K-State MPH Faculty Advisory Council Meeting
Coles Rm 343
Wednesday, April 8, 2015, 10:30 AM
Minutes

Committee Member	Emphasis	Present	Not Present
Cates, Michael	MPH Director	X	
Stevenson, Barta	MPH Staff	Non Voting	
Kueser, Caleb	MPH Student		X
Hanson, Jennifer	Core Instructor	X	
Hsu, Wei Wen	Core Instructor	X	
Larson, Robert	Core Instructor	X	
Sanderson, Michael	Core Instructor	X	
Open	FSB		
Kastner, Justin	FSB		Nutsch Proxy
Nutsch, Abbey	FSB	X	
Chapes, Stephen	IDZ		X
Renter, David	IDZ	X	
van der Merwe, Deon	IDZ		X
Haub, Mark	PHN		X
Rosenkranz, Ric	PHN	X	
Wang, George	PHN		X
Irwin, Brandon	PHPA	X	
Mailey, Emily	PHPA	X	
McElroy, Mary	PHPA		Mailey Proxy

Dr. Cates called the meeting to order at 10:35 AM. There was a quorum present.

1. **Approval of Minutes.** The minutes from the February meeting were approved and will be posted as distributed.

2. **Program Director's Report.** Dr. Cates provided a status of the program update and his activities (Attachments 1 and 2). There was a discussion about the items Dr. Cates presented in his report. Specific items discussed including:

   o Status of the CEPH Interim Report is now being reviewed by the Provost and we expect to mail it next week. It has been reviewed and approved by all stakeholders.
   o Update on proposed Course and Curriculum Changes which was approved by Graduate Council on April 7 and will be on Faculty Senate agenda in May. No problems are anticipated.
   o Dr. Cates reported on the Executive Council and the Board of Directors meetings held in March. He said that he and Dean Richardson warned the group that the new dean in Vet Med may not be able and/or willing to continue the same contribution it has made to the MPH Program since 2008 along with the observation that we need more faculty members with MPH degrees. The Deans had no objections to "rewarding" MPH faculty members with a restricted fee account contribution when MPH advisees graduate. This is the first year that the MPH Program office has had a budget line item for this expense.
   o KPHA meeting in Manhattan in September. It was suggested that the MPH Program offer scholarships to the students in the form of the registration fee so they can attend.

Minutes

3. **Items of Business:**

   a. **MPH Graduate Faculty.** Application of Dr. Mike Dryden to MPH Graduate Faculty (Attachment 3) was approved.

   b. **CEPH Proposed Curricular Criteria Revisions.** (Attachment 4) There was a discussion about the proposed changes to the CEPH criteria from 5 core MPH areas to 24 specific tasks that need to be taught in a variety of classes. The groups initial opinion was that not all 24 tasks are currently being taught at K-State for Master students and would require the development of at least one or two new MPH courses. Also the monitoring and assessment of the 24 tasks would require additional administrative tracking. The comment period has been extended until September 18 and members were asked to review and forward any comments to Dr. Cates for compilation and submission to CEPH. If adopted, it is anticipated that K-State would need to comply in the next accreditation review scheduled for 2019. It was also noted that an annual report is due to CEPH in December of this year. It is anticipated that the report would, as a minimum, include fiscal data, student enrollment data, and student assessment data.

   c. **New Procedure for MPH Travel Awards.** Dr. Cates updated the group on the new procedure for awarding student MPH Travel Awards, used to partially offset field experience expenses. The travel award will be processed through financial aid and then will be applied against the KSIS account. As long as a student does not have a balance, the funds will either be direct deposited into their checking account or a check will be mailed, depending on how the KSIS account is set-up. Students may make your travel arrangements whenever it is convenient and they do not need to save and submit receipts for reimbursement. Also the group was advised that the deadline for students to apply is a "suggested" deadline and applications may be submitted at any time.

   d. **Public Health Nutrition Course and Curriculum Review.** The group was reminded that Public Health Nutrition is the next emphasis area to be reviewed by the curriculum review team. Dr. Cates suggested that it be done earlier in the fall instead of later because of the time required to get any changes through the university's course and curriculum process.

   e. **Field Experience Clarification.** Due to the misunderstanding of some students about what constitutes a field experience, Dr. Cates asked the group for suggestions on how we could better word the requirements on the website. The groups provided some advice, and Dr. Cates will work to clarify the requirements as written on the website and in the MPH Graduate Student Handbook.

4. **Future Meetings:** Below is a list of future meetings (all scheduled to begin at 10:30 AM).

Date	Location/Room
May 13, 2015	Union, Rm 209
June 10, 2015	Coles, Rm 343

The meeting adjourned at 11:35 AM.

Attachment 1 – MPH Program Director's Report

March/April 2015

1. CEPH Interim Report has been reviewed by MPH Faculty Advisory Council, MPH Executive Council and MPH Board of Directors. It currently is under review by the provost's office. I plan to submit it next week (April 13-17).

2. MPH Program Statistics:
   a. MPH Graduates: total of 15, 5-year average of 18 per year (KBOR standard is 5)
   b. Official Enrollment: 67 in Fall, 5-year average of 73 (KBOR standard is 20)
   c. New Students: 33 for AY 2015
   d. Current students (progressing toward MPH degree): 85
      i. Food Safety/Biosecurity: 6
      ii. Infectious Diseases/Zoonoses: 58
      iii. Public Health Nutrition: 14
      iv. Public Health Physical Activity: 7
   e. Enrolled Spring 2015: 73 for MPH degree (8 additional for Certificate only).

3. Course and Curriculum Changes recommended by MPH Faculty in February meeting:
   a. Approved by MPH faculty – Mar 2 (Attachment 2);
   b. Approved by Graduate Council Academic Affairs Committee – Mar 31;
   c. Approved by Graduate Council – April 7;
   d. Will be considered by Faculty Senate Academic Affairs Committee and then Faculty Senate;
   e. If approved, will become effective with new students beginning Fall 2015.

4. MPH Board of Directors and MPH Executive Council both met in March, and we have posted the draft minutes of each on the website and in the KSOL site for your perusal. I recommended they consider adding additional MPH primary faculty and improving the cost-sharing model, and Dean Richardson warned that the College of Veterinary Medicine probably could not continue the same contribution it has made since 2008, especially with a new dean. No decisions were made.

5. CEPH has extended the comment period for the proposed revised curricular criteria to September 18, 2015. These revisions, as currently proposed, are significant and will necessitate a thorough review of our core and emphasis area curriculum.

6. Save the dates – September 16-17, 2015. Kansas Public Health Association 72nd Annual Conference, Hilton Garden Inn, Manhattan, KS.   Theme is "Promoting Health for all Kansans."

7. Program Director Change. I have announced my intention to step down as MPH Program Director in 2015 (exact time is yet to be determined).

MPH Course and Curriculum Vote – 2015   **Initial Report**

Last Modified: 03/02/2015

1. Approve adding new core course - DMP/MPH 802 - Environmental Health

#	Answer		Response	%
1	Yes		43	100%
2	No		0	0%
	Total		43	100%

2. Approve replacing DMP/MPH 806 - Environmental Toxicology with DMP/MPH 802 - Environmental Health in the core requirements for both MPH degree and Certificate Program.

#	Answer		Response	%
1	Yes		43	100%
2	No		0	0%
	Total		43	100%

3. Approve adding DMP 710 - Introduction to One Health and DMP 806 - Environmental Toxicology to grouping #3 to the Infectious Diseases/Zoonoses emphasis area courses

#	Answer		Response	%
1	Yes		42	98%
2	No		1	2%
	Total		43	100%

4. Approve adding DMP 710 - Introduction to One Health and DMP 806 - Environmental Toxicology to grouping #5 to Food Safety and Biosecurity emphasis area courses

#	Answer		Response	%
1	Yes		41	98%
2	No		1	2%
	Total		42	100%

APPLICATION
MASTER OF PUBLIC HEALTH (MPH) PROGRAM FACULTY
KANSAS STATE UNIVERSITY

Please complete this form and send it along with an accompanying brief (2-3 page) Curriculum Vitae to:
Dr. Michael Cates, Director, Master of Public Health Program, 311 Trotter Hall.

PERSONAL INFORMATION

Name of Applicant:	Michael W Dryden DVM, MS, PhD, DACVM
Title and Department:	University Distinguished Professor Diagnostic Medicine Pathobiology
Office Address:	334 Coles Hall
Office Phone:	532-4613
Email:	dryden@vet.k-state.edu

PROFESSIONAL RESPONSIBILITIES

Graduate Faculty Status: ● Yes   ○ No

Graduate Courses Taught (limit 285 characters)

• Veterinary Parasitology (DMP 718) 2002-present (Course Coordinator)
• DMP-785 Diagnostic Medicine: 2005 - present
• Zoonosis and Preventive Medicine (DMP 753): 2000 - 2013
• Zoological Medicine (CS 737 – 1992 – 2011
• Pharmacology (AP 772) 2012-present.
• Evidenced Based Small Animal Clinical Parasitology Training Course at Kansas State University. 2010-present.

PERSONAL STATEMENT
Briefly describe in the space below, your interest, experience, current projects, and other contributions to the Master of Public Health program at Kansas State University (limit 855 characters)

My current research efforts are directed towards flea and tick biology and control, investigating urban wildlife as vectors of parasitic diseases and diagnosis & control of gastrointestinal parasites. My teaching and research background focus on veterinary parasitology with a strong emphasis on arthropods of medical and veterinary importance. I am cross trained in veterinary parasitology and medical/veterinary entomology.

I have a Interest in serving on the advisor committee for Nathaniel Kapaldo who is developing a research project looking at "Potential pathogen spread between captive animals in zoos by hematophagous arthropods". My expertise, research and educational background would be of benefit to this program.

05Mar2015	Michael W Dryden
Date	**Signature**

Michael W. Dryden BS, DVM, MS, PhD, DACVM
University Distinguished Professor of Veterinary Parasitology
Department of Diagnostic Medicine and Pathobiology
Kansas State University
Manhattan, KS 66506

EDUCATION:

- B.S. (Biology), Kansas State University 1982
- D.V.M. Kansas State University, College of Veterinary Medicine 1984
- M.S. (Vet Parasitology), Purdue University, Department of Veterinary Pathobiology 1988
- Ph.D. (Vet Parasitology), Purdue University, Department of Veterinary Pathobiology 1990

CLINICAL VETERINARY PRACTICE:
- Mixed animal practice, Beloit, KS; May 1984   August 1985
- Small animal practice, Wichita, KS; August 1985   August 1986

VETERINARY LICENSE:
- Kansas

MEMBERSHIPS IN HONORARY OR SCIENTIFIC SOCIETIES:

- Gamma Sigma Delta, National Honor Society of Agriculture
- Phi Zeta, National Veterinary Honor Society
- Kansas Veterinary Medical Association
- American Veterinary Medical Association
- American Association of Veterinary Parasitologists
- Founding member Companion Animal Parasite Council (Emeritus)

AWARDS, HONORS, BOARD CERTIFICATION:

- 1995 "Pfizer Award for Research Excellence" for contributions that significantly advance our knowledge of animal health.
- 2005 Kansas Veterinary Medical Association's "KSU-Distinguished Service Award"
- 2006 Bayer Animal Health, Teaching Excellence Award in recognition of outstanding instruction of second year veterinary students.
- 2006 Frick Professor of Veterinary Medicine. An endowed professorship recognizing and honoring a faculty member who has developed an exemplary national and international reputation in veterinary medicine.
- 2007 Entomological Society of America NC Branch Recognition Award in Urban Entomology.
- 2010 Excellence in Teaching Award. American College of Veterinary Dermatology. Recognizing contributions to the education of future veterinary dermatologists at American College of Veterinary Dermatology Residents' Forum.
- 2010 Veterinarian of the Year presented at the Purina® Pro Plan® 56th Annual Show Dogs of the Year® Awards, presented by *Dogs In Review*® at the Grand Hyatt in New York City.
- 2011 Honored with the designation of "University Distinguished Professor" at Kansas State University. The UDP designation represents the highest honor Kansas State University can bestow on its faculty, an award that recognizes those making outstanding contributions to teaching, research,

and service to their professions and communities.
- 2011 designated a Charter Diplomate in Parasitology in the American College of Veterinary Microbiology
- 2014 Dr. William and Deanna Pritchard Veterinary Service and Outreach Award for Exemplary Service and Outreach.
- 2015 E. R. Frank Award. To honor veterinarians who have contributed positively and significantly to Veterinary Medicine through their long term service to the Kansas State University, College of Veterinary Medicine.

M.S. THESIS & PhD DISSERTATION:

- Evaluation of Certain Parameters in the Bionomics of *Ctenocephalides felis felis* (Bouché 1835) 1988, M.S. Purdue University
- Blood Consumption and Feeding Behavior of the Cat Flea, *Ctenocephalides felis felis* (Bouché 1835) 1990, PhD. Purdue University

PATENT:

- "Flea Trap". Development of an Intermittent Light Trap. M.W. Dryden, A.B. Broce & K.E. Hampton. Patent # 5,231,790, August 3, 1993. $235,000, in licensing fees paid to KSU.

PUBLICATIONS:

Journal Articles 129 published papers (last 20 below)

1. Dryden MW, Payne PA, Vicki S, Kobuszewki D. Efficacy of Topically Applied Dinotefuran Formulations and Orally Administered Spinosad Tablets Against the KS1 Flea Strain Infesting Dogs. Intern. J. Appl. Res. Vet. Med. 9(2): 123-128, 2011.
2. Dryden MW, Payne PA, Vicki S, Kobuszewki D. Efficacy of Topically Applied Dinotefuran Formulations and Orally Administered Spinosad Tablets Against the KS1 Flea Strain Infesting Dogs. Intern. J. Appl. Res. Vet. Med. 9(2): 123-128, 2011.
3. Dryden MW, Payne PA, Vicki S, Riggs B, Davenport J, Kobuszewski D. Efficacy of dinotefuran–pyriproxyfen, dinotefuran–pyriproxyfen–permethrin and fipronil–(S)-methoprene topical spot-on formulations to control flea populations in naturally infested pets and private residences in Tampa Florida. Vet. Parasitol. 182: 281– 286, 2011
4. Dryden MW, Payne PA, Smith V and Hostetler J. Efficacy of Imidacloprid + Moxidectin and Selamectin topical solutions against the KS1 *Ctenocephalides felis* flea strain infesting cats. Parasites & Vectors 4:174, 2011.
5. Hanzlicek AS, Harkin KR, Dryden MW, Chun R, Payne PA, Nietfeld JC, Debey BM. Canine Schistosomiasis in Kansas: 5 cases (2000-2009). J. Am. Anim. Hosp. Assoc. 47(6):e95–e102, 2011.
6. Müller GC, Dryden MW, Revay EE, Kravchenko VD, Broce AC, Hampton K, Junnila A, Schlein Y. Understanding attraction stimuli of *Ctenocephalides felis* for non-chemical control methods. Med. Vet. Entomol. 25(4):413-420. 2011
7. Crumley W, Rankin AJ, Dryden M. Ophthalmomyiasis externa in a puppy due to Cuterebra infestation. J. Am. Anim. Hosp. Assoc. 47(6):e150-e155, 2011.
8. Dryden M, Carithers D, McBride A, Riggs B, Smith L, Davenport J, Smith V, Payne P, Gross S. A comparison of flea control measurement methods for tracking flea populations in highly infested private residences in Tampa FL, following topical treatment of pets with FRONTLINE® Plus (fipronil/(S)-methoprene). Intern. J. Appl. Res. Vet. Med. 9(4):356-567, 2011.
9. Carpenter JW, Dryden M, KuKanich B. Efficacy and pharmacokinetics of topical administration of selamectin in flea-infested rabbits. Am. J. Vet. Res. 73(4): 562-566, 2012.

10. Beall MJ, Alleman AR, Breitschwerdt EB, Cohn LA, Couto CG, Dryden MW, Guptill LC, Iazbik C, Kania SA, Lathan P, Little SE, Roy A, Sayler KA, Stillman BA, Welles EG, Wolfson W, Yabsley MJ. Seroprevalence of *Ehrlichia canis*, *Ehrlichia chaffeensis* and *Ehrlichia ewingii* in dogs in North America. Parasites & Vectors 2012, 5:29
http://www.parasitesandvectors.com/content/5/1/29

11. Ross DH, Arther RG, von Simson C, Doyle V and Dryden MW. Evaluation of the efficacy of topically administered imidacloprid + pyriproxyfen and orally administered spinosad against cat fleas (*Ctenocephalides felis*): Impact of treated dogs on flea life stages in a simulated home environment. Parasites & Vectors 2012, 5:192 (7 September 2012)
http://www.parasitesandvectors.com/content/5/1/192/abstract

12. Dryden MW, Smith V, Kunkle B, Carithers D. A Study to Evaluate the Acaricidal Efficacy of a Single Topical Treatment with a Topical Combination of Fipronil/Amitraz/(S)-Methoprene Against *Dermacentor Variabilis* on Dogs. Intern. J. Appl. Res. Ve.t Med. 10(2):125-131, 2012.

13. Dryden MW, Payne PA, Smith V, Ritchie D, Allen L. Evaluation of the Ovicidal Activity of Lufenuron and Spinosad on Fleas' Eggs from Treated Dogs. Intern. J. Appl. Res. Vet. Med. 10(3):198-204, 2012.

14. Dryden MW, Ryan WG, Bell M, Rumschlag AJ, Young LM, Snyder DE. Assessment of owner-administered monthly treatments with oral spinosad or topical spot-on fipronil/(S)-methoprene in controlling fleas and associated pruritus in dogs. Vet. Parasitol. 191:340– 346, 2013.

15. Marchiondo AA, Holdsworth PA, Fourie LJ, Rugg D, Hellmann K, Snyder DE, Dryden MW. World Association for the Advancement of Veterinary Parasitology (W.A.A.V.P.) Second Edition: Guidelines for Evaluating the Efficacy of Parasiticides for the Treatment, Prevention and Control of Flea and Tick Infestations on Dogs and Cats. Vet. Parasitol. 194 (2013) 84– 97, 2013.

16. Dryden MW, Payne PA, Smith V, Berg T, Lane M. Efficacy of Selamectin, Spinosad, and Spinosad/Milbemycin oxime Against the KS1 *Ctenocephalides felis* Flea Strain Infesting Dogs. Parasites & Vectors **6**:80, 2013

17. Dryden MW, Payne PA, Smith V, Heaney K, Sun F. Efficacy of indoxacarb applied to cats against the adult cat flea, *Ctenocephalides felis*, flea eggs and adult flea emergence. Parasites & Vectors 6:126, 2013

18. Dryden MW, Payne PA, Smith V, Chwala M, Jones E, Davenport J, Fadl G, Martinez-Perez de Zeiders MF, Heaney K, Ford P, Sun F. Evaluation of indoxacarb and fipronil (s)-methoprene topical spot-on formulations to control flea populations in naturally infested dogs and cats in private residences in Tampa FL. USA. Parasites & Vectors **6**:366, 2013

19. Coles TB, Dryden MW. A review of insecticide/acaricide resistance in fleas and ticks infesting dogs and cats. Parasites & Vectors 7:8 2014.

20. Dryden, MW. Spotlight on Research: How residual speed of kill affects flea control in dogs and cats. Vet Med 109(7):1-4,2014.

RESEARCH GRANTS AND GIFTS:

- **$6.9 million in Grants, Gifts & Education Contracts 1990 – 2014;** list of grants available upon request

INVITED LECTURES & PAPERS PRESENTED AT SCIENTIFIC CONFERNCES:

Presented >1,000 invited lectures and seminars concerning the biology and control of fleas and ticks on dogs and cats and the diagnosis, epidemiology and control of internal and external parasites of dogs and cats at numerous International, National, Regional or State scientific conferences and veterinary continuing education meetings. Also, have authors or co-authored >100 presentations at scientific conferences.

Attachment 4 – CEPH Proposed Curricular Criteria Revisions

C1. MPH Foundational Skills

MPH1 graduates demonstrate the following skills. These skills are attained in the context of foundational content areas as described in Criterion C4.
Footnote 1 Throughout this document, the term "MPH degree" also includes any other master's degrees for which the program intends to prepare public health practitioners (previously referred to as "equivalent professional degrees").

The program demonstrates at least one specific, required assessment activity (eg, paper, presentation, test) for each area below, during which faculty or other qualified individuals (eg, preceptors) validate the student's ability to perform the skills.

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 program must assess *all* MPH students, at least once, on each of the skills below. This requirement also applies to students completing an MPH in combination with another degree (eg, joint, dual, concurrent degrees).

Assessment may occur in simulations, group projects, etc. While application of skills in a setting that approximates post-graduate practice can be useful, the program may assess a student's ability to manage grant funding, for example, without using an actual grant.

Data and Analysis
  a. **Implement data collection strategies, from the planning phase through data collection**
  b. **Identify appropriate data sources and sets for the purpose of describing a public health problem**
  c. **Analyze public health data sets**
  d. **Apply evidence-based reasoning to address a public health issue**
  e. **Evaluate a scholarly article, including data sources and methodology**

Communication
  f. **Identify strategies for communicating a public health issue to various audiences, including stakeholders at all levels**
  g. **Communicate public health content to the general public through various means, including social media**
  h. **Write technical or professional papers on public health issues**
  i. **Deliver oral presentations on public health issues to various audiences, including stakeholders at all levels**

Professionalism
  j. **Explain the role of a public health professional to various audiences, stakeholders and other professionals**
  k. **Perform effectively on teams and in different team roles in a variety of settings**

Systems Thinking
  l. **Apply systems thinking tools such as concept mapping, outcome mapping and social network analysis to a public health issue**

Attachment 4 – CEPH Proposed Curricular Criteria Revisions

Program Planning, Management and Evaluation
  m. Plan a population-based project, program or intervention, including defining populations and assessing and prioritizing their needs
  n. Develop a grant proposal for a public health project, program or intervention, including developing a budget
  o. Implement a population-based project, program or intervention, including addressing management and human resource concerns
  p. Manage grant funding, including required reporting
  q. Evaluate the success of a population-based project, program or intervention
  r. Use continuous quality improvement principles

Health Systems
  s. Explain the US health care2 and public health systems, including access issues, financial issues and the systems interactions that affect population health
  t. Compare health care and public health systems from different global settings
  Footnote 2 For institutions located outside the US, the program may substitute its home nation or region depending on the goals and population served of the program.

Policy and Advocacy
  u. Explain the public health policy-making process, including the role of stakeholders and public and private entities
  v. Evaluate public health policies and their intentional and unintentional effects on populations
  w. Advocate for public health policies, including identifying, collaborating and negotiating with individual stakeholders and public and private entities

Cultural Competency
  x. Engage respectfully with people of various cultures and socioeconomic strata

Required Documentation:

1) A list of the coursework and other learning experiences required for the program's MPH degrees, including the required curriculum for each concentration and combined degree option in the format of Template C1-1. (self-study document)

2) A matrix, in the format of Template C1-2, that indicates the assessment activity for each of the foundational skills listed above (a-x). Typically, the program will present a separate matrix for each concentration and each combined degree option that includes the MPH. (self-study document)

3) The most recent syllabus from each course listed in Template C1-1, or written guidelines for any required elements listed in Template C1-1 that do not have a syllabus. (electronic resource file)

4) Official documentation of the required components and total length of the degree, in the form of an institutional catalog or online resource. Provide hyperlinks to documents if they are available, and include electronic copies of any documents that are not available online. (electronic resource file)

5) Plans for continuous improvement in this area. (self-study document)

Attachment 4 – CEPH Proposed Curricular Criteria Revisions

C2. DrPH Foundational Skills

DrPH graduates demonstrate the following skills. These skills are attained in the context of foundational content areas as described in Criterion C4.

The program demonstrates at least one specific, required assessment activity (eg, paper, presentation, test) for each area below, during which faculty or other qualified individuals (eg, preceptors) validate the student's ability to perform the skills.

Assessment opportunities may occur in foundational courses that are common to all students, in courses that are required for a specialization or in other educational requirements outside of designated coursework, but the program must assess *all* DrPH students, regardless of concentration, at least once on each of the skills below.

Assessment may occur in simulations, group projects, etc. While application of skills in a setting that approximates post-graduate practice can be useful, the program may assess a student's ability to manage grant funding, for example, without using an actual grant.

Data and Analysis
   a. Synthesize evidence from multiple sources
   b. Apply appropriate research methods
   c. Disseminate scholarly work through various channels

Communication
   d. Translate and communicate public health knowledge to diverse audiences

Systems Thinking
   e. Use systems thinking frameworks to analyze and address public health issues

Program Planning, Management and Evaluation
   f. Design programs and interventions
   g. Apply assessment, monitoring and evaluation methods

Health Systems
   h. Assess the impact of health systems on population health outcomes

Policy and Analysis
   i. Develop public health policies
   j. Develop strategies for policy making and advocacy
   k. Analyze the impact of policies that impact population health outcomes

Cultural Competency
   l. Demonstrate cultural competency
   m. Apply strategies for fostering a diverse and inclusive work setting

Leadership and Management
   n. Manage resources, including fiscal, human and material
   o. Apply negotiation and consensus-building methods
   p. Design and lead organizational change
   q. Lead through strategic planning, guiding decision-making, fostering collaboration, inspiring trust and motivating others
   r. Lead continuous quality improvement efforts 148

Education and Pedagogy
   s. Design and deliver educational experiences that promote learning in academic, organizational and community settings
   t. Use innovative modalities for best pedagogical practices

Attachment 4 – CEPH Proposed Curricular Criteria Revisions

Required Documentation:

1) A list of the coursework and other learning experiences required for the program's DrPH degrees, including the required curriculum for each concentration, in the format of Template C1-1. (self-study document)

2) A matrix, in the format of Template C2-1, that indicates the assessment activity for each of the foundational skills listed above (a-t). Typically, the program will present a separate matrix for each concentration and each combined degree option that includes the DrPH. (self-study document)

3) The most recent syllabus from each course listed in Template C1-1, or written guidelines for any required elements listed in Template C1-1 that do not have a syllabus. (electronic resource file)

4) Official documentation of the required components and total length of the degree, in the form of an institutional catalog or online resource. Provide hyperlinks to documents if they are available, and include electronic copies of any documents that are not available online. (electronic resource file)

5) Plans for continuous improvement in this area. (self-study document)

Attachment 4 – CEPH Proposed Curricular Criteria Revisions

C3. Additional Professional Skills

MPH and DrPH graduates attain specific skills in addition to the foundational skills listed in Criteria C1 and C2. These skills relate to the program's mission and/or to the area(s) of concentration.

The program defines at least five distinct skills for each concentration or generalist degree in addition to those listed in Criterion C1 or C2.

For generalist MPH or DrPH degrees, the list of skills may expand on or enhance foundational skills, but the program must define a specific set of statements that defines the depth or enhancement. It is not sufficient for generalist programs to refer to the skills in Criterion C1 or C2 as a response to this criterion.

Students in combined degree programs (eg, joint, dual, concurrent degrees) may either complete the set of skills associated with one of the existing concentrations or generalist degrees, or they may identify unique sets of public health skills that apply to the combined degree program.

The program demonstrates at least one specific, required assessment activity (eg, paper, presentation, test) for each defined skill, during which faculty or other qualified individuals (eg, preceptors) validate the student's ability to perform the skill(s).

Since this criterion defines skills beyond the foundational skills required of all MPH and DrPH students, assessment opportunities typically occur in courses that are required for a concentration or in courses that build on those intended to address foundational knowledge.

Assessment may occur in simulations, group projects, etc. While application of skills in a setting that approximates post-graduate practice can be useful, the program may assess a student's ability to manage grant funding, for example, without using an actual grant.

Required Documentation:

1) A matrix, in the format of Template C3-1, that lists at least five skills in addition to those defined in Criterion C1 or C2 for each MPH or DrPH concentration or generalist degree, including combined degree options, and indicates at least one assessment activity for each of the listed skills. Typically, the program will present a separate matrix for each concentration. (self-study document)

2) For generalist or other degrees that allow students to tailor competencies at an individual level, the program must present evidence, including policies and sample documents, that it creates a matrix in the format of Template C3-1 for each student. Include a description of policies in the self-study document and at least five sample matrices in the electronic resource file.

3) The most recent syllabus for each course listed in Template C3-1, or written guidelines for any required elements listed in Template C3-1 that do not have a syllabus. (electronic resource file)

4) Plans for continuous improvement in this area. (self-study document)

Attachment 4 – CEPH Proposed Curricular Criteria Revisions

C4. MPH and DrPH Foundational Content

MPH and DrPH graduates attain skills in the context of the following content areas.

The program identifies at least one required experience that substantively addresses the following topics. There is no expectation that there be one course for each topic area listed below.

The program may address the topics 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 program must ensure coverage for *all* MPH and DrPH students, regardless of concentration, of all of the content areas below. This requirement also applies to students completing an MPH in combination with another degree (eg, joint, dual, concurrent degrees).

- a. **History of public health, including evolution of the health system and its medical care and public health components**
- b. **Public health philosophy and values**
- c. **Core functions of public health and the 10 Essential Services**
- d. **Principles of team development and roles and practices of effective teams**
- e. **Roles and responsibilities of other health-related professionals and the relationships between various health-related professions**
- f. **Principles of effective leadership, including fostering collaboration, guiding decision making and motivating others**
- g. **Concepts of surveillance, screening, immunity and risk factors**
- h. **Population-based study design**
- i. **Evidence-based decision making**
- j. **Informatics systems in public health**
- k. **Effects of biological, physical and chemical elements on disease processes**
- l. **Environmental factors that impact human health**
- m. **Social determinants: socio-economic and cultural factors that impact human health**
- n. **Behavioral factors that impact human health**
- o. **Globalization and global burden of disease**
- p. **Sustainable development and its relationship to population health**
- q. **Health inequities and strategies for addressing them**
- r. **Structure and function of public health and health care systems**
- s. **Roles, influences and responsibilities of various branches and agencies of government, with regard to public health**
- t. **Legal and regulatory concepts in health care and public health policy**
- u. **Ethical concepts in health care and public health policy**
- v. **Economic concepts in health care and public health policy**

Required Documentation:

1) A matrix in the format of Template C4-1 that indicates the required learning experiences that provide exposure to each of the required concepts (a-v). Typically, the program will present a separate matrix for each MPH and DrPH concentration and each combined degree option that includes the MPH. (self-study document)

2) The most recent syllabus for any course listed in Template C4-1, or written guidelines for any required elements that do not have a syllabus. (electronic resource file)

3) Plans for continuous improvement in this area (self-study document).

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C5. MPH and DrPH Professional Disposition

MPH and DrPH graduates exhibit professional disposition through commitment to the following:

    a. Advancing the profession of public health
    b. Excellence in ongoing professional development
    c. Collegiality in professional and academic public health settings
    d. Serving the public good
    e. Application of ethical principles to practice
    f. Advancing concepts of diversity, equity and inclusion through public health practice

The program identifies at least one required curricular or co-curricular experience that substantively addresses each aspect of professional disposition. This requirement also applies to students completing an MPH in combination with another degree (eg, joint, dual, concurrent degrees).

Required Documentation:

1) A matrix in the format of Template C5-1 that indicates the required learning experiences that provide exposure to each of the required concepts (a-f). Typically, the program will present a separate matrix for each MPH and DrPH concentration and each combined degree option that includes the MPH. (self-study document)

2) Documentation (syllabus, agenda, etc.) for each curricular or co-curricular experience listed in Template C5-1. (electronic resource file)

3) Plans for continuous improvement in this area. (self-study document)

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C6. MPH Application and Practice

MPH students apply skills and knowledge in appropriate sites outside of academic and classroom settings.

Opportunities may be concentrated in time (eg, a required practicum or internship completed during a summer or academic term) or may be spread throughout a student's enrollment. Opportunities may be the following:

- **course-based (eg, 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)**
- **linked to service learning, as defined by the university**
- **co-curricular (eg, service and volunteer opportunities, such as those organized by a student association)**
- **for credit or not-for-credit**

The program identifies a minimum of five foundational skills (as defined in Criterion C1) that are reinforced and/or assessed through application in a non-classroom setting. Sites may include governmental, non-governmental, non-profit, industrial and for-profit settings. The program identifies sites in a manner that is sensitive to the needs of the agencies or organizations involved. When possible, sites benefit from students' experiences.

The five foundational skills need not be identical from student to student, but the program must be structured to ensure that all students complete experiences addressing at least five foundational skills. The applied experiences may also address concentration-specific skills.

Students document skill attainment in a portfolio format. The portfolio contains artifacts, personal reflections and analyses that document students' demonstration of at least five foundational skills through application in a practice-based setting outside of academia. The artifacts and experiences may originate from multiple experiences (eg, applied community-based courses and service learning courses throughout the curriculum) or a single, intensive experience (eg, 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 a portfolio demonstrating individual contribution to the activity.

The program structures applied experience requirements to support the program's mission and students' career goals, to the extent possible.

Required Documentation:

1) A detailed overview of the manner by which the program ensures that all MPH students 360 document application of at least five foundational skills. (self-study document)

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

3) Samples of portfolios for each concentration or generalist degree. The sample must also include portfolios from students completing combined degree programs, if applicable. The program must provide at least five samples produced in the last three years for each concentration or generalist degree. If the program has not produced five samples for each, note this and provide all available samples. (electronic resource file)

4) Plans for continuous improvement in this area. (self-study document)

Attachment 4 – CEPH Proposed Curricular Criteria Revisions

C7. DrPH Application and Practice

DrPH students complete an applied field experience in which students are responsible for the completion of at least one project that is meaningful for an external organization and meaningful to advanced public health practice. The work product may be a single project or a set of related projects that demonstrate a depth of skills.

External organizations may include governmental, non-governmental, non-profit, industrial and for-profit settings. The program identifies sites in a manner that is sensitive to the needs of the agencies or organizations involved. Sites should benefit from students' experiences.

DrPH programs ensure that graduates have significant practical experiences collaborating with practitioners, allowing opportunities to develop leadership skills and contribute to the field. The program identifies a minimum of five skills (as defined in Criteria C2 and C3) that are reinforced and/or assessed through application in a non-classroom setting. Skills may differ from student to student.

This criterion does not define a minimum number of hours for application and practice, but it does require the program to identify substantive, quality opportunities that address the identified skills.

Required Documentation:

1) A matrix, in the format of Template C7-1, that lists at least five skills, as defined in Criteria C2 and C3, and indexes each to a required opportunity for application or practice outside of an academic setting. (self-study document)

Typically, the program will present a separate matrix for each DrPH concentration.

For programs of study that allow individual students to choose skills to practice, the program must present evidence, including policies and sample documents, that it creates a matrix in the format of Template C7-1 for each student. Include a description of policies in the self-study document and at least five sample matrices in the electronic resource file.

2) An explanation, with references to specific deliverables or other requirements, of the manner through which the program ensures that the applied field experience requires students to demonstrate leadership skills. (self-study document)

3) Plans for continuous improvement in this area. (self-study document)

C8. MPH Integrative Experience

MPH students complete an integrative experience that demonstrates the following:

a. **Synthesis of foundational and concentration skills, including the following:**

1. **at least one aspect of professional disposition (see criterion C5)**
2. **at least one skill related to communications (see criterion C1)**
3. **at least three skills related to the student's concentration or generalist degree (see criterion C3)**

b. **Ability to use and apply technology, as appropriate, to degree objectives**

c. **Critical thinking skills**

d. **Problem solving skills**

The integrative experience is completed at or near the end of the program of study (eg, in the final year or term). It may take the form of a practice-based project, essay-based comprehensive exam, capstone course, integrative seminar, etc. The experience may be group-based or individual. In group-based experiences, the program demonstrates that the experience provides opportunities for individualized assessment.

During the integrative experience, the student produces, at a minimum, a high-quality written product that is appropriate for the student's degree objectives. Written products might include the following: program evaluation report, training manual, policy statement, legislative testimony with accompanying supporting research, etc. When appropriate, the written product is developed and delivered in a manner that is useful to external stakeholders, such as non-profit or governmental organizations.

The program identifies specific policies, procedures and expected deliverables.

The program identifies assessment methods that ensure that a faculty member assesses each student's performance in the integrative experience and ensures that the experience meets the criteria listed above (a-d). Faculty assessment may be supplemented with assessments from other qualified individuals (eg, preceptors).

Required Documentation:

1) A list, in the format of Template C8-1, of the integrative experience for each MPH concentration, generalist degree or combined degree option that includes the MPH. The template also requires the program to indicate, for each experience, how it ensures that the experience requires demonstration of a-d, above. (self-study document)

2) A narrative that briefly summarizes the process, expectations and assessment for each integrative experience. (self-study document)

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

4) Documentation, including rubrics or guidelines, that explains the methods through which faculty and/or other qualified individuals assess the integrative experience. (electronic resource file)

5) Completed, graded samples of deliverables associated with each integrative experience option. The program must provide at least five samples from the last three years for each integrative experience option. If the program does not have five recent samples for an option, note this and provide all available samples. (electronic resource file)

6) Plans for continuous improvement in this area. (self-study document)

C9. DrPH Integrative Experience

DrPH candidates generate field-based products consistent with advanced practice designed to influence programs, policies or systems addressing population health. The products demonstrate the following:

    a) **Synthesis of foundational skills and other skills defined by the program, including the following:**

        a. **at least one aspect of professional disposition (see criterion C5)**
        b. **at least one foundational skill related to leadership (see criterion C2)**
        c. **at least one foundational skill related to communications (see criterion C2)**
        d. **at least three skills related to the student's concentration or generalist degree (see criterion C3)**

    b) **Critical thinking skills**

    c) **Problem solving skills**

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

The program identifies specific policies, procedures and expected deliverables.

Required Documentation:

1) A list, in the format of Template C8-1, of the integrative experience for each DrPH concentration or generalist degree. (self-study document)

2) A narrative that briefly summarizes the process, expectations and assessment for each integrative experience. (self-study document)

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

4) Documentation, including rubrics or guidelines, that explains the methods through which faculty and/or other qualified individuals assess the integrative experience. (electronic resource file)

5) Completed, graded samples of deliverables associated with each integrative experience option. The 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) Plans for continuous improvement in this area. (self-study document)

Attachment 4 – CEPH Proposed Curricular Criteria Revisions

C10. Public Health Bachelor's Degree Curriculum

a. The overall undergraduate curriculum (eg, general education, liberal learning, essential knowledge and skills, 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

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

- the history and philosophy of public health as well as its core values, concepts and functions across the globe and in society
- 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
- 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
- the underlying science of human health and disease, including opportunities for promoting and protecting health across the life course
- the socioeconomic, behavioral, biological, environmental and other factors that impact human health and contribute to health disparities
- the fundamental concepts and features of project implementation, including planning, assessment and evaluation
- the fundamental characteristics and organizational structures of the US health system as well as the differences between systems in other countries
- 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
- basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology

c. If the program intends to prepare students for a specific credential, the curriculum must also address the areas of instruction required for credential eligibility (eg, CHES).

d. Students must demonstrate the following skills:

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

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

Attachment 4 – CEPH Proposed Curricular Criteria Revisions

f. **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:**

- **advocacy for protection and promotion of the public's health at all levels of society**
- **community dynamics**
- **critical thinking and creativity**
- **cultural contexts in which public health professionals work**
- **ethical decision making as related to self and society**
- **independent work and a personal work ethic**
- **networking**
- **organizational dynamics**
- **professionalism**
- **research methods**
- **systems thinking**
- **teamwork and leadership**

Required Documentation:

1) A list of the coursework required for the program's degree(s), including the total number of credits required for degree completion. (self-study document)

2) Official documentation of the required components and total length of the degree, in the form of an institutional catalog or online resource. Provide hyperlinks to documents if they are available online, or include copies of any documents that are not available online. (electronic resource file)

3) A matrix, in the format of Template C10-1, that indicates the experience(s) that ensure that students are introduced to each of the domains indicated in Criterion C10a. Template C10-1 requires the program to identify the experiences that introduce each domain. (self-study document)

4) A matrix, in the format of Template C10-2, that indicates the experience(s) that ensure that students are exposed to each of the domains indicated in Criterion C10b. Template C10-2 requires the program to identify the experiences that introduce and reinforce each domain. (self-study document)

5) A matrix, in the format of Template C10-3, that indicates the experience(s) that ensure that students demonstrate skills in each of the domains indicated in Criterion C10d. Template C10-3 requires the program to identify the experiences that introduce and reinforce each domain. (self-study document)

6) A matrix, in the format of Template C10-4, that identifies the cumulative and experiential activities through which students have the opportunity to integrate, synthesize and apply knowledge as indicated in Criterion C10e. (self-study document)

7) A brief narrative description, in the format of Template C10-5, of the manner in which the curriculum and co-curricular experiences expose students to the concepts in Criterion C10f. (self-study document)

8) 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)

9) Examples of student work, including that related to the cumulative and experiential 648 activities. (electronic resource file)

10) A brief description of the means through which the program implements the cumulative experience and field exposure requirements. (self-study document)

11) 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)

12) Plans for continuous improvement in this area. (self-study document)

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C11. MPH Program Length

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

Programs use university definitions for credit hours.

Required Documentation:

1) Information about the minimum credit-hour requirements for all MPH degree options. If the program or 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) Definition of a credit with regard to classroom/contact hours. (self-study document)

C12. DrPH Program Length

The DrPH degree requires a minimum of 36 semester-credits of post-master's coursework or its equivalent. Credits associated with dissertation or other integrative project research do not count toward this requirement, nor do credits associated with the applied practice experience.

Programs use university definitions for credit hours.

Required Documentation:

1) Information about the minimum credit-hour requirements for all DrPH degree options. If the program or 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) Definition of a credit with regard to classroom/contact hours. (self-study document)

C13. Bachelor's Degree Program Length

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

Programs use university definitions for credit hours.

Required Documentation:

1) Information about the minimum credit-hour requirements for all public health bachelor's degree options. If the program or 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) Definition of a credit with regard to classroom/contact hours. (self-study document)

3) Information about the minimum credit-hour requirements for at least two similar bachelor's degree programs in the home institution. (self-study document)

C14. Distance Education

A degree program offered via distance education is a curriculum or course of study designated to be primarily 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 program and within the 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, IT and student services.

There is an ongoing effort to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate program improvements. Evaluation of student outcomes and of the learning model are especially important in institutions that offer distance learning but do not offer a comparable in-residence program.

The program has processes in place through which it establishes that the student who registers in a distance education course or degree is the same student who participates in and completes the course or degree and receives the academic credit. Student identity may be verified by using, at the option of the institution, methods such as a secure login and passcode; proctored examinations; and new or other technologies and practices that are effective in verifying student identity. The university notifies students in writing that it uses processes that protect student privacy and alerts students to any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.

Required Documentation:

1) Identification of all degree programs and/or majors that offer a curriculum or course of study that uses an internet-based course management system and may be combined with other modes of distance delivery, including audio or web-based conferencing, video, chat, etc., whether synchronous and/or asynchronous in nature. (self-study document)

2) Description of the distance education programs, including a) an explanation of the model or methods used, b) the program's rationale for offering these programs, c) the manner in which it provides necessary administrative, IT and student support services, d) the manner in which it monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the university, and e) the manner in which it evaluates the educational outcomes, as well as the format and methods. (self- study document)

3) Description of the processes that the university uses to verify that the student who registers in a distance education course or degree is the same student who participates

4) in and completes the course or degree and receives the academic credit. (self-study document)

5) Plans for continuous improvement in this area. (self-study document)

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Template C1-1

Template C1-1: Requirements for <mark>X degree, X Concentration</mark>		
Course number	**Course name***	**Credits (if applicable)**

*Also include any requirements for degree completion that are not associated with a course (eg, 25 hours of community service).

Attachment 4 – CEPH Proposed Curricular Criteria Revisions

Evolving perspectives on the unit of public health accreditation

What is the potential change that is proposed for discussion?
CEPH invites stakeholders to comment on the concept of modifying the current accreditation framework that allows accreditation in two categories: schools of public health and public health programs. A new framework would provide for accreditation in a single category: public health programs.

In this scenario, the organizational structure and reporting lines of a school of public health would no longer be a requirement. There would be no minimum required number of MPH concentrations or doctoral degrees. All accredited units (current schools and programs) would offer concentrations and degrees that align with their individual missions and resources.

How would this change impact currently accredited public health programs?
Currently accredited public health programs would see no change in their accreditation process. Self-study and site visit processes would continue to proceed in exactly the same manner as they do at present, with one self-study and one site visit every five to seven years, addressing the unit of accreditation as a whole. As with current procedures, the unit of accreditation would continue to include all MPH and DrPH degrees operating under a single governance structure. The topic of academic degrees in the unit of accreditation will be addressed in greater detail below.

How would this change impact currently accredited schools of public health?
Currently accredited schools would shift to a programmatic approach to accreditation. Currently accredited schools would define a unit of accreditation that includes the MPH and DrPH, as well as any public health bachelor's degrees. The accreditation review would focus on those degree programs only.

Non-public-health degrees would not be included in the accreditation review. Non-practice-focused public health degrees, such as MS and PhD degrees, could be included in the programmatic review as well, if the field wishes for the programmatic framework to include them. The topic of academic degrees will be addressed in greater detail below.

Why is CEPH considering a new framework?
1. The distinction between schools and programs has become increasingly difficult for many stakeholders to discern. Historically, only accredited schools were eligible for membership in the organization now known as the Association of Schools and Programs in Public Health (ASPPH), but ASPPH's membership now includes over 40 program members, in addition to the 52 accredited school members. Historically, schools employed more faculty and enrolled more students than programs, but the current array of accredited institutions includes some larger programs and smaller schools that do not align with those assumptions. CEPH's qualitative experience responding to years of public inquiries suggests that the distinction between schools and programs is not well-understood by prospective students or employers of public health graduates.

2. During the criteria revision process, CEPH seeks opportunities to better support and foster innovation and change in public health higher education. With a shift to programmatic accreditation, schools and programs would be able to focus their resources on their areas of strength rather than on set knowledge areas mandated by the criteria. Schools and programs would be able to offer the degrees and concentrations that are most in demand within the populations they are serving. This flexibility would facilitate the opportunity for developing areas of excellence, rather than focusing on the size and scope of the accredited unit.

3. Universities are increasingly creating organizational structures that emphasize interdisciplinary work. One manifestation is the growth of structures that situate other professional programs in schools or colleges of public health (eg, professional psychology, physical therapy, kinesiology, social work, etc.). Most of these

disciplines have their own professional accreditation bodies to which they must respond. Accrediting schools as a unit requires that CEPH review these other degrees, and this is not our area of expertise.

4. At the outset of the criteria revision process, CEPH agreed in principle to focus revisions on student learning and success in public health. CEPH has a 30+ year history of accrediting both schools and programs. Over this time, no evidence has amassed suggesting that student outcomes by degree type are better or different based on the organizational setting.

5. Public health is increasingly global. Many US-based institutions partner with universities around the world, and universities outside the US continue to explore CEPH accreditation. The terms "school" and "program," as distinct accreditation categories are not meaningful in global settings, and they often present considerable confusion to non-US-based stakeholders.

6. No other specialized accrediting agency uses a two-category approach to accreditation. In fields such as medicine and nursing, the agency defines a specific unit of accreditation: the MD program, the BSN and MSN, etc. These agencies do not accredit the school of nursing or medicine as an entity. Their reviews focus solely on the quality of the defined professional degree programs and do not look at other degrees that may be housed in the same organizational unit.

What are the implications of programmatic accreditation for public health academic degrees, such as MS and PhD?

CEPH is a specialized and professional accreditor, meaning that all graduate professional degrees (the MPH and the DrPH, in particular) must be included in a unit of accreditation in this model. Undergraduate public health degrees can be included in the unit, as well. Inclusion of academic public health degrees (eg, PhD, ScD) in the accreditation process is an area that needs further discussion.

CEPH's current accreditation criteria provide only very broad standards of review for academic degrees. At present, the only criteria that guide MS and PhD degrees require a broad introduction to public health and an introduction to epidemiology. Current criteria also require that such degrees be guided by defined learning outcomes (competencies) and require a culminating experience (typically required by university guidelines).

What types of feedback is CEPH seeking?

It is important to remember that no proposed change will be adopted by CEPH without thorough vetting from both academics and practitioners in the field. CEPH intends to fully investigate the opportunities and ramifications of changing frameworks before any final decision is made.

CEPH seeks information on the following:

- What opportunities would be associated with a move to programmatic accreditation for public health higher education?

- What would be lost with a move to programmatic accreditation?

- What are some unanticipated effects that could be associated with such a change?