



UNIVERSITY OF KENTUCKY

**Gerontology  
Ph.D. Program**

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[www.mc.uky.edu/gerontology](http://www.mc.uky.edu/gerontology)*

October 22, 2003

David S. Watt, Ph.D.  
Associate Provost  
College of Medicine Dean's Office  
MN 150 Medical Sciences Building  
Chandler Medical Center  
0298

Dear Dr. Watt:

Pursuant to a series of discussions over the past several months, this letter, signed by all six core faculty members in the Ph.D. Program in Gerontology, provides the rationale for the Ph.D. Program in Gerontology to be renamed the Graduate Center for Gerontology, for the implementation of a number of administrative and program operational changes, and for the transfer of our administrative home from the Graduate School to a new College of Public Health. These changes are unanimously supported by all six core faculty members.

The Ph.D. Program in Gerontology, now in its eighth year, currently has 40 doctoral students registered and has graduated six individuals. All six alumni hold faculty or senior research positions in university settings. The program has proven itself to be viable and to have great potential to make a significant contribution to graduate education and research within the Commonwealth and beyond. However, full realization of this potential is hindered by a number of administrative constraints.

It has become increasingly apparent that our continuing growth and success as one of only six doctoral programs in gerontology in the nation is hampered by several structural limitations in the program and in our current assignment as a program reporting to the Graduate School. Limitations of the existing program structure include:

- (1) Reliance on the purchase of senior faculty time and on the good will of departments throughout the university in providing release time for staffing courses and seminars. Such reliance is problematic for the program during times of financial and staffing exigency when

departments find it difficult to release faculty members to contribute to gerontology.

(2) The inability of the program to tenure its own faculty. This necessitates developing sometimes complex and tenuous relationships between core faculty members, particularly those without tenure, and the various departments within the University in which they are eligible for tenure. A specific relationship between the doctoral program and the faculty member's department must be developed in each case. In addition to creating administrative complexity, on occasion this results in tensions and ambiguities with regard to faculty member evaluation and to expectations with respect to the allocation of teaching and service contributions across multiple units.

(3) The calculation and allocation of salary increments under circumstances where the criteria employed by the home department differ from those used by the Ph.D. Program in Gerontology and The Graduate School, which are the sources of their funding.

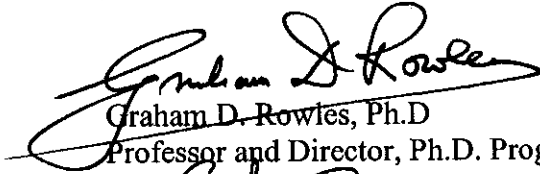
(4) Issues with respect to allegiance to the Ph.D. Program in Gerontology versus departmental commitments (especially problematic for junior untenured faculty members). Significant problems have arisen in negotiating the graduate teaching contributions of faculty members with primary academic allegiance to another department.

These concerns will be alleviated by transitioning the Ph.D. Program in Gerontology to Graduate Center status with a continuing University-wide mandate and with departmental status within a college. Such status will allow the program to tenure its own faculty and develop a higher level of internal coherence and programmatic commitment among its core faculty; develop a clearer identity within the University, Commonwealth and nation; operate within a more effective internal administrative structure; clarify relationships with units throughout the University and reduce duplicative reporting; and establish a more consistent and stable basis of ongoing fiscal support and management. Assignment of the program within a newly created College of Public Health would be consistent with the substantive interdisciplinary focus of the Ph.D. Program in Gerontology on the theme of aging and health with a "cell to society" focus. Several of our current faculty members have research and teaching interests consistent with the mission of the current School of Public Health.


Finally, the program has moved into new, specially designed space that presents the opportunity to refine internal organization and operating procedures consistent with other interdisciplinary graduate programs in the University, and establish a clear identity within the University community. Our faculty looks forward with enthusiasm to the new opportunities for enhancing graduate education and further contributing to the research mission of the University within the simplified organizational

arrangements that would be facilitated by the proposed renaming of the program and its administrative reassignment to a College of Public Health.


Yours sincerely,



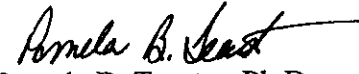
Graham D. Rowles, Ph.D.  
Professor and Director, Ph.D. Program in Gerontology



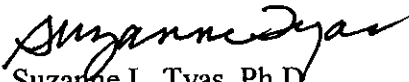
Rodney Guttmann, Ph.D.  
Assistant Professor, Physiology and Gerontology




Joy Jacobs-Lawson, Ph.D.  
Assistant Professor, Psychology and Gerontology



Pamela B. Teaster, Ph.D.  
Assistant Professor, Public Health and Gerontology



Suzanne L. Tyas, Ph.D.  
Assistant Professor, Public Health and Gerontology



John F. Watkins, Ph.D.  
Associate Professor, Geography and Gerontology



UNIVERSITY OF KENTUCKY

December 23, 2003

Thomas Samuel, MBA, JD  
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I am writing in support of the initiative to establish a College of Public Health at the University of Kentucky. This initiative is inextricably linked to the ability to accredit Public Health at the University. Establishment of an accredited Public Health program is essential to both the University and the Commonwealth and will have an impact on the students and faculty of the University of Kentucky as well as on the residents of Kentucky.

Completion of an accredited School of Public Health degree widens fellowship and other employment opportunities for our students and our graduates. In addition, an accredited program will attract a higher caliber of student among those who would consider programs outside of Kentucky. Stronger incoming students will result in stronger graduates and alumni ambassadors for our program, our university, and our Commonwealth.

As a member of the Search Committee for the Chair of the Epidemiology Track, I was frustrated by our inability to attract strong external candidates to an unaccredited School. It will continue to be difficult to recruit new faculty, particularly if it is clear that the School does not even plan to seek accreditation. In addition, it will be difficult to retain current faculty without accreditation. Regardless of our efforts to build a top program, the prevailing view of any unaccredited school will be one of mediocrity.

Finally, the Commonwealth has well-known public health problems in concert with a lack of trained public health professionals. An accredited College of Public Health at the University of Kentucky, with strong faculty, students and alumni, would be much better positioned to make substantial advances to address these "Kentucky uglies."

Sincerely,

A handwritten signature in cursive script that reads "Suzanne Tyas".

Suzanne Tyas, PhD

Assistant Professor  
University of Kentucky School of Public Health and Ph.D. Program in Gerontology