reaction(s) to the assigned readings' content and how the content "fits" with your own life experiences and beliefs. From the Williams READING in this module, select ONE or TWO constructs from Bourdieu's theory and: Discuss how these constructs/concepts have increased/enhanced your understanding of specific health behavior. (20 points) Analyze the reciprocal relationship between social class and the specific health behavior (from #1). For example, how does one's social class affect food choices, and how do food choices relate to social class placement? (20 points) Identify and briefly describe three specific/different health Public Health interventions that have been used to change your selected health behavior—one at each of three different levels of intervention (choose one intervention for each of three levels from the list below). Critique each of your selected interventions in terms of social justice, impact, and equity (utilizing your newly gained knowledge of social structure's reciprocal effects on culture and behavior). (60 points) Micro (individual level) Family Community (local level) Macro (state or federal level) (for example, choose one intervention at the micro-level, one at the family level, and one at the macro-level). The goal of the reaction paper is to encourage discussion and debate on the course readings and content.
Interprofessional Practice		
21. Perform effectively on interprofessional^ teams	EPI 52017, Fundamentals of Public Health Epidemiology	**Interpersonal Collaboration Exercise 1**:In Module 1, you completed an interactive learning module titled Navigating a Foodborne Outbreak: Preparation for Interprofessional Practice and were awarded a digital certificate of completion to verify that you are prepared for interprofessional practice. Congratulations! This exercise will

Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s), and name(s)***	**Describe specific assessment opportunity[n]**
		put your new skills to use and require you and your Exercise Group to collaborate with an interprofessional external partner throughout Modules 2, 3, and 4. To begin, get to know your external partner. Browse the attached Interprofessional Bio to learn about their background, current positions, responsibilities, and the role they will play to assist your group in the completion of this exercise. Then, navigate to your Exercise Group's Blackboard page and enter your Group Discussion Board. In the forum titled Interprofessional Collaboration Forum: Exercise 1, introduce yourself to your external partner and ask any questions about their background, the exercise scenario, and options for their preferred method(s) of communication. Then, using a prearranged method of communication, cooperate with your Exercise Group to effectively communicate with your external partner to meet the following objectives: Communicate with your external partner to identify and obtain all information relevant to your descriptive investigation; Explain the methods, results, and implications of your descriptive investigation to your external partner; Identify and discuss your external partner's plan of action for a suitable response to the situations of public health concern; Work with your external partner to formulate potential recommendations for relevant methods of future public health prevention and control; and Discuss options and your external partner's preferences for your group's preparation of an effective and audience-appropriate summary report.
Systems Thinking		
22. Apply systems thinking tools to a public health issue	EPI 52017, Fundamentals of Public Health Epidemiology	**EPI 52017 Interpersonal Collaboration Exercise 1**:In Module 1, you completed an interactive learning module titled Navigating a Foodborne Outbreak: Preparation for Interprofessional Practice and were awarded a digital certificate of completion to verify that you are prepared for interprofessional practice. Congratulations! This exercise will put your new skills to use and require you and your Exercise Group to collaborate with an interprofessional external partner throughout Modules 2, 3, and 4. To begin, get to know your external partner. Browse the attached Interprofessional Bio to learn about their background, current positions, responsibilities, and the role they will play to assist your group in the completion of this exercise. Then, navigate to your

Assessment of Competencies for MPH (all concentrations)		
Competency	**Course number(s), and name(s)***	**Describe specific assessment opportunity[n]**
		Exercise Group's Blackboard page and enter your Group Discussion Board. In the forum titled Interprofessional Collaboration Forum: Exercise 1, introduce yourself to your external partner and ask any questions about their background, the exercise scenario, and options for their preferred method(s) of communication. Then, using a prearranged method of communication, cooperate with your Exercise Group to effectively communicate with your external partner to meet the following objectives: Communicate with your external partner to identify and obtain all information relevant to your descriptive investigation; Explain the methods, results, and implications of your descriptive investigation to your external partner; Identify and discuss your external partner's plan of action for a suitable response to the situations of public health concern; Work with your external partner to formulate potential recommendations for relevant methods of future public health prevention and control; and Discuss options and your external partner's preferences for your group's preparation of an effective and audience-appropriate summary report. **Analytical Investigation Exercise**: Throughout Modules 5, 6, and 7, you will be working with your previously assigned Exercise Group to complete a real-world, practice-based exercise involving methods of descriptive epidemiology and interprofessional collaboration with an external partner to design an analytic study, investigate a prevention program, and communicate the results. A full account of the exercise scenario, tips on preparing for the exercise, and the exercise dataset are provided in the attached files.

3) **Include the most recent syllabus from each course listed in Template D2-1 or written guidelines, such as a handbook, for any required elements listed in Template D2-1 that do not have a syllabus.**

Additional documentation can be found in *ERF: D2 MPH Foundational Competencies*.

4) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

Within the last ten years, a compelling body of research has emerged regarding the benefits of routine podiatric care for patients with certain circulatory and metabolic diseases. The premise is that routine podiatric care can lead to early identification and treatment of minor problems before progressing to foot ulcers and other more severe conditions. It has been estimated that for every $1 spent on podiatric care, between $48-$54 can be saved on the treatment of diabetic foot ulcers, toe and foot amputations, and other conditions. This research has propelled podiatric practice directly into a prevention framework that is at the heart of public health. By training podiatric physicians in public health, we equip them to be better clinicians, researchers, and advocates for their discipline and patients.

Our experiences attending the World Health Assembly as part of our Global Health Immersion: Geneva program have also underscored the need for better collaboration between the fields of Podiatric Medicine and Public Health. While attending a briefing at the World Health Organization, the speaker, Cherian Varghese, MD., Ph.D. [Coordinator, Management of Noncommunicable Diseases (MND), Management of Noncommunicable Diseases, Disability, Violence, and Injury Prevention Department (NVI)] made the case that basic podiatric training for health care providers in the developing world would have tremendous benefits in the treatment of emerging lifestyle diseases in the population such as obesity, and diabetes. Dr. Varghese lamented the lack of training materials available for this purpose. We connected him with our colleagues at the College of Podiatric Medicine here at Kent State, and they are currently collaborating on the creation of online modules that will be shared by the World Health Organization around the world. This partnership also underscores the value and need for Podiatric Physicians who are trained in Public Health.

D3. DrPH Foundational Competencies (if applicable)

Not applicable

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D4. MPH & DrPH Concentration Competencies

The school defines at least five distinct competencies for each concentration or generalist degree at each degree level in addition to those listed in Criterion D2 or D3.

The school documents at least one specific required assessment activity (e.g., component of existing course, paper, presentation, test) for each defined competency, during which faculty or other qualified individuals (e.g., preceptors) validate the student's ability to perform the competency.

If the school intends to prepare students for a specific credential (e.g., CHES/MCHES) that has defined competencies, the school documents coverage and assessment of those competencies throughout the curriculum.

1) **Provide a matrix, in the format of *Template D4-1*, that lists at least five competencies in addition to those defined in Criterion D2 or D3 for each MPH or DrPH concentration or generalist degree, including combined degree options, and indicates at least one assessment activity for each of the listed competencies. Typically, the school will present a separate matrix for each concentration.**

TEMPLATE D4-1. Assessment of Competencies for MPH/DrPH in Biostatistics Concentration		
Competency	**Course number(s), and name(s)**	**Describe specific assessment opportunity[n]**
1. Describe and apply basic concepts of probability, random variation, and commonly used statistical probability distributions.	BST 63014 Applied Regression Analysis of PH Data BST 63012 Survival Analysis in Public Health EPI 63034 Longitudinal Data Analysis	**BST 63012,** Module 1 – Basic concepts of survival analysis. Homework assignment. Students will explain and differentiate the survival and hazard functions and apply them to the scenarios provided. Module 2 Non-parametric methods (life table and Kaplan-Meier). Homework assignment requiring students to apply statistical methods and interpretation results from a given dataset Module 3 Semi-parametric methods (Cox proportional hazards) Homework assignment requiring statistical methods application and interpretation of results to a given dataset Midterm exam, Final exam **EPI 63034** Module – Study designs leading to longitudinal (repeated measures data) Assessment – homework assignment requiring explaining study designs to understand which designs could yield longitudinal data (repeated measures) and which designs don't. Also, to design a study that could result in repeated measures data. Module – Basic univariate methods for longitudinal data Assessment – homework assignment requiring statistical analysis of repeated measures data using basic univariate methods and writing up the report explaining the results. Assessment - Final exam
2. Describe preferred methodological alternatives to commonly used statistical methods when assumptions are not met.	BST 63012 Survival Analysis in Public Health BST 63014 Applied Regression Analysis of PH Data EPI 63034 Longitudinal Data Analysis	**BST 63014** Module 4: Midterm Exam (see document) **BST 63012** EPI 63012 Topic/Module 5 – Recurrent events assessment – homework assignment requiring statistical methods application and interpretation of results to a given dataset Module 5 – Competing risks - homework assignment requiring statistical methods application and interpretation of results to a given dataset Assessment – Final exam **EPI 63034** Topic/Module – Repeated Measures Analysis of Variance and Multivariate Analysis of Variance Assessment – Performing statistical analysis of repeated measures data using ANOVA & MANOVA methods and writing up the report explaining the results. Topic/Module – Repeated Measures Analysis using response profiles. Assessment – Performing statistical analysis of repeated measures data using response

TEMPLATE D4-1. Assessment of Competencies for MPH/DrPH in Biostatistics Concentration		
Competency	**Course number(s), and name(s)**	**Describe specific assessment opportunity[n]**
		profiles methods and writing up the report explaining the results. Assessment – Midterm Exam, Final exam, Class Project
3. Distinguish among the different measurement scales and the implications for selection of statistical methods to be used based on these distinctions.	BST 63014 Applied Regression Analysis of PH Data BST 63013 Experimental Designs in Public Health Research EPI 63016 Principles of Epidemiologic Research	**BST 63014** Module 1:Lab This first lab assignment will help me assess your skill level using the SAS operating system. Complete the assignment to the best of your ability. The data are in the attached document. Directions 1. Create a data file in SAS using the attached data. 2. Produce frequencies of each variable. 3. Produce the appropriate measure of central tendency and dispersion for each variable. 4. Save your data file for use in future lab assignments throughout the course. 5. Save a PDF of your SAS output and name this file LabDataEntry_firstnamelastname.pdf (i.e., LabDataEntry_JohnSmith.pdf). 6. Upload your PDF to the Assignment tool in Blackboard Learn and submit by the due date listed in the course schedule. (Note: You can only submit once, so make sure you are finished and that you have attached the correct file.) Module 2: Lab This lab exercise is designed to get you working in SAS again and to assess your understanding of the content in Chapter two of the text. You will use the data file you created in the previous lab. You will start by performing the specified calculations by hand, running a simple regression in SAS, and comparing the output to your calculations done by hand. Finally, you will use this Lab Worksheet to identify specific values on the output and interpret your findings. Detailed directions are on the attached document. Directions Using the data file you created in the previous lab, calculate by hand the Pearson's correlation coefficient and the bivariate regression coefficient for the relationship between Martian height and Martian weight. Use the weight variable as your dependent variable and the height variable as your independent variable. Produce a simple linear regression model (hint: use the proc reg procedure in SAS). Check that the values you calculated by hand match the values on your SAS output (with only rounding error). Open the Lab Worksheet by clicking the title in Blackboard Learn and input the values from the proc reg procedure output. Write a one-paragraph interpretation of your findings on Martian height's effect on Martian weight and include it in the worksheet. [Note: It is recommended that you write your

TEMPLATE D4-1. Assessment of Competencies for MPH/DrPH in Biostatistics Concentration		
Competency	**Course number(s), and name(s)**	**Describe specific assessment opportunity[n]**
		interpretation in another program (Microsoft Word, Google Docs, etc.) then copy and paste it into the worksheet to avoid lost work.] Submit the Lab Worksheet by the due date listed in the course schedule. Module 4: Midterm Exam **EPI 63016** Topic/Module—Introduction to Epidemiologic Research Assessment-Assignment VI-- Data Analysis and Presentation Description: In this assignment, students select and perform appropriate descriptive and univariable analyses to assesses the relationship between an outcome and potential risk factors and present results in formats suitable for publication in an epidemiologic journal. This analysis and presentation should include statistics from all the descriptive and analytic procedures conducted, including but not limited to measures of central tendencies, association, and appropriate 95% confidence intervals and/or p-values.
4. Apply common statistical methods for inference.	BST 63014 Applied Regression Analysis of PH Data BST 63012 Survival Analysis in Public Health EPI 63016 Principles of Epidemiologic Research EPI 63034 Longitudinal Data Analysis	**EPI 63016** Assessments I, II, III, and V —All the assessments include applying common statistical methods for inference. Assignment I- Measures of Disease Occurrence Association and Impact Assignment II-- Use of SAS to calculate measures of Disease Occurrence and Association Assignment III-- Cohort and Case-control Studies Assignment V-- Confidence Intervals Assignment VI-- Data Analysis and Presentation: In this assignment, students select and perform appropriate descriptive and univariable analyses to assesses the relationship between an outcome and potential risk factors and present results in formats suitable for publication in an epidemiologic journal. This analysis and presentation should include statistics from all the descriptive and analytic procedures conducted, including but not limited to measures of central tendencies, association, and appropriate 95% confidence intervals and/or p-values. **EPI 63034** Topic/Module – Statistical analysis of continuous and discrete outcome data. Assessment – Performing statistical analysis of repeated measures data using traditional and advanced statistical methods to analyze longitudinal data and writing up the report explaining the results. Assessments - Midterm exam, Final exam, and Class Project

Assessment of Competencies for MPH/DrPH in Epidemiology Concentration		
Competency	**Course number(s), and name(s)**	**Describe specific assessment opportunity[n]**
1. Identify the principles and limitations of public health screening programs.	EPI 63015 Epidemiology of Infectious Diseases	**EPI 63015** Module 5 Discussion: Disease Emergence Initial Post: After viewing the materials in this module, respond to at least one (1) of the following prompts. Look up articles on any of the Ebola outbreaks, 1976-present. What factors discussed in the lecture contributed to the emergence of this virus into human populations? Look up articles on the emergence of the MERS virus. What factors discussed in the lecture contributed to the emergence of this virus into human populations? Look up articles on the emergence of the Zika virus, 2013-present. What factors discussed in the lecture contributed to the emergence of this virus into human populations? Response Posts: Respond to at least one other classmate's post. Your response should be substantive and relevant. Be sure to support your comments with references from the module's materials. QUIZ: Emerging Diseases and Ecology QUESTION 8 Increased surveillance can lead to the recognition of new diseases. QUESTION 9 All animals are screened for possible diseases before crossing the border into the U. S.
2. Explain the importance of epidemiology for informing scientific, ethical, economic, and political discussion of health issues.	EPI 63014 Epidemiology of Chronic Diseases EPI 63015 Epidemiology of Infectious Diseases EPI 63016 Principles of Epidemiologic Research	**EPI 63016** Study Design Project**:** As part of the study design project, students must discuss the rationale, implications, and applications of the proposed study. Students will work in groups to develop an epidemiologic study to examine the relationship between a health outcome or a health condition/event (mental health, injury, infectious or chronic disease) of their interest and (a) potential risk factor(s). Preliminary research hypothesis, rationale, and study design presentation will account for 5%, and the final study write up will account for 15% of the final grade.
3. Comprehend basic ethical and legal principles pertaining to the collection,	EPI 63016 Principles of Epidemiologic Research	**EPI 63016**-- Students will be required to complete the CITI (Collaborative Institutional Training Initiative) training for the ethical conduct of human subject research. Students must complete the full Biomedical Research and Social and Behavioral Research Modules and submit the certification to receive credit. It will

Assessment of Competencies for MPH/DrPH in Epidemiology Concentration		
Competency	**Course number(s), and name(s)**	**Describe specific assessment opportunity[n]**
maintenance, use, and dissemination of epidemiologic data.		account for 10% of the final grade. The CITI training can be access at https://www.citiprogram.org/Default.asp?
4. Communicate epidemiologic information to lay persons and professional audiences.	EPI 63015 Epidemiology of Infectious Diseases EPI 52017 Fundamentals of Public Health Epidemiology =EPI 63016 Principles of Epidemiologic Research	**EPI 63015:** Module 7: Final Project Presentation: Final Project: Essay and Recorded Presentation. This course will give you a very practical experience. Each of you will pitch an infectious disease health policy to an audience in a mock setting. This exercise will introduce you to the practice of concisely presenting and defending a position regarding a controversial infectious disease public health issue. Such presentational skills will prove valuable, no matter how you choose to use your degree. There is also an essay writing component of this project. The essay is on the same topic as the presentation and is meant to reinforce the message in your presentation through a different medium. Part I: Topic Selection (module 2) You will work with your instructor to choose your topic and submit your topic scenario (~1 paragraph) and title. You should choose an interesting title and describe in no more than one Paragraph the setting of your presentation with the issue and skeptical audience described. The best presentations often present a disease issue not covered in regular lectures to a potentially hostile audience, though this is not required. Part III: Essay (Outline – Part III: Essay (Outline – module 4, Final Essay - module 6) The writing assignment is meant to complement your final presentation; no extra research is needed for this assignment. The goal of these two assignments (essay and presentation) is to get you to practice your skills, communicating potentially difficult topics in infectious diseases to a lay/inexperienced audience. I'm looking for a fairly short article in the style of a newspaper article or blog post that covers material from your talk but doesn't just Wikipedia-ize it. Write Something that you'd enjoy reading (and it shouldn't be just the narration of your presentation). NOTE: this is NOT simply a script of your presentation. Final Essay - module 6) The writing assignment is meant to complement your final presentation; no extra research is needed for this assignment. The goal of these two assignments (essay and presentation) is to get you to practice your skills, communicating potentially difficult topics in infectious diseases to a lay/inexperienced audience. I'm looking for a fairly short a+C9rticle in the style of a newspaper article or blog post that covers material from your talk but doesn't just Wikipedia-ize it. Write something

Assessment of Competencies for MPH/DrPH in Epidemiology Concentration		
Competency	**Course number(s), and name(s)**	**Describe specific assessment opportunity[n]**
		that you'd enjoy reading (and it shouldn't be just the narration of your presentation). NOTE: this is NOT simply a script of your presentation. **EPI 63016**—Data Analysis and Presentation Assignments Students will complete a data analysis and presentation assignment for 10% of the final grade. Follow the instructions for due dates and methods of submission for each assignment as discussed/provided in class Study Design—Write up and Presentation (see competency 2 for description)
5. Evaluate the strengths and limitations of epidemiologic reports.	EPI 63014 Epidemiology of Chronic Diseases EPI 63015 Epidemiology of Infectious Diseases EPI 63016 Principles of Epidemiologic Research	**EPI 63014**: Module 3 Journal Club Presentation (this is a multi-module presentation and group discussion) If this is your week to "present," create a PowerPoint presentation that summarizes the journal article you selected earlier. Be detailed and thorough in your assessment. Utilize the notes field in PowerPoint to "narrate" your presentation as if you were presenting in front of a live audience. The PowerPoint presentation must include all the following sections: Specify the authorship, paper title, publication year, journal Describe the purpose/objective of the journal article Explain why the topic is important List the methods used Explain the results/findings Discuss the strengths and limitations of the methods and findings Summarize the authors' main points and conclusion

Assessment of Competencies for MPH/DrPH in Health Policy & Management Concentration		
Competency	**Course number(s), and name(s)**	**Describe specific assessment opportunity[n]**
1. Understand, interpret, and apply key elements of the policy processes as it relates to public health issues.	HPM 53004-Public Health Policy, Law, and Ethics HPM 53006-Cost-Benefit Analysis of PH Programs HPM 53010-Community Health Needs Assessment HPM 60192-Practicum	**HPM 53004** Final Policy Analysis Paper **HPM 53006** Final Comprehensive Literature Review **HPM 53010** Critique of Community Health Needs Assessment Reports/Community Health Profile **HPM 60192** Final Narrative and Project
2. Apply the principles of planning, implementation, and evaluation of public health programs and effectively communicate outcomes.	HPM 53007-Public Health Programs, Planning, Implementing, and Evaluation HPM53010-Community Health Needs Assessment HPM 60192-Practicum HPM 53006-Cost-Benefit Analysis of PH Programs HPM 52016 Public Health Administration HPM 53004 Public Health Policy Law and Ethics	**HPM 53006** Final Comprehensive Literature Review **HPM 60192** Final Narrative and Project **HPM 53007** Program Planning Project **HPM 53010** Create a Survey and Administrative Plan **HPM 52016** Case Assignment-Program Planning **HPM 53004** Final Policy Analysis Paper
3. Evaluate the financial performance and management of public health organizations.	HPM 53005-Financial Management for PH Organizations HPM 60192-Practicum HPM 53006-Cost Benefit Analysis of PH Programs HPM 52016-Public Health Administration	**HPM 53006** Final Comprehensive Literature Review **HPM 60192** Final Narrative and Project **HPM 53005** Final Case Study **HPM 53005** Mini Case Studies I (Breakdown Analysis)-III (Capital Budgeting) **HPM 52016** Case Assignment-Financial
4. Integrate and apply interdisciplinary concepts and "systems thinking" for resolving policy and/or organizational issues.	HPM 53003-Health Care Systems HPM 53007-Public Health Programs, Planning, Implementing, and Evaluation HPM 53010-Community Health Needs Assessment HPM 53004-Public Health Policy Law and Ethics HPM 60192-Practicum	**HPM 60192** Final Narrative and Project **HPM 53007** Program Planning Project **HPM 53003** Final Paper **HPM 53004** Final Policy Analysis Paper **HPM 53010** Community Health Needs Assessment Critique

Assessment of Competencies for MPH/DrPH in Health Policy & Management Concentration		
Competency	**Course number(s), and name(s)**	**Describe specific assessment opportunity[n]**
5. Develop and demonstrate problem-solving skills related to a health policy and/or management concern.	HPM 53004-Public Health Policy, Law, and Ethics HPM 53006 Cost-Benefit Analysis of PH Programs HPM 53007-Public Health Programs: Planning, Implementing and Evaluation HPM 60192-Practicum	**HPM 53004** Final Policy Analysis Paper **HPM 53006** Essay Quiz **HPM 53007** Program Planning Project **HPM 60192** Final Narrative and Project
6. Describe the strengths and weaknesses of different health care systems and how they affect the delivery, value, and equity of care.	HPM 53003-Health Care Systems	**HPM 53003** Reflection Paper 1/Final Exam

Assessment of Competencies for MPH/DrPH in Social & Behavioral Sciences Concentration		
Competency	**Course number(s), and name(s)**	**Describe specific assessment opportunity[n]**
1. Apply and evaluate basic social and behavioral theories that effect health behaviors.	SBS 50030-Seminar in Social and Behavioral Sciences SBS 53008-Grant Writing in Social and Behavioral Sciences SBS 50020-Social and Behavioral Science Theories SBS 60192-Practicum	**SBS 60192** Final Narrative and Project **SBS 50030** Annotated Bibliography **SBS 53008** Final Grant Proposal **SBS 50020** Systematic Review
2. Analyze the role of social determinants in the onset and solution to public health problems.	SBS 50030-Seminar in Social and Behavioral Sciences SBS 54634-Social Determinants of Health Behaviors SBS 60192-Practicum	**SBS 50030** Annotated Bibliography **SBS 54634** Construct Mapping **SBS 60192** Final Narrative and Project
3. Use the principles of ethics, social justice, and advocacy in improving the health of diverse populations in a culturally competent manner.	SBS 54634-Social Determinants of Health Behaviors SBS 60192-Practicum	**SBS 54634** Reaction Papers **SBS 60192** Final Narrative and Project
4. Analyze emerging social and behavioral issues and create evidence-based interventions.	SBS 50030-Seminar in Social and Behavioral Sciences HPM 53007-Public Health Programs, Planning, Implementing and Evaluation SBS 60192-Practicum	**SBS 50030** Annotated Bibliography **HPM 53007** Program Planning Project **SBS 60192** Final Narrative and Project
5. Apply the principles of planning, implementation, and evaluation of public health programs, and effectively communicate outcomes.	HPM 53007-Public Health Programs, Planning, Implementing, and Evaluation SBS 60192-Practicum	**HPM 53007** Program Planning Project **SBS 60192** Final Narrative and Project

2) **For degrees that allow students to tailor competencies at an individual level in consultation with an advisor, the school must present evidence, including policies, and sample documents, that demonstrate that each student and advisor create a matrix in the format of Template D4-1 for the plan of study. Include a description of policies in the self-study document and at least five sample matrices in the electronic resource file.**

Not applicable, the MPH degree does not allow students to identify their competencies for specific concentrations.

3) **Include the most recent syllabus for each course listed in Template D4-1 or written guidelines for any required elements listed in Template D4-1 that do not have a syllabus.**

Additional documentation can be found in *ERF: D4 MPH & DrPH Concentration Competencies*.

4) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

Correction of the overlapping courses for the MPH concentrations of Biostatistics and Epidemiology

Problem: Biostatistics and Epidemiology share Applied Regression Analysis, Principles of Epidemiology Research, and Survival Analysis. The unique courses are Experimental Designs for Public Health Research and Longitudinal Data Analysis in the Biostatistics concentration and Epidemiology of Chronic Disease and Epidemiology of Infectious Diseases in the Epidemiology concentration. These two programs have overlapping courses because the Epidemiology concentration dropped Epidemiological Analysis as a required course and added Survival Analysis as a required course.
Corrective action: The Epidemiology concentration has reviewed the curriculum at the MPH and Ph.D. levels as well as the feedback from students and found that Survival Analysis is not a course that is needed at the MPH level; this is a course Epidemiology students need at the Ph.D. level. The faculty will change the curriculum for the MPH concentration in Epidemiology to allow for an additional elective. This will give students more flexibility to tailor their program to an area of interest that may include additional courses in environmental health, biostatistics, experimental designs, or policy, for example. See the table for the new curriculum; overlapping courses are highlighted.

MPH Concentration Biostatistics		MPH Concentration in Epidemiology	
EPI 63016	Principles of Epidemiologic Research	EPI 63016	Principles of Epidemiologic Research
BST 63014	Applied Regression Analysis of Public Health Data	BST 63014	Applied Regression Analysis of Public Health Data
BST 63012	Survival Analysis in Public Health	EPI 63014	Epidemiology of Chronic Diseases
BST 63013	Experimental Designs in Public Health Research	EPI 63015	Epidemiology of Infectious Diseases
EPI 63034	Longitudinal Data Analysis	Elective	
Elective		Elective	
Elective		Elective	
BST 60192	Practicum Experience in Biostatistics	EPI 60192	Practicum Experience in Epidemiology

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D5. MPH Applied Practice Experiences

MPH students demonstrate competency attainment through applied practice experiences.

The applied practice experiences allow each student to demonstrate attainment of at least five competencies, of which at least three must be foundational competencies (as defined in Criterion D2). The competencies need not be identical from student to student, but the applied experiences must be structured to ensure that all students complete experiences addressing at least five competencies, as specified above. The applied experiences may also address additional foundational or concentration-specific competencies, if appropriate.

The school assesses each student's competency attainment in practical and applied settings through a portfolio approach, which demonstrates, and allows assessment of competency attainment. It must include at least two products. Examples include written assignments, projects, videos, multi-media presentations, spreadsheets, websites, posters, photos, or other digital artifacts of learning. Materials may be produced and maintained (either by the school or by individual students) in any physical or electronic form chosen by the school.

1) Briefly describe how the school identifies competencies attained in applied practice experiences for each MPH student, including a description of any relevant policies.

The College identifies competencies for the MPH Practicum Experience and MS Research Experience as **foundational and discipline-specific competencies** that follow CEPH guidelines. Since each topic and project are student-initiated and specific, each student can pick the competencies that address their project. The competencies are decided at the time of developing the project plan on the **Practicum Agreement** form. Each student must choose five competencies, three or which are Foundational competencies. Course competencies are also addressed in the final written narrative and the presentation modules. After the first year of study, students may register with the College's Practicum Coordinator to begin planning the practicum experience.

Selection of Sites
With over 250 affiliation agreements, students have completed Practicum projects in a broad range of settings, including local health departments, community-based organizations, hospitals, for-profit, non-profit and academic institutions. The selection of the site depends on the student's goals for the Practicum project, plans for the next steps in his/her career, and Instructor assessment of the suitability of the setting to support high-quality work. We encourage the student to be proactive and to initiate finding both a topic and an organization site. The Practicum Instructor approves of the practicum site. It is based on an evaluation of the suitability of that site for a specific practicum. The procedure is to approve a specific site for a specific project, not develop a generic list of approved sites.
For example, for students who wish to enter medical school after graduation, local hospitals and other clinical settings are encouraged to create Practicum projects that can build public health clinical experience and could be viewed favorably by medical school admissions committees. Similarly, for students who wish to enter professional practice after graduation, we work with over community-based organizations or local health departments to create Practicum projects that result in portfolios that can be used during employment interviews and increase professional exposure to potential employers.

International Practicum
Students wishing to conduct their practicum outside of the United States must obtain additional approval by the Office of Global Education (OGE) and must follow additional guidelines, including immunization and vaccination, additional health insurance, and other requirements. Students should be aware that the University and College reserve the right not to approve practicum projects in foreign countries, especially countries with travel restrictions or advisories. Students wishing to conduct their practicum projects in foreign countries must expect and budget additional

time to complete the approval process. See the OGE web site for more information: **http://www.kent.edu/globaleducation**

Practicum Projects at the Student's Place of Employment
Students wishing to conduct a practicum project at their place of employment must also obtain additional Practicum Instructor approval. Practicum projects occurring at the student's place of employment must have a work scope that is "above and beyond" the student's normal job duties. Verification from the student's supervisor may be requested.

Methods for Approving Preceptors
Preceptors must have a least a Master's degree in a field related to the Practicum project to serve as a Preceptor. Preceptors without a Master's degree but with at least ten years of professional experience may be approved by the Practicum Coordinator to serve as a Preceptor. If the host site does not have a person who meets the Preceptor qualifications, a faculty member may serve as the Preceptor and work collaboratively with the host site.

Opportunities for Orientation and Support for Preceptors
It has been our experience that Preceptors have varying levels of need for orientation and support. Preceptors with an MPH, MS degree (or other degrees with a practicum or field placement requirement), or who have experience working with student trainees (i.e., MDs who routinely supervise medical students or residents) usually need minimal orientation and on-going support. Still, Preceptors without these experiences require more intensive orientation and support. Currently, we have been providing orientation and support to Preceptors by providing them a copy of the **MPH Practicum Guidelines** or the **MS Research Experience Guidelines**, which contain a section on Preceptor responsibilities, and providing individualized consultation via telephone and email.

Approaches for Faculty Supervision of Students
Every student is supervised by the Practicum Instructor while conducting the Practicum. The Instructor's responsibilities include helping the student develop the Practicum project, granting final approval of the project, liaising with the Preceptor, receiving updates from the student, helping the student create the final portfolio and presentation, and assigning the final grade. The Associate Dean for Graduate Studies supports the Practicum Instructor.

Means of Evaluating Student Performance
The Practicum Instructor grades the Practicum on a satisfactory/unsatisfactory (pass/fail) basis. The final grade is based upon the Instructor's assessment of the quality of the final portfolio and presentation, completion of the required number of 150 contact hours (3 credit hours) or 300 contact hours (6 credit hours), Preceptor and site evaluations *(see Appendix C in the MPH Practicum Guidelines document for the Preceptor evaluation form)*. The portfolio includes the approved practicum project plan agreement, a scholarly narrative of the practicum experience (at least 15 pages and formatted as a journal article), other products resulting from the practicum (e.g., health education brochures), signed bi-weekly timesheets, and a self-evaluation video. Completed preceptor evaluation forms will be available **on-site** to the review team. Examples of portfolios will be available to the team available in electronic format.

Means of Evaluating Practice Placement Sites and Preceptor Qualifications
The Practicum Instructor solicits feedback from students and preceptors on an on-going (at minimum monthly) basis regarding their Practicum projects, including any changes in support from the Preceptor or organization/agency. When problems arise, the Instructor works with the student and Preceptor to resolve the issue. Sites with chronic problems are avoided for future placements.

Criteria for Waiving, Altering, or Reducing the Experience
Typically, the practicum experience is not altered unless there are extenuating or unforeseen circumstances (preceptor change, agency closure, etc.). In this case, the student must provide

written documentation signed off by both the student and preceptor with the instructor's approval. Due to COVID and with the approval of CEPH, we have offered modifications if needed.

2) **Provide documentation, including syllabi, and handbooks, of the official requirements through which students complete the applied practice experience.**

   Additional documentation can be found in *ERF: D5 MPH Applied Practice Experiences*

3) **Provide samples of practice-related materials for individual students from each concentration or generalist degree. The samples must also include materials from students completing combined degree schools, if applicable. The school must provide samples of complete sets of materials (i.e., *Template D5-1* and the work products/documents that demonstrate at least five competencies) from at least five students in the last three years for each concentration or generalist degree. If the school has not produced five students for which complete samples are available, note this, and provide all available samples.**

   Additional documentation can be found in *ERF: D5 MPH Applied Practice Experiences*

4) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

   Strengths:

   - Students have completed practicums in diverse settings that represent the continuum of public health practice.
   - The practicum prepares students for the next step in their next professional career and allows them to observe and implement best practices in a professional setting.
   - With over 250 affiliation agreements globally, students can choose an existing site, make contact with one of our alumni or find a site on their own. Many host agencies have indicated that they are willing to continue working with our students.
   - Over 90% of our students are rated by the practicum Preceptors as having very good or excellent professional skills.
   - Implementing the choice of a 150-contact hour (3 hr. credit) or 300-contact hour (6 hr. credit) course allows students to develop a project that fits their professional path.
   - Improvements to standardize the course among all specializations have been made.
   - Blackboard based with modules that offer step-by-step instructions to complete both the project and course.
   - Aligns projects with required competencies according to accreditation standards (Fall 2019).
   - Includes resource material, course document retrieval, used as a file to keep all required documents, and a student-to-student discussion forum.

   Next Steps for Improvement:

   - Better address the needs of out of state students in assisting them with finding an organization site
   - Create a Practicum course webpage for the student, preceptor, and faculty access.
   - Create Info session on Practicum course for students to view before the beginning of course
   - Quality Matters certification for the on line Practicum Course

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D6. DrPH Applied Practice Experience (if applicable)

Not applicable

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D7. MPH Integrative Learning Experience

MPH students complete an integrative learning experience (ILE) that demonstrates synthesis of foundational and concentration competencies. Students in consultation with faculty select foundational and concentration-specific competencies appropriate to the student's educational and professional goals.

Professional certification exams (e.g., CPH, CHES/MCHES, REHS, RHIA) may serve as an element of the ILE, but are not in and of themselves sufficient to satisfy this criterion.

The school identifies assessment methods that ensure that at least one faculty member reviews each student's performance in the ILE and ensures that the experience addresses the selected foundational and concentration-specific competencies. Faculty assessment may be supplemented with assessments from other qualified individuals (e.g., preceptors).

1) **List, in the format of Template D7-1, the integrative learning experience for each MPH concentration, generalist degree, or combined degree option that includes the MPH. The template also requires the school to explain, for each experience, how it ensures that the experience demonstrates synthesis of competencies.**

MPH Integrative Learning Experience for Biostatistics, Epidemiology, Health Policy and Management, and Social, and Behavioral Sciences Concentration	
Integrative learning experience (list all options)	**How competencies are synthesized**
Before Fall 2018 (6 credits) Fall 2018 to present (3 or 6 credits) BST, HPM, SBS, EHS, HPM 60192	The student's faculty mentor assesses the practicum project using the practicum project rubric based on the project plan's goals. The faculty mentor evaluates the student's performance to ensure that he/she demonstrated synthesis of the foundational and concentration competencies as identified in the project plan. The project plan is prepared the semester before beginning the practicum in conjunction with the faculty mentor, site preceptor, and student.
Culminating Experience Exam	All MPH students are required to complete a culminating experience exam. The culminating experience exam is composed of two parts. Part A focuses on the foundational competencies and the integration of the five public health disciplines. Part B focuses on concentration competencies. At least two faculty evaluators grade each exam as satisfactory or unsatisfactory.

2) **Briefly summarize the process, expectations, and assessment for each integrative learning experience.**

Practicum
The student's faculty mentor assesses the practicum project using the practicum project rubric based on the project plan's goals. The faculty mentor evaluates the student's performance to ensure that he/she demonstrated synthesis of the foundational and concentration competencies as identified in the project plan. The project plan is prepared the semester before beginning the practicum in conjunction with the faculty mentor, site preceptor, and student.

Culminating Experience Exam
All MPH students are required to complete a culminating experience exam. The culminating experience exam is composed of two parts. Part A focuses on the foundational competencies and

the integration of the five public health disciplines. Part B focuses on concentration competencies. At least two faculty evaluators grade each exam as satisfactory or unsatisfactory.

3) **Provide documentation, including syllabi and/or handbooks, that communicates integrative learning experience policies and procedures to students.**

   Additional documentation can be found in *ERF: D7 MPH Integrative Learning Experience*

4) **Provide documentation, including rubrics or guidelines that explains the methods through which faculty and/or other qualified individuals assess the integrative learning experience with regard to students' demonstration of the selected competencies.**

   Guidelines for the Culminating Experience Exam will be included in the EFR.

5) **Include completed, graded samples of deliverables associated with each integrative learning experience option from different concentrations, if applicable. The school must provide at least 10% of the number produced in the last three years or five examples, whichever is greater.**

   Additional documentation can be found in *ERF: D7 MPH Integrative Learning Experience*

6) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

   Not applicable

D8. DrPH Integrative Learning Experience

Not applicable

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D9. Public Health Bachelor's Degree General Curriculum

The overall undergraduate curriculum (e.g., general education, liberal learning, essential knowledge, competencies, etc.) introduces students to the domains. The curriculum addresses these domains through any combination of learning experiences throughout the undergraduate curriculum, including general education courses defined by the institution as well as concentration and major requirements or electives.

1) List the coursework required for the school's bachelor's degree.

Program Requirements

Major Requirements

Course List

Code	Title	Credit Hours
Major Requirements (courses count in major GPA)		
PH 10001	Introduction to Public Health	3
PH 10002	Introduction to Global Health (DIVG)	3
PH 20001	Essentials of Epidemiology	3
PH 30002	Introductory Biostatistics	3
PH 30004	Public Health Research [1]	3
PH 30005	Social and Behavioral Science Theories In Public Health	3
PH 30006	Introduction to Environmental Health and Safety	3
PH 30007	Prevention and Control Of Diseases [1]	3
PH 30033	Public Health Policy and Decision-Making [1]	3
PH 44000	HEALTH DISPARITIES (DIVD)(WIC) (Min C Grade) [2]	3
PH 49000	Capstone Experience in Public Health (ELR)	3
Public Health (PH) Electives		9
Additional Requirements (courses do not count in major GPA)		
UC 10097	Destination Kent State: First-Year Experience	1
Kent Core Composition		6
Kent Core Humanities and Fine Arts (minimum one course from each)		9
Kent Core Social Sciences (must be from two disciplines) [3]		6
Concentrations		
Choose from the following:		56-58
Allied Health		
Clinical Trials Research		
Community Health Outreach and Development		
Global Health		
Health Services Administration		
Pre-Medicine, Dental, Osteopathy		
Minimum Total Credit Hours:		120-122

1 Students in the Nursing major may substitute NURS 40020 for PH 30007, NURS 40045 for PH 30033, and NURS 40872 for PH 30004.

2 A minimum C grade must be earned to fulfill the writing-intensive requirement.

3 Recommended for students pursuing Global Health concentration: GEOG 22061, PSYC 11762, SOC 12050.

Allied Health Concentration Requirements		
Code	**Title**	**Credit Hours**
Concentration Requirements (courses count in major GPA)		
State Licensure or Public Health, and Science Electives, choose from the following: [1]		12
State Licensure (12 credit hours)		
Public Health (PH) Electives, choose from the following (6 credit hours):		
PH 20010	Introduction to Public Health Informatics	
PH 30015	The United States Health Care System	
PH 34001	Public Health Interventions I	
PH 34002	Public Health Interventions II	
PH 40013	Clinical Epidemiology Basics	
PH 40014	Clinical Trials Management	
PH 44005	Legal Aspects of Health Services Management	
PH 44010	Public Health Planning and Finance	
PH 44015	Public Health Management	
PH 44020	Public Health Ethics in Practice, Policy, and Research	
PH 44025	Principles of Public Health Leadership	
Science Electives, choose from the following (6 credit hours):		
BSCI 11010	Foundational Anatomy and Physiology I (KBS) (KLAB)	
BSCI 11020	Foundational Anatomy and Physiology II (KBS) (KLAB)	
BSCI 20021	Basic Microbiology	
or BSCI 30171	General Microbiology	
BSCI 21020	Anatomy and Physiology II	
BSCI 21010	Anatomy and Physiology I (KBS) (KLAB)	
BSCI 30050	Human Genetics	
or BSCI 30156	Elements of Genetics	
CHEM 10050	Fundamentals of Chemistry (KBS)	
or CHEM 10055	Molecules of Life (KBS)	
or CHEM 10060	General Chemistry I (KBS)	
HED 14020	Medical Terminology	
NURS 20950	Human Growth and Development for Health Professionals	
NUTR 23511	Science of Human Nutrition (KBS)	
PSYC 11762	General Psychology (DIVD)(KSS)	
SOC 12050	Introduction To Sociology (DIVD)(KSS)	
Additional Requirements (courses do not count in major GPA)		
Mathematics Elective, choose from the following:		3 to 5
CS 10051	Introduction To Computer Science (KMCR)	
MATH 10041	Introductory Statistics (KMCR)	
MATH 10051	Quantitative Reasoning (KMCR)	
MATH 10771	Basic Mathematical Concepts I Plus (KMCR)	
MATH 10772	Modeling Algebra Plus (KMCR)	

MATH 10775	Algebra for Calculus Plus (KMCR)	
MATH 11008	Explorations in Modern Mathematics (KMCR)	
MATH 11009	Modeling Algebra (KMCR)	
MATH 11010	Algebra for Calculus (KMCR)	
MATH 11012	Intuitive Calculus (KMCR)	
MATH 11022	Trigonometry (KMCR)	
MATH 12002	Analytic Geometry and Calculus I (KMCR)	
MATH 12011	Calculus with Precalculus I (KMCR)	
MATH 12012	Calculus with Precalculus II (KMCR)	
MATH 14001	Basic Mathematical Concepts I (KMCR)	
MATH 14002	Basic Mathematical Concepts II (KMCR)	
Kent Core Basic Sciences (must include one laboratory)		6 to 7
Kent Core Additional		6
General Electives (total credit hours depends on earning 120 credit hours, including 39 upper-division credit hours)		29
Minimum Total Credit Hours:		56

1 At their time of admission, a student must submit a copy of their state licensure to an academic advisor in the College of Public Health. State licensure must be valid through the student's graduation term.

Clinical Trials Research Concentration Requirements

Code	Title	Credit Hours
Concentration Requirements (courses count in major GPA)		
PH 40013	Clinical Epidemiology Basics	3
PH 40014	Clinical Trials Management	3
PH 40015	Scientific Writing for Clinical Research	3
PH 40017	Pharmacoepidemiology	3
PH 40018	Regulatory Affairs in Clinical Research	3
Public Health (PH) Upper-Division Electives (30000 or 40000 level)		6
Additional Requirements (courses do not count in major GPA)		
CHEM 10050	Fundamentals of Chemistry (KBS)	3
or CHEM 10055	Molecules of Life (KBS)	
or CHEM 10060	General Chemistry I (KBS)	
MATH 11009	Modeling Algebra (KMCR)	3 to 4
or MATH 11010	Algebra for Calculus (KMCR)	
or MATH 10773		
or MATH 10775	Algebra for Calculus Plus (KMCR)	
Biological Sciences Electives, choose from the following:		4 to 5
BSCI 10001	Human Biology (KBS)	
& BSCI 10003	And Laboratory Experience in Biology (KBS) (KLAB)	
BSCI 10110	Biological Diversity (KBS) (KLAB)	
BSCI 10120	Biological Foundations (KBS) (KLAB)	
BSCI 21010	Anatomy and Physiology I (KBS) (KLAB)	
Kent Core Additional		6

General Electives (total credit hours depends on earning 120 credit hours, including 39 upper-division credit hours)	13
Minimum Total Credit Hours:	50

Community Health Outreach and Development Concentration Requirements		
Code	**Title**	**Credit Hours**
Concentration Requirements (courses count in major GPA)		
PH 34001	Public Health Interventions I	3
PH 34002	Public Health Interventions II	3
PH 35001	Community-Based Public Health Practice (ELR)	3
PH 35005	Advocacy and Activism In Public Health	3
PH 45092	Service-Learning Practicum In Community-Based Public Health (ELR)	3
or PH 44092	Internship In Public Health (ELR)	
Additional Requirements (courses do not count in major GPA)		
Mathematics Elective, choose from the following:		3 to 5
MATH 10771	Basic Mathematical Concepts I Plus (KMCR)	
MATH 10772	Modeling Algebra Plus (KMCR)	
MATH 10775	Algebra for Calculus Plus (KMCR)	
MATH 11009	Modeling Algebra (KMCR)	
MATH 11010	Algebra for Calculus (KMCR)	
MATH 11012	Intuitive Calculus (KMCR)	
MATH 11022	Trigonometry (KMCR)	
MATH 12011	Calculus with Precalculus I (KMCR)	
MATH 12012	Calculus with Precalculus II (KMCR)	
MATH 14001	Basic Mathematical Concepts I (KMCR)	
MATH 14002	Basic Mathematical Concepts II (KMCR)	
Kent Core Basic Sciences (must include one laboratory)		6 to 7
Kent Core Additional		6
General Electives (total credit hours depends on earning 120 credit hours, including 39 upper-division credit hours)		26
Minimum Total Credit Hours:		56

Global Health Concentration Requirements		
Code	**Title**	**Credit Hours**
Concentration Requirements (courses count in major GPA)		
PH 44003	Environmental Health Issues in Low- and Middle-Income Countries	3
Public Health Electives, Choose from The Following:		6
PH 40092	International Health Practicum (ELR)	
PH 41092	Field Experience in Meeting The Basic Health and Human Needs (ELR)	
PH 44002	Global Health Immersion: Geneva, Switzerl, and	

PH 44004	Global Health Immersion: Latin America	
Global Health Electives choose from the following:		6
ANTH 48250	Medical Anthropology (DIVG)	
COMM 35852	Intercultural Communication (DIVG)	
GEOG 31070	Population and The Environment	
GEOG 42052	Medical Geography	
HED 47070	Aids: Issues, Education, and Prevention	
PHIL 40005	Health Care Ethics	
POL 30301	Introduction to Public Administration	
POL 30511	Problems of International Organization	
POL 30810	Politics of The Global Economy	
POL 40450	Health Care and Social Policy	
POL 40470	Women, Politics, and Policy (DIVD)	
Additional Requirements (courses do not count in major GPA)		
Mathematics Elective, choose from the following:		3 to 5
MATH 10771	Basic Mathematical Concepts I Plus (KMCR)	
MATH 10772	Modeling Algebra Plus (KMCR)	
MATH 10775	Algebra for Calculus Plus (KMCR)	
MATH 11009	Modeling Algebra (KMCR)	
MATH 11010	Algebra for Calculus (KMCR)	
MATH 11012	Intuitive Calculus (KMCR)	
MATH 11022	Trigonometry (KMCR)	
MATH 12002	Analytic Geometry and Calculus I (KMCR)	
MATH 12011	Calculus with Precalculus I (KMCR)	
MATH 12012	Calculus with Precalculus II (KMCR)	
MATH 14001	Basic Mathematical Concepts I (KMCR)	
MATH 14002	Basic Mathematical Concepts II (KMCR)	
Arabic, Chinese, French, Russian or Spanish Language (Elementary I, and II, and Intermediate I, and II)		14-20
Kent Core Basic Sciences (must include one laboratory) [1]		6 to 7
Kent Core Additional		6
General Electives (total credit hours depends on earning 120 credit hours, including 39 upper-division credit hours) [2]		12
Minimum Total Credit Hours:		56

1 Recommended courses: GEOG 22061, PSYC 11762, SOC 12050.

2 Minimum 12 credit hours of study abroad semester courses count as general elective.

Health Services Administration Concentration Requirements		
Code	**Title**	**Credit Hours**
Concentration Requirements (courses count in major GPA)		
PH 20000	Public Health Professional Practice I	1
PH 30000	Public Health Professional Practice II	1
PH 30015	The United States Health Care System	3
PH 40000	Public Health Professional Practice III	1

PH 44005	Legal Aspects of Health Services Management	3
PH 44010	Public Health Planning and Finance	3
PH 44015	Public Health Management	3
PH 44020	Public Health Ethics in Practice, Policy, and Research	3
PH 44025	Principles of Public Health Leadership	3
Health Services Elective, choose from the following:		3
PH 20010	Introduction to Public Health Informatics	
PH 20015	Zombie Outbreak	
PH 43014	Public Health and Mass Incarceration	
PH 30025	Fundamentals of Healthcare Compliance	
PH 30020	Fundamentals of Health Privacy	
PH 40195	Special Topics in Public Health	
PH 44092	Internship in Public Health (ELR)	
Additional Requirements (courses do not count in major GPA)		
Mathematics Elective, choose from the following:		3 to 5
MATH 10771	Basic Mathematical Concepts I Plus (KMCR)	
MATH 10772	Modeling Algebra Plus (KMCR)	
MATH 10775	Algebra for Calculus Plus (KMCR)	
MATH 11009	Modeling Algebra (KMCR)	
MATH 11010	Algebra for Calculus (KMCR)	
MATH 11012	Intuitive Calculus (KMCR)	
MATH 11022	Trigonometry (KMCR)	
MATH 12002	Analytic Geometry and Calculus I (KMCR)	
MATH 12011	Calculus with Precalculus I (KMCR)	
MATH 12012	Calculus with Precalculus II (KMCR)	
MATH 14001	Basic Mathematical Concepts I (KMCR)	
MATH 14002	Basic Mathematical Concepts II (KMCR)	
Kent Core Basic Sciences (must include one laboratory)		6 to 7
Kent Core Additional		6
General Electives (total credit hours depends on earning 120 credit hours, including 39 upper-division credit hours)		17
Minimum Total Credit Hours:		56

Pre-Medicine, Dental, Osteopathy Concentration Requirements		
Code	**Title**	**Credit Hours**
Concentration Requirements (courses count in major GPA)		
BSCI 10120	Biological Foundations (KBS) (KLAB)	4
CHEM 10060	General Chemistry I (KBS)	4
CHEM 10061	General Chemistry II (KBS)	4
CHEM 10062	General Chemistry I Laboratory (KBS) (KLAB)	1
CHEM 10063	General Chemistry II Laboratory (KBS) (KLAB)	1
CHEM 20481	Basic Organic Chemistry I	4
or CHEM 30481	Organic Chemistry I	

CHEM 30475	Organic Chemistry Laboratory I (ELR)	1
Concentration Electives, choose from the following:		24-43
ATTR 25057	Human Anatomy and Physiology I (KBS) (KLAB)	
ATTR 25058	Human Anatomy and Physiology II (KBS) (KLAB)	
BSCI 10110	Biological Diversity (KBS) (KLAB)	
BSCI 11010	Foundational Anatomy and Physiology I (KBS) (KLAB)	
BSCI 21010	Anatomy and Physiology I (KBS) (KLAB)	
BSCI 21020	Anatomy and Physiology II	
BSCI 30130	Human Physiology	
BSCI 30140	Cell Biology	
BSCI 30156	Elements of Genetics	
BSCI 30171	General Microbiology	
BSCI 40430	Animal Physiology	
CHEM 30284	Introductory Biological Chemistry	
CHEM 30476	Organic Chemistry Laboratory II	
CHEM 40248	Advanced Biological Chemistry	
CHEM 20482	Basic Organic Chemistry II	
or CHEM 30482	Organic Chemistry II	
ECON 22060	Principles of Microeconomics (KSS)	
GERO 14029	Introduction to Gerontology (DIVD)(KSS)	
HED 14020	Medical Terminology	
HONR 40197	Senior Colloquium	
MATH 11022	Trigonometry (KMCR)	
MATH 12002	Analytic Geometry and Calculus I (KMCR)	
or MATH 12021	Calculus for Life Sciences	
MATH 12022	Probability and Statistics for Life Sciences	
or MATH 30011	Basic Probability and Statistics	
NUTR 23511	Science of Human Nutrition (KBS)	
PESP 25033	Lifespan Motor Development	
PHIL 21001	Introduction to Ethics (DIVG)(KHUM)	
PHY 13001	General College Physics I (KBS)	
& PHY 13021	And General College Physics Laboratory I (KBS) (KLAB)	
or PHY 23101	General University Physics I (KBS) (KLAB)	
PHY 13002	General College Physics II (KBS)	
& PHY 13022	And General College Physics Laboratory II(KBS) (KLAB)	
or PHY 23102	General University Physics II (KBS) (KLAB)	
PSYC 11762	General Psychology (DIVD)(KSS)	
SOC 12050	Introduction to Sociology (DIVD)(KSS)	
Additional Requirements (courses do not count in major GPA)		
General Electives		15
Minimum Total Credit Hours:		57

1 CHEM+A256: C281 30482 is highly recommended as an additional course for those students planning to take the Medical College Admission Test (MCAT).

2) **Provide official documentation of the required components and total length of the degree in the form of an institutional catalog or online resource. Provide hyperlinks to documents if they are available online, or include copies of any documents that are not available online.**

Required components of the BSPH degree can be found at **http://catalog.kent.edu/colleges/ph/public-health-bsph/#programrequirementstext**

3) **Provide a matrix in the format of *Template D9-1* that indicates the courses/experience(s) that ensure that students are introduced to each of the domains indicated. *Template D9-1* requires the school to identify the experiences that introduce each domain.**

Template D9-1

Domains	**Courses and other learning experiences through which students are introduced to the domains specified**
Science: Introduction to the foundations of scientific knowledge, including the biological and life sciences, and the concepts of health and disease	Students are introduced to topics in the areas of foundations of scientific knowledge, including the biological and life sciences, and the concepts of health and disease through PH 30007, Prevention, and Control of Diseases. This course is required for all students enrolled in the baccalaureate program in the College of Public Health at Kent State University. Please see Table D10-1 for specific competencies covered in this course. Also, all students are required to seven hours (including a lab component) course in the area of Basic Science at Kent State University. Students choose from courses identified by the university as Kent Core Coursework. A complete listing of Kent Core Courses can be found at **http://catalog.kent.edu/undergraduate-university-requirements/kent-core/.**
Social and Behavioral Sciences: Introduction to the foundations of social and behavioral sciences	Students are introduced to topics in the areas of Social and Behavioral Sciences through PH 30005, Social, and Behavioral Science Theories. This course is required for all students enrolled in the baccalaureate program in the CPH. Please see Table D10-1 for specific competencies covered in this course.
Math/Quantitative Reasoning: Introduction to basic statistics	All students are required to complete one course in Mathematics and Critical Reasoning at Kent State University. Students choose from courses identified by the university as Kent Core Coursework. A complete listing of Kent Core Courses can be found at **http://catalog.kent.edu/undergraduate-university-requirements/kent-core/**.
Humanities/Fine Arts: Introduction to the humanities/fine arts	All students are required to complete nine hours in the humanities and fine arts at Kent State University. Students choose from courses identified by the university as Kent Core Coursework. A complete listing of Kent Core Courses can be found at **http://catalog.kent.edu/undergraduate-university-requirements/kent-core/**.

4) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**
Not Applicable

D10. Public Health Bachelor's Degree Foundational Domains

The requirements for the public health major or concentration provide instruction in the domains. The curriculum addresses these domains through any combination of learning experiences throughout the requirements for the major or concentration coursework (i.e., the school may identify multiple learning experiences that address a domain—the domains listed below do not each require a single designated course).

If the school intends to prepare students for a specific credential, the curriculum must also address the instruction areas required for credential eligibility (e.g., CHES).

1) **Provide a matrix in the format of *Template D10-1* that indicates the courses/experience(s) that ensure that students are exposed to each of the domains indicated. *Template D10-1* requires the school to identify the learning experiences that introduce and reinforce each domain. Include a footnote with the template that provides the school's definition of "introduced" and "covered."**

Template D10-1

Template D10-1

Public Health Domains		Course Name and Number										
		PH 10001 Introduction to Public Health	PH 10002 Introduction to Global Health	PH 20001 Essentials of Epidemiology	PH 30005 Social &: Behav Science	PH 30033 PH Policy & Decision Making	PH 30007 Prevention & Control of	PH 30002 Introductory Biostatistics	PH 30006 Environmental Health Science	PH 30004 PH Research	PH 44000 Health Disparities	PH 49000 Capstone Experience in
Overview of Public Health: Address the history and philosophy of public health as well as its core values, concepts, and functions across the globe and in society**.**												
	Public Health History	C		I	I	I						
	Public Health Philosophy	I				C						C
	Core PH Values	I	C		C	C					C	C
	Core PH Concepts		C	I	C	C			I		C	C
	Global Functions of Public Health		C			I						
	Societal Functions of Public Health		C			C			I		C	
Role and Importance of Data in Public Health: Address the basic concepts, methods, and tools of public health data collection, use, and analysis, and why evidence-based approaches are an essential part of public health practice.												
	Basic Concepts of Data Collection	I		C		I	I	I		C		
	Basic Methods of Data Collection	I		C			I	I		C		
	Basic Tools of Data Collection			C			I	I		C		
	Data Usage	I		C		I	I	C		C		
	Data Analysis			C		I	I	C		C		
	Evidence-based Approaches	I	C	I		I			I		I	
Identifying and Addressing Population Health Challenges: Address the concepts of population health and the basic processes, approaches, and interventions that identify and address the major health-related needs and concerns of populations**.**												
	Population Health Concepts	I	C	I	I	I	I		I		C	
	Introduction to Processes, and Approaches to Identify Needs, and Concerns of Populations			I	I	C	I					

Template D10-1

Public Health Domains		Course Name and Number										
		PH 10001 Introduction to Public Health	PH 10002 Introduction to Global Health	PH 20001 Essentials of Epidemiology	PH 30005 Social &: Behav Science	PH 30033 PH Policy & Decision Making	PH 30007 Prevention & Control of	PH 30002 Introductory Biostatistics	PH 30006 Environmental Health Science	PH 30004 PH Research	PH 44000 Health Disparities	PH 49000 Capstone Experience in
	Introduction to Approaches and Interventions to Address Needs and Concerns of Populations		C		I	I	I		I		C	C
Human Health: Address the underlying science of human health and disease, including opportunities for promoting and protecting health across the life course.												
	Science of Human Health and Disease		I	I			C		C			
	Health Promotion	I	I		I	I	C		C			
	Health Protection		I	I	I	I	C		C			
Determinants of Health: Address the socio-economic, behavioral, biological, environmental, and other factors that impact human health, and contribute to health disparities.												
	Socio-economic Impacts on Human Health and Health Disparities	I	C	I	C	C	C				C	
	Behavioral Factors Impacts on Human Health and Health Disparities	I			C	C	C		C		C	
	Biological Factors Impacts on Human Health and Health Disparities		I				C		C		C	
	Environmental Factors Impacts on Human Health and Health Disparities	I	C		C	I	C		C		C	

Template D10-1

Public Health Domains		Course Name and Number										
		PH 10001 Introduction to Public Health	PH 10002 Introduction to Global Health	PH 20001 Essentials of Epidemiology	PH 30005 Social &: Behav Science	PH 30033 PH Policy & Decision Making	PH 30007 Prevention & Control of	PH 30002 Introductory Biostatistics	PH 30006 Environmental Health Science	PH 30004 PH Research	PH 44000 Health Disparities	PH 49000 Capstone Experience in
Project Implementation: Address the fundamental concepts and features of project implementation, including planning, assessment, and evaluation.												
	Introduction to Planning Concepts and Features					I						C
	Introduction to Assessment Concepts and Features					I						C
	Introduction to Evaluation Concepts and Features	I				I				C		
Overview of the Health System: Address the fundamental characteristics and organizational structures of the U.S. health system as well as to the differences in systems in other countries.												
	Characteristics and Structures of the U.S. Health System		I			C						
	Comparative Health Systems		C			I						
Health Policy, Law, Ethics, and Economics: Address the basic concepts of legal, ethical, economic, and regulatory dimensions of health care, and public health policy and the roles, influences, and responsibilities of the different agencies, and branches of government												
	Legal dimensions of health care and public health policy	I		I		C						
	Ethical dimensions of health care and public health policy	I	I	I		C					C	
	Economic dimensions of health care and public health policy	I				C					C	
	Regulatory dimensions of health care and public health policy	I		I		C			C		C	
	Governmental Agency Roles in health care and public health policy	I				C			C			

Template D10-1

Public Health Domains	Course Name and Number										
	PH 10001 Introduction to Public Health	PH 10002 Introduction to Global Health	PH 20001 Essentials of Epidemiology	PH 30005 Social &: Behav Science	PH 30033 PH Policy & Decision Making	PH 30007 Prevention & Control of	PH 30002 Introductory Biostatistics	PH 30006 Environmental Health Science	PH 30004 PH Research	PH 44000 Health Disparities	PH 49000 Capstone Experience in
Health Communications: Address the basic concepts of public health-specific communication, including technical and professional writing, and the use of mass media, and electronic technology											
Technical writing	I						I	I			
Professional writing	I				I			I		C	C
Use of Mass Media	I										C
Use of Electronic Technology										C	

2) **Include the most recent syllabus from each course listed in Template D10-1, or written guidelines, such as a handbook, for any required experience(s) listed in Template D10-1 that do not have a syllabus.**

   Additional documentation can be found in *ERF: D10 Public Health Bachelor's Degree Foundational Domains*.

3) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

   Not Applicable

D11. Public Health Bachelor's Degree Foundational Competencies

Students must demonstrate the following competencies:

5) **the ability to communicate public health information, in both oral and written forms, through a variety of media and to diverse audiences**
6) **the ability to locate, use, evaluate, and synthesize public health information**

1) **Provide a matrix, in the format of *Template D11-1*, that indicates the assessment opportunities that ensure that students demonstrate the stated competencies**.

Template D11-1

Skills	Courses and other learning experiences through which students demonstrate the following skills	Methods by which these skills are assessed
Public Health Communication: Students should be able to communicate public health information, in both oral and written forms, and through a variety of media, to diverse audiences		
Oral communication	PH 30005, SBS Theories in PH	TALKING POINTS: Each week on Monday, unless specified otherwise, students will bring written talking points to class (1 for each week for 14-weeks). Each talking point is worth 5 points (14 @ 5 points each for a total of 70 points). Talking points are ideas or questions that students come up with while reviewing the course materials and can be about something observed in one's own life, someone else's, etc. A minimum of one talking point is required per each week in class. Students will be expected to comment on their talking point aloud in-class and actively engage in course discussions. Students are also expected to address the course instructor and peers' comments and/or questions specifically and professionally.
Written communication	PH 44000, Health Disparities	HEALTH DISPARITIES REVIEW Throughout the semester, students will complete multiple components, which will be combined into a final Health Disparity Review (HDR) paper to be submitted during finals week. The HDR consists of 5 parts: **Part 1: Topic Proposal (20 points)** In preparation for writing the Health Disparity Review paper, students are to identify and submit for approval of a specific health disparity topic—that is, a documented health disparity (e.g., obesity, lung cancer, diabetes) among a particularly at-risk population (Hispanics, Black men, Black women) living in the United States. Additional requirements will be indicated in the Assignment Guide. **Part 2: Determinants Table (30 points)** After their topics have been approved, students will complete a structured table to identify social determinants that contribute to their chosen health disparity. The table contents will be researched and incorporated into the final paper. Additional requirements will be indicated in the Assignment Guide. **Part 3: Inequalities Explanation (45 points)** Based on instructor feedback, students will revise and resubmit their Determinants Table. Additional requirements will be indicated in the Assignment Guide. **Part 4: Intervention & Policy Report (30 points)** *Step PH 44000 Fall, 2019 V.1* 4 Students will submit a brief structured report of public health intervention and a policy

Skills	Courses and other learning experiences through which students demonstrate the following skills	Methods by which these skills are assessed
		they have identified in their research work thus far. Additional requirements will be indicated in the Assignment Guide. **Part 5 Final: Health Disparity Analysis (80 points)** Incorporating material and feedback from the first four parts, students will submit a cohesive review that describes and explains the root causes
Communicate with diverse audiences	PH 10001, Introduction to Public Health	The College of Public Health at Kent State is comprised of a diverse student body across several areas – race/ethnicity, geographic location, age, and employment status. As such, students engage in regular discussion posts and classroom interaction and, as such, are interacting with diverse audiences.
	PH 10002, Introduction to Global Health	
	PH 20001, Essentials of Epidemiology	
	PH 30005, SBS Theories in PH	
	PH 30033, PH Policy & Decision-Making	
	PH 30007, Prevention & Control of Diseases	
	PH 30002, Introductory Biostatistics	
	PH 30006, Environmental Health Science	
	PH 30004, Public Health Research	
	PH 44000, Health Disparities	
	PH 49000, Capstone Experience	

Skills	Courses and other learning experiences through which students demonstrate the following skills	Methods by which these skills are assessed
Communicate through a variety of media	PH 49000, Capstone Experience	Ask the Pros (100 points) Overview For this project, students will find a person who works in public health, medicine, or other applicable health professions and send five questions regarding that person's career. Students will present their questions and the answers they received to the class. Why are we doing this? This project is meant to help students prepare for their next steps after graduation, whether continuing in education or joining the workforce. Students will learn more about the health system in the US, which covers the BSPH competency C.7: "Overview of the Health System – Discuss the fundamental characteristics and organization of the US health system and how it compares with systems in other countries." This project also offers an insider look at various career options, which may help students narrow down career options or graduate/professional program applications. What do we need to do? Students will identify their health professional from a field in which they would like to work. They will contact one person and send them five questions regarding their career. Questions can address day-to-day tasks, challenges, enjoyable parts of the job, skills needed, or other professional and appropriate questions about that job. After receiving a response, students will briefly present (4 to 5 minutes) their findings in class and submit their question list and the answers they received to the instructor.
Information Literacy: Students should be able to locate, use, evaluate, and synthesize information		
Locate information	PH 30004, Public Health Research	CITI Training
Use information	PH 30002, Introductory Biostatistics	Assignments 1-4, Midterm and Final

Skills	Courses and other learning experiences through which students demonstrate the following skills	Methods by which these skills are assessed
Synthesize information	PH 49000, Capstone Experience	Final Project: Book Report/Op-Ed (200 points) An important part of being a public health graduate is finding information on your own, digesting it, absorbing it, and using it to become a more effective public health professional. For this project, you will find EITHER one book from one of the ASPPH summer reading lists (found on Blackboard) OR five research articles from peer-reviewed journals that revolve around a similar topic. You will be responsible for reading your assignment throughout the semester. At the end of the semester, you will create a one-page infographic on the public health topics you learned about, as well as a brief, five-page op-ed on why this is or is not an important read for public health juniors and seniors.

2) **Include the most recent syllabus from each course listed in Template D11-1 or written guidelines, such as a handbook, for any required elements listed in Template D11-1 that do not have a syllabus.**

   Additional documentation can be found in *ERF: D11 Public Health Bachelor's Degree Foundational Competencies*.

3) **If applicable, include examples of student work indicated in *Template D11-1*.**

   Additional documentation can be found in *ERF: D11 Public Health Bachelor's Degree Foundational Competencies*.

4) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

   Not Applicable

D12. Public Health Bachelor's Degree Cumulative, and Experiential Activities

Students have opportunities to integrate, synthesize, and apply knowledge through cumulative and experiential activities. All students complete a cumulative, integrative, and scholarly or applied experience or inquiry project that serves as a capstone to the education experience. These experiences may include but are not limited to internships, service-learning projects, senior seminars, portfolio projects, research papers, or honors theses. Schools encourage exposure to local-level public health professionals and/or agencies that engage in public health practice.

1) **Provide a matrix in the format of Template D12-1 that identifies the cumulative and experiential activities through which students have the opportunity to integrate, synthesize, and apply knowledge as indicated.**

Cumulative and Experiential Activity (internships, research papers, service-learning projects, etc.)	**Narrative describing how activity provides students the opportunity to integrate, synthesize, and apply knowledge.**
BSPH - Capstone Experience in PH PH 49000	As part of Kent State's graduation requirements, all students must complete an Experiential Learning Requirement (ELR) in the College of Public Health. This requirement has been designated as PH 49000, Capstone Experience in Public Health. This course requires students to complete a public health core value and presentation activity, several team-based learning activities, and the development of an editorial article focused on an interest area in public health—additionally, students complete career-based and professional activities prepare them for the workforce.

2) **Include examples of student work that relate to cumulative and experiential activities.**

   Additional documentation can be found in *ERF: D12 Public Health Bachelor's Degree Cumulative, and Experiential Activities*

3) **Briefly describe the means through which the school implements the cumulative experience and field exposure requirements.**

   The BSPH has 33 credits of required core courses, in addition to specific concentration requirements that vary by area. All BSPH students compete the PH 49000, Capstone in Public Health, which brings together all prior public health learning. Students engage in Case Studies, Informational Interviews with Professionals, and materials from professional organizations or peer-reviewed journal articles to demonstrate their knowledge. Students also engage in a creative assignment that allows them to engage in public health learning, looking at creating or alternative sources, and connecting that assignment with peer-reviewed journal articles.

4) **Include handbooks, websites, forms, and other documentation relating to the cumulative experience and field exposure. Provide hyperlinks to documents if they are available online or include electronic copies of any documents that are not available online.**

   Additional documentation can be found in *ERF: D12 Public Health Bachelor's Degree Cumulative, and Experiential Activities*.

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D13. Public Health Bachelor's Degree Cross-Cutting Concepts and Experiences

The overall undergraduate curriculum and public health major curriculum expose students to concepts and experiences necessary for success in the workplace, further education, and lifelong learning. Students are exposed to concepts through any combination of learning experiences and co-curricular experiences.

1) Briefly describe, in the format of Template D13-1, of the manner in which the curriculum and co-curricular experiences expose students to the concepts identified.

Concept	Manner in which the curriculum and co-curricular experiences expose students to the concepts
Advocacy for protection and promotion of the public's health at all levels of society	PH 10002 - Online discussion, quiz, exam PH 44000 - Discussion (participation)
Community dynamics	PH 30006 - Online discussion, exam PH 44000 - Discussion (participation)
Critical thinking and creativity	PH 20001 - Discussion, quiz, exam PH 30002 - Quiz, exam PH 30005 - Brief essay PH 30007 - Quiz PH 49000 - Discussion and writing assignment PH 44000 - Discussion (participation)
Cultural contexts in which public health professionals work	PH 10002 - Online discussion, quiz, exam PH 44000 - Discussion(participation)
Ethical decision making as related to self and society	PH 30004 - Quiz, objective tests PH 30033 - Discussion, quiz, case study PH 44000 - HDR paper
Independent work and a personal work ethic	All courses through discussion board posts, quizzes, and exams
Networking	PH 49000 - Interactive Discussion
Organizational dynamics	PH 30033 - Discussion, quiz, and case study
Professionalism	PH 49000 - Resume and cover letter activity Access to career and professional advisors
Research methods	PH 30004 - Quiz PH 10002 - Online quiz, discussion PH 20001 - Quiz & exam PH 30002 - Quiz & exam PH 30012 - Assignment (Research 3-pgs. essay)
Systems thinking	PH 30006 - Online discussion, exam PH 30033 - Discussion, quiz PH 30005 - Quiz MCQ, paper PH 30012 - Online discussion, quiz, exam PH 44000 - HDR paper
Teamwork and leadership	PH 30002 - Activity PH 30014 - Module group project leader roles

2) Provide syllabi for all required coursework for the major and/or courses that relate to the domains listed above. Syllabi should be provided as individual files in the electronic resource file and should reflect the current semester or most recent offering of the course.

Additional documentation can be found in *ERF: D13 Public Health Bachelor's Degree Cross-Cutting Concepts and Experiences*.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Not applicable

D14. MPH Program Length

An MPH degree requires at least 42 semester-credits, 56 quarter-credits, or the equivalent for completion.

Schools use university definitions for credit hours.

1) Provide information about the minimum credit-hour requirements for all MPH degree options. If the university uses a unit of academic credit or an academic term different from the standard semester or quarter, explain the difference, and present an equivalency in table or narrative form.

Students pursuing the Master of Public Health degree must complete 46 credit hours of graduate-level coursework to complete their degree.

In broad terms, entry into a master's degree indicates that the student has sufficient preparation in studying to pursue a greater specialization in that field. The degree program is designed to assure mastery of specified knowledge and skills, rather than an accumulation of credits beyond the baccalaureate.

The master's degree typically requires two years of full-time study and completing a minimum of 30 semester hours of graduate credit beyond the baccalaureate. Some specialized master's degrees may require more than this minimum. The essential components of the degree may vary in emphasis but generally include a common core in the discipline; an integrative experience such as a seminar or practicum to synthesize the program's content and/or to translate theory into practice; and a summative experience to measure achievement, and intellectual growth such as a thesis (6 credit hours), project, research paper, and/or comprehensive examination.

Academic credit applicable to the master's degree is only awarded for those courses designed to exp, and strengthen skills beyond the baccalaureate level. Degree credit is not awarded for courses that are remedial or designed to fulfill prerequisites for admission. No more than 50 percent of the program's coursework may be at the 50000 levels (i.e., graduate courses slashed/co-scheduled with undergraduate courses).

Professional master's degrees imply preparation for professional and/or clinical practice. Generally, professional graduate degrees represent terminal degrees in their field. The resulting professional activity usually involves the giving of service to the public in the chosen field. Kent State offers 20 professional master's degrees:

- Master of Architecture (M.Arch.)
- Master of Landscape Architecture II (M.L.A.2)
- Master of Arts in Economics (M.A.E.)
- Master of Liberal Studies (L.S.M.)
- Master of Arts in Teaching (M.A.T.)
- Master of Library and Information Science (M.L.I.S.)
- Master of Business Administration (M.B.A.)
- Master of Music (M.M.) Master of Digital Sciences (M.D.S.)
- Master of Public Administration (M.P.A.)
- Master of Education (M.Ed.)
- Master of Public Health (M.P.H.)
- Master of Fine Arts (M.F.A.)
- Master of Science in Accounting (M.S.A.)
- Master of Geographic Information Science (M.G.I.Sc.)
- Master of Science in Nursing (M.S.N.)
- Master of Healthcare Design (M.H.D.)

- Master of Technology (M.Tech.)
- Master of Landscape Architecture I (M.L.A.1) Master of Urban Design (M.U.D.)

For a complete description, please visit the Curriculum Guidelines available at **http://provostdata.kent.edu/roadmapweb/06/curriculum-guidelines.pdf**.

2) Define a credit with regard to classroom/contact hours.

"Semester credit hour" means a minimum of 750 minutes of formalized instruction that typically requires students to work at out-of-class assignments an average of twice the amount of time as the amount of formalized instruction (1,500 minutes). It is acknowledged that formalized instruction may take place in a variety of modes.

While awarding semester credit hours typically occurs for instruction delivered in accordance with an institution's standard semester calendar, it may also occur for instruction that may not follow the typical pattern of an institution's standard semester calendar as long as the criteria for awarding such credit is met. Credit hours may be calculated differently for certain types of instructional activities, including but not limited to: laboratory instruction, clinical laboratory instruction, directed practice experience, practicum experience, cooperative work experience, field experience, observation experience, seminar, miscellaneous, and studio experience (Ohio Administrative Code, 3333-1-02, 2010).

For a complete description, please visit the Curriculum Guidelines available at **http://provostdata.kent.edu/roadmapweb/06/curriculum-guidelines.pdf**

D15. DrPH Program Length

Not applicable

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D16. Bachelor's Degree Program Length

A public health bachelor's degree requires completion of a total number of credit units commensurate with other similar degree schools in the university.

Schools use university definitions for credit hours.

1) Provide information about the minimum credit-hour requirements for all bachelor's degree options. If the university uses a unit of academic credit or an academic term different from the standard semester or quarter, explain the difference, and present an equivalency in table or narrative form.

The bachelor's degree (baccalaureate) is usually the first academic title or rank conferred on a university student for satisfactory completion of a prescribed four-year course of study. It is authenticated by a diploma signifying the achievement. Its purpose is to enable a student to acquire a certain amount of liberal learning and become proficient in a particular learning branch.

The degree requires a minimum of 120 semester credit hours of coursework; bachelor's degree programs should not exceed 126 semester credit hours unless it can be shown that the additional coursework is required to meet professional accreditation or licensing requirements.

The curriculum structure of the bachelor's degree at Kent State University is the following:

Curriculum Requirements	Credits Hours
Major Requirements (may include concentrations)[1]	minimum 30
Additional Requirements	varies
First-Year Orientation (UC 10097)[1]	1
Kent Core (general education requirement)	36
Writing-Intensive Course Requirement[2]	varies
Diversity Requirement (two approved courses)[3]	varies
Experiential Learning Requirement[4]	varies
General Electives	varies
Minimum Total 120	

[1]Concentrations must include a minimum of 50 percent of the curriculum within the major; see 23 for more information.

[2]The major must include an upper-division, writing-intensive course (WIC). Although students must complete a WIC with a minimum C grade to earn a bachelor's degree (as a university requirement), the major course designated as WIC does not need to be specified with a minimum C grade as a graduation requirement for that particular major.

[3]Diversity-designated courses are not required to be specified in a program's curriculum. Students complete the diversity requirement by selecting one course from the Kent Core and one course from the Kent Core, a declared program, an elective, or a semester of study abroad (the latter with dean's approval).

[4]The experiential learning requirement (ELR) may be a major or elective course, a component of a course, or a non-credit paid or unpaid experience (e.g., internship). An ELR-designated course is not required to be specified in a program's curriculum.

Within this structure, the content of programs determines the type of bachelor's degree:

Professional bachelor's degrees tend to have a greater percentage of required courses in the discipline's content as they prepare graduates for a specific profession. These programs usually require a core of professional studies that conform to an accrediting agency's standards or other

professional/ licensing body. The size of the professional core ordinarily restricts the number of hours that are available outside the associated major. Kent State University offers nine professional or technical undergraduate degrees:

- Bachelor of Applied Horticulture (B.A.H.)
- Bachelor of Science in Education (B.S.E.)
- Bachelor of Business Administration (B.B.A.)
- Bachelor of Science in Information Technology (B.S.I.T.)
- Bachelor of Fine Arts (B.F.A.)
- Bachelor of Science in Nursing (B.S.N.)
- Bachelor of Music (B.M.)
- Bachelor of Science in Public Health (B.S.P.H.)
- Bachelor of Radiologic and Imaging Sciences Technology (B.R.I.T.)

For a complete description, please visit the Curriculum Guidelines available at **http://provostdata.kent.edu/roadmapweb/06/curriculum-guidelines.pdf**.

2) Define a credit with regard to classroom/contact hours.

"Semester credit hour" means a minimum of 750 minutes of formalized instruction that typically requires students to work at out-of-class assignments an average of twice the amount of time as the amount of formalized instruction (1,500 minutes). It is acknowledged that formalized instruction may take place in a variety of modes.

While awarding semester credit hours typically occurs for instruction delivered in accordance with an institution's standard semester calendar, it may also occur for instruction that may not follow the typical pattern of an institution's standard semester calendar as long as the criteria for awarding such credit is met. Credit hours may be calculated differently for certain types of instructional activities, including but not limited to: laboratory instruction, clinical laboratory instruction, directed practice experience, practicum experience, cooperative work experience, field experience, observation experience, seminar, miscellaneous, and studio experience (Ohio Administrative Code, 3333-1-02, 2010).

For a complete description, please visit the Curriculum Guidelines available at **http://provostdata.kent.edu/roadmapweb/06/curriculum-guidelines.pdf**.

3) Describe policies and procedures for acceptance of coursework completed at other institutions, including community colleges.

The Ohio Articulation and Transfer policy was developed in 1990 to facilitate students' transfer and credits from any state-assisted college or university to another. It encourages faculty recognition of comparable and compatible learning experiences and expectations across institutions. It also encourages students to complete "units" of educational experience as they progress (e.g., transfer assurance guides, transfer modules, associate, and bachelor's degrees).

The policy generally preserves the college or university's practice of making admission decisions based on academic standards, space availability, adherence to deadlines, and payment of fees. However, it does specifically require that Ohio residents with a completed associate degree and a completed transfer module be admitted to all state-assisted institutions provided that their GPA is at least 2.0 for previous college-level courses. Further, these students shall have admission priority over out-of-state associate degree graduates and transfer students.

Although admission to a given institution does not guarantee admission to all degree-granting programs, majors, minors, or fields of concentration, incoming transfer students shall be able to

compete for admission to specific programs on the same basis as students native to the receiving institution.

The policy distinguishes between the acceptance of credit by the receiving institution and the application of credit to the student's chosen program. Transfer credits will be accepted by the receiving institution and posted to the student's record and transcript. Transfer students will receive transfer credit for all college-level courses they have passed. From among the credits which have been posted to the student's record, and appear on the student's transcript, the receiving institution, within the provisions of this policy, will determine how credits will or will not be applied toward degree requirements at the receiving institution.

Upper- or lower-division credit is awarded for transfer based upon the level of course to which it is equated at the receiving institution. A course completed at one institution and transferred to Kent State is applied to the student's degree audit in the same manner as its equivalent course at Kent State. If a lower-division course at the sending institution is transferred as equivalent to an upper-division course at Kent State, it will be counted as upper-division credit. Likewise, an upper-division course taken at the sending institution that is transferred as equivalent to a lower-division course at Kent State will be counted as lower-division credit. Visit **www.ohiohighered.org/transfer/policy** for more information on the state policy

TRANSFER ASSURANCE GUIDES (TAG)
Transfer Assurance Guides (TAG) are groups of foundational courses that represent a commonly accepted pathway to the bachelor's degree. Courses or course sequences identified as being a part of the TAG may be offered at any public higher education institution in Ohio and are guaranteed to transfer and apply toward the major. For more information and a list of TAG-approved courses, visit www.ohiohighered.org/transfer/tag.

OHIO TRANSFER MODULE (OTM)
The Ohio Transfer Module (OTM) is a set or subset of the general education requirements of a college. The OTM consists of 36-40 credit hours of specific course credits in composition, mathematics, arts and humanities, social and behavioral sciences, natural or physical sciences, and interdisciplinary coursework. The OTM was developed to assist the movement of students from one Ohio public college or university to another and to avoid duplication of course requirements for transfer students.

Students who complete the OTM at one college will have met the OTM requirements of the institution to which they transfer. Students may be required to meet additional general education requirements that are not included in the OTM, as long as those requirements are identical to those of native students. For more information and a list of OTM-approved courses, visit **www.ohiohighered.org/transfer/transfermodule**.

CAREER TECHNICAL ASSURANCE GUIDES (CTAG)
Career-Technical Assurance Guides (CTAG) allow students who successfully complete a specified technical program at a high school or career center to transfer agreed-upon courses (that adhere to recognized industry standards) to Ohio public colleges and universities and have them applied toward an academic program. For more information and a list of CTAG-approved courses, visit **www.ohiohighered.org/transfer/ct2**

ADVANCED PLACEMENT (AP)
Beginning in 2009, students in Ohio who take a College Board Advanced Placement (AP) examination and earn a minimum three score are guaranteed college credit, usually towards their general education (Kent Core) curriculum, at Kent State. For more information and a list of credit awarded at each of Ohio's public colleges, and university, visit **www.ohiohighered.org/transfer/advancedplacement**.

MILITARY ASSURANCE GUIDES (MTAG)
Beginning in 2016, students who completed military training, experience, or coursework will be guaranteed college credit for specific courses at any Ohio public institution. This initiative is still in the planning stages. For more information, visit **https://www.ohiohighered.org/transfer/military**.

For a complete description, please visit the Curriculum Guidelines available at **http://provostdata.kent.edu/roadmapweb/06/curriculum-guidelines.pdf**

4) If applicable, provide articulation agreements with community colleges that address acceptance of coursework.

Columbus State Community College to Kent State University
https://www.kent.edu/transfer/degree-pathways

Cuyahoga Community College to Kent State University
https://www.kent.edu/transfer/degree-pathways

Eastern Gateway Community College to Kent State University (Part of Kent State Ascendium Grant)

Lakeland Community College to Kent State University (In progress)

Lorain County Community College to Kent State University
https://www.kent.edu/transfer/degree-pathways

Stark State College to Kent State University (In progress)

5) Provide information about the minimum credit-hour requirements for coursework for the major in at least two similar bachelor's degree programs in the home institution.

Professional or technical undergraduate degrees	**Minimum Hours**
Bachelor of Applied Horticulture (B.A.H.)	120
Bachelor of Science in Education (B.S.E.)	122
Bachelor of Business Administration (B.B.A.)	120
Bachelor of Science in Information Technology (B.S.I.T.)	120
Bachelor of Fine Arts (B.F.A.)	120
Bachelor of Science in Nursing (B.S.N.)	120
Bachelor of Music (B.M.)	120
Bachelor of Science in Public Health (B.S.P.H.)	120
Bachelor of Radiologic and Imaging Sciences Technology (B.R.I.T.)	120

D17. Academic Public Health Master's Degrees

These students also complete coursework and other experiences, outside of the major paper or project, that substantively address scientific and analytic approaches to discovery and translation of public health knowledge in the context of a population health framework.

Finally, students complete coursework that provides instruction in the foundational public health knowledge at an appropriate level of complexity. This instruction may be delivered through online, in-person, or blended methodologies, but it must meet the following requirements while covering the defined content areas.

The school identifies at least one required assessment activity for each of the foundational public health learning objectives.

The school validates academic public health master's students' foundational public health knowledge through appropriate methods.

1) **List the curricular requirements for each relevant degree in the unit of accreditation.**
The MS in Clinical Epidemiology is a minimum 36 credit hour degree that can be taken 100% online or as a hybrid. A student completing two to three courses per semester can complete the program in two calendar years, taking classes in fall, spring and summer. Courses build upon each other, and therefore a student will be required to take many in a specific order. The coursework is designed around the eight domains of core competencies delineated by the Joint Task Force for Clinical Trial Competency and Schools of Public Health competencies. There are eight required classes (25 credits) and two electives (5 to 6 credits). The curriculum includes six credits hours of required research that can be taken as a thesis or research-based practicum. The eight required classes include instruction in basic, advanced epidemiology methods in observational, experimental design, biostatistics, and research ethics. Electives can be taken in advanced biostatistics, pharmacoepidemiology, chronic or infectious disease epidemiology, and regulatory affairs. The required research can include research performed in a clinical setting, working with a lead investigator, or a mentored research study with a faculty or clinical preceptor/advisor.

Major Requirements		
BST 52019	Biostatistics in Public Health	4
BST 63013	Experimental Designs in Public Health Research	3
BST 63014	Applied Regression Analysis of Public Health Data	3
EPI 52017	Fundamentals of Public Health Epidemiology	3
EPI 63016	Principles of Epidemiologic Research	3
or EPI 63018	Observational Designs for Clinical Research	
EPI 63019	Experimental Designs for Clinical Research	3
EPI 63020	Advanced Epidemiology and Clinical Research Methods	3
EPI 63021	Ethical Issues in Public Health and Clinical Research	3
or PHIL 50005	Health Care Ethics	
Major Electives, choose from the following:		5-6
BST 62020	Data Management and Logic Using Sas® Software	
EPI 50015	Scientific Writing for Clinical Research	
EPI 50017	Pharmacoepidemiology	
EPI 50018	Regulatory Affairs in Clinical Research	
EPI 50196	Individual Investigation In Epidemiology	
EPI 63014	Epidemiology of Chronic Diseases	
EPI 63015	Epidemiology of Infectious Diseases	
Culminating Requirement, choose from the following: [1]		6
EPI 63192	Research Practicum in Clinical Epidemiology	
EPI 63199	Thesis I	
Minimum Total Credit Hours:		**36**

2) Provide a matrix in the format of *Template D17-1* that indicates the required assessment opportunities for each of the defined foundational public health learning objectives (1-12). Typically, the school will present a separate matrix for each degree school, but matrices may be combined if requirements are identical.

TEMPLATE D17-1. Content Coverage for Academic Public Health Master's Degree		
MS IN CLINICAL EPIDEMIOLOGY		
Content	**Course number(s), and name(s)**	**Describe specific assessment opportunity**
1. Explain public health history, philosophy, and values	EPI 52017 Fundamentals of Public Health Epidemiology EPI 63018 Observational Designs in Clinical Research EPI 63020 Ethics of Clinical and Public Health	**EPI 63018** Module 1 - Essay: For this two-page essay, you will revisit what you learned in the Fundamentals of Epidemiology and this first module of Observational Designs. Think about public health from a historical perspective and integrate clinical research as you address the below questions. How has public health developed over the past 100 years? When did clinical research enter the history of public health - in addition, describe early examples? Describe how clinical research is similar to public health. What values do they share? How are public health and clinical research different?
2. Identify the core functions of public health and the 10 Essential Services*	EPI 52017 Fundamentals of Epidemiology EPI 63018 Observational Designs in Clinical Research	**EPI 63018 Homework Assignment (essay) Module 10 (Homework 2)** Read through the Essential Services of Public Health in the attached document. How are these services similar to clinical research as you have learned about it from an observation design perspective in this course? Identify five of the services and discuss how clinical research fits within that service. For example, Service 1 reads: Assess and monitor population health status, factors that influence health, and community needs and assets and includes things such as: "Using data and information to determine the root causes of health disparities and inequities" (Page 2 of the document). I would say that clinical research aligns with Service 1 because clinical researchers use data obtained from sources such as medical records to guide decisions on outcomes for congestive heart failure. This allows clinicians to monitor the health of their patients or patients in the hospital system. They present with congestive heart failure and determine if differences exist based on race/ethnicity. You would prepare more information, but this should give you an idea of what you should be thinking of. You would continue to describe other areas under each of the five services you picked. You do not need to

TEMPLATE D17-1. Content Coverage for Academic Public Health Master's Degree		
MS IN CLINICAL EPIDEMIOLOGY		
Content	**Course number(s), and name(s)**	**Describe specific assessment opportunity**
		give an example for each of the areas the Service describes, but enough to show that you can demonstrate how the services for public health and clinical research can be considered to be related. You will submit a two to three-page paper that provides the appropriate discussion as described above of the similarities and differences (if you identify differences) between public health and clinical research. Double spaced 11-inch font and 1-inch margins.
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	EPI 63018 Observational Designs in Clinical Research EPI 63019 Experimental Designs in Clinical Research EPI 63020 Advanced Epidemiology and Clinical Research Methods	**EPI 63018** Module 2 Discussion: For this discussion post, you should read the STROBE STATEMENT, the Critical Review Guidelines adapted from the STROBE STATEMENT, and the Association between Zika virus infection and microcephaly in Brazil, January to May 2016: preliminary report of a case-control study. Post your answers to the following questions from the STROBE: What was the scientific background and rationale? (In your own words, please) What was the scientific objective(s) or any pre-specified hypothesis? What was the type of study design? MOST IMPORTANTLY: Was the study design appropriate for the specific objective(s) or hypothesis? WHY or WHY not, explain your answer? Dr. Zullo's question: How could you carry this study out using a study design OTHER than the one used in the article? Would you use qualitative or quantitative approaches to address the question? Think about-what design best allows you to answer the question about the relationship between the disease and the outcome (there may be more than one approach - you just need to justify it to your classmates and me)? Response: Due Sunday - at minimum, respond to TWO different students: Is the student's study in question 4 above feasible, ethical, and overall a good choice? Did the design allow a description of the target population? Did the design allow an assessment of the disease and outcome using an appropriate approach? What are the strengths and limitations of the design that was chosen?

TEMPLATE D17-1. Content Coverage for Academic Public Health Master's Degree		
MS IN CLINICAL EPIDEMIOLOGY		
Content	**Course number(s), and name(s)**	**Describe specific assessment opportunity**
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	EPI 52017 Fundamentals of Public Health Epidemiology EPI 63018 Observational Designs in Clinical Research	**EPI 52017 – Module 1 Quiz:** In one sentence, briefly describe how the leading causes of death in the United States have changed over the past 100 years. What term commonly refers to the change in the leading causes of death in the United States over the past 100 years?
5. Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc.	EPI 52017 Fundamentals of Epidemiology	**EPI 52017** – Module 1 Discussion (module contains a lecture on prevention, primary-tertiary). This is a graded discussion where you are asked to post at least two times to extend the dialogue of epidemiological concepts. Please consider the following in your posts: Questions or thoughts about the concepts covered in this module Questions or thoughts regarding the exercise problems or activity (ungraded exercises include: 1) Draw a model of the disease's generalized natural history. Label and define the four stages of the disease and the three levels of public health prevention and 2) Public health prevention and control measures for infectious diseases involve activities meant to disrupt or block the chain of infection. Identify one public health measure aimed at each of the following links in the chain of infection and briefly describe how it is intended to disrupt that link.) Offering clarification, assistance, or guidance when you can Other learners and the instructor can assist you by providing guidance and suggestions to help you understand the concepts more clearly. This discussion is worth 20 points, with 10 points being allotted to each of your two posts.
6. Explain the critical importance of evidence in advancing public health knowledge	EPI 63018 Observational Designs in Clinical Research EPI 63019 Experimental Designs in Clinical Research	**EPI 63018: Module 3 Discussion:** In this module, we learned about association and causation. You have read the historical article on Henle-Koch's Postulates, the article on residual confounding, and a recent article on obstructive sleep apnea. Original Post: In this activity, discuss how Henle-Koch's postulates can be applied to the relationship between pharyngeal obstruction and obstructive sleep apnea. Do you think there is bias, chance, or confounding in this

TEMPLATE D17-1. Content Coverage for Academic Public Health Master's Degree		
MS IN CLINICAL EPIDEMIOLOGY		
Content	**Course number(s), and name(s)**	**Describe specific assessment opportunity**
	EPI 63020 Advanced Epidemiology and Clinical Research Methods	article? Is there evidence to support the relationship? As always, you might find that you need to refer to other articles in the main article. If you refer to other articles, make sure to reference the article (with a hyperlink, for example. It is unnecessary to provide a proper APA style reference) for the benefit of your group mates who may want to review the article as well. Your response post (two posts to other students) should add to the original post you respond to. Did they provide enough evidence to allow you to agree with the relationship between the exposure and the outcome? Does this study add to the evidence related to sleep apnea, or does it take away from it due to its methodological soundness? Do you disagree with their statements, etc.? There are no right or wrong posts in this discussion. **EPI 63019** Discussion: There is a lot of news popping up from various sources about drugs to treat and prevent COVID-19. Some of this news comes from the scientific community, and some do not. First post due Thursday: Find a recent news article discussing a drug therapy or vaccine for COVID-19. State the source and what was discussed or said. You are free to pick an article from any source. For the follow-up post: Are there potential issues with what was said? Why is this an issue? How can this be addressed or corrected (if it needs to be - think scientifically). What is the right way to evaluate the news that discusses a drug? Things to think about: who is the source, is the info in the article peer-reviewed, is it info from a clinical trial or other scientific sources, is it your neighbor's opinion piece, was it a scientist reporting on their trial data, etc.
7. Explain effects of environmental factors on a population's health	EPI 52017 Fundamentals of Public Health Epidemiology	**EPI 52017 Module 5 Test:** Over the past decade, there has been a drastic increase in the incidence of a condition commonly referred to as popcorn lung. Recently, a group of physicians and researchers in the Cleveland area investigated the risk of popcorn lung associated with electronic cigarettes (i.e., e-cigarette) use. Upon initiation of the cohort study, the investigators identified and enrolled 200 e-cigarette users from among the customers of a local store specializing in the sale of e-cigarette supplies. As a comparison group, the investigators enrolled 200 employees from the US Postal Service, not e-cigarette users. The participants in both study groups were then examined annually for changes in lung function and popcorn lung

TEMPLATE D17-1. Content Coverage for Academic Public Health Master's Degree		
MS IN CLINICAL EPIDEMIOLOGY		
Content	**Course number(s), and name(s)**	**Describe specific assessment opportunity**
		development over the following five years. Given the study results depicted in the table below, which of the following statements best describes the relative risk of popcorn lung associated with e-cigarette use? **(TWO by TWO table provided)** Participants with popcorn lung were 3.86 times as likely to be e-cigarette users as participants without popcorn lung Participants that were e-cigarette users were 3.86 times as likely to develop popcorn lung as participants that were not e-cigarette users Participants with popcorn lung were 0.26 times as likely to be e-cigarette users as participants without popcorn lung Participants that were e-cigarette users were 0.26 times as likely to develop popcorn lung as participants that were not e-cigarette users
8. Explain biological and genetic factors that affect a population's health	EPI 52017 Fundamentals of Epidemiology Research EPI 63018 Observational Designs in Clinical Research EPI 63019 Experimental Designs in Clinical Research	**EPI 52017** Module 5 Test 1) Researchers recently completed a case-control study to examine the association between hip fracture and prolonged use of a proton pump inhibitor (PPI) like Prilosec or Prevacid, a common treatment for acid reflux and peptic ulcer. Utilizing the admission records at a large local hospital, the investigators identified patients who sustained a hip fracture in the past 12 months. For comparison, the hospital records were also used to randomly select patients admitted during the same 12 months for reasons other than a bone fracture. Once enrolled, a total of 200 patients with hip fracture and 600 patients without hip fracture were interviewed about their previous use of specified medications, including PPIs. For this study, prolonged PPI use was defined as taking a PPI consistently for at least five of the past ten years. Given the study results depicted in the table below, which of the following statements best describes the odds ratio of hip fracture associated with prolonged PPI use? 2) In a study to assess the relationship between the use of hormone replacement therapy (HRT) and osteoporosis, 100 women aged 65 years and older were enrolled and grouped based on whether they have osteoporosis.

TEMPLATE D17-1. Content Coverage for Academic Public Health Master's Degree		
MS IN CLINICAL EPIDEMIOLOGY		
Content	**Course number(s), and name(s)**	**Describe specific assessment opportunity**
		The women then participated in a face-to-face interview and were asked if they regularly used an HRT for at least one of the previous ten years. For this study, which of the following epidemiologic measures should be used to describe the strength of the association between the use of an HRT and osteoporosis? 3) In a study to assess the relationship between the use of hormone replacement therapy (HRT) and osteoporosis, 100 women aged 65 years and older were enrolled and grouped based on whether they currently use an HRT. The women were then followed for ten years and evaluated annually for the development of osteoporosis. If this study resulted in a relative epidemiologic measure of 1.00, which of the following interpretations is correct? 4) In a study to assess the relationship between the use of hormone replacement therapy (HRT) and osteoporosis, 100 women aged 65 years and older were enrolled and grouped based on whether they have osteoporosis. The women then participated in a face-to-face interview and were asked if they regularly used an HRT for at least one of the previous ten years. If this study resulted in a relative epidemiologic measure of 1.25, which of the following interpretations is correct? **EPI 62018** Module 4 Discussion (related to the podcast and risk prediction tool): For this discussion, you should have listened to the podcast and read the article on the Reynold's Risk Prediction Tool. Discuss the idea that inflammation and genetics play a large role in women's risk score and explain why and how this is now known. Make sure you advance what you have learned from discussing the previous articles in modules 1-3. Quiz: QUESTION 1 In the middle of the 20th century, surgeons in Britain were surprised that they were operating on increasing numbers of men with lung cancer. They noted that most of these men were smokers and concurred that smoking was a risk factor for lung cancer. How might this conclusion have been wrong?
9. Explain behavioral and psychological factors that affect	EPI 52017 Fundamentals of Epidemiology Research EPI 63018 Observational Designs in Clinical Research	**EPI 63018** Module 9 Homework (Essay): For this homework, you should identify one article that focuses on a clinical study of psychological factors and their proposed relationship with a health outcome of your choice. Describe the strengths and weaknesses of the study and how those may

TEMPLATE D17-1. Content Coverage for Academic Public Health Master's Degree		
MS IN CLINICAL EPIDEMIOLOGY		
Content	**Course number(s), and name(s)**	**Describe specific assessment opportunity**
a population's health		impact the soundness of the results. This is a two-page essay with double spacing, 11 point font, and one-inch margins.
10. Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities	EPI 63018 Observational Designs in Clinical Research EPI 63021 Ethics in Clinical Research and Public Health	**EPI 63021 Module 3:** Students complete four case evaluations and Discussions: Initial Post: Please read all the cases (2.12, 3.5, 3.16, and 3.17) and then choose two cases to respond to via the discussion questions at the end. Please draft a 1-2 paragraph answer to each question after each case you choose. Each student will read all the cases but only need to draft a response to two. These case evaluations are due Friday @ 11:59 pm. Response Posts: After this time, students are asked to respond to the evaluations posted by at least two different students. Please comment on the case's substance and the response rather than evaluate the quality of the student's answer—25 points for each case eval and response set, 50 points total. In your response, do at least one of the following: Ask a probing question. Offer a suggestion. Elaborate on a particular point. Provide an alternative perspective
11. Explain how globalization affects global burdens of disease	EPI 63018 Observational Designs in Clinical Research EPI 63021 Ethics in Clinical Research and Public Health	**EPI 63021** Module 7 International Research Ethics Case Evaluations and Discussion: Selection of potential research subjects is an important ethical consideration in international research, including planning steps designed to ensure the fair conduct of clinical trials. As such, the primary basis for recruiting participants should be the study's scientific goals, not ease of access or other unrelated factors. Participants who accept the risks of research should be in a position to enjoy its benefits. It is also not ethical to exclude specific groups of participants (women, for example) from research opportunities without sound scientific reason or a particular susceptibility to risk. Challenges related to the proper selection of subjects, as well as their consent to participate, are particularly evident in international research, where participants and populations in developing countries may be particularly vulnerable to exploitation due to several factors, including poverty, illiteracy,

TEMPLATE D17-1. Content Coverage for Academic Public Health Master's Degree		
MS IN CLINICAL EPIDEMIOLOGY		
Content	**Course number(s), and name(s)**	**Describe specific assessment opportunity**
		education, limited access to care, cultural factors, and a lack of familiarity or experience with research. Directions Read case number 3.6, Spouse Consent to Research Participation, and answer the questions at the end of the case. Selection of Subjects pages 91-97 in Murphy TF. (2004). Case Studies in Biomedical Research Ethics. Spouse Consent to Research Participation. Page 105 in Murphy TF. (2004). Case Studies in Biomedical Research Ethics. All work must be your own. Copying other people's work or from the Internet is a form of plagiarism and will be prosecuted as such. It is expected that you go beyond assigned course materials in developing your answers. As such, you are highly encouraged to incorporate outside peer-reviewed readings in your answers, where applicable. Your final document addressing all questions should be at least two pages in length (double-spaced), including appropriate citations and references. Use APA format for in-text citations and references in your response. You must submit a Microsoft Word (.doc/.docx) document as an attachment using the Blackboard Learn Assignment tool. For your document for your assignment, be sure to include your name in the document's text and the name of the document. Select the title of the content item for this assignment. It is displayed in blue and is the link to the Blackboard Learn Assignment tool where you submit your work You can only submit once, so make sure you are finished before submitting and that you attach the correct word .doc/.docx file. Submissions sent by email will NOT be accepted.
12. Explain an ecological perspective on the connections among human health, animal	EPI 63018 Observational Designs in Clinical Research	**EPI 63018 Module 1** Discussion We will discuss observational study designs and different diseases in this class. You should leave this class with an understanding of different diseases and methodological approaches to studying the disease. Let's start this class by meeting each other. Introduce yourself to the class and describe a relationship between human, animal, and ecosystem health

TEMPLATE D17-1. Content Coverage for Academic Public Health Master's Degree		
MS IN CLINICAL EPIDEMIOLOGY		
Content	**Course number(s), and name(s)**	**Describe specific assessment opportunity**
health, and ecosystem health (e.g., One Health)		that you find interesting. It must include each of these areas. It must include each of the areas - humans, animals, and ecosystems - a great example is COVID-19, but you cannot use this one! How did COVID-19 come about? Which of these three areas are involved in the exposure disease relationship (hint - it's all three, but how)? 1) What is your name? Where are you from? Did you go to Kent State as an undergraduate or another University? Have you worked in clinical research – if yes, describe what you do or have done? What is your current job? What do you hope to do upon graduation? Tell us one thing about you that is unique or interesting or just that you want to share. Now, based on your previous education, what you learned in Fundamentals of Epidemiology, and your personal experiences, describe how human health, animal health, and ecosystem health are related using a disease of your choice as a model. You should find one research article that supports your model. (e.g., https://www.bmj.com/content/311/7021/1681) Response Post: Greet at least one of your classmates. You will be working together over the next 15 weeks and maybe in future classes. Since this is the first course unique to the Clinical Epidemiology MS, you will be working with the same classmates for the next few semesters. This gives you a chance to get to know one another. What do you think about the health relationship your classmate presented? What can you add to their model? 10 points – due Thursday and Sunday (response)

3) Provide a matrix, in the format of *Template D17-2*, that lists competencies for each relevant degree and concentration. The matrix indicates at least one assessment activity for each of the listed competencies. Typically, the school will present a separate matrix for each concentration. Note: these competencies are defined by the school and are distinct from the foundational public health learning objectives defined in this criterion.

Assessment of Competencies for Academic Master's Degrees in Public Health Fields (Clinical Epidemiology concentration)		
Competency for MS	**Course number(s) and name(s)**	**Describe specific assessment opportunity[n]**
(C1) Analyze quantitative data using biostatistics, informatics, computer-based programming and software, as appropriate	BST 52019 Biostatistics in Public Health BST 63014 Applied Regression Analysis of PH Data EPI 63020 Advanced Epidemiology and Clinical Research Methods	**EPI 63014** Lab application using SAS: This lab exercise is designed to get you working in SAS again and to assess your understanding of the content in Chapter two of the text. You will use the data file you created in the previous lab. You will start by preforming the specified calculations by hand, then run a simple regression in SAS and compare the output to your calculations done by hand. Finally, you will using this Lab Worksheet to identify specific values on the output and an interpretation of your findings. Detailed directions are on the attached document. Directions Using the data file you created in the previous lab, calculate by hand the Pearson's correlation coefficient and the bivariate regression coefficient for the relationship between Martian height and Martian weight. Use the weight variable as your dependent variable and the height variable as your independent variable. Produce a simple linear regression model (hint: use the proc reg procedure in SAS). Check that the values you calculated by hand match the values on your SAS output (with only rounding error). Open the Lab Worksheet by clicking the title in Blackboard Learn and input the values from the proc reg procedure output.

Assessment of Competencies for Academic Master's Degrees in Public Health Fields (Clinical Epidemiology concentration)		
Competency for MS	**Course number(s) and name(s)**	**Describe specific assessment opportunity[n]**
		Write a one paragraph interpretation of your findings on the effect of Martian height on Martian weight, and include it in the worksheet. [Note: It is recommended that you write your interpretation in another program (Microsoft Word, Google Docs, etc.) then copy and paste it into the worksheet to avoid lost work.]Submit the Lab Worksheet by the due date listed in the course schedule. Q1: Sum of Squares regression (explained variance in Martian weight): Sum of Squares residual (unexplained variance in Martian weight): Total Sum of Squares: Q2: Mean Square regression: _____(Round to the nearest hundredth [two decimal places]) Q3: Mean Square error: _____(Round to the nearest thousandth [three decimal places].) Q4: F-value: (Round the f-value to the nearest hundredth - two decimal places.)Significance of F (p-value): Q5-9 The value of the Model R-square: _____(Round to the nearest thousandth [three decimal places].) The intercept value: _____(Round to the nearest thousandths [three decimal places].) The value of the unstandardized regression slope for Martian height predicting Martian weight: _____(Round to the nearest thousandths [three decimal places].) The p-value for the effect of Martian height predicting Martian weight: _____ In one paragraph, interpret your findings on the effect of Martian height on Martian weight.

Assessment of Competencies for Academic Master's Degrees in Public Health Fields (Clinical Epidemiology concentration)		
Competency for MS	**Course number(s) and name(s)**	**Describe specific assessment opportunity[n]**
(C8) Design basic quantitative and qualitative research to address public health problems.	EPI 63018 Observational Designs for Clinical Research EPI 63019 Experimental Designs for Clinical Research BST 63013 Experimental Designs in Public Health Research EPI 63020 Advanced Epidemiology and Clinical Research Methods	**EPI 63018 Module 1** Discussion: For this discussion due Thursday, you will review Appendix 1 in your Designing Clinical Research textbook. After you have reviewed the study plan, you will create your own study plan following the headings in the appendix example. Your study plan will address this research area: The effect of tissue plasminogen activator on outcomes in adults presenting with pulmonary embolism. If you need to do a literature review to be able to address the components below, you should only review a few articles - you do not need to do a comprehensive literature review. Otherwise, you can address the components however you as a budding epidemiologist see fit - there are not right or wrong answers if you can justify why you designed the study the way you did.Your one page study plan should include this information:TitleResearch questionSignificance (provide some background as to why this is important). Comment on how strokes were historically managed and the public health implications of stroke burden.Study design (why did you choose this design?)Subjects (inclusion and exclusion criteria - why did you choose these criteria?)Predictor variableOutcome variablePrimary null hypothesis Response due Sunday: Read at least one other classmate's study plan. How did their study differ from yours and how was it similar. Should they have done something different? Comment to the student.

Assessment of Competencies for Academic Master's Degrees in Public Health Fields (Clinical Epidemiology concentration)		
Competency for MS	**Course number(s) and name(s)**	**Describe specific assessment opportunity[n]**
		QUESTION 7Discuss how we can prevent bias and chance in a study of the effect of a new hypertension medication on blood pressure. QUESTION 10From a cross-sectional study of the impact of calcium consumption during adolescence and osteoporosis in middle age, what are some possible ways that the exposure is related to the outcome? EPI 63019 Module 3 Homework 1 QUESTION 1A randomized control trial compares two drugs in common use for the treatment of asthma. Three thousand patients were entered into the trial and eligibility criteria were broad. No effort was made to blind patients to their treatment group after enrollment. Except for the study drug, care was decided by each individual physician and patient. The outcome measure was a brief questionnaire assessing asthma-related quality of life. Which of the following best describes the type of design? Parallel clinical trialLarge simple trial Equivalence trialNoninferiority trialEfficacy trialNone of the aboveQUESTION 2In a RCT patients with meningitis who were treated with corticosteroids had lower rates of death, hearing loss, and neurological problems. Which of the following would be a good randomized comparison group?The subgroup of patients who at the time of randomization were severely affected by the disease.Patients who received other treatments.Patients who remained in the trial versus those who dropped out after randomizationPatients who responded to the drug versus those who did not.Patients who took the drug versus those who took nothing. None of the above are good comparison groups. Module 4: Discussion You should refer to the paper on the randomized trial of hydroxychloroquine for post-exposure prophylaxis and any other sources you need to respond to this discussion post.First post: discuss the blinding done in the trial of hydroxychloroquine. Could this study have been done without blinding - discuss your answer? If this study was done without blinding, would you feel confident that biological and genetic factors did not affect the outcomes?Response post: Comment on at least one post - do you agree or disagree with their answer that the study could/could not have been done without blinding and why?Homework

Assessment of Competencies for Academic Master's Degrees in Public Health Fields (Clinical Epidemiology concentration)		
Competency for MS	**Course number(s) and name(s)**	**Describe specific assessment opportunity[n]**
C19 Communicate audience-appropriate public health content, both in writing and through oral presentation	EPI 63018 Observational Designs for Clinical Research EPI 63019 Experimental Designs for Clinical Research EPI 63020 Advanced Epidemiology and Clinical Research Methods EPI 63192 Research Practicum in Clinical Epidemiology	**EPI 63020** Module Discussions: Primary ReviewersYou will be assigned as a primary reviewer for one of the five discussions. In this role, you will provide asummary of your critique using the questions below for guidance. At a minimum, items that are in boldmust be addressed for full credit. Beyond those, choose which to focus on, and you may add anythingelse you feel is important for the critique. Keep your review brief, concentrating on the items mostapplicable to that study. The review should be no more than 300 words. Review the due date forprimary reviewers on the course schedule. Other students will be assigned to reply to your critique byand you may continue the discussion by responding back if you would like. Secondary ReviewersYou will be assigned as a secondary reviewer for four of the five discussions.

Assessment of Competencies for Academic Master's Degrees in Public Health Fields (Clinical Epidemiology concentration)		
Competency for MS	**Course number(s) and name(s)**	**Describe specific assessment opportunity[n]**
		In this role, you will providetwo posts:1. Respond to the primary reviewer's critique by commenting on a) what you agree and/or disagree withand b) anything you noticed that wasn't mentioned.2. Reply to at least one other secondary reviewer's response.The point of this is to further the discussion and create a thorough evaluation of the study. Responsesmust be respectful and non-judgmental, focusing on the study and not on the person. You will be able toview the primary review once the student has posted it, but that means have limited time to respond tothe initial post. Therefore, be sure to start early with your own reading and review of the study so youare ready to respond. EPI 63192 PRESENTATION REQUIREMENTSStudents must publicly present and answer questions about their Practicum projects to other students, faculty, staff, their preceptors, and community members. The preceptor is encouraged, but is not required, to attend.Students should prepare the presentation using Microsoft PowerPoint and include enough slides to fill 15-20 minutes. Students should be prepared to answer questions from the Practicum Instructor and audience for 5-10 minutes.Students must receive approval from the Practicum Instructor before they can present their Practicum portfolios.Date, Time, and LocationStudents will establish a date and time to present the Practicum with the Practicum Instructor. The Practicum Instructor will secure the meeting location (online students will use Blackboard Collaborate Ultra, Skype, or other approved system).Audio-Visual EquipmentStudents are required to use the audio-visual equipment in the presentation room or reserve a laptop and projector from the College if presenting on a day outside of practicum day. If additional audio-visual equipment is needed, it should be secured by the student with the approval of the Practicum Instructor.The PowerPoint presentation must be approved by the Practicum Instructor before it is presented.

4) Identify required coursework and other experiences that address the variety of public health research methods employed in the context of a population health framework to foster discovery and translation of public health knowledge and a brief narrative that explains how the instruction and assessment is equivalent to that typically associated with a three-semester-credit course.

Required Coursework (25 credits)

EPI 52017 Fundamentals of Public Health Epidemiology: This course is taken by all students in the CPH and is the first course in the Clinical Epidemiology sequence. The course introduces the principles, methods, and application of epidemiology. Covers the history of epidemiology, concepts of disease causation, and prevention, measures of disease frequency, and excessive risk, epidemiologic study designs, causal inference, outbreak investigation, and screening. Provides experience with calculation of rate standardization, measures of disease frequency, association and impact, and sensitivity and specificity of screening tests. Highlights applications of epidemiology to understanding disease etiology, transmission, pathogenesis and prevention, evaluation, and public policy development. Student assessments include homework and exams, as well as online discussions in the online sections. Includes 45 contact hours.

BST 52017 Biostatistics in Public Health is also taken by all students in the CPH. This course provides students with an understanding of basic statistical methods in public health research and the skills to perform and interpret basic statistical procedures. Students learn how to use statistical analysis software to analyze real data from public health-related studies. They then learn how to interpret the analysis and present the results to public health professionals and educated lay audiences. Student assessments include homework and exams, as well as online discussions in the online sections. Includes 45 contact hours.

BST 63014 Applied Regression Analysis of Public Health Data is the second biostatistics course taken by epidemiology and biostatistics students. The course focuses on developing student proficiency in building and evaluating various regression models for public health studies. Topics covered include exploratory and descriptive methods, simple and multiple linear regression models, predictor selection, binary, and multinomial logistic regression models, survival analysis, repeated measures, and generalized linear models. Student assessments include homework and exams, as well as online discussions in the online sections. Includes 45 contact hours.

EPI 63018 Observational Designs for Clinical Research is a course-specific to the MS in Clinical Epidemiology requirements. This class provides students the skill to design, conduct, and perform clinical epidemiology studies using an observational design. Students will understand major concepts of clinical research, develop clinical research questions, and solve clinical research problems. Topics will include study design, risk, causation, exposures, bias, measurement, validity, and disease prognosis. Student assessments include homework and exams, as well as online discussions in the online sections. Includes 45 contact hours of specific instruction on these topics.

EPI 63019 Experimental Designs for Clinical Research is a course-specific to the MS in Clinical Epidemiology. This course covers principles of experimental designs as they apply to clinical research, and clinical trials will be presented at an intermediate level. Students will understand and r randomized control trial designs and alternative designs. Study methodology, including randomization, and blinding techniques, will be covered. Topics will include Evidence-based medicine, risk prediction, risk scores, instruments, measurement, data issues, recruitment, retention, and adherence. Student assessments include homework and exams, as well as online discussions in the online sections. Includes 45 contact hours of specific instruction on these topics.

BST 63013 Experimental Designs in Public Health Research is a course taken by MS and MPH students and is cross-listed at the Ph.D. level. This course introduces students to experimental

research methods in public health settings. First introduces a number of quasi-experimental and experimental study designs, then identifies a number of statistical methods that can be used to draw correct causal inferences from the study. Students are expected to develop two research proposals, first using a quasi-experimental and experimental design, and develop a statistical analysis plan for each study. Student assessments include homework and exams, as well as online discussions in the online sections. Includes 45 contact hours.

EPI 63020 Advanced Epidemiology and Clinical Research Methods is specific to the MS in Clinical Epidemiology and acts as an elective for the Ph.D. students in Epidemiology. This advanced class will focus on why particular methods, study designs, or approaches are used in particular investigative scenarios in clinical research. Students will develop an advanced understanding and application of epidemiology methods in clinical research. Includes 45 contact hours of specific instruction on inference, causal models, confounding, effect modification, mediation, hypothesis testing, statistical issues, and study design. Student assessments include homework and exams, as well as online discussions.

EPI 63021 Ethical Issues in Public Health and Clinical Research was developed for the MS in Clinical Epidemiology. This course introduces students to historical and contemporary ethical issues that arise during public health and clinical or biomedical research studies. Broadly covers human subjects research, the responsible conduct of research, and the Good Clinical Practice Guidelines. Includes 45 contact hours of specific instruction on historical documents, research participants, consent, and HIPPA, vulnerable populations, clinical trials, medical errors, COI, and relationships, international research, screening, and pharmaceutical issues. Student assessments include case studies and a final paper as well as online discussion posts.

Electives (5 to 6 credits):

EPI 50015 Scientific Writing for Clinical Research: Clinical researchers must demonstrate skill in scientific writing to communicate findings to the science community and the general population. This course will allow students to develop proficiency in scientific reading, conducting presentations, and writing. It will include an examination of the scientific literature in clinical trials research. Includes 45 contact hours.

EPI 50017 Pharmacoepidemiology: This course is an introduction to the field of pharmacoepidemiology. Pharmacoepidemiology uses epidemiology methods to understand medication use and distribution at the population level. The class will examine risk-benefit and epidemiology approaches to examining medication use and therapeutic trials. Drug and device manufacturing to market will be explored. Includes 45 contact hours.

EPI 50018 Regulatory Affairs in Clinical Research: Students will develop an understanding of the researcher and organization's responsibility in the research and development of clinical trials products. Students will understand regulations from the government, industry, privacy concerns, liability, and ethical issues related to clinical trials research. Examples from the field will be explored in detail. Includes 45 contact hours.

EPI 63014 Epidemiology of Chronic Disease: With a life course approach to chronic disease epidemiology, this course focuses on cardiovascular, respiratory, cerebrovascular diseases, and cancer. Health and disease are addressed from a multi-causal perspective, which includes individual behaviors, psychosocial issues, and sociodemographic, biological, and physiological factors. Time points for prevention and intervention are identified. Includes 45 contact hours.

EPI 63015 Epidemiology of Infectious Disease: Surveys the history, principles, methods, and practice of infectious disease epidemiology by (1) defining and understanding infectious disease epidemiology surveys, (2) collecting and measuring surveillance data, (3) interpreting epidemiology data, and (4) predicting evidence-based outcomes. Primarily a course in

epidemiology. Students learn some infectious disease microbiology as well. Includes 45 contact hours.

BST 62020 Data Management, and Logic Using SAS® Software: This course introduces graduate students to SAS® software, reading external data into SAS software, use of SAS data step, basic SAS functions, logical data steps for data management, and different SAS procedures for creating summary reports, graphical displays, and conducting basic statistical analysis using the SAS software. SAS Lab sessions are designed to mimic real-time challenges working with different kinds of data and learn how to meet such challenges. By the end of the course, students will achieve competency in the proper and efficient use of SAS software. Includes 45 contact hours.

Required Research (Thesis I & II) or Practicum (Research Practicum) experience (6 credits)

EPI 63199 Thesis I: Thesis provides an opportunity for graduate students to conduct an independent research project under the supervision of a faculty member.

EPI 63299 Thesis II: Thesis students must continue registration in Thesis II each semester until all degree requirements are met.
or
EPI 63192 Research Practicum in Clinical Epidemiology: Research practicum allows students to gain hands-on experience conducting research in a clinical setting such as a hospital or other approved organization. The student completes the experience under the supervision of a field preceptor and faculty member.

5) Briefly summarize policies and procedures relating to production and assessment of the final research project or paper.

Students have two options that can act as a culminating experience. One is practical but research-based, and the other is a traditional thesis. The research-based practicum can allow students to immerse themselves in a clinical study acting as a member of a research team. The MS in Clinical Epidemiology students engage at a level appropriate for a graduate student – providing input on the study design, developing research instruments, being responsible for the IRB process, recruiting and consenting participants, maintaining study documents, troubleshooting, validity checks, data collection, and management, data cleaning, and analysis, and report/manuscript writing. Students can also work with a faculty or clinical mentor on a research study using primary or secondary data. These students are responsible for the methods, and data cleaning, and management as well as the analysis. The final product of this type of practicum can be a journal ready manuscript and/or a formal presentation of the study. These practicums are presented during practicum day to the college community and stored electronically. Students also complete the practicum manual materials as well as the self- and site- assessments.

The second option is the traditional thesis. The thesis committee consists of the advisor, two college faculty, and a clinical advisor when appropriate. Students develop an appropriate research topic in conjunction with an advisor. They identify a committee, and the topic is approved by the committee, college, and approval is sent to the graduate school. Once the student has completed the thesis, they undergo a final examination open to the university. See the below link for additional information. All students will be required to present their research-based practicum or thesis to the CPH in a practicum/research presentation day either in person or using videoconferencing technology.

6) Provide links to handbooks or webpages that contain the full list of policies and procedures governing production and assessment of the final research project or paper for each degree school.

https://www.kent.edu/sites/default/files/file/Guidelines%20for%20Thesis%20Defense_0.pdf

7) **Include completed, graded samples of deliverables associated with the major paper or project. The school must provide at least 10% of the number produced in the last three years or five examples, whichever is greater.**

   Additional documentation can be found in *ERF: D17 Academic Public Health Master's Degrees*.

8) **Briefly explain how the school ensures that the instruction and assessment in basic public health knowledge is generally equivalent to the instruction and assessment typically associated with a three-semester-credit course.**

   Students in the MS in Clinical Epidemiology complete similar foundational coursework in Public Health as students who are pursuing other graduate degrees in the College of Public Health. The curriculum coordinator has developed course material that meets CEPH requirements and credit hour requirements set forth by Kent State University in the curricular guidelines located at **https://www.kent.edu/provost/curriculum/curriculum-guidelines**.

9) **Include the most recent syllabus for any course listed in the documentation requests above or written guidelines for any required elements that do not have a syllabus.**

   Additional documentation can be found in *ERF: D17 Academic Public Health Master's Degrees*.

10) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

    As the MS in Clinical Epidemiology is the newest degree program in the College of Public Health, we plan to assess the courses and program content after three cohorts have graduated. The assessment will include a review of graduates' job placement and their preparedness for their job. This assessment will determine if students are receiving optimal training in epidemiology and biostatistics methods.

D18. Academic Public Health Doctoral Degrees

These students also complete coursework and other experiences outside of the major paper or project that substantively address scientific and analytic approaches to discovery and translation of public health knowledge in the context of a population health framework.

These students complete doctoral-level, advanced coursework, and other experiences that distinguish the school of study from a master's degree in the same field.

The school defines appropriate policies for advancement to candidacy, within the context of the institution.

Finally, students complete coursework that provides instruction in the foundational public health knowledge at an appropriate level of complexity. This instruction may be delivered through online, in-person, or blended methodologies, but it must meet the following requirements while covering the defined content areas.

The school identifies at least one required assessment activity for each of the foundational public health learning objectives.

The school validates academic doctoral students' foundational public health knowledge through appropriate methods.

1) **List the curricular requirements for each non-DrPH doctoral degree in the unit of accreditation, EXCLUDING requirements associated with the final research project. The list must indicate (using shading) each required curricular element that a) is designed expressly for doctoral, rather than master's, students, or b) would not typically be associated with the completion of a master's degree in the same area of study.**

The school may present accompanying narrative to provide context and information that aids reviewers' understanding of the ways in which doctoral study is distinguished from the masters-level study. This narrative is especially important for institutions that do not formally distinguish masters-level courses from doctoral-level courses.

The school will present a separate list for each degree program and concentration as appropriate.

Major Requirements

Course List

Code	Title	Credit Hours
Prerequisites		
BST 52019	Biostatistics in Public Health	4
EHS 52018	Environmental Health Concepts in Public Health	3
EPI 52017	Fundamentals of Public Health Epidemiology	3
HPM 52016	Public Health Administration	3
Major Requirements		
BST 83014	Applied Regression Analysis of Public Health Data	3
EPI 72028	Methods of Evidence-Based Public Health	3
EPI 73027	Biological Basis of Public Health	3
SBS 73020	Advanced Methods in Prevention Science	3
Concentrations		

Choose from the following:	36
Epidemiology	
Health Policy and Management	
Prevention Science	
Minimum Total Credit Hours:	91

1 Each doctoral candidate, upon admission to c, candidacy, must register for Dissertation I for a total of 30 credit hours. It is expected that a doctoral candidate will continuously register for Dissertation I, and thereafter Dissertation II, each semester until all requirements for the degree have been met.

Epidemiology Concentration Requirements

Code	Title	Credit Hours
Concentration Requirements		
BST 83012	Survival Analysis in Public Health	3
BST 83013	Experimental Designs in Public Health Research	3
EPI 73026	Design and Implementation of Health Surveys	3
EPI 73034	Longitudinal Data Analysis	3
EPI 83016	Principles of Epidemiologic Research	3
Content-related Electives, choose from the following: [1]		21
EPI 73029	Public Health Surveillance Systems	
EPI 73033	Environmental Epidemiology	
EPI 80195	Special Topics in Epidemiology	
EPI 80198	Directed Research in Epidemiology	
Minimum Total Credit Hours:		36

[1] Content-related elective courses should be selected by the student with a faculty advisor, depending upon the student's research interest. It may occur within the College of Public Health or in other disciplines outside the college.

Health Policy and Management Concentration Requirements

Code	Title	Credit Hours
Concentration Requirements		
EPI 73026	Design and Implementation of Health Surveys	3
or EPI 83017	Epidemiological Analysis	
HPM 72015	Emerging Issues in Public Health Policy and Management	3
HPM 72030	Grant Writing in Public Health	3
HPM 73021	Health Care Finance	3
HPM 73022	Strategic Management of Public Health Organizations	3
HPM 73031	Public Health Policy Analysis	3
HPM 80198	Directed Research in Health Policy and Management	3
HPM 81000	Public Health Law and Regulation	3
Content Related Electives [1]		12
Minimum Total Credit Hours:		36

1 Content-related elective courses should be selected by the student with a faculty advisor, depending upon the student's research interest. It may occur within the College of Public Health or in other disciplines outside the college.

Prevention Science Concentration Requirements

Code	Title	Credit Hours
Concentration Requirements		
SBS 73018	Theories of Prevention Science I	3
SBS 73019	Theory Prevention Science II	3
SBS 73020	Advanced Methods in Prevention Science	3
SBS 80100	Emerging Issues in Prevention Science	3
SBS 80198	Directed Research in Prevention Science	3
SBS 83010	Qualitative Methods for Public Health Research	3
Concentration Electives, choose from the following:		6
BST 83013	Experimental Designs in Public Health Research	
EPI 73026	Design and Implementation of Health Surveys	
HPM 72030	Grant Writing in Public Health	
Content-related Electives [1]		12
Minimum Total Credit Hours:		36

1 Content-related elective courses should be selected by the student with a faculty advisor, depending upon the student's research interest. It may occur within the College of Public Health or in other disciplines outside the college.

2) Provide a matrix in the format of *Template D18-1* that indicates the required assessment opportunities for each of the defined foundational public health learning objectives (1-12). Typically, the school will present a separate matrix for each degree program, but matrices may be combined if requirements are identical.

Template D18-1

Content Coverage for Academic Doctoral Degree in a Public Health Field		
Content	**Course number(s), and name(s)**	**Describe specific assessment opportunity[n]**
1. Explain public health history, philosophy, and values	EPI 72028 Methods of Evidence-Based PH	Discussion & interactive assessment during 1st class to gauge existing knowledge; assignment on Healthy People & WHO Millennium Development Goals
2. Identify the core functions of public health and the 10 Essential Services*	EPI 72028 Methods of Evidence-Based PH	Watch CDC PowerPoint on ten essential services; quiz to evaluate understanding; readings and assignments tie back into these throughout the course
3. Explain the role of quantitative, and qualitative methods, and sciences in describing, and assessing a population's health	BST 83014 Applied Regression, EPI 72028 Methods of Evidence-Based PH; SBS 73020 Advanced Methods in Prevention Science	EPI 72028: Discussion & interactive assessment during 1st class to gauge existing knowledge; Readings and discussion on the Guide to Community Preventive Services, US Preventative Services Task Force methods, and results quizzes and discussions throughout course include evaluating analysis methods. SBS 73020: Classroom exercises; Examination essay questions.
4. List major causes, and trends of morbidity, and mortality in the US or other community relevant to the school or program	EPI 72028 Methods of Evidence-Based PH	EPI 72028: Lecture on major causes and trends of mobility and mortality in US and world; assignment using interactive tools to find data on specific diseases and regions; final project includes requirement to address these for specific public health problem; SBS 74634: Read "Health Disparities, and Inequalities Report, 2013, CDC", watch video "When the Bough Breaks"
5. Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc.	EPI 72028 Methods of Evidence-Based PH	Lecture on definitions and examples; quiz applying knowledge to specific examples
6. Explain the critical importance of evidence in advancing public health knowledge	EPI 72028 Methods of Evidence-Based PH	Watch Ben Goldacre TEDtalk (Battling Bad Science); Read the article by Ross Brownson (Evidence-based public health: a fundamental concept for public health practice), and from the textbook (Evidence-Based Public Health) throughout the course; Discussion of video and examples from students' experiences on the importance of the evidence; Discussions throughout

Content Coverage for Academic Doctoral Degree in a Public Health Field		
Content	**Course number(s), and name(s)**	**Describe specific assessment opportunity[n]**
		the course using case studies of evidence-based public health applications
7. Explain effects of environmental factors on a population's health	EPI 73027 Biological Basis of Public Health	Watch documentaries on Chernobyl and Fukushima nuclear accidents to demonstrate the impacts of environmental factors on population health.
8. Explain biological and genetic factors that affect a population's health	EPI 73027 Biological Basis of Public Health	Lecture and discussion on mechanisms of heredity as (good and bad) drivers of population health.
9. Explain behavioral and psychological factors that affect a population's health	SBS 73020 Advanced Methods in Prevention Science	SBS 73020: Produce a table of constructs and measures for beliefs, attitudes, behaviors; Statistically model relationships among psychological and behavioral constructs and health outcomes in guided classroom exercises; Written summary of findings for model testing; Examination-essay questions.
10. Explain the social, political, and economic determinants of health, and how they contribute to population health, and health inequities	SBS 73020 Advanced Methods in Prevention Science	SBS 73020: Produce a table of constructs and measures for beliefs, attitudes, behaviors; Statistically model relationships among psychological and behavioral constructs and health outcomes in guided classroom exercises; Written summary of findings for model testing; Examination-essay questions.
11. Explain how globalization affects global burdens of disease	EPI 73027 Biological Basis of Public Health; EPI 72028 Methods of Evidence-Based PH	EPI 72028: Read "Pang, T. (2004) Globalization, and risks to health. EMBO Rep. 5(Suppl 1): S11-S16"; assignment - students choose a health/disease issue and summarize the impact of globalization, and present to class; EPI 73027: Discuss the interconnectedness of global pig sales, local fowl farming, and global avian flyways on the production of novel influenza virus causing human pandemics.
12. Explain an ecological perspective on the connections among human health, animal health, and ecosystem health (e.g., One Health)	EPI 73027 Biological Basis of Public Health	Analyze the 2014 Ebola outbreak to map ecological, medical, and behavioral linkages resulting in the epidemic.

3) **Provide a matrix, in the format of *Template D18-2*, that lists competencies for each relevant degree and concentration. The matrix indicates at least one assessment activity for each of the listed competencies. Typically, the school will present a separate matrix for each concentration. Note: these competencies are defined by the school and are distinct from the introductory public health learning objectives defined in this criterion.**

Template D18-2

Assessment of Competencies for Doctoral Degrees in Public Health Fields (Epidemiology concentration)		
Competency	**Course number(s), and name(s)**	**Describe specific assessment opportunity[n]**
1. Understand the biological, environmental, sociocultural, and behavioral factors in the natural history of disease and their influence on the performance, interpretation, and dissemination of epidemiologic research.	EPI 73027 Biological Basis of Public Health	**EPI 73027** Students write a 3-4 page written strategy (x3) to address a current public health issue, as defined by the instructor. Where possible, you will report on the biological basis, ecological drivers (if any), epidemiological profile, and underlying social and behavioral determinants that frame the issue. Your strategy should incorporate these factors and logically define a method to objectively study the issue. What questions will you ask? What type of data will you collect? What type of statistics could/should you use to analyze those data?
2. Critically evaluate epidemiological study designs and advanced methods and select the most appropriate method to address a specific study question.	EPI 73026 Design and Implementation of Health Surveys EPI 83016 Principles of Epidemiologic Research Ph.D. EPI Comprehensive Exam	**EPI 73026** Module 2 Writing Assignment I – Survey Topic, Objectives, and Sampling Design/Error: Write a 5-7 page paper introducing a topic, survey objectives, population, and describing a proposed sampling methodology. Discuss sampling error and methodological designs used to minimize this error. Include an estimate of sample size and power, as well as potential issues related to survey mode. Module 3: Assignment: Draft Questionnaire: Draft a brief (less than ten pages) questionnaire appropriate to your topic and population. See Bb Learn for additional instruction. Module 4: Assignment: Module Writing Assignment II – Asking Questions Write a 5-7 page paper addressing measurement issues likely experienced in questionnaire design and administration of your questionnaire: address the validity and reliability of survey items and issues related to response and item non-response error. Additional instructions and assignment resources are available in Bb Learn. Module 6: Assignment: Article Critique: Read the best practices article published by Draugalis et al. (2008). Using all 10 of the criteria for survey research reports provided in the appendix of that article, write a brief 1-3 page critique of the paper presented by Mao et al. (2014). See Bb Learn for additional instruction. Module 7: Assignment: Module Writing Assignment III – Methods to Improve Survey Participation Write a 5-7 page paper examining potential methods to improve survey participation. Issues related to response rate and nonresponse error should be addressed. Additional instructions and assignment resources are available in Bb Learn **EPI 83016**—Critical review of epidemiologic studies assignments; Study design project—students design an epidemiologic study including proposing appropriate analytic methods for the proposed design. Study design questions require students to choose from a selection of topics and design a study to address it effectively. **Ph.D. EPI** Candidacy exam included

Assessment of Competencies for Doctoral Degrees in Public Health Fields (Epidemiology concentration)		
Competency	**Course number(s), and name(s)**	**Describe specific assessment opportunity[n]**
3. Conduct statistical analysis of epidemiologic data from various study designs, including assessing for and managing confounding factors and interaction.	EPI 83012 Survival Analysis EPI 83016 Principles of Epidemiologic Research Ph.D. EPI Comprehensive Exam	**EPI 83012** Final Project: Data Analysis Paper and Presentation Purpose To gain experience, 1) identifying a research hypothesis and evaluating it statistically from start to finish using time-to-event analyses, and 2) writing up a research paper/manuscript based on the process and results and presenting it to an audience. Instructions 1. Research question and dataset selection: a. Find a dataset that includes time-to-event as a variable. Any study design with this variable type is acceptable. This can be one a student has access to, a publicly available dataset, or one requested through a source. Links to resources are in the Blackboard Learn. b. Identify a research question that can be answered using that dataset. It does not have to be novel but should be based on solid scientific knowledge. i. Define the main exposure and outcome clearly. ii. State the question in terms of the main variables. (Approval of dataset and research question due by the end of Module 1. This is not graded but is required before moving forward with the project.) 2. Background: a. Perform a literature search to identify the body of knowledge that exists on that question. Get an understanding of what has been done and what is still missing. b. Decide which is most pertinent and draft the background/introduction for your paper. c. Use a reference manager database (like EndNote, Zotero, or Mendeley) to track everything. d. Minimum to include: i. Why is this topic important? ii. What has been done before and what is missing. (Just the critical information, not every study ever done.) iii. Question/hypothesis being answered by the study 3. Methods: a. Briefly describe the original study, including inclusion/exclusion criteria. This can reference another paper that gives the full description. State how your specific study differs, if at all, from the original study in terms of inclusion/exclusion criteria and study population. b. Define all variables included clearly, how they were obtained, measured, quantified by the study, and any changes you have made to them (e.g., if you categorize a continuous variable, how you've done that, and explain your reasoning for doing so).

Assessment of Competencies for Doctoral Degrees in Public Health Fields (Epidemiology concentration)		
Competency	**Course number(s), and name(s)**	**Describe specific assessment opportunity[n]**
		Be clear, which are potential confounders and/or effect modifiers and reasoning. c. Mention the study's response rate if applicable d. Describe all analyses planned, both descriptive and analytic, and reasoning for them. Include the statistical program and version used (pay attention to how that program wants to be referenced – you can find this on their website. (Schedule one-on-one meeting with the instructor to discuss progress during Module 3.) 4. Results: a. Conduct all data clean-up and evaluate any missing data. b. Determine which analyses need to be done and run all necessary univariate and multivariate analyses. c. Create tables, graphs, and plots as appropriate. At a minimum, include the following: i. Table 1: Descriptive statistics for all variables you use in analyses. Do not include variables from the dataset that do not apply to your question/analysis unless they are important to describe the population. This must be in the format that would be acceptable to a journal submission; do NOT include any coding (e.g., yes=1). Look at published articles, for example. ii. Table 2: Multivariate/association analysis results. Be sure to include confidence intervals and some indication of statistical significance (either p-values or an asterisk with a note below the table referring to p-values). Again, it must be in an acceptable format. The minimum requirement is one table to display these results. If you need more, you may include them. d. Describe your results in short paragraphs. Highlight the most interesting/important results in the written area; do not state all the results here (they will all be in your tables) and do not discuss any implications of the results here (that goes in the discussion) 5. Discussion & Conclusion: a. Reiterate the main findings from your study. b. Discuss how they are similar or different from previous studies and why that might be. (eg. Were they done in similar populations? Did they measure the exposure or outcome differently? Did their research question differ from yours?) c. Sufficiently evaluate both strengths and limitations of your study. Consider potential biases in the original study and your specific analyses: address confounding and effect modification. Be sure to address internal and external validity issues. This is an important section, so spend time on it! d. State one final overall conclusion to be taken from the study results and one study focus (be somewhat specific, not just "further studies") that could further the knowledge in this

Assessment of Competencies for Doctoral Degrees in Public Health Fields (Epidemiology concentration)		
Competency	**Course number(s), and name(s)**	**Describe specific assessment opportunity[n]**
		area. 6. Compile your introduction/background, methods, results, and discussion in the appropriate format. The format may be either manuscript style or essay paper format; you may use whatever formatting style you like (e.g., APA, AMA, etc.) so long as you are consistent. If you want to practice with manuscript submission, follow the "instructions to authors" for the American Journal of Epidemiology format. 7. Submit your paper ON TIME according to the deadline in the syllabus. 8. Present your findings to the class at the scheduled time and date according to the syllabus. Example journal article for format and content (in course reserves): Steptoe A, Kerry S, Rink E, Hilton S. The impact of behavioral counseling on the stage of change in fat intake, physical activity, and cigarette smoking in adults at increased risk of coronary heart disease. American Journal of Public Health 91(2):265-269, 2001.
4. Demonstrate mastery of a substantive area and apply this knowledge in conducting original epidemiologic research.	EPI 80199 Prospectus defense and Dissertation	Individualized
5. Communicate clearly and effectively in writing and orally ideas, epidemiologic concepts, methods, results, and implications to diverse audiences	EPI 73026 Design and Implementation of Health Surveys BST 83012 Survival Analysis BST 73034 Longitudinal Data Analysis EPI 83016 Principles of Epidemiologic Research EPI 80199 Dissertation and defense	**EPI 73026** Module 2 Writing Assignment I – Survey Topic, Objectives, and Sampling Design/Error: Write a 5-7 page paper introducing a topic, survey objectives, population, and describing a proposed sampling methodology. Discuss sampling error and methodological designs used to minimize this error. Include an estimate of sample size and power, as well as potential issues related to survey mode. Module 4: Assignment: Module Writing Assignment II – Asking Questions Write a 5-7 page paper addressing measurement issues likely experienced in questionnaire design and administration of your questionnaire: address the validity and reliability of survey items and issues related to response and item non-response error. Additional instructions and assignment resources are available in Bb Learn. Module 7 Assignment: Module Writing Assignment III – Methods to Improve Survey Participation Write a 5-7 page paper examining potential methods to improve survey participation. Issues related to response rate and nonresponse error should be addressed. Additional instructions and assignment resources are available in Bb Learn

Assessment of Competencies for Doctoral Degrees in Public Health Fields (Health Policy & Management concentration)		
Competency	**Course number(s), and name(s)**	**Describe specific assessment opportunity[n]**
1. Evaluate competing policy alternatives and outcomes at the local, state, and national levels.	HPM 73031-Public Health Policy Analysis HPM 81000-Public Health Law and Regulation	**HPM 73031** Presentation of public policy health problem Presentation of potential policy options Presentation of proposed policy solutions **HPM 81000** Seminar Paper
2. Assess the ability of a public health system or organization to respond to a particular need or issue.	HPM 73022-Strategic Management	**HPM 73022** Strategic Management Case Study Paper
3. Implement effective management strategies within public health organizations, including financial, quality improvement, planning, and evaluation strategies.	HPM 73022-Strategic Management	**HPM 73022** Strategic Management Case Study Paper
4. Demonstrate mastery of a substantive area, and apply this knowledge in conducting original health policy and management research.	HPM 72030-Grant Writing for Public Health HPM 80198-Directed Research HPM 72015-Emerging Issues in Health Policy, and Management	**HPM 72030** Final Funding Proposal **HPM 80198** Final Research Project **HPM 72015** Fact Sheets
5. Apply "systems thinking" for resolving organizational problems.	HPM 73021-Health Care Finance HPM 73022-Strategic Management	**HPM 73021** Healthcare Reform and Reimbursement Innovation Paper and Presentation **HPM 73022** Strategic Management Case Study Paper

Assessment of Competencies for Doctoral Degrees in Public Health Fields (Prevention Science concentration)		
Competency	**Course number(s), and name(s)**	**Describe specific assessment opportunity[n]**
1. Integrate the social-ecological approach to the study and development of health promotion and disease prevention strategies.	SBS 73018-SBS Theories I SBS 73019-SBS Theories II SBS 83010-Qualitative Methods for Public Health Research	**SBS 73018** Theoretically Framed secondary data analysis **SBS 73018** Investigator-initiated R03 proposal **SBS 73019** Evaluation Plan
2. Plan, develop, implement, evaluate, and sustain evidence-based health promotion and disease prevention interventions.	SBS 73020-Advanced Methods in Prevention Sci. SBS 73018-SBS Theories I	**SBS 73020** Final Mixed or Multiple Methods Proposal **SBS 73018** Investigator-initiated R03 proposal
3. Evaluate the role of social determinants in the onset and solution of a health concern.	SBS 73020-Advanced Methods in Prevention Sci. SBS 73019 Evaluation Plan	**SBS 73020** Final Mixed or Multiple Methods Proposal **SBS 73019** Evaluation Plan
4. Research and recommend effective strategies to prevent a specific public health problem, and demonstrate mastery in a substantive area of health promotion or disease prevention.	SBS 80198-Directed Research SBS 81000-Emerging Issues in Prevention Science	**SBS 80198** Final Research Project **SBS 81000** Fact Sheets
5. Integrate, and combine the steps, and procedures for planning, developing, implementing, evaluating, and sustaining evidenced-based social, and behavioral public health interventions	SBS 73019-SBS Theories II	**SBS 73019** Evaluation Plan

4) **Identify required coursework and other experiences that address the variety of public health research methods employed in the context of a population health framework to foster discovery and translation of public health knowledge and a brief narrative that explains how the instruction and assessment is equivalent to that typically associated with a three-semester-credit course.**

In addition to the research methods, and statistical technique courses required for each doctoral specialization, all doctoral students must complete the public health research methods core:

Major Requirements		
BST 83014	Applied Regression Analysis of Public Health Data	3
EPI 72028	Methods of Evidence-Based Public Health	3
EPI 73027	Biological Basis of Public Health	3
SBS 73020	Advanced Methods in Prevention Science	3

These are highly structured 3-credit hour courses. In addition to these courses, a comprehensive doctoral examination is required to assess the use and integration of these research methods to a real-world public health issue. Examples of comprehensive doctoral examinations can be found in *ERF: D18 Academic Public Health Doctoral Degrees*.

5) **Briefly summarize policies and procedures relating to production and assessment of the final research project or paper.**

Each doctoral student must complete a doctoral dissertation as a requirement for graduation. The doctoral dissertation is expected to be independent research of the highest quality that makes a substantial and original contribution to the student's discipline. The dissertation must demonstrate that the student has acquired the ability to conduct research h in a discerning and original manner. The dissertation must make a significant enough contribution to the field. It is written that at least one scholarly article suitable for publication in a professional peer-reviewed journal may be derived from it or that the dissertation's findings would be otherwise publishable. The quality of a dissertation is judged by the author's ability to synthesize a body of current scientific evidence, apply rigorous scientific methods, and intellectually articulate original research findings. The dissertation must contain, at minimum, an overview of the public health issue to be examined, synthesis, and critical analysis of the scientific literature, original research question(s), description of the research methods used, and summary of research findings and discussion of conclusions.

Detailed information on the dissertation process and requirements can be found in *ERF: D18 Academic Public Health Doctoral Degrees,* which contains the doctoral program student handbooks.

6) **Provide links to handbooks or webpages that contain the full list of policies and procedures governing the production and assessment of the final research project or paper for each degree school.**

Additional documentation can be found in *ERF: D18 Academic Public Health Doctoral Degrees*.

7) **Include completed, graded samples of deliverables associated with the advanced research project. The school must provide at least 10% of the number produced in the last three years or five examples, whichever is greater.**

Additional documentation can be found in *ERF: D18 Academic Public Health Doctoral Degrees*.

8) **Briefly explain how the school ensures that the instruction and assessment in introductory public health knowledge is generally equivalent to the instruction and assessment typically associated with a three semester-credit course.**

Each doctoral student fulfills this requirement because the MPH core courses listed below are prerequisites for entry into the doctoral program:

BST 52019	Biostatistics in Public Health	4
EHS 52018	Environmental Health Concepts in Public Health	3
EPI 52017	Fundamentals of Public Health Epidemiology	3
HPM 52016	Public Health Administration	3

Therefore, each doctoral student has a sound public health core.

9) Include the most recent syllabus for any course listed in the documentation requests above or written guidelines for any required elements that do not have a syllabus.

Additional documentation can be found in *ERF: D18 Academic Public Health Doctoral Degrees*.

10) If applicable, assess strengths and weaknesses related to this criterion and plan for improvement in this area.

Overall, there is high student satisfaction with the doctoral program. On the most recent alumni survey, graduates of the doctoral program rated the doctoral program's rigor “about right” (91%). There have been no student grievances in this program, and 80% of graduates report having submitted at least one peer-reviewed publication. There are three tracks following graduation: those who enter the postdoc program and pursue additional training. The second track is those who have obtained full-time faculty positions. The third are those who are now working full time in policy or research positions in government or health care organizations. There are no graduates of the doctoral program who are unemployed or dissatisfied with the outcome.

The program's strengths are that it Is highly credit intensive and highly structured, requiring 91 credit hours. Another strength is the requirement for all doctoral students to complete the MPH core courses as prerequisites. All three doctoral specializations have dedicated faculty, and the dissertation products have been of high quality and publishable. Most doctoral students leave the program with sound teaching experience, and a strength is that they leave trained in teaching in the classroom and online.

The strengths of the program may also be a weakness. This is a time-intensive program, and the requirements for credit hours exceed other programs in other accredited schools. Students are asking for less structured research opportunities and a revision of the requirements. This has prompted the college to plan on forming an ad hoc Ph.D. curriculum revision committee that will work in the academic year 20-21 to bring curriculum suggestions to the general faculty for consideration.

D19. All Remaining Degrees

Not applicable

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D20. Distance Education

The university provides needed support for the school, including administrative, communication, information technology, and student services.

There is an ongoing effort to evaluate the academic effectiveness of the format, to assess learning methods, and to systematically use this information to stimulate school improvements. Evaluation of student outcomes and the learning model are especially crucial in institutions that offer distance learning but do not offer a comparable in-residence school.

1) Identify all public health distance education degree programs and/or concentrations that offer a curriculum or course of study that can be obtained via distance education. Template Intro-1 may be referenced for this purpose.

CPH BSPH students have the option of completing the degree in the Allied Health, Clinical Trials, Health Promotion, and Education and Health Services Administration concentrations online (or in a combination of on-site and on-line courses). This program implements the same courses as the in-class sections.

The MPH in Health Policy and Management and Social and Behavioral Sciences is available in a fully online option. Also, the Master of Science in Clinical Epidemiology is available in a 100% online format.

2) Describe the public health distance education programs, including

a) an explanation of the model or methods used,

CPH employs a full-time, PhD-trained Director of Online Learning and a full-time masters prepared Senior Instructional Designer. These professionals dedicated to the College assist faculty in developing and implementing online courses. This staff provides support for all online programs and provide faculty professional development training and consultation. They also conduct an ongoing quality assessment of the online course offerings.

The College also gets assistance from the Kent State University Office of Continuing Distance Education instructional design staff to develop and implement online MPH program courses.

CPH online and traditional courses use the same learning material and assessments to evaluate student learning. Most of the faculty who develop online courses also teach traditional courses. Both courses use the same learning material and syllabi with a slight variation to differentiate the two learning delivery methods.

b) the school's rationale for offering these programs,

The overall rationale for offering the BSPH program online is related to the high percentage of Kent State undergraduates who are part-time working students. The location of the Kent campus in a more rural area also contributes to the need to provide online options for our students. The online option of the MPH in Health Policy and Management is in response to requests from working professionals who cannot attend classes due to work constraints.

c) the manner in which it provides necessary administrative, information technology, and student support services,

Each online course has a full-time faculty member who is responsible for monitoring the sections of each course, assuring that the syllabus is the same, the textbook is the same, and

that learning outcomes are the same. For many classes, exams are taken online for both the online and in-class sections to make comparisons at the exam level.

All online faculty go through Online Teaching Orientation - a self-paced moderated weeklong workshop to learn the best practices in online teaching. They also participate in other educational technology training and workshops to learn about Blackboard Learn (Kent State University Learning management system) and other instructional tools such as Blackboard Collaborate, SafeAssign, and Kaltura media solutions. College dedicated support staff provide ongoing training and consultations on course development, online teaching, and instructional technology tools.

Faculty also participate in professional development training and workshops on teaching and learning best practices conducted by the Kent State University Center for Teaching and Learning and Office of Continuing and Distance Education.

Students have access to free office applications and other instructional tools to learn and complete their assessments. The University support group provides video tutorials and knowledgebase articles for on-demand help for these tools. Students also have access to 24/7 helpline support to get in-person help.

d) the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the university and

Online courses are designed based on the Quality Matters (QM) standards. CPH is in the process of getting all online MPH and BSPH core courses QM certified. The College already received QM certification for 9 MPH, and BSPH core courses and other courses are in the process of getting certified. QM certification of the core courses will also certify the complete program as well.

e) the manner in which it evaluates the educational outcomes, as well as the format and methods.

The CPH reviews the grades that students earn in their coursework semesterly. As a university initiative, there is a focus on the students who earn grades of D, D-, F, NF, SF, and W. Additionally; the college evaluates the percentage of grades awarded to ensure consistency from course to course and semester to semester.

3) Describe the processes that the university uses to verify that the student who registers in a distance education course (as part of a distance-based degree) or a fully distance-based degree is the same student who participates in and completes the course or degree and receives the academic credit.

- The student uses a secure password login process.
- The student is governed by University policies on cheating, which prohibit others from completing your assignments.
- Instructors provide frequent assessments, grade weekly discussions, and look for conflicts in writing style and abilities.
- Instructors encourage collaborative learning activities through group work and peer evaluation
- Periodic check-ins by the instructor to the student using email or telephone.
- Instructors use Blackboard Collaborate for online office hours and provide synchronous feedback
- University also provides proctoring and monitoring tools to conduct secure exams.
- Instructors use SafeAssign plagiarism detection software to minimize and prevent plagiarism in student work.

4) If applicable, assess strengths and weaknesses related to this criterion and plan for improvement in this area.

CPH has dedicated significant resources to develop and offer a high-quality distance education program. Two full-time professional staff are dedicated to the distance education program's quality control, and we are implementing the Quality Matters standards. Also, the University has devoted central educational technology resources to develop new MPH online classes. There is a semester-by-semester process for comparing the performance in online and in-class sections. Students rate the educational experience in the online courses as high as or better.

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E1. Faculty Alignment with Degrees Offered

Faculty teach and supervise students in areas of knowledge with which they are thoroughly familiar and qualified by the totality of their education and experience.

Faculty education and experience is appropriate for the degree level (bachelor's, master's, doctoral) and the nature of the degree (research, professional practice, etc.) with which they are associated.

1) Provide a table showing the school's primary instructional faculty in the format of *Template E1-1*. The template presents data effective at the beginning of the academic year in which the final self-study is submitted to CEPH and must be updated at the beginning of the site visit if any changes have occurred since final self-study submission. The identification of instructional areas must correspond to the data presented in *Template C2-1.*

Template E1-1. Primary Instructional Faculty Alignment with Degrees Offered

Name*	Title/ Academic Rank	Tenure Status	Graduate Degrees Earned	Institution(s) from which degree(s) were earned	Discipline in which degrees were earned	Concentration affiliated with in Template C2-1
Beaird, Heather	Associate Professor	Non-Tenure Track	PhD	Case Western Reserve University	Epidemiology	Epidemiology
Bhargava, Tina	Associate Professor	Non-Tenure Track	DrPH MA	University of Pittsburgh Stanford University	Public Health Education	Allied Health and Community Health Outreach and Development
Bhatta, Madhav	Professor	Non-Tenure Track	PhD MPH	University of Alabama University of Alabama	Epidemiology Epidemiology and International Health	Global Health and Pre-Medicine
Brewer, Thomas	Associate Professor	Tenure-Track	PhD M.Jur. MA	University at Albany Loyola University of Chicago University at Albany	Criminal Justice Health Law Criminal Justice	Global Health and Health Services Administration
Chatfield, Sheryl	Assistant Professor	Tenure-Track	DrPH MS	University of Mississippi University of Southern Mississippi	Health and Kinesiology Recreation	Prevention Science
Cheruvu, Vinay	Associate Professor	Tenure-Track	PhD MS MSc	Case Western Reserve University Oklahoma State University Sri Venkateswara University (India)	Biostatistics Statistics Econometrics	Biostatistics and Clinical Epidemiology

Template E1-1. Primary Instructional Faculty Alignment with Degrees Offered						
Name*	**Title/ Academic Rank**	**Tenure Status**	**Graduate Degrees Earned**	**Institution(s) from which degree(s) were earned**	**Discipline in which degrees were earned**	**Concentration affiliated with in Template C2-1**
Eng, Abbey	Associate Professor	Non-Tenure Track	PhD MA	Bowling Green State University Bowling Green State University	Sociology Sociology	Biostatistics
Hoornbeek, John	Associate Professor	Tenure-Track	PhD MA	University of Pittsburgh University of Wisconsin-Madison	Political Science Public Policy & Administration	Health Policy and Management
Jefferis, Eric	Professor	Tenure-Track	PhD MA	University of Cincinnati Radford University	Criminal Justice Criminal Justice	Social and Behavioral Sciences and Prevention Science
Kenne, Deric	Associate Professor	Tenure-Track	PhD MS	University of Akron Mississippi State University	Public Administration, and Urban Studies Psychology	Health Services Administration
Knight, Kristina	Assistant Professor	Tenure-Track	PhD MPH	Kent State University Case Western Reserve University	Health Education and Promotion Public Health Policy and Management	Community Health Outreach and Development and Social and Behavioral Sciences
Leahy, Peter	Associate Professor	Tenure-Track	PhD	Syracuse University	Social Science	Health Policy and Management

Template E1-1. Primary Instructional Faculty Alignment with Degrees Offered						
Name*	**Title/ Academic Rank**	**Tenure Status**	**Graduate Degrees Earned**	**Institution(s) from which degree(s) were earned**	**Discipline in which degrees were earned**	**Concentration affiliated with in Template C2-1**
Lanese, Bethany	Assistant Professor	Tenure-Track	PhD MA	Wayne State University The University of Maryland European Systems/Bowie State University, Lake heath, Engl, and	Political Science Administrative Management	Health Services Administration and Health Policy and Management
Phillips, Lynette	Associate Professor	Tenure-Track	PhD MSPH	University of North Carolina University of South Florida	Epidemiology Epidemiology and Biostatistics	Biostatistics and Epidemiology
Smith, Tara	Professor	Tenure-Track	PhD	University of Toledo	Microbiology	Pre-Medicine and Epidemiology
Stedman-Smith, Maggie	Associate Professor	Non-Tenure Track	PhD MPH	University of Minnesota University of Minnesota	Environmental Health Environmental Health	Clinical Trials Research and Clinical Epidemiology
Step, Mary	Associate Professor	Tenure-Track	PhD MA	Kent State University Cleveland State University	Communication Studies Communication Studies	Prevention Science
Stephens, Margaret	Professor	Non-Tenure Track	PhD MA	University of Akron University of Akron	Sociology Sociology	Clinical Trials Research and Social and Behavioral Sciences
VanGeest, Jonathan	Professor	Tenure-Track	PhD MA	University of Illinois Michigan State University	Medical Sociology/Urban Studies	Allied Health and Health Policy and Management

Template E1-1. Primary Instructional Faculty Alignment with Degrees Offered						
Name*	**Title/ Academic Rank**	**Tenure Status**	**Graduate Degrees Earned**	**Institution(s) from which degree(s) were earned**	**Discipline in which degrees were earned**	**Concentration affiliated with in Template C2-1**
Widuck, Cindy	Lecturer	Non-Tenure Track	MPH	University of Akron		Community Health Outreach and Development
Woolverton, Christopher	Professor	Tenure-Track	PhD MS	West Virginia University West Virginia University	Medical Microbiology Medical Microbiology	Global Health and Epidemiology
Zakariasen, Kenneth	Professor	Tenure-Track	PhD MS MS	University of Minnesota University of Minnesota Case Western Reserve University	Epidemiology Endodontics Organization Development	Allied Health and Pre-Medicine
Zullo, Melissa	Associate Professor	Tenure-Track	PhD MPH MA	Case Western Reserve University Kent State University Northeastern Ohio University College of Medicine Kent State University	Epidemiology Public Health Exercise Physiology	Clinical Trials Research and Clinical Epidemiology

2) Provide summary data on the qualifications of any other faculty with significant involvement in the school's public health instruction in the format of *Template E1-2*. Schools define "significant" in their own contexts but, at a minimum, include any individuals who regularly provide instruction or supervision for required courses and other experiences listed in the criterion on Curriculum. Reporting on individuals who supervise individual students' practice experience (preceptors, etc.) is not required. The identification of instructional areas must correspond to the data presented in *Template C2-1.*

Non-Primary Instructional Faculty Regularly Involved in Instruction (Fall 2020)							
Name	**Academic Rank**	**Title and Current Employment**	**FTE or % Time Allocated**	**Graduate Degrees Earned**	**Institution(s) from which degree(s) were earned**	**Discipline in which degrees were earned**	**Current instructional area(s)**
Alemagno, Sonia	Professor	College Dean	0.125	PhD MA	Case Western Reserve Univ Kent State Univ	Sociology Sociology	Health Policy and Management and Global Health
Allam, Abir	Adjunct Instructor	Adjunct Instructor	0.25	MPA	The Univ. of Akron	Public Administration	Health Services Administration
Beechey Riley, Tegan	Adjunct Instructor	Adjunct Instructor	0.25	MPA PhD	Kent State Univ Kent State Univ	Public Administration Health Policy and Management	Health Services Administration
Birmingham, Lauren	Adjunct Instructor	Adjunct Instructor	0.25	MA PhD	Kent State Univ Kent State Univ	Economics Health Policy and Management	Health Policy and Management
Bista, Saroj	Graduate Assistant	Graduate Assistant	0.25	 MPH	Kent State University	Biostatistics	Clinical Trials Research
Bonnah, Godslove	Graduate Assistant	Graduate Assistant	0.25	MB ChB	Kwame Nkrumah Univ of Science and Technology, Ghana	Medicine and Surgery	Global Health
Coetzer Liversage, Anthony	Adjunct Instructor	Adjunct Instructor	0.25	MTH	Stellenbosch Univ	Pastoral Clinical Counseling	Community Health Outreach and Development
Dalman, Mark	Adjunct Instructor	Adjunct Instructor	0.25	PhD MS	The Univ. of Akron	Integrative Bioscience	Epidemiology

Non-Primary Instructional Faculty Regularly Involved in Instruction (Fall 2020)							
Name	**Academic Rank**	**Title and Current Employment**	**FTE or % Time Allocated**	**Graduate Degrees Earned**	**Institution(s) from which degree(s) were earned**	**Discipline in which degrees were earned**	**Current instructional area(s)**
					The Univ. of Akron	Environmental Science	
Debois, Kristen	Adjunct Instructor	Adjunct Instructor	0.25	MPH PhD	The Univ of Akron Kent State Univ	Public Health Prevention Science	Prevention Science
DeJulius, Angela	Adjunct Instructor	Adjunct Instructor	0.25	MD MPH	Univ of Cincinnati Kent State Univ	 Public Health	Social and Behavioral Sciences
Durieux, Jared	Adjunct Instructor	Adjunct Instructor	0.25	MS MS MPH	Kent State Univ Kent State Univ Kent State Univ	Nutrition Digital Science Biostatistics	Clinical Trials Research
Evans, Shelly	Adjunct Instructor	Adjunct Instructor	0.25	M.Ed.	Stephens College	Counseling Psychology	Community Health Outreach and Development
Fink, Eric	Adjunct Instructor	Adjunct Instructor	0.25	JD	The Ohio State Univ		Health Services Administration
Franks, Bill	Adjunct Instructor	Adjunct Instructor	0.25	MS	Univ Minnesota	Environmental Health	Health Services Administration
Gudina, Asfaw	Adjunct Instructor	Adjunct Instructor	0.25	PhD MPH MS	Kent State Univ Kent State Univ Wondo Genet Ethiopia	Epidemiology Biostatistics Forestry	Epidemiology
Hallam, Jeffrey	Professor	Associate Dean	0.125	PhD MA	The Ohio State Univ The Ohio State Univ	Health Promotion and Education Sports Management	Prevention Science
Haselton, Lyn	Adjunct Instructor	Adjunct Instructor	0.25	MPA	Cleveland State Univ	Public Administration	Health Services Administration
Howard, Robert	Adjunct Instructor	Adjunct Instructor	0.25	MA	Kent State Univ	English Literature	Health Services Administration
Johnson, Paul	Adjunct Instructor	Adjunct Instructor	0.25	PhD	Kent State Univ	Health Policy and Management	Health Policy and Management

Non-Primary Instructional Faculty Regularly Involved in Instruction (Fall 2020)							
Name	**Academic Rank**	**Title and Current Employment**	**FTE or % Time Allocated**	**Graduate Degrees Earned**	**Institution(s) from which degree(s) were earned**	**Discipline in which degrees were earned**	**Current instructional area(s)**
				MS	Univ of Pittsburgh	Radiation Health	
Jones, P'Ashe	Graduate Assistant	Graduate Assistant	0.25	MPH	Kent State Univ	Biostatistics	Clinical Trials Research
Kasim, Neda	Adjunct Instructor	Adjunct Instructor	0.25	MA	Kent State Univ	Biological Sciences	Allied Health
King, Jennifer	Adjunct Instructor	Adjunct Instructor	0.25	PhD MS	Kent State Univ Bowling Green	Health Policy and Management Food and Nutrition	Health Policy and Management
Kirkland, Chelsey	Graduate Assistant	Graduate Assistant	0.25	MPH	Northeast Ohio Medical Univ (NEOMED)	Public Health	Community Health Outreach and Development
Kodukula, Geethika	Adjunct Instructor	Adjunct Instructor	0.25	MPH	Kent State Univ	Biostatistics	Epidemiology
Kollin, Robert	Adjunct Instructor	Adjunct Instructor	0.25	MA	Case Western Reserve	Leadership	Health Policy and Management
Midha, Priya	Graduate Assistant	Graduate Assistant	0.25	MS	Kent State Univ	Clinical Epidemiology	Clinical Trials Research
Miller, Jennifer	Adjunct	Assistant Dean	0.125	MBA MEd	Kent State Univ Kent State Univ	Human Resources Higher Education	Allied Health and Global Health
Mubikayi, Kabasele, Cedric	Graduate Assistant	Graduate Assistant	0.25	MPH	Virginia Polytechnic Institute and State Univ	Global Planning and International Development	Global Health
Mulvany, Jessica	Graduate Assistant	Graduate Assistant	0.25	MPH	Kent State Univ	Biostatistics	Clinical Trials Research
Nayak, Kinjalbahen	Graduate Assistant	Graduate Assistant	0.25	MPH	Kent State Univ	Epidemiology	Clinical Trials Research
Nelson, Emily	Adjunct Instructor	Adjunct Instructor	0.25	MPH	Univ of Pittsburgh	Public Health	Allied Health

Non-Primary Instructional Faculty Regularly Involved in Instruction (Fall 2020)							
Name	**Academic Rank**	**Title and Current Employment**	**FTE or % Time Allocated**	**Graduate Degrees Earned**	**Institution(s) from which degree(s) were earned**	**Discipline in which degrees were earned**	**Current instructional area(s)**
Nolan, Rachael	Adjunct Instructor	Adjunct Instructor	0.25	PhD MPH	Kent State Univ Kent State Univ	Prevention Science Social and Behavioral Sciences	Social and Behavioral Sciences
Orlins, Erin	Graduate Assistant	Graduate Assistant	0.25	MPH	Wright State Univ	Health Promotion and Education	Allied Health
Ossai, Peter	Adjunct Instructor	Adjunct Instructor	0.25	PhD MPA	Kent State Univ Univ of Akron	Health Policy and Management Public Administration and Urban Studies	Health Policy and Management
Paciorek, Steven	Adjunct Instructor	Adjunct Instructor	0.25	PhD MPH	Kent State Univ Kent State Univ	Health Policy and Management Social and Behavioral Sciences	Health Policy and Management
Roufael, Joud	Graduate Assistant	Graduate Assistant	0.25	MPH	Kent State Univ	Health Policy and Management	Allied Health
Rubens, Samuel	Adjunct Instructor	Adjunct Instructor	0.25	MPA	Univ of Akron	Public Administration	Health Policy and Management
Ruther, April	Graduate Assistant	Graduate Assistant	0.25	MPH	Loyola Univ		Community Health Outreach and Development
Shakya, Sunita	Adjunct Instructor	Adjunct Instructor	0.25	PhD (Fall 2020 candidate) MPH	Kent State Univ Kent State Univ	Epidemiology Epidemiology	Epidemiology
Slenkovich. Kenneth	Lecturer	Lecturer	0.125	MA	Fuller Theological Seminary	Community & Leadership Development	Health Policy and Management
Snyder, Andrew	Graduate Assistant	Graduate Assistant	0.25	MPH	Kent State Univ	Health Policy and Management	Allied Health

Non-Primary Instructional Faculty Regularly Involved in Instruction (Fall 2020)							
Name	**Academic Rank**	**Title and Current Employment**	**FTE or % Time Allocated**	**Graduate Degrees Earned**	**Institution(s) from which degree(s) were earned**	**Discipline in which degrees were earned**	**Current instructional area(s)**
Sokefun, Eniolufolake	Graduate Assistant	Graduate Assistant	0.25	MPH	Babcock University, Nigeria	Health Promotion	Community Health Outreach and Development
Spieler, John	Adjunct Instructor	Adjunct Instructor	0.25	DPH MBA	Univ of Pittsburgh Temple Univ	Health Services Administration Health Services Administration	Health Services Administration
Stefanak, Matt	Adjunct Instructor	Adjunct Instructor	0.25	MPH	Johns Hopkins	Public Health	Health Services Administration
Thapaliya, Dipendra	Adjunct Instructor	Adjunct Instructor	0.25	MPH	University of Missouri	Health Promotion & Policy	Health Services Administration
Tomi, Laurel	NTT Instructor	NTT	0.25	MPH	Kent State Univ	Health Admin	Health Services Administration

Provide data for the year during which the site visit takes place.
Current instructional areas should align with the concentrations listed in the Instructional Matrix (Template Intro-1) and should reflect where faculty are counted in Template C2-1.

3) **Include CVs for all individuals listed in the templates above.**

ERF: E1 Faculty Alignment with Degrees Offered

4) **If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates.**

Not Applicable

5) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

Weaknesses: Due to the COVID 19 Pandemic additional faculty hires have been placed on hold, including a Biostatistician.

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E2. Integration of Faculty with Practice Experience

To assure a broad public health perspective, the school employs faculty who have professional experience in settings outside of academia and have demonstrated competence in public health practice. Schools encourage faculty to maintain ongoing practice links with public health agencies, especially at state and local levels.

To assure the relevance of curricula and individual learning experiences to current and future practice needs and opportunities, schools regularly involve public health practitioners and other individuals involved in public health work through arrangements that may include adjunct, and part-time faculty appointments, guest lectures, involvement in committee work, mentoring students, etc.

1) **Describe the manner in which the public health faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if applicable. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified.**

   There are seventeen (17) faculty (17/37= 45%) currently teaching in the CPH who have significant practice experience outside of that which is typically associated with an academic career. Faculty are identified in ***Table E2***.

TABLE E2 - Faculty Practice Experience		
Name	**Teaching Status**	**Field of practice**
FULL-TIME FACULTY		
Eng, Abbey, PhD	Full-Time, Biostatistics	Biostatistics, Research Methods
Participates in the Effective Practice Integration Council (EPIC) and the Ohio Mental Health Network for School Success (OMHNSS) - Supported by the Ohio Departments of Education and Mental Health. OMHNSS's purpose is to promote effective practice in advancing expanded school mental health and to foster local and state leadership with the intent of developing sustainable university-community partnerships to address both academic and non-academic barriers to learning; Participates in the Effective Practice Action Group – helped develop a registry of effective school-based practices in the State of Ohio.		
Beaird, Heather, PhD	Full-Time, Epidemiology	Epidemiology
Serves on the Maternal and Child Health Consortium of Portage County, Surveillance, Gap Analysis Workgroup, Summit Partners for Accountable Care Community Transformation (Summit PACCT), and Analyze Community Health Data Workgroup, Summit Partners for Accountable Care Community Transformation (Summit PACCT).		
Bhatta, Madhav, PhD	Full-Time, Epidemiology	Epidemiology
Serves as an epidemiology consultant for several local health departments in rural Ohio, providing epi surveillance, disease reporting, and applied research services.		
Hoornbeek, John, PhD	Full-Time, Health Policy, and Management	Public Policy and Administration
Has previously served as a section chief at the US Environmental Protection Agency, as an Analyst in the Milwaukee County Department of Health and Human Services, and as an Environmental Trainer at the National Environmental Training Center.		
VanGeest, Jonathan, PhD	Full-Time, Health Policy, and Management	Public Health/Health Services Administration
Has previously served as a Senior Scientist and Program Director in Medicine and Public Health and as a Scientist in the Institute for Ethics at the American Medical Association.		

TABLE E2 - Faculty Practice Experience		
Woolverton, Christopher, PhD	Full-Time, Environmental Health	Emergency Preparedness; Infectious Diseases
Extensive experience in microbiology and infectious disease research with private sector companies such as GOJO Industries and private research institutes such as VisMederi (Siena, Italy). Chairs the Kent City Health Department board of health.		
Zakariasen, Ken, Ph.D., MS, MS	Full-Time, Health Policy, and Management	Leadership; Health Care Systems
Focus on whole innovative systems approaches to organizational change and leadership and leadership team development. Has provided consultation to the Health Canada First Nations and Inuit Health Branch for developing the use of virtual communities of practice to connect reserve healthcare workers and leaders. Has developed leadership and organizational change training programs for numerous organizations.		
Name	**Teaching Status**	**Field of practice**
PART-TIME FACULTY		
Adams, Mark, MPH	Part-Time, Environmental Health	Environmental Health
Health Commissioner, Henry County Health Department.		
DeBois, Kristen, MPH	Part-Time, Social, and Behavioral Sciences	Nutrition
Was previously employed by The University of Akron's Nutrition Center, where she developed, implemented, and evaluated a nutrition education and promotion program on campus. Currently is a Kent State University adjunct faculty member and Prevention Science doctoral student.		
Fink, Eric, JD	Part-Time, Public Health Law	Public Health Law
Attorney served as an attorney, City of Kent, Ohio.		
Franks, William, MPH	Part-Time, Health Policy, and Management	Public Health Management
Has 30+ years of experience in public health; former health commissioner Stark County Health District (retired).		
Howard, Robert, MA	Part-Time, Health Policy, and Management	Public Health Management
Former Vice President Operations at Akron Children's Hospital (retired). Responsible for strategic planning of child health initiatives.		
Kollin, Rob, MS	Part-Time, Health Policy, and Management	Health Insurance
Operations Manager for Medical Mutual Corp., a major health insurer in Ohio.		
Rubens, Samuel, MPA	Part-Time, Environmental Health	Public Administration
Serves as Registered Sanitarian; Assistant Environmental Health Director and Air Quality Administrator for the Summit County Health District; Oversees the design and development of new air pollution control programs.		
Slenkovich, Ken, MA	Part-Time, Health Policy, and Management	Health Services Administration
Served for seventeen years as a senior health policy analyst and planner for the Center for Community Solutions, a Clevel, and-based policy think tank. He spent six years as the program director of the State of Ohio's tobacco control agency, where he developed and administered a $30 million per year grant-making operation that supported community-based and statewide prevention and cessation initiatives. He also three years as a public health practitioner for the Cuyahoga County Board of Health and the Ohio Department of Health.		

TABLE E2 - Faculty Practice Experience		
Spieler, John, DrPH., MBA	Part-Time, Health Policy, and Management	Health Services Administration
Serves as Chief Executive Officer, St. Luke Lutheran Community, a multi-site senior living organization		
Stefanak, Matthew, MPH	Part-Time, Social, and Behavioral Sciences	Health Policy, Health Services Administration
Mahoning County General Health District Board of Health, Health Commissioner.		

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

The CPH has made a commitment to provide students with applied learning experiences and has made a concerted effort to hire full and part-time faculty that have extensive practical experience in a wide variety of public health fields. NE Ohio is home to several of the most respected local health departments in the state and premier health care organizations, including the Cleveland Clinic and University Hospitals of Cleveland. As a result, the CPH has been able to recruit experienced instructors in all public health disciplines.

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E3. Faculty Instructional Effectiveness

The school ensures that systems, policies and procedures are in place to document that all faculty (full-time, and part-time) are current in their areas of instructional responsibility and in pedagogical methods.

The school establishes and consistently applies procedures for evaluating faculty competence and performance in instruction.

The school supports professional development and advancement in instructional effectiveness.

1) **Describe the means through which the school ensures that faculty are informed and maintain currency in their areas of instructional responsibility. The description must address both primary instructional and non-primary instructional faculty and should provide examples as relevant.**

   Teaching instructional effectiveness is required of all faculty in the CPH and is a part of formal faculty evaluation. The teaching review process is detailed in the applicable Collective Bargaining Agreement for tenure-track or non-tenure-track faculty.

   Faculty are required on an annual basis to present teaching effectiveness, including but not limited to:

   - Courses taught, developed, and revised/updated
   - Curricular innovations
   - Student Survey of Instruction evaluations and summaries
   - Peer reviews of teaching

   Depending on the status of the faculty member, these accomplishments are reviewed by the College RTP Committee (for tenure track faculty, and in-depth annually for probationary faculty, and those going up for tenure, and promotion to associate professor or for promotion to full professor) or by the College NPAB (non-tenure track promotion committee) for NTT faculty going up for promotion.

   Probationary faculty meet annually with the Dean and receive feedback on their teaching from the RTP Committee. Part-time faculty meeting annually with the Associate Dean is reappointed each semester after a review by the College Advisory Committee. Part-time faculty who receive concerning student reviews are generally not rehired or are referred to the faculty development center for faculty development before being considered for rehire.

2) **Describe the school's procedures for evaluating faculty instructional effectiveness. Include a description of the processes used for student course evaluations, and peer evaluations, if applicable.**

   Student evaluations are conducted at the end of each class. Students complete the surveys online. These teaching surveys are provided to each instructor within three weeks of the end of a course. In interpreting student evaluations, factors likely to affect student evaluations for specific courses are considered (e.g., whether the class is large or small, required vs. elective course, methods/theory course, etc.). Other recognized standards of evaluation include: Peer evaluations of teaching, teaching awards, other recognition of teaching excellence, student exit interviews, documented activity in advising/mentoring students, and successful mentoring of students.

   Candidates for promotion from assistant to associate professor are expected to have devoted less effort to mentoring student research. Faculty at the assistant professor's rank should contribute to mentoring student research to the extent possible, such as a member of a student's dissertation committee or faculty preceptor. For candidates for promotion from associate professor to professor,

success as a mentor of student research is an important component in the assessment of teaching performance.

The RTP Committee makes judgments about the quality of the course content, and evidence of innovation of course syllabi, and other appropriate materials. New course development and course revision also serve as evidence of innovation. Course revision is defined as making a substantial modification to a course such as developing several new laboratories, the addition of distance learning options, etc. Other factors to be considered in the evaluation of teaching may include: Number of courses taught, size of classes, type of course (e.g., writing-intensive courses, Honor's sections/courses, etc.), and teaching overload.

Other information such as written comments from students, colleagues within and beyond the College or University administrators shall be considered when available. Peer reviews and summaries of student evaluations (including all student comments) must be submitted as part of a candidate's file for reappointment, tenure, and promotion. Copies of representative syllabi, examinations, and other relevant assessments and teaching material should also be available for review. Promotion is based on a review of being excellent or very good in teaching. Documentation related to graduate student, undergraduate, and post-doctoral student training should be included in materials provided by a candidate for reappointment, tenure, and promotion.

3) **Describe available university and programmatic support for continuous improvement in faculty's instructional roles. Provide three to five examples of school involvement in or use of these resources. The description must address both primary instructional faculty and non-primary instructional faculty.**

The Center for Teaching and Learning at Kent State University is open to all faculty. The Center has programs on building a better student, a teaching scholars program, and formal workshops on learning outcomes. Information on the Faculty Professional Development Center can be found at:

https://www.kent.edu/ctl

This Center's services are open to full-time and part-time faculty and teaching graduate assistants.

Faculty professional development is mandated in the Collective Bargaining Agreement. This includes providing faculty professional improvement leaves, maintaining faculty research support (the University Research Council), and maintaining faculty teaching support and maintenance for support for the faculty professional development center.

The College does implement College-wide faculty development when an area for discussion and improvement is identified. For example, this year, the College implemented a full-day workshop for faculty regarding the Quality Matters process for online education. This workshop was attended by full-time faculty.

Faculty Improvement Leaves

The first example and most resource-intensive are the Faculty Improvement Leave, which is available to tenured faculty under the University policy detailed below:

https://www.kent.edu/policyreg/university-policy-regarding-faculty-professional-improvement-leave

Funding for the leave program is required and provided by the College. Eligible faculty are in their seventh year of full-time employment beyond their first eligibility or last leave. University Policy provides that the University may grant Professional Improvement Leaves to eligible faculty

members for the purpose of 1) upgrading professional skills; 2) acquiring new skills, and 3) intellectual and professional development that will be of benefit to the individual and the University. Leave may be for full pay for one semester or half pay for the entire academic year. Dr. Eric Jefferis was recently on leave during the last academic year to enhance his research skills related to his criminal justice community violence prevention. He is currently incorporating this leave into his teaching of courses, including enhanced GIS hot spot analyses.

This academic year, Dr. Christopher Woolverton and Dr. Tara Smith have been granted leaves. Dr. Woolverton is currently a Jefferson Science Fellow at the National Academies of Sciences, Engineering, and Medicine. More information on this distinguished fellowship is available at: **https://sites.nationalacademies.org/PGA/Jefferson/PGA_362723**. Dr. Smith is completing an improvement leave to further her skills in pandemic planning and intervention.

Quality Matters - Quality Improvement of Online Teaching and Courses

Kent State University is a member of the largest QM state consortium in the nation, the **Ohio QM Consortium. As such, it** can provide low-cost training for QM's foundational workshop, Applying the Quality Matters Rubric (APPQMR).

Eleven faculty have received Quality Matters training, supported by the CPH, to achieve this designation for their online course:

PH 30014 Strategies for Prevention in Public Health – Dr. Kristen DeBois (2020)
HPM 52015 Emerging Issues in Public Health – Dr. Bethany Lanese (2020)
MPH 60192 Practicum Experience in Public Health – Laurel Tomi LNHA, MPH (2020)
SBS 54634 Social Determinants of Health – Dr. Peggy Stephens (2020)
PH 10002 Introduction to Global Health – Dr. Madhav Bhatta (2019)
SBS 50020 Social, and Behavioral Sciences Theories - Dr. Sheryl Chatfield (2019)
PH 34001 Public Health Interventions 1 - Ms. Cindy Widuck (2019)
HPM 53004 Public Health, Law, and Ethics - Dr. John Hoornbeek (2019)
BST 52019 Biostatistics in Public Health - Dr. Abbey Eng (2019)
PH 10001 Introduction to Public Health - Ms. Peggy Shaffer-King (2019)
PH 30004 Public Health Research - Dr. Peggy Stephens (2019)
PH 30012 Communicable Diseases - Dr. Madhav Bhatta (2018)
PH 40015 Scientific Writing for Clinical Research - Dr. Maggie Stedman-Smith (2018)

Center for Teaching and Learning

A list of 2020 events can be viewed at the following website:

https://www.kent.edu/ctl/past-events-1

Across these events, nine faculty in the CPH participated in at least one of these events. Of particular note is that Dr. Tina Bhargava was supported by the College to moderate and offer the workshop on the bandwidth toolkit for faculty. It is also important to note that our adjunct and part-time faculty and graduate teaching assistants had the opportunity to participate in the workshops.

Graduate Teaching Assistant Regular Meetings

Our graduate teaching assistants have regular meetings with Dr. Jeff Hallam, Associate Dean, to discuss challenges and opportunities for gaining additional skills in teaching. This forum is open to all of the teaching assistants and is well attended. Topics covered include training for online courses, teaching, understanding the University resources for struggling students, the College advising process, career services, and incorporating research in the classroom.

4) Describe the role of evaluations of instructional effectiveness in decisions about faculty advancement.

Faculty promotion is based on the table below:

Evaluation Components for Assessment of Teaching

Level	Assistant to Associate	Associate to Full
Excellent	Consistently top scores on student ratings of instruction and peer evaluations of instruction. Receipt of teaching awards. Evidence of effective teaching and learning strategies, including alignment and evaluation of CEPH competencies. Innovative approaches to achieving learning outcomes.	Consistently top scores on student ratings of instruction and peer evaluations of instruction. Receipt of teaching awards. Evidence of effective teaching and learning strategies, including alignment and evaluation of CEPH competencies. Innovative approaches to achieving learning outcomes.
Very Good	Consistently high scores on student ratings of instruction and peer evaluations of instruction. Receipt of teaching awards. Limited evidence of effective teaching and learning strategies, including alignment and evaluation of CEPH competencies. Innovative approaches to achieving learning outcomes.	Consistently high scores on student ratings of instruction and peer evaluations of instruction. Receipt of teaching awards. Limited evidence of effective teaching and learning strategies, including alignment and evaluation of CEPH competencies. Innovative approaches to achieving learning outcomes.
Weak	Consistently low scores on student ratings of instruction and peer evaluations of instruction. No evidence of effective teaching and learning strategies, including alignment and evaluation of CEPH competencies. Lack of Innovative approaches to achieving learning outcomes.	Consistently low scores on student ratings of instruction and peer evaluations of instruction. No evidence of effective teaching and learning strategies, including alignment and evaluation of CEPH competencies. Lack of Innovative approaches to achieving learning outcomes

5) Select at least three indicators, with one from each of the listed categories that are meaningful to the school, and relate to instructional quality. Describe the school's approach, and progress over the last three years for each of the chosen indicators. In addition to at least three from the lists in the criteria, the school may add indicators that are significant to its own mission and context.

Faculty Instructional Technique: Student Satisfaction with Instructional Survey- Flash Survey

In the past two years, Kent State University has developed and implemented a new process for assessing student satisfaction with instruction- the Flash Survey. Details on the new flash survey process are available at:

https://www.kent.edu/flashsurvey

The Flash Survey is administered online at the end of every course, and the feedback is given in a timely way to faculty. The focus of the Flash Survey is to obtain important feedback on the quality of teaching and effectiveness of the teaching methods. One important feature of the new process is that faculty may add their own questions to the assessment, allowing collecting information directly related to course competencies. Flash Survey results are available to faculty who may present student feedback in their annual reports and applications for reappointment, tenure, and/or promotion.

Faculty Currency: Regular Faculty Reviews of Faculty Productivity, Relation of Scholarship to Instruction

In the past academic year, the University has modified the process for granting graduate faculty status. The new process allows for academic units to develop and implement their own criteria. The CPH revised the criteria in Spring 2020.

The Administrative policy regarding graduate faculty status is included in the University Policy Register (See, *University Policy Register 3342-6-15.1*). Appointment to the College's graduate faculty is granted by Graduate Studies after review and recommendation by the Dean of the CPH with review and advisement by the CAC. Failure to engage graduate faculty responsibilities may result in CAC recommendation for the removal of Graduate Faculty Status. Graduate faculty status is assigned to those Faculty members with appropriate educational and professional backgrounds who have produced sufficient quality scholarship to merit professional and/or academic recognition and are effective in providing the appropriate education of graduate students or have the potential to provide such education.

Levels of Graduate Faculty Status and Related Responsibilities in CPH:

Full Membership: Possession of the terminal degree, evidence of successful graduate teaching; and substantial research publications over the past five years, and full-time membership in the faculty are the principal criteria considered in arriving at a recommendation concerning full membership in the Graduate Faculty. The doctorate is the terminal degree in public health. In exceptional circumstances (e.g., national or international recognition in the field), the requirement may be met by an appropriate equivalency recommended by the CAC and approved Dean of the College. Full graduate faculty status members are expected to participate in and support graduate activities, functions, coursework, individual investigations, competency/candidacy examinations, and doctoral student dissertation committees. Academic advising and citizenship to the College and the University are also expected of each full graduate faculty member. High-quality teaching and advising at the graduate level and scholarly or creative activity resulting in peer-reviewed publications, extramural funding, or other recognition of distinction are expected of all full graduate faculty members in the CPH. Full graduate faculty members are expected to mentor graduate students, especially doctoral students, guiding their development as colleagues within the discipline.

Associate Membership: Full-time faculty status, possession of the appropriate terminal degree (or candidacy status), and evidence of potential for successful graduate teaching and scholarship are the principal criteria for associate membership in the Graduate Faculty. In exceptional circumstances, the requirement may be met by an appropriate equivalency recommended by the CAC and approved by the Dean of the College. Associate graduate faculty members are expected to participate in and support graduate activities, functions, coursework, individual investigations, competency/candidacy examinations, and doctoral student dissertation committees. Academic advising and citizenship to the College and the University are also expected of each associate graduate faculty member. Associate graduate faculty are expected to contribute to the College and the University's graduate studies according to the terms and conditions of his/her Letter of Appointment and his/her academic credentials. Some associate graduate faculty members make their primary contribution to teaching, while others emphasize research and/or creative activity. However, high-quality teaching and advising at the graduate level, as well as scholarly or creative activity resulting in publications, extramural funding, or other recognition of distinction, are expected.

Temporary Membership: Temporary membership may be recommended for individuals whose talents may be needed for a limited period. Possession of at a minimum the master’s degree in public health (MPH) or related discipline and at least two years of successful professional experience subsequent to the receipt of the master’s degree are the minimum criteria for temporary membership in the Graduate Faculty. Upon the completion of the temporary assignment, the status of temporary graduate faculty status is withdrawn.

Applications for Graduate Faculty status: Submission of the Appointment to the Graduate Faculty (PDF) form and curriculum vitae are required; these to be reviewed by the CAC, who will forward a recommendation to the Dean. After College approval, the application and vitae shall be submitted to the Division of Graduate Studies for final approval and implementation.

School-Level Outcomes: The Quality Matters process for online courses

CPH online courses and programs have received national attention. **Quality Matters™** (QM) is a nationally recognized, faculty-centric non-profit that includes both a rubric and a peer review process designed to certify online course design quality. Foremost in QM principles are promoting a collegial, collaborative faculty experience centered on continuous quality improvement. QM does not evaluate online teaching, nor is it an evaluation of the online instructor; it is focused solely on the course design.

The Quality Matters Rubric is centered on relevant research. It was initially developed based on a literature review of online learning instructional design research, experienced online faculty, standards, and best practices for course design. Each of the Specific Rubric Standards is supported by research. A new literature review is conducted every three years to guide and inform the QM Rubric's regular revision. At any time, you can review existing research that supports rubric standards by searching either the standard or a keyword in the **QM Research Library**.

Kent State University is a member of the largest QM state consortium in the nation, the **Ohio QM Consortium. As such, it can** provide low-cost training for QM's foundational workshop, Applying the Quality Matters Rubric (APPQMR).

The following courses in CPH have the Quality Matters designation:

PH 30014 Strategies for Prevention in Public Health – Dr. Kristen DeBois (2020)
HPM 52015 Emerging Issues in Public Health – Dr. Bethany Lanese (2020)
MPH 60192 Practicum Experience in Public Health – Laurel Tomi LNHA, MPH (2020)
SBS 54634 Social Determinants of Health – Dr. Peggy Stephens (2020)
PH10002 Introduction to Global Health – Dr. Madhav Bhatta (2019)
SBS 50020 Social, and Behavioral Sciences Theories - Dr. Sheryl Chatfield (2019)
PH 34001 Public Health Interventions 1 - Ms. Cindy Widuck (2019)
HPM 53004 Public Health, Law, and Ethics - Dr. John Hoornbeek (2019)
BST 52019 Biostatistics in Public Health - Dr. Abbey Eng (2019)
PH 10001 Introduction to Public Health - Ms. Peggy Shaffer-King (2019)
PH 30004 Public Health Research - Dr. Peggy Stephens (2019)
PH 30012 Communicable Diseases - Dr. Madhav Bhatta (2018)
PH 40015 Scientific Writing for Clinical Research - Dr. Maggie Stedman-Smith (2018)

More information on these courses can be found at:
https://www.kent.edu/onlineteaching/qm-recognized-courses

More information on the Quality Matters process can be found at:
https://www.kent.edu/onlineteaching/quality-matters

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

With its first strategic priority of “Students First,” Kent State University has a long-st, anding, and a strong emphasis on teaching effectiveness. The Center for Teaching and Learning is open to all faculty, full, and part-time and graduate teaching assistants at the university level. There are many opportunities for faculty development and teaching awards.

At the College level, teaching effectiveness is a part of reappointment, tenure, and promotion, with high standards. Teaching effectiveness is documented by peer evaluations, student survey of satisfaction, courses designed with national standards such as Quality Matters, a requirement for teaching innovations for promotion, and the opportunity to gain feedback during the annual review process. Student satisfaction is high.

Areas of attention for the future include incorporating feedback from employers and alumni into course revisions. The current process does not require faculty to incorporate these comments, and future revisions to the teaching effectiveness criteria in the College handbook could address this.

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E4. Faculty Scholarship

The school has policies and practices in place to support faculty involvement in scholarly activities. As many faculty as possible are involved in research and scholarly activity in some form, whether funded or unfunded. Ongoing participation in research and scholarly activity ensures that faculty are relevant and current in their field of expertise, that their work is peer-reviewed, and that they are content experts.

The types and extent of faculty research align with university and school missions and relate to the types of degrees offered.

Faculty integrate research and scholarship with their instructional activities. Research allows faculty to bring real-world examples into the classroom to update and inspire teaching, and provides opportunities for students to engage in research activities, if desired or appropriate for the degree program.

1) Describe the school's definition of and expectations regarding faculty research and scholarly activity.

The research goal of the CPH is to engage in rigorous scientific investigations and discoveries that can be translated into sustainable public health solutions. Over our founding years, CPH's research activities have been diverse, ranging from bench science to community-based policy research. We collaborate across various hospitals, health departments, non-profit agencies, local and state agencies, and private corporations engaging in public health efforts. Considerable effort is aimed at improving the health of our communities and on prevention. We strive to engage students in our research at all levels of study.

All TT faculty of the College are expected to seek distinction in scholarly activity and develop a national reputation in their chosen research area. All TT faculty members in the College are expected to produce records of scholarship that reflect their disciplinary focus. The attributes of an individual faculty member's scholarly activity will vary across disciplines.

The RPT guidelines define and provide examples of evidence of expected accomplishments in research and scholarship, although it is not expected that faculty members will accomplish all items cited. It is expected that the relative weight of these items with respect to the nature of the faculty member's discipline, the area of specialization, the proportion of an individual's assignment in research, and other appropriate factors will be considered. The guidelines discuss accomplishments in the following areas:

Examples of Research Productivity

Peer-Reviewed Publications include papers in peer-reviewed journals, peer-reviewed books, and peer-reviewed book chapters. Also, an appropriate subset of publications included in the peer-reviewed category for purposes of evaluating scholarship under this handbook may be published in Law Reviews rather than in traditional peer-reviewed outlets in cases where faculty have law and/or policy-related research foci. Overall, the magnitude of the faculty member's contribution to advancing knowledge is what matters. Publications of exceptional impact, quality, depth, and/or scope may counterbalance smaller quantities of publications and are given extra value when applying the evaluation components in Table 1. Evaluation of a publication record will include an assessment of the quality and impact on the academic and practice fields. For journals, impact factors and other assessments of scholarly influence and ranking should be taken into consideration if available. Order of authorship (sole, first, corresponding, or senior, multi), and relative contribution depending on discipline is also a consideration in judging the overall record. Routine progress reports to grant agencies are not considered scholarly publications.

Grants refer to extramural funding (including contracts and cooperative agreements) where the role of the Faculty member in submitting, and securing the funding, and/or carrying out the project is clearly demonstrated (as Principal Investigator for the project, for example), and has sufficient magnitude to fully support scholarship at a level, and duration appropriate for the discipline, including funds for supplies, materials, and personnel (graduate students, research technicians and/or post-doctoral associates, etc.). “Seed/pilot Grants” are extramural grants that are not of sufficient magnitude to support doctoral students or are intramural grants. "Seed/pilot Grants" should be designed to lead to successful applications for “Grants.” Grantsmanship should be commensurate with the field of scholarship with the recognition that the role of the Faculty member and dollar amount of awards varies among disciplines.

2) Describe available university and school support for research and scholarly activities.

The University has various support mechanisms for faculty research and scholarly activities, including the University Research Council's internal awards program and the research Institutes and Initiatives. There are three funding mechanisms in this program: creative scholarship, new researcher, and proposal enhancement grants. There are also conference support and international travel grants. Approximately $500,000 (University-wide) is awarded annually. The College faculty have received a number of these grants over the years.

The College has also supported travel for conference presentations, exploratory research meetings with colleagues at other institutions, and travel for new collaborators to come to Kent State for 1-2-day meetings and symposia.

3) Describe, and provide three to five examples of faculty research activities and how faculty integrate research, and scholarly activities, and experience into their instruction of students.

Dr. Tara Smith is a nationally recognized infectious disease epidemiologist/vaccine researcher. She incorporates her research into the instruction of courses on communicable diseases and pandemic response. Recently she has developed a popular undergraduate course - PH22001 Plagues and Pandemics: How Infection Shaped Culture and History. From the Justinian plague in the 6th Century to the decimation of Native populations in the US by smallpox to the 1918 influenza pandemic, and COVID-19, human history has been influenced by microbes—, and our culture, in turn, can affect the generation of new plagues. This course introduces infectious diseases and how these diseases have (and continue to) shape history. Ultimately, students should understand the basics of infectious disease epidemiology and disease control within a broad cultural and historical context.

Dr. Bethany Lanese incorporates her health policy and management research into her courses. In the US Healthcare Systems course HPM 53003, there is a segment on Social Determinants of Health (SDOH). During this section, Dr. Lanese has her students read her recent Health Affairs article highlighting the Pathways HUB model from Drs. Mark and Sarah Redding. She discusses her work with how the HUB model is designed, her research on the HUB model, and the direct link to SDOH. In the US Healthcare Systems course HPM 53003, HPM 52015 Emerging Issues, and in HPM 53012 Health Reform, she includes her research on Medicaid expansion during the Affordable Care Act topic.

Dr. Sheryl Chatfield demonstrates concepts in SBS50020 Social and Behavioral Science Theories using her hand hygiene research. She has developed an assignment to demonstrate some of the thought processes. In the Application of Theory assignment, students comment on the gap between theory and practice using two actual research scenarios. The first scenario describes her own work to improve hand hygiene compliance in a healthcare setting. After students complete the assignment, she discusses the actual outcomes in more detail to compare their responses to the actual process's outcomes as part of the debriefing. Students are also

provided with access via electronic course reserves to three published research reports that describe aspects of this study.

Dr. Sonia Alemagno has developed a course based on her 25 years of research on the relationship between drug abuse and incarceration. The course, PH43014 Public Health, and Mass Incarceration, incorporate her research in modules on the epidemiology of mass incarceration, the social determinants of health of incarcerated youth and women, community response to those who are on parole and the evaluation of drug abuse, and mental health services provided in jails, and prisons. She uses her publications in journals such as the Journal of Offender Rehabilitation to discuss incarceration's public health impact on generations of families and the community.

Dr. Deric Kenne, in HPM *5*3007 Public Health *Programs*: Planning, Implementing, and *Evaluation*, provides "real-world" examples of program evaluation (examples of the caveats of program evaluation with the SPARK program or the SAMHSA grants). Students are also provided with the data reports or databases from the mental health and substance use data he collects to use as their needs assessment for the group project.

Dr. Mary Step routinely describes and invites participation in her research projects. She has involved several students in her research, two of which have continued public health research careers. These include three undergraduates who were cited across several conference presentations and significantly contributed to published research. Dr. Step's Ph.D. advisee is currently analyzing a national HIV and substance use data set for publication.

Dr. Jeffrey Hallam, in his undergraduate and graduate courses, introduces his research in physical activity, h, and hygiene and grief recovery to understanding the role of theory in designing and measuring the effectiveness of interventions to impact these theoretical components, and ultimately health behavior, and health status. Also, he has students in the Community Based Participatory Research course complete a "rapid research project."

4) Describe, and provide three to five examples of student opportunities for involvement in faculty research and scholarly activities.

CPH students are engaged in research in several ways. Faculty engage students in their unfunded research by invitation or on request of a student. Student research opportunities on funded grants are generally competitive, and the graduate assistantship or summer student employment opportunities are announced on the department student listserve. The CPH also maintains a database of students requesting graduate assistantships at the time of admission to the program. All postdoctoral fellowship positions are posted through Human Resources since these positions are full-time University positions. Opportunities are shared with the Public Health Student Alliance (CPH student organization).

Some students in the BSPH request internships in research. Our academic advisors guide these students to the appropriate faculty program coordinator who works personally with the student to match the student's interests to a research opportunity. There is currently no formal research requirement beyond coursework for BSPH students.

Dr. Deric Kenne supports undergraduate and graduate students in his research projects by providing volunteer and paid positions on his research and community service projects. Students hone their research skills in data management and analysis, health communication and program development, implementation, and evaluation. Dr. Kenne teaches the Planning, Implementation, and Evaluation course and draws on his experiences when teaching. SAMHSA supports these projects.

Dr. John Hoornbeek supports Master and doctoral students with his externally funding projects. These opportunities include projects funded by the Robert Wood Johnson Foundation. Recently, two students are supported research focused on a Community Hub Model.

Dr. Tom Brewer received a research fellowship from the Center for Public Health Law Research (CPHLR) at the Beasley School of Law, Temple University. He selected two graduate students (James Cairns and Godslove Bonnah) to participate in a funded study on Medicaid coverage of podiatric care through the Center. The students were affiliated with CPHLR as Research Assistants. They worked with Dr. Brewer and Center staff throughout the project's completion. The data will be published to the LawAtlas with the students attributed as co-contributors. The team is now disseminating the results, and the students will be co-authors on any subsequent publications using the data.

Ms. Cindy Widuck integrates research projects into the courses she teaches in the Community Outreach and Development concentration designed to be disseminated at the Undergraduate Research Symposium each spring semester. There are consistently five research projects with an average of ten students conducting these research projects. These projects tend not to be funded from external sources.

Dr. Jeff Hallam received external funding to conduct a systematic review of the peer-reviewed literature and gray literature concerning high utilizers of health care services and mental health. This project helped support three graduate students and one undergraduate to conduct and write the literature review. The purpose was to provide a review of the evidence that would inform policy for a national not-for-profit organization. The review was submitted to the organization, and with permission from the organization, these students and Dr. Hallam published a peer-reviewed manuscript of the systematic review.

5) Describe the role of research and scholarly activity in decisions about faculty advancement.

For probationary TT faculty members in the College, reappointment is contingent upon demonstrating adequate yearly and cumulative progress toward tenure and promotion requirements. Reappointment requests should include short, and long-term plans for achieving tenure and promotion as well as updates on research, teaching, and citizenship activities, including but not limited to:

- Research
- Grants applied for, received, and pending
- Contracts, sub-contracts, applied for, received, and pending
- Publications under review, in the press, and underdevelopment
- Technical reports, white papers, and other scholarly reports
- Presentations given, conference abstracts/proposals submitted, and presentation invitations received

For TT faculty following the traditional tenure clock for Assistant Professors, the review after completing three (3) full years in the College's probationary period is particularly critical. Upon completion of the third year of the probationary period, TT faculty reviewing a candidate for reappointment should consider the record of the candidate's achievements to date. This record should be considered a predictor of future success. The hallmark of a successful candidate is a record of increasing and compelling evidence of impact upon the discourse of her/his discipline and impact on the field of public health to document a positive trajectory leading to a successful tenure decision. The candidate in subsequent reappointment reviews should address specific concerns expressed by the RTP Committee and/or the Dean during this probationary period. The overall evaluation of a candidate for reappointment must also include consideration of the faculty member's integrity and professional behavior as recognized by the University community. A sound ethical approach to teaching, research, publication, and the academic profession is

expected of all who seek reappointment in the College. A candidate who fails to demonstrate likely success in the tenure and promotion process will be notified promptly that she/he will not be reappointed.

6) **Select at least three of the measures that are meaningful to the school, and demonstrate its success in research and scholarly activities. Provide a target for each measure and data from the last three years in the format of Template E4-1. In addition to at least three from the list in the criteria, the school may add measures that are significant to its own mission and context.**

Template E4-1. Outcome Measures for Faculty Research and Scholarly Activities				
Outcome Measure	Target	Year 1	Year 2	Year 3
Percent of primary faculty participating in research activities each year	80%	71%	86%	88%
Number of proposals submitted for external funding	25	17	26	33
Externally grant/contracts funds awarded	$1,250,000	$582,621	$1,107,580	$2,135,600

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E5. Faculty Extramural Service

The school defines expectations regarding faculty extramural service activity. Participation in internal university committees is not within the definition of this section. Service, as described here, refers to contributions of professional expertise to the community, including professional practice. It is an explicit activity undertaken for the benefit of the greater society, over and beyond what is accomplished through instruction and research.

As many faculty as possible are actively engaged with the community through communication, collaboration, consultation, provision of technical assistance, and other means of sharing the school's professional knowledge and skills. While these activities may generate revenue, the value of faculty service is not measured in financial terms.

1) **Describe the school's definition and expectations regarding faculty extramural service activity. Explain how these relate/compare to university definitions and expectations.**

The CPH is highly collaborative with community partners. Most of the research conducted also has a service element. Our formal centers are engaged in technical assistance and workforce development activities. Our formal centers' work has also contributed to the policymaking process at the local, state, and federal levels.

The service goal of the CPH is to promote public health in northeast Ohio through leadership, partnerships, and innovation, and to promote successful models nationally. The tenure-track faculty in the CPH must provide the profession with service as detailed in the University retention, promotion, and tenure requirements. To achieve promotion and tenure, faculty must develop a national reputation in their chosen field. This requires services to the community, including professional practice; as a part of the formal faculty review process, each faculty member outlines how his/her activities relate to the College mission, vision, goals, and objectives annually.

Page 18 of the College Faculty Handbook States,

> *The College recognizes the unique role that faculty have in providing education, consulting, and other services to agencies outside the University. Thus, TT and NTT faculty may request the release of teaching responsibilities equivalent to work completed for such agencies. Faculty must submit a plan, in writing, to the Dean and CAC before the semester in which the release is requested. The plan should detail the service that will be equivalent to the requested release, i.e., three hours of release for external service should reflect workload equal to that associated with the requested 3-credit teaching time. A progress report of external service activities will be submitted by the last day of the semester in which the service is completed. Examples of professional service include, but are not limited to, service on an Advisory Board for a community-based or health service organization, serving on an Editorial Board for a peer-reviewed professional journal, or providing consultation to CEO, Mayor, Commissioner, or another high-ranking leader of a government or private-sector organization. Up to three (3) credit hours of teaching time may be released each semester of the AY.*

2) **Describe available university and school support for extramural service activities.**

Both the University and the CPH provide support to extramural service activities. At the University level, the Research, and Sponsored Programs, and Grants Accounting departments provide administrative support for contractual and grant activities for service-oriented projects, such as Community Health Assessment, and Improvement Planning, program evaluations, and research activities that provide information and input to policymaking processes at the local, state and federal levels.

The CPH contributes to administering service contracts and grants at the school-level through pre and post-award grants management. The CPH also provides faculty with the ability to take on service effort through the relief of teaching effort during the Academic Year and has public service expectations detailed in the faculty handbook.

3) Describe, and provide three to five examples of faculty extramural service activities and how faculty integrate service experiences into their instruction of students.

Support to Pathways Community HUB Networks
Faculty, staff members, and students are involved in several projects focused on providing support to Pathways Community HUB networks and their communities. A HUB is an impartial autonomous entity that has a role in coordinating care for at-risk clients[1]. In recent years, CPH faculty and staff have engaged in a contract and grant work with Pathways HUBs in Lucas, Richfield, and Stark Counties to complete program evaluations and research to inform ongoing HUB network support for care coordination services for at-risk populations. The CPH has also partnered with Akron Children's Hospital to establish a Risk Reduction Research Network, with one of its primary goals, to provide engagement and information to Pathways HUBs in operation across the United States. Faculty members regularly engage several students at the Masters and Ph.D. levels in this suite of projects. Recently, one of our Ph.D. graduates completed his dissertation based on work related to the Pathways Community HUB model's impact on birth outcomes.

More information on how the College work has contributed to the Pathways Community HUB model's evaluation and success may be found in the *ERF: E5 Faculty Extramural Service*.

Mental Health Awareness
CPH faculty, staff, and students have been involved with grant projects to increase and support awareness for mental health and substance use issues on the Kent State Campus and K-12 school systems in Medina County, Ohio. These projects, in part, involve conducting Mental Health First Aid training (MHFA) on campus and in the community and providing the opportunity for CPH graduate students to become certified Mental Health First Aid Instructors.

Called Project AWARE Kent, the mental health first aid initiative is directed by Dr. Deric Kenne, evaluated by Dr. Rebecca Fischbein, and implemented by coordinator Dr. Kimberly Laurene, all members of the **Center for Public Policy & Health**. Funded by a grant from the Department of Health & Human Services secured by Dr. Fischbein, Project AWARE Kent offers free MHFA classes to students, faculty, and staff at the Kent campus. This national, evidence-based course is designed to train volunteers to recognize the signs of mental illness, identify someone in need of help, and avail that person of available resources. Over 720 staff, faculty, and students over three years are being trained to increase awareness of the mental illness, referral rates on campus, and the identification of people in need of services and sustain the on-campus program after the granting cycle is over.

More information on the mental health awareness initiatives of CPH can be found in *ERF: E5 Faculty Extramural Service* or by visiting **https://www.kent.edu/MHFA**.

Community Garden
Community-Engaged Learning at Kent State University presented its 2018 Outstanding New Service Initiative Award to the Walls Community Garden. The garden was selected for the award for understanding the community's needs and making a positive impact on Kent State University, Walls Elementary School, where the garden is located, and the city of Kent.

[1] Pathways Community HUB Institute CCCLN. Connecting those at risk to care: the quick start guide to developing community care coordination pathways. A companion to the Pathways Community Hub Manual. Rockville, MD: Agency for Healthcare Research , and Quality (AHRQ); 2016.

Walls Community Garden was started in the spring of 2018 at the elementary school as a way for the school and the community to collaborate. The idea was to provide growing space for people in Kent interested in gardening while at the same time promoting community and a healthy environment and enhancing the learning environment at Walls Elementary, too.

Our CPH faculty member, Dr. Cindy Widuck, is the garden project coordinator and taught the community-based public health practice class during which the garden was created.

More information on the Community Garden can be found in *ERF: E5 Faculty Extramural Service*.

4) Describe, and provide three to five examples of student opportunities for involvement in faculty extramural service.

American Public Health Association
Several faculty members are active members of APHA. Dr. Jeff Hallam served as an elected member of the APHA Executive Board. Dr. Hallam engaged students in commenting and providing feedback about the APHA strategic plan. Notably, these students were involved in providing input on the infographics and other design issues to communicate the strategic plan to APHA members. Also, several students were encouraged to be active in APHA, including one that was the student editor of the *American Journal of Public Health*, a member of the Science Board (, and now chairs the Science Board); several students served the Student Assembly as Assembly Chair, as well as other duties for the Student Assembly.

Cleveland Clinic Community Health Initiatives
As a board member of the Cleveland Clinic, Dean Sonia Alemagno has been able to link students to service opportunities to assist with community health fairs and community health needs assessments. Students volunteer at local sites to provide walk-in registration for citizens, analyze needs assessment surveys, and provide health education.
https://my.clevel, andclinic.org/-/scassets/files/org/locations/akron-general/newsletters/my-good-health-sept-dec-2019.ashx?la=en

COVID-19 Public Health Assist Teams
One of the best examples of our faculty and students working on community services is the ongoing COVID-19 Public Health Assist program. With over 110 faculty, and students responding to this call for service, it makes the CPH one of the leading public health academic institutions in Ohio to respond to this call for service.

American Heart Association
In addition to the service provided under the formal graduate assistantship program, CPH is proud to host the Public Health Student Alliance (PHSA), the student organization. Its mission is to promote public health and social responsibility through community involvement and humanitarian service. During this academic year and every year since PHSA has volunteered more than 300 hours of community service. Dr. Jeff Hallam, Associate Dean, is currently an American Heart Association board member. He has worked with our student organization to provide service to the Summit and Portage County Heart Walk programs.
https://www.kent.edu/hr/wellness/heart-walk-2018

CPH Assist Team Volunteers*	
42	CPH BSPH students
53	CPH MPH students
8	CPH Ph.D. students
5	CPH faculty
111	Total CPH volunteers
**As of June 1, 2020*	

5) Select at least three of the indicators that are meaningful to the school, and relate to service. Describe the school's approach, and progress over the last three years for each of the chosen indicators. In addition to at least three from the list in the criteria, the school may add indicators that are significant to its own mission and context.

The following indicators demonstrate a meaningful commitment to service by the CPH:

- Fifty-six percent (17/30) of CPH faculty members (tenure track and non-tenure track) have participated in funded extramural service activities (grants and contracts) in the past three years.
- CPH faculty and staff have engaged in 39 funded community-based projects over the past three years.
- Out of the 39 funded community-based projects, 30 (77%) represent faculty-student collaborations.

6) Describe the role of service in decisions about faculty advancement.

Providing service to the profession and the community is expected of all primary faculty members. According to the College Faculty Handbook:

> *Service is the responsibility of each Faculty member. College and University or task force membership is expected as a normal part of a faculty member's contributions. Public Service is encouraged and recognized as a part of the professional responsibilities of each Faculty member. However, contributions in this area can be expected to vary widely due to the various disciplines within the College.*

The reappointment, tenure, and promotion section includes the following statement:

> *Other components of service (other than University service) are also considered (including public outreach and public and professional service) in reappointment, tenure, and promotion decisions. They may differ in their importance among faculty members depending on each faculty member's duties and responsibilities within the College.*

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

The CPH is a highly community-engaged college, and this involves partnerships between faculty and students at all levels. These activities flow from the College mission. It is clear that service is valued for student progress, student achievement of competencies, faculty engagement, faculty promotion, and tenure and faculty service requirements.

F1. Community Involvement in School Evaluation, and Assessment

The school engages constituents, including community stakeholders, alumni, employers, and other relevant community partners. Stakeholders may include professionals in sectors other than health (e.g., attorneys, architects, parks, and recreation personnel).

Specifically, the school ensures that constituents provide regular feedback on its student outcomes, curriculum, and overall planning processes, including the self-study process.

1) Describe how the school engages external constituents in regular assessment of the content and currency of public health curricula and their relevance to current practice and future directions.

The CPH has several formal structures for gaining constituent input. There are four significant advisor groups to the College:

The Public Health Ambassadors Program

The Public Health Ambassador program consists of two retired health commissioners, one former hospital executive, and one former senior staff member of the Ohio Department of Health. Matthew Stefanak served as the Health Commissioner of the General Health District in Mahoning County, Ohio. Robert Howard is a former hospital executive responsible for strategic planning and other organization-wide initiatives at Akron Children's Hospital. William Franks is the retired health commissioner from Stark, and Mahoning Counties, Ohio. Ken Slenkovich is a retired Ohio Department of Health executive who has also previously served as an Assistant Dean at the College of Public Health.

These four executives in residence at the College of Public Health work part-time to assist students with career advice through individual counseling appointments, develop and offer career fairs and career workshops, assist in the identification of practicum and internship opportunities, and generally link our College in an informal, and formal way to local hospital and health department systems. With many years of experience throughout Ohio with strong networks, the Ambassadors work to provide invaluable advice to our program and course development, including a formal review of our curriculum and competencies. They conduct our employer surveys and employer interviews that inform our College curriculum and services.

There are many examples of how these executives have impacted our students. They have significantly revised courses such as Public Health Management, Public Health Law, Ethics, Community Health Needs Assessment, and Public Health Administration to bring hospitals and health departments' perspective. Their extensive network brings over 30 major organizations to campus for the Public Health Career Fair, held annually. They conduct over 100 counseling appointments annually, with students able to schedule these appointments through our advising system online. They are recently conducting monthly career Zoom sessions and bringing in colleagues in specific occupational areas to give students career advice. The Ambassadors meet regularly with the dean's office to discuss curricular and student-related issues. Mr. Stefanak and Mr. Slenkovich attended the dean's weekly executive committee meeting of the associate, assistant dean, and finance manager. They are an integral part of the College administration.

Most of the College's part-time adjunct faculty are current or former public health and health care professionals. Part-time faculty regularly provide feedback to the dean's office regarding curricular issues and student performance. Our Ambassadors regularly interact with our part-time faculty and recruit practitioners who can teach for the College.

The Public Health External Advisory Committee

The PH External Advisory Committee (EAC) is a standing committee of the College comprised of public health and health care professionals and our graduates' employers. They are engaged in discussions of student outcomes, curricular matters, and overall College planning. There are three subcommittees of the EAC. The EAC meets twice annually, and the committees meet more often, usually quarterly.

The EAC is comprised of the following individuals:

- Matthew Stefanak, MPH, Former Health Commissioner of Mahoning County, CPH Ambassador, Committee Chair
- John Aller, MS, LICDC, LPCC-S, Executive Director, Stark County Alcohol and Drug Addiction Services
- Bill Benoit, MOT, MBA, FACHE President, University Hospitals Portage Medical Center
- Alan Boike, DPM, Dean-CEO, College of Podiatric Medicine, Kent State University
- Alec Boros, Ph.D., Research Manager, Oriana House
- Joseph DiOrio, RD, MS, MPH, Portage County Health Commissioner (Alumnus)
- Michael Dolan, Ph.D., Senior VP, Science, and Technology, GOJO Industries
- Jennifer Eaton, Ph.D., CHRC, VP Research, and Sponsored Programs, and Innovation, Summa Hospital
- Marguerite Erme, DO, MPH, Retired Summit County Health Commissioner, Faculty at NEOMED
- Darcy Folzenlogen, MD, MPH, Retired physician, Emeritus Professor of Medicine (Alumnus)
- William Franks, MPH, Retired Stark County Health Commissioner, CPH Ambassador
- Rick Haines, President, and CEO, AultCare Insurance
- Iris Harvey, MBA, Ed.S. President, and CEO, Planned Parenthood of Greater Ohio
- Jennifer King, Ph.D., Research Associate, Case Western Reserve Prevention Research Center (Alumnus)
- Frank Migliozzi, RS, MPH, Trumbull County Health Commissioner (Alumnus)
- Steven Paciorek, MPH, Ph.D., Brecksville City Director of Health, and Human Services (Alumnus)
- Joanne Pearsol, MA, MCHES, Deputy Director, Ohio Department of Health
- Chris Richardson, M.Ed., LPC, LICDC-CS, Chief Executive Office, AxessPointe Community Health Center
- Doug Ribley, MS, FMFA, Senior Vice President of Health, and Wellness, Akron General Clevel, and Clinic
- Joan Seidel, RN, MA, Kent City Health Commissioner

During this academic year, the EAC is meeting virtually using Teams. Minutes of recent meetings can be viewed in *ERF A1: Organization and Administrative Processes*.

The purpose of the EAC is to:

- Advise the Dean and College on matters related to strategic decisions;
- Assist with connecting to external constituencies to advance the mission of the College;
- Identifying opportunities to engage research partners and promote financial sustainability;
- Identify the needs of employers and how our students' skills and knowledge meet these needs.

The three subcommittees of the EAC are:

- Curricular Review
- Advancement and External Relations
- Workforce Development

A curricular example of EAC engagement is that Rick Haines from AultCare has collaborated with our faculty who teach the insurance studies courses to review the courses from a large healthcare insurance employer's perspective. Another curricular example is that Dr. Alec Boros has reviewed the MPH course on program evaluation and worked with full-time faculty to revise the course. The Advancement and External Relations committee had a meeting with Dean Alemagno in October to review College priorities for funding, including a plan for an endowed professorship and endowed scholarship related to the clinical trial pathways (BSPH, and MS in Clinical Epidemiology). The committee was also involved in COVID-19 student emergency funding and contributed a substantial amount to the fund. These funds were used for emergency funding for students who otherwise would have stopped out of Fall 2020. The Workforce Development Committee actively works with Matt Stefanak and Ken Slenkovich to determine priority needs for workshops and courses. The committee is reviewing data from a large needs assessment for workforce development.

College of Public Health Alumni Group

The College of Public Health has an active alumni group. This group was formed in 2014 and has grown every year.

Mission: The College of Public Health Alumni group works to create a mutually beneficial relationship between the College and past graduates. Through professional networking outlets, continuing education opportunities, volunteerism, and social events, alumni will strengthen ties, among others, while supporting the College of Public Health's continued growth and excellence.

Purpose: To improve outreach, communication, and collaboration among the College of Public Health alumni, students, faculty, and staff.

Past Activities:

- Homecoming social events
- Homecoming parade
- KSU career panels
- CPH career fairs
- Mock interview for current students

The CPH Alumni Board is the governing body of the alumni group. Among the board’s priorities are promoting the mission of the College, building the alumni community and exp, anding educational and career opportunities for alumni and current students.

The board regularly engages with the CPH to provide mission-critical guidance, updates to the College website, and support for CPH activities and advancement. The board organizes events to help prepare current students for real-world public health by serving as mock interviewers and career panelists. The board also engages with current student organizations to increase collaboration and communication between students and alumni.

The board meets six times in a calendar year.

2020-2021 Alumni Board Members

- Shelby Barnes (President), BSPH 2013
- Jenna Brinker, BSPH 2014, MPH 2016
- Alexander Evans, BBA 2014, BSPH 2014, BS 2014
- Alexandra Hoopes, BS 2015, MPH 2017
- Diana (Kingsbury) Patel, Ph.D. 2019

Social Media Profiles (managed by the Alumni Board):

- KSU College of Public Health Alumni Facebook: **https://www.facebook.com/cphalumni/**
- KSU College of Public Health LinkedIn: **https://www.linkedin.com/groups/4480794/**

2) Describe how the school's external partners contribute to the ongoing operations of the school. At a minimum, this discussion should include community engagement in the following:

a) Development of the vision, mission, values, goals, and evaluation measures

The revised CPH strategic plan was given to the External Advisory Committee, alumni group, part-time faculty, University President, and Provost and deans of other KSU colleges for review and comment. The plan included the College's vision, mission, values, goals, and evaluation measures. Their input was reviewed and applied as appropriate to the revised plan.

The College publishes annually a "Strategy Map" that details the College's plan and major initiatives related to the University priorities. It is important to note that these plans are generally approved and reviewed in the spring semester before the next academic year. While this process did take place, the process needed to be reconsidered due to COVID-19 and the CPH being fully remote for Summer and Fall 2020. At this time, it is not clear whether the remote situation will continue through Spring 2021. Therefore, the College has a revised Strategy Map (*ERF B1: Guiding Statements)*. This revision was taken to the External Advisory Committee (meeting held on October 8, 2020) for consideration and input. Based on that meeting, the Strategy Map was revised to expressly state our focus on advancement work to fund scholarships for underserved and minority students and emphasize that our research centers address health inequities.

The College Alumni group also reviewed the Strategy Map, the student organizations affiliated with the College of Public Health, the College Advisory Committee, Faculty, the College staff, and the University Provost for comment, consideration, revision, and approval. Specific examples of changes included significant revisions to our international work (given a travel ban) and an attempt to meet international universities' needs now seeking online options for students unable to travel to the US. We have considerably expanded career services online via Zoom and via virtual career fairs based on feedback from students and employers who wanted these services to continue. Based on University Health Services and local health departments' feedback, we have expanded support services related to mental health counseling and social support services.

Related to evaluation, we have instituted regular (every other month) surveys of our students to monitor their needs related to mental, and physical health services, finances, employment, and overall stress related to lock down and the COVID-19 situation. We are continuously revising and adding to our services to meet our mission, vision, and goals for this pandemic year.

b) Development of the self-study document

The CPH preliminary self-study document was posted to the College website and was sent to the EAC for review and comment. The final self-study document is likewise be posted to the College website and sent to the EAC, adjunct instructors, alumni and the University President, and Provost for comment. Their suggestions will be considered and incorporated into the document as appropriate.

https://www.kent.edu/publichealth/ceph-self-study-document-july-2020

This self-study is a collective effort. Faculty have provided detail on their collective and individual accomplishments. Students have access to student survey results, and our student senators are proposing virtual events that they are planning with College resources.

c) Assessment of changing practice and research needs

The primary sources for external input regarding practice and research needs are the alumni survey and the employer survey. Both survey instruments contain questions specific to practice and research. Also, there are open-ended questions that allow respondents to identify needs not explicitly addressed in the survey.

The alumni survey has provided a highly detailed insight into the practice and research needs being addressed or modified and enhanced. The College invested in a costly alumni survey of all alumni since the College was launched to update our locator information and gain meaningful insight. The alumni survey and final report can be found in *ERF F1: Community Involvement in School Evaluation and Assessment*.

The alumni survey's overall summary indicated that students report a good to a very good grasp of the degree and concentrations' competencies across all levels. The report has been circulated to faculty, and discussions are currently addressing areas needing greater attention. Overall, the undergraduate students report the greatest need for additional emphasis on research skills, which will be addressed by an undergraduate research coordinator. The College is also developing an e-portfolio required for all students starting in Fall 2021 to better document and showcase skills. Other curricular changes include a revision of the professional practice courses required of undergraduates, the addition of a "Race as a Public Health Crisis" course at the undergraduate and graduate levels, expanded requirements for advising for MPH students, and an overall better career development program that can be administered online due to the pandemic.

In 2020, the College completed an employer survey (see *ERF F1: Community Involvement in School Evaluation and Assessment*). To better understand how employers of CPH graduates perceive their professional competency and ability, a series of employer interviews were conducted over several months in 2020. A total of 11 interviews were conducted with employers from a variety of organizations, including local public health departments (4), health systems (2), non-profits (1), state health departments (1), and higher education (1).

The majority of employers hired MPH graduates (10/11), five out of 11 hired BSPH graduates, four out of 11 hired Ph.D. graduates, and one of 11 hired an MS in Clinical Epidemiology graduate. Overall, each employer responded CPH graduates were adequately prepared for their jobs.

Among the comments shared were that "CPH hires were all highly qualified, and well-prepared for positions in epidemiology, and health promotion," "they were "well prepared in the science of public health (epidemiology, biostatistics and social, and behavioral sciences)," and they "had a passion for public health."

Commonly reported characteristics, skills, and competencies that made a CPH graduate prepared for the job were: They are "fast learners," "culturally sensitive," "self-motivated," "have good analytical skills, work well in teams and are willing to ask questions when necessary."

When asked what characteristics, skills, or competencies might be necessary for CPH graduates to be better prepared in their roles, it was commented that some needed necessary content knowledge and experience to perform their job duties, including Experience working with IRBs; experience in clinical research (understanding reportable events, HIPAA); experience with substance abuse, program planning, and implementation,

SPSS/SAS; familiarity with the core competencies of public health; experience in public speaking; familiarity with applied management skills (e.g., budgeting, negotiating, conflict de-escalation); the ability to identify evidence-based interventions; familiarity with Excel, and GIS; the ability to calculate basic public health statistics (incidence, and prevalence) and stronger writing skills.

It was also remarked that some graduates lacked relevant "soft skills," including establishing a professional presence, project management, engaging with external partners, communication skills, interviewing, resume writing, and emotional intelligence. In environmental health roles (e.g., sanitarians), it was commented that graduates need additional coursework in science and mathematics to qualify for sanitarian registration.

d) Assessment of school graduates' ability to perform competencies in an employment setting

The primary sources for data regarding graduates' competencies in an employment setting are the employer survey, preceptor evaluations of MPH practica, and the comprehensive alumni survey. These have been discussed above.

3) Provide documentation (e.g., minutes, notes, committee reports, etc.) of external contribution in at least two of the areas noted in documentation request 3.

can be found in *ERF F1: Community Involvement in School Evaluation and Assessment*.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

The College of Public Health has a robust process for gaining insight from external stakeholders and uses a formalized alumni and employer surveys process. This committee structure includes an external advisory committee that meetings quarterly and works in subcommittees and a structured process to review results by the faculty, students, and staff's internal committees. The extensive alumni survey, while costly, did give the College a deep understanding of the competencies of our graduates and will guide us as we make curricular adjustments. Overall, employers are happy with our graduates, but they have provided good insight. The plan will be to continue the process moving forward on a regularly scheduled basis of surveys every year of new alumni and employers.

F2. Student Involvement in Community, and Professional Service

In addition to those used to satisfy Criterion D4, community and professional service opportunities are available to all students. Experiences should help students understand the contexts in which public health work is performed outside of an academic setting and the importance of learning and contributing to professional advancement in the field.

1) Describe how students are introduced to service, community engagement, and professional development activities and how they are encouraged to participate.

The College is dedicated to engaging students in service, community engagement, and professional development. Every year during National Public Health Week, we have a career fair. We bring together potential employers with the help of our Public Health Ambassadors (retired health commissioners).

Many of our faculty engage in community-based participatory work and collaborate with community organizations, agencies, and institutions. Doctoral, master's, and undergraduate students have opportunities to work with faculty on these projects, which often result in publications and poster or oral presentations at professional meetings, scientific conferences, or designated University research days. The work's nature engages them with the community developing the work products and presenting that work develops their professional skills. This year, a group of students took their class project to sponsor a "Black Mom's Matter" symposium that focused on infant and mother mortality in Ohio. This symposium was co-sponsored by other groups on campus, including the Women's Center and the Healthy Communities Research Initiative. Students organized and worked closely with a faculty member (Dr. Tina Bhargava) to bring a State of Ohio Congressperson and three other professional women to discuss infant and mother mortality in the state of Ohio. Faculty met with them numerous times to prepare them and work with them to implement the event.

Undergraduates take the Careers in Public Health course (typically completed in their first year), develop their resume, and learn about the multiple careers in public health. This allows students to identify the knowledge, skills, and abilities they need to graduate into their chosen public health careers. The resume development is revisited in the Capstone course (senior-level course), as is job search strategies, interviewing skills, and a 30-second "tell me about yourself response." Students are also engaged in a community-based project, and groups of students take on different roles that integrate the competencies. For example, students helped the Summit and Portage Counties American Heart Association with a blood pressure screening project. The students provided content (program planning) for increasing the awareness of being screened for high blood pressure. They helped organize and map (GIS) provider locations. Participants could be referred to if they were identified as having high blood pressure relative to the screening locations (barber and beauty shops). They also participated in the training of the screeners. The following semester, an MPH student analyzed the data and developed a report based on the screening data. The data were presented to the community and the AHA Board of Directors. Throughout the Capstone course, students learn how to present themselves professionally within the field of public health.

The College supports a monthly Brown Bag Luncheon that brings in regional speakers to discuss their practice and research activities. Students are encouraged to interact with the speaker.

At student orientations for undergraduate, graduate, and professional students, we introduce the importance of service, community engagement, and professional development. Students are introduced to various ways to support them doing this work as part of their education. Much of this is organized within our PHSA (Public Health Student Alliance), which reinforces that volunteering and service are part of leadership development. See section A3.1 for a detailed description of PHSA. This includes opportunities made available for all students at the University,

opportunities throughout the year made available to students in public health. We are also in the process of applying to create a chapter of Delta Omega at Kent State University.

Informal career planning and professional development have been offered on an ongoing basis in the CPH. Our Public Health Ambassadors meet with students one-on-one, and we offer career services. However, several issues were identified, including low attendance at these events, students continuing to request career planning guidance.

Community preceptors indicate that students needed to enhance their "soft skills." The feedback that while the Kent campus career services are present, it feels distant to many students and has a more general focus on undergraduates. In 2018-2019, the College had a career planner assigned by the University Career Services. This staff member helped students hone their interviewing skills, resume development, and conduct job searches. Unfortunately, this person resigned from her University position. The staff person was not replaced, but we are working to have another career planning position placed in the College.

The Career Ambassadors created a novel approach during COVID-19, to have a career planning discussion for four or five students every two weeks. These students had about an hour to discuss opportunities and strategies to attain the career they desire. This model will continue to be used.

Our second largest response group, community preceptors, very clearly indicated that our students are highly skilled for the most part, and they have enjoyed working with them. However, they highlighted very clearly that before a field placement or internships, the skills needing most improvement include all communication skills (reading, writing, and public speaking), as well as interpersonal and professional etiquette. Confidence in working on tasks was also highlighted as necessary for our community preceptors.

Our alumni respondents (in the field for at least a year) identified the top three skills an MPH graduate should have, like writing, communication skills, and research literacy. Students identify the same topics that the alumni reported, including more insights on career planning and professional development beyond the MPH curriculum, such as grant writing and leadership. Faculty agreed, indicating that the top three skills that every MPH student should have include writing, communication skills, and professionalism.

2) Provide examples of professional and community service opportunities in which public health students have participated in the last three years.

Walls Community Garden
Walls Community Garden was started in the spring of 2018 at the elementary school as a way for the school and the community to collaborate. The idea was to provide growing space for people in Kent interested in gardening while at the same time promoting community, and a healthy environment, and enhancing the learning environment at Walls Elementary.

American Heart Association
Since 2016, PHSA has volunteered more than 300 hours of community service. Dr. Jeff Hallam, Associate Dean, is currently an American Heart Association board member. He has worked with our student organization to provide service to the Summit and Portage County Heart Walk programs.

Cleveland Clinic Community Health Initiatives
The College links students to service opportunities to assist with community health fairs and community health needs assessments. Students volunteer at local sites to provide walk-in registration for citizens, analyze needs assessment surveys, and provide health education.

COVID-19 Public Health Assist Teams
One of the best examples of our faculty and students working on community services is the ongoing COVID-19 Public Health Assist program. Over 1o members of the College students and faculty have volunteered to assist at local health departments and at the State level to provide epidemiological analysis support, contact tracing, or other volunteer services. This is an ongoing effort.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

We feel that our students have many opportunities and regularly engage in community and professional service. It is important to note that most of our students at the undergraduate and graduate settings are employed, and therefore much of their service is delivered through their professional activities.

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F3. Assessment of the Community's Professional Development Needs

The school periodically assesses the professional development needs of individuals currently serving public health functions in its self-defined priority community or communities.

1) Define the school's professional community or communities of interest and the rationale for this choice.

The Office of Public Health Practice and Partnerships (OPHPP) was established in 2013 to provide the infrastructure to manage all continuing education and workforce training needs. The OPHPP is co-directed by Ken Slenkovich and Matt Stefanak, both also serving as part-time faculty in health policy and management. Mr. Slenkovich and Mr. Stefanak have extensive experience in developing and managing community-based public health programs.

The CPH provides professional development services to the following professional communities in Ohio:

- Local health departments
- Local boards of health
- Substance abuse prevention providers
- Behavioral health providers
- Municipal clerks

The rationale for serving local health departments/boards of health is twofold: 1) These organizations are essential employers of our graduates, and 2) The CPH has always been committed to supporting and collaborating with the public health practice community.

The rationale for serving substance abuse prevention and behavioral health providers is that the CPH has several faculty with expertise in these areas. Our MPH in Social and Behavioral Sciences and a Ph.D. in Prevention Science is designed to equip practitioners in these fields.

The rationale for serving municipal clerks is that they play essential roles in local communities across Ohio, including supporting health services in their respective communities.

2) Describe how the school periodically assesses the professional development needs of its priority community or communities, and provide summary results of these assessments. Describe how often assessment occurs.

Four sources of data have been utilized to guide the development of continuing education training to meet the needs of the community served by CPH. In 2020, the Region V Public Health Training Center (RVPHTC) at the University of Michigan conducted a comprehensive workforce development needs assessment of local health departments in its six-state region. The CPH obtained Ohio-specific data from the RVPHTC that identified training gaps in nine skill domains (see *ERF: F3 Assessment of the Community's Professional Development Needs*). The top five training needs were budgeting, change management, cultural competency, systems, strategic thinking, and Ohio decision-making data. Training modules are currently under development to address these needs.

A second data course used by the OPHPP was a survey conducted in 2010 by the Ohio Association of Boards of Health that identified the professional development needs of the board of health members of Ohio local health departments (see *ERF: F3 Assessment of the Community's Professional Development Needs*). In Ohio, the board of health members must have two hours of continuing education each year. The OABH survey identified training needs in the areas of ethics, public health principles, and board of health responsibilities. Training modules are currently being developed to address these needs.

The third data source was a needs assessment conducted by the CPH in 2020 of the professional development needs of substance abuse prevention providers in Ohio (see *ERF: F3 Assessment of the Community's Professional Development Needs*). The survey results identified training needs in evidence-based interventions, community implementation systems, monitoring and evaluation, community needs, and resource assessment. Training modules are currently being developed to address these needs.

The fourth data source is the training needs identification that the CPH receives from the Ohio Municipal Clerks Association (OMCA) each year. The CPH's Center for Public Policy and Health CPPH has served as the continuing education provider organizer for over ten years. Each year the CPPH organizes a series of professional development workshops for the OMCA.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

The CPH workforce development efforts are very strong in providing behavioral health providers and municipal clerks training due to the faculty's experience who focus on these areas, especially Drs. Hoornbeek and Kenne. With the extensive experience of Mrs. Stefanak and Slenkovich now managing workforce development, the training aimed at local health departments and boards of health are expanding to address the needs identified in the needs assessments referred to above.

F4. Delivery of Professional Development Opportunities for the Workforce

The school advances public health by addressing the professional development needs of the current public health workforce, broadly defined, based on assessment activities described in Criterion F3. Professional development offerings can be for-credit or not-for-credit and can be one-time or sustained offerings.

1) **Describe the school's process for developing and implementing professional development activities for the workforce and ensuring that these activities align with needs identified in Criterion F3.**

   The Office of Public Health Practice and Partnerships (OPHPP) identifies its various community constituents' professional development needs primarily through needs assessment surveys, as described in section F3. Once priority needs are determined from the needs assessment data, the OPHPP staff works with faculty and the administration to determine the type and content of training they are most capable of developing. A significant source of content for the professional development training provided by the CPH is content from academic courses. All academic courses in the College are modular, and, therefore, content is easily extracted from courses and reformatted for non-credit continuing education training or workshops.

2) **Provide two to three examples of education/training activities offered by the school in the last three years in response to community-identified needs. For each activity, include the number of external participants served (i.e., individuals who are not faculty or students at the institution that houses the school).**

   The CPH conducted two workshops in 2019 to train substance abuse prevention providers in prevention science's basic principles. A total of 50 Ohio-based prevention specialists were trained. The training covered the following topics:

   - Evidence-based interventions and their practical components
   - Community Implementation systems
   - Monitoring and evaluation
   - Community needs and resource assessment

   The CPPH has conducted ongoing training in mental health first aid since 2019. A total of 1,351 individuals have received the training, including 837 professionals, community members, and 514 KSU students. Mental Health First Aid training is an evidence-based education and prevention tool that improves mental health and substance abuse problems. Trainees are taught a five-part action plan to help others cope with mental health problems.

   The OPHPP has delivered an online study course for sanitarians-in-training (SITs) for the past 5-6 years. In the last three years, a total of 18 SITs have taken the course. The course is designed to prepare SITs to take the registered sanitarian board exam required by the State of Ohio.

3) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

   The OPHPP is in the process of significantly expanding its non-credit continuing education offerings, explicitly targeting local health departments and local boards of health. This effort is a result of the results of the 2020 needs assessments described in section F3. By the end of 2020, it is anticipated that at least five new training modules will be developed and delivered.

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G1. Diversity, and Cultural Competence

Aspects of diversity may include age, country of birth, disability, ethnicity, gender, gender identity, language, national origin, race, historical under-representation, refugee status, religion, culture, sexual orientation, health status, community affiliation, and socioeconomic status. This list is not intended to be exhaustive.

Cultural competence, in this criterion's context, refers to competencies for working with diverse individuals and communities in ways that are appropriate and responsive to relevant cultural factors. Requisite competencies include self-awareness, open-minded inquiry and assessment, and the ability to recognize and adapt to cultural differences, especially as these differences may vary from the school's dominant culture. Reflecting on the public health context, recognizing that cultural differences affect all aspects of health and health systems, cultural competence refers to the competencies for recognizing and adapting to cultural differences and being conscious of these differences in the school's scholarship and/or community engagement.

1) **List the school's self-defined, priority under-represented populations, explain why these groups are of particular interest, and importance to the school; and describe the process used to define the priority population(s). These populations must include both faculty and students and may include staff, if appropriate. Populations may differ among these groups.**

Efforts related to diversity and cultural competence for the College of Public Health are led by the KSU Division of Diversity, Equity, and Inclusion (DEI). Created in 2009, DEI "leads Kent State University's community effort to increase diverse representation, create, and sustain equality of opportunity, and intentionally foster an inclusive and equitable environment." Since this time, the division has conducted ongoing assessments to support a strong and comprehensive commitment to inclusion across the university. To that end, three foundational reports were developed that have guided these efforts:

- 2012-2017 Equity Action Plan (**https://www.kent.edu/sites/default/files/file/EAP_2018_DEI_May23.pdf)**
- 2015 Strategic Roadmap to a Distinctive Kent State (**https://www.kent.edu/strategicroadmap**)
- 2017 Campus Climate Research Study (**https://www.kent.edu/sites/default/files/file/Kent%20State%20University%20-%20Aggregate.pdf**)

The Equity Action Plan (EAP) contained goals and measurable objectives designed to "promote fairness and inclusive values for all members of the Kent State family and increase opportunities for underrepresented and underserved groups." The Equity Action Plan highlights the University's focus on greater inclusion and success of historically underrepresented student groups. A specific focus on African American, Latino American, and Native American (ALANA) student populations has been integrated into diversity objectives. Data from the University's "Diversity Scorecard" (**https://rpie-apps.kent.edu/Reports/EnrollmentScorecard.aspx**), and "University Dashboard" (**https://www.kent.edu/university-dashboard**) include metrics used as part of the rationale for the identification of efforts to support these student populations.

Collectively, these efforts are led by the Vice President for Diversity, Equity, and Inclusion with the university leadership's support, including the president and board of trustees. This plan's specific strategies were later integrated into the university's strategic planning process and creating the 2015 Strategic Roadmap to a Distinctive Kent State. Within this same timeframe, the University formed a Climate Study Steering Committee to assess the experiences and perceptions of learning, living, and working at the university. The resulting 2017 Campus Climate Research Study Report was released based on a review of university literature, focus groups,

and a campus-wide survey. Combined, these efforts were developed, implemented, and evaluated as part of a community-wide participatory process, including a diverse body of campus community partners. The students, faculty, and staff of the College of Public Health have been active participants throughout these processes and have supported the implementation of related initiatives at the college level. Additionally, within the College of Public Health, the Diversity Committee is responsible for supporting the identification and implementation of university-wide and college-specific efforts for diversity, equity, and inclusion. This committee comprises students, faculty, and staff from the college and meets quarterly during the academic year.

2) **List the school's specific goals for increasing the representation and supporting the persistence (if applicable) and ongoing success of the specific populations defined in documentation request 1.**

Kent State University and the College have five distinct priorities identified within its strategic plan (Strategic Roadmap to a Distinctive Kent State): (1) Students first; (2) A distinctive Kent State; (3) Global Competitiveness; (4) Regional Impact; (5) Organizational Stewardship. While different dimensions of diversity are embedded within each priority area, it is within the priority area that much of the effort related to diversity, equity, and inclusion are embedded. The student's priority is to "provide an inclusive and engaged living-learning environment where all students thrive and graduate as informed citizens committed to a life of impact." Each college must *develop a parallel operations plan* with specific strategies and activities to be implemented based on their unique orientation and needs. The resulting strategies and measures of success associated with underrepresented students can be found in the College of Public Health's parallel strategic plan.

Many of the efforts identified in the CPH Operational Plan are coordinated by the Office of Student Success Programs (**https://www.kent.edu/success**) and are based on the use of three specific strategies: supporting students transitioning to the university; providing leadership opportunities for current students; and providing academic support, and experiences for 1st-year students.

Goals:

- CPH BSPH freshmen retention rate for underrepresented students (URS) will meet or exceed non-URS students' rates.
- CPH enrollment for URS undergraduate students and graduate students will meet or exceed the percentage for non-URS students.
- At the time of the next University Climate Study, the percentage of students considering leaving the University will decrease to less than 10% for graduate students and less than 15% for undergraduate students. The primary reason for considering leaving will reduce a sense of belonging to less than 30% for a sense of belonging, and less than 20% for a welcoming climate.

3) **List the actions and strategies identified to advance the goals defined in documentation request two and describe the process used to define the actions and strategies. The process may include collection and/or analysis of school-specific data, convening stakeholder discussions and documenting their results, and other appropriate tools and strategies.**

The following strategies have been identified for implementation at the university level in support of Priority 1: Students first:

- Enhance and expand student success programs systemwide to improve retention and graduation rates. This will include revising the First-Year Experience course and implementing a spring Student Success Course for those students placed on academic probation.
- Adopt a student engagement strategy that enhances learning through increased participation in high-impact experiences. This will include a dedicated effort to encourage

underrepresented undergraduates to participate in internships, develop a fund for the underrepresented student to assist with study abroad expenses, and encourage greater participation of women- and minority-owned businesses in the CPH career fairs.

4) **List the actions and strategies identified that create and maintain a culturally competent environment, and describe the process used to develop them. The description addresses curricular requirements, assurance that students are exposed to faculty, staff, preceptors, guest lecturers, and community agencies reflective of the diversity in their communities, and faculty, and student scholarship, and/or community engagement activities.**

All actions and strategies are recommended and evaluated by the College Diversity Committee, with the College Diversity Officer's resource.

There are several actions that the College engages in regularly. The first is a diversity symposium presented every other year, a full-day workshop attended by over 100 students and faculty.

Required and elective coursework are available to all students with a focus on cultural competence. These courses include:

PH 43014 - PUBLIC HEALTH, and MASS INCARCERATION, 3 Credit Hours
This course will examine incarceration using a public health lens. Students will examine the epidemiology of mass incarceration in the U.S., infectious and chronic diseases of those incarcerated, incarceration as a self-sustaining epidemic with generations of imprisonment, access to health care of those behind bars, and on release and the contagion of punishment including collateral damage to children, families, and neighborhoods. The course will conclude with a public health model for ending mass incarceration.
Prerequisite: None.

PH 44000 - HEALTH DISPARITIES, 3 Credit Hours
Understanding the factors involved in health disparities at the national and global levels and the impact of health disparities on public health.
Schedule Type: Lecture
Contact Hours: 3 lecture

SBS 54634 - SOCIAL DETERMINANTS OF HEALTH BEHAVIORS, 3 Credit Hours
Overviews the social determinants of health, and the dynamic interplay between individual behaviors and community structures (systems orientation) including public policy, social, and built environments, commercial messages, access to services, cultural norms, psychosocial hazards, and poverty both as causal effects that either provide opportunity or constraints to health. It also examines systems approaches to preventing public health threats from issues including substance use (alcohol, tobacco, and other drugs), physical inactivity, poor dietary practices, unsafe sexual behaviors, violence, and injury and mental health.
Prerequisite: Graduate standing.
Schedule Type: Lecture

Periodically, the College offers special topics classes related to cultural competence. This fall, the College will offer a course on “Racism as a Public Health Crisis” that will be open to all students at all levels.

5) Provide student and faculty (and staff, if applicable) perceptions of the school's climate regarding diversity and cultural competence.

Below is the data from the 2017 Climate Study for the College of Public Health. There has not been another implementation of the survey since 2017, although the plan is to conduct a University-wide study in the Spring of 2021.

Have you ever seriously considered leaving Kent State? (CPH)		
	Undergraduates	Graduate Students
No	74.2%	87.5%
Yes	25.8%	12.5%

As shown, a considerable percentage of CPH students have considered leaving Kent State. This data is for all students, regardless of status.

Why did you seriously consider leaving Kent State? (mark all that apply) – of those who said “Yes” they have seriously considered leaving, this is the percent who mark the reason listed; includes undergraduates and graduate students given the small sample size of graduate students	
Campus climate was not welcoming	27.08%
Coursework was too difficult	8.33%
Didn't like major	6.25%
Didn't meet the selection criteria for major	0.00%
Financial Reasons	33.33%
Homesick	18.75%
Lack a sense of belonging	52.08%
Lack of support group	22.92%
My marital/relationship status	2.08%
Never intended to graduate from KSU	0.00%
Personal reasons (medical, mental health, family emergencies, etc.)	18.75%
Immigration compliance issues	0.00%
A reason not listed above	20.83%

For all students, of those considering leaving, “a sense of belonging” is the primary reason, followed by financial reasons, the campus climate, and the lack of a support group.

The College Diversity Committee has reviewed this data, and specific responses have included the following action steps:

- The College continues to implement and listen to the College Diversity Committee's advice, including representatives of the faculty, staff, students, and alumni.
- The College works closely with financial aid to make sure there is a sound financial commitment to scholarships for our students' financial need. The College has recently set up a COVID-19 student emergency fund, providing funding for students who have sudden financial needs related to housing, food, or medical expenses.
- The College continues to contribute to the diversity scholarship funds awarded by the University or the College to our underrepresented students. This financial commitment increases every year, and the College advancement efforts have as a priority obtaining external funding for these scholarships.
- The College has appointed a College Diversity Officer who has dedicated time to develop and implement strategies to increase students' sense of belonging, improve the College's climate, and develop activities that increase the support available to our diverse student body.
- The College administration participated in a university-wide administrative retreat followed by an all-faculty retreat on becoming a “Student-Ready College” versus the prior focus on college-ready students. This discussion has prompted changes in our First-Year Experience Course, additional orientation events, increased focus on incoming students' financial support, and the development of emergency funds for existing students.
- The College faculty participate in Diversity Training Workshops presented by the Division of Diversity, Equity, and Inclusion annually.
- The College supports the University efforts, including Autism Initiatives, Lazos (a mentoring program for Latinx/Hispanic students), University Stewards (faculty and staff who serve as informal and neutral resources for students), and the pre-college TRIO Upward Bound project (to provide equality, preparation, and access for populations seeing the college entrance).

6) **Provide quantitative and qualitative data that document the school's approaches, successes, and/or challenges in increasing representation and supporting persistence and ongoing success of the priority population(s) defined in documentation request 1.**

Above, we present the metrics that are considered by the university when examining data related to underrepresented students in the College. As shown, there are a few important considerations:

- The College of Public Health has implemented specific strategies to increase our underrepresented students' freshmen retention rate. Data from the past three years shows that these efforts have resulted in a higher enrollment rate for our underrepresented students by 3-9%. The College, compared to other units, is doing well to address the retention needs of our BSPH students.
- The BSPH rate for our underrepresented students varies by cohort. In the most recent year, it was above the rate for all students.
- Overall, the College of Public Health at Kent State is the most diverse of all other colleges. The overall percentage of underrepresented students at the undergraduate level and graduate level exceeds the university's rate.

Metric	AY 2018	AY 2019	AY 2020
Freshman US retention rate	89%	83%	88%
Freshman Non-US retention rate	80%	75%	84%
BSPH Overall Graduation rate (6 year)	65%	61%	61%
BSPH US Graduation rate (6 year)	65%	54%	65%
BSPH Non - US Graduation rate (6 year)	65%	65%	54%
Undergraduate US Enrollment (CPH/KSU)	24%/15%	24%/16%	24%/16%
% of bachelor's degrees awarded to US students (CPH/KSU)	21%/13%	22%/12%	20%/11%
% of master's degrees awarded to US students (CPH/KSU)	12%/8%	24%/8%	22%/12%
Graduate US Enrollment (CPH/KSU)	21%/9%	20%/11%	24%/8%

7) **If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.**

There are a few strengths. The first is that the College continues to make a reasonable effort at recruiting underrepresented students at all levels to public health majors, far exceeding other colleges at Kent State University. The College curriculum has well-developed courses that address cultural competency. Student services have a dedicated Diversity Officer and a Diversity Committee comprised of faculty, students, and staff. The College has responded proactively to the University Climate Study by dedicating resources to the dedicated staff and programs, especially those related to freshmen retention. These activities have paid off with freshmen diversity rates higher than those for the general freshmen population. Additionally, the University Diversity Action Council has redesigned its structure. Information about this change can be found in *ERF: G1 Diversity and Cultural Competency*.

There are things we can do to address cultural diversity in our College. We have made an effort to recruit diverse members of our external advisory committee. We have increased the number of women and minority-owned organizations in our career fairs. We have a considerable amount of MPH practicum preceptors who are of diverse backgrounds. We offer the diversity symposium, which brings minority professionals to campus to discuss their career paths. It is important to note that we are in a University that takes diversity, equity, and inclusion seriously and dedicates considerable resources to offer a broad spectrum of support services.

Some students still report that they consider leaving the University because they feel unwelcome or do not feel supported. These are issues that need to be addressed at both the undergraduate and graduate levels, and the College continues to take this seriously.

A considerable and admitted weakness is the lack of diversity on the full-time faculty. The College has been hiring freeze for the past three years and has not hired full-time staff in over five years. This financial constraint will only become worse as the impact of the pandemic takes shape. We do make an effort to recruit diverse part-time faculty, although being in a rural Ohio community presents a challenge in itself. More needs to be done to increase the diversity of our faculty.

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H1. Academic Advising

The school provides an accessible and supportive academic advising system for students. Each student has access, from the time of enrollment to advisors who are actively engaged and knowledgeable about the school's curricula and specific courses and programs of study. Qualified faculty and/or staff serve as advisors in monitoring student progress and identifying and supporting those who may experience difficulty in progressing through courses or completing other degree requirements. Orientation, including written guidance, is provided to all entering students.

1) Describe the school's academic advising services. If services differ by degree and/or concentration, a description should be provided for each public health degree offering.

Kent State University follows a decentralized style advising system, whereas professional advisors see students in each of their academic colleges at the undergraduate level Kent Campus. Advisors on the Regional Campuses see students in a variety of programs and are typically generalist advisors. Data on scheduled undergraduate advising is below.

	2017	2018	2019
UG Scheduled Academic Advising Appointments	1657	1674	1595*
*Negatively impacted due to physical distancing orders during the COVID-19 pandemic. All date ranges are from August 1st – July 31st of the reporting year			

The Kent Campus also houses a specific unit (University College) for undergraduate students undecided about their major; these students are called "Exploratory Students." These students experience required career development and guidance courses in their first year of study. They are required by University policy to declare a major upon the completion of 45 hours or have a plan in place to achieve their academic goals if they wish to maintain their exploratory status.

Within the CPH at the undergraduate level, two full-time academic advisors, one part-time academic advisor, and two graduate assistants support the College's advising functions. Additionally, the college employs a success coordinator whose task is to help students with immediate needs and help onboard students through the admissions process.

Caseloads of advisees are managed by programmatic concentration. Kent State recommends a 1:300 advisor-advisee ratio. A matrix is provided below for reference.

Concentrations	Undergraduate Advising Staff	Approximate Load
Allied Health, Community Health Outreach, and Development and Pre-Medicine Concentrations	Full-time Advisor and Diversity Officer	246
Deferred Nursing Students, Adult/Online Students	Full-Time Advisor	271
Health Services Administration and Clinical Trials Research Concentrations	Part-Time Advisor	125
Global Health Concentration and All combined bachelor's master's students	Assistant Dean	56

Graduate students (masters and doctoral) are typically advised by faculty within the college or academic discipline. Within the CPH at the graduate level, 19 faculty members support advising functions in the College. Additionally, the college employs a graduate program assistant coordinator whose task is to help students with immediate needs, help students through the

admissions and graduation processes. Also, there are two student success coordinators employed at EverSpring supporting the online programs.

2) Explain how advisors are selected and oriented to their roles and responsibilities.

Their respective colleges choose faculty advisors for advising roles in specific programs that relate to their disciplines. Kent State University only requires that undergraduate students have professional assigned advisors. Some units may choose to assign faculty advisors to students to explore a discipline elective course choices, program substitutions, etc. The CPH assigns graduate student advisees (MPH, MS, and Ph.D.) to its faculty members. The professional advising staff sees undergraduate students. Graduate students may request a change of advisor through their respective program coordinator.

University Advising conducts all training for advisors at the undergraduate level (faculty or professional), a campus department that oversees advising training and advising related initiatives. Additionally, each advising unit also provides training to its staff. Materials related to training can be found in *ERF: H1 Academic Advising*. All advisors are expected to follow the "Required Advising Guidelines" developed through this department and coordinate with the Academic Advisors Administrative Council. Advising resources available to students can be found at **https://www.kent.edu/advising-testing/advising**. All faculty and professional advisors have access to a SharePoint cloud drive that houses relevant, pertinent material related to advising at Kent State.

The role of faculty as advisors is detailed in the Faculty Handbook. Advisors are expected to meet at least once annually with their advisees (or as often as necessary to make progress) and work with graduate students on progress toward course completion, practicum, or dissertation and certify that a graduate student has met all graduation requirements.

3) Provide a sample of advising materials, and resources, such as student handbooks, and plans of study, that provide additional guidance to students.

Advising materials and resources are utilized through the Graduation Planning System (GPS). All information regarding the GPS can be found at **https://www.kent.edu/gps/plan/gps-audit-, and-plan-information-students?spotsearch=true**.

GPS is a system linked to student progress and allows an advisor and student to monitor graduation progress continuously.

4) Provide data reflecting the level of student satisfaction with academic advising during each of the last three years. Include survey response rates, if applicable.

CPH has monitored student satisfaction with advising on student surveys. Data related to the measurable objectives related to advising for the past two academic years are presented below:

My advisor's performance in her/his advising role:

	BSPH				
	Excellent	**Good**	**Fair**	**Poor**	**Unsure**
2017-2018 (n=176)	60.80%	22.70%	9.70%	4.00%	2.80%
2018-2019 (n=158)	57.60%	27.20%	9.50%	3.80%	1.90%
2019-2020 (n=142)	54.90%	33.80%	5.60%	2.10%	3.50%
	MPH				
	Excellent	**Good**	**Fair**	**Poor**	**Unsure**
2017-2018 (n=79)	50.60%	17.70%	15.00%	11.40%	5.10%
2018-2019 (n=83)	45.80%	33.70%	12.00%	2.40%	6.00%
2019-2020 (n=49)	49.00%	28.60%	12.20%	4.10%	6.10%
	PhD				
	Excellent	**Good**	**Fair**	**Poor**	**Unsure**
2017-2018 (n=7)	N/A	N/A	N/A	N/A	N/A
2018-2019 (n=9)	62.50%	37.50%	0.00%	0.00%	0.00%
2019-2020 (n=3)	0.00%	66.70%	33.30%	0.00%	0.00%
	MS				
	Excellent	**Good**	**Fair**	**Poor**	**Unsure**
2017-2018	N/A	N/A	N/A	N/A	N/A
2018-2019	N/A	N/A	N/A	N/A	N/A
2019-2020 (n=9)	66.70%	33.30%	0.00%	0.00%	0.00%

Qualitative data was collected as part of the exit survey across six semesters spanning academic Years (AY) 2017-2018 and 2018-2019. The procedure for collecting exit surveys resulted in a robust overall response rate: 97.8% in 2017-2018 and 98.9% in 2018-2019.

Thirty-eight students provided a comment about their experience with advisors. 14 (36.8%) were classified as positive, 14 (36.8%) were classified as negative, 3 (7.9%) were classified as lacking, and 7 (18.4%) were classified as mixed:

- *My advisor was beyond helpful, and I couldn't have graduated on time being a transfer student without her help. She was amazing.*
- *Kent State provided a wonderful experience - from the very beginning to enrollment and advisement all the way to the end, is near completion. I am more passionate about public health now than ever before and all of the many issues we face in our country and on a global level. My professors have been incredible, and a wealth of knowledge and support, and my advisor has assisted me every step of the way. I am beyond grateful for the education I have received from Kent State and the passion for public health that it has ignited in me to be a proponent for true change.*

When students had a negative experience with advisors, it was typically because of frequent changes in who served as their advisor, difficulty connecting with them, and misinformation or lack of information, which led to having to seek information elsewhere.

- *I had several different advisers throughout the 2.5 years, so that was kind of challenging.*
- *The poor ratings on advising were due to the fact that during my time at KSU, I never had the same adviser twice. Each semester I had a new adviser who didn't know my name or current road map. I was given incorrect information about pre-requisites and eventually had to get overrides to be scheduled into the correct classes. Due to the lack of advising, I had to seek out a professor in the college who could provide me with the proper advising information. It wasn't until I joined the combined graduate program that I received actual advising.*
- *The pre-medicine concentration, though, does not get the attention it needs or deserves. The advisors are all nice but seem to know little about medicine, medical*

school, and other "requirements" for the future. I am very fortunate to have joined Phi Delta Epsilon, or I would be lost concerning medical school. I wish there was more of a correlation between the colleges, and there needs to be something figured out between the college of public health and the college of arts and sciences regarding the pre-med committee.

5) Describe the orientation processes. If these differ by degree and/or concentration, provide a brief overview of each.

All undergraduate students attend either **Destination Kent State** (for new first time enrollees) or **Transfer Kent** State (for students who have to attend). These programs are centralized programs run out of the Office of Student Success Programs. Each of these programs provides students with general information regarding Kent State University. During these programs, ' students meet with an academic advisor to plan for the upcoming semester, review test scores and plan and discuss career goals.

New graduate students attend a new student orientation in the fall that is developed by the CPH. Additionally, students meet with their assigned faculty advisors either during orientation or before plan for the upcoming semester, review test scores and plan, and discuss career goals. There is a detailed orientation for online students covering Blackboard and training on using the systems and IT needs. This can be located at:

https://www.kent.edu/graduatestudies/gso-general-presentations
https://www.kent.edu/graduatestudies/gso-session-abstracts

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

Advising at Kent State is a thoughtful and dedicated process that is required at all levels. Professional advising staff is at a minimum master's level trained professionals who participate in a highly structured and supported process that includes continual access to training. Faculty are expected to perform advising, and these activities are required, with documentation, for retention, promotion, and tenure.

Given the COVID-19 pandemic, many orientation processes have moved to a virtual platform. The College of Public Health has been working with students via phone or video conferencing in Microsoft Teams to support students' needs. Thus, advising will be monitored very closely, and we will survey students at the end of the fall semester.

H2. Career Advising

The school provides accessible and supportive career advising services for students. Each student, including those who may be currently employed, has access to qualified faculty and/or staff who are actively engaged, knowledgeable about the workforce, and sensitive to their professional development needs, and can provide appropriate career placement advice. Career advising services may take various forms, including but not limited to individualized consultations, resume workshops, mock interviews, career fairs, professional panels, networking events, employer presentations, and online job databases.

The school provides such resources for both currently enrolled students and alumni. The school may accomplish this through a variety of formal or informal mechanisms, including connecting graduates with professional associations, making faculty, and other alumni available for networking, and advice, etc.

1) **Describe the school's career advising and services. If services differ by degree and/or concentration, a brief description should be provided for each. Include an explanation of efforts to tailor services to meet students' specific needs.**

CPH offers a full menu of career advising services to its students. Faculty and staff serve as a critical resource for career advising for graduate students. All CPH undergraduate and graduate students have access to the University's Career Exploration and Development Center (**https://www.kent.edu/career**), which assigns a staff career counselor to CPH. Career Exploration and Development offers these services, among many others:

- resume writing
- practice interviewing
- networking using social media
- locating internships, co-ops, part-time, and professional work experiences
- job searches

The career counselor assigned to CPH maintains an office in Moulton Hall and is available to meet with students remotely. Faculty, career counselors, staff, and Public Health Ambassadors use CPH listservs, and social media distribute information about internship and practicum opportunities and job openings to students. Job notices are also posted on physical bulletin boards throughout the College.

Career development is also incorporated into the undergraduate curriculum itself. Undergraduate students in the health services administration concentration are required to take a three one-credit Professional Practice course series in which they:

- complete a self-assessment of their job interests, and skills using Career Exploration, and Development's Focus 2 assessment tool
- create a resume
- write a cover letter for a job application
- introduce themselves to a prospective mentor with a 30-second "elevator speech."
- create a LinkedIn account and profile
- develop an ePortfolio to highlight their academic and professional accomplishments
- prepare for job shadowing and internships
- become familiar with job search tools and websites
- meet with one or more of the Public Health Ambassadors
- propose a personal and professional development plan that they update, and revise throughout their degree program

2) Explain how individuals providing career advising are selected and oriented to their roles and responsibilities.

In addition to the professional career counselor assigned to CPH by Career Exploration, and Development, CPH has engaged three retired public health and health care executives with many years of regional, statewide, national, and global health experience to serve as Public Health Ambassadors. These individuals have served as mentors for many of today's public health leaders and draw upon their extensive professional contacts to help students seek advice on career paths, job shadowing, internship and employment opportunities, and practicum placements. The Public Health Ambassadors also organize an annual Public Health Career Day that brings students together with many potential employers from northeast Ohio and throughout the state.

3) Provide three examples from the last three years of career advising services provided to students and one example of career advising provided to an alumnus/a. For each category, indicate the number of individuals participating.

Annual Career Fair (current students and alumni)
As noted above, each year, CPH hosts a Public Health Career Day that brings more than 100 students and alumni face-to-face with potential employers in northeast Ohio and throughout the state. The Public Health Career Day was held as part of Careers in Health and Wellness Week during the fall 2019 semester (October 21-25, 2019) with 35 potential employers, and has previously been held on April 4, 2019; and March 9, 2018. Students who attend the Career Fair also receive **FlashPerks** through the Center for Student Involvement.

Virtual Career Drop-in Sessions (current students and alumni)
In the wake of the COVID-19 pandemic, the Career Ambassadors responded to students' changing needs. Between March 25, 2019, and May 7, 2020, the Career Ambassadors held topical sessions on specific career topics. Students were able to phone in and also engage with the Ambassadors and their peers. Due to the success of this program, summer virtual career drop-in times have been planned. The most recent June 24, 2020, the session highlighted the following topics:

- "*Opportunities for service during the Covid-19 pandemic.*"
  Joanne Pearsol, Deputy Director, Ohio Department of Health
  Ms. Pearsol provided an overview of volunteer and paid opportunities to assist local health departments and other community organizations with case contact tracing and public health education during the pandemic.
- "*An update from the Dean" - College of Public Health*
  Dean Sonia Alemagno answered students' questions about the College's plan for our return in the fall.
- *Q & A with College of Public Health Ambassadors William Franks, Robert Howard, and Matthew Stefanak about internship/practicum/job opportunities*

Scheduled Appointments
Weekly, the Career Ambassadors, engage with students through formally scheduled appointments. Below are the number of scheduled appointments that the ambassadors engaged in. It is critical to note that some conversations with the Career Ambassadors occur outside formally scheduled appointments (i.e., drop-ins, emails, class visits, etc.).

	2017	2018	2019*
Scheduled Ambassador Appointments	171	137	85
*negatively impacted due to physical distancing orders during the COVID-19 p, andemic. All date ranges are from August 1st – July 31st of the reporting year			

Following the closure of campus in March 2020 due to the Covid-19 outbreak, the Public Health Ambassadors began offering weekly virtual career advising drop-in sessions via Microsoft Teams for students and alumni. Since March, an average of 3-4 students and alumni have "dropped in" to these weekly sessions to hear updates from the Dean, degree program coordinators, and Public Health Ambassadors. Several May 2020 graduates were drawn to these sessions seeking guidance on short term employment in support of the Covid-19 response, and the Public Health Ambassadors have successfully connected 12 students and alumni with state and local health departments to serve as Covid-19 contact tracers. The Public Health Ambassadors intend to continue offering these drop-in sessions monthly through summer 2020.

4) Provide data reflecting the level of student satisfaction with career advising during each of the last three years. Include survey response rates, if applicable.

The ability of the Ambassador to assist with career preparation (Resume, Cover Letter, etc.)

	BSPH				
	Excellent	**Good**	**Fair**	**Poor**	**Unsure**
2017-2018 (n=60)	26.70%	35.00%	8.30%	6.70%	23.30%
2018-2019 (n=55)	27.30%	38.20%	14.50%	10.90%	9.10%
2019-2020 (n=52)	38.50%	32.70%	15.40%	3.80%	9.60%
	MPH				
	Excellent	**Good**	**Fair**	**Poor**	**Unsure**
2017-2018 (n=79)	14.30%	50.00%	21.40%	0.00%	14.30%
2018-2019 (n=12)	4.70%	4.70%	1.20%	1.20%	2.40%
2019-2020 (n=49)	20.00%	20.00%	20.00%	20.00%	20.00%
	PhD				
	Excellent	**Good**	**Fair**	**Poor**	**Unsure**
2017-2018 (n=7)	71.40%	28.60%	0.00%	0.00%	0.00%
2018-2019 (n=2)	0.00%	50.00%	0.00%	0.00%	50.00%
2019-2020 (n=5)	N/A	N/A	N/A	N/A	N/A

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

CPH provides an extensive array of career advising services to its students and alumni. Distance and residential students can take advantage of the guidance and support that the faculty, Career Exploration, and Development and the Public Health Ambassadors can provide in-person and remotely. The Public Health Ambassadors have been instrumental in linking students and graduates with volunteer and paid opportunities in state and local health departments to assist with contact tracing and risk communications during the Covid-19 pandemic.

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H3. Student Complaint Procedures

The school enforces a set of policies and procedures that govern formal student complaints/grievances. Such procedures are clearly articulated and communicated to students. Depending on the nature and level of each complaint, students are encouraged to voice their concerns to school officials or other appropriate personnel. Designated administrators are charged with reviewing and resolving formal complaints. All complaints are processed through appropriate channels.

1) Describe the procedures by which students may communicate any formal complaints and/or grievances to school officials and about how these procedures are publicized.

The student grievance policy at Kent State University is described in *University Policy 4-02.3*:

https://www.kent.edu/policyreg/administrative-policy-, and-procedure-student-academic-complaints

The student grievance policy is available to all students. It is a process that is initiated by a student in writing, followed by an informal attempt to resolve the issue. In cases where informal resolution is not achieved, the student can proceed with a formal complaint.

Students may contact the Dean or Associate Dean in the College by appointment or writing to discuss the issue. In cases where an informal resolution is not achieved, the College has a formal process that includes the Dean and College Advisory Committee appointing a student academic complaint committee. The Student Academic Complaint Committee (SACC) comprises three (3) Full-Time Faculty members appointed by the CAC. If there are full-time non-tenure-track faculty within the College who are interested in serving the SACC, then at least one (1) full-time non-tenure-track faculty may serve the SACC. Additionally, one graduate student and one undergraduate student will be identified by the CAC to serve on the SACC. The graduate student will serve on the committee for cases involving graduate student complaints, and the undergraduate for cases involving undergraduates. The majority of the SACC must be TT faculty. The CAC shall appoint the Chair of the SACC. This committee and the process for its composition are governed by *University Policy 3342-4-02.3*. If a member of the SACC is the subject of, or may otherwise be involved with, a student complaint, the CAC will select a replacement.

There have been no formal student academic complaints in the College of Public Health in the past three years. Each year, there have 2-4 grade complaints, all of which were resolved at the informal resolution level and never were filed as a formal grievance. Therefore, the SACC has not met in three years.

2) Briefly summarize the steps for how a complaint or grievance filed through official university processes progresses. Include information on all levels of review/appeal.

Students contact the Dean or Associate Dean and meet in person or submit an informal written complaint. The Associate Dean attempts to resolve the issue by meeting with the student and the faculty member individually or together if the student prefers that. In almost all cases, the issue is resolved informally. If the informal process fails, the student must file a written grievance according to *University Policy 3342-4-02.3*. The policy requires the student to detail the issue and to propose a resolution.

The student's written complaint should include the nature of the complaint, the facts, and circumstances leading to the complaint, reasons supporting the complaint, and the requested remedy or remedies. Upon receipt of the complaint, it shall be referred to the student academic complaint committee for consideration. The committee shall thoroughly examine and evaluate the written allegation and response, including any supporting documentation submitted by the appellant or respondent. The complainant and the respondent will be invited to appear before the

committee. The committee may also invite testimony from any other persons who may assist in examining and evaluating the complaint in the committee's judgment. After completing its review and examination and following appropriate deliberation, the committee shall forward the department chairperson a written recommendation, which becomes part of the record. If the student is not satisfied with the matter, an appeal can be filed at the university level with the University Ombuds Office. The Ombuds Office will meet with the Dean, and a final determination will be made.

3) List any formal complaints and/or student grievances submitted in the last three years. Briefly describe the general nature or content of each complaint and the current status or progress toward resolution.

There have been no complaints or student grievances in the CPH in the past three years, except for grade grievances that were all resolved at the information resolution stage.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

The student complaint process is mandated by a highly structured University policy, which states that there can be no retaliation against students who file a complaint. The process requires an attempt at an informal resolution, and this almost always resolved the issue. The Student Academic Committee must include student representation. The process requires a timely resolution.

No weaknesses to the student grievance process are noted.

H4. Student Recruitment, and Admissions

The school implements student recruitment and admissions policies and procedures designed to locate and select qualified individuals capable of taking advantage of the school's various learning activities, which will enable each of them to develop competence for a career in public health.

1) **Describe the school's recruitment activities. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each.**

Student recruitment is conducted throughout the College by professional staff, advisors, and faculty. This is not assigned to any particular committee but is discussed within the CAC. Resources for student recruitment are approved within the annual budget.

Our recruitment efforts for the BSPH target exploratory students on campus (those without a major) represent a high number of URS students. Our recruitment efforts at the MPH level are marketed to community agencies with a mission to address health disparities. These efforts have resulted in extraordinary success for a new college related to our students' diversity objectives.

CPH adheres to Kent State University policies regarding recruitment. Refer to *Policy Register 6-02.A Recruitment for Academic Programs* at **http://www2.kent.edu/policyreg/policydetails.cfm?customel_datapageid_1976529=2038391**

CPH also follows Kent State University Communication, and Marketing style, and brand guidelines at **http://www2.kent.edu/ucm/marketingguide/style/index.cfm**.

In general, recruitment for undergraduate students is the responsibility of the Kent State University Admissions Office (see http://www.kent.edu/admissions/undergraduate). The CPH participates in Undergraduate Admissions events, marketing campaigns, and communication plans.

Recruitment of graduate students is a coordinated effort between the CPH and the University's Division of Graduate Studies (**http://www2.kent.edu/graduatestudies/index.cfm**). The CPH manages its external event participation, marketing campaigns, and some communication plans. Recruitment collaboration with Graduate Studies occurs through the McNairs Scholars office and CollegeNet CRM (contact relationship management system). We have met with SOPHAS and are currently exploring ways to incorporate SOPHAS. This, however, requires significant Banner program alignment.

2) **Provide a statement of admissions policies and procedures. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each.**

CPH adheres to Kent State University graduate and undergraduate admissions policies and procedures. Details can be found in the 2020 -2021 **University Catalog** for **Undergraduate** admissions and **Graduate** admissions.

BSPH Admission Requirements

General Admission for New Freshman is selective, and admission is closed each year when target capacity has been reached. Students most likely to be admitted and succeed at the Kent Campus are those who have graduated with at least 16 units of the recommended college preparatory curriculum in high school, who have achieved a cumulative high school grade point average of 2.5 or higher (on a 4.0 scale) and whose composite ACT score is 21 or better (980 combined critical reading, and math SAT score). There is open enrollment on the regional campuses. For more information on new freshmen admissions, visit the **admissions website for new freshmen**.

General Admission for Transfer Students is selective, and applications are accepted on a rolling basis. Generally, a transfer applicant who has taken 12 or more semester hours with a college cumulative GPA of at least 2.0 on a 4.0 scale may be admitted. An applicant who has taken fewer than 12 semester hours will be evaluated on collegiate and high school records. For more transfer information, student admissions **visit the admissions website for transfer students**.

MPH, and MS Admission Requirements

The CPH MPH and MS programs have a rolling admission process and admit students in Fall, Spring, and Summer. Applicants must have an earned bachelor's degree from a regionally accredited college/university with a minimum undergraduate GPA of 3.0. Applicants will provide an official transcript(s), a goal statement, three letters of recommendation, TOEFL score (if applicable), and an acceptable GRE score or other standardized graduate-level admission exams (GMAT, MCAT, LSAT, PCAT, or MAT). Standardized test requirements may be waived, in rare circumstances, where an applicant has extensive practice experience, as determined by department chairs. For more information on graduate study options and admissions, visit the **Graduate Admissions** page.

Admission to the MPH and MS degree programs is the decision of the appropriate academic chair based on the MPH and MS admission requirements.

Ph.D. Admission Requirements

The CPH Ph.D. program has rolling admission; however, applicants wanting funding assistantships must apply by February 1 before the Fall semester in which they are admitted and want to fund. Applicants must have an earned master's degree from an accredited college/university in a related discipline with a minimum graduate GPA of 3.0, acceptable GRE score, or other standardized graduate-level admission exams with a quantitative component (GMAT, MCAT, LSAT, PCAT, or MAT), a personal statement, and a resume, three letters of recommendation, a TOEFL score (if applicable) and participate in a required interview with faculty. The standardized test requirement may be waived, as determined by the academic department faculty.

Admission to the Ph.D. degree programs is based on the recommendation of the doctoral admissions committee in each academic department. Faculty on these committees review the Ph.D. admission application and interview with each candidate.

For more information on graduate study options and admissions, visit the Graduate Admissions page.

3) **Select at least one of the measures that are meaningful to the school and demonstrates its success in enrolling a qualified student body. Provide a target and data from the last three years in the format of Template H4-1. In addition to at least one from the list, the school may add measures that are significant to its own mission and context.**

Outcome Measures for Recruitment and Admissions BSPH				
Outcome Measure	**Target**	**2017-2018**	**2018-2019**	**2019-2020**
H.S. GPA	2.75	3.39	3.2	3.24
ACT Composite	21	21.34	20.2	20.15
SAT Composite	1060	980	1027	N/A

Outcome Measures for Recruitment and Admissions MPH, MS, PhD												
Outcome Measure	**Target**	**Degree**	**Year 1: 2017-2018**			**Year 2: 2018-2019**			**Year 3: 2019-2020**			
Application Criteria	UG GPA 3.0	MPH	3.25			3.26			3.26			
		MS	N/A			3.28			3.27			
		PhD	3.15			3.2			3.49			
	GRE 50th Percentile		Avg. Quant	Avg. Verbal	Avg. Writing	Avg. Quant	Avg. Verbal	Avg. Writing	Avg. Quant	Avg. Verbal	Avg. Writing	
		MPH	34.46	35.00	43.50	36.21	41.27	35.58	32.49	40.09	35.36	
		MS	N/A			42.17	43.50	36.67	38.25	47.75	56.56	
		PhD	46.83	49.75	38.46	49.58	63.25	49.50	53.29	39.43	43.29	
	Minimum 79 TOEFL IBT - Internet-based version	MPH	94.57			95.61			94.38			
		MS	N/A			N/A			98.5			
		PhD	N/A			N/A			90.5			

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area.

The BSPH, MPH, and Ph.D. admission process have worked well for CPH. There have been no grievances related to admission decisions.

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H5. Publication of Educational Offerings

Catalogs and bulletins used by the school to describe its educational offerings must be publicly available and must accurately describe its academic calendar, admissions policies, grading policies, academic integrity standards, and degree completion requirements. Advertising, promotional materials, recruitment literature, and other supporting material, in whatever medium it is presented, must contain accurate information.

1) **Provide direct links to information and descriptions of all degree schools and concentrations in the unit of accreditation. The information must describe the following: academic calendar, admissions policies, grading policies, academic integrity standards, and degree completion requirements.**

   All Degrees in the unit of accreditation: **http://catalog.kent.edu/colleges/ph/**

   Grading Policies, and Procedures: **http://catalog.kent.edu/academic-policies/grading-policies-procedures/**

   Student Responsibilities: **http://catalog.kent.edu/academic-policies/student-responsibilities/**

   Policy Register: **https://www.kent.edu/policyreg**

   Academic Calendar: **https://www.kent.edu/calendars**