I. OVERVIEW

The Department of Health, Behavior & Society (HBS) is one of the five founding departments created with the establishment of the College of Public Health in 2004. This document represents the first self-study conducted in preparation for a Periodic Review for the department and will thus serve as a baseline for future Periodic Reviews.

At its inception, this department was named the Department of Health Behavior. In May 2016, the UK Board of Trustees approved the change in name to "Department of Health, Behavior & Society." This name change represented an evolution in the focus of our department from the decisions and behaviors of individuals to an emphasis on the complex web of individual and broader societal factors that shape public health outcomes. While the department does not have a specific mission or vision statement, this name change represents a key part of the vision of the faculty and staff of the department – to fully incorporate the wide range of influences that can impact public health outcomes in relation to health decisions and behaviors. More generally, we share the college's stated vision and mission:

> Our vision is to be the catalyst and leader of positive change for population health. Our mission is to develop health champions, conduct multidisciplinary and applied research, and collaborate with partners to improve health in Kentucky and beyond.
>
> - UK College of Public Health

Our work in fulfilling this mission dovetails with the University Strategic Plan, most specifically in accordance with the five principles and key objectives of Putting Students First, Taking Care of Our People, Inspiring Ingenuity, Ensuring Greater Trust, Transparency and Accountability, and Bringing Together Many People, One Community. Several of the specific Strategic Initiatives identified in the current College of Public Health Strategic Plan have special resonance in our department, including strengthening areas of research expertise, ensuring the highest quality faculty and staff, re-engineering and strengthening graduate and professional programs, enhancing the Bachelor of Public Health program, and collaborating with stakeholders, communities, and the public to solve public health problems.

Self-Study Process

This self-study was led by Dr. Mark Swanson, Associate Professor in HBS, who has been a member of the department since 2005, including serving as interim chair in 2015-16. Other members of the self-study committee are Dr. Angela Carman, associate professor; Dr. Aaron

Kruse-Diehr, assistant professor; Dr. Caitlin Pope, assistant professor; and Heather Fortney, departmental administrative support associate. All members of the self-study committee contributed to the research and writing of this report. In addition to soliciting informal input from all faculty and staff in the department, we conducted two surveys of faculty and staff, one focusing on the "Faculty and Staff" and the "Diversity, Inclusion, and Civility" sections of the self-study, and the other on the "Service, Extension, and Outreach" section. The Service survey was conducted independently because answers included identifying information, making anonymity impossible to preserve. Copies of the two surveys are presented in Appendices 1 and 2.

A link to the survey was distributed to 17 individuals, 10 of whom completed all or part of the surveys. Respondents included 9 faculty members and one staff member. Differentiation by title and rank is not included in this report in order to preserve respondent anonymity. Data for the self-study were collected in the fall 2021 semester, with the final report completed in early 2022.

II. CERTIFICATE AND DEGREE PROGRAMS

Overview

Most degrees in the College of Public Health are administered and granted by the College, rather than departments. As a result, many of the data tables and graphs presented in this section of the self-study cover the entire college and are not specific to HBS. Because of this college-wide focus, data comparing HBS to similar departments in other schools and colleges of public health were often unavailable.

Historically, the Master of Public Health (MPH) has been the primary degree offered by the College, with each MPH student selecting a concentration area corresponding to an academic department in the College. While the MPH degree is granted by the College as a whole, which determines such issues as credit hour requirements, broad course requirements, and practicum expectations, each department specifies the curriculum for students concentrating in that area.

Prior to 2018, the department also participated in the DrPH degree offered by the college, but the department chose to discontinue that degree in 2015 in favor of exploring a Ph.D. in Health, Behavior & Society. The planning process for that PhD program has been delayed due to faculty turnover as well as demands and limitations created by the COVID-19 pandemic, but the department faculty considers development of that degree a high priority in the immediate future.

In 2014, the College of Public Health introduced the Bachelor of Public Health (BPH) degree. While this degree is also college-wide, rather than department specific, HBS faculty have played key roles in both the creation and administration of the degree and the provision of classes for undergraduate students. HBS faculty have served on committees and task force groups to redesign the BPH program and specific class offerings to comply with changing accreditation requirements (CEPH 2016) and student needs. In addition to CPH 440, the concentration-specific required BPH course, HBS faculty teach four of the seven concentration-specific public health

electives currently offered in the BPH program. HBS faculty also teach CPH 470, the undergraduate capstone class required of all BPH majors. Finally, Dr. Sarah Cprek, HBS faculty member, serves as the Director of Undergraduate Studies, and chairs the CPH undergraduate committee. In addition, Dr. Cprek designed the "4+1" program, started in 2018, in which highly qualified and motivated BPH students can complete both the undergraduate degree and the MPH in five years.

In 2020, the faculty of the Graduate Center for Gerontology (one full professor and two assistant professors) joined the Department of Health, Behavior and Society. The Graduate Center for Gerontology oversees the Ph.D. in Gerontology but the planned departure of two of the gerontology faculty at the end of the 2021-22 academic year has made future planning for the Ph.D., which is administered at the college level, unclear. The faculty of HBS has not been involved in this decision-making process, and the Graduate Center for Gerontology completed its own program review in 2016, so this self-study will not devote significant attention to this degree.

MPH, with concentration in Health, Behavior & Society

All MPH students are required to take 24 credit hours of required courses across the five concentrations (Biostatistics, Epidemiology, Environmental Health, Health, Behavior & Society, and Preventive Medicine & Environmental Health), along with 18+ hours in their chosen area of concentration. For most of the history of the college, each department was "responsible" for one core course. However, after a restructuring of these "core classes" in 2019 to align with Council on Education in Public Health (CEPH) competencies, HBS courses now represent 6 of those 24 credit hours (CPH 643 and CPH 672), twice that of any other department. Tables 1 and 2 portray the required core courses for the MPH degree and the HBS concentration requirements.

Course Number	Course Name	Credit Hours
	Required Core Courses	
*CPH 663**	*Foundations of Public Health* Required for students who do not have a BPH or similar degree.	*1*
CPH 643	Measuring Health Behavior: Quantitative and Qualitative	3
CPH 605	Epidemiology	3
CPH 650	Public Health Systems Administration	3
CPH 603	Data Analysis	3
CPH 621	Understanding and Communicating Environmental Health Risks	3
CPH 672	Evidence-Based Public Health Planning and Practice	3
CPH 609	Public Health Practicum	3
CPH 608	Public Health Capstone	3
	Core Total	**24**

Table 1: Required MPH Core Courses

Course Number	Course Name	Credit Hours
	Concentration Requirements	
CPH 604	Foundations of Health Behavior I	2
CPH 674	Foundations of Health Behavior II	2
CPH 746	Research Methods for Health Behavior	3
CPH 648	Health Disparities	3
	Health Behavior Electives Consult with your advisor to discuss elective options.	9
	Concentration Total	**19**

Table 2: HBS Concentration required courses

The most significant change to the MPH concentration in HBS was implemented in the 2016-2017 academic year. Previously, the required capstone project was a research paper, usually involving secondary quantitative data analysis. After extensive discussion, the faculty changed the capstone assignment from a research paper to a program grant proposal. Students are provided with a Request for Applications (RFA - see Appendix 3) to which their capstone project must respond. The RFA calls for a program proposal that could be implemented at the

local level. This change recognizes that the MPH is a practice degree, and that grant writing experience is more applicable to the needs of most practitioners than is a traditional research paper. Informal feedback from students who have completed this "applied capstone" has been extremely positive, with graduates reporting that the grant writing experience has been highly valuable both for those entering the public health workforce and for those pursuing further graduate education. Courses for HBS concentrators are sequenced so that students select a topic for their capstone as part of Research Methods (CPH 746), generally in the fall of Year 2, and complete this culminating project the following semester as part of the Public Health Capstone class (CPH 608). Students are assigned to a faculty member who serves as chair of the capstone committee and guides the student in mastering the topical content of the work, while the instructor of CPH 608 guides students in the mechanics of writing and presenting the capstone. Students then present their capstone proposal to a committee of three HBS faculty members, which evaluates the student's mastery of this assignment.

Composition of Student Enrollment (trends and demographics)

Enrollment in the HBS concentration of the MPH program has fluctuated slightly each year but has remained fairly consistent over the last five-year period (Table 3). While enrollment dipped to a low in Fall 2018, it rebounded in Fall 2021 to its highest level during the last five years. Part of that rebound appears to come from an increase in part-time students (Table 4), often University employees. The trend towards an increasing proportion of part-time students is even more pronounced among HBS concentrators, as indicated in Figure 1. Figure 2 presents the number of degrees conferred during the review period.

Enrollment Trend

	Specialization (group)	Specialization Sh..	Fall 2017	Fall 2018	Fall 2019	Fall 2020	Fall 2021
Baccalaureate	Pre-Public Health	PPHE-BPH	79	85	122	118	86
	Public Health	PUHE-BPH	195	161	138	175	202
Graduate Certificat Doctorat.. e	Gerontology	GERO-PHD	16	14	10	7	8
	Gerontology	GERO-CE..	15	15	12	8	1
Master's	Health Behavior	MPHPUH..	17	14	21	25	23

Table 3: Enrollment data (overall)

Number of Part-time and Full-time Students						
Qualification L..	Full Pa..	Fall 2017	Fall 2018	Fall 2019	Fall 2020	Fall 2021
Baccalaureate	Full-time	263 96%	238 97%	251 97%	290 99%	282 98%
	Part-time	11 4%	7 3%	9 3%	3 1%	6 2%
Master's					1 4%	3 13%
	Full-time	14 82%	10 71%	14 67%	17 68%	13 57%
	Part-time	3 18%	3 21%	7 33%	6 24%	7 30%
	Null		1 7%		1 4%	
Doctorate-Gradu..	Full-time	5 31%	8 57%	5 50%	6 86%	8 100%
	Part-time	11 69%	6 43%	5 50%	1 14%	
Graduate Certificate		2 13%			2 25%	
	Full-time	9 60%	9 60%	9 75%	5 63%	
	Part-time	2 13%	4 27%	1 8%	1 13%	1 100%
	Null	2 13%	2 13%	2 17%		

Table 4: Enrollment data (full- vs. part-time status)

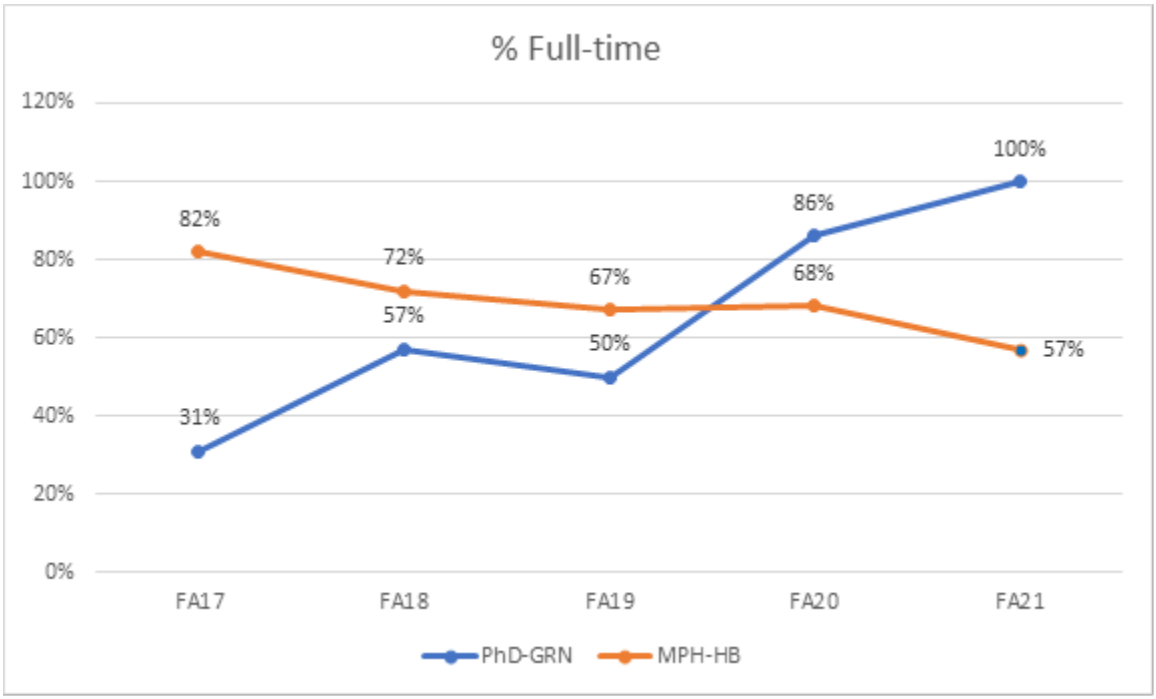


Figure 1: Proportion of HBS students who are full-time

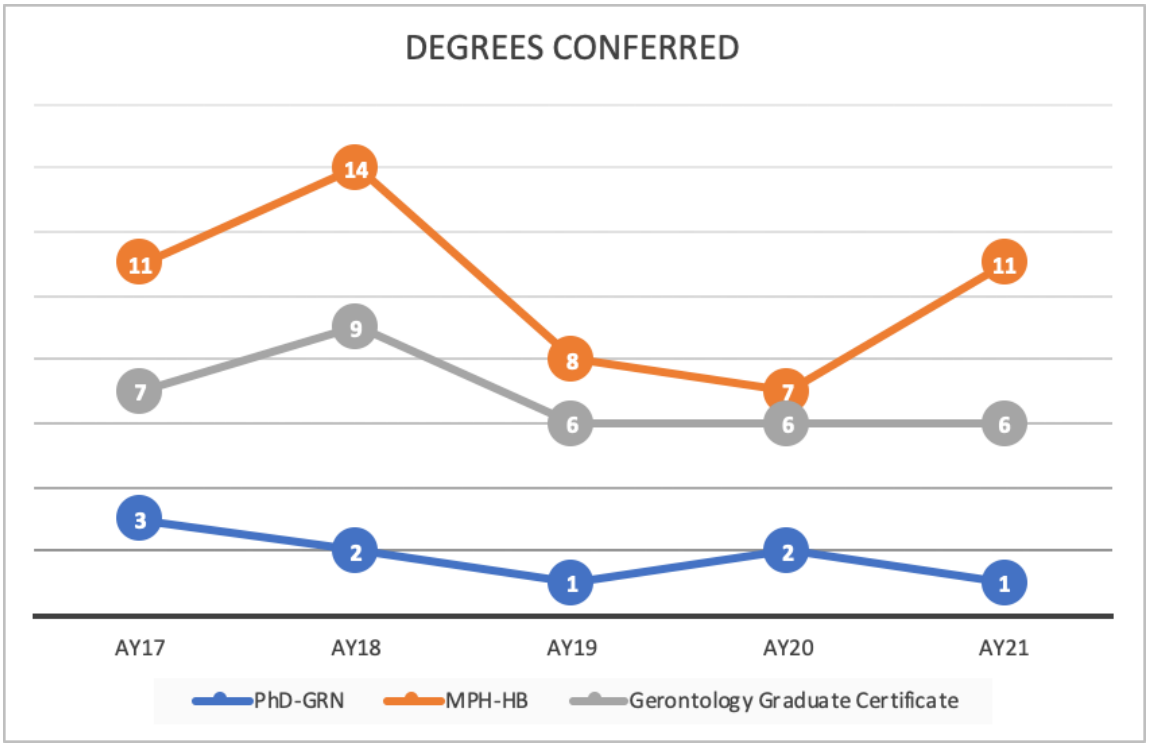


Figure 2: Number of Degrees Conferred

Student demographics

Gender

As seen in Table 5, a significant majority of public health students in all degree programs are female. While there are some variations over time, 80-85% of BPH students in the last five years have been female, and females represent 75-90% of MPH students. Among HBS students in the MPH program, however, there is a fairly consistent trend towards greater gender balance, with the percentage of students who are female dropping from 88% to 74% between 2017 and 2021. (Figure 3)

Number of Male and Female Students by Degree Level													
	Fall 2017			Fall 2018			Fall 2019		Fall 2020		Fall 2021		
Qualifica..	-	F	M	-	F	M	F	M	F	M	-	F	M
Baccalaur..	1 0%	217 79%	56 20%	1 0%	199 82%	44 18%	215 83%	45 17%	245 84%	48 16%	1 0%	246 86%	39 14%
					2 100%							2 100%	
Master's		15 88%	2 12%		12 86%	2 14%	17 81%	4 19%	21 84%	4 16%		17 74%	6 26%
Doctorate-..		13 81%	3 19%		11 79%	3 21%	8 80%	2 20%	5 71%	2 29%		4 50%	4 50%
Graduate Certificate		11 73%	4 27%		11 73%	4 27%	10 83%	2 17%	8 100%			1 100%	

Table 5: Enrollment data by gender

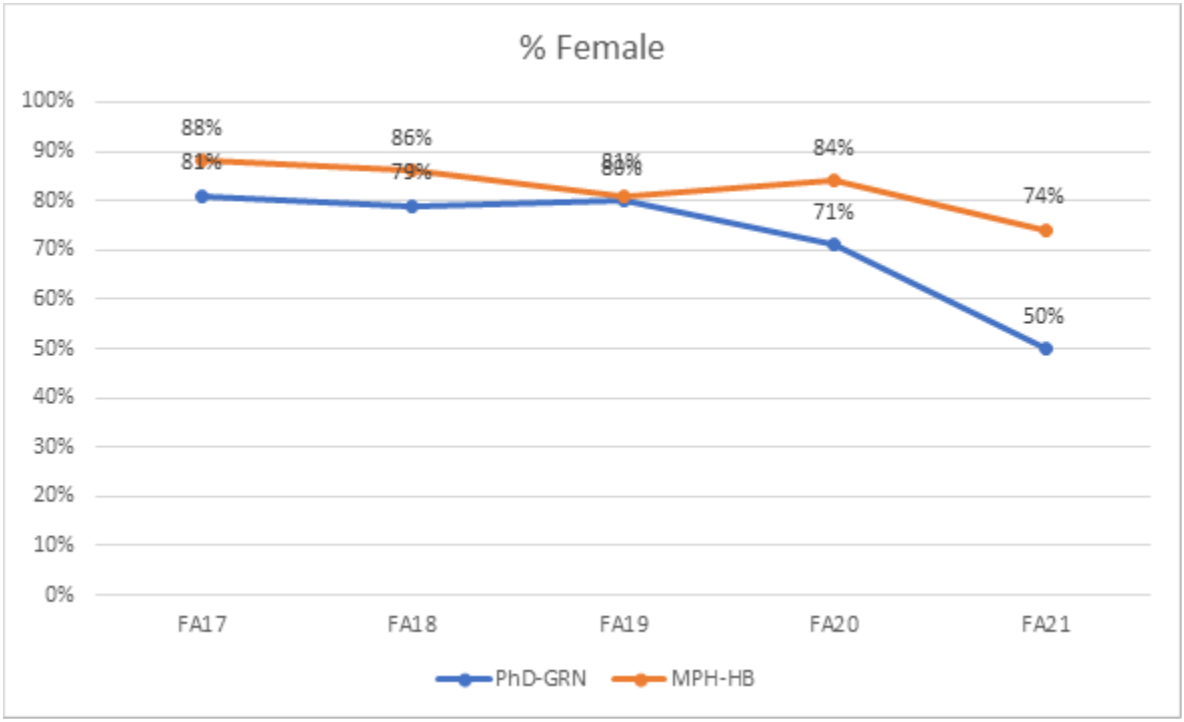


Figure 3: Enrollement trends, by gender

Race and Ethnicity

Enrollment of under-represented minorities continues to be a strength of the College of Public Health (Table 6). The percentage of students who are white (non-Hispanic) in both the BPH and the MPH programs has fluctuated around 70%, in comparison to 84.1% of Kentuckians as a whole (2021 Census estimates). Black students comprise about 14% of all BPH students and approximately 8-9% of MPH students, compared to 8.5% of the entire Kentucky population. Figure 4 and Table 6 demonstrate that the racial and ethnic demographics of HBS enrollees are fundamentally similar to those of the College as a whole.

Ethnicity

		Academic Term				
Qualification Level	Ethnicity Cpe	Fall 2017	Fall 2018	Fall 2019	Fall 2020	Fall 2021
Baccalaureate	American Indian or Alask..	1%	0%	0%	0%	
	White (Non-Hispanic)	69%	69%	72%	73%	70%
	Black (Non-Hispanic)	14%	14%	14%	11%	13%
	Hispanic	4%	5%	5%	5%	5%
	Nonresident Alien	1%	1%	0%	0%	2%
	Asian	5%	4%	4%	5%	5%
	Multi-Racial (two or more..	4%	4%	3%	3%	4%
	Unknown	1%	2%	2%	2%	2%
Master's	White (Non-Hispanic)	76%	64%	67%	68%	70%
	Black (Non-Hispanic)	6%			8%	9%
	Nonresident Alien		7%	5%	4%	4%
	Asian	6%	7%	5%	4%	9%
	Multi-Racial (two or more..	6%	14%	10%	4%	
	Unknown	6%	7%	14%	12%	9%
Doctorate-Gra..	White (Non-Hispanic)	69%	86%	80%	71%	63%
	Black (Non-Hispanic)	6%				
	Nonresident Alien	6%	7%	10%	14%	25%
	Multi-Racial (two or more..	6%	7%	10%	14%	13%
	Unknown	13%				
Graduate Certificate	White (Non-Hispanic)	73%	87%	92%	100%	
	Black (Non-Hispanic)					100%
	Nonresident Alien	7%				
	Multi-Racial (two or more..	7%	7%	8%		
	Unknown	13%	7%			

Table 6: Enrollment data by race/ethnicity

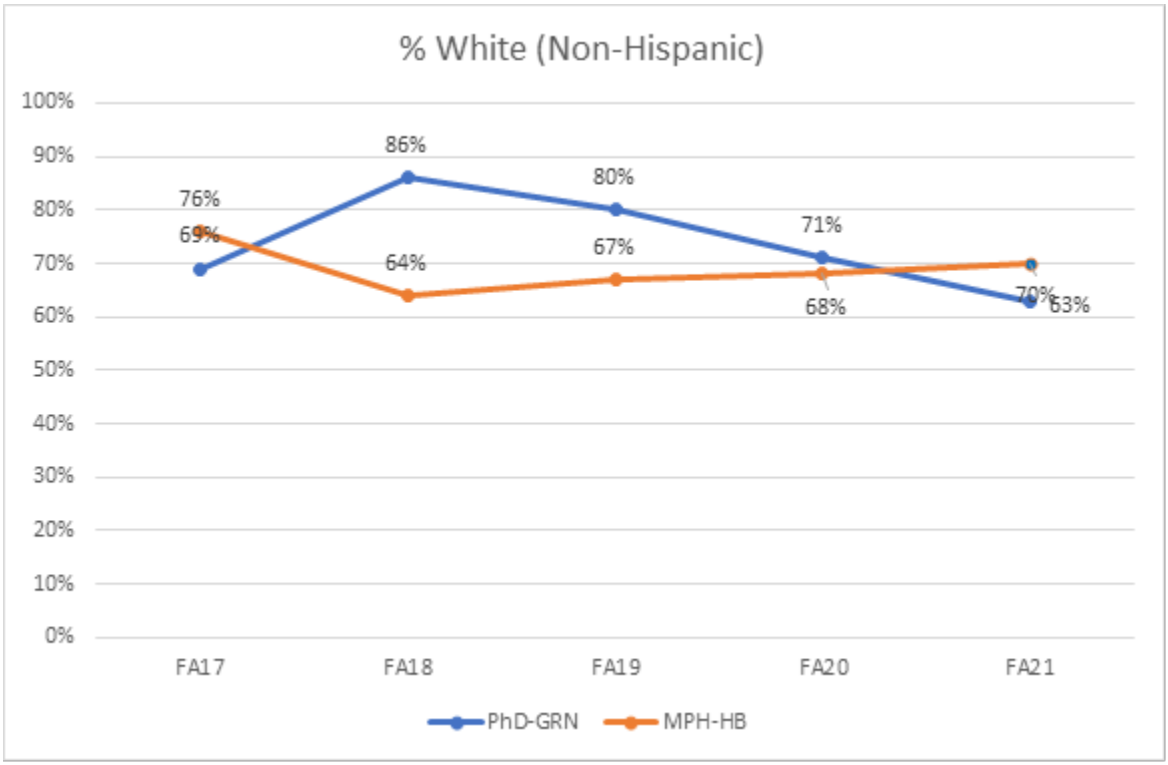


Figure 4: Race/ethnicity of HBS graduate students

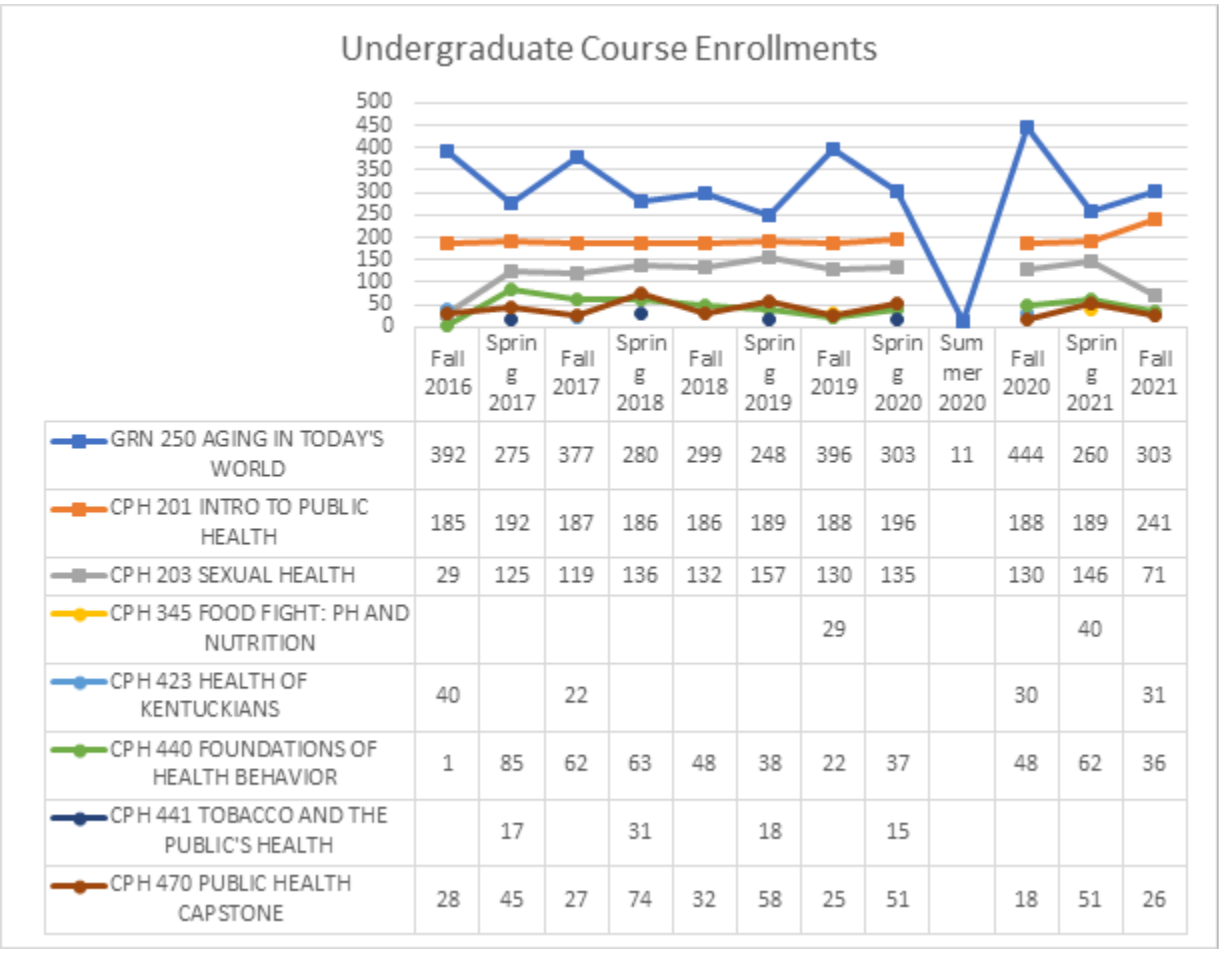
HBS Curriculum

The Department offers a wide range of undergraduate and graduate courses, covering theoretical, methodological, and topical areas, as seen in Table 7. Courses required for the BPH degree (CPH 201, 440, and 470) and for the MPH degree (previously CPH 604, changed in 2021 to CPH 643 and CPH 672) are offered two semesters every year. While undergraduate and graduate gerontology courses are also listed in Table 7, the future of some of the graduate courses considering faculty attrition is unclear.

		Fall 2016	Spring 2017	Summer 2017	Fall 2017	Spring 2018	Summer 2018	Fall 2018	Spring 2019	Summer 2019	Fall 2019	Spring 2020	Summer 2020	Fall 2020	Winter 2020	Spring 2021	Summer 2021	Fall 2021
GRN 250	AGING IN TODAY'S WORLD	392	275		377	280		299	248		396	303	11	444		260		303
GRN 585	AGING AND ENVIRONMENT	16			15			10			16			1				5
GRN 600	A STUDY OF THE OLDER PERSON	4			2									2				3
GRN 601	CONTEMPORARY AGING AND SOCIETY															6		
GRN 610	PSYCHOLOGY OF AGING											9						
GRN 620	HUMAN AGING AND ADJUSTMENT		4			2										2		
GRN 650	RESEARCH DESIGN IN GERONTOLOGY				5						2							2
GRN 656	INTEGRATIVE STUDIES IN GERONTOLOGY		2			4						2						
GRN 662	LONG TERM CARE IN AN AGING SOCIETY															4		
GRN 704	MENTAL HEALTH AND AGING								5									
GRN 775	CLINICAL GERONTOLOGY							5						4				
GRN 790	PROFESSIONAL DEVELOPMENT IN GERONTOLOGY	2																
CPH 201	INTRO TO PUBLIC HEALTH	185	192		187	186		186	189		188	196		188		189		241
CPH 203	SEXUAL HEALTH	29	125		119	136		132	157		130	135		130		146		71
CPH 345	FOOD FIGHT: PH AND NUTRITION										29					40		
CPH 423	HEALTH OF KENTUCKIANS	40			22									30				31
CPH 440	FOUNDATIONS OF HEALTH BEHAVIOR	1	85		62	63		48	38		22	37		48		62		36
CPH 441	TOBACCO AND THE PUBLIC'S HEALTH		17			31			18			15						
CPH 470	PUBLIC HEALTH CAPSTONE	28	45		27	74		32	58		25	51		18		51		26
CPH 604	FOUNDATIONS OF HEALTH BEHAVIOR I	42	24		28	16		17	10		17			17				15
CPH 640	WOMEN'S HEALTH											12						
CPH 643	MSURING HLTH BEHAV: QUANT & QUAL APPROAC	14			15			14			37			41				62
CPH 644	RURAL HEALTH DISPARITIES								8									
CPH 645	FOOD SYS, MALNUTRITION & PUBLIC HEALTH		9			9			16			4						
CPH 648	ELIM HEALTH DISPARITIES		16			10			9			15				10		
CPH 672	EVIDENCE-BASED PH PLANNING & PRACTICE		13			9			15			23				40		
CPH 674	FOUNDATIONS OF HEALTH BEHAVIOR II											12				10		
CPH 746	RESEARCH METHODS FOR HEALTH BEHAVIOR	11			13			7			9			11				6
CPH 763	ETHICS FOR PUBLIC HEALTH	13			13			11										

Table 7: HBS course offerings and enrollment, by semester

The faculty of HBS regularly reviews course offerings and sequencing to ensure that students can enroll in needed courses and graduate on schedule. While the rapid growth of the BPH program initially led to challenges in providing undergraduate course offerings across the College, HBS elective courses such as CPH 203, CPH 345, CPH 423, and CPH 441 were created to meet that demand. Figure 5 displays enrollment data in HBS undergraduate courses. As Figure 6 portrays, HBS represented 58% of undergraduate course enrollments across the entire College of Public Health.



	Fall 2016	Spring 2017	Fall 2017	Spring 2018	Fall 2018	Spring 2019	Fall 2019	Spring 2020	Summer 2020	Fall 2020	Spring 2021	Fall 2021
GRN 250 AGING IN TODAY'S WORLD	392	275	377	280	299	248	396	303	11	444	260	303
CPH 201 INTRO TO PUBLIC HEALTH	185	192	187	186	186	189	188	196		188	189	241
CPH 203 SEXUAL HEALTH	29	125	119	136	132	157	130	135		130	146	71
CPH 345 FOOD FIGHT: PH AND NUTRITION							29				40	
CPH 423 HEALTH OF KENTUCKIANS	40		22							30		31
CPH 440 FOUNDATIONS OF HEALTH BEHAVIOR	1	85	62	63	48	38	22	37		48	62	36
CPH 441 TOBACCO AND THE PUBLIC'S HEALTH		17		31		18		15				
CPH 470 PUBLIC HEALTH CAPSTONE	28	45	27	74	32	58	25	51		18	51	26

Figure 5: Undergraduate enrollment in HBS-taught courses

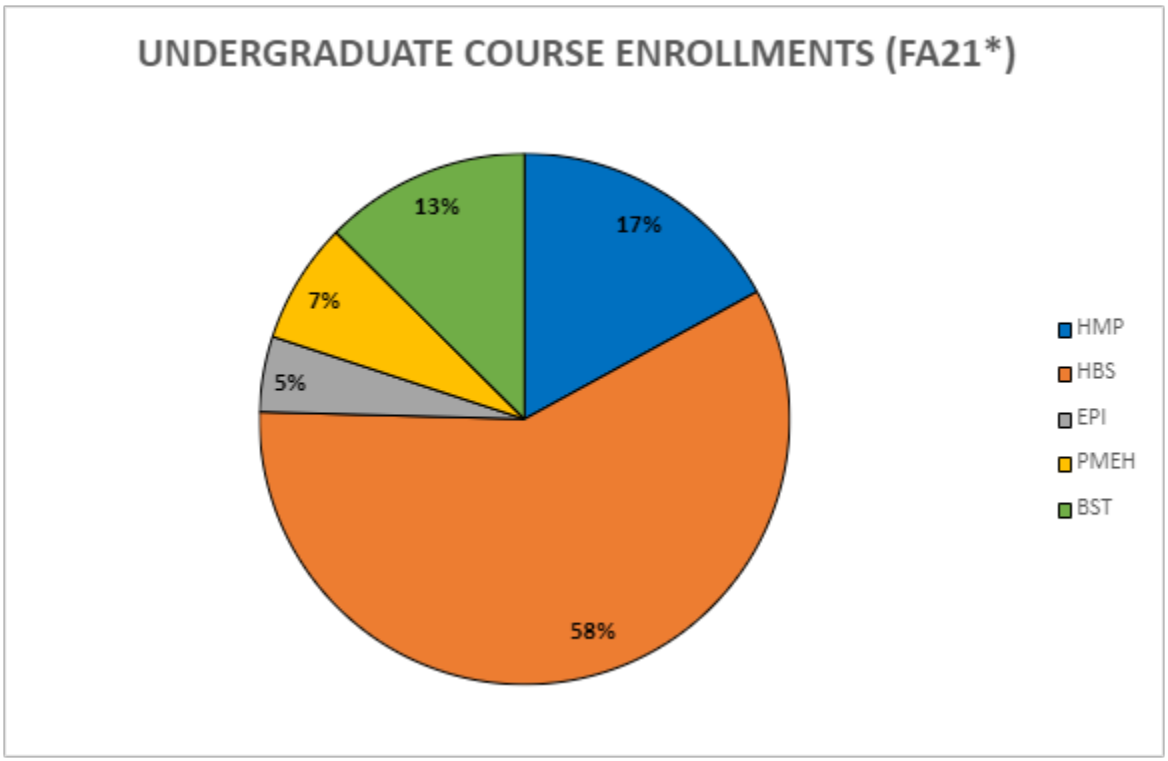
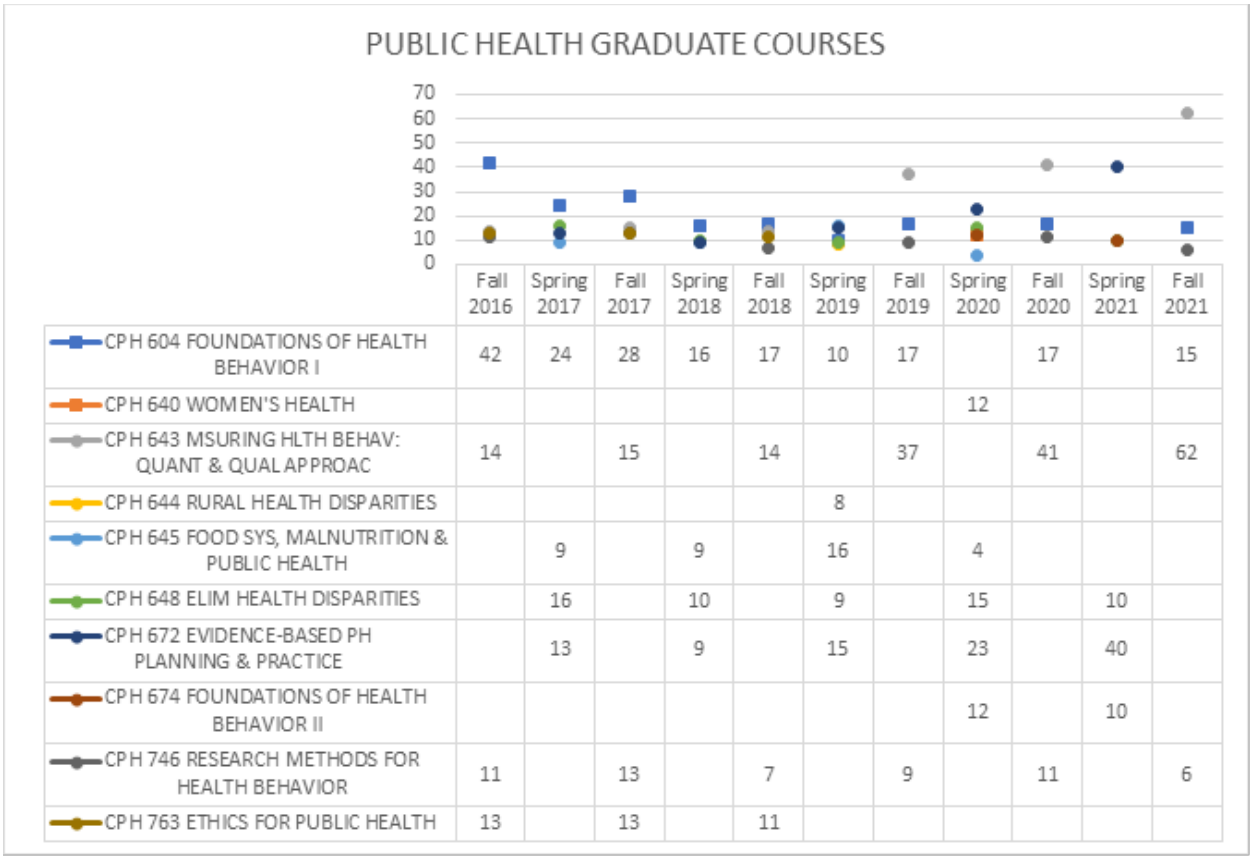


Figure 6: CPH undergraduate course enrollments, by department

At the MPH level, elective courses and concentration requirements are generally offered once per year (Table 8). When students have topical areas of interest not covered by our curriculum, or scheduling difficulties preclude taking our electives (often due to employment), they are encouraged to meet some of their elective requirements in other departments and colleges at UK.



	Fall 2016	Spring 2017	Fall 2017	Spring 2018	Fall 2018	Spring 2019	Fall 2019	Spring 2020	Fall 2020	Spring 2021	Fall 2021
CPH 604 FOUNDATIONS OF HEALTH BEHAVIOR I	42	24	28	16	17	10	17		17		15
CPH 640 WOMEN'S HEALTH								12			
CPH 643 MSURING HLTH BEHAV: QUANT & QUAL APPROAC	14		15		14		37		41		62
CPH 644 RURAL HEALTH DISPARITIES						8					
CPH 645 FOOD SYS, MALNUTRITION & PUBLIC HEALTH		9		9		16		4			
CPH 648 ELIM HEALTH DISPARITIES		16		10		9		15		10	
CPH 672 EVIDENCE-BASED PH PLANNING & PRACTICE		13		9		15		23		40	
CPH 674 FOUNDATIONS OF HEALTH BEHAVIOR II								12		10	
CPH 746 RESEARCH METHODS FOR HEALTH BEHAVIOR	11		13		7		9		11		6
CPH 763 ETHICS FOR PUBLIC HEALTH	13		13		11						

Table 8: Graduate course offerings of department

Learning Outcomes Assessment

All courses are regularly reviewed by faculty and College staff to ensure that Student Learning Outcomes align with the competencies expected by CEPH, the accrediting body for the degree programs in which the department participates. Because these degrees are administered by the College, rather than the Department, this review of curriculum is conducted at the college level. The College received initial accreditation by CEPH in 2005 and was re-accredited in 2017 through 2025.

Delivery of Instruction

All MPH core courses, including the HBS courses CPH 643 and CPH 672, have been approved for distance learning by the UK Senate. The remainder of masters' level courses are a mix of distance and in-person learning, both by instructor preference and the demands of student scheduling. While all courses were converted to virtual delivery during the COVID-19 pandemic, the faculty has diverse views on the desirability of distance learning, so there is not a departmental policy on the matter.

III. FACULTY AND STAFF

Faculty

As of December 2021, the total full-time faculty of HBS was comprised of 15 individuals, with the distribution by rank and title series delineated in Table 9 (see also Appendix 4). Increasing demand for instruction has led to hiring two Special Title Series faculty (tenure track) and one lecturer who focuses on teaching. Over the past five years, no more than two part-time (ad hoc) faculty have been hired to teach in the department in any semester, generally to fill gaps when full-time faculty have increased research or administrative responsibilities. The majority of courses in the department continue to be taught by full-time faculty and lecturers.

Title Series and Rank by Status

		Faculty Status Time	
Title Series	Rank	FT	PT
Regular	Assistant Professor	4	
	Associate Professor	4	
	Professor	3	
Lecturer	Lecturer	1	
Clinical	Assistant Professor	1	
Part-Time	Instructor		2
Post-Retirement	Professor		1
Special	Assistant Professor	2	
Grand Total		15	3

Table 9: Faculty of Health, Behavior & Society

Efforts to promote diversity among HBS faculty have been a high priority for the department. Over the entire review period, women have constituted over half of all faculty. In terms of racial and ethnic diversity, as indicated in Table 10, 20% of the faculty in 2016 was nonwhite (both associate professors).Following the departure of one of those professors and the addition of new faculty, the percentage of non-white faculty dropped to 12.5% in 2018, but rebounded to 22.2% in 2021. (Table 11). The fact that the faculty members coming from non-majority ethnic/racial groups are either assistant or associate in rank is a reflection, in part, of our increasing efforts to diversify our hiring practices.

Percentage of Male and Female Faculty by Rank

Rank	Faculty Gender: Female	Male
Professor		4 (100.0%)
Associate Professor	2 (50.0%)	2 (50.0%)
Assistant Professor	5 (71.4%)	2 (28.6%)
Lecturer	1 (100.0%)	
Instructor	2 (100.0%)	
Grand Total	10 (55.6%)	8 (44.4%)

Table 10: Faculty, by rank and gender (current)

Rank by Race/Ethnicity (Table)

Rank	Asian	Hispanic/Latino	Two or More Races	White/Caucasia...
Assistant Professor	1 14.3%	1 14.3%	1 14.3%	4 57.1%
Associate Professor			1 25.0%	3 75.0%
Professor				4 100.0%
Instructor				2 100.0%
Lecturer				1 100.0%
Grand Total	1 5.6%	1 5.6%	2 11.1%	14 77.8%

Table 11: Faculty, by rank and race/ethnicity (current)

Faculty and staff turnover

From 2015-2020, a total of 8 faculty members have left HBS, including two full professors (regular title series), three associate professors (1 research title, 1 extension title, and 1 regular title), and three assistant professors (2 clinical title, 1 regular title). In January 2022, one additional assistant professor (special title) left the department. None of these departures were due to retirement.

Over that same time period, six faculty members have joined the department, including one full professor (regular title), one associate professor (regular title), and four assistant professors (1 special title, 1 temporary title (later converted to regular title), 1 regular title, and 1 clinical title). (See Appendix 4 for details)

These numbers do not include the faculty of the Graduate Center for Gerontology, three of whom joined the department in 2020 (one full professor and two assistant professors, all regular title series). The full professor (Dr. Watkins) has announced his plans to retire in 2022, and one of the assistant professors (Dr. Hunter) has announced plans to leave the University.

Since 2015, there have been two individuals who have served as the department's administrative assistant. Staff hired for research grants have varied with funding availability and need.

Faculty Distribution of Effort (DOE)

Faculty DOE varies significantly from year to year, based largely on grants received and administrative responsibilities taken on by departmental members. On average, between 2015 and 2020, instruction represented 29.3% of faculty effort, with research representing 50.4%, service representing 4.7%, administration representing 12.5%, and professional development 3.16% of effort. This compares favorably with the College's general goal of research representing at least 1/3 of faculty effort. Appendix 4 presents data on individual faculty DOE.

A majority of respondents in the self-study survey (6 of 10) agreed with the statement "My department promotes a fair balance of teaching, research, and service that allows me to be productive and advance professionally." Response to the statement "My DOE accurately reflects my primary work activities" was more evenly split, with 4 respondents agreeing, 4 disagreeing, and 2 neutral. Overall job satisfaction was more positive, with only one respondent indicating they are not satisfied, 5 respondents indicating they are satisfied, and 4 neutral on the issue of job satisfaction.

Staff

The Department has one Administrative Associate who serves the entire faculty, particularly the Chair of the Department. Other staff are hired as needed for grants and contracts awarded to faculty members; in 2021, there were two such project staff. Currently, all staff members are white females, although one Latina staff member was employed by faculty during the self-study time frame.

Faculty and Staff Success

Over the last five years, two faculty members were promoted to Associate with tenure, and one faculty member was promoted to Full Professor. There have not been any faculty denied tenure during this time period.

The faculty have engaged in significant discussion about mentoring and faculty development. Each junior faculty member is asked to assemble a mentorship team, with a mentoring system first instituted in 2021 (Appendix 5) . In the self-study survey, respondents were asked their level of agreement with the statement "The formal mentoring process towards promotion and tenure is clear and helpful." The responses (from 9 faculty members) uniformly disagreed with this statement, with 7 disagreeing and 2 strongly disagreeing.

The success of faculty and staff of the department can be measured in multiple ways. For example, a number of HBS faculty have received teaching awards from the College. Recent awardees include Dr. Tina Studts, who received the Golden Apple Award (selected by the Student Public Health Association) in 2019 and Dr. Sarah Cprek, who received the Dean's Outstanding Undergraduate Teaching Award in 2021. Also, several of our faculty have been promoted to prominent positions at the University level, most notably Dr. Kathryn Cardarelli, Senior Associate Provost for Administration & Academic Affairs, and Dr. Corrine Williams, acting Associate Vice President for Student Wellbeing.

IV. RESEARCH

Areas of Research Emphasis

The faculty in HBS conduct research on a wide range of public health disease challenges, including cancer, sexual health, food and nutrition, women and children's health, substance abuse, health communications, and health disparities. This breadth of topics is an important benefit to our students, who have access to topical expertise and active research in a wide array of areas.

Several threads of commonality weave these disparate topics together, most notably a focus on the role of communities, including those in rural areas such as Appalachian eastern Kentucky. The arrival of several new faculty members, combined with the departure of several highly productive researchers, has begun to shift the topical and regional foci, but the emphasis on the role of communities remains a key defining feature of research in the department. More recently, an emphasis on intervention research is a growing hallmark of the department, with several faculty moving into the rapidly expanding field of dissemination and implementation science.

Research Productivity

As seen in Figures 7 and 9, the department has been successful in obtaining extramural support for research, particularly support from the federal government. While annual variation is clear, the number of faculty members receiving extramural support has ranged from 4 to 9 over the period FY2017 to FY2021, with over $1.6 million dollars received in 3 of the 5 years under review. State and nonprofit grants have also been an important source of research funding, with several faculty members maintaining regular support from these entities. Because the departments were separate for most of the time period in question, these figures do not include data from the Department of Gerontology; those data are provided in Figures 8 and 10.

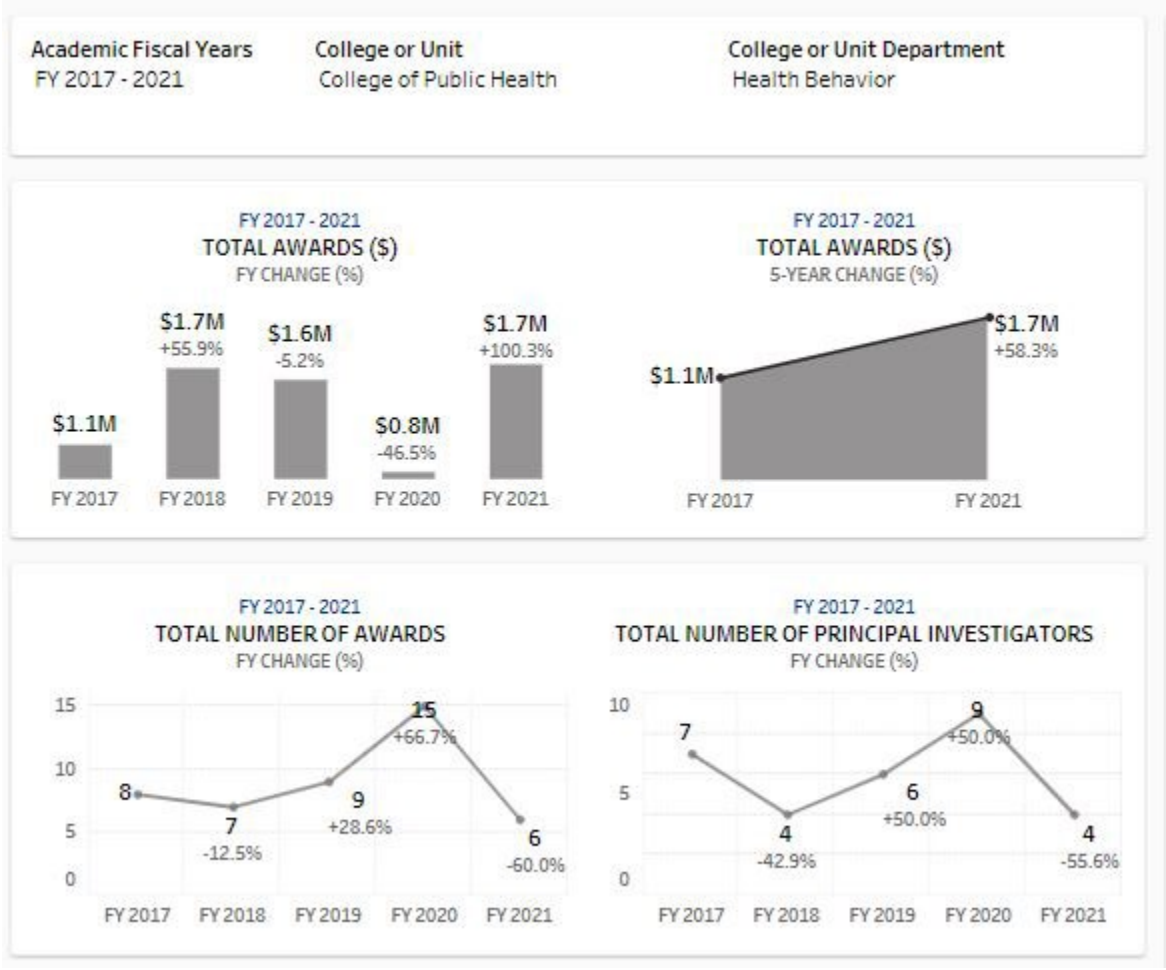


Figure 7: Number of research awards (HBS)

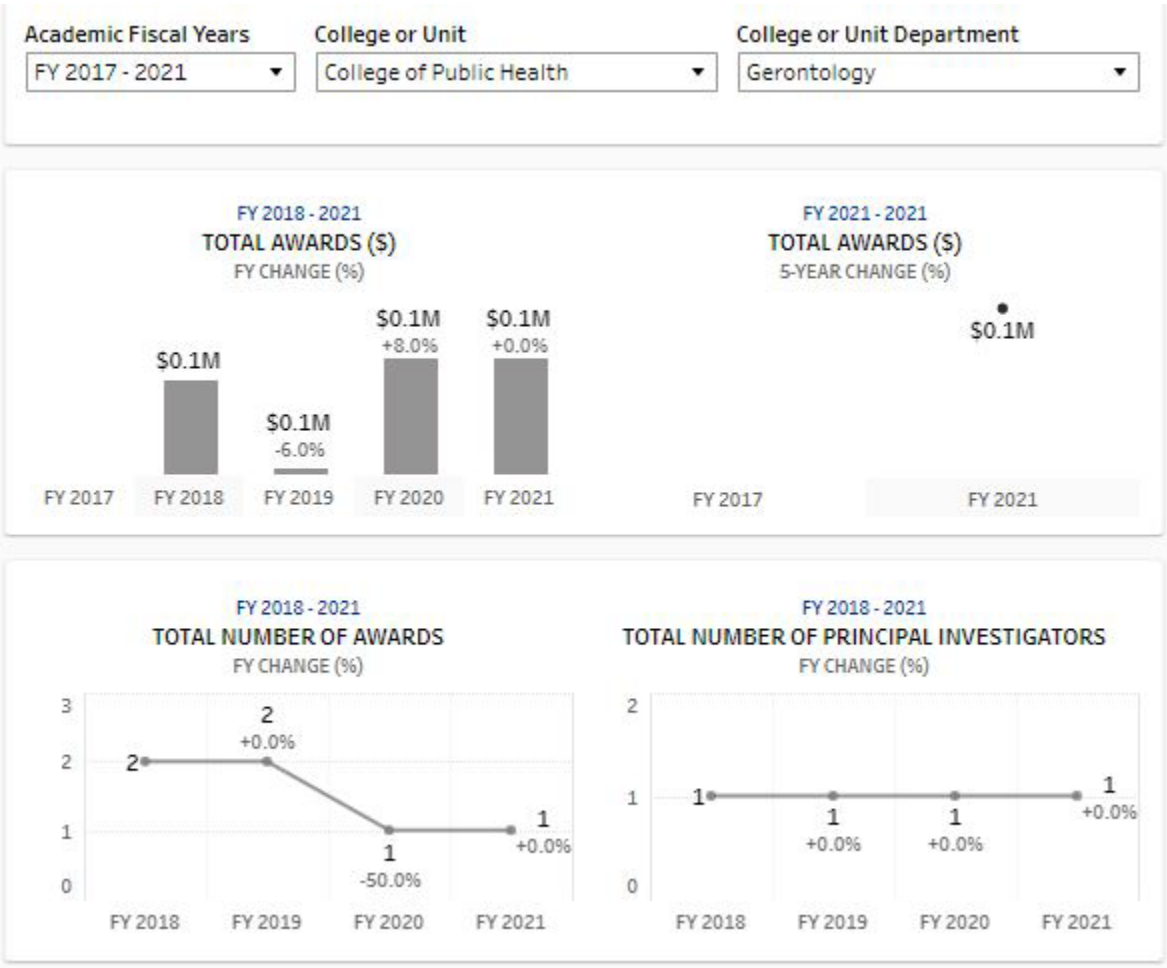


Figure 8: Number of research awards (Gerontology)

FY 2017 - 2021

TOTAL AWARDS ($), 5-YEAR TREND BY FUNDING SOURCE

	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021
Federal Government	$620,573	$1,251,402	$1,161,186	$167,510	$1,600,887
State Government	$233,640	$338,640	$160,906	$169,081	
Nonprofit	$78,810	$75,079	$74,804	$181,628	$3,609
Other	$135,000		$181,610	$326,076	$86,239
Total	**$1,068,023**	**$1,665,121**	**$1,578,506**	**$844,295**	**$1,690,735**

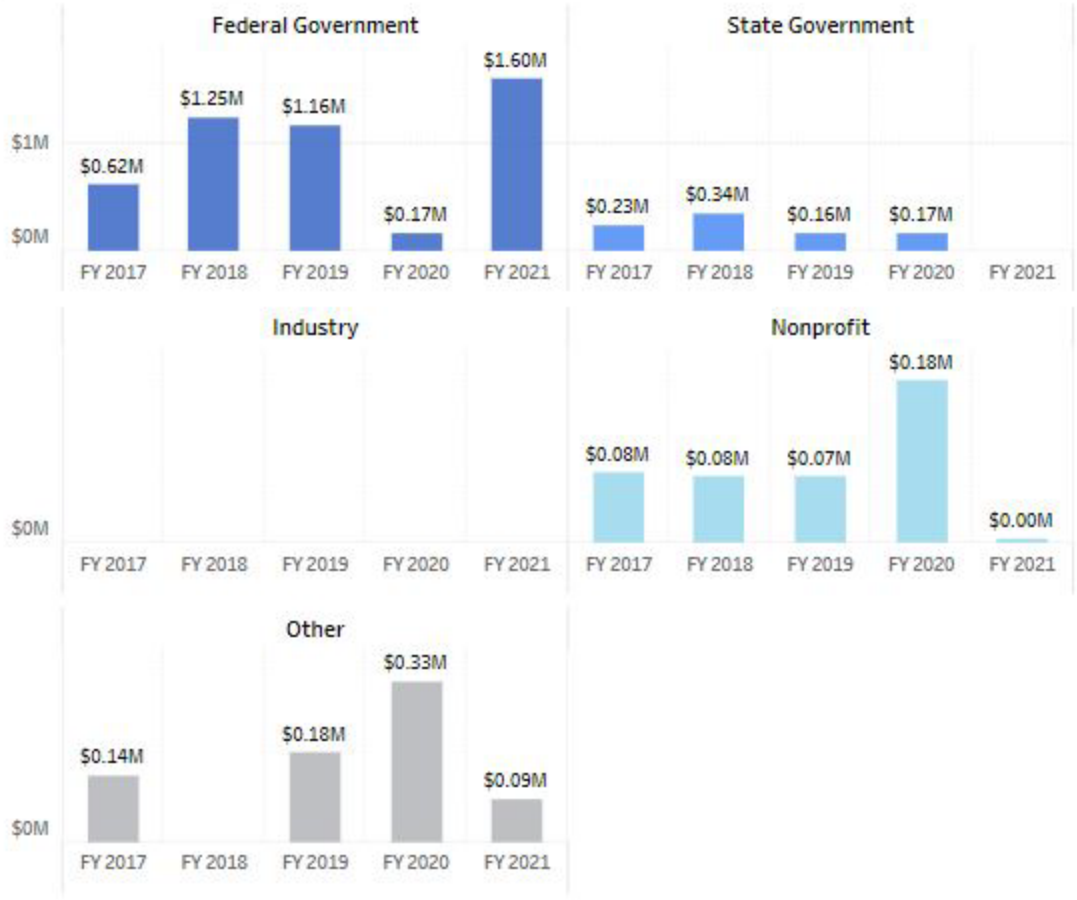


Figure 9: Research funding sources and amounts

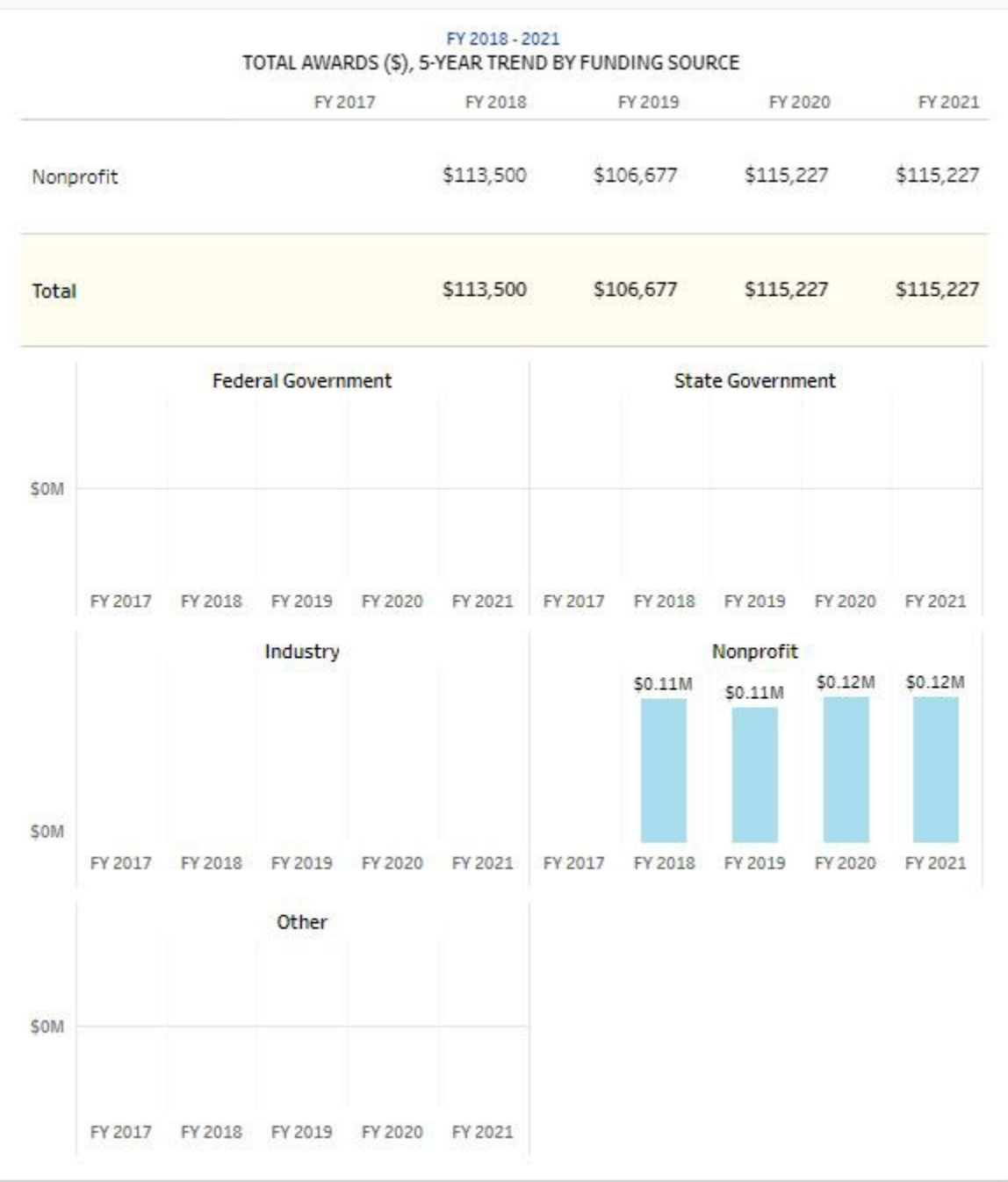


Figure 10: Research funding sources and amounts (Gerontology)

Publications

Dissemination of research findings through peer-reviewed publications is an important metric for the department. Data on publications for this report were obtained from Scopus, Elsevier's abstract and citation database; as such, it is likely that some articles from other publishers are not included in the dataset. Nonetheless, the data from Scopus allow us to see important trends and overall success in research publications by departmental faculty.

During the period 2016-2021, HBS researchers published 226 articles, with a citation count of 1,062, or 4.7 citations per publication. Notably, as portrayed by Figure 11, the number of faculty publications over this time period has been trending upward.

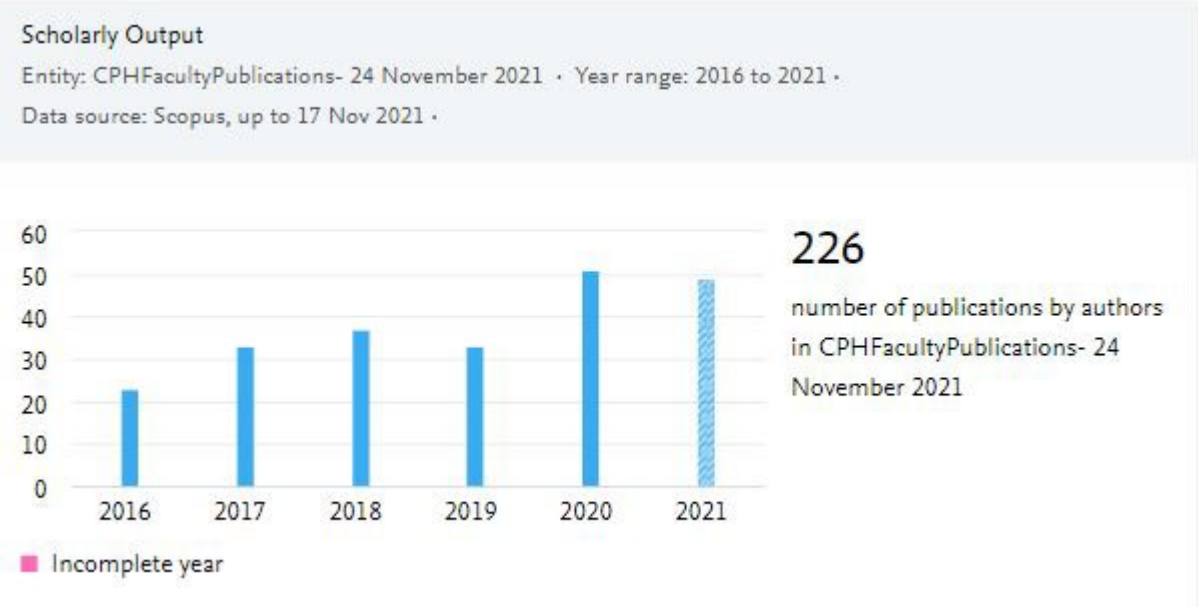


Figure 11: HBS faculty publications (Note: Data are for HBS, not the entire College of Public Health)

HBS faculty collaborate with scholars from across the University of Kentucky, at multiple institutions and organizations within the United States, and (to a lesser extent) with scholars around the globe. As seen in Figure 12, fewer than 15% of the publications by HBS faculty are either single-author or only with other UK collaborators, with nearly 72% written with national collaborators.

Metric		Scholarly Output	Citations	Citations per Publication	Field-Weighted Citation Impact
International collaboration	13.3%	30	91	3.0	0.38
Only national collaboration	71.7%	162	852	5.3	0.81
Only institutional collaboration	14.2%	32	109	3.4	0.53
Single authorship (no collaboration)	0.9%	2	10	5.0	0.49

Figure 12: Publication collaborations

While the department does not track student or staff research productivity, many faculty members actively engage students in their research activities. Historically, MPH students have worked on many faculty research projects, both in paid and unpaid positions. More recently, the College has developed a program to place undergraduate students with faculty researchers, with students receiving academic credit as well as research experience. While the participation of undergraduates in faculty research is not officially tracked, a number of HBS faculty have engaged BPH students in ongoing research projects.

V. SERVICE, EXTENSION, AND OUTREACH

Much of the data for this section are taken from the service survey conducted among faculty and staff in December 2021 for the purpose of generating information for the self-study report. That survey was distributed to 17 faculty and staff members, and 10 individuals completed the survey. A copy of the survey is presented in Appendix 2.

Tracking service has been a long-time challenge in the College of Public Health, and there is no ongoing system of tracking the types and extent of service in which faculty, staff, and students participate at either the college or department level. There have been historical efforts to capture faculty service data on the college level, but anecdotal reports from long-time faculty suggest that the reporting system was cumbersome and incomplete. Currently, the annual Distribution of Effort (DOE) document "credits" individual faculty members with a percentage of their annual effort for service activities, but many faculty members have suggested, both in informal conversations and in the survey conducted for this self-study, that the effort reported often does not accurately reflect the amount of time and effort devoted to service. According to the DOE data, over the last five years, the average portion of faculty time designated as service has been 4.65%. (Appendix 4)

Service to the Department

Every respondent to the survey provided examples of how they have provided service to the department level, including representing the department on college committees, informal and formal mentoring of faculty colleagues, spending significant amounts of time outside of formal instruction interacting with students and alumni (including welcoming and celebratory student receptions), and participating in departmental retreats. While no respondents indicated disagreement with the idea that departmental service was a priority of the department (Figure 13), several comments suggested that this priority was clear, but not rewarded. As one junior faculty member put it, "Yes, we are supposed to do departmental service and spend additional time with students but if it were a real priority, wouldn't there be time allocated for these activities and open appreciation?"

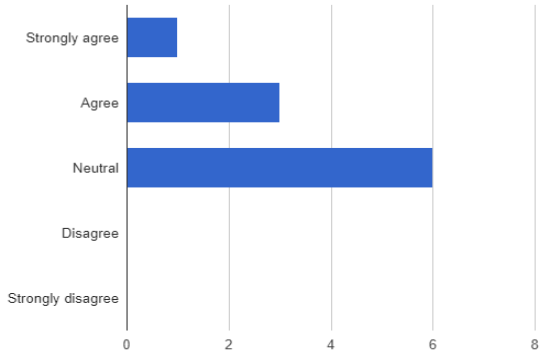


Figure 13: "Participation in departmental service (e.g., committees, task forces, additional time spent with students outside the classroom) is a departmental priority."

Service to the University

Most faculty members also reported service activities at the college and university level, such as participating in college strategic plan meetings, formal and informal mentoring of junior faculty,

and participating in faculty and administrative hiring committees. Several faculty noted that while these activities are something expected of faculty, they are often not fully recognized in the service component of the DOE. When asked about their agreement with the statement "Participation in university service (e.g., committees, task forces, etc.) by faculty and staff is a departmental priority", six of the ten responses were "neutral", with three agreeing and one disagreeing. (Figure 14)

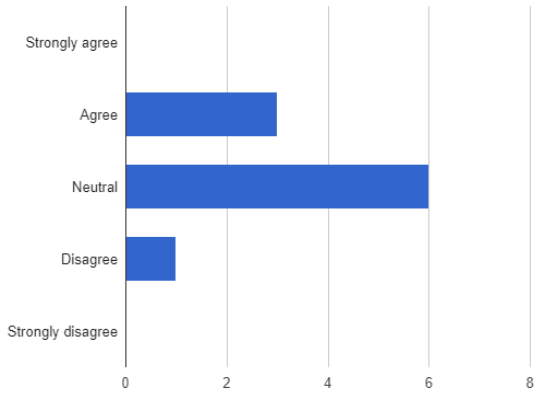


Figure 14: "Participation in university service (e.g., committees, task forces, etc.) by faculty and staff is a departmental priority"

Service to Profession

Types of service to the profession reported on the survey include grant and manuscript reviews, membership in committees and task forces of professional organizations, and editorial board memberships. When asked the question about departmental prioritization of such service, six respondents agreed professional service was a priority, two were neutral, and two disagreed. (Figure 15)

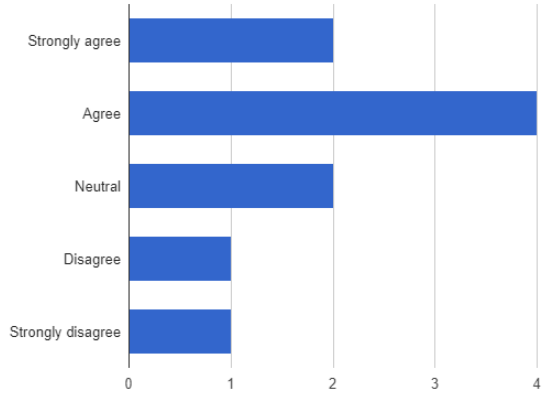


Figure 15: "Participation in professional service (e.g. grant reviews, professional organization membership/leadership) by faculty is a departmental priority."

Service to Community

Examples of community service provided by department members included membership/leadership on boards of directors, provision of continuing education to medical and public health professionals, and work with various community organizations and local health departments.

Respondent perception of the prioritization of community service was less positive, with only one person indicating it was a department priority, five neutral, and three disagreeing (Figure 16). One respondent explained their rating by noting "If service is a priority, it should be clear that time is allocated for this purpose and outlined how participation should take place."

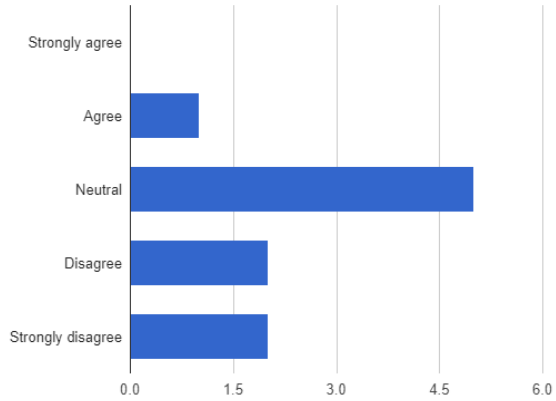


Figure 16: "Participation in community service (e.g. community group membership, board membership, training, expert advisory group etc) by faculty is a departmental priority."

VI. DIVERSITY, INCLUSIVITY, AND CIVILITY

Diversity and Inclusivity

The survey asked several questions about diversity and inclusivity, an area of academic and personal interest for many members of the department. In fact, only one respondent disagreed with the statement that "Overall, my department colleagues are committed to supporting and promoting diversity and inclusion in the department," with the remainder either agreeing (n=7) or neutral (n=2) (Figure 17).

Despite this individual-level commitment to diversity and inclusion, there was less agreement about the department's record in this area. In response to the statement "Recruitment of historically marginalized students, faculty and staff is a departmental priority", 30% of respondents agreed, 40% were neutral, and 30% disagreed. Furthermore, none of the respondents agreed that retention of members of these groups was a priority, with half neutral and the other half disagreeing. (Figures 18 and 19) This discrepancy may suggest that while individuals in the department are supportive of diversity, the department has not succeeded in institutionalizing that commitment through policies and practices.

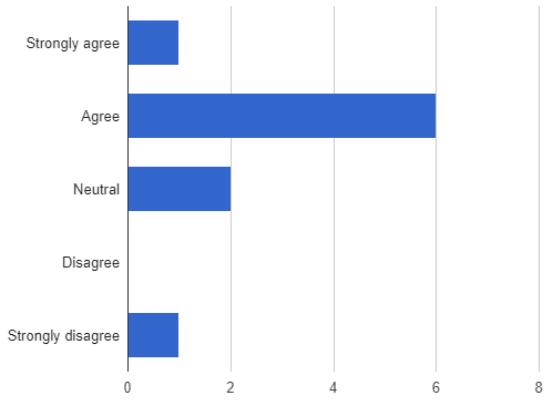


Figure 17: "Overall, my department colleagues are committed to supporting and promoting diversity and inclusion in the department."

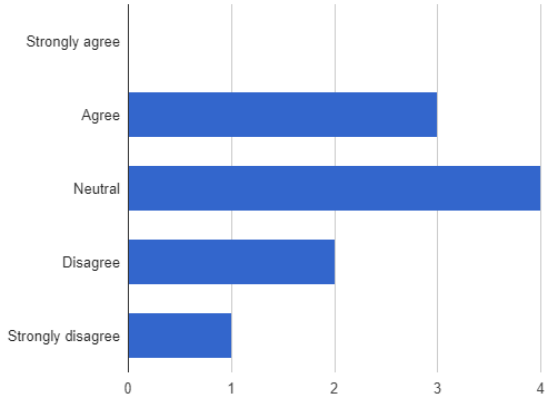


Figure18: "Recruitment of historically marginalized students, faculty and staff is a departmental priority."

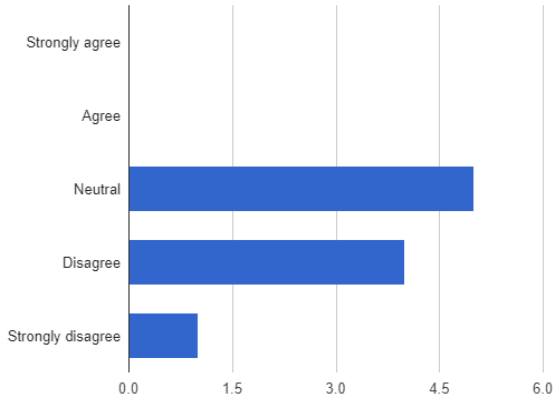


Figure 19: "Retention of historically marginalized students, faculty and staff is a departmental priority."

Perceived Departmental Values

The survey also included a number of slider scale questions, asking respondents to select a point on a continuum between a series of paired values. Table 12 presents the results of these questions.

Paired terms 0 ⟷ 100			Mean	Standard Deviation	Median
Elitist	⟷	Nonelitist	61.8	16.8	67
Ageist	⟷	Anti-ageist	72	25.5	70
Unwelcoming	⟷	Welcoming	74.4	18	71
Unsupportive	⟷	Supportive	65.8	21.1	77.8

Homophobic ⟷ Non-homophobic	79.5	16.9	79
Hostile ⟷ Friendly	68.5	21.5	76.5
Competitive ⟷ Cooperative	62.1	26	65
Individualistic ⟷ Collaborative	41.8	21.4	35.5
Sexist ⟷ Anti-sexist	77.9	21.4	76
Disrespectful ⟷ Respectful	71.4	20.4	65
Homogeneous ⟷ Diverse	36	19.6	32
Racist ⟷ Anti-racist	65.2	24.3	66.5
Contentious ⟷ Collegial	57.2	24	55

Table 12: Perceived Departmental Values

Four of these questions showed a higher degree of differentiation in answers (high standard deviations), and the plots of those values are presented in Figures 20-23.

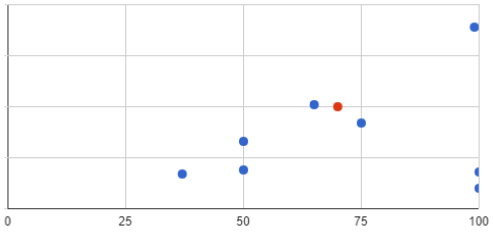


Figure 20: Ageist/Anti-aegist

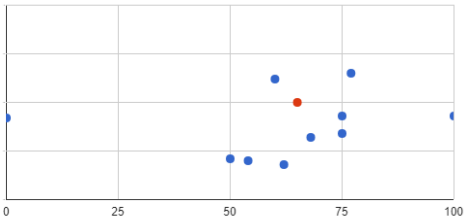


Figure 21: Competitive/Cooperative

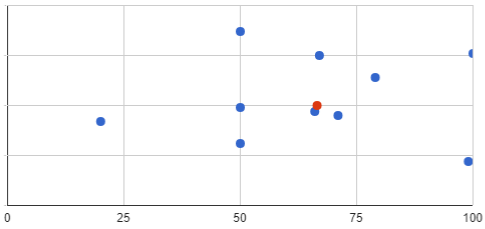


Figure 22: Racist/Anti-racist

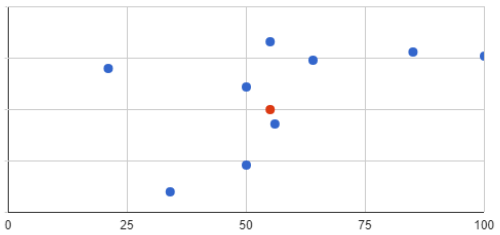


Figure 23: Contentious/Collegial

Civility

Generally, responses to the survey questions on departmental inclusivity and civility suggest that respondents get along well with their colleagues in the department. Nine respondents indicated agreement with the statement "People here seem willing and able to work collaboratively, openly, and respectfully with one another", while only one person disagreed. The majority (50%) agreed that department and college leaders respect and value them, with 40% disagreeing with that statement. (Figures 24 and 25)

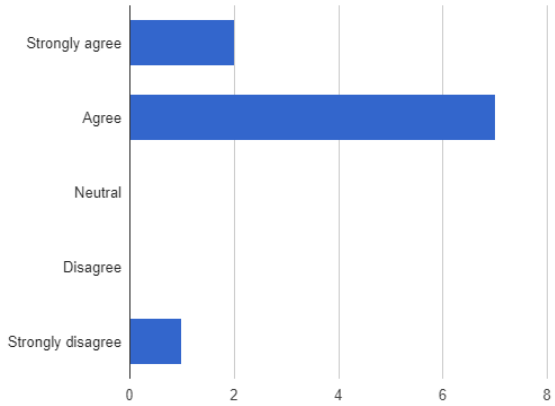


Figure 24: "People here seem willing and able to work collaboratively, openly, and respectfully with one another"

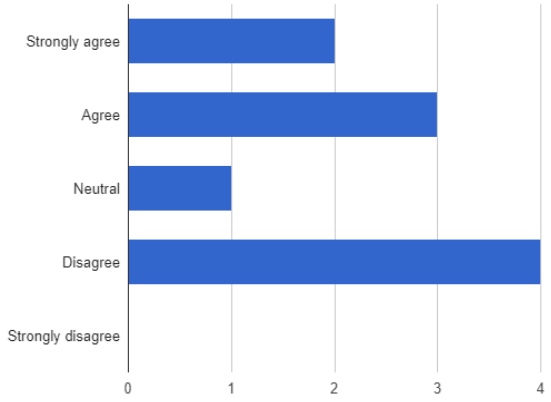


Figure 25: "I generally feel that department and college leaders respect me as a person and value the work that I do."

Finally, one of the few items on the survey to receive 100% agreement from respondents was the statement "I generally agree with most of my colleagues on important matters related to the department." (Figure 26) This high degree of collegiality is something department members often comment on informally as one of the greatest strengths of the department and is especially notable given the relatively large proportion of faculty who have joined the department in the last several years. It may also represent an opportunity to address some of the more difficult issues identified in this survey.

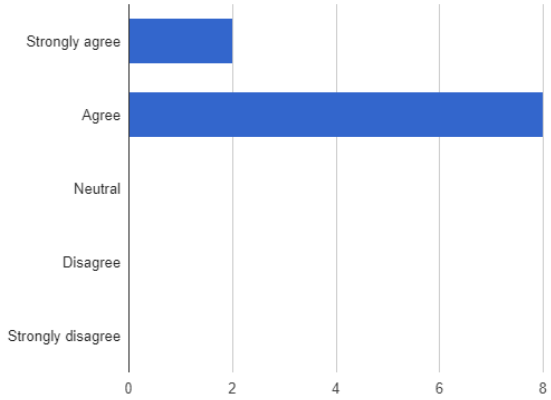


Figure 26: "I generally agree with most of my colleagues on important matters related to the department."

VII. ADMINSTRATION AND GOVERNANCE

The department has a simple administrative structure, with a single chair (Dr. Marc Kiviniemi, chair since 2018). There is not an associate chair or any standing departmental committees. The 2021 UK Work-Life Balance survey indicated a number of faculty concerns about the administration of the department, but the nature of the questions on that survey make it difficult in many cases to determine if problems are at the department, college, or university level. Because of this ambiguity, the self-study committee decided to ask a series of questions specifically about the administration of the department, several of which echoed the concerns raised in the Work-Life Balance survey.

While half of the respondents indicated they have a voice in departmental decision making (Figure 27), no respondents agreed with the statement "Decision making and control seem delegated to the lowest appropriate levels", with half providing a neutral response and half a negative response. (Figure 28) Significant concerns were also indicated in the decision-making processes, with the majority of those responding in a negative manner. (Figure 29)

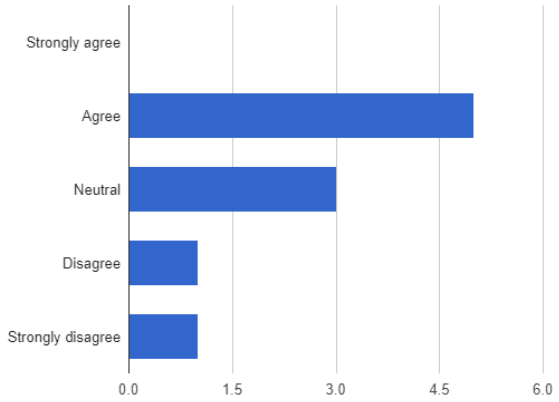


Figure 27: "I have a voice in the decision-making that affects the direction of my department."

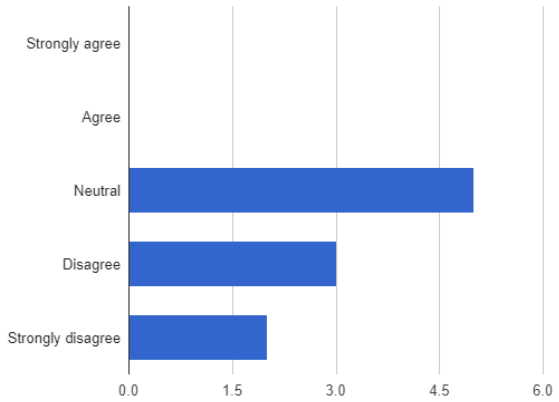


Figure 28: “Decision-making and control seem delegated to the lowest appropriate levels.”

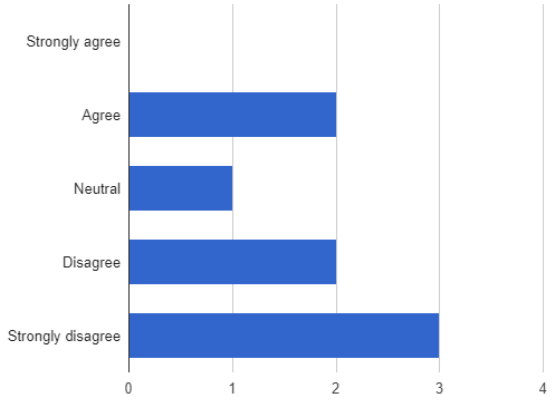


Figure 29: “Decision-making processes are clearly defined and followed.”

Finally, a majority (60%) of respondents indicated they do not have confidence in the department’s leadership. (Figure 30)

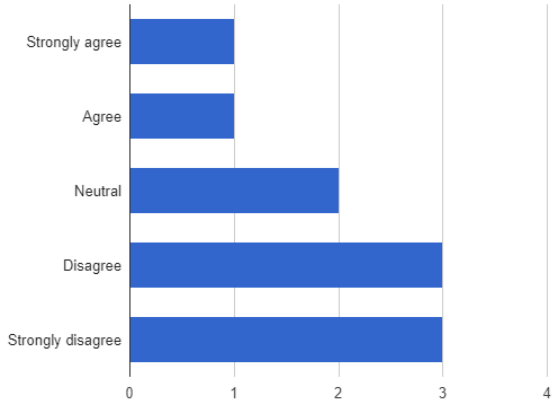


Figure 30: “I have confidence in the leadership of Health, Behavior & Society.”

VIII. BUDGET AND FACILITIES

Facilities

Most faculty and staff of HBS have offices on the third floor of Bowman Hall. One faculty member (Dr. Stapleton) is currently housed in the Healthy Kentucky Research Building, several

blocks from Bowman, and two faculty members (Drs. Williams and Cardarelli) have offices in other buildings as part of their University administrative positions.

HBS faculty teach in a wide variety of buildings across campus, assigned by the central campus scheduling system. None of this classroom space is managed by the department. The department does have a recently converted conference room on the second floor of Bowman Hall, used for meetings and some seminar classes. There is also a recently converted graduate student workspace on the second floor of Bowman.

Bowman Hall is an older building, built as a men's dormitory in 1949. The water and heating systems are antiquated, but the offices are generally larger than those found elsewhere on campus (sized as dormitory rooms, rather than offices). One area of concern is that Bowman Hall is not accessible to people with mobility issues, as there is no elevator to reach our offices on the second and third floors of the building.

Equipment

All faculty have computers in their offices, and the department shares a single printer/copier housed in a centralized location. The conference room in Bowman is equipped with video-conferencing capabilities, added with its renovation in 2019.

Budget and Funding Sources (Note: this section was prepared by Dr. Kiviniemi in his role as department chair)

The department operating budget for Health, Behavior & Society comes from two sources. First, the department receives operating funds by way of the university's undesignated general funds (generated from tuition and state appropriations; hereafter referred to as "State Funds"). Second, the department receives yearly "enrichment" funds from the Office of the Vice President for Research that is funded based on a formulaic portion of facilities and resources funds generated by extramural research support (hereafter referred to as "Enrichment Funds").

The State Funds allotment to the department is determined in a two-phase process. First, the Provost's Budget Office allots funds to the College of Public Health. This allotment is almost entirely incremental in nature. There are a small number of incentive funding initiatives that have shifted from year to year and are not currently a major factor in budget planning. The College of Public Health uses a formulaic budget model to apportion funds to departments. After accounting for Dean's Office personnel and operating costs, the remaining State Funds are allocated to the four departments in the college using a formula that incorporates the number of faculty FTEs in the department (weighted 50% in formula), the number of enrolled students (graduate only) in programs housed in the department (weighted 20%), the number of credit hours generated through courses taught by faculty in the department (weighted 20%), and the average extramural grant coverage for regular title series faculty in the department (weighted 10%).

The Enrichment Funds allotment is calculated yearly by the Vice President for Research's office. The full process is complicated and not directly germane to the Departmental review because it is not a department or college-controlled process. Briefly, the VPR returns 10% of F&A costs generated by an extramural grant or contract to the unit(s) involved in the proposal. There is an incentive for pursuing cross-college collaborations in that, when a proposal involves investigators from more than one college, the return is 16%. When more than one unit is involved in a project, at the time of grant/contract submission the division of F&A return across units is determined using a set of decision-making guidelines provided by the VPR.

CURRENT DEPARTMENTAL BUDGET AND FUNDING

For the current fiscal year (July 1, 2021 – June 30, 2022), the Department of Health, Behavior and Society received a State Funds allotment of $1,609,216.14 and an enrichment funds allotment of $65,191.51, for a total yearly operating fund of $1,674,407.65.

With only a few exceptions, all department expenses, including salaries and benefits for faculty and departmental staff, are encompassed in these two fund sources. The three exceptions that are of meaningful magnitude are: 1) Salaries and benefits for research project staff are paid separately from the cost center for the specific grant(s)/contract(s) on which the staff member is working; 2) Startup funds for newly hired faculty and staff are funded by way of a college-level formulaic startup account that is funded via the Vice President for Research. 3) Computing equipment for faculty and staff are provided by way of UKHealthCareIT. There is a college-level funding and operations agreement that covers this equipment, so it is not a departmental-level expense.

At the beginning of FY 2021-2022, the Department maintained a reserve fund of approximately $400,000, or approximately 3 months of operating expenses. About 2/3 of that reserve is in Enrichment Funds with the remaining 1/3 in State Funds.

BUDGET CHANGES SINCE 2017

There have been three meaningful changes in the department's budget funds since 2017.

First, the College has made modifications to the formula used to determine departmental budgets, most notably the addition of research funding which in turn reduced the weighting for credit hour production and program enrollments. In addition, because the funding allocated across the four departments in the college is ultimately a "zero sum game" given that that amount to be allocated is determined via an incremental budget model, shifts in the number of faculty, credit hour production, and so on in other departments leads to yearly changes in the funds allocated to HBS.

Second, a combination of growth in the number of faculty directly hired into Health, Behavior and Society (net gain of 3 faculty given hires vs resignations) and the transition of faculty home for the faculty previously homed in the Graduate Center for Gerontology has, given the weighting of number of faculty in the budget allocation formula, increased the department's state funds budget by approximately 50%. However, this increase has not meaningfully changed the amount of money available for other than personnel expenses given that the 50% increase was accompanied by a nearly 50% increase in the number of faculty salaries and benefits paid for from the department's State Funds budget.

Third, there have been declines over time in the amount of Enrichment Funds the department receives. This primarily stems from the departure of two very highly funded faculty members coupled with the non-renewal of a large research center. As the recently hired Assistant Professors in the department develop their research funding portfolios, it is anticipated that this will stabilize.

BUDGET CONCERNS

From the perspective of the department, there are three primary concerns with the current budget model.

First, the incremental budget model used to allocate State Funds to the College of Public Health means that, although there is an RCM-like formula for allocating funds to departments in the college, that formula acts to apportion a set amount of funds in a way that becomes a zero-sum game. For example, the Health, Behavior and Society funds allocation for 2021-2022 was 6.3% lower than 2020-2021 without meaningful shifts in the department's metrics, simply because of shifts in the metrics for other departments in the college.

Second, the College of Public Health as a whole is structurally underfunded in ways that then lead to downstream structural underfunding for the individual departments. At the college-level, faculty salary coverage from extramural funding needs to average approximately 50% for the college budget to balance. In Health, Behavior and Society, the yearly amount needed to cover salary and benefits for the faculty and staff paid through department funds is $2.2 million, more than $500,000 more than our entire yearly operating funds.

This structural underfunding has two important downstream consequences. First, it creates challenges in balancing the department's missions with respect to education and outreach with the critical need to generate extramural research funding. Second, it means that reductions in a single faculty member's funding can have a substantial impact on the department's available funds for other than personnel expenses. For example, using the average salary and benefits for faculty in the department, the monies needed to cover a single faculty member going from 50% funding to 0% funding would equal 5% of the department's entire FY 2021-2022 budget.

Third, the incremental budget model at the university level and the zero-sum nature of the formulaic budget model at the college level significantly complicates strategic pursuit of new initiatives. It is virtually impossible to conduct a meaningful mission-margin analysis or to determine likely financial return on investment for new initiatives. At the university level, with the exception of small scale and shifting incentive programs, increases in student enrollment or credit hour production from a new initiative would have no impact on the college's yearly funding and therefore no increase in the pool of funds available to departments. At the college level, initiatives would only positively effect margin and increase department operating funds if they moved one of the three effectively moveable metrics (assuming that an initiative would not directly affect faculty FTEs) AND if metrics for the other departments remained unchanged.

IX. CHANGES

As stated at the beginning of this self-study, this is the first periodic review of the Department of Health, Behavior & Society. There are, however, several significant recent changes that significantly impact the department and its programs.

First, the addition of faculty from the Graduate Center for Gerontology in 2020 has created uncertainty among the HBS faculty about our responsibility for gerontology classes, and the Ph.D. and Graduate Certificate in Gerontology. With only one gerontology faculty member (Dr. Caitlin Pope) remaining at UK after July 2022, many HBS faculty have expressed concern about how a lifespan and aging perspective will be integrated into the rest of the HBS programming.

Second, the realignment of MPH core classes, as discussed in Section II, has led to a need to realign the course sequencing for HBS concentrators. Previously, the two MPH classes now part of the core (CPH 672 "Evidence-Based Public Health" and CPH 643 "Measuring Health Behavior") were part of a four-semester sequence in which students slowly built sections of their final capstone document. Because those classes now serve a much larger and broader group of students, their role in the capstone sequencing needs to be replaced, and the entire required HBS curriculum sequencing needs to be reconsidered.

Finally, the self-study committee has developed Table 13, outlining the strengths and challenges which we feel should guide the future decisions of the department.

Strengths of the department	**Challenges for the department**
Faculty Expertise	Diversity of faculty and students
Teaching strength	Retention
Research productivity/publications	Formal mentoring program

Connections to the community	Leadership
Commitment to the BPH program	Sustainable funding

Table 13: Strengths and Challenges for HBS

Faculty And Staff Survey - general

Thank you for participating in this survey, part of the self-study of the Department of Health, Behavior & Society. Your answers will help the External Review Committee better understand the strengths, weaknesses, and needs of the department.

The survey focuses on departmental operations and culture and, as such, may ask questions about sensitive matters. Especially because of the small size of our department, we will take special care in reporting survey results so that no individuals or groups can be easily identified. Thus, for example, we may report results by gender or by faculty rank, but we would not combine those two variables since the small resulting groups would make anonymity impossible.

Our pilot testing suggests this should take about 10 minutes to complete. Please finish and submit this survey in the next week -- by Friday, December 17.

Thank you for your help with this endeavor!

Sincerely,

Mark Swanson

Angela Carman

Aaron Kruse-Diehr

Caitlin Pope

Health, Behavior & Society Self-Study Committee

1) Participant ID _____

Demographic information

2) Gender

- ◯ Female
- ◯ Male
- ◯ Other
- ◯ Prefer not to say

3) Position in department

- ◯ Full professor
- ◯ Associate professor
- ◯ Assistant professor
- ◯ Staff member

4) Tenure status

- ◯ Tenured
- ◯ untenured
- ◯ Non-tenure track faculty
- ◯ Not faculty

The following questions are focused on the Administration and Governance of the Department of Health, Behavior & Society. If the question does not apply to you, please leave it blank.

5) My department promotes a fair balance of teaching, research, and service that allows me to be productive and advance professionally.
- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

6) My Distribution of Effort accurately reflects my primary work activities.
- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

7) In general , I am satisfied with my job .
- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

8) I have the opportunity to participate in ongoing training to adequately prepare me for my current and future duties.
- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

9) The formal mentoring process towards promotion and tenure is clear and helpful.
- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

10) I have developed a good network of mentors, either formal or informal.
- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

11) Our budgeting process is clearly defined and communicated and consistently followed.
- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

12) Support is provided fairly and equitably in my department.
- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

13) Information seems to be viewed as a resource and is generally shared.
- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

14) I have confidence in the leadership of Health, Behavior & Society.
- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

15) Decision-making processes are clearly defined and followed.
- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

16) Decision making and control seem delegated to the lowest appropriate levels.
- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

17) I have a voice in the decision-making that affects the direction of my department.
- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

18) Please use this space to elaborate on your thoughts about administration and governance in the department.

_____

The following questions focus on diversity, inclusivity, and civility within the Department of Health, Behavior & Society

19) People here seem willing and able to work collaboratively, openly, and respectfully with one another .
- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

20) I generally feel that department and college leaders respect me as a person and value the work that I do.
- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

21) I generally agree with most of my colleagues on important matters related to the department.
- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

22) The department environment is free from tensions related to individual or group differences.
- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

23) Recruitment of historically marginalized students, faculty and staff is a departmental priority.
- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

24) Retention of historically marginalized students, faculty and staff is a departmental priority.
- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

25) Overall, my department colleagues are committed to supporting and promoting diversity and inclusion in the department.
- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

26) If a candidate for a faculty position asked about HBS as a place to work, I would highly recommend it.
- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

27) We provide occasions or settings in which we can discuss issues of concern to us.
- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

28) Please use this space to elaborate on your thoughts about diversity, inclusivity, and civility in the department.

_____

For this section, adjust the slider between the pair of adjectives to represent how you would rate the Department of Health, Behavior & Society based on your direct experiences:

29) Elitist — Non-elitist

(Place a mark on the scale above)

30) Ageist — Anti-ageist

(Place a mark on the scale above)

31) Unwelcoming — Welcoming

(Place a mark on the scale above)

32) Unsupportive — Supportive

(Place a mark on the scale above)

33) Homophobic — Non-homophobic

(Place a mark on the scale above)

34) Hostile — Friendly

(Place a mark on the scale above)

35) Competitive — Cooperative

(Place a mark on the scale above)

36) Individualistic — Collaborative

(Place a mark on the scale above)

37) Sexist — Anti-sexist

(Place a mark on the scale above)

38) Disrespectful — Respectful

(Place a mark on the scale above)

39) Homogeneous — Diverse

(Place a mark on the scale above)

40) Racist — Anti-racist

(Place a mark on the scale above)

41) Contentious — Collegial

(Place a mark on the scale above)

42) Thank you for your participation in this survey. Use this space to add any additional comments you would like the self-study committee to consider.

Self-study survey - SERVICE

Dear Colleagues,

This is the first of two short surveys that the Self-Study Committee requests your help in completing. You will receive a separate link for the second survey. The two surveys are not linked in any way, so that the information you provide in one cannot be associated with the information provided in the other.

Thank you!

1) Participant ID _____

Demographic information

2) Gender
- ◯ Female
- ◯ Male
- ◯ Other
- ◯ Prefer not to say

3) Position in department
- ◯ Full professor
- ◯ Associate professor
- ◯ Assistant professor
- ◯ Staff member

4) Tenure status
- ◯ Tenured
- ◯ untenured
- ◯ Non-tenure track faculty
- ◯ Not faculty

Your answers to the following questions will provide us with data for the Service, Extension, and Outreach sections of the self-study.

5) Participation in departmental service (e.g. committees, task forces, additional time spent with students outside the classroom) is a departmental priority.
- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

6) Comments: _____

7) Please list examples of departmental service you have participated in within the last year. _____

8) Participation in university service (e.g. committees, task forces, etc) by faculty and staff is a departmental priority.
- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

9) Comments: _____

10) Please list examples of university service you have participated in within the last year.

_____

11) Participation in professional service (e.g. grant reviews, professional organization membership/leadership) by faculty is a departmental priority.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

12) Comments:

_____

13) Please list examples of professional service you have participated in within the last year.

_____

14) Participation in community service (e.g. community group membership, board membership, training, expert advisory group etc) by faculty is a departmental priority.

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

15) Comments:

_____

16) Please list examples of community service you have participated in within the last year.

_____

17) Thank you for your participation in this survey. Use this space to add any additional comments you would like the self-study committee to consider.

_____

And don't forget to complete the second part of this survey, a link to which you should receive in your email.

Grant Application Content

For the Capstone requirement in Health Behavior, you will be expected to respond to the following Funding Opportunity Announcement (FOA) requirements. The purpose is to implement an evidence-based program over the course of a three-year project.

The Capstone Paper will consist of the following sections:

1) Project Narrative (must not exceed 30 pages)
2) Budget/Budget Justification
3) Logic Model
4) Gantt Chart

The Project Narrative section of the application must be double-spaced, on the equivalent of 8½" x 11" inch page size, with 1" margins on all sides (top, bottom, left and right) and font size not less than 11 points. The Project Narrative must not exceed 30 pages.

Project Narrative

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether or not your project meets the minimum requirements for a grant under this announcement. The Project Narrative should provide a clear and concise description of your project. Your Project Narrative will include the following components, with estimated page lengths:

- Target Population & Need (5 pages)
- Program Approach (10 pages)
- Performance Measures & Evaluation (8 pages)
- Capacity and Experience of the Applicant Organization (2 pages)
- Partnerships & Collaboration (2 pages)
- Project Management (3 pages)

Target Population & Need

- The applicant must describe the community or communities that will be served, and demonstrate that the population(s) served within each community has a need in this area, for example, by comparing local data to current national averages. For each community served, the applicant should clearly describe the geographic boundaries used to define the community.
- The application should document the specific needs of the community(ies) that will be served, including:
    - o Data on the prevalence of the negative health outcome in the community or communities that will be served.
    - o Data on related health behaviors among individuals in the community (for example, fruit and vegetable consumption as a variable related to obesity, or mammography as related to breast cancer rates)
    - o Data on existing disparities at the local level, including disparities by race and ethnicity, age, geographic within community served, and specific vulnerable populations
    - o Data on social determinants of health and co-occurring risk behaviors – poverty, educational achievement, housing, mental health, substance abuse, etc.
- Document resources available to individuals in the community(ies):
    - o Describe resources available in the community(ies), including other related prevention programs; youth development programs, if applicable; availability of health care services; availability of organizations; and other relevant programs and services
    - o Describe how the proposed program will contribute and enhance the programs and services already available.
- Describe how community needs and resources were identified and how the applicant plans to continually assess community needs and resources on an ongoing basis to ensure programs are aligned with changing community needs.
- Describe how the proposed program approach and selected evidence-based programs align with the needs of the community and the resources available. Describe how the approach and

selection of evidence-based programs have been designed to have the greatest impact on reducing negative health outcomes and existing disparities in the community.

- Describe the number of individuals that will be reached each year by the grant, including number reached with each evidence-based program and number reached through referrals to healthcare services. Provide specific details on how the estimates were obtained, including the total number of the individuals in community and the percentage of individuals available who will be served. For each specific setting reached, the applicant should describe the total number of individuals available in the setting and the percentage of available individuals that will be reached (e.g., the number and breakdown of schools and enrollment in each; number of youth in foster care; number of individuals seeking care at local health departments).
- Describe strategies to implement evidence-based programs to scale in the community, including partnership and collaboration with existing and established systems for serving key groups of people in the community.

Program Approach

- Describe the selected evidence-based program and its evidence base.
- The applicant should describe its plans to implement evidence-based programs in at least 3 settings and should demonstrate how the settings identified align with the results of the community needs and resource assessment.
- The applicant should describe the evidence-based programs proposed for implementation along with a description of how and where the program will be implemented. Applicants should describe how the selection of the evidence-based programs aligns with the results of the community needs assessment. Applicants should also describe how the evidence-based programs selected are a good fit for the implementation setting and context available, the capacity of the implementing organization, and the intended outcomes.
- Applicants should describe any planned adaptations or additional activities to the evidence-based programs and whether the proposed adaptations are minor adaptations or major adaptations. For all adaptations, the applicant should describe the rationale for why the adaptation is needed.
- In each setting, the applicant should describe how it plans to implement evidence-based programs to scale by working through existing systems and/or other strategies.
- Applicants should describe the process used to ensure all program materials implemented are medically accurate, age appropriate, culturally and linguistically appropriate, and inclusive.
- Describe specific strategies that will be used to recruit individuals to participate and the rationale for why the strategies are expected to be successful.
- Describe specific strategies that will be used to retain individuals and the rationale for why the strategies are expected to be successful.
- The application should include a detailed logic model that clearly depicts the inputs, activities, intended outputs, and short- and long-term outcomes of the overall program.
- The applicant should describe its plans for establishing a (or working with an existing) Community Advisory Group to lead the community mobilization planning and activities. The applicant should describe the members that will comprise the Community Advisory Group and the rationale for why each member was selected to be a part of the Community Advisory Group.
- The applicant should describe activities for the planning, piloting, and readiness period.
- Applicants should describe plans to implement and monitor programs with fidelity. Applicants should describe how it will use fidelity monitoring data to make continuous quality improvements to the program and its implementation.
- Applicants should describe the process or plan that will be used to ensure that programs are inclusive and non-stigmatizing toward all individuals, including their policies, plans for staff training, and monitoring procedures for claims. Applicants should describe how key positive development practices will be integrated into all programs.
- Describe the approach or plan for sustaining the project after the period of Federal funding ends. Describe what sustainability means for the proposed project, sustainability priorities, and how

sustainability will be integrated into the earliest stages of program planning. Describe challenges to sustainability that exist and how these challenges will be addressed during the project period. Sustainability activities should be incorporated into the Gantt chart/logic model as appropriate.

- Describe plans for strategic dissemination and communication to raise awareness of the importance of preventing negative health outcomes and promoting healthy development and specific awareness of the funded program. Describe the goal and objective(s) guiding all dissemination and communication activities. Describe how you will assess communication preferences of key stakeholders, what strategies you will use to disseminate and communicate information to key stakeholders, and how you will evaluate the effectiveness of dissemination and communication activities.
- Describe any potential challenges or risks to the project (all aspects – not just dissemination efforts) and you plan to address the potential challenges.

Performance Measures & Evaluation

- The applicant should describe its plans to collect and report all required performance measures (numbers served by gender and race/ethnicity).
- The applicant should describe its plans to evaluate the implementation of the proposed program to document the process of developing and implementing the program and to identify key successes, challenges, and lessons learned (process evaluation).
- The applicant should state its outcome goals for the project and describe how the outcomes will be measured. Applicants should describe their plan for determining the extent to which the outcome goal(s) was met by the end of the grant period (plans for outcome evaluation). Applicants should describe how they will be able to demonstrate that the outcomes are a result of the grantee's program and not due to a general decline in the health outcome overall. The applicant should describe the data that will be used to measure outcomes and demonstrate that the data is collected often enough to provide required information/reports during the grant period.
- The applicant should specify the measures that will be included on the surveys to assess change. Data on the measures reliability and validity should be provided.
- The applicant should describe its capacity to collect and report all required performance measures and to use performance measure data for continuous quality improvement, as well as the processes that will be used to collect performance measure data from all participants. The applicant should describe their capacity to conduct implementation and outcome evaluations.
- The applicant should describe any potential obstacles to the collection of the performance measures and how it plans to overcome the potential obstacles.
- The applicant should describe its plans for the use of performance measure data and the use of the data to make continuous quality improvements to the program, including who on staff will be responsible.

Capacity and Experience of the Applicant Organization

- The applicant organization should describe and demonstrate that it has the following experience:
    - o Experience either implementing programs in the target community(ies) or working with partner organizations to implement programs in the target community(ies) on a large scale
    - o Leadership in preventing the negative health outcome and promoting positive development in the community(ies), including demonstrating a clear understanding of the needs and resources in the community(ies)
    - o Ability to convene diverse stakeholders and decision makers from the community, including youth if applicable, to join the Community Advisory Group
    - o Experience collecting performance measure data and using data for continuous quality improvement; the applicant should describe the data that was collected and how the data was used to make program improvement
    - o History of programmatic sustainability, including description of success and status of current and past efforts related to the health outcome of interest

    - History of financial sustainability, including documentation of success in securing diverse funding, and a history of sustaining grant-funded programs once funding ended.
- The applicant should describe how well the proposed program aligns with the leadership support implementation of the program. Specifically, the applicant should:
    - Describe the organization's mission and vision, and working with the target community(ies) and proposed target populations
    - Describe how the goals and activities of the proposed program align with the organization's mission and vision, especially in terms of target population and long-term outcomes
    - Describe how the organization's leadership demonstrates a commitment to the goal of reducing the negative health outcome and existing disparities
    - Describe how the organization's leadership obtains and uses guidance from staff, program participants, and community members when developing strategies and programs
- The applicant should describe its existing organizational infrastructure and its ability to support and manage a program of this size and scope within the existing infrastructure. Specifically, the applicant should:
    - Describe the organization's experience and ability to manage the proposed program
    - Describe the organization's ability to establish partnerships and leverage existing systems and networks to implement evidence-based programs.
    - Describe the organization's experience managing challenges associated with scale.
- The applicant should describe how the organization effectively and efficiently manages financial resources, staff performance and strategic relationships with partner organizations. Specifically, the applicant should:
    - Describe the processes used by the organization to effectively and efficiently manage financial resources
    - Describe the level of funding received by the organization in the past several years to implement prevention programs
    - Describe the organization's approach to providing staff with professional development; what types of professional development is offered and with what frequency
    - Describe the strategies used to ensure quality program delivery among partner organizations, including the provision of training, technical assistance, coaching, and support for partners
    - Describe the formal and informal strategies used to ensure effective communication with partner organizations
- The applicant should describe how data is used to achieve sustainable impacts and adjust programming to meet the changing needs of the community. Specifically, the applicant should:
    - Describe how program staff use performance measure data to make decisions and quality improvement
    - Describe how the organization's leadership uses performance measure data to make decisions and quality improvements
    - Describe the organization's experience assessing community needs and available resources and how the organization ensures that programs continue to meet changing community needs
    - Describe how the organization assesses and enhances community readiness for prevention programs.
- The applicant should describe policies that the organization has in place to prohibit discrimination in the provision of services on the basis of age, disability, sex, race, color, national origin, religion, sexual orientation or gender identity and how the policies are enforced.

Partnerships & Collaboration

- The applicant should document support from key stakeholders in each community(ies) served to develop and implement a plan to prevent the health outcome of interest and reduce existing disparities.

- The applicant should describe the diversity of partners who will be engaged in the Community Advisory Group and the various sectors of the community that the partners represent. If there are key representatives from the community who have not yet provided support to the project, the applicant should describe how it plans to obtain their support.

- The applicant should provide a detailed description of the partnerships with existing systems and/or networks in each community served that will provide access to individuals and their families to receive the program. The applicant should describe at what level the partnership exists (e.g., district-level vs. school-level vs. classroom-level; network of clinics vs. individual clinic) and how the partnership will enable implementation of the program to scale in the community.

- The applicant should clearly describe the roles and responsibilities for all partners who will be responsible for implementing evidence-based programs in the community.

- For each partner responsible for implementation of evidence-based programs, the applicant should describe:
    - o The partner's experience implementing programs in the community.
    - o The partner's experience working with the specific target population.
    - o The partner's commitment and motivation to the proposed program.
    - o The partner's ability to implement programs to scale, serving as many individuals as possible in the target population and identified setting.
    - o The partner's experience collecting performance measure data and using performance measure data to make continuous quality improvements to programs.
    - o How the program aligns with the partner organization's mission and vision.

Project Management

- The applicant should describe how it will manage, implement, and monitor the overall program. The plan should describe an understanding of the complexity of the overall program and potential challenges. The applicant should describe the approach that will be used to monitor and track progress, completion, and quality of all program objectives and activities.
- The applicant should provide a description of the project team, including the Project Director and other key staff. The applicant should describe the roles and responsibilities of all staff and how they will contribute to achieving the program's objectives and outcomes. The applicant should describe who will have day-to-day responsibility for key tasks including, but not limited to, leadership of the overall program and of specific tasks, monitoring the program's progress, monitoring implementation partners, collection of performance measures, conducting the evaluation, and preparation of reports.
- The applicant should describe its plans for managing and monitoring all implementing partners.
- The applicant should describe its plans for ensuring that all staff responsible for implementing the project are well trained and prepared to successfully fulfill their roles and responsibilities. The applicant should describe how it will assess professional development needs, and how and with what frequency it will provide professional development. The applicant should also describe how it will work to strategically build capacity within each community served to provide training and technical assistance.
- The applicant should describe how it will work to minimize the amount of staff turnover over the course of the grant and ensure that staff are actively engaged in their work.

Budget Narrative

You are required to submit a combined multi-year Budget Narrative, as well as a detailed Budget Narrative for each year of the potential grant. Please Note: Because the proposal must demonstrate a clear and strong relationship between the stated objectives, project activities, and the budget, the budget justification should describe the cost estimated per proposed project, activity, or product. This

budget justification should define the amount of work that is planned and expected to be performed and what it will cost.

The amount of funding an applicant may request on an annual basis is linked to the number of participants, on average, that the applicant proposes to reach in each year with evidence-based prevention programs. The award ranges are shown in the following chart.

Annual Budget	Annual Reach
$250,000 or less	Less than 500 per year
$250,000-$499,999	At least 500 per year
$500,000-$749,999	At least 700 per year
$750,000-$999,999	At least 1,500 per year
$1,000,000-$1,249,999	At least 3,000 per year
$1,250,000-$1,499,999	At least 6,000per year
$1,500,000-$1,749,999	At least 10,000per year
$1,750,000-$2,000,000	At least 15,000per year

Grantees will be encouraged to attend the following meetings and trainings and should include funds in the budget. The location for the meetings has not been determined, however, grantees can budget for the meetings to occur in Washington, DC.

- o One staff to an annual Project Director's Meeting
- o 2-3 staff to an annual Regional Training in years 2-3

The budget narrative should clearly show how the total amount requested for all categories (i.e. Personnel, Fringe, Travel, and Contractual) was determined. The budget narrative should be detailed, reasonable, adequate, cost efficient, and aligned with the proposed implementation and evaluation plans. Sufficient detail should be provided so that the reviewer is able to determine the adequacy and appropriateness of budgeted items related to the proposed activities. From the detailed budget narrative, the reviewer should be able to assess how the budget relates directly to the goals and objectives in the proposed grant narrative. The following level of detail should be provided:

- Personnel and Fringe Benefits - Identify each staff position by name, annual salary, and number of months and percentage of time allotted to the project. Itemize the components that comprise the fringe benefits rate (e.g., health insurance, FICA, life insurance, retirement plan). The applicant should describe the experience and expertise of all proposed staff.
- Travel - Identify the purpose of the travel to include locations, names of conference/training if available. Costs can be aggregated by category/purpose, numbers of staff and trips (e.g., project director meetings, site evaluations, training)
- Equipment - List only equipment as defined by 45 CFR Part 75.2
- Supplies - Categorize supplies as defined by 45 CFR Part 75.2 according to type, such as office supplies, training materials, etc.
- Contractual - List all sub-recipients/delegate agencies and/or contract providers and the amount of OAH funds and non-OAH resources allocated/contributed for each.
- Other - Itemize all costs in this category and explain each in sufficient detail to enable determinations for whether each cost is allowable.
- Indirect costs - May be included per 45 CFR 75.414. The applicant should state which rate is applied to this application.

FYear	Name	TitleSeries	Rank	InstrTotal	ResTotal	ServTotal	AdminTotal	ProfDevTotal	TotalEffort
2015	Alexander, Linda	Extension	Associate Professor	50.00	0.00	10.00	40.00	0.00	100.00
2016	Alexander, Linda	Extension	Associate Professor	50.00	10.00	20.00	20.00	0.00	100.00
2020	Brumley-Shelton, Angela	Part-Time	Instructor	52.64	0.00	5.26	42.10	0.00	100.00
2015	Cardarelli, Kathryn	Regular	Associate Professor	10.16	26.84	3.00	60.00	0.00	100.00
2016	Cardarelli, Kathryn	Regular	Associate Professor	20.00	15.00	5.00	60.00	0.00	100.00
2017	Cardarelli, Kathryn	Regular	Associate Professor	13.50	13.00	3.50	70.00	0.00	100.00
2018	Cardarelli, Kathryn	Regular	Associate Professor	13.00	18.00	4.00	65.00	0.00	100.00
2016	Carman, Angela	Special	Assistant Professor	50.00	33.75	0.00	16.25	0.00	100.00
2017	Carman, Angela	Special	Assistant Professor	50.00	31.00	0.00	19.00	0.00	100.00
2018	Carman, Angela	Special	Assistant Professor	39.00	36.00	5.00	20.00	0.00	100.00
2019	Carman, Angela	Special	Assistant Professor	35.50	40.50	4.00	20.00	0.00	100.00
2020	Carman, Angela	Special	Assistant Professor	30.00	69.00	0.00	1.00	0.00	100.00
2017	Cprek, Sarah	Lecturer	Lecturer	74.50	0.00	0.00	25.00	0.50	100.00
2018	Cprek, Sarah	Lecturer	Lecturer	73.00	0.00	0.00	25.00	2.00	100.00
2019	Cprek, Sarah	Lecturer	Lecturer	73.00	0.00	0.00	25.00	2.00	100.00
2020	Cprek, Sarah	Lecturer	Lecturer	58.00	10.00	0.00	30.00	2.00	100.00
2015	Crosby, Richard	Regular	Professor	29.46	59.94	0.00	10.60	0.00	100.00
2016	Crosby, Richard	Regular	Professor	12.50	77.04	5.46	0.00	5.00	100.00
2017	Crosby, Richard	Regular	Professor	12.50	77.04	5.46	0.00	5.00	100.00
2018	Crosby, Richard	Regular	Professor	4.00	53.00	1.00	1.00	41.00	100.00
2019	Crosby, Richard	Regular	Professor	26.00	55.00	4.00	2.00	13.00	100.00
2020	Crosby, Richard	Regular	Professor	31.00	43.00	4.00	2.00	20.00	100.00
2015	Eddens, Katherine	Regular	Assistant Professor	36.74	50.26	10.00	0.00	3.00	100.00
2016	Eddens, Katherine	Regular	Assistant Professor	9.38	80.62	5.00	0.00	5.00	100.00
2017	Eddens, Katherine	Regular	Assistant Professor	25.00	67.50	5.50	0.00	2.00	100.00
2018	Eddens, Katherine	Regular	Assistant Professor	12.50	80.00	5.50	0.00	2.00	100.00
2020	Fernando, April	Clinical	Assistant Professor	30.00	25.00	3.00	40.00	2.00	100.00
2015	Howard, Alex	Clinical	Assistant Professor	75.00	0.00	5.00	20.00	0.00	100.00
2019	Kiviniemi, Marc	Regular	Professor	25.00	41.40	10.00	20.00	3.60	100.00
2020	Kiviniemi, Marc	Regular	Professor	37.00	32.00	8.00	20.00	3.00	100.00
2020	Kruse-Diehr, Aaron	Regular	Assistant Professor	30.00	50.00	10.00	0.00	10.00	100.00
2015	Lamberth, Cynthia	Clinical	Assistant Professor	23.79	72.06	0.00	4.15	0.00	100.00
2020	Perez Figueroa, Rafael	Special	Assistant Professor	55.00	25.00	10.00	0.00	10.00	100.00
2020	Ray, Anne	Temporary	Assistant Professor	40.00	50.00	10.00	0.00	0.00	100.00
2020	Stapleton, Jerod	Regular	Associate Professor	20.00	50.00	10.00	20.00	0.00	100.00
2015	Stone, Ramona	Research	Associate Professor	0.00	97.00	0.00	3.00	0.00	100.00
2016	Stone, Ramona	Research	Associate Professor	0.00	93.13	6.87	0.00	0.00	100.00
2017	Stone, Ramona	Research	Associate Professor	0.00	95.00	5.00	0.00	0.00	100.00
2015	Studts, Christina	Regular	Assistant Professor	13.00	78.85	0.00	5.15	3.00	100.00
2016	Studts, Christina	Regular	Assistant Professor	27.10	69.90	3.00	0.00	0.00	100.00
2017	Studts, Christina	Regular	Assistant Professor	27.14	67.54	5.32	0.00	0.00	100.00
2018	Studts, Christina	Regular	Assistant Professor	25.00	65.00	5.00	0.00	5.00	100.00
2019	Studts, Christina	Regular	Assistant Professor	12.00	81.00	2.00	0.00	5.00	100.00
2020	Studts, Christina	Regular	Associate Professor	12.00	81.00	2.00	0.00	5.00	100.00
2015	Swanson, Mark	Regular	Associate Professor	23.74	71.19	5.07	0.00	0.00	100.00
2016	Swanson, Mark	Regular	Associate Professor	29.00	51.00	5.00	15.00	0.00	100.00
2017	Swanson, Mark	Regular	Associate Professor	12.50	72.44	9.83	4.23	1.00	100.00
2018	Swanson, Mark	Regular	Associate Professor	37.50	53.00	9.50	0.00	0.00	100.00
2019	Swanson, Mark	Regular	Associate Professor	38.50	40.00	9.00	9.50	3.00	100.00
2020	Swanson, Mark	Regular	Associate Professor	40.50	40.00	8.00	0.00	11.50	100.00
2015	Teaster, Pamela	Regular	Professor	0.00	100.00	0.00	0.00	0.00	100.00
2015	Vanderpool, Robin	Regular	Assistant Professor	19.91	80.09	0.00	0.00	0.00	100.00
2016	Vanderpool, Robin	Regular	Associate Professor	37.50	55.00	5.00	2.50	0.00	100.00
2017	Vanderpool, Robin	Regular	Associate Professor	11.50	85.00	2.50	1.00	0.00	100.00
2018	Vanderpool, Robin	Regular	Associate Professor	2.50	91.25	1.33	0.00	4.92	100.00
2019	Vanderpool, Robin	Regular	Associate Professor	30.00	58.00	5.00	0.00	7.00	100.00
2020	Vanderpool, Robin	Regular	Professor	0.00	93.00	0.00	0.00	7.00	100.00
2015	Williams, Corrine	Regular	Assistant Professor	35.37	59.63	5.00	0.00	0.00	100.00
2016	Williams, Corrine	Regular	Associate Professor	26.00	54.00	5.00	10.00	5.00	100.00
2017	Williams, Corrine	Regular	Associate Professor	30.00	45.00	2.00	20.00	3.00	100.00
2018	Williams, Corrine	Regular	Associate Professor	25.00	35.00	0.00	40.00	0.00	100.00
2019	Williams, Corrine	Regular	Associate Professor	52.50	35.00	7.50	0.00	5.00	100.00
2020	Williams, Corrine	Regular	Associate Professor	50.00	35.00	12.50	0.00	2.50	100.00
	AVERAGE OVER TIME PERIOD			29.29	50.38	4.65	12.52	3.16	100.00

HBS Faculty Mentoring Committee Guidelines
Last Update May 24, 2021

The *purpose* of the mentoring committee for HBS faculty is to ensure that the faculty mentee receives a broad range of input, advice, and guidance on professional development in all elements of the faculty role, as well as guidance on managing professional obligations as balanced with self-care and other life domains. The mentoring committee's guidance should focus on both on the faculty member's individually stated career development goals and on the faculty member's progress towards promotion and/or tenure based on the HBS evidence statements.

Process and Procedure

1) The full mentoring committee will have a "formal" meeting with the mentee at least twice each year. The committee and the mentee are encouraged to discuss whether meeting more frequently would be beneficial, either on an ongoing basis or on an as-needed basis.

2) In addition to these formal meetings, the mentee should feel comfortable reaching out to individual members of the committee for informal advice and mentoring throughout the year.

3) The responsibility for scheduling the formal mentoring committee meetings lies with the faculty mentee. The department's Administrative Assistant can help with identifying workable meeting times, but the mentee is responsible for initiating that process.

4) Prior to each formal mentoring committee meeting, the mentee will send the committee members and the department chair a BRIEF (1-2 page) memo that summarizes:

    - goals achieved/goal progress since the last mentoring meeting
    - class(es) taught/summaries of teaching evaluations
    - individual student mentoring activity
    - manuscripts published/submitted
    - grants funded/submitted
    - research studies completed/planned
    - service completed

    In addition, the mentee should provide the committee members with any specific meeting topics/mentoring needs that would benefit from advance predatory thought by the committee members. Finally, the mentee will provide an updated, current CV with new items since the last review highlighted

5) The specific structure and content of the formal mentoring meetings should be developed by consensus of the mentoring committee and mentee. The only core

expectations for the meetings are that the committee provide feedback on progress towards promotion and tenure, feedback on the goals the mentee set at the prior mentoring meeting, and that the mentee will identify goals for the upcoming mentoring period with the committee then giving feedback on the feasibility and appropriateness of those goals.

6) Following each mentoring committee meeting, the mentee will prepare a summary of the feedback provided and the mentee's plans to address that feedback, as well as goals for the next six months. That summary will be sent to both the mentoring committee and the Department Chair within one week of the meeting.

7) Also following each mentoring committee meeting, the mentoring committee will send the department chair any recommendations the committee has for either specific steps the chair should take with respect to the mentee's career progression or suggestions for general department policies/procedures with respect to early career faculty.