**This change relates to offering a new joint (also called concurrent, dual,   
accelerated, progressive, etc.) degree with an existing concentration**

**OR reactivating such a degree that was previously suspended/discontinued**

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

**Item 1: List each joint degree covered by this notice. This form only applies to new/reactivated joint degrees earned with an existing concentration in the unit of accreditation.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Degree** | **Existing Concentration** | **Delivery Format** |
| 1 |  |  | Place-based  Distance-based  Both |
| 2 |  |  | Place-based  Distance-based  Both |
| 3 |  |  | Place-based  Distance-based  Both |

**Item 2: Provide projected student enrollment for one year in each new degree or concentration.**

|  |  |
| --- | --- |
| **Joint Degree** | **HC** |
|  |  |
|  |  |
|  |  |

**Item 3: Provide the coursework that differs from the standalone public health degree. For example, credits from the other degree that count toward the public health degree for credit efficiency. Provide syllabi for shared coursework as separate attachments.**

**Reproduce this table if notice relates to multiple joint degrees.**

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

**If shared coursework counts toward the public health degree (even as electives), explain how these credits are reviewed and approved (e.g., may involve Curriculum Committee, program director, faculty advisor, etc.). Attach supporting documentation (e.g., review and approval policies, meeting minutes that document course reviews, approved request forms, etc.), as appropriate.**

*Explain review and approval process*

**Complete the following table for each course that may be counted toward the public health degree (even as electives).** *(Remove table if not applicable for this notice)*

|  |  |
| --- | --- |
| **Shared course number & name** | **Brief justification for counting course as public health credits – make public health relevance explicit** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Item 4. Map competencies as applicable, to courses.**

**Complete this item if the shared credits impact the MPH foundational competency mapping. Only complete the competency rows that are impacted by shared credits. If the mapping is the same as for the standalone MPH degree, this table (or individual rows) need not be completed.**

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

**Mapping of MPH Foundational Competencies**

**Attach course syllabi for all named courses**

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

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

*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.*

**Complete this table if the shared credits impact the DrPH foundational competency mapping. Only complete the competency rows that are impacted by shared credits. If the mapping is the same as for the standalone DrPH degree, this table (or individual rows) need not be completed.**

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

**Mapping of DrPH Foundational Competencies**

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

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

*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.*

**Item 5. Map learning objectives to courses.**

**Complete this table if the shared credits impact the foundational learning objectives mapping. Only complete the learning objective rows that are impacted by shared credits. If the mapping is the same as for the standalone academic or highly specialized graduate public health degree, this table (or individual rows) need not be completed.**

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

**Mapping of introductory public health learning objectives for academic or highly specialized graduate public health degrees**

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

|  |  |
| --- | --- |
| **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 U.S. or other community relevant to the school or program, with attention to disparities among populations, e.g., socioeconomic, ethnic, gender, racial, etc. |  |
| 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 cultural, social, political, and economic determinants of health and how the determinants relate 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 (e.g., 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 form asks for a simplified version of the template required in the self-study. In the self-study, schools and programs must identify the specific assessment that addresses each learning objective in Template D16‑1 or D17-1.*

**Item 6. Concentration competency mapping**

**If mapping is different from the standalone MPH or DrPH degree, complete this table. Only complete the concentration competency rows that are impacted by shared credits. (Delete if non-applicable)**

**Mapping of MPH/DrPH Concentration Competencies**

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

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

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

*\* This form asks for a simplified version of the template required in the self-study. In the self-study, schools and programs must identify the specific assessment that addresses each competency in Template D4-1.*

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

**Item 7.**

**If mapping is different from the standalone academic or highly specialized public health degree (e.g., MS, PhD), complete this table. Only complete the concentration competency rows that are impacted by shared credits. (Delete if non-applicable)**

**Mapping of Academic or Highly Specialized Public Health Graduate Degree  
Concentration Competencies**

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

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

|  |  |  |
| --- | --- | --- |
| **Coverage of Competencies for X Degree in X Concentration** | |  |
| **Competency** | **Describe how this competency is covered^** | |
| 1. |  | |
| 2. |  | |
| 3. |  | |
| 4. |  | |
| 5. |  | |

*^ Description may include a specific course or a series of courses (e.g., "9 credits of methods coursework")*

**Item 8. Applied Practice Experience (APE) and Integrative Learning Experience (ILE)**

If the APE and/or ILE differ for joint degree students (compared with standalone students in the existing public health concentration), answer the following questions, as applicable.

1. Describe the APE for joint degree students with specific details about 1) how students complete two work products that are useful to the practice partner, 2) how work products are mapped to five competencies (of which at least three are foundational), and 3) how work products are assessed for competency attainment by a faculty member trained in public health. Provide a copy of the syllabus, handbook, or other document with instructions.

*Insert narrative here:*

1. Describe the ILE for joint degree students with specific details about 1) how the student chooses at least three competencies (of which at least one must be foundational, and one must be concentration), 2) the type of high-quality written product students produce, and 3) how the high-quality written product is assessed by faculty trained in public health for competency synthesis. Provide a copy of the syllabus, handbook, or other document with instructions.

*Insert narrative here:*

**Item 9. Answer the following questions:**

1. When is the new/reactivated joint degree with an existing concentration expected to enroll its first students?

*Insert narrative here:*

1. What is the justification or rationale for offering this joint degree?

*Insert narrative here:*

1. Specify the delivery format for all degrees covered by this notice (place-based (including hybrid and executive) or distance-based):

*Insert narrative here:*

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

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