**This change relates to adding or removing a joint/concurrent/dual/accelerated/****progressive degree with an existing concentration in a SPH, PHP, or SBP.**

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

**Item 1: List the joint degree(s) covered by this amendment.**

|  |  |  |
| --- | --- | --- |
|  | **Degree** | **Concentration** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

|  |  |
| --- | --- |
|  | We are adding a joint degree with an existing concentration.\* *Complete items 2, 3, and 4.* |
|  | We are removing a joint degree. *Complete item 4 questions c, d, and e.* |

*\*If you are adding a joint degree in a new concentration, use the appropriate form from the following options rather than this one: add.SBP, add.MPH, add.DrPH.MS.PhD, or addBachelors*

**Item 2: List the courses that differ for joint-degree students compared with students earning the degree in a standalone format. For example, are there any courses from the other degree that will count toward the public health degree?**

**Reproduce this table if the amendment relates to multiple joint degrees.**

|  |  |  |
| --- | --- | --- |
| **Requirements for X degree, X Concentration** | | |
| **Course number** | **Course name** | **Credits (if applicable)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Item 3. Map domains and competencies, as applicable, to courses. \*\*Only provide information for differences from the standalone degree mapping presented in the IAS.\*\***

**Mapping of Public Health Bachelor’s Domains**

**Attach course syllabi for all named courses**

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

|  |  |
| --- | --- |
| **Public Health Domains** | **Course number(s) and name(s)** |
| **Math/Quantitative Reasoning:** Identify and apply the concepts and applications of basic statistics |  |
| **Science**: Address the foundations of biological and life science |  |
| **Overview of Public Health:** Address the history and philosophy of public health as well as its core values, concepts, and functions across the globe and in society |  |
| **Role and Importance of Data in Public Health:** Address the basic concepts, methods, and tools of public health data collection, use, and analysis and why evidence-based approaches are an essential part of public health practice |  |
| **Identifying and Addressing Population Health Challenges:** Address the concepts of population health, and the basic processes, approaches, and interventions that identify and address the major health-related needs and concerns of populations |  |
| **Human Health:** Address the underlying science of human health and disease including opportunities for promoting and protecting health across the life course |  |
| **Determinants of Health:** Address the socio-economic, behavioral, biological, environmental, and other factors that impact human health and contribute to health disparities |  |
| **Project Implementation:** Address the fundamental concepts and features of project implementation, including planning, assessment, and evaluation |  |
| **Overview of the Health System:**  Address the fundamental characteristics and organizational structures of the U.S. health system as well as to the differences in systems in other countries |  |
| **Health Policy, Law, Ethics, and Economics:** Address the basic concepts of legal, ethical, economic, and regulatory dimensions of health care and public health policy, and the roles, influences and responsibilities of the different agencies and branches of government |  |
| **Health Communications:** Address the basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology |  |

**Mapping of MPH Foundational Competencies**

**Attach course syllabi for all named courses**

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

|  |  |
| --- | --- |
| **Competency** | **Course number(s) and name(s)^** |
| **Evidence-based Approaches to Public Health** |  |
| 1. Apply epidemiological methods to 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 and 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 systemic 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, 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 management1 |  |
| 11. Select methods to evaluate public health programs |  |
| **Policy in Public Health** |  |
| 12. Discuss the policy-making process, including the roles of ethics and evidence2 |  |
| 13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes |  |
| 14. Advocate for political, social and economic policies and programs that will improve health in diverse populations3 |  |
| 15. Evaluate policies for their impact on public health and health equity |  |
| **Leadership** |  |
| 16. Apply leadership and/or management principles to address a relevant issue4 |  |
| 17. Apply negotiation and mediation skills to address organizational or community challenges5 |  |
| **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 health6 |  |
| **Systems Thinking** |  |
| 22. Apply a systems thinking tool to visually represent a public health issue in a format other than standard narrative7 |  |

*The Council understands that schools and programs may assess each competency in multiple courses. The school or program may choose an example for each.*

*^This form asks for a simplified version of the template required in the self-study. In the self-study, schools and programs will also identify specific assessment opportunities for each competency in Template D2-2.*

|  |
| --- |
| 1 “Resource management” refers to stewardship (planning, monitoring, etc.) of resources throughout a project, not simply preparing a budget statement that projects what resources will be required. |
| 2 This competency refers to technical aspects of how public policies are created and adopted, including legislative and/or regulatory roles and processes, ethics in public policy making, and the role of evidence in creating policy. |
| 3 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.). |
| 4 Such principles may include creating a vision, empowering others, fostering collaboration, and guiding decision making |
| 5 “Negotiation and mediation,” in this competency, refers to the set of skills needed when a common solution is required among parties with conflicting interests and/or different desired outcomes. Such skills extend beyond the level of negotiation required in a successful intra-group process; effective communication within a work group or team is more closely related to competency 16. |
| 6 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. |
| 7 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. |

**Mapping of DrPH Foundational Competencies**

**Attach course syllabi for all named courses**

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

|  |  |
| --- | --- |
| **Assessment of Competencies for DrPH in X Concentration** | |
| **Competency** | **Course number(s) and names\*** |
| **Data & Analysis** | |
| 1. Explain qualitative, quantitative, mixed methods and policy analysis research and evaluation methods to address health issues at multiple (individual, group, organization, community and population) levels |  |
| 2. Design a qualitative, quantitative, mixed methods, policy analysis or evaluation project to address a public health issue |  |
| 3. Explain the use and limitations of surveillance systems and national surveys in assessing, monitoring and evaluating policies and programs and to address a population’s health |  |
| **Leadership, Management & Governance** | |
| 4. Propose strategies for health improvement and elimination of health inequities by organizing stakeholders, including researchers, practitioners, community leaders and other partners |  |
| 5. Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior and policies |  |
| 6. Integrate knowledge, approaches, methods, values and potential contributions from multiple professions, sectors, and systems in addressing public health problems |  |
| 7. Create strategic plans1 |  |
| 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 goal2 |  |
| **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\* and/or intersectoral team approaches to improving public health |  |
| **Education & Workforce Development** | |
| 18. Assess an audience’s knowledge and learning needs |  |
| 19. Deliver training or educational experiences that promote learning in academic, organizational and community settings |  |
| 20. Use best practice modalities in pedagogical practices |  |

*The Council understands that schools and programs may assess each competency in multiple courses. The school or program may choose an example for each.*

*^ This form asks for a simplified version of the template required in the self-study. In the self-study, schools and programs will also identify specific assessment opportunities for each competency in Template D3-2.*

1 “Strategic plan” refers to an organizational unit plan that is broader or more expansive than developing a plan for a specific project or intervention.

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

**Mapping of introductory public health learning objectives for academic public health master’s and doctoral students, e.g., MS and PhD**

**Attach course syllabi for all named courses**

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

|  |  |
| --- | --- |
| **Content** | **Course number(s) and name(s)** |
| 1. Explain public health history, philosophy and values |  |
| 1. Identify the core functions of public health and the 10 Essential Services\* |  |
| 1. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population’s health |  |
| 1. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program |  |
| 1. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc. |  |
| 1. Explain the critical importance of evidence in advancing public health knowledge |  |
| 1. Explain effects of environmental factors on a population’s health |  |
| 1. Explain biological and genetic factors that affect a population’s health |  |
| 1. Explain behavioral and psychological factors that affect a population’s health |  |
| 1. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities |  |
| 1. Explain how globalization affects global burdens of disease |  |
| 1. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health) |  |

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

*The Council understands that schools and programs may assess each learning objective in multiple courses. The school or program may choose an example for each.*

*This application asks for a simplified version of the template required in the self-study. In the self-study, programs must identify the specific component of a course that addresses each learning objective in Templates D16-1 and D17-1, as applicable.*

**Item 4. Answer the following questions:**

1. When is the new joint degree(s) expected to enroll its first students?

*Insert narrative here:*

1. What is the justification or rationale for offering the new joint degree(s)?

*Insert narrative here:*

1. Provide the rationale for removing the joint degree(s) from the unit of accreditation:

*Insert narrative here:*

1. Specify the delivery format for all joint degrees covered by this notice (campus-based (including hybrid) or online):

*Insert narrative here:*

1. Confirm that the change(s) covered by this amendment is reflected on the school or program’s website and other materials. If not, when does the school or program plan to do so?

*Insert narrative here:*