



FRAMING THE FUTURE
The Second 100 Years of Education for Public Health
Convened by **ASPPH**

DrPH for the 21st Century

November 5, 2014
FINAL REPORT

ASPPH ASSOCIATION OF
SCHOOLS & PROGRAMS
OF PUBLIC HEALTH

The Framing the Future Task Force was created by the Association of Schools and Programs of Public Health (ASPPH) to examine the future of education in public health 100 years after publication of the Welch-Rose Report in 1915. The Task Force in turn convened several panels to address different degrees and levels of educational programs in public health.

In January 2014, the Doctor of Public Health (DrPH) Expert Panel was formed to consider the degree in light of changes in the field since ASPPH produced the [DrPH Core Competency Model](#) in 2009. The panel issued a draft report in June 2014 that was strongly endorsed by stakeholders and revised into the current version in September 2014. The report is organized into three sections: Key Considerations, Design Elements, and Critical Content. Each section contains a set of assertions intended to guide the DrPH program evolution in the 21st century model of education in public health at the professional doctoral level.

The panel based their work on the premise that the degree will continue to grow in value and enrollment during the 21st century as health systems increasingly focus on population health approaches to improve health outcomes and lower health care costs. The panel's vision for the 21st century DrPH graduate is that of a transformative leader with expertise in evidence-based public health practice and research who is able to convene diverse partners, communicate to effect change across a range of sectors and settings, synthesize findings, and generate practice-based evidence, when needed.

Those with a Doctor of Philosophy (PhD), in contrast to the DrPH, may exhibit proficiency in narrower lines of research and often with different types of research methods. While many PhD recipients opt to enter academic careers, it is natural that DrPH recipients also work in academe where there is a need to educate the anticipated growing enrollments in undergraduate and graduate programs, and/or develop the public health workforce.

All doctoral programs should be based on the premise that a substantial proportion of graduates will fill educational roles at some point in their careers. Thus, irrespective of degree, all doctoral students should be exposed to the pedagogy of teaching and education; understand how educational methods, content, and strategies should be influenced by characteristics of learners, subject matter, and context; experience an opportunity to develop skills in curriculum design, teaching strategies and methods, and assessment of learners; and receive feedback about their performance to improve their abilities.

Regarding the Critical Content recommendations, the panel expects that students will not become necessarily proficient at a high level in all areas during their course of study, but that DrPH programs provide students with a sufficient foundation in the listed content areas to grow in competence as their careers progress.

Key Considerations

- DrPH graduates should be prepared for evidence-based practice, generation of practice-based evidence, and leadership positions that apply and synthesize translational and implementation science findings in governmental, non-profit, and private-sector settings as well as teaching, research, and service in academic roles at the undergraduate or graduate level.
- DrPH graduates should demonstrate the ability to generate products that discover, apply, and synthesize evidence from a broad range of disciplines and health-related data sources, in order to advance programs, policies, or systems addressing population health. Learning products may be created in a range of formats.

- DrPH graduates should be prepared to lead in increasingly interdisciplinary, interprofessional, and cross-sectoral roles and settings.
- The expectations for DrPH educational programs should be comparable to those for academic degree doctoral programs in reflecting a rigorous curriculum and credit hours of study.
- DrPH programs should be innovative, current, and proactive to adapt to the ever-changing public health systems and health care landscape.
- DrPH programs should include a core, interdisciplinary orientation toward evidence-based public health practice, leadership, policy analysis and development, evaluation methods, and translational and implementation research to generate practice-based evidence.
- DrPH programs should provide a framework for graduates to work in a global context, recognizing the relationships among domestic and global issues.

Design Elements

- The DrPH degree should require, as a prerequisite, either completion of an MPH from an accredited school/program or completion of an equivalent degree which includes similar core MPH coursework. Students with exceptional experience who lack an MPH or comparable coursework may be accepted provisionally based on concurrent completion or completion prior to beginning DrPH coursework of either the MPH (or equivalent degree) from an accredited school/program or all MPH core courses.
- DrPH competencies should articulate with those at the MPH and bachelor's levels and should have a high level of complexity and an advanced level of competency for practice.
- Beyond the MPH, equivalent degree or other prerequisite MPH core requirements, the minimum number of credit hours for a DrPH degree should include total credit hours appropriate for an academically rigorous professional doctoral degree and for assuring acquisition of DrPH Critical Content (outlined later in this report).
- The DrPH degree should be based on a rigorous, structured, and carefully sequenced curriculum, while still allowing for flexibility in *how* the curriculum is offered.
- The common element addressed in all DrPH degrees should be a professionally-oriented and competency-based curriculum with core competency domains.
- The DrPH degree should have distinct and defined learning objectives and a delineation of associated competencies for the coursework, the practice experience, and the learning product.
- All DrPH educational programs should provide a broad interdisciplinary focus on areas indicated in the Critical Content (outlined later in this report) and may also offer concentration areas.

- A distinguishing feature of the DrPH should be a mandatory practice experience in which students are fully responsible for the development of proposals and completion of a project that is meaningful for the organization and to advanced public health practice.
- DrPH programs should ensure that graduates have significant practical experiences collaborating with senior practitioners and researchers in a variety of practice and/or academic settings, allowing opportunities to observe, to engage in policy analysis and development, and to develop leadership and research competencies.
- The practice experience(s) should also require collaboration with senior practitioners, researchers, community leaders, community members, and/or other stakeholders in achieving the student's applied learning goals.
- DrPH programs should incorporate competencies to enable graduates to interpret research methodology and produce practice-based evidence for manuscripts and other learning products.
- DrPH programs should provide students with opportunities to achieve competencies in the full range of academic roles, including research, teaching, and service.

Critical Content

- The impact of local, state, tribal, regional, national, and global trends, complexities, and interdependencies on health systems and the various factors that influence dynamic health situations and future population health outcomes
- Evidence-based methods and approaches to interventions at the individual, community, population, and system levels that promote population health, prevent disease across the life course, and reduce/eliminate health inequities
- Evidence-based policy development, analysis, and translation processes including, the role and impact of scientific information, legal and regulatory approaches and constraints, ethical issues, and varied stakeholder interests
- Community-based approaches for engaging practitioners and researchers with community leaders and partners and other stakeholders to improve community health and build capacity for further health improvement, particularly related to reducing health inequities in underserved communities
- Strategies for influencing the decisions of government, community, and institutional leaders using evidence-based knowledge, analysis, communication, negotiation, and consensus-building methods
- Communication strategies for disseminating both evidence-based practices and practice-based evidence on health policies and practices to diverse audiences to inform and influence individual and community behavior and organizational and community policies
- Communication with people and communities across the whole range of academic and health literacy levels

- Research drawn from multiple sources for the design of innovative approaches for creating or enhancing programs, policies, and systems that improve population health and create the evidence base for practice
- Research methods, emphasizing: evaluation and monitoring of health interventions, programs, policies, and systems; the range of qualitative and quantitative research designs; and survey research, observational research and other data collection and surveillance methods, particularly those at the community and population levels
- Data management, analysis, interpretation, and visualization for use in: intervention development, evaluation, and monitoring of health programs, policies, and systems; organizational decision-making; and strategic planning
- Foundations of organizational behavior, dynamics, design, and theories to develop effective organizations, and methods to diagnose and evaluate organizational problems and strengths
- Advancement of the profession, professional behavior, and the respectful consideration of colleagues' contributions
- Organizational and community leadership methods and skills, including using values clarification, developing a shared vision, conducting strategic planning, guiding decision-making, fostering collaboration, inspiring trust, and motivating others
- Teamwork and interprofessional practice that maintain a climate of mutual respect and shared values with a focus on building relationships and effective team dynamics in support of population health improvement
- Fiscally responsible strategic and operational management skills, including budget preparation and management and sound human resource practices
- Resource acquisition and portfolio development strategies, including the conceptualization, writing, and development of proposals, to initiate and support effective programming
- Characteristics of complex systems, the role and power of system stakeholders, system-level interventions, and systems thinking tools
- Human rights frameworks and principles as a foundation for ethical practices and decision making
- Ethical concepts and principles related to public health and the strategies for identification and analysis of ethical issues
- Applications of theories and principles of globalization and sustainable development that enhance population health in both global and domestic settings
- Applications of monitoring and evaluation frameworks to assess global and domestic programs, policies, and systems

DrPH Expert Panel

Panel Chair:

Jim Raczynski, PhD, Professor and Founding Dean, University of Arkansas for Medical Sciences Fay W. Boozman College of Public Health

Members:

- Michelle Renee Chyatte, DrPH, MPH, Assistant Professor, Northeast Ohio Medical University
- David Dyjack, DrPH, CIH, Associate Executive Director for Programs, NACCHO
- Paul Erwin, MD, MPH, Professor and Department Head, Tennessee Knoxville MPH Program
- John R. Finnegan, Jr., PhD, Professor and Dean, University of Minnesota School of Public Health
- Cynthia Harris, PhD, DABT, Director and Professor, Institute of Public Health, Florida A&M University Public Health Program
- Suzanne Havala Hobbs, DrPH, Clinical Professor and Director, Doctoral Program in Health Leadership, University of North Carolina Gillings School of Global Public Health *
- Laura Rasar King, MPH, MCHES, Executive Director, Council on Education for Public Health
- Richard S. Kurz, PhD, Dean, University of North Texas Health Science Center School of Public Health
- Laura Magaña Valladares, PhD, Associate Academic Dean, National Institute of Public Health of Mexico
- Jewel Mullen, MD, MPH, MPA, Commissioner, Connecticut Department of Health
- Donna J. Petersen, ScD, MHS, CPH, Senior Associate Vice President, USF Health, Dean, College of Public Health, and Professor of Global Health, University of South Florida (*ex officio member*)
- Barbara K. Rimer, DrPH, MPH, Dean, University of North Carolina Gillings School of Global Public Health
- Barry Sherman, PhD, Director, DrPH and Certificate Programs, University at Albany SUNY School of Public Health and Chair, ASPPH DrPH Program Directors
- Harrison C. Spencer, MD, MPH, CPH, President and CEO, Association of Schools and Programs of Public Health
- Deborah Viola, MBA, PhD, Director, Health Services Research and Data Analytics Center for Regional Healthcare Innovation Westchester Medical Center and Senior Lecturer, Doctoral Program, Department of Health Policy & Management, New York Medical College School of Health Sciences and Practice

- Liana Winett, DrPH, MPH, MCHES, Director, Oregon MPH Program – Oregon Health & Science University/Oregon State University/Portland State University

**served on the 2007-2009 DrPH panel and invited for continuity*