**This change relates to increasing or decreasing the length of a degree
OR revising basic requirements specific for degrees\***

\*e.g., foundational courses, concentration courses, applied practice experiences, integrative learning experience

Note: A substantive change notice is not required if

* a course undergoes regular updates such as changes to assessments in the same course, revised readings, reorganized course content, etc.
* concentration competencies are changed or revised

A substantive change notice is required if

* a (foundational or concentration) competency that was mapped to that course is now mapped to a different course (e.g., mapping foundational competency 3 to a biostatistics course when it was originally mapped to an epidemiology course)
* requirements for the applied practice experience or integrative learning experience are changed, except for changes to the number of internship hours (Criterion D5 does not have an hour requirement)

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

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

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

**Item 2: Provide the courses required for the degree(s) and concentration(s) being revised. Reproduce this table if notice relates to multiple degrees and/or concentrations.**

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

**Item 3. Map competencies as applicable, to courses. Only provide information for changes that have occurred since the Council last reviewed this mapping for the school/program.**

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

**Mapping of MPH Foundational Competencies**

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

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

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

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

**Mapping of DrPH Foundational Competencies**

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

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

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

**Item 4. Map learning objectives as applicable, to courses. Only provide information for changes that have occurred since the Council last reviewed this mapping for the school/program.**

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

**Mapping of introductory public health learning objectives for MPH, DrPH, public health MS and PhD, and all other degrees (e.g., DPT, MHA, MSW)**

**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 U.S. 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.

^ Note that for academic or highly specialized public health degrees and all other degrees (schools only), this form asks for a simplified version of the template required in the self-study. In the self-study, units must identify the specific assessment that addresses each learning objective in Templates D16-1, D17-1, and D18-1.

**Item 5. Map domains as applicable, to courses. Only provide information for changes that have occurred since the Council last reviewed this mapping for the school/program.**

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

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

**Attach course syllabi for all named courses**

|  |  |
| --- | --- |
| **Public Health Domains** | **Course number(s) and name(s)** |
| **The concepts and applications of basic statistics** |  |
| **The foundations of biological and life sciences** |  |
| **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 cultural, socioeconomic, 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 |   |

**Item 6. Map concentration competency courses.** **Only provide information for changes that have occurred since the Council last reviewed this mapping for the school/program.**

*(Remove any tables not applicable for this notice)*

**\*Complete this section if you have made changes to the course mapping (i.e., a concentration competency is now mapped to a different course than it was before). If you have also revised any competency statements, include the note “Revised competency” under each of the changed competency statements.**

**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.

**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 7. Answer the following questions:**

**Note: if the school or program is making changes to a degree and concentration with multiple delivery formats such as campus and online, specify the impacted delivery formats.**

1. If applicable, what is the length of the degree program?

*Insert narrative here:*

1. If applicable, what courses have been added or removed from the curriculum?

*Insert narrative here:*

1. If applicable, what changes have been made to the applied practice experience or integrative learning experience?

*Insert narrative here:*

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)