**This change relates to offering a new MPH/DrPH degree, concentration area**

**(including new joint-specific concentrations),**

**OR reactivating a previously suspended/discontinued MPH/DrPH degree or concentration\***

\*includes joint/concurrent/dual/accelerated degrees

|  |  |
| --- | --- |
| School or Program Name |  |
| Name and Email of Individual Completing Form |  |
| Date of Form Submission |  |

**Item 1: List each MPH or DrPH degree or concentration covered by this notice.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Degree** | **Concentration** | **Delivery Format** |
| 1. |  |  | [ ]  Place-based [ ]  Distance-based [ ]  Both |
| 2. |  |  | [ ]  Place-based [ ]  Distance-based [ ]  Both |
| 3. |  |  | [ ]  Place-based [ ]  Distance-based [ ]  Both |

**Item 2: PHP only: Are you moving from a single MPH or DrPH concentration to multiple MPH or DrPH concentrations?**

[ ]  Yes, we now have two or more concentrations [ ]  No, we already had at least two concentrations

**Item 3: Provide projected student enrollment for one year in each new degree or concentration.**

|  |  |
| --- | --- |
| **Degree and Concentration** | **HC** |
|  |  |
|  |  |
|  |  |

**Item 4: Provide the courses required for the degree(s) and concentration(s) being added. Reproduce this table if notice relates to** *multiple degrees and/or concentrations.*

*Delete any not applicable rows*

|  |
| --- |
| **Part A: Foundational requirements for XXX degree** |
|  **Course number** | **Course name** | **Credits (if applicable)** |
| Foundational courses for all XXX students regardless of concentration |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   | **TOTAL FOUNDATIONAL CREDITS** |  |

|  |
| --- |
| **Part B: Concentration requirements for XXX degree in XX** |
|  **Course number** | **Course name** | **Credits (if applicable)** |
| APE & ILE courses (as applicable) |
|   |   |   |
|   |  |  |
| Concentration courses for XX concentration |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Electives (as applicable) |  |
| Electives  | *Insert total number of credits in the last column* |  |
| Requirements for degree completion not associated with a course (if applicable) ^ |
|   |   |   |
|   | **TOTAL CONCENTRATION CREDITS** |  |
| ^ For example, 25 hours of community service |  |

**Item 5: Document faculty resources for MPH/DrPH degrees and concentrations included in this notice.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **FIRST DEGREE LEVEL** | **SECOND DEGREE LEVEL** | **THIRD DEGREE LEVEL** |  |
| **CONCENTRATION** | **PIF 1\*** | **PIF 2\*** | **FACULTY 3^** | **PIF 4\*** | **PIF5\*** | **ADDITIONAL FACULTY**+ |
| ***Concentration name**** **Degree(s) offered**
 | **Name & FTE allocation to unit** | **Name & FTE allocation to unit** | **Name & FTE allocation to unit** |  |  | PIF:Non-PIF: |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  | **TOTALS:** | Named PIF |  |  |  |
|  |  |  |  |  | Total PIF |  |  |  |
|  |  |  |  |  | Non-PIF |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Item 6: Template E1-1.** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Primary Instructional Faculty Alignment with Degrees Offered** |
| **Name\*** | **Title/ Academic Rank** | **Tenure Status or Classification^** | **Graduate Degrees Earned** | **Institution(s) from which degree(s) were earned** | **Discipline in which degrees were earned** | **Concentration affiliated with in PHP/SPH** |
|
|   |   |   |   |   |   |   |
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|   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |
| \* List faculty alphabetically. |
| ^ Classification of faculty may differ by institution, but may refer to teaching, research, service faculty or tenured, tenure-track, non-tenure-track faculty or alternative appointment categories used by the school or program. |
| Schools should only include data on faculty associated with public health degree programs.  |

**Item 7. Organizational Structure & Administrative Processes (PHP only)**

1. PHP only: Does the new degree/concentration share the same decision- and policy-making structures as the existing offerings in the unit of accreditation? For example, do existing committees in the unit oversee and make decisions about the curriculum?

[ ]  Yes [ ]  No

*If not, provide additional narrative about the new offering’s decision- and policy-making structures and processes.*

1. PHP only: Does the new degree/concentration have the same guiding statements (e.g., mission and goals) as the existing unit of accreditation?

[ ]  Yes [ ]  No

*If not, provide additional narrative about why the new offering has different guiding statements.*

1. PHP only: Do faculty members involved in the new degree/concentration report to the same individual as existing faculty in the unit of accreditation?

[ ]  Yes [ ]  No

*If not, provide additional narrative about the reporting structure for faculty associated with the new offering.*

**Item 8. Map competencies as applicable, to courses. Only provide information for changes or differences since the Council last reviewed this mapping for the school/program.**

*(Remove table if not applicable for this notice)*

**Mapping of MPH Foundational Competencies**

**Attach documentation (e.g., detailed course schedules, outlines to selected modules from the LMS, etc.) that identifies how each competency is addressed.**

|  |  |
| --- | --- |
| **Competency** | **Course numbers and names^** |
| **Evidence-based Approaches to Public Health** |   |
| 1. Apply epidemiological methods to settings and situations in public health practice
 |   |
| 1. Select quantitative and qualitative data collection methods appropriate for a given public health context
 |   |
| 1. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming, and software, as appropriate
 |   |
| 1. Interpret results of data analysis for public health research, policy, or practice
 |   |
| **Public Health & Health Care Systems** |  |
| 1. Compare the organization, structure and function of health care, public health, and regulatory systems across national and international settings
 |  ***EXAMPLE:*** LAW 620: Health, Law, and Regulatory Systems (replaces MPH 600: Health Administration and Policy) |
| 1. Discuss the means by which structural bias, social inequities, and racism undermine health and create challenges to achieving health equity at organizational, community and systemic levels
 |   |
| **Planning & Management to Promote Health** |  |
| 1. Assess population needs, assets, and capacities that affect communities’ health
 |   |
| 1. Apply awareness of cultural values and practices to the design, implementation, or critique of public health policies or programs
 |   |
| 1. Design a population-based policy, program, project, or intervention
 |   |
| 1. Explain basic principles and tools of budget and resource management[[1]](#footnote-1)
 |   |
| 1. Select methods to evaluate public health programs
 |   |
| **Policy in Public Health** |  |
| 1. Discuss the policy-making process[[2]](#footnote-2), including the roles of ethics and evidence
 |   |
| 1. Propose strategies to identify relevant communities and individuals and build coalitions and partnerships for influencing public health outcomes
 |   |
| 1. Advocate for political, social, or economic policies and programs that will improve health in diverse populations[[3]](#footnote-3)
 |   |
| 1. Evaluate policies for their impact on public health and health equity
 |  |
| **Leadership** |  |
| 1. Apply leadership and/or management principles to address a relevant issue[[4]](#footnote-4)
 |   |
| 1. Apply negotiation and mediation skills to address organizational or community challenges[[5]](#footnote-5)
 |  |
| **Communication** |  |
| 1. Select communication strategies for different audiences and sectors
 |   |
| 1. Communicate audience-appropriate public health content, both in writing and through oral presentation to a non-academic, non-peer audience with attention to factors such as literacy and health literacy
 |   |
| 1. Describe the importance of cultural humility[[6]](#footnote-6) in communicating public health content
 |   |
| **Interprofessional Practice\*** |  |
| 1. Integrate perspectives from other sectors and/or professions to promote and advance population health[[7]](#footnote-7)
 |   |
| **Systems Thinking** |  |
| 1. Apply a systems thinking tool to visually represent a public health issue in a format other than standard narrative[[8]](#footnote-8)
 |   |

^ Identify one course that provides the clearest and best example of teaching and assessing each competency. If multiple courses are needed to address all components of a competency statement, include both, but indicate which aspects of the competency are taught in each course. Note that thisform asks for a simplified version of the template required in the self-study. In the self-study, schools and programs will also identify specific assessment opportunities for each competency in Template D2-2.

*(Remove table if not applicable for this notice)*

**Mapping of DrPH Foundational Competencies**

**Attach documentation (e.g., detailed course schedules, outlines to selected modules from the LMS, etc.) that identifies how each competency is addressed.**

|  |
| --- |
| **Assessment of Competencies for DrPH in X Concentration** |
| **Competency** | **Course numbers and names^** |
| **Data & Analysis** |
| 1. Explain qualitative, quantitative, mixed methods and policy analysis research and evaluation methods to address health issues at multiple (individual, group, organization, community and population) levels |  |
| 2. Design a qualitative, quantitative, mixed methods, policy analysis or evaluation project to address a public health issue |  |
| 3. Explain the use and limitations of surveillance systems and national surveys in assessing, monitoring and evaluating policies and programs and to address a population’s health |  |
| **Leadership, Management & Governance** |
| 4. Propose strategies for health improvement and elimination of health inequities by organizing partners, including researchers, practitioners, community leaders and others |  |
| 5. Communicate public health science to diverse audiences, including individuals at all levels of health literacy, for purposes of influencing behavior and policies |  |
| 6. Integrate knowledge, approaches, methods, values and potential contributions from multiple professions, sectors, and systems in addressing public health problems |  |
| 7. Create a strategic plan[[9]](#footnote-9) |  |
| 8. Facilitate shared decision making through negotiation and consensus-building methods |  |
| 9. Create organizational change strategies |  |
| 10. Propose strategies to promote inclusion within public health programs, policies and systems |  |
| 11. Assess one’s own strengths and weaknesses in leadership capacities, including cultural proficiency |  |
| 12. Propose human, fiscal and other resources to achieve a strategic goal |  |
| 13. Cultivate new resources and revenue streams to achieve a strategic goal |  |
| **Policy & Programs** |
| 14. Design a system-level intervention to address a public health issue |   |
| 15. Integrate community-informed knowledge such as cultural values and practices in the design of public health policies and programs |   |
| 16. Integrate scientific information, legal and regulatory approaches, ethical frameworks and varied parties’ interests in policy development and analysis |   |
| 17. Propose interprofessional and/or intersectoral team approaches to improving public health |  |
| **Education & Workforce Development** |
| 18. Assess an audience’s knowledge and learning needs |   |
| 19. Deliver training or educational experiences that promote learning in academic, organizational and community settings |   |
| 20. Use best practice modalities in pedagogical practices |   |

^ Identify one course that provides the clearest and best example of teaching and assessing each competency. If multiple courses are needed to address all components of a competency statement, include both, but indicate which aspects of the competency are taught in each course. Note that thisform asks for a simplified version of the template required in the self-study. In the self-study, schools and programs will also identify specific assessment opportunities for each competency in Template D3-2.

**Item 9. List the school-/program-defined competencies associated with each new degree and/or concentration**.

**Mapping of MPH/DrPH Concentration Competencies**

**(Reproduce the table as many times as needed)**

**Attach documentation (e.g., detailed course schedules, outlines to selected modules from the LMS, etc.) that identifies how each competency is addressed.**

|  |  |
| --- | --- |
| **Coverage of Competencies for X Degree in X Concentration** |  |
| **Competency** | **Course numbers and names^** |
| 1.   |  |
| 2.   |  |
| 3.   |  |
| 4.   |  |
| 5.   |  |

^ At least 20% of the total credits required for the degree (e.g., 9 of 42 semester credits for the MPH) should be allocated to didactic courses that build knowledge and skills in the concentration area and/or expand on foundational knowledge and skills.

**Item 10. Answer the following questions:[[10]](#footnote-10)**

1. When is the new/reactivated degree or concentration expected to enroll its first students?

*Insert narrative here:*

1. What is the justification or rationale for offering this new degree or concentration? If this offering is delivered in a distance-based format, include the type of LMS used and whether the degree/concentration is offered in a synchronous or asynchronous format.

*Insert narrative here:*

1. If this is your first fully distance-based offering reviewed by CEPH, confirm that the same resources are available that have been previously reviewed for other delivery formats or explain any differences:

*Administrative, information technology, student support services, instructional design resources, etc.:*

1. If this is your first fully distance-based offering reviewed by CEPH, explain how the school or program ensures that the new format is subject to the same quality control processes and academic rigor as existing delivery formats.

*Insert narrative here:*

**Note: Be sure to update the school/program website to include the new offering(s) at the appropriate time (e.g., when student recruitment has started). Accurate descriptions of educational offerings via advertising, promotional materials, recruiting literature, and other supporting material are required as part of Criterion H5: Publication of Educational Offerings.**

1. “Resource management” refers to stewardship (planning, monitoring, etc.) of resources throughout a project, not simply preparing a budget statement that projects what resources will be required. [↑](#footnote-ref-1)
2. This competency refers to technical aspects of how public policies are created and adopted, including legislative and/or regulatory roles and processes, ethics in public policy making, and the role of evidence in creating policy. [↑](#footnote-ref-2)
3. This competency refers to the ability to influence policy and/or decision making, such as through community mobilization, educating policy makers, etc. Ability to argue in support of (or in opposition to) a position, as in a standard debate, is not sufficient. Students must produce a product that would be part of an advocacy campaign or effort (e.g., legislative testimony, fact sheets, advocacy strategy outline, etc.). [↑](#footnote-ref-3)
4. Such principles may include creating a vision, empowering others, fostering collaboration, and guiding decision making [↑](#footnote-ref-4)
5. “Negotiation and mediation,” in this competency, refers to the set of skills needed when a common solution is required among parties with conflicting interests and/or different desired outcomes. Such skills extend beyond the level of negotiation required in a successful intra-group process; effective communication within a work group or team is more closely related to competency 16. [↑](#footnote-ref-5)
6. See the 2024 Criteria’s Definitions section or Criterion G1 for CEPH’s definition of humility in the context of the accreditation criteria [↑](#footnote-ref-6)
7. This competency requires direct engagement (in-person or online) between the student and an individual or individuals in a profession or sector other than public health; students must combine the external sector/profession’s perspective and/or knowledge with their own public health training to complete a task, solve a problem, etc.. Role-playing, in which public health students assume the identity of an individual from another profession or sector to which they do not already belong, is not an acceptable substitute for actual engagement with an individual or individuals from a profession or sector outside of public health. [↑](#footnote-ref-7)
8. Systems thinking tools depict or map complex relationships, demonstrating, for example, how component parts of a system interact with and influence one another. Examples include causal loop diagrams, systems archetypes, network analyses, and concept maps. Logic models and evidence tables are not sufficient to address this competency. [↑](#footnote-ref-8)
9. “Strategic plan” refers to an organizational unit plan that is broader or more expansive than developing a plan for a specific project or intervention. [↑](#footnote-ref-9)
10. If this is the school or program’s first fully distance-based delivery format reviewed by CEPH, you must answer questions C and D. [↑](#footnote-ref-10)