

Instructional Matrix - Degrees and Concentrations						
Bachelor's Degrees			Categorized as public health*	Campus based	Executive	Distance based
<i>Concentration</i>	<i>Degree</i>					
Master's Degrees	Academic	Professional				
<i>Concentration</i>	<i>Degree</i>	<i>Degree</i>				
Doctoral Degrees	Academic	Professional				
<i>Concentration</i>	<i>Degree</i>	<i>Degree</i>				
Joint Degrees	Academic	Professional				
<i>2nd (non-public health) area</i>	<i>Degrees</i>	<i>Degrees</i>				

NOTES:

Degree refers to MPH, MS, PhD, DrPH, BS, etc.

Concentration refers to any area of study offered to students in school/program publicity/website, etc., including 'Generalist.'

Joint degrees are synonymous, for these purposes, with dual degrees, combined degree programs, concurrent degrees, etc. Classify joint degrees as academic or professional based on the public health degree involved, not the non-public health degree.

Public health refers to the categorization of degrees and concentrations as public health vs. non-public health. The MPH and DrPH are ALWAYS public health degrees. Degrees such as MHA, DPT, MPP, MSW, etc. are non-public health degrees.

Executive refers to degrees/concentrations that require substantial place-based attendance but are offered in condensed time periods. Typically, executive-format degrees also require specific work experience or qualifications for admission.

Distance based refers to degrees/concentrations that can be earned completely via distance learning or with minimum face-to-face interaction required.

Delete all rows/categories that are not applicable.

In this document, "concentration" refers to any area of study that the school or program advertises as available to students, via its catalog and/or website. For example, an MPH in epidemiology is a concentration. An MPH in epidemiology with focus areas in chronic disease and infectious disease would be two concentrations (chronic epi and infectious epi). In these criteria, "concentration" is synonymous with terms such as "specialization," "emphasis area" and "focus area." Plans of study that are clearly presented to students as "minors," however, are not considered to be concentrations.

* SPH only: all concentrations must be classified into one of two categories: public health or other/non-public health. See Definitions in criteria document.

Template Intro-2

Degree		Current Enrollment
Master's		
	MPH	
	Public health master's other than MPH	
	All remaining master's degrees (SPH)	
Doctoral		
	DrPH	
	PhD in public health	
	All remaining doctoral degrees (SPH)	
Bachelor's		
	BA/BS in public health	
	Other degrees	

Note: Provide cumulative enrollment numbers for all concentrations within a degree.

Note: Provide data for the most recent year for which complete data are available at the time of the site visit (not at the time your preliminary self-study is due).

Template B2-1

Evaluation measures	Data collection method for measure	Responsibility for review
<i>Measure 1</i>		
<i>Measure 2</i>		
<i>Measure 3</i>		
<i>Measure 4</i>		
<i>Measure 5</i>		
<i>Measure 6</i>		

Add or delete rows as necessary. There is no minimum or maximum number of evaluation measures.

Template B3-1

Students in X Degree, by Cohorts Entering Between 20xx-xx and 20xx-xx								
	Cohort of Students	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10
2003-04	# Students entered	100						
	# Students withdrew, dropped, etc.	5						
	# Students graduated	0						
	Cumulative graduation rate	0%						
2004-05	# Students continuing at beginning of this school year (or # entering for newest cohort)	95	80					
	# Students withdrew, dropped, etc.	10	2					
	# Students graduated	75	0					
	Cumulative graduation rate	75%	0%					
2005-06	# Students continuing at beginning of this school year (or # entering for newest cohort)	10	78					
	# Students withdrew, dropped, etc.	3	3					
	# Students graduated	5	40					
	Cumulative graduation rate	80%	50%					
2006-07	# Students continuing at beginning of this school year (or # entering for newest cohort)	2	35					

	# Students withdrew, dropped, etc.	1	4					
	# Students graduated	1	26					
	Cumulative graduation rate	81%	83%					
2007-08	# Students continuing at beginning of this school year (or # entering for newest cohort)	0	5					
	# Students withdrew, dropped, etc.	---	0					
	# Students graduated	---	5					
	Cumulative graduation rate	81%	89%					
2008-09	# Students continuing at beginning of this school year (or # entering for newest cohort)	---	---					
	# Students withdrew, dropped, etc.	---	---					
	# Students graduated	---	---					
	Cumulative graduation rate	81%	89%					
2009-10	# Students continuing at beginning of this school year (or # entering for newest cohort)	---	---					
	# Students withdrew, dropped, etc.	---	---					
	# Students graduated	---	---					
	Cumulative graduation rate	81%	89%					

Values highlighted in yellow are provided for example purposes only. Table is based on a maximum allowable time to graduation of seven years; add or delete rows and columns as appropriate (eg, if five years is the maximum allowable time to graduate, present the last five years of data).

Track students vertically by column (ie, not across each row).

The school or program tracks the students who enter each degree school or program via a defined entry point (enrollment in the first semester of classes, completion of a certain number of prerequisite credits, etc.). The number of entering students, as defined here, constitutes a cohort for the purpose of calculating graduation rates.

The school or program follows the members of the cohort until they reach a defined outcome: graduation, withdrawal, transfer to a different degree or dismissal. Dismissal is assumed to be the outcome when the cohort reaches the maximum allowable time to graduation without achieving one of the other outcomes, except in special circumstances. The school or program documents all special circumstances.

At the maximum allowable time to graduation for each degree, which is typically defined by the university, the school or program calculates a graduation rate by dividing the number of students with graduation as the outcome (numerator) by the total number of students in the cohort (denominator).

The school or program may subtract students who transferred to a different degree from the total number of students when calculating the graduation rate, but the school or program must provide evidence that it is tracking and evaluating the reasons for transfers.

If the maximum time to graduation for the MPH degree is seven years, the school or program would calculate the graduation rate for MPH students who entered the graduation rate calculation cohort in 2015 in the year 2022.

Complete one template for each public health degree offered (eg, BS, MPH, MS, PhD). SPH only: For all degrees (eg, BS) in which the SPH offers a mix of public health concentrations and "other" concentrations, the SPH should present data ONLY for the public health concentrations. SPHs that include such "mixed" degrees should list the specific concentrations that are included in each data set. See "Definitions" at the end of this document and "Degree Classification Key," available on the CEPH website.

Data on public health doctoral student progression.

Template B3-2: Doctoral Student Data for year 20xx		
	Doctoral degree 1	Doctoral degree 2
# newly admitted in 20xx		
# currently enrolled (total) in 20xx		
# completed coursework during 20yy		
# advanced to candidacy (cumulative) during 20yy		
# graduated in 20yy		

School/program should replace 20xx with the current academic year, and replace 20yy with the previous academic year.
Total number of students currently enrolled (second line) should include both newly matriculating students and currently enrolled students.
School/program should add columns for each doctoral concentration.

If Graduate School reporting makes formal advancement to candidacy (fourth row of data) difficult to track, another metric may be substituted.

Doctoral degree 3

nic year.

continuing students.

her appropriate milestone

Template B4-1

Post-Graduation Outcomes	20xx Number and percentage	20xx Number and percentage	20xx Number and percentage
Employed			
Continuing education/training (not employed)			
Not seeking employment or not seeking additional education by choice			
Actively seeking employment or enrollment in further education			
Unknown			
Total			

Schools and programs should include a table for each public health degree conferred (eg, BS, MPH, MS, PhD, DrPH, etc.).

Graduates may take approximately one year from graduation to secure employment or pursue further education/training.

Example: If the site visit takes place in fall 2016 or spring 2017, the most recent year of data (Year 3) would be based on students who graduated in 2014-2015. See CEPH's FAQ document about collecting and reporting job placement data for more information.

Schools and programs may wish to collect more detailed data on employment setting. Additional tables may be included in the electronic resource file but are not required.

The program tracks the students who graduate in a given academic year (or calendar or fiscal year, depending on the program's choice). The number of graduates in the defined time period constitutes a cohort for the purpose of calculating placement rates.

Within one year of graduation, the program calculates an outcomes rate by dividing the number of students who are employed, enrolled in additional education, or not seeking employment or not seeking additional education by choice by the total number of students whose status is known in the cohort. The program also provides data on the number of students for whom the outcome is unknown.

The one-year window allows the program to gather accurate information on students who may take time after graduation to secure placement. The program may gather placement information on each student at any time from the period immediately preceding graduation to approximately one year after graduation.

Schools and programs can use timelines associated with other data collection processes (eg, NACE, ASPPH) if they wish. For example, schools and programs may wish to define the graduating cohort as those who graduate between July 1 and June 30 and collect the data on the entire cohort by one year after the cohort end date. This data collection practice aligns with current data ASPPH data collection efforts,

Template C1-1

Sources of Funds and Expenditures by Major Category, 20xx to 20xx					
	Year 1	Year 2	Year 3	Year 4	Year 5
Source of Funds					
Tuition & Fees					
State Appropriation					
University Funds					
Grants/Contracts					
Indirect Cost Recovery					
Endowment					
Gifts					
Other (explain)					
Other (explain)					
Other (explain)					
Total					
Expenditures					
Faculty Salaries & Benefits					
Staff Salaries & Benefits					
Operations					
Travel					
Student Support					
University Tax					
Other (explain)					
Other (explain)					
Other (explain)					
Total					

NOTES: Not all categories listed above will be relevant to all schools/programs. Omit any blank or NA rows & use "other" rows to add categories as needed. Use footnotes or narrative to define categories as necessary. Data should be presented by calendar year, academic year or fiscal year as appropriate—define in header row and in accompanying narrative.

Provide data for each of the last five years. The final column of data should be the most recent year for which complete data are available at the time of the site visit (not at the time your preliminary self-study is due).

If required data are not available when the preliminary self-study is submitted, you may leave these cells blank and provide a footnote to explain that the table will be updated later. Updates between the preliminary and final self-studies (and even between the final self-study and site visit) are typical.

Example: If your site visit takes place in fall 2016 or spring 2017, the template must present data for 2015-2016, as well as the four to six prior years.

Template C2-1 (schools)

	MASTER'S			DOCTORAL	BACHELOR'S	ADDITIONAL FACULTY ⁺
CONCENTRATION	PIF 1*	PIF 2*	FACULTY 3^	PIF 4*	PIF 5*	
GLOBAL HEALTH	Stephen Paul	Benny Harrison	Delbert Haynes	Silvia Summers	NA	PIF: 1 Non-PIF: 20
MPH						
MS						
PhD						
DrPH						
HEALTH PROMOTION	Stephen Paul	Benny Harrison	Delbert Haynes	NA	Silvia Summers	PIF: 7 Non-PIF: 5
MPH						
MS						
BSPH						
COMMUNITY HEALTH	Molly Wagner	Joseph Little	Delbert Haynes	NA	NA	PIF: 10 Non-PIF: 3
MPH						

TOTALS:	Named PIF	6
	Total PIF	21
	Non-PIF	20

*Primary Instructional Faculty (PIF) may only appear by name twice in the template.

^Faculty 3 can be either primary faculty or non-primary faculty. These individuals can appear in an unlimited capacity.

+Additional Faculty must be individually identified (by concentration) in the electronic resource file. PIF and Non-PIF faculty identified elsewhere in the table can be included in this headcount.

This example highlights the potential compromises in quality created by the Council's desire to increase flexibility. Suggestions for compromises that increase quality are especially welcome.

Template C2-1 (programs)

	MASTER'S			DOCTORAL	BACHELOR'S	ADDITIONAL FACULTY ⁺
CONCENTRATION	PIF 1*	PIF 2*	PIF 3*	PIF 4*	PIF 5*	
GLOBAL HEALTH	Stephen Paul	Benny Harrison	Delbert Haynes	Silvia Summers	NA	PIF: 1 Non-PIF: 10
MPH						
MS						
PhD						
DrPH						
HEALTH PROMOTION	Molly Wagner	Joseph Little	Manuel Morrison	NA	Lauren Daniels	PIF: 4 Non-PIF: 5
MPH						
MS						
BSPH						
COMMUNITY HEALTH	Jan Burgess	Don Buchanan	Floyd Osborne	NA	NA	PIF: 1 Non-PIF: 3
MPH						

TOTALS:	Named PIF	10
	Total PIF	12
	Non-PIF	15

*Primary Instructional Faculty (PIF) may only appear by name in the template one time.

⁺Additional Faculty must be individually identified (by concentration) in the electronic resource file.

This example demonstrates that the criteria as written may be problematic.

Template C2-2 for schools and programs: Non-primary instructional faculty regularly involved in public health instruction

Name	FTE*	BSPH	MPH Foundations	MPH-Global Health	MPH-Epidemiology	MPH-Generalist	DrPH-Nutrition
Doe, Jane	0.5	X	X		X		X
Edwards, Sam	0.5	X		X			X
Flynn, Lee	0.75	X	X			X	X
Gable, Pat	0.25			X			X
Students enrolled		600	60	20	20	20	4
Total	2	3	2	2	1	1	4

* School/program must develop method for approximating FTE to the unit of accreditation.

Template C2-3. Faculty regularly involved in advising, mentoring and the integrative experience

General advising & career counseling			
Degree level	Average	Min	Max
Bachelor's			
Master's			
Doctoral			

Advising in MPH integrative experience		
Average	Min	Max
Supervision/Advising of bachelor's cumulative or experiential activity		
Average	Min	Max

Mentoring/primary advising on thesis, dissertation or DrPH integrative project			
Degree	Average	Min	Max
DrPH			
PhD			
Master's other than MPH			

For each calculation, only include faculty who participate in the activity (ie, zeroes should not be included in the calculation). If both primary instructional faculty and non-primary instructional faculty or staff are regularly involved in these activities, stratify the data.

Min is the lowest number of students that a faculty member advises and Max is the highest number of students that a faculty member advises at defined point in time, chosen by the school or program. Point in time must be suitably representative (eg, sixth week of fall semester).

Mentoring/primary advising on thesis, dissertation or DrPH integrative project counts first readers only.

Backup documentation used in calculations must be provided in the electronic resource file.

SPH should only present data on public health degrees and concentrations.

Template C3-1. Staff support

Role/function	FTE

Template D2-2

Assessment of Competencies for MPH in X Concentration		
Competency	* Course number(s) or other educational requirements	Specific assessment opportunity
Evidence-based Approaches to Public Health		
1. Choose data collection methods		
2. Analyze and interpret quantitative and qualitative data		
3. Use computer-based programming and software to support data analysis and interpretation		
4. Apply epidemiological methods to the breadth of settings and situations in public health practice		
Public Health and Health Care Systems		
5. Compare the organization, structure and function of health care and public health systems across national and international settings		
6. Assess impacts of structural bias at organizational, community and societal levels that pose challenges to health equity		
Program Planning and Management		
7. Assess population needs, assets and capacities that affect communities' health		
8. Apply awareness of cultural values and practices to the design or implementation of public health programs		
9. Design a population-based project, program or intervention		
10. Explain basic principles and tools of budget and resource management		
11. Select methods to evaluate public health programs and policies.		
Policy in Public Health		
12. Assess multiple dimensions of the policy making process, including ethics and evidence in relation to their capacity to improve public health and health equity		
13. Apply communication and negotiation skills to identify stakeholders and build coalitions and partnerships to influence public health outcomes		

14. Advocate for programs and political, social and economic policies that will improve health in diverse populations		
Leadership		
15. Apply principles of effective leadership, governance and management, including fostering collaboration, guiding decision making, creating a vision and empowering others		
Communication		
16. Choose appropriate strategies for communicating a public health issue to various audiences, including stakeholders at all levels and sectors		
17. Write technical or professional papers on public health issues		
18. Deliver oral presentations on public health issues		
Interprofessional Practice		
19. Perform effectively on interprofessional teams		
Systems Thinking		
20. Apply systems thinking tools to a public health issue		

* The Council understands that schools and programs may assess each competency in multiple courses or learning opportunities. This template need not catalog assessments of the competency. The school or program may choose an example for each, but must present sufficient information to assure reviewers that no MPH student could complete the program without being assessed on each of the listed skills. If all MPH students are required to take a course that has an identified assessment opportunity for skill a, then the school or program could populate the template by listing the single course and its assessment opportunity in row a.

Template D3-2

Assessment of Competencies for DrPH in X Concentration		
Competency	* Course number(s) or other educational requirements	Specific assignment(s) that allow assessment
Data and Analysis		
1. Apply qualitative, quantitative, mixed methods and policy analysis and evaluation methods to address health issues at multiple (individual, group, organization, community and population) levels		
2. Explain the use and limitations of surveillance systems and national surveys in providing data to assess population health needs, monitor the implementation of interventions to address them and evaluate outcomes and impact of programs and policies		
Leadership, Management and Governance		
3. Build capacity and strategies for health improvement and elimination of health inequities by organizing stakeholders, including researchers, practitioners, community leaders and partners		
4. Influence behavior and policies by communicating public health science to diverse stakeholders, including individuals at all levels of health literacy.		
5. Integrate knowledge, approaches, methods, values and potential contributions from multiple professions and systems in addressing public health problems		
6. Create and implement strategic plans		
7. Facilitate shared decision making through negotiation and consensus-building methods		
8. Create and sustain organizational change strategies		
9. Promote equity within public health programs, policies and systems		
10. Assess one's own strengths and weaknesses in leadership capacities including cultural proficiency		
11. Acquire and align human, fiscal and other resources to achieve strategic goals		

12. Cultivate new resources and revenue streams to achieve strategic goals		
Programs		
13. Design system-level interventions that influence population health outcomes in transdisciplinary team approaches that promote health equity and disease prevention		
14. Integrate knowledge of cultural values and practices in the design or implementation of public health programs		
Policy		
15. Integrate scientific information, legal and regulatory approaches, ethical frameworks and varied stakeholder interests in policy development and analysis		
Education and Workforce Development		
16. Assess a population's knowledge and learning needs		
17. Deliver training or educational experiences that promote learning in academic, organizational and community settings		
18. Use best practice modalities in pedagogical practices		

* The Council understands that schools and programs may assess each competency in multiple courses or learning opportunities. This template need not catalog assessments of the competency. The school or program may choose an example for each, but must present sufficient information to assure reviewers that no MPH student could complete the program without being assessed on each of the listed skills. If all MPH students are required to take a course that has an identified assessment opportunity for skill a, then the school or program could populate the template by listing the single course and its assessment opportunity in row a.

Template D4-1

Assessment of Competencies for MPH/DrPH in X Concentration		
Competency	Course number(s) or other educational requirements	Specific assignment(s) that allow assessment
1.		
2.		
3.		
4.		
5.		

Template D5-1

Practice-based products that demonstrate MPH foundational co
Specific assignment(s) that demonstrate application or

Competency achievement: X Concentration
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Foundational Competency as defined in Criterion D2

- | |
|----|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

Template D6-1

Practice-based products that demonstrate DrPH competency achievement: X Concentration	
Specific assignment(s) that demonstrate application or practice	Competency as defined in Criterion D3 or D4
	1.
	2.
	3.
	4.
	5.

Template D7-1

MPH Integrative Learning Experience for X Concentration	
Integrative learning experience (list all options)	How competencies are synthesized

Template D8-1

DrPH Integrative Learning Experience for X Concentration	
Integrative learning experience (list all options)	How competencies are synthesized

Template D9-1

A matrix that indicates the experience(s) that ensure that students are introduced to each of the domains indicated in Criterion D9a.

Domains	Courses and other learning experiences through which students are introduced to the domains specified
Science: Introduction to the foundations of scientific knowledge, including the biological and life sciences and the concepts of health and disease	
Social and Behavioral Sciences: Introduction to the foundations of social and behavioral sciences	
Math/Quantitative Reasoning: Introduction to basic statistics	
Humanities/Fine Arts: Introduction to the humanities/fine arts	

Template D9-2

A matrix that indicates the experience(s) that ensure that students are exposed to each of the domains indicated in Criterion D9b.

Template D9-2 requires the program to identify the experiences that introduce and reinforce each domain. Please note that a topic within a domain may be introduced and/or covered in more than one course.

Key: I=introduced, C=covered

Public Health Domains		Course Name and Number						
		<i>Ex. PH 103, Epidemiology</i>	<i>Ex. PH 105, Health Policy</i>					
Overview of Public Health:	Address the history and philosophy of public health as well as its core values, concepts, and functions across the globe and in society							
	Public Health History	C	I					
	Public Health Philosophy		I					
	Core PH Values	I	C					
	Core PH Concepts	I	IC					
	Global Functions of Public Health							
	Societal Functions of Public Health							

<p>Role and Importance of Data in Public Health: Address the basic concepts, methods, and tools of public health data collection, use, and analysis and why evidence-based approaches are an essential part of public health practice</p>								
	Basic Concepts of Data Collection							
	Basic Methods of Data Collection							
	Basic Tools of Data Collection							
	Data Usage							
	Data Analysis							
	Evidence-based Approaches							
<p>Identifying and Addressing Population Health Challenges: Address the concepts of population health, and the basic processes, approaches, and interventions that identify and address the major health-related needs and concerns of populations</p>								

	Population Health Concepts							
	Introduction to Processes and Approaches to Identify Needs and Concerns of Populations							
	Introduction to Approaches and Interventions to Address Needs and Concerns of Populations							
Human Health: Address the underlying science of human health and disease including opportunities for promoting and protecting health across the life course								
	Science of Human Health and Disease							
	Health Promotion							
	Health Protection							
Determinants of Health: Address the socio-economic, behavioral, biological, environmental, and other factors that impact human health and contribute to health disparities								

	Socio-economic Impacts on Human Health and Health Disparities							
	Behavioral Factors Impacts on Human Health and Health Disparities							
	Biological Factors Impacts on Human Health and Health Disparities							
	Environmental Factors Impacts on Human Health and Health Disparities							
Project Implementation: Address the fundamental concepts and features of project implementation, including planning, assessment, and evaluation								
	Introduction to Planning Concepts and Features							
	Introduction to Assessment Concepts and Features							

	Introduction to Evaluation Concepts and Features							
Overview of the Health System: Address the fundamental characteristics and organizational structures of the U.S. health system as well as to the differences in systems in other countries								
	Characteristics and Structures of the U.S. Health System							
	Comparative Health Systems							
Health Policy, Law, Ethics, and Economics: Address the basic concepts of legal, ethical, economic, and regulatory dimensions of health care and public health policy, and the roles, influences and responsibilities of the different agencies and branches of government								

	Legal dimensions of health care and public health policy							
	Ethical dimensions of health care and public health policy							
	Economical dimensions of health care and public health policy							
	Regulatory dimensions of health care and public health policy							
	Governmental Agency Roles in health care and public health policy							
	Health Communications: Address the basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology							
	Technical writing							
	Professional writing							
	Use of Mass Media							

	Use of Electronic Technology							
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Template D9-3

A matrix that indicates the experience(s) that ensure that students demonstrate skills in each of the domains indicated in Criterion D9d. Template D9-3 requires the program to identify the experiences that introduce and reinforce each domain.

Skills		Courses and other learning experiences through which students demonstrate the following skills.	Methods by which these skills are assessed.
Public Health Communication: Students should be able to communicate public health information, in both oral and written forms and through a variety of media, to diverse audiences			
	Oral communication		
	Written communication		
	Communicate with diverse audiences		
	Communicate through variety of media		
Information Literacy: Students should be able to locate, use, evaluate, and synthesize information			
	Locate information		
	Use information		
	Evaluate information		
	Synthesize information		

Template D9-4

A matrix that identifies the cumulative and experiential activities through which students have the opportunity to integrate, synthesize and apply knowledge as indicated in Criterion D9e.

Students have opportunities to integrate, synthesize and apply knowledge through cumulative and experiential activities. All students complete a cumulative, integrative and scholarly or applied experience or inquiry project that serves as a capstone to the education experience. These experiences may include, but are not limited to, internships, service-learning projects, senior seminars, portfolio projects, research papers or honors theses. Programs encourage exposure to local-level public health professionals and/or agencies that engage in public health practice.

Cumulative and Experiential Activity (internships, research papers, service-learning projects, etc.)	Narrative describing how activity provides students the opportunity to integrate, synthesize and apply knowledge.

Template D9-5

A brief narrative description of the manner in which the curriculum and co-curricular experiences expose students to the concepts in Criterion D9f.

The program may mention a wide variety of experiences including but not limited to overall courses, specific assignments, service opportunities, university-mandated experiences, etc.

Concept	Manner in which the curriculum and co-curricular experiences expose students to the concepts
Advocacy for protection and promotion of the public's health at all levels of society	
Community dynamics	
Critical thinking and creativity	
Cultural contexts in which public health professionals work	
Ethical decision making as related to self and society	
Independent work and a personal work ethic	
Networking	
Organizational dynamics	
Professionalism	
Research methods	
Systems thinking	
Teamwork and leadership	

Template D13-1

A matrix that indicates the required learning experiences that provide exposure to each of the required learning objectives identified in D13 (a-j). Typically, the program will present a separate matrix for each degree program, but matrices may be combined if requirements are identical.

Content Coverage for XXX master's degree other than MPH (SPH and PHP, if applicable)		
Content	Course number(s) or other educational requirements	Specific component (reading, lecture, discussion)
a. Explain public health history, philosophy and values		
b. Identify the core functions of public health and the 10 Essential Services*		
c. Discuss concepts of prevention at all levels, including health promotion, screening, etc.		
d. Explain the role of quantitative methods and sciences in describing and assessing population health		
e. Explain effects of environmental factors on human health		
f. Explain biological and genetic factors that affect human health		
g. Explain behavioral and psychological factors that affect human health		
h. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities		
i. Explain how globalization affects the global burden of disease		
j. Explain a One Health, ecological perspective on the connections among human health, animal health and ecosystem health^		

* Institutions outside the US may replace 10 Essential Services with content appropriate to the nation/region.

^“One Health is the integrative effort of multiple disciplines working locally, nationally, and globally to attain optimal health for people, animals, and the environment. Together, the three make up the One Health triad, and the health of each is inextricably connected to the others in the triad” (Retrieved from <https://www.avma.org/KB/Resources/Reference/Pages/One-Health.aspx> on June 20, 2016)

Template D13-2

Assessment of Competencies for Master's Degrees in Public Health Fields, Other than MPH	
Competency	Specific assessment opportunity

Template D14-1

A matrix that indicates the required learning experiences that provide exposure to each of the required content. Typically, the program will present a separate matrix for each degree program, but matrices may be combined.

Content Coverage for doctoral degree in a public health field other than DrPH (SPH and PHP, if applicable)	
Content	Course number(s) or other educational requirements
a. Explain public health history, philosophy and values	
b. Identify the core functions of public health and the 10 Essential Services*	
c. Discuss concepts of prevention at all levels, including health promotion, screening, etc.	
d. Explain the role of quantitative methods and sciences in describing and assessing population health	
e. Explain effects of environmental factors on human health	
f. Explain biological and genetic factors that affect human health	
g. Explain behavioral and psychological factors that affect human health	
h. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	
i. Explain how globalization affects the global burden of disease	
j. Explain a One Health, ecological perspective on the connections among human health, animal health and ecosystem health^	

* Institutions outside the US may replace 10 Essential Services with content appropriate to the nation/
 ^“One Health is the integrative effort of multiple disciplines working locally, nationally, and globally to address human, animal, and environmental health. Together, the three make up the One Health triad, and the health of each is inextricably connected to the others.” (from <https://www.avma.org/KB/Resources/Reference/Pages/One-Health.aspx> on June 20, 2016)

*Learning objectives identified in D13 (a-j).
Combined if requirements are identical.*

applicable)
Specific component (reading, lecture, discussion)

region.
tain optimal health for people, animals, and the
connected to the others in the triad” (Retrieved

Template D13-2

Assessment of Competencies for Doctoral Degrees in Public Health
Competency

Fields, Other than DrPH
Specific assessment opportunity

Template D15-1

Content Coverage for X degree (All remaining degrees*)	
Content	Course number(s) or other educational requirements
a. Explain public health history, philosophy and values	
b. Identify the core functions of public health and the 10 Essential Services ⁷	
c. Discuss concepts of prevention at all levels, including health promotion, screening, etc.	
d. Explain the role of quantitative methods and sciences in describing and assessing population health	
e. Explain effects of environmental factors on human health	
f. Explain biological and genetic factors that affect human health	
g. Explain behavioral and psychological factors that affect human health	
h. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	
i. Explain how globalization affects the global burden of disease	
j. Explain a One Health, ecological perspective on the connections among human health, animal health and ecosystem health [^]	

*This criterion addresses ALL degrees and concentrations other than those identified as 1) professional public health degrees (addressed in C1 and concentrations (Criteria D13 & D14) or 3) public health bachelor's degrees and concentrations (Criterion D9). See "Definitions" as the end

⁷Institutions outside the US may replace 10 Essential Services with content appropriate to the nation/region.

[^]"One Health is the integrative effort of multiple disciplines working locally, nationally, and globally to attain optimal health for people, animals, and the health of each is inextricably connected to the others in the triad" (Retrieved from <https://www.avma.org/KB/Resources/Re>

Specific component (reading, lecture, discussion)

riteria D2, D3 & elsewhere), 2) academic public health degrees of the criteria document.

and the environment. Together, the three make up the One [reference/Pages/One-Health.aspx](#) on June 20, 2016)

Template E1-1

Primary Faculty Alignment with Degrees Offered						
Name*	Title/ Academic Rank	Tenure Status or Classification^	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Current instructional area(s)
Baker, Rebecca	Professor	Tenure	DrPh, MD	Cornell	Community health	Global Health
Barnes, Brian	Assistant Professor	Tenure	PhD	Johns Hopkins	Maternal and child health	MPH Core, Epidemiology
Doe, Jane	Professor	Tenure	DrPh, MD	Harvard	Biostatistics	Biostatistics
Edwards, Frances	Lecturer	Non-tenure	PhD	Emory	Public health informatics	Biostatistics, Global Health
Flynn, Don	Associate Professor	Tenure-Track	PhD, MD	Princeton	Epidemiology	DrPH Core
Foster, Ryan	Lecturer	Non-tenure	PhD	Emory	Public health informatics	Global Health
Gray, Cathy	Professor	Tenure	DrPh, MD	Harvard	Biostatistics	Global Health
Green, Louise	Professor	Tenure	DrPh, MD	Cornell	Community health	Epidemiology
Hall, Phil	Lecturer	Non-tenure	PhD	Howard	Health Policy and administration	Epidemiology
James, Amanda	Assistant Professor	Tenure	Phd	Johns Hopkins	Maternal and child health	Epidemiology
Johnson, Aaron	Lecturer	Non-tenure	PhD	Howard	Health Policy and administration	Global Health
Kelly, Denise	Associate Professor	Tenure-Track	PhD, MD	Johns Hopkins	Urban health	Epidemiology, Global Health
Parker, Harold	Associate Professor	Tenure-Track	PhD, MD	Princeton	Epidemiology	Epidemiology
Ramirez, Dorothy	Assistant Professor	Tenure	Phd	Yale	Environmental health	Global Health
Richardson, John	Associate Professor	Tenure-Track	PhD, MD	Johns Hopkins	Urban health	Biostatistics
Smith, Jim	Assistant Professor	Tenure	Phd	Yale	Environmental health	DrPH Core, Biostatistics

* List faculty alphabetically. Schools and programs can cut and paste "Name" column from Template C2-1.

^ 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.

Provide data for the year during which the site visit takes place. If the site visit takes place in fall 2016, the template must present data for fall 2016. If the site visit takes place in spring 2017, the template must present data for spring 2017.

SPH should only include data on faculty associated with public health degree programs.

Template E1-2

Non-Primary Faculty Regularly Involved in Instruction							
Name*	Academic Rank^	Title and Current Employment	FTE or % Time Allocated	Graduate Degrees Earned	Institution where degrees were earned	Discipline in which degrees were earned	Role in/contributions to school/program
Doe, Jane	Adjunct Professor	Assistant Health Director, Local Health Department	0.25	DrPh, MD	Cornell	Community health	Social and behavioral sciences
Edwards, Sam	Visiting Professor	Professor, Other University in town	0.1	PhD	Johns Hopkins	Maternal and child health	Social and behavioral sciences
Flynn, Lee	Adjunct Professor	Executive Director, Non-profit	0.25	DrPh, MD	Harvard	Biostatistics	Biostatistics
Gable, Pat	Lecturer	Executive Director, Non-profit	0.5	PhD	Emory	Public health informatics	Biostatistics

* List faculty alphabetically. Schools and programs can cut and paste "Name" column from Template C2-2.

^ 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.

Provide data for the year during which the site visit takes place. If the site visit takes place in fall 2016, the template must present data for fall 2016. If the site visit takes place in spring 2017, the template must present data for spring 2017.

Template E4-1

Outcome Measures for Faculty Research and Scholarly Activities				
Outcome Measure	Target	Year 1	Year 2	Year 3
Percent of primary faculty participating in research activities each year	75%	69%	70%	75%
Number of articles published in peer-reviewed journals each year	5	5	5	7
Presentations at professional meetings each year	5	3	4	5

To identify the three years of data required, start with the date of your site visit (not the due date of your preliminary self-study) and use the three most recent, complete years of data.

If required data are not available when the preliminary self-study is submitted, you may leave these cells blank and provide a footnote to explain that the table will be updated later. Updates between the preliminary and final self-studies (and even between the final self-study and site visit) are typical.

Example: If your site visit takes place in fall 2016 or spring 2017, the template must present data for 2013-2014 (Year 1), 2014-2015 (Year 2) and 2015-2016 (Year 3).

SPH should focus data and descriptions on faculty associated with the public health degree programs.

Template H4-1

Outcome Measures for Recruitment and Admissions				
Outcome Measure	Target	Year 1	Year 2	Year 3
Percentage of newly matriculating students with previous health- or public health-related experience				