

# CHANGE MASTERS DEGREE PROGRAM FORM

RECEIVED

NOV 7 2014

## 1. GENERAL INFORMATION

College:	Public Health	Department:	
Current Major Name:	Public Health	Proposed Major Name:	No Change
Current Degree Title:	Master of Public Health (MPH)	Proposed Degree Title:	No Change
Formal Option(s): <b>Concentrations</b>	<ul style="list-style-type: none"> <li>• Biostatistics</li> <li>• Epidemiology</li> <li>• Health Behavior</li> <li>• <b>Health Services Management</b></li> <li>• Preventive Medicine &amp; Environmental Health</li> </ul>	Proposed Formal Option(s):	<ul style="list-style-type: none"> <li>• Biostatistics</li> <li>• Epidemiology</li> <li>• Health Behavior</li> <li>• <b>Population Health Policy &amp; Management</b></li> <li>• Preventive Medicine &amp; Environmental Health</li> </ul>
Specialty Fields within Formal Option:	N/A	Proposed Specialty Fields within Formal Option:	N/A
Date of Contact with Associate Provost for Academic Administration: <sup>1</sup>		April 17, 2014	
Bulletin (yr & pgs):	CIP Code: <sup>1</sup> 51.2201	Today's Date:	April 14, 2014
Accrediting Agency (if applicable): Council on Education in Public Health (CEPH)			
Requested Effective Date:	<input type="checkbox"/> Semester following approval	or	X Specific Date: <sup>2</sup> Spring 2015
Department Contact Person: Andrea Perkins		Phone: 218-2021	Email: andrea.perkins@uky.edu

## 2. CHANGE(S) IN PROGRAM REQUIREMENTS

		<u>Current</u>	<u>Proposed</u>
1.	Number of transfer credits allowed (Maximum is Graduate School limit of 9 hours or 25% of course work)	9	No change
2.	Residence requirement (if applicable)	N/A	No change
3.	Language(s) and/or skill(s) required	N/A	No change
4.	Termination criteria	Scholastic probation for three Semesters or failing twice the final examination.	No change
5.	Plan A Degree Plan requirements <sup>3</sup> (thesis)	N/A	No change
6.	Plan B Degree Plan requirements <sup>3</sup> (non-thesis)	42 credit hours	No change
7.	Distribution of course levels required  (At least one-half must be at 600+ level & two-thirds must be in organized courses.)	At least one-half must be at 600+ level & two-thirds must be in organized courses.	No change
8.	Required courses (if applicable)		
9.	Required distribution of courses within program (if applicable)	N/A	No change
10.	Final examination requirements	Capstone defense	No change
11.	Explain whether the proposed changes to the program (as described in sections 1 to 10) involve courses offered by another department/program. Routing Signature Log must include approval by faculty of additional department(s).		

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<sup>1</sup>Prior to filling out this form you MUST contact the Associate Provost for Academic Administration (APAA). If you do not know the CIP code, the APAA can provide you with that during the contact.

<sup>2</sup>Program changes are typically made effective the semester following approval. No changes will be made effective until all approvals are received.

<sup>3</sup>If there is only one plan for the degree, plans involving a thesis (or the equivalent in studio work, etc.) should be discussed under Plan A and those not involving a thesis should be discussed under Plan B.

12. List any other requirements not covered above.

13. Please provide a rationale for changes. If the rationale involves accreditation requirements, please include specific references to those requirements.

On December 17, 2013, the University of Kentucky Board of Trustees approved the College of Public Health's proposal to change the department name of Health Services Management to Health Management and Policy. The ***MPH Program in Population Health Policy and Management*** will prepare students for careers in using administrative and policy strategies to improve population health within the transforming U.S. and global health systems. The program gives special attention to the organizational, analytic, and decision-making skills needed to work effectively across the public health and health care components of the health system to achieve greater coordination, equity, and efficiency. Graduates of the program will be prepared to assume program management, policy development, and leadership positions in a variety of settings within the health system, including: local, state, and federal public health agencies; health foundations and coalitions; policy analysis and research centers; health consulting firms; and advocacy organizations. The program is also ideal for individuals preparing to pursue advanced health professional degrees and engage in interdisciplinary practice in areas such as medicine, pharmacy, nursing, allied health, and social work. To align the name of the department's MPH concentration, the faculty request the name of the concentration be changed from Health Services Management to Population Health Policy and Management.

## SIGNATURE ROUTING LOG

**General Information:**



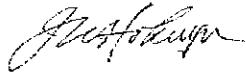
Proposal Name: Doctor of Public Health

Proposal Contact Person Name: Andrea Perkins Phone: 218-2021 Email: [andrea.perkins@uky.edu](mailto:andrea.perkins@uky.edu)

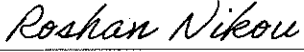
**INSTRUCTIONS:**

Identify the groups or individuals reviewing the proposal; note the date of approval; offer a contact person for each entry; and obtain signature of person authorized to report approval.

**Internal College Approvals and Course Cross-listing Approvals:**

Reviewing Group	Date Approved	Contact Person (name/phone/email)	Signature
Academic Affairs Committee	4/18/2014	Steve Browning/218-2235/srbrown@uky.edu	
Faculty Council	4/29/2014	Steve Fleming/218-2229/steven.fleming@uky.edu	
Academic Dean-Public Health	4/30/2014	James Holsinger/218-2058/jwh.uky.edu	

**External-to-College Approvals:**

Council	Date Approved	Signature	Approval of Revision <sup>6</sup>
Undergraduate Council			
Graduate Council			
Health Care Colleges Council			
Senate Council Approval		University Senate Approval	

**Comments:**

<sup>6</sup> Councils use this space to indicate approval of revisions made subsequent to that council's approval, if deemed necessary by the revising council.

**From:** [Borders, Tyrone F](#)  
**To:** [Perkins, Andrea L](#)  
**Cc:** [Hall, Melody D](#)  
**Subject:** supporting email from Merl Hackbart, Director of the Martin School  
**Date:** Tuesday, October 21, 2014 2:30:12 PM

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**From:** Hackbart, M  
**Sent:** Monday, October 06, 2014 1:46 PM  
**To:** Borders, Tyrone F  
**Subject:** RE: MPH concentration name change

Greetings Ty. I sent a memo to the faculty with the information about our meeting and the suggested revised name change for the MPH concentration to population health policy and management. In the memo, I also asked them to let me know if they had any concerns or questions etc. about the proposed change. As no one has raised a concern, please consider the proposed change OK with the majority of the Martin School faculty. If you have any questions, please let me know. Merl