ACCREDITATION CRITERIA

SCHOOLS OF PUBLIC HEALTH & PUBLIC HEALTH PROGRAMS

AMENDED OCTOBER 2016

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Introduction[1]

1) Describe the institutional environment, which includes the following:

    a. year institution was established and its type (e.g., private, public, land-grant, etc.)
    b. number of schools and colleges at the institution and the number of degrees offered by the institution at each level (bachelor's, master's, doctoral and professional preparation degrees)
    c. number of university faculty, staff, and students
    d. brief statement of distinguishing university facts and characteristics
    e. names of all accrediting bodies (other than CEPH) to which the institution responds. The list must include the ~~regional~~ institutional accreditor for the university as well as all specialized accreditors to which any school, college or other organizational unit at the university responds (list may be placed in the electronic resource file)
    f. brief history and evolution of the school of public health (SPH) or public health program (PHP) and related organizational elements, if applicable (e.g., date founded, educational focus, other degrees offered, rationale for offering public health education in unit, etc.)

2) Organizational charts that clearly depict the following related to the school or program:

    a. the school or program's internal organization, including the reporting lines to the dean/director
    b. the relationship between the school or program and other academic units within the institution. For programs, ensure that the chart depicts all other academic offerings housed in the same organizational unit as the program. Organizational charts may include committee structure organization and reporting lines
    c. the lines of authority from the school or program's leader to the institution's chief executive officer (president, chancellor, etc.), including intermediate levels (e.g., reporting to the president through the provost)
    d. for multi-partner schools and programs (as defined in Criterion A2), organizational charts must depict all participating institutions

3) An instructional matrix presenting all of the school or program's degree programs and concentrations including bachelor's, master's and doctoral degrees, as appropriate.[2] Present data in the format of Template Intro-1.

The matrix must
- show undergraduate and graduate degrees
- distinguish between professional and academic degrees for all graduate public health degrees offered
- identify whether public health degrees/concentrations are offered in campus-based, distance learning, or both formats ~~or executive formats~~
- SPH only: distinguish public health degrees from other degrees

Non-degree programs, such as certificates or continuing education, should not be included in the matrix.

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[1] Required, but no compliance findings will be returned. This information serves as a summary to orient readers to the university and the SPH/PHP.

[2] Schools must report all degree programs housed in the school or college and should review the Degree Classification Key available on the CEPH website.

Programs should list only the degree programs within the unit of accreditation. Contact CEPH staff with questions about the unit of accreditation.

See "Definitions" at the end of this document for additional information.

Commented [A1]: Changed to comply with USDE regulation. This also applies to revision in Criterion A2.

Commented [A2]: Executive format has never been an official category with associated standards and causes confusion. All degree programs and concentrations must be characterized as distance education or not

46 **4) Enrollment data for all of the school or program's degree programs, including bachelor's,**
47 **master's and doctoral degrees, in the format of Template Intro-2. Schools that house "other"**
48 **degrees and concentrations (as defined in Criterion D19) should separate those degrees and**
49 **concentrations from the public health degrees for reporting student enrollments. For example, if a**
50 **school offers a BS in public health and a BS in exercise science, student enrollment data should**
51 **be presented separately. Data on "other" degrees and concentrations may be grouped together as**
52 **relevant to the school.**
53
54

A1. Organization and Administrative Processes (SPH and PHP)

The school or program demonstrates effective administrative processes that are sufficient to affirm its ability to fulfill its mission and goals and to conform to the conditions for accreditation.

The school or program establishes appropriate decision-making structures for all significant functions and designates appropriate committees or individuals for decision making and implementation.

School or program faculty have formal opportunities for input in decisions affecting the following:

- **degree requirements**
- **curriculum design**
- **student assessment policies and processes**
- **admissions policies and/or decisions**
- **faculty recruitment and promotion**
- **research and service activities**

The school or program ensures that faculty (including full-time and part-time faculty) regularly interact with their colleagues and are engaged in ways that benefit the instructional program (e.g., participating in instructional workshops, engaging in program- or school-specific curriculum development and oversight).

Required documentation:

1) List the school or program's standing and significant ad hoc committees. For each, indicate the formula for membership (e.g., two appointed faculty members from each concentration) and list the current members. (self-study document)

   Programs should generally focus the response on the specific committees that govern the unit of accreditation, not on departmental or school committees that oversee larger organizational units. (self-study document)

2) Briefly describe which committee(s) or other responsible parties make decisions on each of the following areas and how the decisions are made:

   a. degree requirements
   b. curriculum design
   c. student assessment policies and processes
   d. admissions policies and/or decisions
   e. faculty recruitment and promotion
   f. research and service activities
   (self-study document)

3) A copy of the bylaws or other policy documents that determine the rights and obligations of administrators, faculty, and students in governance of the school or program. (electronic resource file)

4) Briefly describe how faculty contribute to decision-making activities in the broader institutional setting, including a sample of faculty memberships and/or leadership positions on committees external to the unit of accreditation. (self-study document)

5) Describe how full-time and part-time faculty regularly interact with their colleagues (self-study document) and provide documentation of recent interactions, which may include minutes, attendee lists, etc. (electronic resource file)

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

A2. Multi-Partner Schools and Programs (SPH and PHP—applicable ONLY if functioning as a "collaborative unit" as defined in CEPH procedures)

When a school or program is sponsored by more than one ~~regionally-accredited~~ institution holding institutional accreditation and is operated as a single organizational unit, the school or program defines a clear and comprehensive set of organizational rights and responsibilities that address operational, curricular and resource issues. Memoranda of agreement or other similar documents outline all such rights and responsibilities.

The school or program has a single identified leader (dean or director) and a cohesive chain of authority for all decision making relevant to the educational program that culminates with this individual.

Required documentation:

1) Describe the major rights and responsibilities of each participating institution. (self-study document)

2) A copy of the formal written agreement that establishes the rights and obligations of the participating universities regarding the school or program's operation. (electronic resource file)

3) Describe the role and responsibilities of the identified leader. (self-study document)

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

A3. Student Engagement (SPH and PHP)

Students have formal methods to participate in policy making and decision making within the school or program, and the school or program engages students as members on decision-making bodies whenever appropriate.

Required documentation:

1) Describe student participation in policy making and decision making at the school or program level, including identification of all student members of school or program committees over the last three years, and student organizations involved in school or program governance, if relevant to this criterion. Schools should focus this discussion on students in public health degree programs. (self-study document)

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

A4. Autonomy for Schools of Public Health (SPH only)

A school of public health operates at the highest level of organizational status and independence available within the university context. If there are other professional schools in the same university (e.g., medicine, nursing, law, etc.), the school of public health shall have the same

165   **degree of independence accorded to those professional schools. Independence and status are**
166   **viewed within the context of institutional policies, procedures, and practices.**
167
168   Required documentation:
169
170   1) Briefly describe the school's reporting lines up to the institution's chief executive officer. The
171   response may refer to the organizational chart provided in the introduction. (self-study document)
172
173   2) Describe the reporting lines and levels of autonomy of other professional schools located in the
174   same institution and identify any differences between the school of public health's reporting
175   lines/level of autonomy and those of other units. (self-study document)
176
177   3) If applicable, assess strengths and weaknesses related to this criterion and plans for
178   improvement in this area. (self-study document)
179
180
181   **A5. Degree Offerings in Schools of Public Health (SPH only)**
182
183   **A school of public health offers a professional public health master's degree (e.g., MPH) in at least**
184   **three ~~distinct~~ concentrations representing at least three distinct sub-disciplinary areas[3] in public**
185   **health ~~(as defined by competencies in Criterion D4)~~ and public health doctoral degree programs**
186   **(academic or professional) in at least two concentrations representing at least two distinct sub-**
187   **disciplinary areas in public health ~~(as defined by competencies in Criterion D4)~~.[4] A school may**
188   **offer more degrees or concentrations at either degree level.**
189
190   Required documentation:
191
192   1) Affirm that the school offers professional public health master's degree concentrations in at least
193   three areas and public health doctoral degree programs of study in at least two areas. Template
194   Intro-1 may be referenced for this purpose. (self-study document)
195
196   2) An official catalog or bulletin that lists the degrees offered by the school. (electronic resource file
197   or hyperlink in self-study document)
198
199
200   **B1. Guiding Statements (SPH and PHP)**
201
202   **The school or program defines a *vision* that describes how the community/world will be different**
203   **if the school or program achieves its aims.**
204
205   **The school or program defines a *mission statement* that identifies what the school or program will**
206   **accomplish operationally in its instructional, community engagement and scholarly activities. The**
207   **mission may also define the school or program's setting or community and priority population(s).**
208
209   **The school or program defines *goals* that describe strategies to accomplish the defined mission.**
210

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[3] General public health is not construed to be a sub-disciplinary area in this criterion's intent, nor are joint
degrees (e.g., DVM-MPH). Sub-disciplines might include epidemiology, maternal & child health, health
services administration, global health, etc.
[4] The language related to doctoral degrees is intended to suggest that any of the following would be
acceptable (as well as many other combinations): DrPH in ~~general~~ public health practice and PhD in
health policy; PhD with concentrations in biostatistics and environmental health; DrPH in community
health and ScD in epidemiology; DrPH with concentrations in social and behavioral sciences and global
health; etc.

> **Commented [A3]:** This revision is to clarify the Council's expectation that SPH have depth in at least three areas at the MPH level and two at the doctoral level.

The school or program defines a statement of *values* that informs stakeholders about its core principles, beliefs, and priorities.

Together, the school or program's guiding statements must address instruction, scholarship, and service and

- **must define the ways in which the school or program plans to 1) advance the field of public health and 2) promote student success.**

- **may derive from the purposes of the parent institution but also reflect the school or program's own aspirations and respond to the needs of the school or program's intended service area(s).**

- **are sufficiently specific to allow the school or program to rationally allocate resources and to guide evaluation of outcomes.**

Required documentation:

1) A one- to three-page document that, at a minimum, pPresents tThe school or program's vision, mission, goals, and values. (self-study document)

2)

3)1)This document may take the form of the executive summary of a strategic plan, or it may take other forms that are appropriate to support the school or program's ongoing efforts to advance public health and student success.

4)2)If applicable, a school- or program-specific strategic plan or other comparable document. (electronic resource file)

5)3)If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

B2. Graduation Rates (SPH and PHP)

The school or program collects and analyzes graduation rate data for each public health degree offered (e.g., BS, MPH, MS, PhD, DrPH).[5]

The school or program achieves graduation rates of 70% or greater for bachelor's and master's degrees and 60% or greater for doctoral degrees.

Required documentation:

1) Graduation rate data for each public health degree. See Template B2-1. (self-study document)

2) Data on public health doctoral student progression in the format of Template B2-2. (self-study document)

3) Explain the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors. (self-study document)

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[5] **SPH only**: Provide data on public health degrees only. For those degrees (e.g., BS) in which the school offers a mix of public health concentrations and "other" concentrations, the school should present data ONLY for the public health concentrations. Schools 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 the Degree Classification Key available on the CEPH website.

> **Commented [A4]:** Specification of the type of document is not necessary

260
261   4) If applicable, assess strengths and weaknesses related to this criterion and plans for
262   improvement in this area. (self-study document)
263
264 **B3. Post-Graduation Outcomes (SPH and PHP)**
265
266 **The school or program collects and analyzes data on graduates' employment or enrollment in**
267 **further education post-graduation, for each public health degree offered (e.g., BS, MPH, MS, PhD,**
268 **DrPH).**
269
270 **The school or program chooses methods that are explicitly designed to minimize the number of**
271 **students with unknown outcomes. This expectation includes collecting data that accurately**
272 **presents outcomes for graduates within approximately one year of graduation, since collecting**
273 **data shortly before or at the exact time of graduation will result in underreporting of employment**
274 **outcomes for individuals who begin their career search at graduation. In many cases, these**
275 **methods will require multiple data collection points. The school or program need not rely solely**
276 **on self-report or survey data and should use all possible methods for collecting outcome data.**
277
278 **The school or program achieves rates of 80% or greater employment or enrollment in further**
279 **education within the defined time period for each degree.[6]**
280
281 Required documentation:
282
283   1) Data on post-graduation outcomes (employment or enrollment in further education) for each
284   public health degree. See Template B3-1. (self-study document)
285
286   2) Explain the data presented above, including identification of factors contributing to any rates that
287   do not meet this criterion's expectations and plans to address these factors. (self-study
288   document)
289
290   3) If applicable, assess strengths and weaknesses related to this criterion and plans for
291   improvement in this area. (self-study document)
292
293 **B4. ~~Alumni~~ Perceptions of Curricular Effectiveness (SPH and PHP)**
294
295 **For each degree offered,[7] the school or program collects information on alumni[8] perceptions of**
296 **their preparation for the workforce (or for further education, if applicable). Data collection must**
297 **elicit information on what skills are most useful and applicable in post-graduation destinations,**
298 **areas in which graduates feel well prepared, and areas in which they would have benefitted from**
299 **more training or preparation. ~~own success in achieving defined competencies while enrolled in the~~**
300 **~~program of study and of their ability to apply these competencies in their post-graduation~~**
301 **~~placements.~~**
302
303 **The school or program defines qualitative and/or quantitative methods designed to ~~maximize~~**
304 **~~response rates and~~ provide useful information on the issues outlined above. "Useful information"**
305 **refers to information that provides the unit with a reasonable basis for making curricular and**
306 **related improvements. Qualitative methods may include focus groups, key informant interviews,**
307 **etc.**

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[6] **SPH only**: See footnote 5.

[7] **SPH only**: See footnote 5.

[8] Data from recent graduates within the last five years are typically most useful, as distal graduates may not have completed the curriculum that is currently offered.

> **Commented [A5]:** Changes reflect emphasis on information that can be used for program/curricular improvement rather than mechanics of survey administration or intricacies related to each competency.

The school or program documents and regularly examines its methodology, making revisions as necessary, ~~as well as its substantive outcomes~~ to ensure useful data.

Required documentation:

1) Summarize the findings of alumni self-assessment of their ~~ability to apply competencies after graduation~~preparation for post-graduation destinations. (self-study document)

2) Provide full documentation of the methodology and findings from ~~alumni~~ quantitative and/or qualitative data collection. (electronic resource file)

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

B5. ~~Defining~~ Evaluation and Quality Improvement ~~Practices~~ (SPH and PHP)

The school or program defines and consistently implements an evaluation plan ~~appropriate evaluation methods and measures~~ that fulfills the following functions:

- **includes all measures listed in Appendix 1 in these Accreditation Criteria**
- **provides information that allows the school or program to determine its effectiveness in advancing its mission and goals (as defined in Criterion B1)**
  - **Measures must capture all aspects of the unit's mission and goals. In most cases, this will require supplementing the measures captured in Appendix 1 with additional measures that address the unit's unique context.**
- **defines a process to engage in regular, substantive review of evaluation findings, as well as strategic discussions about their implications**
- **allows the school or program to make data-driven quality improvements e.g., in curriculum, student services, advising, faculty functions, research and extramural service, and operations, as appropriate**

~~The evaluation plan is ongoing, systematic, and well-documented. The chosen evaluation methods and measures must track the school or program's progress in 1) advancing the field of public health (addressing instruction, scholarship, and service) and 2) promoting student success.~~

Required documentation:

1) Present an evaluation plan that~~, at a minimum,~~ lists the following for each required element in Appendix 1:
   a. the specific data source(s) for each listed element (e.g., alumni survey, student database)
   b. a brief summary of the method of compiling or extracting information from the data source
   c. the entity or entities (generally a committee or group) responsible for reviewing and discussing each element and recommending needed improvements, when applicable
   d. the timeline for review (e.g., monthly, at each semester's end, annually in September)
   See Template B5-1. (self-study document)

1) ~~Briefly describe how the chosen evaluation methods and measures track the school or program's progress in advancing the field of public health (including instruction, scholarship, and service) and promoting student success. (self-study document)~~

2) Provide evidence of implementation of the plan described in Template B5-1. Evidence may include reports or data summaries prepared for review, notes from meetings at which results

Commented [A6]: B5 has been combined with B6. Adds clarity about what CEPH expects from an evaluation plan (Appendix 1 is simply all data elements that are already required for the self-study). Reduces subjectivity of site visit team. Emphasizes use of data for quality improvement rather than technicalities of individual measures.

364 were discussed, etc. ~~Evidence must document examination of progress and impact on both public~~
365 ~~health as a field and student~~ success. (electronic resource file)

367 3) Provide at least three specific examples of improvements undertaken in the last three years
368 based on the evaluation plan. At least one of the changes must relate to an area other than the
369 curriculum. See Template B5-2. (self-study document)

371 4) If applicable, assess strengths and weaknesses related to this criterion and plans for
372 improvement in this area. (self-study document)

374 ~~**B6. Use of Evaluation Data (SPH and PHP)**~~

376 ~~**The school or program engages in regular, substantive review of all evaluation findings, as well as**~~
377 ~~**strategic discussions about the implications of evaluation findings.**~~

379 ~~**The school or program implements an explicit process for translating evaluation findings into**~~
380 ~~**programmatic plans and changes and provides evidence of changes implemented based on**~~
381 ~~**evaluation findings.**~~

383 ~~Required documentation:~~

385 ~~Provide two to four specific examples of programmatic changes undertaken in the last three years~~
386 ~~based on evaluation results. For each example, describe the specific evaluation finding and the~~
387 ~~groups or individuals responsible for determining the planned change, as well as identifying the~~
388 ~~change itself. (self-study document)~~

390 ~~1) If applicable, assess strengths and weaknesses related to this criterion and plans for~~
391 ~~improvement in this area. (self-study document)~~

393 **C1. Fiscal Resources (SPH and PHP)**

395 **The school or program has financial resources adequate to fulfill its stated mission and goals.**
396 **Financial support is adequate to sustain all core functions, including offering coursework and**
397 **other elements necessary to support the full array of degrees and ongoing operations.**

399 Required documentation:

401 1) Describe the school or program's budget processes, including all sources of funding. This
402 description addresses the following, as applicable:

404 a) Briefly describe how the school or program pays for faculty salaries. For example, are faculty
405 salaries fully guaranteed, or are faculty expected to raise funds to support salaries? If this
406 varies by individual or appointment type, indicate this, and provide examples. For programs, if
407 faculty salaries are paid by an entity other than the program (such as a department or
408 college), explain.

410 b) Briefly describe how the school or program requests and/or obtains additional faculty or staff
411 (additional = not replacements for individuals who left). If multiple models are possible,
412 indicate this and provide examples.

414 c) Describe how the school or program funds the following:
415 a. operational costs (schools and programs define "operational" in their own contexts;
416 definition must be included in response)
417 b. student support, including scholarships, support for student conference travel,
418 support for student activities, etc.

Commented [A7]: These are required components of the guiding statements in B1 & do not need to be repeated here.

Commented [A8]: Ensures a broader array of evidence for reviewers without increasing the overall amount of information required.

419   c. faculty development expenses, including travel support. If this varies by individual or
420 appointment type, indicate this, and provide examples

421
422   d) In general terms, describe how the school or program requests and/or obtains additional
423 funds for operational costs, student support and faculty development expenses.

424
425   e) Explain how tuition and fees paid by students are returned to the school or program. If the
426 school or program receives a share rather than the full amount, explain, in general terms,
427 how the share returned is determined. If the school or program's funding is allocated in a way
428 that does not bear a relationship to tuition and fees generated, indicate this, and explain.

429
430   f) Explain how indirect costs associated with grants and contracts are returned to the school or
431 program and/or individual faculty members. If the school or program and its faculty do not
432 receive funding through this mechanism, explain.

433
434 If the school or program is a multi-partner unit sponsored by two or more universities (as defined
435 in Criterion A2), the responses must make clear the financial contributions of each sponsoring
436 university to the overall school or program budget. The description must explain how tuition and
437 other income is shared, including indirect cost returns for research generated by public health
438 school or program faculty appointed at any institution.

439
440 (self-study document)

441
442 2) A clearly formulated school or program budget statement in the format of Template C1-1,
443 showing sources of all available funds and expenditures by major categories, for the last five
444 years.

445
446 PHP only: If a program does not typically have a separate budget, it must present one of the
447 following:

448
449   • A budget statement for the organizational unit that houses the program's budget in the
450 format of Template C1-1 AND an accompanying table, also in Template C1-1 format, that
451 estimates program income and expenditures, line by line, with accompanying narrative
452 explaining the basis for the estimate (e.g., approximately 20% of the department's salary
453 funds support the program).

454
455   • A table that accurately depicts the funding controlled by the program. For example, if the
456 program's only direct allocation is funds for operations and student support, the budget
457 table would address those categories only. A narrative must accompany the table and
458 explain the reasoning for including/excluding categories of income and expenditures.

459
460 If the program is a multi-partner unit sponsored by two or more universities (as defined in
461 Criterion A2), the budget statement must make clear the financial contributions of each
462 sponsoring university to the overall program budget. (self-study document)

463
464 3) If applicable, assess strengths and weaknesses related to this criterion and plans for
465 improvement in this area. (self-study document)

466
467
468 **C2. Faculty Resources (SPH and PHP)**

469
470 **The school or program has adequate faculty, including primary instructional faculty and non-**
471 **primary instructional faculty, to fulfill its stated mission and goals. This support is adequate to**
472 **sustain all core functions, including offering coursework and advising students. The stability of**
473 **resources is a factor in evaluating resource adequacy.**
474

Primary instructional faculty, as defined in these criteria, provide the basis for initial levels of review of the adequacy of a school or program's resources.

This criterion employs a three-step review (outlined in C2-A through C2-C) in assessing adequacy of faculty resources.

<u>Definitions</u>

SPH only: Primary instructional faculty must meet BOTH requirements outlined below:

- **Employed full-time as faculty members appointed in the school (i.e., 1.0 FTE in the unit of accreditation). The school uses the university's definition of "full-time." Individuals appointed in the school with honorary appointments in other disciplines or occasional teaching/advising duties outside the school may count as primary instructional faculty members in some circumstances, but the primary expectation of the individual's employment must be activities associated with the school.**

- **Have regular responsibility for instruction in the school's public health degree programs as a component of employment. Individuals whose sole instructional responsibility is advising individual doctoral or research students do not meet CEPH's definition of primary instructional faculty, nor do faculty whose regular instructional responsibilities lie with non-public health degrees within the school, if applicable.**

PHP only: Primary instructional faculty must meet ALL THREE requirements outlined below:

- **Employed full-time as faculty members at the home institution/university. The program uses the university's definition of "full-time."**

- **Have regular responsibility for instruction in the program as a component of employment. Individuals whose sole instructional responsibility is advising individual doctoral or research students do not meet CEPH's definition of primary instructional faculty.**

- **Spend a majority of time/effort (i.e., 0.50 FTE or greater) on activities associated with the program, including instruction. Research and service effort should also be included in the FTE allocated to the program if the research or service projects impact the program and its students. The program defines FTE allocations consistently and transparently and can clearly account for all time, effort and instructional or other responsibilities spent on degree programs outside the unit of accreditation.**

<u>C2-A. Minimum faculty requirement by accreditation unit (SPH and PHP)</u>

Schools employ, at a minimum, 21 primary instructional faculty.

Programs employ, at a minimum, three primary instructional faculty.

<u>C2-B. Minimum faculty requirement by range of offerings (SPH and PHP)</u>

Students' access to a range of intellectual perspectives and to breadth of thought in their chosen fields of study is an important component of quality, as is faculty access to colleagues with shared interests and expertise.

To provide this basic breadth and range and to assure quality, schools and programs employ, at a minimum, three faculty members per concentration area for the first degree level offered.[9]

Each additional degree level in a concentration requires the addition of one primary instructional faculty member. Thus, a concentration area that solely offers master's degrees requires three faculty members. A concentration offering bachelor's and master's degrees OR master's and doctoral degrees requires four faculty members. A concentration with bachelor's, master's and doctoral-level degrees requires a minimum of five faculty members.

Additional definitions and specifications for these faculty requirements differ between schools and programs, due to the differing appointment and resource structures in these organizational units. Definitions and specifications are as follows:

SPH

The three faculty per concentration for the first degree level include the following:

- **Two primary instructional faculty members**
  - **These individuals may count among the two faculty (or additional faculty required for adding a degree level) in no more than one additional concentration.**

- **One additional faculty member of any type (faculty from another university unit, adjunct faculty, part-time faculty, or primary instructional faculty associated with another concentration area).**

The additional faculty member required for adding a degree level in a concentration area must be a primary instructional faculty member.

All identified faculty must have regular instructional responsibility in the area. Individuals who perform research in a given area but do not have some regular expectations for instruction cannot serve as one of the three to five listed members.

PHP

Programs that meet the requirements associated with schools in C2-A (i.e., programs that have 21 or more primary instructional faculty dedicated solely to the program (i.e., 1.0 FTE)) may opt to follow the definitions listed above for school faculty.

For all other programs, the three faculty per concentration for the first degree level include the following:

- **Two primary instructional faculty members**
  - **These individuals may count toward the two faculty (or additional faculty required for adding a degree level) in one additional concentration ONLY IF they are allocated to the program at 1.0 FTE and are not shared with other educational programs. Primary instructional faculty who are dedicated to the program at FTE between 0.50 and 0.99 may only count toward the required faculty members in a single concentration.**

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[9] See "Definitions" at the end of this document.

SPH only: This requirement applies solely to public health degrees and concentrations, as defined in Template Intro-1.

12

· One additional faculty member of any type (faculty from another university unit, adjunct faculty, part-time faculty, or primary instructional faculty associated with another concentration area). The additional faculty required for additional degree levels must be primary instructional faculty.

All identified faculty must have regular instructional responsibility in the area. Individuals who perform research in a given area but do not have some regular expectations for instruction cannot serve as one of the three to five listed members.

SPH & PHP

All identified faculty must be qualified to provide instruction in the concentration area, as defined in Criterion E1.

Criterion E assesses an individual's qualifications vis-à-vis his or her association with a concentration, degree level and type of degree (e.g., professional or academic).

In multi-partner schools and programs (i.e., institutions responding to Criterion A2), faculty may be drawn from any of the participating institutions to demonstrate compliance with this aspect of the criteria.

C2-C. Faculty resource adequacy, beyond minimum eligibility (SPH and PHP)

In addition to meeting the minimum quantitative standards above, the size of the school or program's faculty complement is appropriate for the size of the student body and supports and encourages effective, regular, and substantive student-faculty interactions.

Quantitative and qualitative data demonstrate adequacy, specifically the following: appropriate advising ratios; availability of faculty to supervise MPH integrative learning experiences and doctoral students' final projects; and positive student perceptions of class size and faculty availability.

Required documentation:

1) A table demonstrating the adequacy of the school or program's instructional faculty resources in the format of Template C2-1. (Note: C2-1 has different formats for schools vs. programs.)

   The school or program need not list all faculty but must list sufficient faculty to demonstrate compliance with C2-B and C2-C. For example, if the school or program exceeds the number of faculty needed to document compliance (as defined in these criteria), the school or program may note the number of faculty available in addition to those identified by name in Template C2-1.

   The data reflect the most current academic year at the time of the final self-study's submission and should be updated at the beginning of the site visit if any changes have occurred since self-study submission. (self-study document)

2) Explain the method for calculating FTE for faculty in the templates and evidence of the calculation method's implementation. For schools only, all primary instructional faculty, by definition, are allocated 1.0 FTE. Schools must explain the method for calculating FTE for any non-primary instructional faculty presented in C2-1. Programs must present calculation methods for primary instructional and non-primary instructional faculty. (self-study document)

3) If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates. (self-study document)

632   4) Data on the following for the most recent year in the format of Template C2-2. See
633   Template C2-2 for additional definitions and parameters.
634

635   a. Advising ratios (faculty and, if applicable, staff) by degree level (bachelor's, master's,
636   doctoral), as well as the maximum and minimum. If both faculty and staff advise, present
637   and calculate both ratios
638   b. If applicable, average number of baccalaureate students supervised in a cumulative or
639   experiential activity[10]
640   c. Average number of MPH students supervised in an integrative learning experience (as
641   defined in Criterion D7), as well as the maximum and minimum
642   d. Average number of DrPH students advised, as well as the maximum and minimum
643   e. Average number of PhD students advised, as well as the maximum and minimum
644   f. Average number of academic public health master's students advised, as well as the
645   maximum and minimum
646

647   As noted in Template C2-2's instructions, schools should only present data on public health
648   degrees and concentrations. If primary instructional faculty, non-primary instructional faculty
649   and/or staff are all regularly involved in these activities, indicate this and present data separately
650   for each group, as applicable.
651

652   Though the self-study requires only the most recent year, the school or program may wish to
653   present additional years of data for context. For example, if the most recent year's results are
654   anomalous, additional data may be helpful.
655

656   (self-study document)
657

658   5) Quantitative data on student perceptions of the following for the most recent year:
659

660   a. Class size and its relation to quality of learning (e.g., The class size was conducive to my
661   learning)
662   b. Availability of faculty (i.e., Likert scale of 1-5, with 5 as very satisfied)
663

664   Present data by degree level (bachelor's, master's, doctoral), at a minimum. If the school or
665   program wishes to collect and present data by degree (MPH, MS, PhD, DrPH, etc.), degree data
666   may be presented. Schools should only present data on public health degrees and
667   concentrations.
668

669   Though the self-study requires only the most recent year, the school or program may wish to
670   present additional years of data for context. For example, if the most recent year's results are
671   anomalous, additional data may be helpful.
672

673   (self-study document)
674

675   6) Qualitative data on student perceptions of class size and availability of faculty. Schools should
676   only present data on public health degrees and concentrations. (summary in self-study and full
677   results/backup documentation in electronic resource file)
678

679   7) If applicable, assess strengths and weaknesses related to this criterion and plans for
680   improvement in this area. (self-study document)
681
682

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[10] This reporting element is only required if undergraduate public health students engage in required cumulative or experiential activities (as defined in Criterion D12) that require intensive, individualized faculty supervision and are, thus, relevant to assessing faculty workload and resources.

683 **C3. Staff and Other Personnel Resources (SPH and PHP)**

685 **The school or program has staff and other personnel adequate to fulfill its stated mission and**
686 **goals. The stability of resources is a factor in evaluating resource adequacy.**

688 **"Staff" are defined as individuals who do not have faculty appointments and for whom staff work**
689 **is their primary function. "Other personnel" includes students who perform work that supports**
690 **the program's instructional and administrative needs (e.g., individuals who enroll first as students**
691 **and then obtain graduate assistant or other positions at the university are classified as "other**
692 **personnel," while individuals hired into staff positions who later opt to complete coursework or**
693 **degrees are classified as "staff").**

695 Required documentation:

697 1) A table defining the number of the school or program's staff support for the year in which the site
698 visit will take place by role or function in the format of Template C3-1. Designate any staff
699 resources that are shared with other units outside the unit of accreditation. Individuals whose
700 workload is primarily as a faculty member should not be listed. (self-study document)

> **Commented [A10]:** Clarifies faculty vs. staff definitions

702 2) Provide a narrative description, which may be supported by data if applicable, of the contributions
703 of other personnel, as defined in the criterion text above. (self-study document)

705 3) Provide narrative and/or data that support the assertion that the school or program's staff and
706 other personnel support is sufficient or not sufficient. (self-study document)

708 4) If applicable, assess strengths and weaknesses related to this criterion and plans for
709 improvement in this area. (self-study document)

712 **C4. Physical Resources (SPH and PHP)**

714 **The school or program has physical resources adequate to fulfill its stated mission and goals and**
715 **to support instructional programs. Physical resources include faculty and staff office space,**
716 **classroom space, student shared space and laboratories, as applicable.**

718 Required documentation:

720 1) Briefly describe, with data as applicable, the following. (Note: square footage is not required
721 unless specifically relevant to the school or program's narrative.)
722 - Faculty office space
723 - Staff office space
724 - Classrooms
725 - Shared student space
726 - Laboratories, if applicable to public health degree program offerings

728 (self-study document)

730 2) Provide narrative and/or data that support the assertion that the physical space is sufficient or not
731 sufficient. (self-study document)

733 3) If applicable, assess strengths and weaknesses related to this criterion and plans for
734 improvement in this area. (self-study document)

C5. Information and Technology Resources (SPH and PHP)

The school or program has information and technology resources adequate to fulfill its stated mission and goals and to support instructional programs. Information and technology resources include library resources, student access to hardware and software (including access to specific software or other technology required for instructional programs), faculty access to hardware and software (including access to specific software required for the instructional programs offered) and technical assistance for students and faculty.

Required documentation:

1) Briefly describe, with data if applicable, the following:
   - library resources and support available for students and faculty
   - student access to hardware and software (including access to specific software or other technology required for instructional programs)
   - faculty access to hardware and software (including access to specific software or other technology required for instructional programs)
   - technical assistance available for students and faculty

   (self-study document)

2) Provide narrative and/or data that support the assertion that information and technology resources are sufficient or not sufficient. (self-study document)

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D1. MPH & DrPH Foundational Public Health Knowledge (SPH and PHP)

The school or program ensures that all MPH and DrPH graduates are grounded in foundational public health knowledge.

Grounding in foundational public health knowledge is measured by the student's achievement of the learning objectives[11] listed below, or higher-level versions of the same objectives.

Profession & Science of Public Health

1. **Explain public health history, philosophy, and values**
2. **Identify the core functions of public health and the 10 Essential Services[12]**
3. **Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health**
4. **List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program**
5. **Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.**
6. **Explain the critical importance of evidence in advancing public health knowledge**

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[11] This document uses the term "learning objectives" to denote that these intended knowledge outcomes are defined in a more granular, less advanced level than the competencies typically used to define outcomes of a graduate-level program of study.

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

Factors Related to Human Health

7. Explain effects of environmental factors on a population's health
8. Explain biological and genetic factors that affect a population's health
9. Explain behavioral and psychological factors that affect a population's health
10. Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities
11. Explain how globalization affects global burdens of disease
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health)

The school or program validates MPH and DrPH students' foundational public health knowledge through appropriate methods, which may include the following:

- The school or program verifies students' previous completion of a CEPH-accredited degree (bachelor's, master's, or doctoral degree)
- The school or program implements a test or other assessment tools that address the learning objectives listed above, or higher-level versions of the same objectives
- The school or program offers an online or in-person course, for credit or not-for-credit, that incorporates the learning objectives listed above, or higher-level versions of the same objectives
- The school or program includes the learning objectives listed above, or higher-level versions of the same objectives, in courses required of all MPH or DrPH students

Required documentation:

1) Provide a matrix, in the format of Template D1-1, that indicates how all MPH and DrPH students are grounded in each of the defined foundational public health learning objectives (1-12). The matrix must identify all options for MPH and DrPH students used by the school or program. (self-study document)

2) Document the methods described above. This documentation must include all referenced syllabi, samples of tests or other assessments and web links or handbook excerpts that describe admissions prerequisites, as applicable. (electronic resource file)

3) If applicable, assessment of strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D2. MPH Foundational Competencies (SPH and PHP)

All MPH graduates demonstrate the following competencies.

The school or program documents at least one specific, required assessment activity (e.g., component of existing course, paper, presentation, test) for each competency below, during which faculty or other qualified individuals ~~(e.g., preceptors)~~ validate the student's ability to perform the competency.

> **Commented [A11]:** Consistent interpretation is that faculty must validate student performance of competencies

Assessment opportunities may occur in foundational courses that are common to all students, in courses that are required for a concentration or in other educational requirements outside of designated coursework, but the school or program must assess *all* MPH students, at least once, on each competency. This requirement also applies to students completing an MPH in combination with another degree (e.g., joint, dual, concurrent degrees). ~~For combined degree students, assessment may take place in either degree program.~~

> **Commented [A12]:** While this statement is true in some circumstances, it is more accurate to remain silent on the issue and deal with combined degree plans individually, based on specific circumstances.

Assessment may occur in simulations, group projects, presentations, written products, etc.

17

Since the unit must demonstrate that all students perform all competencies, units must define methods to assess individual students' competency attainment in group projects Also, assessment should occur in a setting other than an internship, which is tailored to individual student needs and designed to allow students to practice skills previously learned in a classroom. Additionally, assessment must occur prior to the integrative learning experience (see Criterion D7), which is designed to integrate previously-attained skills in new ways.

These competencies are informed by the traditional public health core knowledge areas, (biostatistics, epidemiology, social and behavioral sciences, health services administration and environmental health sciences), as well as cross-cutting and emerging public health areas.

Evidence-based Approaches to Public Health
1. Apply epidemiological methods to the breadth of settings and situations in public health practice
2. Select quantitative and qualitative data collection methods appropriate for a given public health context
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming, and software, as appropriate
4. Interpret results of data analysis for public health research, policy, or practice

Public Health & Health Care Systems
5. Compare the organization, structure and function of health ~~care, public health, and regulatory~~ systems across national and international settings
6. Discuss the means by which structural bias, social inequities, and racism undermine health and create challenges to achieving health equity ~~at organizational, community and societal levels~~

Planning & Management to Promote Health
7. Assess population needs, assets, and capacities that affect communities' health
8. Apply awareness of cultural values and practices to the design, ~~or~~ implementation, or critique of public health policies or programs
9. Design a population-based policy, program, project, or intervention
10. Explain basic principles and tools of budget and resource management, specifically after funding for a project is secured
11. Select methods to evaluate public health programs

Policy in Public Health
12. Discuss ~~multiple dimensions of~~ the policy-making process[13]~~, including the roles of ethics and evidence~~
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
14. Advocate for political, social, or economic policies and programs that will improve health in diverse populations[14]
15. Evaluate policies for their impact on public health and health equity

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[13] 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.

[14] This competency refers to the ability to influence policy and/or decision making, such as through stakeholder 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).

Leadership

16. Apply **leadership and/or management** principles **to address a relevant issue;** ~~of leadership, governance, and management, which include~~**such principles may include** creating a vision, empowering others, fostering collaboration, and guiding decision making

17. Apply negotiation and mediation skills to address organizational or community challenges;[15]

Communication

18. Select communication strategies for different audiences and sectors

19. Communicate audience-appropriate **(i.e., non-academic, non-peer audience)** public health content, both in writing and through oral presentation

20. Describe the importance of cultural competence in communicating public health content

Interprofessional and/or Intersectoral Practice

21. **Integrate** perspectives from other sectors and/or professions to promote and advance population health[16]~~Perform effectively on interprofessional teams~~

Systems Thinking

22. Apply **a** systems thinking tool~~s~~ to **visually represent** a public health issue **in a format other than standard narrative**[17]

Required documentation:

~~1)~~ List the coursework and other learning experiences required for the school or program's MPH degrees, including the required curriculum for each concentration and combined degree option. Information may be provided in the format of Template D2-1 or in hyperlinks to student handbooks or webpages, but the documentation must present a clear depiction of the requirements for each MPH degree. (self-study document)

2) List the required curriculum for each combined degree option in the same format as above, clearly indicating (using italics or shading) any requirements that differ from MPH students who are not completing a combined degree. (self-study document)

~~2)~~3) Provide a matrix, in the format of Template D2-2, that indicates the assessment activity for each of the foundational competencies listed above (1-22). If the school or program addresses all of the listed foundational competencies in a single, common core curriculum, the school or program need only present a single matrix. If combined degree students do not complete the same core

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[15] "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.

[16] 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.

[17] 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.

Commented [A17]: Competency, as written, limited opportunities for reasonable assessments. The term "interprofessional" implies "interprofessional care teams" in health care, while working across sectors in public health is as, if not more, important.

Commented [A18]: This change & the change in #4 below provide more direct guidance to units on what information is needed for accurate review.

924   curriculum as students in the standalone MPH program, the school or program must present a
925   separate matrix for each combined degree. If the school or program relies on concentration-
926   specific courses to assess some of the foundational competencies listed above, the school or
927   program must present a separate matrix for each concentration. (self-study document)
928
929   3)4)Include the most recent syllabus from each course listed in Template D2-1, or written guidelines,
930   such as a handbook, for any required elements listed in Template D2-1 that do not have a
931   syllabus. If the syllabus does not contain a specific, detailed set of instructions for the assessment
932   activity listed in Template D2-2, provide additional documentation of the assessment, e.g.,
933   sample quiz question, full instructions for project, prompt for written discussion post, etc.
934   (electronic resource file)
935
936   4)5)If applicable, assess strengths and weaknesses related to this criterion and plans for
937   improvement in this area. (self-study document)
938
939
940 **D3. DrPH Foundational Competencies (SPH and PHP, if applicable)**
941
942 **The DrPH is the professional doctoral degree in public health, designed to produce transformative**
943 **academic and practice leaders with expertise in evidence-based public health practice and**
944 **research. These individuals are able to convene diverse partners; communicate to effect change**
945 **across a range of sectors and settings; synthesize and translate findings; and generate practice-**
946 **based evidence that advances programs, policies, services and/or systems addressing population**
947 **health. DrPH graduates demonstrate the competencies defined in this criterion.**
948
949 **The school or program documents at least one specific, required assessment activity (e.g.,**
950 **component of existing course, paper, presentation, test) for each competency below, during**
951 **which faculty or other qualified individuals (e.g., preceptors) validate the student's ability to**
952 **perform the competency.**
953
954 **Assessment opportunities may occur in foundational courses that are common to all students, in**
955 **courses that are required for a concentration or in other educational requirements outside of**
956 **designated coursework, but the school or program must assess *all* DrPH students, at least once,**
957 **on each competency. Assessment may occur in simulations, group projects[18], presentations,**
958 **written products, etc.**

959
960 **Data & Analysis**
961   1. **Explain qualitative, quantitative, mixed methods and policy analysis research and**
962   **evaluation methods to address health issues at multiple (individual, group, organization,**
963   **community, and population) levels**
964   2. **Design a qualitative, quantitative, mixed methods, policy analysis or evaluation project to**
965   **address a public health issue**
966   3. **Explain the use and limitations of surveillance systems and national surveys in assessing,**
967   **monitoring, and evaluating policies and programs and to address a population's health**
968
969 **Leadership, Management & Governance**
970   4. **Propose strategies for health improvement and elimination of health inequities by**
971   **organizing stakeholders, including researchers, practitioners, community leaders and**
972   **other partners**
973   5. **Communicate public health science to diverse stakeholders, including individuals at all**
974   **levels of health literacy, for purposes of influencing behavior and policies**

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[18] Since the unit must demonstrate that all students perform all competencies, units must define methods to assess individual students' competency attainment in group projects.

6. **Integrate knowledge, approaches, methods, values and potential contributions from multiple professions and systems in addressing public health problems**
7. **Create a strategic plan[19]**
8. **Facilitate shared decision making through negotiation and consensus-building methods**
9. **Create organizational change strategies**
10. **Propose strategies to promote inclusion and equity 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[20]**

Policy & Programs
14. **Design a system-level intervention to address a public health issue**
15. **Integrate knowledge of 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 stakeholder interests in policy development and analysis**
17. **Propose interprofessional 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 or community settings**
20. **Use best practice modalities in pedagogical practices**

Required documentation:

1) List the coursework and other learning experiences required for the school or program's DrPH degrees. Information may be provided in the format of Template D3-1 or in hyperlinks to student handbooks or webpages, but the documentation must present a clear depiction of the requirements for each DrPH degree. (self-study document)

2) Provide a matrix, in the format of Template D3-2, that indicates the assessment activity for each of the foundational competencies listed above (1-20). If the school or program addresses all of the listed foundational competencies in a single, common core curriculum, the school or program need only present a single matrix. If the school or program relies on concentration-specific courses to assess some of the foundational competencies listed above, the school or program must present a separate matrix for each concentration. (self-study document)

3) Include the most recent syllabus from each course listed in Template D3-1, or written guidelines for any required elements listed in Template D3-1 that do not have a syllabus. If the syllabus does not contain a specific, detailed set of instructions for the assessment activity listed in Template D3-2, provide additional documentation of the assessment, e.g., sample quiz question, full instructions for project, prompt for written discussion post, etc. (electronic resource file)

Commented [A20]: Same edit as in D2.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

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[19] "Strategic plan" refers to an organizational unit plan that is broader or more expansive than developing a plan for a specific project or intervention.

[20] This competency refers to the ability to identify and pursue possible funding sources and/or other resources needed to complete a project.

1023
1024
1025 **D4. MPH & DrPH Concentration Competencies (SPH and PHP)**
1026
1027 **MPH and DrPH graduates attain competencies in addition to the foundational competencies listed**
1028 **in Criteria D2 and D3. These competencies relate to the school or program's mission and/or to the**
1029 **area(s) of concentration.**
1030
1031 **"Concentration" refers to any area of study that the school or program advertises as available to**
1032 **students, via its catalog and/or website. By offering a concentration, the school or program**
1033 **signals that students complete a sufficient depth of coursework and experiences to warrant**
1034 **awarding a degree in the designated field.[21]**

—

Commented [A21]: With changes below, clarifies consistent interpretation of the meaning of the term "concentration" & expectations for concentration competencies.

1035
1036 **If the program does not specifically define a concentration that describes a designated field, it is**
1037 **by default a "generalist" concentration and subject to the same total credit requirement.**
1038
1039 **The school or program defines at least five** ~~distinct~~ **competencies for each concentration or**
1040 **generalist degree at each degree level** ~~in addition to those listed in Criterion D2 or D3~~**. These**
1041 **competencies articulate the unique set of knowledge and skills that justifies awarding a degree in**
1042 **the designated concentration and differentiates the degree offering from other concentrations**
1043 **offered by the unit, if applicable.**
1044
1045 **The list of competencies may expand on or enhance foundational competencies, but, in all cases,**
1046 **including generalist degrees, the competency statements must clearly articulate the additional**
1047 **depth provided beyond the foundational competencies listed in Criteria D2 and D3.**

Commented [A22]: Replaces paragraph struck out immediately below.

1048
1049 ~~The list of competencies may expand on or enhance foundational competencies, but the school or~~
1050 ~~program must define a specific set of statements that articulates the depth or enhancement for all~~
1051 ~~concentrations and for generalist degrees. It is not sufficient to refer to the competencies in~~
1052 ~~Criterion D2 or D3 as a response to this criterion.~~
1053
1054 **The school or program documents at least one specific, required assessment activity (e.g.,**
1055 **component of existing course, paper, presentation, test) for each defined competency, during**
1056 **which faculty or other qualified individuals** ~~(e.g., preceptors)~~ **validate the student's ability to**
1057 **perform the competency.**

Commented [A23]: Removed example to minimize confusion, since faculty bear primary responsibility for competency assessment.

1058
1059 ~~These assessment activities may be spread throughout a student's plan of study.~~
1060
1061 **Except for cases in which a program offers only one MPH or one DrPH concentration in the unit of**
1062 **accreditation,** ~~Because this criterion defines competencies beyond the foundational competencies~~
1063 ~~required of all MPH and DrPH students,~~ **assessment opportunities** ~~typically~~ **must occur in the**
1064 **didactic courses that are required for the concentration.** ~~or in courses that build on those~~
1065 ~~intended to address foundational competencies.~~
1066
1067 **If the school or program intends to prepare students for a specific credential (e.g., CHES/MCHES)**
1068 **that has defined competencies, the school or program documents coverage and assessment of**
1069 **those competencies throughout the curriculum.**
1070

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[21] This typically requires at least 20% (e.g., 9 of 42 semester credits) of the total credits required for the degree to be allocated to didactic courses that build knowledge and skills in the concentration area. For concentrations in which students define an individualized plan of study in consultation with an advisor, the same principles relating to curricular definition apply.

—

1071 Required documentation:

1073   1) Provide a matrix, in the format of Template D4-1, that lists at least five competencies in addition
1074   to those defined in Criterion D2 or D3 for each MPH or DrPH concentration or generalist degree,
1075   including combined degree options, and indicates at least one assessment activity for each of the
1076   listed competencies. Typically, the school or program will present a separate matrix for each
1077   concentration. (self-study document)

1079   2) For degrees that allow students to tailor concentration coursework and/or competencies at an
1080   individual level in consultation with an advisor, the school or program must present evidence,
1081   including policies and sample documents, that demonstrate that each student and advisor create
1082   a matrix in the format of Template D4-1 for the plan of study. Include a description of policies in
1083   the self-study document and at least five sample matrices in the electronic resource file.

1085   3) Include the most recent syllabus for each course listed in Template D4-1, or written guidelines for
1086   any required elements listed in Template D4-1 that do not have a syllabus. If the syllabus does
1087   not contain a specific, detailed set of instructions for the assessment activity listed in Template
1088   D4-1, provide additional documentation of the assessment, e.g., sample quiz question, full
1089   instructions for project, prompt for written discussion post, etc. (electronic resource file)

1091   4) If applicable, assess strengths and weaknesses related to this criterion and plans for
1092   improvement in this area. (self-study document)

D5. MPH Applied Practice Experiences (SPH and PHP)

MPH students demonstrate competency attainment through applied practice experiences.

Applied practice experiences may be concentrated in time or may be spread throughout a student's enrollment. Opportunities may include the following:

- **a practicum or internship completed during a summer or academic term**
- **course-based activities (e.g., performing a needed task for a public health or health care organization under the supervision of a faculty member as an individual or group of students)**
- **activities linked to service learning, as defined by the program, school or university**
- **co-curricular activities (e.g., service and volunteer opportunities, such as those organized by a student association)**
- **a blend of for-credit and/or not-for-credit activities**

Applied practice experiences may involve governmental, non-governmental, non-profit, industrial, and for-profit settings or appropriate university-affiliated settings. To be appropriate for applied practice experience activities, university-affiliated settings must be primarily focused on community engagement, typically with external partners. University health promotion or wellness centers may also be appropriate.

The school or program identifies sites in a manner that is sensitive to the needs of the agencies or organizations involved. Activities meeting the applied practice experience should be mutually beneficial to both the site and the student.

The applied practice experiences allow each student to demonstrate attainment of at least five competencies, of which at least three must be foundational competencies (as defined in Criterion D2). The competencies need not be identical from student to student, but the applied experiences must be structured to ensure that all students complete experiences addressing at least five competencies, as specified above. The applied experiences may also address additional foundational or concentration-specific competencies, if appropriate.

23

1127
The school or program assesses each student's competency attainment in practical and applied settings through a portfolio approach, which ~~demonstrates and allows assessment of competency attainment~~reviews practical, applied work products that were produced for the site's use and benefit. Review of the student's performance in the APE must ~~include~~ be based on at least two practical, non-academic work products AND on validating that the work products demonstrate the student's attainment of the designated competencies.

Examples of suitable work products include ~~written assignments, projects~~project plans, grant proposals, training manuals or lesson plans, surveys, memos, videos, podcasts, ~~multi-media~~ presentations, spreadsheets, websites, ~~posters,~~ photos (with accompanying explanatory text), or other digital artifacts of learning. Reflection papers, contact hour logs, scholarly papers prepared to allow faculty to assess the experience, poster presentations, and other documents required for academic purposes may not be counted toward the minimum of two work products. ~~Materials may be produced and maintained (either by the school or program or by individual students) in any physical or electronic form chosen by the school or program.~~

The materials may originate from multiple experiences (e.g., applied community-based courses and service-learning courses throughout the curriculum) or a single, intensive experience (e.g., an internship requiring a significant time commitment with one site). While students may complete experiences as individuals or as groups in a structured experience, each student must present ~~documentation~~ at least two products demonstrating individual competency attainment.

Combined degree students have opportunities to integrate and apply their learning from both degree programs through applied practice experiences.

The school or program structures applied practice experience requirements to support its mission and students' career goals, to the extent possible.

Required documentation:

1) Briefly describe how the school or program identifies competencies attained in applied practice experiences for each MPH student, including a description of any relevant policies. (self-study document)

2) Provide documentation, including syllabi and handbooks, of the official requirements through which students complete the applied practice experience. (electronic resource file)

3) Provide samples of practice-related materials for individual students from each concentration or generalist degree. The samples must also include materials from students completing combined degree programs, if applicable. The school or program must provide samples of complete sets of materials (i.e., Template D5-1 and the work products that demonstrate at least five competencies) from at least five students in the last three years for each concentration or generalist degree. If the school or program has not produced five students for which complete samples are available, note this and provide all available samples. (electronic resource file)

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D6. DrPH Applied Practice Experience (SPH and PHP, if applicable)

Regardless of the amount or level of prior experience, all DrPH students engage in one or more applied practice experiences in which students are responsible for completion of at least one project that is meaningful for an organization and to advanced public health practice.

Commented [A25]: Clarifies intent and consistent interpretation

Commented [A26]: Examples better tailored to reflect criterion's intent.

1183 **The work product may be a single project or a set of related projects that demonstrate a depth of**
1184 **competence. It may be completed as a discrete experience (such as a practicum or internship) or**
1185 **integrated into program coursework. In either case, the deliverable must contain a reflective**
1186 **component that includes the student's expression of personal and/or professional reactions to**
1187 **the applied practice experience. This may take the form of a journal or other written product, a**
1188 **professional portfolio, or another deliverable as appropriate for the program.**
1189
1190 **Relevant organizations may include governmental, non-governmental, non-profit, industrial, and**
1191 **for-profit settings. The school or program identifies sites in a manner that is sensitive to the**
1192 **needs of the agencies or organizations involved. Sites should benefit from students' experiences.**
1193 **The intention of this criterion is that the applied practice experience should take place within an**
1194 **organization external to the student's school or program so that it is not merely an academic**
1195 **exercise, but application of learning to a "real world" setting. The applied practice experience may**
1196 **be completed within a student's own work setting.**
1197
1198 **DrPH programs ensure that graduates have significant advanced-level practical experiences**
1199 **collaborating with practitioners, allowing opportunities to develop leadership competencies and**
1200 **contribute to the field.**
1201
1202 **The school or program identifies a minimum of five foundational and/or concentration-specific**
1203 **competencies (as defined in Criteria D3 and D4) that are reinforced and/or assessed through**
1204 **application. The school or program may either choose at least one competency from the**
1205 **leadership, management, and governance domain in Criterion D3 or choose a concentration-**
1206 **specific competency identified in Criterion D4 if it relates to leadership skills. Competencies may**
1207 **differ from student to student.**
1208
1209 **This criterion does not define a minimum number of hours for the applied practice experience, but**
1210 **it does require the school or program to identify substantive, quality opportunities that address**
1211 **the identified competencies.**
1212
1213 Required documentation:
1214
1215   1) Briefly describe how the school or program identifies competencies attained in applied practice
1216   experiences for each DrPH student, including a description of any relevant policies. (self-study
1217   document)
1218
1219   2) Explain, with references to specific deliverables or other requirements, the manner through which
1220   the school or program ensures that the applied practice experience requires students to
1221   demonstrate leadership competencies. (self-study document)
1222
1223   3) Provide documentation, including syllabi and handbooks, of the official requirements through
1224   which students complete the applied practice experience. (electronic resource file)
1225
1226   4) Provide samples of practice-related materials for individual students from each concentration or
1227   generalist degree. The school or program must provide samples of complete sets of materials
1228   (i.e., Template D6-1 and the work products/documents that demonstrate at least five
1229   competencies) from at least five students in the last three years for each concentration or
1230   generalist degree. If the school or program has not produced five students for which complete
1231   samples are available, note this and provide all available samples. (electronic resource file)
1232
1233   5) If applicable, assess strengths and weaknesses related to this criterion and plans for
1234   improvement in this area. (self-study document)
1235
1236
1237 **D7. MPH Integrative Learning Experience (SPH and PHP)**
1238

MPH students complete an integrative learning experience (ILE) that demonstrates synthesis of foundational and concentration competencies. Students in consultation with faculty select foundational and concentration-specific competencies appropriate to the student's educational and professional goals.

The ILE represents a culminating experience and may take many forms, such as a practice-based project, essay-based comprehensive exam, capstone course, integrative seminar, etc. Regardless of form, the student produces a high-quality written product that is appropriate for the student's educational and professional objectives. Written products might include the following: program evaluation report, training manual, policy statement, take-home comprehensive essay exam, legislative testimony with accompanying supporting research, etc. A poster presentation is not an acceptable high-quality written product. Ideally, the written product is developed and delivered in a manner that is useful to external stakeholders, such as non-profit or governmental organizations.

Professional certification exams (e.g., CPH, CHES/MCHES, REHS, RHIA) may serve as an element of the ILE but are not in and of themselves sufficient to satisfy this criterion.

The ILE is completed at or near the end of the program of study (e.g., in the final year or term). The experience may be group-based or individual. In group-based experiences, the school or program documents that the experience provides opportunities for individualized assessment of outcomes.

The school or program identifies assessment methods that ensure that at least one faculty member reviews each student's performance in the ILE and ensures that the experience addresses the selected foundational and concentration-specific competencies. Faculty assessment may be supplemented with assessments from other qualified individuals (e.g., preceptors).

Combined (dual, joint, concurrent) degree students should have opportunities to incorporate their learning from both degree programs in a unique integrative experience.

Required documentation:

1) List, in the format of Template D7-1, the integrative learning experience for each MPH concentration, generalist degree or combined degree option that includes the MPH. The template also requires the school or program to explain, for each experience, how it ensures that the experience demonstrates synthesis of competencies. (self-study document)

2) Briefly summarize the process, expectations, and assessment for each integrative learning experience. (self-study document)

3) Provide documentation, including syllabi and/or handbooks, that communicates integrative learning experience policies and procedures to students. (electronic resource file)

4) Provide documentation, including rubrics or guidelines, that explains the methods through which faculty and/or other qualified individuals assess the integrative learning experience with regard to students' demonstration of the selected competencies. (electronic resource file)

5) Include completed, graded samples of deliverables associated with each integrative learning experience option from different concentrations, if applicable. The school or program must provide at least 10% of the number produced in the last three years or five examples, whichever is greater. (electronic resource file)

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D8. DrPH Integrative Learning Experience (SPH and PHP, if applicable)

As part of an integrative learning experience, DrPH candidates generate field-based products consistent with advanced practice designed to influence programs, policies or systems addressing public health. The products demonstrate synthesis of foundational and concentration-specific competencies.

The integrative learning experience is completed at or near the end of the program of study. It may take many forms consistent with advanced, doctoral-level studies and university policies but must require, at a minimum, production of a high-quality written product.

Required documentation:

1) List, in the format of Template D8-1, the integrative learning experience for each DrPH concentration or generalist degree. The template also requires the school or program to explain, for each experience, how it ensures that the experience demonstrates synthesis of competencies. (self-study document)

2) Briefly summarize the process, expectations, and assessment for each integrative learning experience. (self-study document)

3) Provide documentation, including syllabi and/or handbooks, that communicates integrative learning experience policies and procedures to students. (electronic resource file)

4) Provide documentation, including rubrics or guidelines, that explains the methods through which faculty and/or other qualified individuals assess the integrative learning experience with regard to students' demonstration of the selected competencies. (electronic resource file)

5) Include completed, graded samples of deliverables associated with each integrative learning experience option from different concentrations. The school or program must provide at least 10% of the number produced in the last three years or five examples, whichever is greater. If the school or program does not have five recent samples for an option, note this and provide all available samples. (electronic resource file)

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

~~D9. Public Health Bachelor's Degree General Curriculum (SPH and PHP, if applicable)~~

~~The overall undergraduate curriculum (e.g., general education, liberal learning, essential knowledge, and competencies, etc.) introduces students to the following domains. The curriculum addresses these domains through any combination of learning experiences throughout the undergraduate curriculum, including general education courses defined by the institution as well as concentration and major requirements or electives.~~

- ~~the foundations of scientific knowledge, including the biological and life sciences and the concepts of health and disease~~
- ~~the foundations of social and behavioral sciences~~
- ~~basic statistics~~
- ~~the humanities/fine arts~~

~~Required documentation:~~

1364
1365
1366 **D10. Public Health Bachelor's Degree Foundational Domains**

1368 **The requirements for the public health major or concentration provide instruction in the**
1369 **following domains. The curriculum addresses these domains through any combination of**
1370 **learning experiences throughout the requirements for the major or concentration coursework**
1371 **(i.e., the school or program may identify multiple learning experiences that address a**
1372 **domain—the domains listed below do not each require a single designated course).**

> **Commented [A28]:** Merged D9 with D10 and removed need for documentation of general education requirements related to social sciences and fine arts. Focus on the major rather than the general education requirements reduces reporting burden.

1374 **1. the concepts and applications of basic statistics**
1375 **2. the foundations of biological and life sciences ~~and the concepts of health and~~**
1376 **~~disease~~**

> **Commented [A29]:** Concepts of health & disease already included in #6 below.

1377 **~~1.~~3. the history and philosophy of public health as well as its core values, concepts,**
1378 **and functions across the globe and in society**
1379 **~~2.~~4. the basic concepts, methods, and tools of public health data collection, use, and**
1380 **analysis and why evidence-based approaches are an essential part of public health**
1381 **practice**
1382 **~~3.~~5. the concepts of population health, and the basic processes, approaches and**
1383 **interventions that identify and address the major health-related needs and**
1384 **concerns of populations**
1385 **~~4.~~6. the underlying science of human health and disease, including opportunities for**
1386 **promoting and protecting health across the life course**
1387 **~~5.~~7. the socioeconomic, behavioral, biological, environmental, and other factors that**
1388 **impact human health and contribute to health disparities**
1389 **~~6.~~8. the fundamental concepts and features of project implementation, including**
1390 **planning, assessment, and evaluation**
1391 **~~7.~~9. the fundamental characteristics and organizational structures of the US health**
1392 **system as well as the differences between systems in other countries**
1393 **~~8.~~10. basic concepts of legal, ethical, economic, and regulatory dimensions of**
1394 **health care and public health policy and the roles, influences and responsibilities**
1395 **of the different agencies and branches of government**
1396 **~~9.~~11. basic concepts of public health-specific communication, including**
1397 **technical and professional writing and the use of mass media and electronic**
1398 **technology**

1400 **If the school or program intends to prepare students for a specific credential, the curriculum**
1401 **must also address the areas of instruction required for credential eligibility (e.g., CHES).**

1403 Required documentation:
1404

1405   1) Provide a matrix, in the format of Template D10-1, that indicates the courses/experience(s) that
1406   ensure that students are exposed to each of the domains indicated. Template D10-1 requires the
1407   school or program to identify the learning experiences that introduce and reinforce each domain.
1408   Include a footnote with the template that provides the school or program's definition of
1409   "introduced" and "covered." (self-study document)
1410
1411   2) Include the most recent syllabus from each course listed in Template D10-1, or written guidelines,
1412   such as a handbook, for any required experience(s) listed in Template D10-1 that do not have a
1413   syllabus. (electronic resource file)
1414
1415   3) If applicable, assess strengths and weaknesses related to this criterion and plans for
1416   improvement in this area. (self-study document)

1419 **D11. Public Health Bachelor's Degree Foundational Competencies**

1421   **Students must demonstrate the following competencies:**

1423   • **the ability to communicate public health information, in both oral and written forms,**
1424   **through a variety of media and to diverse audiences**
1425   • **the ability to locate, use, evaluate, and synthesize public health information**

1427 Required documentation:

1429   1) Provide a matrix, in the format of Template D11-1, that indicates the assessment opportunities
1430   that ensure that students demonstrate the stated competencies. (self-study document)

1432   2) Include the most recent syllabus from each course listed in Template D11-1, or written guidelines,
1433   such as handbook, for any required elements listed in Template D11-1 that do not have a
1434   syllabus. (electronic resource file)

1436   3) If applicable, assess strengths and weaknesses related to this criterion and plans for
1437   improvement in this area. (self-study document)

1440 **D12. Public Health Bachelor's Degree Cumulative and Experiential Activities**

1442   **Students have opportunities to integrate, synthesize and apply knowledge through cumulative**
1443   **and experiential activities. All students complete a cumulative, integrative, and scholarly or**
1444   **applied experience or inquiry project that serves as a capstone to the education experience.**
1445   **These experiences may include, but are not limited to, internships, service-learning projects,**
1446   **senior seminars, portfolio projects, research papers or honors theses. Schools and programs**
1447   **encourage exposure to local-level public health professionals and/or agencies that engage in**
1448   **public health practice.**

1450 Required documentation:

1452   1) Provide a matrix, in the format of Template D12-1, that identifies the cumulative and experiential
1453   activities through which students integrate, synthesize, and apply knowledge as indicated. (self-
1454   study document)

1456   2) Include examples of student work that relate to the cumulative and experiential activities.
1457   (electronic resource file)

1459   3) Briefly describe the means through which the school or program implements the cumulative
1460   experience and field exposure requirements. (self-study document)

4) Include handbooks, websites, forms, and other documentation relating to the cumulative experience and field exposure. Provide hyperlinks to documents if they are available online, or include electronic copies of any documents that are not available online. (electronic resource file)

D13. Public Health Bachelor's Degree Cross-Cutting Concepts and Experiences

The overall undergraduate curriculum and public health major curriculum expose students to concepts and experiences necessary for success in the workplace, further education, and lifelong learning. Students are exposed to these concepts through any combination of learning experiences and co-curricular experiences. These concepts include the following:

1. **advocacy for protection and promotion of the public's health at all levels of society**
2. **community dynamics**
3. **critical thinking and creativity**
4. **cultural contexts in which public health professionals work**
5. **ethical decision making as related to self and society**
6. **independent work and a personal work ethic**
7. **networking**
8. **organizational dynamics**
9. **professionalism**
10. **research methods**
11. **systems thinking**
12. **teamwork and leadership**

Required documentation:

1) Briefly describe, in the format of Template D13-1, the manner in which the curriculum and co-curricular experiences provide opportunities for exposure to the identified concepts. (self-study document)

2) Provide syllabi for all required coursework for the major and/or courses that relate to the domains listed above. Syllabi should be provided as individual files in the electronic resource file and should reflect the current semester or most recent offering of the course. (electronic resource file)

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D14. MPH Program Length (SPH and PHP)

An MPH degree requires at least 42 semester-credits, 56 quarter-credits or the equivalent for completion.

Schools and programs use university definitions for credit hours.

Required documentation:

1) Provide information about the minimum credit-hour requirements for all MPH degree options. If the university uses a unit of academic credit or an academic term different from the standard semester or quarter, explain the difference and present an equivalency in table or narrative form. (self-study document)

2) Define a credit with regard to classroom/contact hours. (self-study document)

D15. DrPH Program Length (SPH and PHP, if applicable)

The DrPH degree requires a minimum of 36 semester-credits of post-master's coursework or its equivalent. Credits associated with the integrative learning experience and, if applicable, a residency, internship or other applied practice experience conducted outside of a didactic course, do not count toward this requirement. The minimum credit requirement also does not count MPH-level prerequisite courses or their equivalent.

Schools and programs use university definitions for credit hours.

Required documentation:

1) Provide information about the minimum credit-hour requirements for all DrPH degree options. If the university uses a unit of academic credit or an academic term different from the standard semester or quarter, explain the difference and present an equivalency in table or narrative form. (self-study document)

2) Define a credit with regard to classroom/contact hours. (self-study document)

D16. Bachelor's Degree Program Length (SPH and PHP, if applicable)

A public health bachelor's degree requires completion of a total number of credit units commensurate with other similar degree programs in the university.

Schools and programs use university definitions for credit hours.

Bachelor's degree programs have publicly available policies and procedures for review of coursework taken at other institutions, including community colleges. These may be incorporated into articulation agreements.

Required documentation:

1) Provide information about the minimum credit-hour requirements for all public health bachelor's degree options. If the university uses a unit of academic credit or an academic term different from the standard semester or quarter, explain the difference and present an equivalency in table or narrative form. (self-study document)

2) Define a credit with regard to classroom/contact hours. (self-study document)

3) Describe policies and procedures for acceptance of coursework completed at other institutions, including community colleges. (self-study document)

4) If applicable, provide articulation agreements with community colleges that address acceptance of coursework. (electronic resource file)

5) Provide information about the minimum credit-hour requirements for coursework for the major in at least two similar bachelor's degree programs in the home institution. (self-study document)

D17. Academic and Highly Specialized Public Health Master's Degrees[22] (SPH and PHP, if applicable)

Students enrolled in the unit of accreditation's academic and highly specialized public health master's degrees (e.g., MS in biostatistics, MS in industrial hygiene, MS in data analytics, etc.) complete a curriculum that is based on defined competencies; produce an appropriately rigorous discovery-based paper or project at or near the end of the program of study; and engage in research at a level appropriate to the degree program's objectives.

These students also complete coursework and other experiences, outside of the major paper or project, that substantively address scientific and analytic approaches to discovery and/or translation of public health knowledge in the context of a population health framework.

Finally, students complete coursework that provides instruction in the foundational public health knowledge at an appropriate level of complexity. This instruction may be delivered through online, in-person or blended methodologies, but it must meet the following requirements while covering the defined content areas.

- The instruction includes assessment opportunities, appropriate to the degree level,[23] that allow faculty to assess students' attainment of the introductory public health learning objectives. Assessment opportunities may include tests, writing assignments, presentations, group projects, etc.

- The instruction and assessment of students' foundational public health knowledge are equivalent in depth to the instruction and assessment that would typically be associated with a three-semester-credit class, regardless of the number of credits awarded for the experience or the mode of delivery.

The school or program identifies at least one required assessment activity for each of the following foundational public health learning objectives.

Profession & Science of Public Health

1. Explain public health history, philosophy, and values
2. Identify the core functions of public health and the 10 Essential Services[24]
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.
6. Explain the critical importance of evidence in advancing public health knowledge

Factors Related to Human Health

7. Explain effects of environmental factors on a population's health
8. Explain biological and genetic factors that affect a population's health
9. Explain behavioral and psychological factors that affect a population's health

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[22] See "Definitions" at the end of this document.

[23] Courses and assessments may be the same across degrees and programs if they include appropriate depth for each degree and program.

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

Commented [A30]: See definitions section for more detail.

Commented [A31]: Criteria already requires translation of public health knowledge--use of term "population health" may create confusion or invite additional complexity of interpretation.

1616   **10. Explain the social, political, and economic determinants of health and how they contribute**
1617   **to population health and health inequities**
1618   **11. Explain how globalization affects global burdens of disease**
1619   **12. Explain an ecological perspective on the connections among human health, animal health**
1620   **and ecosystem health (e.g., One Health)**
1621

1622 **The school or program validates academic public health master's students' foundational public**
1623 **health knowledge through appropriate methods, which may include the following:**
1624

1625   •   **The school or program verifies students' previous completion of a CEPH-accredited**
1626   **degree (bachelor's, master's, or doctoral degree)**
1627   •   **The school or program implements a test or other assessment tools that address the**
1628   **learning objectives listed above, or higher-level versions of the same objectives**
1629   •   **The school or program offers an online or in-person course, for credit or not-for-credit,**
1630   **that incorporates the learning objectives listed above, or higher-level versions of the same**
1631   **objectives**
1632   •   **The school or program includes the learning objectives listed above, or higher-level**
1633   **versions of the same objectives, in courses required of all academic public health**
1634   **master's students**
1635

1636 Required documentation:
1637

1638   1) List the curricular requirements for each relevant degree in the unit of accreditation. (self-study
1639   document)
1640

1641   2) Provide a matrix, in the format of Template D17-1, that indicates the required assessment
1642   opportunities for each of the defined foundational public health learning objectives (1-12).
1643   Typically, the school or program will present a separate matrix for each degree program, but
1644   matrices may be combined if requirements are identical. (self-study document)
1645

1646   3) Provide a matrix, in the format of Template D17-2, that lists competencies for each relevant
1647   degree and concentration. The matrix indicates at least one assessment activity for each of the
1648   listed competencies. Typically, the school or program will present a separate matrix for each
1649   concentration. Note: these competencies are defined by the school or program and are distinct
1650   from the foundational public health learning objectives defined in this criterion. (self-study
1651   document)
1652

1653   4) Briefly explain how the school or program ensures that the instruction and assessment in basic
1654   public health knowledge is generally equivalent to the instruction and assessment typically
1655   associated with a three-semester-credit course. (self-study document)
1656

1657   5) Identify required coursework and other experiences that address the variety of public health
1658   research methods employed in the context of a population health framework to foster discovery
1659   and/or translation of public health knowledge and a brief narrative that explains how the
1660   instruction and assessment is equivalent to that typically associated with a three-semester-credit
1661   course.
1662

1663   Typically, the school or program will present a separate list and explanation for each degree
1664   program, but these may be combined if requirements are identical.
1665

1666   (self-study document)
1667

1668   6) Include the most recent syllabus for any course listed in the documentation requests above, or
1669   written guidelines for any required elements that do not have a syllabus. If the syllabus does not
1670   contain a specific, detailed set of instructions for the assessment activity listed in Template D17-1

or 2, provide additional documentation of the assessment, e.g., sample quiz question, full instructions for project, prompt for written discussion post, etc. (electronic resource file)

7) Briefly summarize policies and procedures relating to production and assessment of the final research project or paper. (self-study document)

8) Provide links to handbooks or webpages that contain the full list of policies and procedures governing production and assessment of the final research project or paper for each degree program. (electronic resource file)

9) Include completed, graded samples of deliverables associated with the major paper or project. The school or program must provide at least 10% of the number produced in the last three years or five examples, whichever is greater. (electronic resource file)

10) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D18. Academic Public Health Doctoral Degrees[25] (SPH and PHP, if applicable)

Students enrolled in the unit of accreditation's doctoral degree programs that are designed to prepare public health researchers and scholars (e.g., PhD, ScD) complete a curriculum that is based on defined competencies; engage in research appropriate to the degree program; and produce an appropriately advanced research project at or near the end of the program of study.

These students also complete coursework and other experiences, outside of the major paper or project, that substantively address scientific and analytic approaches to discovery and translation of public health knowledge in the context of a population health framework.

These students complete doctoral-level, advanced coursework and other experiences that distinguish the program of study from a master's degree in the same field.

The program defines appropriate policies for advancement to candidacy, within the context of the institution.

Finally, students complete coursework that provides instruction in the foundational public health knowledge at an appropriate level of complexity. This instruction may be delivered through online, in-person or blended methodologies, but it must meet the following requirements while covering the defined content areas.

- **The instruction includes assessment opportunities, appropriate to the degree level,[26] that allow faculty to assess students' attainment of the introductory public health learning objectives. Assessment opportunities may include tests, writing assignments, presentations, group projects, etc.**
- **The instruction and assessment of students' foundational public health knowledge are equivalent in depth to the instruction and assessment that would typically be associated with a three-semester-credit class, regardless of the number of credits awarded for the experience or the mode of delivery.**

The program identifies at least one required assessment activity for each of the following foundational public health learning objectives.

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[25] See "Definitions" at the end of this document.
[26] Courses and assessments may be the same across degrees and programs if they include appropriate depth for each degree and program.

Profession & Science of Public Health

1. Explain public health history, philosophy, and values
2. Identify the core functions of public health and the 10 Essential Services[27]
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.
6. Explain the critical importance of evidence in advancing public health knowledge

Factors Related to Human Health

7. Explain effects of environmental factors on a population's health
8. Explain biological and genetic factors that affect a population's health
9. Explain behavioral and psychological factors that affect a population's health
10. Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities
11. Explain how globalization affects global burdens of disease
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health)

The school or program validates academic public health doctoral students' foundational public health knowledge through appropriate methods, which may include the following:

- **The school or program verifies students' previous completion of a CEPH-accredited degree (bachelor's, master's, or doctoral degree)**
- **The school or program implements a test or other assessment tools that address the learning objectives listed above, or higher-level versions of the same objectives**
- **The school or program offers an online or in-person course, for credit or not-for-credit, that incorporates the learning objectives listed above, or higher-level versions of the same objectives**
- **The school or program includes the learning objectives listed above, or higher-level versions of the same objectives, in courses required of all academic public health doctoral students**

Required documentation:

1) List the curricular requirements for each non-DrPH public health doctoral degree in the unit of accreditation, EXCLUDING requirements associated with the final research project. The list must indicate (using shading) each required curricular element that a) is designed expressly for doctoral, rather than master's, students or b) would not typically be associated with completion of a master's degree in the same area of study.

   The school or program may present accompanying narrative to provide context and information that aids reviewers' understanding of the ways in which doctoral study is distinguished from master's-level study. This narrative is especially important for institutions that do not formally distinguish master's-level courses from doctoral-level courses.

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

The school or program will present a separate list for each degree program and concentration as appropriate.

(self-study document)

2) Provide a matrix, in the format of Template D18-1, that indicates the required assessment opportunities for each of the defined foundational public health learning objectives (1-12). Typically, the school or program will present a separate matrix for each degree program, but matrices may be combined if requirements are identical. (self-study document)

3) Provide a matrix, in the format of Template D18-2, that lists competencies for each relevant degree and concentration. The matrix indicates at least one assessment activity for each of the listed competencies. Typically, the school or program will present a separate matrix for each concentration. Note: these competencies are defined by the school or program and are distinct from the introductory public health learning objectives defined in this criterion. (self-study document)

4) Briefly explain how the school or program ensures that the instruction and assessment in introductory public health knowledge is generally equivalent to the instruction and assessment typically associated with a three semester-credit course. (self-study document)

5) Identify required coursework and other experiences that address the variety of public health research methods employed in the context of a population health framework to foster discovery and translation of public health knowledge and a brief narrative that explains how the instruction and assessment is equivalent to that typically associated with a three-semester-credit course.

Typically, the school or program will present a separate list and explanation for each degree program, but these may be combined if requirements are identical.

(self-study document)

6) Include the most recent syllabus for any course listed in the documentation requests above, or written guidelines for any required elements that do not have a syllabus. If the syllabus does not contain a specific, detailed set of instructions for the assessment activity in Template D18-1 or 2, provide additional documentation of the assessment, e.g., sample quiz question, full instructions for project, prompt for written discussion post, etc. (electronic resource file)

> **Commented [A34]:** Same changes as D2.

7) Briefly summarize policies and procedures relating to production and assessment of the final research project or paper. (self-study document)

8) Provide links to handbooks or webpages that contain the full list of policies and procedures governing production and assessment of the final research project or paper for each degree program. (electronic resource file)

9) Include completed, graded samples of deliverables associated with the advanced research project. The school or program must provide at least 10% of the number produced in the last three years or five examples, whichever is greater. (electronic resource file)

10) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D19. All Remaining Degrees[28] (SPH, if applicable)

Students enrolled in any of the SPH's degree programs that are not addressed in Criteria D2, D3, D9, D17 or D18 complete coursework that provides instruction in the foundational public health knowledge at a level of complexity appropriate to the level of the student's degree program. For example, if an SPH offers bachelor's degrees in concentrations other than public health, it may be more appropriate for courses addressing the learning objectives listed below to be held separately from those offered for graduate students. This instruction may be delivered through online, in-person or blended methodologies, but it must meet the following requirements while covering the defined content areas.

- **The instruction includes assessment opportunities, appropriate to the degree level,[29] that allow faculty to assess students' attainment of the foundational public health learning objectives. Assessment opportunities may include tests, writing assignments, presentations, group projects, etc.**

- **The instruction and assessment of students' foundational public health knowledge are equivalent in depth to the instruction and assessment that would typically be associated with a three-semester-credit class, regardless of the number of credits awarded for the experience or the mode of delivery.**

The school identifies at least one required assessment activity for each of the following foundational public health learning objectives.

Profession & Science of Public Health

1. **Explain public health history, philosophy, and values**
2. **Identify the core functions of public health and the 10 Essential Services[30]**
3. **Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health**
4. **List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program**
5. **Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.**
6. **Explain the critical importance of evidence in advancing public health knowledge**

Factors Related to Human Health

7. **Explain effects of environmental factors on a population's health**
8. **Explain biological and genetic factors that affect a population's health**
9. **Explain behavioral and psychological factors that affect a population's health**
10. **Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities**

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[28] This criterion addresses all degrees and concentrations *other than* those identified as 1) professional public health degrees (addressed in Criteria D2, D3 & elsewhere), 2) academic public health degrees and concentrations (Criteria D17 & D18) or 3) public health bachelor's degrees and concentrations (Criteria D9-D13). Examples of degrees covered in this criterion are as follow: BS in exercise science, MS in nutrition, PhD in social work. See "Definitions" at the end of this document.

[29] Courses and assessments may be the same across degrees and programs if they include appropriate depth for each degree and program.

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

11. Explain how globalization affects global burdens of disease

12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health)

For students enrolled in all remaining degrees, the school or program validates students' foundational public health knowledge through appropriate methods, which may include the following:

- **The school or program verifies students' previous completion of a CEPH-accredited degree (bachelor's, master's, or doctoral degree)**
- **The school or program implements a test or other assessment tools that address the learning objectives listed above, or higher-level versions of the same objectives**
- **The school or program offers an online or in-person course, for credit or not-for-credit, that incorporates the learning objectives listed above, or higher-level versions of the same objectives**
- **The school or program includes the learning objectives listed above, or higher-level versions of the same objectives, in courses required of all students in all remaining degrees**

Required documentation:

1) Provide a matrix in the format of Template D19-1 that indicates the required assessment opportunities for each of the defined foundational public health learning objectives (1-12). Typically, the school will present a separate matrix for each degree program, but matrices may be combined if requirements are identical. (self-study document)

2) Briefly explain how the school ensures that the instruction and assessment in introductory public health knowledge is generally equivalent to the instruction and assessment typically associated with a three-semester-credit course. (self-study document)

3) Include the most recent syllabus for any course listed in the documentation requests above, or written guidelines for any required elements that do not have a syllabus. If the syllabus does not contain a specific, detailed set of instructions for the assessment activity in Template D19-1, provide additional documentation of the assessment, e.g., sample quiz question, full instructions for project, prompt for written discussion post, etc. (electronic resource file)

> **Commented [A35]:** Same changes as D2.

4) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D20. Distance Education (SPH and PHP, if applicable)

A degree program offered via distance education is a curriculum or course of study designated to be accessed remotely via various technologies, including internet-based course management systems, audio or web-based conferencing, video, chat, or other modes of delivery. All methods support regular and substantive interaction between and among students and the instructor either synchronously and/or asynchronously and are a) consistent with the mission of the school or program and within the school or program's established areas of expertise; b) guided by clearly articulated student learning outcomes that are rigorously evaluated; c) subject to the same quality control processes that other degree programs in the university are; and d) providing planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of online learners.

The university provides needed support for the program, including administrative, communication, information technology and student services.

1924 **There is an ongoing effort to evaluate the academic effectiveness of the format, to assess learning**
1925 **methods and to systematically use this information to stimulate program improvements.**
1926 **Evaluation of student outcomes and of the learning model are especially important in institutions**
1927 **that offer distance learning but do not offer a comparable in-residence program.**
1928
1929 **The school or program has processes in place through which it establishes that the student who**
1930 **registers in a distance education course or degree is the same student who participates in and**
1931 **completes the course or degree and receives the academic credit. Student identity may be verified**
1932 **by using, at the option of the institution, methods such as a secure login and passcode; proctored**
1933 **examinations; and new or other technologies and practices that are effective in verifying student**
1934 **identity. The university notifies students in writing that it uses processes that protect student**
1935 **privacy and alerts students to any projected additional student charges associated with the**
1936 **verification of student identity at the time of registration or enrollment.**
1937
1938 Required documentation:
1939
1940 1) Identify all public health distance education degree programs and/or concentrations that offer a
1941 curriculum or course of study that can be obtained via distance education. Template Intro-1 may
1942 be referenced for this purpose. (self-study document)
1943
1944 2) Describe the public health distance education programs, including a) an explanation of the model
1945 or methods used, b) the school or program's rationale for offering these programs, c) the manner
1946 in which it provides necessary administrative, information technology and student support
1947 services, d) the manner in which it monitors the academic rigor of the programs and their
1948 equivalence (or comparability) to other degree programs offered by the university, and e) the
1949 manner in which it evaluates the educational outcomes, as well as the format and methods. (self-
1950 study document)
1951
1952 3) Describe the processes that the university uses to verify that the student who registers in a
1953 distance education course (as part of a distance-based degree) or a fully distance-based degree
1954 is the same student who participates in and completes the course or degree and receives the
1955 academic credit. (self-study document)
1956
1957 4) If applicable, assess strengths and weaknesses related to this criterion and plans for
1958 improvement in this area. (self-study document)
1959
1960
1961 **E1. Faculty Alignment with Degrees Offered (SPH and PHP)**
1962
1963 **Faculty teach and supervise students in areas of knowledge with which they are thoroughly**
1964 **familiar and qualified by the totality of their education and experience.**
1965 **Faculty education and experience is appropriate for the degree level (bachelor's, master's,**
1966 **doctoral) and the nature of the degree (research, professional practice, etc.) with which they are**
1967 **associated.**
1968
1969 **Education refers to faculty members' degrees, certifications, fellowships, post-doctoral training,**
1970 **formal coursework completed, etc.**
1971
1972 **Experience refers to a range of activities including substantial employment or involvement in**
1973 **public health activities outside of academia. Experience also refers to the depth of service**
1974 **provided to professional and community-based public health organizations and to peer-reviewed**
1975 **scholarship in a discipline. Finally, experience relates to the individual's record of excellence in**
1976 **providing instruction in a discipline.**
1977
1978 Required documentation:
1979

1) Provide a table showing the school or program's primary instructional faculty in the format of Template E1-1. The template presents data effective at the beginning of the academic year in which the final self-study is submitted to CEPH and must be updated at the beginning of the site visit if any changes have occurred since final self-study submission. The identification of instructional areas must correspond to the data presented in Template C2-1.

   Schools should only include data on faculty associated with public health degrees. (self-study document)

2) Provide summary data on the qualifications of any other faculty with significant involvement in the school or program's public health instruction in the format of Template E1-2. Schools and programs define "significant" in their own contexts but, at a minimum, include any individuals who regularly provide instruction or supervision for required courses and other experiences listed in the criterion on Curriculum. Reporting on individuals who supervise individual students' practice experience (preceptors, etc.) is not required. The identification of instructional areas must correspond to the data presented in Template C2-1. (self-study document)

3) Include CVs for all individuals listed in the templates above. (electronic resource file)

4) If applicable, provide a narrative explanation that supplements reviewers' understanding of data in the templates. (self-study document)

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

E2. Integration of Faculty with Practice Experience (SPH and PHP)

To assure a broad public health perspective, the school or program employs faculty who have professional experience in settings outside of academia and have demonstrated competence in public health practice.

To assure the relevance of curricula and individual learning experiences to current and future practice needs and opportunities, schools and programs regularly involve public health practitioners and other individuals involved in public health work through arrangements that may include adjunct and part-time faculty appointments, guest lectures, involvement in committee work, mentoring students, etc.

Required documentation:

1) Describe the manner in which the public health faculty complement integrates perspectives from the field of practice, other than faculty members' participation in extramural service, as discussed in Criterion E5, including information on appointment tracks for practitioners, if applicable. The unit may identify fFull-time faculty with significant prior employment practice experience in practice settings outside of academia outside of that which is typically associated with an academic career should also be identified, and/or units may describe employment of part-time practice-based faculty, use of guest lecturers from the practice community, etc. (self-study document)

2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

E3. Faculty Instructional Effectiveness (SPH and PHP)

The school or program ensures that systems, policies, and procedures are in place to document that all faculty (full-time and part-time) are current in their areas of instructional responsibility and in pedagogical methods.

The school or program establishes and consistently applies procedures for evaluating faculty competence and performance in instruction.

The school or program supports professional development and advancement in instructional effectiveness.

Required documentation:

1) Describe the school or program's procedures for evaluating faculty instructional effectiveness. Include a description of the processes used for student course evaluations and peer evaluations, if applicable. (self-study document)

2) Describe available university and programmatic support for continuous improvement in ~~faculty's instructional roles~~pedagogical practices. Provide three to five examples of school or program involvement in or use of these resources. The description must address both primary instructional faculty and non-primary instructional faculty. (self-study document)

> **Commented [A37]:** Clarifies intent of request

3) Describe ~~the~~ means through which the school or program ensures that all faculty (primary instructional and non-primary instructional) ~~are informed and~~ maintain currency in their areas of instructional responsibility. ~~The description must address both primary instructional and non-primary instructional faculty and should p~~Provide examples as relevant. This response should focus on methods for ensuring that faculty members' disciplinary knowledge is current and that curricula reflect this currency. (self-study document)

> **Commented [A38]:** Clarifies intent of this request and how it is distinct from the documentation requests immediately above it.

4) Describe the role of evaluations of instructional effectiveness in decisions about faculty advancement. (self-study document)

5) ~~Describe the school or program's approach and progress over the last three years for each of the chosen indicators.~~ Provide quantitative and/or qualitative information that characterizes the unit's performance over the last three years on its self-selected indicators of instructional effectiveness.

> **Commented [A39]:** Simplifies documentation request

Select at least three indicators, meaningful to the unit, with one from each of the listed categories. In addition to at least three from the lists that follow, the school or program may add indicators that are significant to its own mission and context. Schools should focus data and descriptions on its public health degree programs.

Faculty currency
- External reviews of proposed or existing courses or curricula, outside of normal university processes[31]
- Peer/internal review of syllabi/curricula for currency of readings, topics, methods, etc.
- Annual or other regular reviews of faculty productivity, relation of scholarship to instruction
- Faculty maintenance of relevant professional credentials or certifications that require continuing education

Faculty instructional technique
- Frequency of internal quality reviews of existing courses or curricula
- Participation in professional development related to instruction

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[31] Normal university processes include regularly scheduled, university-mandated program reviews and routine curriculum committee reviews of new courses.

2085   •   Peer evaluation of teaching
2086   •   Student satisfaction with instructional quality
2087
2088   School- or program-level outcomes
2089   •   Courses that are team-taught with interprofessional perspectives
2090   •   Courses that integrate technology in innovative ways to enhance learning
2091   •   Courses that involve community-based practitioners
2092   •   Courses that integrate service learning, as defined by the school or program
2093   •   Courses that integrate community-based projects
2094   •   Courses that use higher-level assessments
2095   •   Courses that employ active learning techniques
2096   •   Teaching assistants trained in pedagogical techniques
2097   •   Implementation of grading rubrics
2098   •   Any other measure that tracks use of pedagogical techniques and is meaningful to the
2099   school or program
2100
2101   (self-study document)
2102
2103   6)   If applicable, assess strengths and weaknesses related to this criterion and plans for
2104   improvement in this area. (self-study document)
2105
2106
2107 **E4. Faculty Scholarship (SPH and PHP)**
2108 **The school or program has policies and practices in place to support faculty involvement in**
2109 **scholarly activities. As many faculty as possible are involved in research and scholarly activity in**
2110 **some form, whether funded or unfunded. Ongoing participation in research and scholarly activity**
2111 **ensures that faculty are relevant and current in their field of expertise, that their work is peer**
2112 **reviewed and that they are content experts.**
2113
2114 **The types and extent of faculty research align with university and school or program missions**
2115 **and relate to the types of degrees offered. For example, when doctoral degrees are offered, the**
2116 **school or program's research portfolio in those areas take on greater importance. All types of**
2117 **research are valuable, whether conducted with the purpose of improving public health practice,**
2118 **advancing the scholarship of teaching and learning, or for generating new knowledge.**

2119
2120 **Faculty integrate research and scholarship with their instructional activities. Research allows**
2121 **faculty to bring real-world examples into the classroom to update and inspire teaching and**
2122 **provides opportunities for students to engage in research activities, if desired or appropriate for**
2123 **the degree program.**
2124
2125 Required documentation:
2126
2127   1)   Describe the school or program's definition of and expectations regarding faculty research and
2128   scholarly activity. (self-study document)
2129
2130   2)   Describe available university and school or program support for research and scholarly activities.
2131   (self-study document)
2132
2133   3)   Describe and provide three to five examples of student opportunities for involvement in faculty
2134   research and scholarly activities. This response should focus on instances in which students were
2135   employed or volunteered to assist faculty in faculty research projects and/or independent student
2136   projects that arose from or were related to a faculty member's existing research. (self-study
2137   document)
2138

42

4) Describe and provide three to five examples of faculty ~~research activities and how faculty~~ integrat~~e~~ing research and scholarly activities and experience into their instruction of students. This response should briefly summarize three to five faculty research projects and explain how the faculty member leverages the research project or integrates examples or material from the research project into classroom instruction. Each example should be drawn from a different faculty member, if possible. (self-study document)

Commented [A42]: Clarifies intent of request and distinguishes it from request immediately above.

5) Describe the role of research and scholarly activity in decisions about faculty advancement. (self-study document)

6) Provide quantitative data on the unit's scholarly activities from the last three years, with the unit's self-defined target level on each measure for reference. In addition to at least three from the list that follows, the school or program may add measures that are significant to its own mission and context. Schools should focus data and descriptions on faculty associated with the school's public health degree programs. See Template E4-1.

- Percent of faculty (specify primary instructional or total faculty) participating in research activities
- Number of faculty-initiated IRB applications
- Number of students advised
- Number of community-based research projects
- Number of articles published in peer-reviewed journals
- Total research funding
- Number of citation references
- Presentations at professional meetings
- Support for development and mentoring of new faculty
- Number of grant submissions

(self-study document)

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

E5. Faculty Extramural Service (SPH and PHP)

The school or program defines expectations regarding faculty extramural service activity. Participation in internal university committees is not within the definition of this section. Service as described here refers to contributions of professional expertise to the community, including professional practice. It is an explicit activity undertaken for the benefit of the greater society, over and beyond what is accomplished through instruction and research.

As many faculty as possible are actively engaged with the community through communication, collaboration, consultation, provision of technical assistance and other means of sharing the school or program's professional knowledge and skills. Faculty engage in service by consulting with public or private organizations on issues relevant to public health; providing testimony or technical support to administrative, legislative, and judicial bodies; serving as board members and officers of professional associations; reviewing grant applications; and serving as members of community-based organizations, community advisory boards or other groups. While these activities may generate revenue, the value of faculty service is not measured in financial terms. Faculty maintain ongoing practice links with public health agencies, especially at state and local levels.

2192 Required documentation:

2194 1) Describe the school or program's definition and expectations regarding faculty extramural service
2195   activity. Explain how these relate/compare to university definitions and expectations. (self-study
2196   document)

2198 2) Describe available university and school or program support for extramural service activities.
2199   (self-study document)

2201 3) Describe and provide three to five examples of faculty extramural service activities and how
2202   faculty integrate service experiences into their instruction of students. This response should
2203   briefly summarize three to five faculty extramural service activities and explain how the faculty
2204   member leverages the activity or integrates examples or material from the activity into classroom
2205   instruction. Each example should be drawn from a different faculty member, if possible. (self-
2206   study document)

> **Commented [A43]:** Clarifies intent of request

2208 4) Provide quantitative and/or qualitative information that characterizes the unit's performance over
2209   the last three years on the self-selected indicators of extramural service, as specified below:

2211   ~~Describe the school or program's approach and progress over the last three years for each of the~~
2212   ~~chosen indicators.~~

> **Commented [A44]:** Simplifies documentation request

2214   Select at least three of the following indicators that are meaningful to the school or program. In
2215   addition to at least three from the list that follows, the school or program may add indicators that
2216   are significant to its own mission and context. Schools should focus data and descriptions on
2217   faculty associated with the school's public health degree programs.

2219   • Percent of faculty (specify primary instructional or total faculty) participating in extramural
2220   service activities
2221   • Number of faculty-student service collaborations
2222   • Number of community-based service projects
2223   • Total service funding
2224   • Faculty promoted on the basis of service
2225   • Faculty appointed on a professional practice track
2226   • Public/private or cross-sector partnerships for engagement and service

2228   (self-study document)

2230 4)5) Describe the role of service in decisions about faculty advancement. (self-study document)

2232   5)6) If applicable, assess strengths and weaknesses related to this criterion and plans for
2233   improvement in this area. (self-study document)

2235 **F1. Community Involvement in School or Program Evaluation and Assessment (SPH and PHP)**

> **Commented [A45]:** Focus on useful information and program improvement, rather than method by which information is gathered.

2237 **The school or program engages community stakeholders, alumni, employers, and other relevant**
2238 **community partners. Stakeholders may include professionals in sectors other than health (e.g.,**
2239 **attorneys, architects, parks and recreation personnel).**

2241 **Specifically, the school or program ensures that stakeholders provide regular feedback on its**
2242 **student outcomes, curriculum, and overall planning processes, including the self-study process.**

2244 • **The school or program defines qualitative and/or quantitative methods designed to provide**
2245   **useful information. "Useful information" refers to information that provides the unit with a**
2246   **reasonable basis for making curricular and related improvements.**

- **The school or program documents and regularly examines its methods, making revisions as necessary, to ensure useful data.**

To assess student outcomes and the curriculum, the school or program must gather useful information from employers of graduates. This must include employers of public health bachelor's and master's degree graduates. Data from supervisors of student practice experiences may be useful but should not be used exclusively.

Required documentation:

1) Describe any formal structures for constituent input (e.g., community advisory board, alumni association, etc.). List members and/or officers as applicable, with their credentials and professional affiliations. (self-study document)

1)2) Describe any other groups of external constituents (outside of formal structures mentioned above) from whom the unit regularly gathers feedback. (self-study document)

3) Describe how the school or program engages external constituents in regular assessment of the content and currency of public health curricula and their relevance to current practice and future directions. (self-study document)

2)4) Describe how the school or program's external partners contribute to the ongoing operations of the school or program, including the development of the vision, mission, values, goals, and evaluation plan and the development of the self-study document (self-study document)

3) . At a minimum, this discussion should include community engagement in the following:

a) Assessment of changing practice and research needs
Assessment of program graduates' ability to perform competencies in an employment setting
b)

5) Provide documentation (e.g., minutes, notes, committee reports, etc.) of external contribution in at least two of the areas noted in documentation requests 3 and 4. (electronic resource file)

6) Summarize the findings of employers' assessments of program graduates' preparation for post-graduation destinations and explain how the information was gathered. (self-study document)

7) Provide documentation of the method by which the school or program gathered employer feedback. (electronic resource file)

4)8) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

F2. Student Involvement in Community and Professional Service (SPH and PHP)

Community and professional service opportunities, in addition to those used to satisfy Criterion D5, are available to all students. Experiences should help students to gain an understanding of the contexts in which public health work is performed outside of an academic setting and the importance of learning and contributing to professional advancement in the field.

Required documentation:

Commented [A46]: Doctoral degree graduates intentionally omitted due to the nature of the positions they typically secure. Units may choose to collect information on doctoral graduates but it is not mandatory.

Commented [A47]: Provides prompt for units to describe regular feedback structures in the absence of formally-constituted boards.

Commented [A48]: Topic is typically covered in same conversations as those relating to assessment of curricular currency. Overlaps with documentation request 2.

1) Describe how students are introduced to service, community engagement, and professional development activities and how they are encouraged to participate. (self-study document)

2) Provide examples of professional and community service opportunities in which public health students have participated in the last three years. (self-study document)

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

F3. Assessment of the Community's Professional Development Needs (SPH and PHP)

The school or program periodically assesses the professional development needs of individuals currently serving public health functions in its self-defined priority community or communities. Examples could include periodic meetings with community members and stakeholders, formal or informal needs assessments, focus groups with external constituents, surveys that are administered or co-administered to external constituents and use of existing data sets.

Required documentation:

1) Define the school or program's professional community or communities of interest and the rationale for this choice. (self-study document)

2) Describe how the school or program periodically assesses the professional development needs of its priority community or communities, and provide summary results of these assessments. Describe how often assessment occurs. Include the description and summary results in the self-study document, and provide full documentation of the findings in the electronic resource file.

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

F43. Delivery of Professional Development Opportunities for the Workforce (SPH and PHP)

The school or program advances public health by addressing the professional development needs of the current public health workforce, broadly defined, based on assessment activities described in Criterion F3. Professional development offerings can be for-credit or not-for-credit and can be one-time or sustained offerings.

Required documentation:

1) Describe the school or program's process for developing and implementing professional development activities for the workforce and ensuring that these activities align with needs identified in Criterion F3. (self-study document)

2)1) Provide two to three examples of education/training activities offered by the school or program in the last three years in response to community-identified needs. For each activity, include the number of external participants served (i.e., individuals who are not faculty or students at the institution that houses the school or program) and an indication of how the unit identified the educational need. See Template F4-1. (self-study document)

3)2) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

Commented [A49]: Combined F3 and F4 to emphasize provision of professional development opportunities rather than details of assessment of need.

46

2349 **G1. Diversity and Cultural Competence (SPH and PHP)**
2350

2351 **The school or program defines systematic, coherent, and long-term efforts to incorporate**
2352 **elements of diversity. Diversity considerations relate to faculty, staff, students, curriculum,**
2353 **scholarship, and community engagement efforts.**
2354

2355 **The school or program also provides a learning environment that prepares students with broad**
2356 **competencies regarding diversity and cultural competence, recognizing that graduates may be**
2357 **employed anywhere in the world and will work with diverse populations.**
2358

2359 **Schools and programs advance diversity and cultural competency through a variety of practices,**
2360 **which may include the following:**
2361

2362 • **incorporation of diversity and cultural competency considerations in the curriculum**
2363 • **recruitment and retention of diverse faculty, staff, and students**
2364 • **development and/or implementation of policies that support a climate of equity and inclusion,**
2365   **free of harassment and discrimination**
2366 • **reflection of diversity and cultural competence in the types of scholarship and/or community**
2367   **engagement conducted**
2368

2369 **Aspects of diversity may include age, country of birth, disability, ethnicity, gender, gender**
2370 **identity, language, national origin, race, historical under-representation, refugee status, religion,**
2371 **culture, sexual orientation, health status, community affiliation and socioeconomic status. This**
2372 **list is not intended to be exhaustive.[32]**
2373

2374 **Cultural competence, in this criterion's context, refers to competencies for working with diverse**
2375 **individuals and communities in ways that are appropriate and responsive to relevant cultural**
2376 **factors. Requisite competencies include self-awareness, open-minded inquiry and assessment**
2377 **and the ability to recognize and adapt to cultural differences, especially as these differences may**
2378 **vary from the school or program's dominant culture. Reflecting on the public health context,**
2379 **recognizing that cultural differences affect all aspects of health and health systems, cultural**
2380 **competence refers to the competencies for recognizing and adapting to cultural differences and**
2381 **being conscious of these differences in the school or program's scholarship and/or community**
2382 **engagement.**
2383

2384 Required documentation:
2385

2386 1) List the school or program's self-defined, priority under-represented populations; explain why
2387   these groups are of particular interest and importance to the school or program; and describe the
2388   process used to define the priority population(s). These populations must include both faculty and
2389   students and may include staff, if appropriate. Populations may differ among these groups. (self-
2390   study document)
2391

2392 2) List the school or program's specific goals for increasing the representation and supporting the
2393   persistence (if applicable) and ongoing success of the specific populations defined in
2394   documentation request 1. (self-study document)
2395

2396 3) List the actions and strategies identified to advance the goals defined in documentation request 2,
2397   and describe the process used to define the actions and strategies. The process may include

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[32] CEPH understands that the definition of diversity in non-US settings, as well as the ability to track such data, differs greatly from that in the United States. This does not, however, relieve international schools and programs from the obligation to demonstrate efforts and outcomes related to diversity and cultural competency, as defined in appropriate local contexts.

collection and/or analysis of school- or program-specific data; convening stakeholder discussions and documenting their results; and other appropriate tools and strategies. (self-study document)

4) List the actions and strategies identified that create and maintain a culturally competent environment and describe the process used to develop them. The description addresses curricular requirements; assurance that students are exposed to faculty, staff, preceptors, guest lecturers and community agencies reflective of the diversity in their communities; and faculty and student scholarship and/or community engagement activities. (self-study document)

5) Provide quantitative and qualitative data that document the school or program's approaches, successes and/or challenges in increasing representation and supporting persistence and ongoing success of the priority population(s) defined in documentation request 1. (self-study document)

6) Provide student and faculty (and staff, if applicable) perceptions of the school or program's climate regarding diversity and cultural competence. (self-study document)

7) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

H1. Academic Advising (SPH and PHP)

The school or program provides an accessible and supportive academic advising system for students. Each student has access, from the time of enrollment, to advisors who are actively engaged and knowledgeable about the school or program's curricula and about specific courses and programs of study. Qualified faculty and/or staff serve as advisors in monitoring student progress and identifying and supporting those who may experience difficulty in progressing through courses or completing other degree requirements. Orientation, including written guidance, is provided to all entering students.

Required documentation:

1) Describe the orientation processes. If these differ by degree and/or concentration, provide a brief overview of each. (self-study document)

2) Describe the school or program's academic advising services. If services differ by degree and/or concentration, a description should be provided for each public health degree offering. (self-study document)

3) Explain how advisors are selected and oriented to their roles and responsibilities. (self-study document)

4) Provide a sample of advising materials and resources, such as student handbooks and plans of study, that provide additional guidance to students. (electronic resource file)

5) Provide data reflecting the level of student satisfaction with academic advising during each of the last three years. Include survey response rates, if applicable. Schools should present data only on public health degree offerings. (self-study document)

6) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

H2. Career Advising (SPH and PHP)

The school or program provides accessible and supportive career advising services for students. Each student, including those who may be currently employed, has access to qualified faculty and/or staff who are actively engaged, knowledgeable about the workforce and sensitive to his or her professional development needs; these faculty and/or staff and can provide appropriate career placement advice, including advice about enrollment in additional education or training programs, when applicable.

Career advising services may take a variety of forms, including but not limited to individualized consultations, resume workshops, mock interviews, career fairs, professional panels, networking events, employer presentations and online job databases.

The school or program provides such resources for both currently enrolled students and alumni. The school or program may accomplish this through a variety of formal or informal mechanisms including connecting graduates with professional associations, making faculty and other alumni available for networking and advice, etc.

Required documentation:

1) Describe the school or program's career advising and services. If services differ by degree and/or concentration, a brief description should be provided for each. Include an explanation of efforts to tailor services to meet students' specific needs. Schools should present data only on public health degree offerings. (self-study document)

2) Explain how individuals providing career advising are selected and oriented to their roles and responsibilities. (self-study document)

3) Provide three examples from the last three years of career advising services provided to students and one example of career advising provided to an alumnus/a. For each category, indicate the number of individuals participating. (self-study document)

4) Provide data reflecting the level of student satisfaction with career advising during each of the last three years. Include survey response rates, if applicable. Schools should present data only on public health degree offerings. (self-study document)

5) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

H3. Student Complaint Procedures (SPH and PHP)

The school or program enforces a set of policies and procedures that govern formal student complaints/grievances. Such procedures are clearly articulated and communicated to students. Depending on the nature and level of each complaint, students are encouraged to voice their concerns to school or program officials or other appropriate personnel. Designated administrators are charged with reviewing and resolving formal complaints. All complaints are processed through appropriate channels.

Required documentation:

1) Describe the procedures by which students may communicate any formal complaints and/or grievances to school or program officials, addressing both informal complaint resolution and formal complaints or grievances. Explain and about how these procedures are publicized. (self-study document)

2508 2) Briefly summarize the steps for how a <u>formal</u> complaint or grievance filed through official
2509   university processes progresses. Include information on all levels of review/appeal. (self-study
2510   document)
2511
2512 3) List any formal complaints and/or student grievances submitted in the last three years. Briefly
2513   describe the general nature or content of each complaint and the current status or progress
2514   toward resolution. (self-study document)
2515
2516 4) If applicable, assess strengths and weaknesses related to this criterion and plans for
2517   improvement in this area. (self-study document)
2518
2519
2520 **H4. Student Recruitment and Admissions (SPH and PHP)**
2521
2522 **The school or program implements student recruitment and admissions policies and procedures**
2523 **designed to locate and select qualified individuals capable of taking advantage of the school or**
2524 **program's various learning activities, which will enable each of them to develop competence for a**
2525 **career in public health.**
2526
2527 Required documentation:
2528
2529 1) Describe the school or program's recruitment activities. If these differ by degree (e.g., bachelor's
2530   vs. graduate degrees), a description should be provided for each. Schools should discuss only
2531   public health degree offerings. (self-study document)
2532
2533 2) Provide a ~~statement~~<u>brief summary</u> of admissions policies and procedures. If these differ by
2534   degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each.
2535   Schools should discuss only public health degree offerings. (self-study document) <u>Detailed</u>
2536   <u>admissions policies, if relevant, may be provided in the electronic resource file and referenced</u>
2537   <u>here.</u>

> **Commented [A52]:** Clarifies instructions based on how units typically respond.

2538
2539 3) Provide quantitative data on the unit's student body from the last three years, with the unit's self-
2540   defined target level on each measure for reference. In addition to at least one from the list that
2541   follows, the school or program may add measures that are significant to its own mission and
2542   context. Schools should focus data and descriptions on students associated with the school's
2543   public health degree programs. See Template H4-1.
2544
2545   • Quantitative scores (e.g., GPA, SAT/ACT/GRE, TOEFL) for newly matriculating students
2546   • Percentage of designated group (e.g., undergraduate students, mid-career professionals,
2547   multi-lingual individuals) accepting offers of admission
2548   • Percentage of priority under-represented students (as defined in Criterion G1) accepting
2549   offers of admission
2550   • Percentage of newly matriculating students with previous health- or public health-related
2551   experience
2552   • Number of entering students with distinctions and/or honors from previous degree (e.g.,
2553   National Merit Scholar)
2554   • Percentage of multilingual students
2555
2556   (self-study document)
2557
2558 4) If applicable, assess strengths and weaknesses related to this criterion and plans for
2559   improvement in this area. (self-study document)
2560
2561
2562

H5. Publication of Educational Offerings (SPH and PHP)

Catalogs and bulletins used by the school or program to describe its educational offerings must be publicly available and must accurately describe its academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements. Advertising, promotional materials, recruitment literature and other supporting material, in whatever medium it is presented, must contain accurate information.

Required documentation:

1) Provide direct links to information and descriptions of all degree programs and concentrations in the unit of accreditation. The information must describe all of the following: academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements. (self-study document)

Definitions

The following definitions apply throughout this document, regardless of the specific terminology used by the school or program:

School and **program** refer to categories of accreditation (SPH and PHP) defined in CEPH's Accreditation Procedures.

Degree level refers to one of three options: 1) bachelor's, 2) master's, or 3) doctoral.

Degree refers to BA, BS, MS, MSPH, MPH, PhD, ScD, DrPH, etc. Degrees may include one concentration, or a degree may include multiple concentrations.

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 epidemiology and infectious epidemiology).

In these criteria, "concentration" is synonymous with terms such as "specialization," "emphasis area," "track" and "focus area," and, in some cases, "certificate." A certificate is equivalent to a concentration when completion of a certificate is universally required to fulfill degree requirements.

Generalist is considered a concentration for these criteria's purposes, and an MPH with no concentration listed is considered "generalist" by default. Schools and programs are free to name all concentrations as they wish to provide clarity to students and the public.

Plans of study that are clearly presented to students as **minors** are not considered to be concentrations. **Certificates** that are optional additions to students' programs of study are not considered to be concentrations.

Combined (joint, dual, concurrent, accelerated) degree programs, such as the MD/MPH, may require students to either

1) complete one of the school or program's existing concentrations, or
2) complete a curriculum structured around competencies developed specifically for the combined degree.

Schools and programs that choose the first option must define a specific assessment opportunity for all concentration-specific competencies, whether the assessment occurs in the MPH or the external degree program. Schools or programs that choose the second option must list the combined degree as a distinct MPH concentration in Template Intro-1 and elsewhere in the document and must comply with all requirements associated with an MPH concentration, including the faculty resource requirements.

Public health degrees include the following:
- Bachelor's degrees in public health disciplines
- Professional and academic public health graduate degrees

Bachelor's degrees in public health include BSPH, BS, BA, etc. when they are offered in public health disciplines. SPH may offer BS or BA degrees in non-public health disciplines (e.g., exercise science), and these are classified as "other" degrees, as discussed below. In SPH, specialized bachelor's degrees in fields closely related to public health that have their own disciplinary orientation and definitions (e.g., BS in environmental science, BS in health administration) may be excluded from the category of public health bachelor's degrees if they are not intended to function as public health degrees. See definition of "other" degrees.

2634
2635 **Professional public health degrees** are offered at the graduate level and include the MPH and DrPH,
2636 as well as any graduate degrees that ~~are intended to~~ prepare individuals for public health practice in a
2637 manner equivalent to the MPH or DrPH degree.
2638
2639 In a PHP, the MHA or MHSA is only part of the accreditation unit in exceptional circumstances, as defined
2640 below.
2641
2642 In an SPH, the MHA or MHSA is classified in the category of "all remaining degrees" (Criterion D19)
2643 except under special circumstances, as defined below.
2644
2645 If specifically designated as such by the school or program, MHA or MHSA degrees may be classified as
2646 professional public health degrees. In these cases, MHA and MHSA degrees must comply with
2647 Criteria D1, D2, D4, D5, D7 and D14.
2648
2649 **Academic and highly specialized public health master's degrees** (e.g. MS)~~often include the MS and~~
2650 ~~PhD. These degrees~~ are offered in public health fields but ~~are~~ do not ~~intended to~~ function as MPH ~~or~~
2651 ~~DrPH~~ equivalents. ~~They~~ Some of these degrees prepare students for ~~further~~ doctoral study ~~or for~~
2652 ~~academic or scholarly positions~~ in public health fields. Other degrees prepare students for highly technical
2653 and specific job functions (e.g. laboratory technician, data scientist).
2654
2655 • For example, in some institutions, the MSPH ~~is intended to~~ functions in a manner equivalent to
2656   the MPH degree. In these institutions, the MSPH is a professional degree.
2657 • In some institutions, the MSPH ~~is intended to~~ prepares students for doctoral study and/or
2658   ~~research-based~~highly technical and specific job functions ~~careers~~. In these institutions, the MSPH
2659   is an academic and highly specialized degree.
2660
2661 The MS in industrial hygiene is classified in the category of "academic and highly specialized public
2662 health degrees" (Criterion D17).
2663
2664 Regardless of the nature of the training and intended career paths for graduates, the MPH is always
2665 classified as a professional degree and would not be addressed in Criterion D17.
2666
2667
2668 **Other degrees** include 1) bachelor's degrees or concentrations in fields other than public health and
2669 2) all graduate degrees and concentrations that do not meet the definition of a professional or academic
2670 public health degree as noted above. MHA and MHSA degrees are classified as "all remaining degrees"
2671 unless specifically designated as professional public health degrees by the school.
2672
2673 For ease of reference, any criteria that refer to the "MPH degree" also apply to any other professional
2674 public health master's degrees through which the program intends to prepare public health practitioners in
2675 a manner equivalent to the MPH. Such degrees may include the MSPH and other degrees when they are
2676 intended to function as professional degrees equivalent to the MPH. These degrees were referred to in
2677 previous versions of CEPH criteria as "equivalent professional degrees."
2678
2679

Commented [A53]: Clarifies the Council's recent interpretation of how to categorize MS degrees that are highly specialized.

Appendix 1

**Bold font indicates data that are self-selected or defined by the unit. Definition of desired outcomes precedes data collection for these elements.

> **Commented [A54]:** New appendix is drawn directly from existing resource: CEPH Data Guide. Strikeouts reflect differences between this draft and data requirements in current criteria.

		Criteria or *Template*
1.	**Performance data for all information needed to measure aspects of mission and goals not captured below (typically 5-10 measures)**	*B5-1*
2.	Student enrollment	*Intro 2*
3.	Graduation rates	*B2-1*
4.	Doctoral student progression (e.g., # of newly admitted, # of completed coursework)	*B2-2*
5.	Post-graduation outcomes (e.g., employment, enrollment in further education)	*B3-1*
6.	~~Actionable data (quantitative and/or qualitative) from recent alumni on their perceptions of competency attainment~~	~~B4~~
7.	Actionable data (quantitative and/or qualitative) from recent alumni on their self-assessed ~~abilities to apply competencies in their post-graduation destinations~~ preparation for post-graduation destinations	B4
8.	At least three specific examples of improvements undertaken in the last three years based on the evaluation plan. At least one of the changes must relate to an area other than the curriculum	*B5-2*
9.	Budget table	*C1-1*
10.	Student perceptions of faculty availability	C2
11.	Student perceptions of class size & relationship to learning	C2
12.	List of all faculty, which concentrations they support & their FTE allocation to the unit as a whole	*C2-1, E1-1, E1-2*
13.	Ratios for student academic advising (all degree levels)	*C2-2*
14.	Ratios for supervision of MPH ILE	*C2-2*
15.	Ratios for supervision of bachelor's cumulative/experiential activity	*C2-2*
16.	Ratios for DrPH ILE advising	*C2-2*
17.	Ratios for PhD dissertation advising	*C2-2*
18.	Ratios for MS final project advising	*C2-2*
19.	Count, FTE (if applicable), and type/categories of staff resources	*C3-1*
20.	Faculty participation in activities/resources designed to improve instructional effectiveness (maintain ongoing list of exemplars)	E3
21.	**Performance on at least 3 self-selected indicators for faculty currency, instructional techniques & unit instructional effectiveness outcomes from list in criterion**	E3
22.	Faculty research/scholarly activities with connections to instruction (maintain ongoing list of exemplars)	E4
23.	**Data on at least 3 self-selected outcome measures for faculty research and scholarly activities from list in criterion**	*E4-1*
24.	Faculty extramural service activities with connections to instruction (maintain ongoing list of exemplars)	E5
25.	**Performance on at least 3 self-selected indicators for faculty extramural service from list in criterion**	E5
26.	Actionable data (quantitative and/or qualitative) from employers on graduates' ~~abilities to perform competencies in a practice setting~~ preparation for post-graduation destinations	F1
27.	Feedback from external stakeholders on changing practice & research needs that might impact unit priorities and/or curricula	F1
28.	Feedback from stakeholders on guiding statements and ongoing self-evaluation data	F1
29.	Professional AND community service activities that students participate in (maintain ongoing list of exemplars)	F2
30.	Current educational and professional development needs of self-defined communities of public health workers (individuals not currently enrolled in unit's degree programs)	~~F3~~F4

	Criteria or *Template*
31. Continuing education events presented for the external community, with number of non-student, non-faculty attendees per event (maintain ongoing list)	F3
32. Quantitative and qualitative information that demonstrates unit's ongoing efforts to increase representation and support success of self-defined priority underserved populations—among students AND faculty (and staff if applicable)	G1
33. Student AND faculty (staff, if applicable) perceptions of unit's climate regarding diversity & cultural competence	G1
34. Student satisfaction with academic advising	H1
35. Student satisfaction with career advising	H2
36. Events or services provided to assist with career readiness, job search, enrollment in additional education, etc. (maintain ongoing list of examplars)	H2
37. Number of student complaints filed (and info on disposition or progress)	H3
38. Data on self-selected indicator(s) for success in enrolling a qualified student body from list in criterion	*H4-1*

2685