

K-State MPH Faculty Advisory Council Meeting
Location: Trotter Hall 101-I (Dean's Conference Room)
May 13 at 10:30 AM
Minutes

Ct	Committee Member	Emphasis/Role	In Attendance
1	Ellyn Mulcahy	MPH Director	X
	Stevenson, Barta	MPH Staff	
	Heather Poole	MPH Student	Finals
	Katie Kimmel	MPH Student	Finals
2	Hsu, Wei Wen	Core Instructor	X
3	Larson, Robert	Core Instructor	X
4	Nguyen, Annelise	Core Instructor	X
5	Gragg, Sara	FSB	X
6	Kastner, Justin	FSB	Mulcahy Proxy
7	Nutsch, Abbey	FSB	Emergency
8	Adams Paige	IDZ	X
9	Cernicchiaro, Natalia	IDZ	X
10	KuKanich, Kate	IDZ	X
11	Hanson, Jennifer	Core Instructor + PHN	X
12	Rosenkranz, Ric	PHN	X
13	Rosenkranz, Sara	PHN	X
14	Besenyi, Gina	PHPA	X
15	Mailey, Emily	PHPA	X
16	McElroy, Mary	Core Instructor + PHPA	X

Dr. Mulcahy called the meeting to order at 10:30 AM. There was a quorum present.

1. Minutes from March 18, 2019 were approved and will be posted.

2. Items Discussed:

If you have not voted for the faculty application of Dr. Susan Rensing, please do so.

PHPA gave a brief report on the undergraduate program in Public Health that they are working on. The plan is to have it in place for Fall 2020 enrollment.

Ms. Stevenson asked if they knew of any students planning on defending this summer (other than the ones we already know about). The following students were identified:

- Katie Kimmel
- Jessica Milholm
- Amanda Todavchick

Dr. Mulcahy reviewed the CEPH site visit and comments we have received. The remainder of the meeting focused on addressing the items from the CEPH report for which we need a response.

The remainder on the meeting was spent on organizing our to the CEPH report. We must email it on or before July 5. Our plan is to have it completed by June 28 for review. Requirement is to provide one electronic copy, plus any pertinent documents.

CEPH INSTRUCTIONS

1. This is the team's draft report based on the self-study and site visit. All of the text boxes are locked with the exception of the "School/program response" column.
2. Provide any substantive response to the team's findings in this column. While responses are not required for every criterion, you are encouraged to respond to non-compliant findings (i.e., partially met and not met).
3. Reference any supporting materials in your response in the applicable criterion, and include these materials as attachments to the email you will send to CEPH with your final response submission.

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4. Factual corrections should not be submitted in this document; submit a separate document that lists any factual errors and provides corrections.
5. Submit your response to the team's draft report and supporting materials to submissions@ceph.org by the response deadline (communicated to you when you receive the draft report).
6. The Council will review the team's evidence, the program response, the final self-study, and supporting materials to make a final decision on each compliance finding. If applicable, the Council will provide its response in the last column of this report template.

Yellow items, "met with commentary." We do not have to address these. Leave as stand or make comment? These may be moved up to "Met."

B1. Guiding Statements

Criterion Elements		Team's Evidence for Compliance Finding
Guiding statements reflect aspirations & respond to needs of intended service area(s)		The <u>commentary</u> relates to the generic nature of the program's guiding statements. The mission and goals do not reflect the unique structure or emphasis areas of the interdisciplinary program. Greater specificity would more accurately reflect the program's offerings, expertise, and aspirations
Guiding statements sufficiently specific to rationally allocate resources & guide evaluation of outcomes		

Comment(s): The FAC discussed the guiding statements, and followed up from discussions in Spring 2019 meetings where it was decided that the FAC will devote time in AY 2020 to further exploration of the guiding statements. The FAC will work on the guiding statements with our students and stakeholders to further elaborate and incorporate the CEPH commentary.

B4. Alumni Perceptions of Curricular Effectiveness

Criterion Elements		Team's Evidence for Compliance Finding
Defines qualitative &/or quantitative methods designed to provide meaningful, useful information on alumni perceptions		<p>The program surveys students at graduation through an exit survey and one year after graduation through an alumni survey. The surveys collect both quantitative and qualitative data. The program reports a response rate of 78%, 63%, and 83% on the graduate exit survey for years 2015, 2016, and 2017, respectively, and response rates of 32%, 48%, and 47% on the alumni survey for the same respective years.</p> <p>There is <u>no evidence of the program using other methods to bolster the response rates</u>, nor is there <u>evidence of the program evaluating current methods to ensure usefulness</u>. While the program reports response rates between 30% and 48%, there is <u>no evidence that these data methods are evaluated or discussed at the program level</u>. There may be opportunities to use additional methods to bolster the data gathered through the surveys. When asked during the site visit, faculty members only noted the use of surveys and the potential to use personal connections to gather information on how to get alumni to respond to surveys. Faculty noted personal relationships with some alumni; however, they said that they do not use these relationships to gather information about perceptions or information about the program.</p>
Documents & regularly examines its methodology & outcomes to ensure useful data		

Comment(s): The FAC discussed B4 commentary (see B4 below)

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B6. Use of Evaluation Data

Criterion Elements		Team's Evidence for Compliance Finding
Engages in regular, substantive review of all evaluation findings, including strategic discussions.		According to the self-study, the program engages in regular, substantive review of all evaluation findings, with active and ongoing review by the Faculty Advisory Committee, the Community Advisory Board, and students. The self-study provides several examples of how student feedback has been transformed into programmatic changes, including 1) the addition of an annual orientation meeting each November to prepare students for the culminating experience, 2) preparing a list of public health agency placement sites where other MPH students have gone, and 3) inviting agency preceptors to meet with students to discuss how to prepare for a culminating experience at their locations.

Comment(s): The FAC discussed B6 commentary (see below)

E3. Faculty Instructional Effectiveness

Criterion Elements		Team's Evidence for Compliance Finding
Supports professional development & advancement in instructional effectiveness for all faculty		The commentary relates to the <u>limited usefulness of the data collected</u> for the second (i.e., student satisfaction with instructional quality) and third (i.e., integration of technology to enhance student learning) indicators. For Indicator 2, course evaluation collection methods are scarce (over the last three years, only 31 surveys have been sent, with 25 responses), which means that the available data may not be representative of the overall quality of instructional technique. For Indicator 3, the data would be more robust if students were also asked about their perceptions of the various techniques identified by faculty.

Comment(s): The FAC discussed E3 commentary. This will be discussed again in the June 2019 meeting.

F3. Assessment of the Community's Professional Development Needs

Criterion Elements		Team's Evidence for Compliance Finding
Periodically assesses the professional development needs of individuals in priority community or communities		The commentary relates to the <u>opportunity for the program to create a more systematic way to assess the needs of the current workforce</u> . The program's <u>reliance on an individual faculty member's community participation may not be a sustainable</u> , long-term approach.

Comment(s): The FAC discussed F3 commentary. PHN suggested to use the FNDH external advisory board to gather information about needs of the current workforce from that perspective. This is also a potential for the Kinesiology advisory board. These sources of workforce needs will be explored in Fall 2019. Dr. McElroy indicated to add details collected as part of the undergraduate PH degree task force by Dr. Mulcahy and Dr. Elaine Johnannes (Extension specialist and MPH faculty) in Spring 2019.

Red items, "partially met," we must address these items.

B4. Alumni Perceptions of Curricular Effectiveness

Criterion Elements		Team's Evidence for Compliance Finding
Data address alumni perceptions of success in achieving competencies		There is no evidence of the program using other methods to bolster the response rates, nor is there evidence of the program evaluating current methods to ensure usefulness. While the program reports response rates between 30% and 48%, there is no evidence that these data methods are evaluated or discussed at the program level. There may be opportunities to use additional methods to bolster the data gathered through the surveys. When asked during the site visit, faculty members only noted the use of surveys and the potential to use personal connections to gather information on how to get
Data address alumni perceptions of usefulness of defined competencies in post-graduation placements		

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	<p>alumni to respond to surveys. Faculty noted personal relationships with some alumni; however, they said that they do not use these relationships to gather information about perceptions or information about the program.</p> <p><u>The concern relates to the need to more regularly examine methods used to gather information from alumni to provide useful and meaningful data, as well as to reduce the number of unknowns.</u></p> <p>Students and alumni are asked if they understood the connection between expected competencies and course requirements, if they are employed in public health, if the program overall prepared them for employment. While graduating students and alumni reported positive answers to these questions, <u>the program has not gathered information on alumni perceptions of success in achieving defined competencies and the ability to apply these competencies after graduation. The program has revised the survey to include more specific questions about the attainment of competencies for the graduating class of 2019.</u></p> <p><u>Given that the survey does not yet gather information on student success in achieving competencies and abilities to use competencies in the workforce, reviewers do not have data to present.</u></p>
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Comment(s): The FAC discussed B4 concerns. Include Exit interviews (scheduled for May this semester) and exit survey from Spring 2019, this is current data with new competency questions included. Include other methods in repose that we have been using – alumni database, collecting data upon graduation, using Linked In.

Question - Can we text alumni survey from Qualtrics? We will find this out and use as an approach to increase survey response. To increase response rates, for alumni that do not respond, faculty will reach out to (call) alumni they advised if they do not respond to the efforts by the MPH office to have them fill out a survey 1 year after they graduate. The MPH program office will manage this and work with faculty to plan phone calls.

B6. Use of Evaluation Data

Criterion Elements	Team's Evidence for Compliance Finding
<p>Translates evaluation findings into programmatic plans & changes. Provides specific examples of changes based on evaluation findings (including those in B2-B5, E3-E5, F1, G1, H1-H2, etc.)</p>	<p>According to the self-study, the program engages in regular, substantive review of all evaluation findings, with active and ongoing review by the Faculty Advisory Committee, the Community Advisory Board, and students. The self-study provides several examples of how student feedback has been transformed into programmatic changes, including 1) the addition of an annual orientation meeting each November to prepare students for the culminating experience, 2) preparing a list of public health agency placement sites where other MPH students have gone, and 3) inviting agency preceptors to meet with students to discuss how to prepare for a culminating experience at their locations.</p> <p><u>The concern pertains to the lack of a formal, systematic, and regular review of all evaluation findings with subsequent strategic discussions.</u> While several good examples were provided for this section, they all focused on the use of student feedback from the exit survey to make programmatic improvements. The team was unable to identify how <u>other forms of evaluation data from different stakeholders, such as faculty, alumni, and preceptors</u>, has been identified in systematic reviews and/or used for strategic planning purposes to implement programmatic improvements. The team was unable to obtain further examples of changes based on findings from the other constituents during on-site interview sessions.</p>

Comment(s): The FAC discussed B6 concerns. Review results in a dedicated meeting from all surveys collected every January, starting January 2020 – MPH FAC/faculty will meet in a retreat to meet specifically once per year to review all survey data, review of all evaluation findings with strategic discussions for ongoing process monitoring and progress.

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The FAC discussed examples and changes resulting from feedback from stakeholders, such as faculty, preceptors, etc. include:

- Templates for APE and ILE at request of faculty.
- Curriculum reviews by faculty, with feedback on courses. Add this into this section also.
- Improved checklist to help advising, request from faculty.
- Faculty organized by MPH emphasis on website and handout for students – request from faculty.
- Stakeholder feedback – more epi and stats electives from state public health agencies.
- Preceptor feedback – require preceptor to receive and OK (if necessary) ILE report.

D2. MPH Foundational Competencies

Criterion Elements	Team's Evidence for Compliance Finding
Assesses all MPH students, at least once, on their abilities to demonstrate each foundational competency (see worksheet for detail)	<p>The program uses five core courses to address the 22 foundational competencies. These courses focus on biostatistics, environmental health, epidemiology, administration of health care, and social and behavioral bases of public health. Every student in the program, regardless of emphasis area, completes these courses.</p> <p>The first concern relates to the <u>lack of didactic coverage for foundational competencies 17, 18, 21, and 22</u>. For example, for competency 17, there is no evidence of instruction related to negotiation and mediation skills. Site visitors could not validate that students learn the principles and underlying frameworks of these competencies before they are expected to demonstrate these skills.</p> <p>The second concern relates to <u>the lack of appropriate assessment methods for foundational competencies 17, 18, 21, and 22</u>. For example, for foundational competency 18, students are not required to <u>select</u> methods to communicate to different audiences and sectors; rather, students are given two methods to communicate to distinct audiences. During the site visit, faculty noted difficulty in achieving and mapping the communication-focused competencies and agreed that there are weaknesses among these competencies. For example, faculty acknowledged that students are not asked to <u>select</u> methods to communicate to audiences.</p> <p>The D2 worksheet provides a summary of reviewers' findings.</p> <p>Students who met with site visitors were aware of the competencies and the requirement of competency attainment; however, when asked about assessment methods, students cited numerous rigorous assessment methods in non-required courses as opposed to core and emphasis area courses.</p>

D2 Worksheet

MPH Foundational Competencies	Yes/CNV
17. Apply negotiation & mediation skills to address organizational or community challenges	CNV
18. Select communication strategies for different audiences & sectors	CNV
21. Perform effectively on interprofessional teams	CNV
22. Apply systems thinking tools to a public health issue	CNV

Comment(s): The FAC discussed D2 concerns. After a lengthy discussion, #17 didactic content needs to be in one of the core courses. On item #18, IDZ and FSB are already working on updating assessment, PHN and PHPA will add more assessment details for #18. For # 21 and 22, Dr. Mulcahy agreed to call CEPH for more details regarding the types of assessment.

D4. MPH & DrPH Concentration Competencies

Criterion Elements	Team's Evidence for Compliance Finding
Defines at least five distinct competencies for each concentration or generalist degree in MPH & DrPH.	For each of the four program concentrations identified in the instructional matrix in the Introduction of this report, the program has written five competency statements.

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Competencies articulate an appropriate depth or enhancement beyond foundational competencies		Faculty in the respective concentration areas develop the concentration competencies and then representatives from the respective areas bring the proposed competencies to the Faculty Advisory Council meetings and the faculty as a whole vote on the competencies. Based on conversations with faculty, many of the assessment methods that are measurable are quizzes and exams. Faculty asserted that they assess students using in-depth class discussions but that these assessments are difficult to quantify for the purposes of the self-study. Faculty also noted that the exams and quizzes were the easiest method to record in the templates to show how students are assessed.
Assesses all students at least once on their ability to demonstrate each concentration competency		<p>The first concern relates to <u>competencies that are not written at an appropriate level for master's-level coursework</u>, such as public health nutrition competencies 1 and 3, and physical activity competencies 1 and 5. For example, for public health physical activity, competency 1 states, "examine and evaluate evidence-based knowledge of the relationship between physical activity and population health." Site visitors determined that <u>this concept is too low level</u> for what is typically expected at the master's level.</p> <p>The second concern relates to the <u>lack of appropriate assessments</u> for a number of concentration competencies, such as food safety and biosecurity competencies 2 and 4 and public health nutrition competencies 1, 2, 3, and 4. Many concentration competencies are assessed through multiple choice, matching, true/false, or fill-in-the-blank quiz and exam questions. For example, for the food safety and biosecurity competencies 2 and 4, the assessment methods are multiple choice, matching, or true/false questions on exams and quizzes. Additionally, faculty noted that they must use multiple choice questions as a way to build student understanding of topic areas. These assessment methods are not indicative of master's-level assessment methods, nor are they true assessments of the students' ability to demonstrate the competency statements.</p> <p>The D4 worksheet provides a summary of reviewers' findings.</p>

D4 Worksheet (CVN = could not validate)

MPH Food Safety and Biosecurity Concentration Competencies	Acceptable as written? Yes/No	Taught and assessed? Yes/CNV
1. Evaluate solutions appropriate for different food safety, biosecurity, and defense issues in the food production continuum.	Yes	Yes
2. Examine specific threats to the food system and scientifically investigate how each can be prevented, controlled and/or mitigated in the food production system.	Yes	CNV
3. Differentiate key US food safety regulatory bodies and their unique legislative authorities, missions, and jurisdictions.	Yes	Yes
4. Analyze and distinguish how food safety and governmental biosecurity policies, globalization, and international trade cooperation influence public health.	Yes	CNV
5. Contrast the food safety/biosecurity technical needs of different stakeholders and make judgements as to the appropriate methods of collaboration.	Yes	Yes

MPH Infectious Diseases and Zoonoses Concentration Competencies ... All items met with "yes."

Public Health Nutrition Concentration Competencies	Acceptable as written? Yes/No	Taught and assessed? Yes/CNV
1. Examine the acquisition of public health nutrition knowledge and skills, evaluate how to select information efficiently and effectively for public health practice.	No	CNV
2. Examine chronic disease surveillance, policy, program planning, and evaluation, and program management in the context of public health nutrition.	Yes	CNV
3. Develop and examine the administration of population-based food, nutrition and health services.	No	CNV
4. Examine epidemiological concepts of human nutrition in order to improve population health and reduce disease risk.	Yes	CNV

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5. Critique nutritional epidemiological research design methods.	No	Yes
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Public Health Physical Activity Concentration Competencies	Acceptable as written? Yes/No	Taught and assessed? Yes/CNV
1. Examine and evaluate evidence-based knowledge of the relationship between physical activity and population health.	No	Yes
2. Investigate social, behavioral, and environmental factors that contribute to participation in physical activity.	Yes	Yes
3. Examine and select social and behavioral theories and frameworks for physical activity programs in community settings.	Yes	Yes
4. Develop and evaluate physical activity interventions in diverse community settings.	Yes	Yes
5. Support public health officials and other community partners in the promotion of physical activity with evidence-based practices.	No	Yes

Comment(s): The FAC discussed D4 concerns. After discussing the comments made concerning the competencies it was determined, that Dr. Mulcahy needed to call CEPH to get clarification. Is the problem with the competencies content or how it is described (not enough Bloom's taxonomy verbs). FSB are already working on updating assessments for #2 and #4.

Note: Next meeting - June 10 at 10:30 AM in Mosier Hall N202

Upcoming Dates:

- KPHA abstracts due May 30 at 5:00 PM.
- Next FAC: June 10 at 10:30 AM in Trotter Hall 101-I.
- June 18, 19: Kansas Association of Local Health Departments in Wichita. We paying for a sponsorship and sending flyers. If you would like to attend, please let us know.
- August 22: MPH student orientation.

Future Agenda Items:

1. Role of major professor for mentoring, support, career advising of MPH students.
2. Expectations across emphasis areas for ILE and APE reports.
3. MPH Faculty community participation across emphasis areas and involvement with KPHA. CEPH comment was that current effort is not sustainable because it relies on one person.
4. Review of survey data and assessment data in a systematic manner. Updates to survey questions.

Other comments?

Meeting adjourned at 11:55 AM.

Note: We will have our June meeting on the 10. The location is Mosier N202.