

A Proposal to Create The College of Public Health
at the University of Kentucky

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“Public Health is the art and science of preventing disease, prolonging life, and promoting physical health and efficiency through organized community effort.”
C.E.A. Winslow

Foreword

A proposal to create a new college is an ambitious venture at any time and requires careful consideration by administrators, the faculties of various departments, centers and colleges affected by this new college, the University Senate, and ultimately the Board of Trustees. This document endeavors to:

- provide a brief history of the School of Public Health leading up to the decision to put forward this proposal;
- set forth a rationale for proceeding with a College of Public Health;
- discuss the status of public health programs at other universities in the Commonwealth;
- examine the proposed structure and financing for this new college;
- describe two current departments in other colleges that would become part of this new college;
- discuss the realignment of the Graduate Center for Gerontology with the new college;
- describe the impact on the colleges from which departments will transfer under the terms of the proposal; and
- examine the impact of the Public Health degree programs on current degree programs elsewhere in the University.

This document will provide a series of recommendations (numbered and underlined) for action by the groups that will review this proposal.

History of the School of Public Health at the University of Kentucky

In 1917, President McVey established the Department of Hygiene and Public Health in the College of Arts and Sciences. The Department offered a Bachelor’s and Master’s degree in Public Health until the Department was transferred to the College of Allied Health Professions in 1967. The former degree was renamed and reconfigured, and the latter degree was discontinued in 1973. A committee appointed by Medical Center Vice President Peter Bosomworth in 1982 recommended the creation of a School of Public Health, but financial constraints precluded implementation. In 1988, the Department of Preventive Medicine and Environmental Health in the College of Medicine initiated a Master of Science in Public Health with specialization in health care administration, occupational and environmental health, health epidemiology, and toxicology.

In 1995, a debate arose over the organizational future of the Master of Health Administration degree administered by the Martin School of Public Administration. After considerable discussion, President Wethington decided that the MHA degree program would continue to reside in the James W. Martin School of Public Policy and Administration and that the School would continue to report to the Dean of the Graduate School.

Chancellor Holsinger, eager to meet what he felt was the growing need for health care professionals with training in health administration, created the Center for Health Services Management and Research. Dr. Douglas Scutchfield was recruited as the Director, and faculty in the Department of Health Services Management in the College of Allied Health Professions played an active role in the Center's activities. The faculty in this department also continued to participate with the faculty in the Martin School in the delivery of the MHA degree program.

Interest in public health issues energized a push to create a School of Public Health at the University of Kentucky. In this phase of the School's development, Chancellor Holsinger and the Medical Center looked internally for cost-effective ways in which to create this new School of Public Health and respond externally to pressures from the Council on Postsecondary Education to avoid duplication of programs in the Commonwealth. Internal discussions occurred at various levels, but unfortunately did not fully convince the faculty in those units that might become part of this new School. External discussions, impelled principally by Gordon Davies, the former head of the CPE, effected an alliance between the University of Louisville and the University of Kentucky. Out of this arrangement was to come the Kentucky School of Public Health, a degree program that was to be administered jointly by the University of Kentucky and the University of Louisville (**TAB #1**). Both programs ultimately agreed that it would be preferable for each university to develop independently, and the University of Kentucky received permission to proceed with its own School of Public Health in late 1998.

Internally, Chancellor Holsinger addressed the financial issues associated with this new School by electing to incubate this program within the College of Medicine and to create an independent College of Public Health. It appeared that a number of programs within the Medical Center, specifically, the Graduate Center in Toxicology (The Graduate School), the Graduate Center in Nutritional Sciences (The Graduate School), the Department of Health Services Management (College of Allied Health Professions), the Department of Behavioral Science (College of Medicine), and the Department of Preventive Medicine and Environmental Health (College of Medicine), might ultimately become part of the new College. The College of Medicine moved forward with the School of Public Health with assurances that the cost of this new college would be minimal.

In October 1998, the University of Kentucky Board of Trustees approved the creation of the Kentucky School of Public Health (KSPH) and appointed Dr. F. Douglas Scutchfield as Associate Dean for Public Health in the College of Medicine and Acting Director of the School of Public Health (**TAB #2**).

In August 2001, President Lee Todd submitted a letter to the Council on Education for Public Health (CEPH), the organization that accredits schools of public health. A copy of the accreditation criteria appears in (**TAB #3**).

In May 2003, Provost Nietzel asked for faculty advice on the future directions for the School of Public Health. An accredited College of Public Health would have to meet CEPH's Accreditation Criteria IIA for schools of public health. Among the criteria is the requirement that the school/college of public health have the *"same level of independence and status accorded to other professional schools at the institution...particularly professional schools preparing major health professions."* We were cognizant of a challenge to this standard by the Ohio State University that sought to create a college of public health within the college of medicine but that now has a separate, free-standing college of public health.

Prior discussions of the structure and finances for a College of Public Health had created an environment in which faculty were openly concerned about departmental "takeovers" and resource diversion. A Workgroup, chaired by Dr. Steven Wyatt, was appointed and charged with recommending structural options for the School of Public Health.

In June 2003, the Workgroup recommended (**TAB #4**) the development of a separate, accredited College of Public Health and rejected other suggestions including an accredited graduate program in public health or an alliance of this new College with the current College of Health Sciences. Among the Workgroup's comments and observations were the following:

- An accredited school of public health would help the University to meet its service, education, and research missions as a Land-Grant institution.
- A strong, well-funded, accredited school of public health would assist the University in its quest for national prominence.
- The University would need to invest additional recurring resources over the next two to three fiscal years to achieve CEPH accreditation.
- Approximately 150 masters and doctoral students who are currently enrolled at the University, were led to understand that the University would move forward with an accredited school of public health. Numerous public health training opportunities are available only for students from accredited schools of public health. Some federal jobs in the public health area are available only to graduates of accredited schools of public health.

- As many as thirty other universities are either in “applicant status” with CEPH or are considering this action. Regionally, two universities have indicated their intent to restructure and develop the infrastructure necessary to pursue an accredited school of public health.
- The University currently has an accredited, highly regarded Master of Health Administration (MHA) program in the Martin School of Public Policy and Administration. An accredited school of public health that offered a Master of Public Health, with a management track could directly compete for students and student resources, and thus adversely affect an existing, nationally ranked program.

The Provost, in accepting this report, indicated that his office would undertake a detailed study of the fiscal issues surrounding the creation of a College of Public Health (**TAB #5**) and asked Associate Provost David Watt to undertake this analysis. Following the completion of this analysis, the Provost indicated in August of 2003 (**TAB #6**) that Dr. Thomas Samuel should prepare a proposal for a College of Public Health for consideration by the appropriate committees within various colleges and the University Senate. Provost Nietzel also wrote to the Council on Education for Public Health to request a site visit by the accrediting agency in early 2005 (**TAB #7**).

Rationale for a College of Public Health

The University of Kentucky is a Land-Grant, public institution with a mission to enrich people’s lives through excellence in teaching, research, and service. The University has adopted a new strategic plan, “The Dream & the Challenge”, that sets forth six goals for the University:

- Reach for national prominence (Goal I)
- Attract and graduate outstanding students (Goal II)
- Attract, develop and retain a distinguished faculty (Goal III)
- Discover, share and apply new knowledge (Goal IV)
- Nurture diversity of thought, culture, gender and ethnicity (Goal V)
- Elevate the quality of life for Kentuckians (Goal VI)

The creation of a new College of Public Health will assist the University in meeting Goal VI: Elevate the quality of life for Kentuckians

Kentucky’s health problems arise from individual and community behaviors that place Kentuckians at greater risk for developing and dying from heart disease, cancer, and diabetes. From research, training, and service perspectives, the University must work to provide solutions to these significant health challenges and thereby meet Goal VI of the strategic plan. A College of Public Health will

strengthen and enhance the public health infrastructure in Kentucky by providing a trained workforce to address these problems at the local and regional level. Kentucky is:

- First in the nation in rate of death from lung cancer¹
- Third in the nation in cancer mortality rate²
- Fourth in the nation in deaths from heart disease³
- Eighth in the nation in the rate of death due to stroke⁴
- Eighth in the nation in the prevalence of diabetes⁵

Kentucky's high ranking in the prevalence of chronic diseases calls for a concerted effort to focus our health care resources toward alleviating their causes, but the behavioral factors which contribute to the high rate of instance of these diseases in Kentucky are not easily overcome. Kentucky has the highest national percentage of adults smoking in 2000¹. Almost two-thirds (62%) of Kentuckians are overweight or obese⁶. Kentucky leads the nation in the highest percentage of adults reporting no leisure-time, physical activity.¹

Additional factors compounding the health status of Kentuckians include those that are also attributed to environment, genetics, economics, and tradition. Identifying, isolating, and minimizing these factors requires the active involvement of public health professionals who have had the preparation to assess patients and their communities as well as possess the leadership capabilities that will enable them to work effectively with state and federal agencies. Long-term efforts will be needed including an emphasis on prevention and information that will enable Kentuckians to change their behaviors. The public health professionals, who are to meet current and emerging challenges in Kentucky, must be prepared within an educational structure that provides students with training in all aspects of the science of public health, policy development, and program implementation.

The creation of a new College of Public Health will assist the University in meeting Goal II: Attract and graduate outstanding students.

Establishing a College of Public Health would facilitate the mission of the University of Kentucky by preparing healthcare professionals who will, through teaching and research, serve the residents of Kentucky by being a catalyst for improving the quality of life for Kentuckians, and those beyond our borders.

The enrollments in the MPH and DrPH degree programs, since fall 2000, have included thirty students who have health professional degrees (MD, DO, DMD, DVM, etc.). Fourteen of the thirty are on the University of Kentucky faculty, and three others are on faculties at other state universities. Another seven are completing the MPH to meet a requirement of their medical residency program.

Since its inception, the School of Public Health has offered the joint MD/MPH program. The College of Medicine is supportive of the program and has been flexible in permitting COM students to select a number of avenues to satisfy degree requirements. A total of five students have been admitted to the combined degree program, and two of those were granted deferred admissions (one year) to the COM in order to complete the majority of the MPH curriculum prior to entering medical school. Another student completed the first two years of medical school, passed Step I of the USLME, and spent a year in the MPH curriculum before returning to medical school in the fall 2003. Others are in medical school but have not decided when they will undertake the MPH curriculum. We anticipate two more combined-degree students in the entering class in the fall 2004. A number of MPH students have entered health professional programs, either after completion of the degree or by interrupting progress toward the degree after acceptance to medical school.

The creation of a new College of Public Health will assist the University in meeting Goal I: Reach for national prominence.

The College of Public Health will assist the University by hiring quality faculty who bring expertise in much-needed areas such as biostatistics and epidemiology. The College will assist other colleges in the health sciences, engineering, agriculture, the Martin School, the Center for Rural Health and other units of the University by offering multidisciplinary research opportunities. For example, the School of Public Health recently hired a scientist who was educated at Harvard's School of Public Health's Department of Environmental Health, Environmental Science and Engineering program (majors: Air Pollution and Industrial Hygiene) and who will collaborate with the faculty in the colleges of Engineering and Agriculture. This faculty member was hired only after he had interviewed with Engineering and Agriculture and it had been determined that his research warranted collaboration with the faculty of those colleges.

The College will assist other colleges by offering joint faculty appointments. Ten of our benchmark academic institutions have accredited schools or colleges of public health, and we anticipate that the University will recruit faculty with secondary degree-training in public health who will want appointments in this new College.

The College will assist the university by participating in appropriate teaching activities in other units. For example, the faculty in the Health Service Management Division of the School of Public Health will continue to teach in the MHA program offered through the Martin School, will not seek to offer a program that competes with this program, and will conduct joint research in the area of health services management and administration.

As the University moves forward to achieve national prominence, a College of Public Health will tap federal resources not currently available to the institution.

The events of September 11, 2001 have underscored the importance of public health issues and we expect faculty in the College of Public Health, in concert with faculty in other colleges, to seek grants and contracts from agencies like the Department of Homeland Security and the Center for Disease Control. Certain grant opportunities are available exclusively to accredited Colleges of Public Health. In the same way, students would also benefit from an accredited College of Public Health by gaining access to training/internship opportunities from the Center for Disease Control.

References:

- 1 CDC Burden of Chronic Disease and their Risk Factors/National and State Perspectives 2002
- 2 CDC 2003 Cancer Burden Fact Sheet
- 3 CDC Burden of Chronic Disease and their Risk Factors/National and State Perspectives 2002
- 4 CDC Burden of Chronic Disease and their Risk Factors/National and State Perspectives 2002
- 5 University College of Agriculture, The Magazine, Summer 2002
- 6 APHA, National Public Health Week, Kentucky Press Room publication, April 7-13 2003

Other Public Health Programs in the Commonwealth

In September of 2003, the Council on Postsecondary Education (CPE) formed a Statewide Public Health Advisory Committee that was charged to create a statewide strategy for public health education, research, and service. The Council of Chief Academic Officers and the Council of Presidents will review this strategy before presenting this information formally to the CPE. In appointing this Committee, the CPE noted Kentucky's unfortunate ranking in the prevalence of public health problems and the impact of September 11, 2001 on the public's interest in public health. CPE also noted the financial pressure that these public health problems will put on the resources of the Commonwealth. CPE anticipates that a statewide strategy will result in plans for preparing the professional public health workforce in Kentucky and for fostering public health research.

It is expected that the strategy that will be put forward by the Statewide Public Health Advisory Committee will recommend, at a minimum, the following:

- Strategies for college and program accreditation that best serve Kentucky's public health education, research, and service needs including assessment of the costs of implementing these strategies.
- Online courses in each of the five core disciplines in public health as part of the MPH degrees currently offered by Eastern Kentucky University, the University of Louisville, Western Kentucky University, and the University of

Kentucky. These courses will be designed to increase the training opportunities for number of public health professionals in Kentucky and raise the education levels of the current workforce.

- Development of postsecondary policies to create seamless access and articulation into and among graduate public health academic programs in Kentucky (e.g., policies governing credit transfer and tuition).
- Professional development programs for public health practitioners through work with the Department for Public Health, the Kentucky Public Health Association, and the Kentucky Public Health Leadership Institute to improve the quality of the public health workforce.
- Expanded, multi-institutional and/or multi-agency efforts to enable public health staff and related personnel to address bioterrorism and other homeland security issues.
- Proposals to increase the level of extramural research funding in public health and related homeland security areas.

At the present time, the Commonwealth has an existing, accredited program (not a college) in health education at Western Kentucky University. Eastern Kentucky University may submit an application to CEPH for an accredited graduate program in environmental health. The University of Louisville has also expressed an interest in submitting a proposal for an accredited College of Public Health.

The James W. Martin School of Public Policy and Administration offers degrees in Public Administration (MPA) and Health Administration (MHA). The faculty who are engaged in the delivery of the latter degree are well known in national circles for their work in health policy and finance. The Martin School attracts a talented group of students and delivers a degree program that trains professionals to assume roles in the management of hospitals, clinics and other health care facilities as well as roles in government. The Martin School has a lead role at the University of Kentucky in the development of research programs in health policy issues. It is important, as we move forward with a College of Public Health, to define the roles for this College and the Martin School in order to ensure collaboration and not competition.

Organizational Structure for a College of Public Health

The proposed College of Public Health will have five departments and the proposed Graduate Center for Gerontology as summarized in the proposed organizational chart (**TAB #8**). The six departments or degree-granting centers are:

- Graduate Center for Gerontology
- Department of Preventive Medicine and Environmental Health
- Department of Epidemiology
- Department of Social and Behavioral Health

- Department of Health Services Management
- Department of Biostatistics

The following is a brief synopsis of the teaching program, research foci, and service role of each of these units.

- The Graduate Center for Gerontology will provide multi- and interdisciplinary research training leading to a PhD degree with an emphasis on the full spectrum of topics that concern both the process of aging and the health and well-being of the elderly population.
- The Department of Preventive Medicine and Environmental Health will study those aspects of human health that are determined by interactions with physical, chemical, biological and social factors in the environment.
- The Department of Epidemiology will identify patterns of disease and injury in the population by statistical analysis and the evaluation of hypotheses about effects on human health of hereditary, behavioral, environmental, and health-care factors.
- The Department of Social and Behavioral Health will study methods and concepts relevant to the identification and solution of public health problems through the study of health-related behavior, health status, and community life.
- The Department of Health Services Management will examine the utilization, accessibility, quality, organization, financing, delivery, costs and outcomes of health services for both individuals and populations.
- The Department of Biostatistics will study the development and application of statistical and mathematical methods to the design and analysis of public health problems, programs, and biomedical research.

The administrative structure for the proposed College includes a Dean, an Associate Dean for Academic Affairs, and an Associate Dean for Research. The College will also require a business officer who will manage budget, personnel issues, building operations, and IT support. The Associate Dean for Academic Affairs will handle admissions, advising and alumni affairs and will also manage, in concert with the faculty, the curricular issues for the MPH, DrPH and certificate programs as well as the practicum placements. The Associate Dean for Research will coordinate the operations of various centers, through appropriate directors, such as the Kentucky Injury Prevention Center, the Center for Health Services Management and Research, the Center for Prevention Research, and the Southeast Center for Agricultural Health and Injury Prevention.

Financial Analysis

The attached spreadsheets (**TAB #9**) summarize a projected budget for the College of Public Health in FY05.

In developing a projected budget for the College of Public Health, we made the following assumptions:

- Recurring funds, regardless of source, that are now associated with the School of Public Health (SPH) in the College of Medicine would transfer to the proposed College;
- Recurring funds, regardless of source, that are now associated with the Department of Preventive Medicine and Environmental Health (PMEH) would transfer to the proposed College;
- Recurring funds, regardless of source, that are now associated with the Department of Health Services Management (HSM) in the College of Health Sciences would transfer to the proposed College;
- Recurring funds, regardless of source, that are now associated with the Center for Health Services Management and Research (CHSM&R) would transfer to the proposed College; and
- Recurring funds, regardless of source, that are now associated with the PhD Program in Gerontology in the Graduate School and the Office of the Vice President for Research would transfer to the proposed College;
- Non-recurring funds generated by the faculty through grant and contract activity or through clinical practice would be generated by the faculty at the same level in FY05 as in FY04.

In the spreadsheet, the recurring funds from the School of Public Health, Department of Preventive Medicine and Environmental Health, Department of Health Services Management, Center for Health Services Management and Research, and the PhD Program in Gerontology appear in the spreadsheet in the columns labeled “SPH”, “PMEH”, “HSM”, “CHSM&R”, and “Geront”, respectively. The recurring funding in this column includes state funding and funding from several endowments given to the School of Public Health. The non-recurring funds from grants and contracts or from other sources such as clinical income appear in the spreadsheet in the columns labeled “Non-recur UKRF” and “Non-recur Other”, respectively.

We have analyzed the benefits associated with each position and included these figures in the totals for each department or center. The benefits are either funded at the level of the Provost’s office (and are not part of the budgets managed within the College) or they are charged to grants and contracts (and are also not part of the budgets managed within the College).

We next assigned the faculty and staff currently in the School of Public Health or in one of the “transferring” departments or centers to one of seven categories:

- Administration
- Graduate Center for Gerontology
- Department of Preventive Medicine and Environmental Health

- Department of Epidemiology
- Department of Social and Behavioral Health
- Department of Health Services Management
- Department of Biostatistics

Under each of these seven categories in the spreadsheets, we assigned faculty and staff in the column labeled “Description”. In some cases, we used specific titles (*e.g.*, Dean or Computer Specialist) and in other cases, we used the generic terms, “faculty” or “staff”. We deleted information about specific, individual salaries. We used “TBA” to specify a vacant faculty or staff line. We listed the FTE associated with each staff and faculty in the columns labeled “Staff FTE” and “Faculty FTE”. We included financial information for centers that will be associated with the College.

Although the University may experience a budget reduction, we did not plan for a specific budget reduction percentage. In the event of a budget cut, the Interim Director of the School of Public Health will need to revise this plan in consultation with the Dean of the College of Medicine and the Provost.

Finally, we made various assumptions about the administrative staffing that would be required for the College (*i.e.*, a projected salary for a dean) and the level of staff support. We inserted projected salaries for vacant faculty lines, and these salaries appear in the column in the spreadsheet labeled “Est FY05 AAR or cost” (AAR = annual anticipated remuneration or salary).

With these points in mind, the spreadsheets indicates that 37 faculty and 46 staff (many of which are associated with the Kentucky Injury Prevention Center, the Center for Health Services Management and Research, the Center for Prevention Research, and the Southeast Center for Agricultural Health and Injury Prevention) in a College of Public Health require a total budget of \$6,015,411. At the present time, the various units that would comprise this new College have total recurring budgets of \$3,577,223 and total non-recurring budgets of \$2,438,218. The so-called “bottom line” is that the creation of a new College will not require any additional investment.

The source of the recurring funds within the proposed College of Public Health merits comment. The recurring funds in the Department of Preventive Medicine and Environmental Health, Department of Health Services Management, and Center for Health Services Management and Research were put together over time by the budget process followed within the Medical Center. The School of Public Health, currently residing within the College of Medicine, also followed aforementioned the budget process but managed, since its approval in 1998, to secure approximately \$1,000,000 in new recurring funding. This recurring funding represents a combination of state funding (*ca.* 90%) and endowment income (*ca.* 10%).

As mentioned earlier, Chancellor Holsinger sought to develop a public health college as part of his commitment to the Land-Grant mission of the University. This commitment translated into the investment of incremental funding available in the period of FY98 to FY03 to the School of Public Health from monies budgeted for use by the Medical Center. As a result, we have a School of Public Health with sufficient resources to meet accreditation standards as a free-standing College of Public Health.

Recommendation 1: We recommend the creation of the College of Public Health to include the departments and centers described in the following section of this proposal.

Departments and Centers Proposing to Join the College of Public Health

We have consulted broadly with the faculty, staff and students of the School of Public Health as well as other departments, divisions, and centers that will transfer as part of the process of creating a new College of Public Health. Because some faculty and staff possess overlapping affiliations and appointments among various units internal and external to the School of Public Health, this document describes each of the component units within the proposed College of Public Health separately. To aid the reader, lists of faculty are included at stages (sections A, B, etc.) of the following discussion.

A. School of Public Health

Faculty who are associated with the School of Public Health have their primary appointments within the School or within departments that may transfer to the proposed College of Public Health. The faculty, staff, and students are very supportive of our moving forward with a College of Public Health. We have attached supporting letters, as described in the following sections. The students are particularly enthusiastic in their support for a separate, accredited College of Public Health. We note, however, that the supporting letters from the students in the MPH and DrPH programs were inadvertently misplaced in the course of assembling this proposal. We will reconstruct these letters and supply them as **(TAB #12)** once the students return for the spring semester; however, we elected to circulate the proposal at this time rather than delay its circulation until January.

Currently, the School of Public Health is a confederation of the following units:

- [1] Department of Preventive Medicine and Environmental Health. Chancellor James Holsinger administratively assigned the faculty, staff, and residents associated with the Department of Preventive Medicine and Environmental Health, including various affiliated centers, to the School of Public Health. On December 10, 2003, the faculty in Department of Preventive Medicine and Environmental Health voted unanimously to join

the College of Public Health (**TAB #11**). This includes the following faculty:

- Pamela Allweiss, MD, MSPH (Special Title Series; primary appointment in the Department of Preventive Medicine and Environmental Health)
- Richard Clayton, PhD, Interim Chair (Regular Title Series, primary appointment in School of Public Health)
- Henry Cole, EdD (primary appointment in the Department of Educational Psychology; joint appointment in Department of Preventive Medicine and Environmental Health)
- Phillip Curd, MD, MSPH (part-time faculty; primary appointment in the Department of Preventive Medicine and Environmental Health)
- Deborah Danner, PhD (Research Title Series; primary appointment in the Department of Preventive Medicine and Environmental Health)
- Robert McKnight, MPH, ScD (Regular Title Series, primary appointment in the Department of Preventive Medicine and Environmental Health)
- T. Scott Prince, MD, MSPH (Special Title Series; primary appointment in the Department of Preventive Medicine and Environmental Health)
- Kathryn Perez Riley, PhD (part-time faculty; primary appointment in the Department of Preventive Medicine and Environmental Health)
- Susan Spengler, MD, MSPH (part-time faculty; primary appointment in the Department of Preventive Medicine and Environmental Health)
- Stephen Wyatt, DMD, MPH (Special Title Series; primary appointment in the Department of Preventive Medicine and Environmental Health)

On December 11, 2003, the staff in the Department of Preventive Medicine and Environmental Health, including the staff in the Southeast Injury Prevention Center, sent a letter to David Watt in support of the creation of the College of Public Health (**TAB #11**). We have a letter from Dr. Jessa (**TAB #12**), who is the only current resident in the Department of Preventive Medicine and Environmental Health, in support of joining the College of Public Health. (A second resident will join in April of 2004.)

[2] Division of Epidemiology in the School of Public Health: The faculty affiliated with the Division of Epidemiology in the School of Public Health include current faculty with primary appointments in various units and faculty with primary appointments in the School of Public Health. This includes:

Andre Barron, PhD, MPH (Regular Title Series; primary appointment in the Department of Internal Medicine)
Glyn Caldwell, MD (Voluntary; primary appointment in the Department of Preventive Medicine and Environmental Health)
Steven Fleming, PhD (Regular Title Series; primary appointment in the Department of Health Services Management)
Claudia Hopenhayn, PhD, MPH (Regular Title Series, primary appointment in the School of Public Health)
Robert McKnight, MPH, ScD (Regular Title Series, primary appointment in the Department of Preventive Medicine and Environmental Health)
Thomas Tucker, PhD, MPH, Division Director (Special Title Series; primary appointment in the Department of Health Services Management)
Suzanne Tyas, PhD (Regular Title Series, primary appointment in the School of Public Health)
Stephen Wyatt, DMD, MPH (Special Title Series; primary appointment in the Department of Preventive Medicine and Environmental Health)

On December 11, 2003, these faculty members sent a letter to Thomas Samuel, Interim Director, expressing their support for establishing a free-standing College of Public Health (**TAB #13**). On December 11, 2003, the staff in School of Public Health sent a letter to David Watt in support of the creation of the College of Public Health (**TAB #14**).

[3] Division of Biostatistics in the School of Public Health: The faculty affiliated with the Division of Biostatistics in the School of Public Health include current faculty with primary appointments in Statistics and faculty with primary appointments in the School of Public Health. This includes:

Richard Charnigo, PhD (Regular Title Series, primary appointment in College of Arts and Sciences, Department of Statistics)
Mi-Ok Kim, PhD (Regular Title Series; primary appointment in College of Arts and Sciences, Department of Statistics)
Richard Kryscio, PhD, Division Director (Regular Title Series; primary appointment in College of Arts and Sciences, Department of Statistics)
Ziyad Mahfoud, PhD (Regular Title Series; primary appointment in College of Arts and Sciences, Department of Statistics)
Marta Mendiondo, PhD (Research Title Series; primary appointment in School of Public Health)

When the Division of Biostatistics was created in the School of Public Health, some of the faculty (Kryscio, Mahfoud, Charnigo, and Kim) were

appointed jointly and funded jointly by the College of Arts and Sciences and the School of Public Health. It was agreed that the faculty (Kryscio, Mahfoud, Charnigo, and Kim) who have these split funded positions would be transferred as primary appointments in the College of Arts and Sciences to the College of Public Health when and if such a college were created.

On December 15, 2003, these faculty members sent a letter to Thomas Samuel, Interim Director, expressing their support for establishing a free-standing College of Public Health (**TAB #15**). As mentioned previously, on December 11, 2003, the staff in School of Public Health sent a letter to David Watt in support of the creation of the College of Public Health (**TAB #14**).

- [4] Division of Health Behavior in the School of Public Health: The faculty affiliated with the Division of Health Behavior in the School of Public Health include current faculty with primary appointments in various units and faculty hired with primary appointments in the School of Public Health. This includes:

Zaida Belendez, ND, RN (Special Title Series, primary appointment in the School of Public Health with secondary appointment in Family and Consumer Science)

Richard Clayton, PhD, Interim Chair (Regular Title Series, primary appointment in the School of Public Health)

Jeffery Jones, PhD (Research Title Series, primary appointment in the School of Public Health)

Linda Jouridine, EdD (primary appointment in the Department of Family and Consumer Science with joint appointment in the School of Public Health)

Pamela Teaster, PhD (Regular Title Series; primary appointment in School of Public Health with affiliation with the Gerontology PhD Program)

On December 10, 2003, these faculty members sent a letter to Thomas Samuel, Interim Director, expressing their support for establishing a free-standing College of Public Health (**TAB #16**). As mentioned previously, on December 11, 2003, the staff in School of Public Health sent a letter to David Watt in support of the creation of the College of Public Health (**TAB #14**).

- [5] Center for Prevention Research: On December 11, 2003, the staff in the Center for Prevention Research, who are currently affiliated with the School of Public Health, sent a letter to David Watt in support of the creation of the College of Public Health (**TAB #17**).

[6] Kentucky Injury Prevention Research Center (KIPRC): On December 11, 2003, the staff in Kentucky Injury Prevention Research Center (KIPRC), who are affiliated with the School of Public Health, sent a letter to David Watt in support of the creation of the College of Public Health (**TAB #18**).

[7] Department of Health Services Management in the College of Health Sciences: The faculty in the College of Health Sciences, including faculty from the Department of Health Services Management and the Center for Health Services Management and Research, voted to allow the transfer of these faculty to the College of Public Health (**TAB #19**). A detailed discussion of the transfer of the Department of Health Services Management and the closing of the Center for Health Services Management and Research appears in sections B and C, respectively. The faculty who are affected by this transfer include:

Julia Costich, PhD (Research Title Series; primary appointment in the Department of Health Services Management)
George Graham, PhD (Research Title Series; primary appointment in the School of Public Health)
Evelyn Knight, PhD (Research Title Series; primary appointment in the Department of Health Services Management)
Joel Lee, PhD (Special Title Series; primary appointment in the Department of Health Services Management)
William Pfeifle, EdD (Special Title Series; primary appointment in the School of Public Health)
Thomas Samuel, J.D. (Interim Director of the School of Public Health; Special Title Series; primary appointment in the Department of Health Services)
Lyle Snider, PhD (Special Title Series but on terminal contract; primary appointment in the Department of Health Services Management)

Recommendation 2: We recommend the School of Public Health transfer from the College of Medicine to the College of Public Health.

B. Department of Health Services Management

The faculty in the College of Health Sciences voted unanimously in favor of the transfer of the Department of Health Services Management to the College of Public Health on November 24, 2003 (**TAB #19**).

This Department, when part of the College of Health Sciences, contributed to the undergraduate programs leading to the Bachelor's of Health Sciences (BHS) degree and to the graduate programs in the Martin School and the School of Public Health. The faculty, as stated in their letter, expect to focus primarily on the MPH and DrPH degrees in the

proposed new College but have agreed that they will continue to provide teaching for the College of Health Sciences and the Martin School.

The Department of Health Services is currently a unit of the College of Health Sciences focusing upon education, research, and service in health services management. The Department consists of one Division, the Division of Health Services Management. The Department and Division have an identical faculty and staff. Originally, the Department was named the Department of Community Health, and in 1967, the unit was relocated from the College of Arts and Sciences to the College of Allied Health Professions.

The Department awarded the Master of Science in Public Health (MSPH) degree. The Department of Community Health offered concentrations in health administration, health education, and environmental health. The MSPH was discontinued in 1973 and the Bachelor of Health Science (BHS) degree was initiated in 1980. The Department discontinued the health education, and environmental health concentrations in 1983 to focus exclusively on health administration, now referred to as health services management. In 1984, the unit began to participate in the Master of Public Administration (MPA) and subsequently the Master of Health Administration (MHA) degree in the Martin School of Public Policy and Administration. In 1998, the Department began its contributions to teaching required courses and research in the Master of Public Health (MPH), and Doctor of Public Health (Dr.P.H.) in the School of Public Health.

The impact of the Department's relocation on undergraduate education is as follows:

- (1) The faculty will honor commitments to students in the affected programs regardless of their administrative assignment. Based upon changes in the opportunities for BHS graduates, program admissions were suspended in 2001, and the final class that was admitted to the degree program completed the curriculum at the conclusion of the spring semester in 2003. Consequently, there are no students in the HSM major that will be affected by the proposed transfer.
- (2) Following the conversion of undergraduate degree requirements from "General Studies" to "University Studies", HSM 241 was paired with PHI 305 as one of a series of options to meet the "Cross Disciplinary" course requirement. However, the Cross Disciplinary requirement was removed from the University Studies curriculum and thus issue is not a problem
- (3) Opportunities for undergraduate students in other majors were also considered. HSM 241 is currently offered, and will continue to be offered, for all Bachelor of Nursing Science (BSN) students. The

College of Health Sciences has proposed the cross-listing of four HSM courses with the prefix of Health Science Education (HSE). These courses would contribute to a new proposed, two-year degree in Clinical Leadership and Management that would prepare students for entry to the MHA and MPH degrees. Currently, there are no students in this program, and obviously, no demand for these courses. If this degree is implemented, the Department of Health Services will collaborate with the College of Health Sciences to deliver these courses. Similar arrangements exist with other units including the Martin School at the graduate level.

Recommendation 3: We recommend the Department of Health Services Management transfer from the College of Health Sciences to the College of Public Health.

C. Center for Health Services Management and Research

The Center was a forerunner of the School of Public Health that was created as an administrative unit to facilitate the recruitment of Dr. F. Douglas Scutchfield and as a potential vehicle for securing extramural grants and contracts. No faculty member has a primary appointment within the Center; the Center does not offer degree programs; and the Center reported to Chancellor James Holsinger. The faculty associated with this center are part of the Department of Health Services Management.

In March of 2003, Chancellor Holsinger administratively transferred the budget for the Center to the College of Health Sciences.

In July of 2003, a Memorandum of Understanding was developed with respect to the transfer of the Center and the Department under the aegis of the School of Public Health as an interim measure (**TAB #20**). This step was intended to eliminate difficulties of managing budgets for the Center from the College of Health Sciences when the Center's faculty were in the Department of Health Services Management in the School of Public Health, then part of the College of Medicine.

The presence of this Center as well as the Martin School and a Department of Health Services Management leads to confusion as to the locus of health policy research. The faculty associated with this Center voted on December 4, 2003, to eliminate the Center (**TAB #21**).

Recommendation 4: We recommend disbanding the Center for Health Services Management and Research, effective June 30, 2004.

D. Gerontology PhD Program

The Gerontology PhD Program was created using Research Challenge Trust Funds (RCTF) awarded to the Sanders Brown Center on Aging. The Program's mission is to provide advanced interdisciplinary research training in gerontology, to conduct interdisciplinary research with an emphasis on aging and health considered from the cellular to the societal level, and to make service and policy contributions to improve the quality of life of elders individually and as a population within the Commonwealth, the nation, and the world.

The Program currently has 40 graduate students and produced its first PhD graduates. The Director of the Program is Dr. Graham Rowles who reports to the Dean of the Graduate School. Dr. Rowles also has a secondary reporting relationship to Dr. William Markesbery, Director of the Sanders Brown Center on Aging. The faculty in the Program are:

Graham Rowles, PhD (Regular Title Series, primary appointment in Geography, Director of the Gerontology PhD Program)

Rodney Guttman, PhD, (Regular Title Series, primary appointment in Physiology)

Joy Jacobs-Lawson, PhD (Regular Title Series, primary appointment in Psychology)

Pamela Teaster, PhD (Regular Title Series, primary appointment in School of Public Health)

Suzanne Tyas, PhD (Regular Title Series, primary appointment in School of Public Health)

John Watkins, PhD (Regular Title Series, primary appointment in Geography)

Unlike the Graduate Centers in Biomedical Engineering, Toxicology, and Nutritional Sciences, the faculty in the Gerontology PhD Program cannot hold their primary appointments in the Program. This situation has led to problems associated with allegiance to the program, complicated negotiations for teaching time with primary units, and the allocation of merit increases in salaries. Dr. Rowles and the faculty recommend (**TAB #22**) that the Gerontology PhD Program become the Graduate Program in Gerontology with privileges consistent with other Graduate Centers including the right to make primary appointments within the Center.

Recommendation 5: We recommend the Gerontology PhD program become the Graduate Center for Gerontology with a University-wide mission to provide gerontology training and research.

In addition to the request for becoming a Graduate Center, the faculty proposes to join the new College of Public Health. The transfer of the Gerontology PhD Program to the new College is not required in order to

secure a sufficient number of lines for accreditation of the new College. The decision by the Gerontology faculty to pursue this transfer was based on the rationale described in their letter (**TAB #22**) and through their discussions with the Provost's Office and the School of Public Health. Traditionally, the Graduate Centers reported to the Dean of the Graduate School. An arrangement in which such a center would become part of a college requires some comment and consideration.

The letter from Dr. Rowles and the faculty (**TAB #22**) describes the rationale for requesting this change. One of the points that Dr. Rowles makes in favor of this change is the desire to have a "consistent and stable basis of ongoing fiscal support and management". We will elaborate on this point with regard to [1] retention of faculty; and [2] the assignment of merit salary increases. At the present time, the Dean of the Graduate School has a limited pool of recurring state funds for faculty salaries. This limitation is particularly problematic when the Dean wants to retain faculty who attract offers from other institutions. "Borrowing" funds from other disparate Graduate Centers is problematic, particularly if there are no vacancies in any of these units. In the same way, the merit increase pool for relatively small units like the Graduate Centers is limited. If a number of faculty within a given center are doing well, it is often difficult to provide sufficient merit increases that would recognize their contributions without borrowing from other disparate Graduate Centers. In summary, small units have difficulty with retention packages and merit increases, particularly if a number of faculty within a small unit are doing meritorious work.

A Memorandum of Understanding (**TAB #23**) summarizes the details of the understandings reached between the current Gerontology faculty and the School of Public Health with respect to center status, faculty lines, reporting relationships, curriculum and teaching, graduate students, staffing and management, and fiscal arrangements, service responsibilities, and space. It should be noted that the MOU has a termination agreement that provides an option for the Gerontology Program to return to its affiliation with the Graduate School. As direct evidence of the College's interest in this program and willingness to facilitate its University-wide mission, the Dean of the College of Public Health will commit \$50,000 in recurring funds to the Director for outreach activities to faculty in other colleges.

The staff (**TAB #24**) and students (**TAB #25**) in the Gerontology Program are supportive of the proposed transfer. Dr. Jeannine Blackwell, Dean of the Graduate School, is also supportive (**TAB #26**).

Finally, it will benefit the Gerontology PhD Program and the Sanders Brown Center on Aging to have a functional relationship such that

Gerontology graduate students can complete their thesis work in the laboratories of Aging Center faculty and Aging Center faculty can be part of training grants funded by the NIH. The directors of the Graduate Program in Gerontology and the Sanders Brown Center on Aging are committed to such a relationship.

Recommendation 6: We recommend the Graduate Center for Gerontology join the College of Public Health under the provision of the Memorandum of Understanding negotiated by the faculty of the Gerontology PhD Program and the School of Public Health.

E. Department of Preventive Medicine and Environmental Health

The Department of Preventive Medicine and Environmental Health has a mission to provide academic leadership and client-centered care for the people, employers, and communities of the Commonwealth using the principles of public health, preventive medicine, and occupational and environmental health through teaching, research, service, and advocacy.

The Department has five full-time faculty in tenured or tenure-track series (Regular or Special Title Series), one faculty in Research Title Series, three faculty in part-time status, and 11 staff. The faculty members are:

- Pamela Allweiss, MD, MSPH (Special Title Series; primary appointment: Department of Preventive Medicine and Environmental Health)
- Phillip Curd, MD, MSPH (part-time faculty; primary appointment: Department of Preventive Medicine and Environmental Health)
- Deborah Danner, PhD (Research Title Series; primary appointment: Department of Preventive Medicine and Environmental Health)
- Robert McKnight, MPH, ScD (Regular Title Series, primary appointment: Department of Preventive Medicine and Environmental Health)
- T. Scott Prince, MD, MSPH (Special Title Series; primary appointment: Department of Preventive Medicine and Environmental Health)
- Kathryn Perez Riley, PhD (part-time faculty; primary appointment: Department of Preventive Medicine and Environmental Health)
- F. Douglas Scutchfield, MD (Regular Title Series; primary appointment: Department of Preventive Medicine and Environmental Health)
- Susan Spengler, MD, MSPH (part-time faculty; primary appointment: Department of Preventive Medicine and Environmental Health)

Stephen Wyatt, DMD, MPH (Special Title Series; primary appointment: Department of Preventive Medicine and Environmental Health)

The Department offers an Occupational Medicine Residency Training Program that is accredited by the Accreditation Council of Graduate Medical Education (ACGME), offers no other degree programs, and maintains approximately \$2 million annually in extramural grants (\$2,571,045 in FY03).

The transfer of this Department to the College of Public Health will require a new relationship between the faculty and the Kentucky Medical Services Foundation (KMSF), an affiliated corporation of the University. KMSF serves as the billing and collecting agency for the professional service fees generated by the physician members of the College of Medicine. KMSF also provides its member physicians with certain benefits (*e.g.*, malpractice insurance, professional development funds, college tuition benefit for dependents, etc.).

Negotiations with KMSF with respect to the transfer of the Department of Preventive Medicine and Environmental Health to the College of Public Health were focused on [1] providing these same billing and collection services for practicing physicians in the new College of Public Health; [2] requiring any physicians in a College of Public Health to use KMSF exclusively for handling their professional service fees; [3] providing agreement that any fees levied against these funds by the deans of either Medicine or Public Health would be equivalent; [4] preserving benefits for current physicians and any non-physicians hired before 1998; [5] ensuring that the provision of these benefits did not exceed the cash generated by the faculty; [6] defining the eligibility for physicians in the College of Public Health to serve on the KMSF Board; and [7] providing benefits to any future physicians who might join the Department in the College of Public Health.

On October 10, 2003, the KMSF Board approved recommendations consistent with the above considerations (**TAB #27**). The KMSF Board noted that its approval of these recommendations was not an endorsement to create a new College of Public Health but constituted only a policy decision on the fiscal feasibility of handling physicians from such a College were one to be created.

The faculty of the Department of Preventive Medicine and Environmental Health support the move to the new College of Public Health (**TAB #28**) with nine stipulations. We do not see any of these stipulations as

particularly problematical, and we will work to resolve these issues in the next few months (**TAB #29**).

The medical students in the College of Medicine were consulted regarding the transfer of this Department and provided David Watt with a letter in support of the creation of the College of Public Health (**TAB #30**).

Dr. Jessa, who is the only current resident in the Department of Preventive Medicine and Environmental Health, provided a supporting letter (**TAB #12**). As mentioned previously, on December 11, 2003, the staff in Department of Preventive Medicine and Environmental Health voted unanimously to join the College of Public Health (**TAB #11**).

Finally, an agreement will be needed between the colleges of Public Health and Medicine that will ensure that the faculty in the Department of Preventive Medicine and Environmental Health in the College of Public Health will provide teaching services for medical students in the College of Medicine and maintain the Occupational Medicine Residency Program.

Recommendation 7: We recommend that the transfer of the Department of Preventive Medicine and Environmental Health from the College of Medicine to the College of Public Health subject to the recommendations of the KMSF Board and resolution of the issues raised by the faculty in the Department.

Impact on the College of Medicine

A College of Public Health will provide the faculty in the College of Medicine with additional opportunities for research collaborations and an expanded group of consultants for studies that require epidemiology and biostatistics.

If this proposal were approved, the Department of Preventive Medicine and Environmental Health will transfer from the College of Medicine to the College of Public Health. This Department has recurring state funding of \$599,149 (**TAB #9**) for faculty and staff salaries and benefits that would transfer to the new College.

In addition, the Department generated \$2,571,045 in extramural funding in FY03 (**TAB #10**). This transfer will impact the College of Medicine's ranking as a result of the loss of the extramural funding, but other proposed organizational changes mitigate this concern. Specifically, we propose the following:

Center for Drug and Alcohol Research (CDAR)

CDAR began as a research program in the Department of Psychiatry and was chartered by the Board of Trustees as a multidisciplinary center in

1990 to serve as the focal point for research into drug and alcohol abuse at the University of Kentucky. Administrative support for the Center was provided by the College of Medicine's Department of Psychiatry until 1995 when the Center was designated administratively as a "department" with reporting lines to the Vice President for Research and Graduate Studies.

In 2001, the Committee that conducted CDAR's periodic review and that was chaired by Phyllis Wise and included two external evaluators, recommended the realignment of this unit with the College of Medicine. The Futures Committee reiterated this point in its report in 2002. Based on these recommendations and with the support of his faculty and staff associates, Carl Leukefeld, Director of CDAR, opened discussions that led to a Memorandum of Understanding (**TAB #31**) codifying the various issues necessary to effect this transfer. This transfer will not bring any new recurring state funds to the College of Medicine; indeed, the College will commit approximately \$200,000 in recurring funds in order to facilitate this transfer. CDAR will, however, bring substantial extramural funding to the College. In FY03, CDAR generated \$7,897,257 in such funding, at least a portion of which was from the National Institutes of Health. The staff of CDAR support this transfer (**TAB #31**).

Graduate Center for Toxicology

The faculty in the Graduate Center for Toxicology are discussing a possible transfer to the College of Medicine. The rationale for the proposed transfer repeats the points discussed with regard to the transfer of Gerontology: small units within the Graduate School have difficulty with retention packages and merit salary increases, particularly if a number of faculty within a small unit are doing meritorious work. Compounding this issue with regard to Toxicology are the relative low salaries for assistant professors with respect to their peers in the College of Medicine. If Toxicology were to transfer to the College of Medicine, it would bring recurring state and other funding as well as substantial research funding. The Graduate Center for Toxicology generated \$4,185,048 in extramural grants and contracts in FY03.

Impact on the College of Health Sciences

The mission of the University of Kentucky College of Health Sciences is to help the Commonwealth to gain and retain the highest level of health through creative leadership and productivity in education, research, and service. The College has three departments: [1] Clinical Sciences that offers training and degree programs in clinical laboratory sciences, clinical nutrition, physician assistant studies, and radiation sciences; [2] Rehabilitation Sciences that offers training and degrees in athletic training, communication disorders, physical therapy, and

rehabilitation sciences; and [3] Health Services Management that offers training and degrees in health services management.

The College of Health Sciences will benefit from a College of Public Health through opportunities for research collaborations. If this proposal were approved, the Department of Health Services Management will transfer from the College of Medicine to the College of Public Health. This Department has recurring state funding of \$686,584 (**TAB #9**) for faculty and staff salaries and benefits. The UKRF summary of extramural funding shows that the Department generated no extramural funding in FY03 (**TAB #10**); however, the grants from faculty in this unit were managed through the Center for Health Services Management and Research that shows a total of \$1,617,319 for FY03.

An agreement will be needed between the College of Health Sciences and the College of Public Health that will ensure that the faculty in the proposed Department of Health Services Management in the College of Public Health will provide teaching services for undergraduate students in the proposed Clinical Leadership & Management track for the Bachelor's of Health Sciences degree and for graduate students in Clinical Laboratory Sciences and Physician Assistant Studies in the College of Health Sciences.

The loss of this unit will dramatically impact the extramural funding in the College of Health Sciences. The dean and faculty in the College are investigating the development of other research initiatives, possibly a Center for Vocal Sciences, in collaboration with the colleges of Medicine and Fine Arts. Such multidisciplinary research efforts tied to the remaining units in the College will be needed in order to restore this College's extramural research efforts to some reasonable level.

Impact of the Degree Programs in the College of Public Health on Other Degree Programs

In 2002, *US News & World Report* ranked the James W. Martin School of Public Policy and Administration fifth in the public finance and budgeting category, falling between Harvard and Carnegie-Mellon universities. Among all institutions, the Martin School received a ranking of 31st among some 250 public and private schools of public policy and finance. Among public institutions, the Martin School ranks 18th overall. The Martin School currently has 23 students in the PhD program, 84 students in the Masters degree program in Public Administration (MPA) and 50 students in the Masters degree program in Health Administration (MHA). The Martin School enjoys a stellar reputation within the community for the quality of its graduates and generates substantial extramural funding for a faculty of its size (\$891,314 in FY03).

To assure the faculty in the Martin School that its success has not gone unrecognized, the Provost will reallocate \$150,000 to the School. The School is developing plans for how best to utilize these funds.

To ensure that collaboration rather than competition is the outcome, we propose an agreement between the College of Public Health and the Martin School of Public Policy. The salient points of this agreement will be:

1. The Department of Health Services Management will not seek accreditation for any degree program from the Accrediting Commission on Education for Health Services Administration (ACHESA).
2. The administrations of the College of Public Health and the Martin School will encourage faculty to hold joint appointments, where appropriate.
3. The faculties of the Department and Martin School will work collaboratively to develop courses for their respective student populations and will endeavor to cross-list and co-teach such courses, as appropriate. There will be no duplication of course offerings.
4. The faculties of the Department and the Martin School will collaborate on research projects, as appropriate. The Martin School will be the locus for analytical, doctoral-level work in health policy. The Department of Health Services Management will provide teaching resources to the MPH and DrPH programs with an emphasis on practical training.
5. The two programs will share information about applicants to either program and will endeavor to admit students to the most appropriate program. Kentucky Revised Statutes give the following mandates to the state and local public health organizations:
 - Enforce the public health regulations (food, radiation, etc.)
 - Control communicable diseases
 - Maintain surveillance on the distribution of morbidity and mortality (selected causes of morbidity)
 - Respond to public health emergencies
 - Ensure public health education
 - Identify risks and take steps to reduce them
 - Participate in setting public health policy

The College of Public Health will train professionals to take on responsibilities related to these issues. There is also a clear overlap in the new College's role with the College of Medicine's interest in the control communicable diseases and the Martin School's interest in public health policy. There is also overlap in the new College's role with the College of Medicine's interest in the biobehavioral issues in health care. Oversight and management will be required to ensure that collaboration occurs across boundaries, but we would make the following points with respect to having both the Martin School and a College of Public Health.

The public health problems in Kentucky are vast, and no one unit is sufficient to respond to the workforce needs of the Commonwealth.