CEPH Draft Accreditation Criteria: 2/1/16

Introduction and Rationale – PLEASE READ

The Council's three major aims in this criteria revision process are as follow:

- Ensure the quality of public health education.
- Increase flexibility and opportunities for innovation.
- Simplify and reduce the accreditation reporting burden.

We welcome specific comments that help us achieve these aims.

The Council received and considered over 200 comments from more than 35 individuals and organizations in the "round 2" comment period. Many of the comments focused on similar areas. Based on the comments received, it appears that there is relative consensus on many of the criteria. In this draft:

- **Criteria that appear to require more discussion are printed in blue.**
- **Criteria on which there appears to be substantial agreement are printed in green.**
- **Tracked changes, in either type of criterion, appear in red.**

The Council suggests that this round, and subsequent rounds of comments, focus on the criteria printed in blue.

We will continue to accept comments on any component of the draft, in case criteria printed in green can benefit from additional insights.

Other notes on document format:

Notes that appear in *red italics* will be removed from the final version and are intended to provide context during the revision and comment process.

Criteria indicated with ▲ are required by the US Department of Education (USDE) as part of CEPH's recognition process as a specialized accreditor. In many cases, the USDE indicates that the criteria must address a given topic (eg, the criteria must address faculty qualifications) but does not prescribe specific requirements. The USDE requires that criteria address curriculum, but the symbol is not provided next to each curricular criterion, since many criteria act together to fulfill this requirement. In a limited number of cases, indicated with notes in red italics, the regulations dictate the content of the criterion.

The designation in parentheses following each criterion heading (eg, SPH and PHP) indicate the unit(s) for which each criterion is applicable. Some criteria apply only to SPH, as indicated.

The designation in parentheses following each documentation request (eg, self-study document) indicates where the information should appear.

New criterion		Relationship to current criteria
	Introduction	Replaces elements of Criterion 1.3
A	Organization & Decision Making	Replaces 1.4 & 1.5. Contains elements of 1.3
B	Mission & Evaluation	Replaces 1.1 & 1.2. Contains elements of 2.7
C	Resources	Replaces 1.6 & 1.7
D	Curriculum	Replaces 2.1-2.14
E	Faculty	Replaces 3.1, 4.1 & 4.2. Contains elements of 3.2.
F	Community Engagement	New: contains elements of the following: 1.1, 1.2, 1.8, 2.7 & 3.2 Replaces 3.3
G	Diversity	Replaces 1.8
H	Student Services	Replaces 4.3 & 4.4

The Council chose an approach that breaks each criterion into functional components for evaluation. This criteria document attempts to reduce the number of "compound" criteria, which assess multiple elements simultaneously. The result is a document with many criteria but a streamlined set of reporting requirements and increased clarity for each individual component. The Council believes that this increased clarity will assist schools and programs in focusing on specific areas for improvement and will aid reviewers and Councilors in providing specificity on issues identified during the review process.

Table of Contents

Introduction[1]

1) Description of institutional environment, which includes the following:

    a.   year institution was established and its type (eg, private, public, land-grant, etc.)

    b.   number of schools and colleges at the institution and the number of degrees offered by the institution at each level (bachelor's, master's, doctoral and professional preparation degrees)

    c.   number of university faculty, staff and students

    d.   brief statement of distinguishing university facts and characteristics

    e.   names of all accrediting bodies (other than CEPH) to which the institution responds. The list must include the regional accreditor for the university as well as all specialized accreditors to which any school, college or other organizational unit at the university responds. (list may be placed in the electronic resource file) ▲

    f.   brief history and evolution of public health program or school and related organizational elements, if applicable (eg, date founded, educational focus, other degrees offered, rationale for offering public health education in unit, etc.)

2) Organizational charts that clearly depict the following related to the school or program:

    a.   the school/program's internal organization, including the reporting lines to the dean/director

    b.   the relationship between the school/program and other academic units within the institution. For programs, ensure that the chart depicts all other academic offerings housed in the same organizational unit as the program. Organizational charts may include committee structure organization and reporting lines

    c.   the lines of authority from the school/program's leader to the institution's chief executive officer (president, chancellor, etc.), including intermediate levels (eg, reporting to the president through the provost)

3) An instructional matrix presenting all of the school or program's degree programs and areas of specialization, including bachelor's, master's and doctoral degrees, as appropriate.[2]

    The matrix must
- show undergraduate and graduate degrees
- distinguish between professional and academic degrees for all graduate public health degrees offered
- identify any public health degrees/concentrations that are offered in distance learning or executive formats.
- (SPH only) distinguish public health degrees from other degrees

    Non-degree programs, such as certificates or continuing education, should not be included in the matrix. (Follow Instructional Matrix template).

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[1] Required, but no compliance findings will be returned. This information serves as a summary to orient readers to the university and the SPH/PHP.

[2] SPH must report all degree programs housed in the school or college and should review the Degree Classification Key available on the CEPH website.

PHP should list only the degree programs within the unit of accreditation. Contact CEPH staff with questions about the unit of accreditation.

See "Definitions" at the end of this document for additional information.

A1. Organization and Administrative Processes (SPH and PHP)

The school or program demonstrates effective administrative processes that are sufficient to affirm its ability to fulfill its mission and goals and to conform to the conditions for accreditation.

The school or program establishes appropriate decision-making structures for all significant functions and designates appropriate committees or individuals for decision making and implementation.

School or program faculty have formal opportunities for input in decisions affecting the following:

- **degree requirements**
- **curriculum design**
- **student assessment policies and processes**
- **admissions policies and/or decisions**
- **faculty recruitment and promotion**
- **research and service activities**

The school or program ensures that faculty (including full-time and part-time faculty) regularly interact with their colleagues and are engaged in ways that benefit the instructional program (eg, participating in instructional workshops, engaging in program- or school-specific curriculum development and oversight).

Required documentation:

1) A list of the program or school's standing and significant ad hoc committees. For each, indicate the formula for membership (eg, two appointed faculty members from each concentration) and list the current membership. Identify student members.

   PHPs should generally focus the response on the specific committees that govern the unit of accreditation, not on departmental or school committees that oversee larger organizational units. (self-study document)

2) A brief description of which committee(s) or other responsible parties make decisions on each of the following areas and how the decisions are made:

   a. degree requirements
   b. curriculum design
   c. student assessment policies and processes
   d. admissions policies and/or decisions
   e. faculty recruitment and promotion
   f. research and service activities
   (self-study document)

3) A copy of the bylaws or other policy documents that determine the rights and obligations of administrators, faculty and students in governance of the program. (electronic resource file)

4) A brief description of how faculty contribute to decision making activities in the broader institutional setting, including a sample of faculty memberships and/or leadership positions on committees external to the unit of accreditation. (self-study document)

5) A description of how full-time and part-time faculty regularly interact with their colleagues (self-study document) and documentation of recent interactions, which may include minutes, attendee lists, etc. (electronic resource file)

6)   Assessment of strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

A2. Multi-Partner Schools and Programs (SPH and PHP—applicable ONLY if functioning as a "collaborative unit" as defined in CEPH procedures)

When a school or program is sponsored by more than one regionally-accredited institution and is operated as a single organizational unit, the school or program defines a clear and comprehensive set of organizational rights and responsibilities that address operational, curricular and resource issues. Memoranda of agreement or other similar documents outline all such rights and responsibilities.

The school or program has a single identified leader (dean or director) and a cohesive chain of authority for all decision making relevant to the educational program that culminates with this individual.

Required documentation:

1)   Description of the major rights and responsibilities of each participating institution. (self-study document)

2)   A copy of the formal written agreement that establishes the rights and obligations of the participating universities in regard to the program or school's operation. (electronic resource file)

3)   Description of the role and responsibilities of the identified leader. (self-study document)

4)   Assessment of strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

A3. Student Engagement (SPH and PHP)

Students have formal methods to participate in policy making and decision making within the program or school, and the school or program engages students as members on decision-making bodies whenever appropriate.

Required documentation:

1)   A description of student participation in policy making and decision making at the school or program level, including identification of all student members of program or school committees over the last three years, and student organizations involved in program or school governance, if relevant to this criterion. <u>Schools should focus this discussion on students in public health degree programs.</u> (self-study document)

2)   Assessment of strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

A4. Autonomy for Schools of Public Health (SPH only)

A school of public health operates at the highest level of organizational status and independence available within the university context. <u>If there are other relevant professional schools in the same university (eg, medicine, nursing, law, etc.), the school of public health shall have the same degree of independence accorded to those professional schools</u><s>The school of public health has</s>

3

154 ~~the same degree of independence accorded to other professional schools~~. **Independence and**
155 **status are viewed within the context of the institutional policies, procedures and practices.**

157 ~~In organizational structures that do not meet this requirement, the institution may pursue~~
158 ~~accreditation for a public health program, rather than a school of public health.~~

160 Required documentation:

162   1) Description of the school's reporting lines up to the institution's chief executive officer. (self-study
163   document)

165   2) Description of the reporting lines and levels of autonomy of other professional schools located in
166   the same institution and identification of any differences between the school of public health's
167   reporting lines/level of autonomy and those of other units. (self-study document)

169   3) Assessment of strengths and weaknesses related to this criterion and plans for improvement in
170   this area, if applicable. (self-study document)

173 **A5. Degree Offerings in Schools of Public Health (SPH only)[3]**

175 **A school of public health offers a~~t least one~~ professional public health master's degree (eg, MPH)**
176 **in at least three distinct concentrations (as defined by competencies in Criterion D4) and ~~at least~~**
177 **~~one~~ public health doctoral degree programs (academic or professional) in at least two**
178 **concentration areas~~public health~~. A school may offer more degrees ~~one~~ or ~~multiple~~ concentration**
179 **areas at either degree level.**

181 ~~Units of accreditation that do not offer both degree levels may pursue accreditation for a public~~
182 ~~health program, rather than a school of public health.~~

184 *Note: This revision reflects the consensus of the majority of comments received during round 2. The*
185 *second paragraph, above, was removed to avoid confusion, since there are multiple criteria, other than*
186 *this one, that specify the difference between schools and programs.*

188 *The language related to doctoral degrees is intended to suggest that any of the following would be*
189 *acceptable (as well as many other combinations): DrPH in general public health and PhD in*
190 *epidemiology; PhD with concentrations in epidemiology and environmental health; DrPH in health policy*
191 *and ScD in epidemiology; DrPH with concentrations in health policy and epidemiology; etc. The Council*
192 *welcomes suggestions for clarity, if the language proposed above could be improved.*

194 Required documentation:

196   1) Affirmation that the school offers ~~a~~ professional public health master's degree concentrations in at
197   least three areas and ~~a~~ public health doctoral degree programs of study in at least two areas~~in~~
198   ~~public health~~. (self-study document)

200   2) An official catalog or bulletin that lists the degrees offered by the school. (electronic resource file
201   or hyperlink in self-study document)
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[3] CEPH procedures indicate that all units of accreditation, including programs, must offer a professional public health master's degree to be eligible for accreditation. Accreditation as a school of public health requires satisfying all accreditation criteria applicable to programs as well as Criteria A4 and A5 and the school-specific faculty resource minimum defined in Criterion C2.

B1. Guiding Statements/Statement of Purpose (SPH and PHP)

The school or program defines a *vision* that describes how the community/world will be different if the school or program achieves its aims.

The school or program defines a *mission statement* that identifies what the school or program will accomplish operationally in its instructional, community engagement and scholarly activities. The mission may also define the school or program's setting or community and priority population(s).

The school or program defines *goals* that describe strategies to accomplish the defined mission.

The school or program defines a statement of *values* that informs stakeholders about its core principles, beliefs and priorities.

Together, the school or program's guiding statements must address instruction, scholarship and service and must:

- **define the ways in which the school or program plans to 1) advance the field of public health and 2) promote student success.**

- **may derive from the purposes of the parent institution but also reflect the school or program's own aspirations and respond to the needs of the school or program's intended service area(s).**

- **are sufficiently specific to allow the school or program to rationally allocate resources and to guide evaluation of outcomes.**

Required documentation:

1) A one- to three-page statement of purpose that, at a minimum, presents the school or program's vision, ~~values,~~ mission, ~~and~~ goals and values.

   This document may take the form of the executive summary of a strategic plan, or it may take other forms that are appropriate to support the school or program's ongoing efforts to advance public health and student success. (self-study document)

2) If applicable, a school- or program-specific strategic plan or other comparable document. (electronic resource file)

3) Assessment of strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

B2. Defining Evaluation Practices (SPH and PHP)

The school or program defines appropriate evaluation methods and measures that allow the school or program to determine its effectiveness in advancing its mission and goals. The evaluation plan is ongoing, systematic and well-documented. The chosen evaluation methods and measures must track the school or program's progress in 1) advancing the field of public health (addressing instruction, scholarship and service) and 2) promoting student success.

Required documentation:

1) An evaluation plan that, at a minimum, list~~s of~~ the school or program's evaluation measures, methods and parties responsible for review. See Template B2-1. (self-study document)

2)	A brief narrative description of how the chosen evaluation methods and measures track the school or program's progress in advancing the field of public health (including instruction, scholarship and service) and promoting student success. (self-study document)

3)	Evidence of implementation of the plan described in Template B2-1. Evidence may include reports or data summaries prepared for review, minutes of meetings at which results were discussed, etc. Evidence must document examination of progress and impact on both public health as a field and student success. (electronic resource file)

4)	Assessment of strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

B3. Graduation Rates (SPH and PHP) ▲

The school or program collects and analyzes graduation rate data for each public health degree offered (eg, BS, MPH, MS, PhD). [4]

The school or program achieves graduation rates of 70% or greater for bachelor's and master's degrees and 60% or greater for doctoral degrees.

Required documentation:

1)	Graduation rate data for each degree. See Template B3-1. (self-study document)

2)	Narrative explanation of the data presented above, including identification of factors contributing to any rates that do not meet this criterion's expectations and plans to address these factors. (self-study document)

3)	Assessment of strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

B4. Post-Graduation ~~Placement~~ Outcomes (SPH and PHP) ▲

The school or program collects and analyzes data on graduates' ~~placement rates in~~ employment or enrollment in further education, post-graduation, for each public health degree offered (eg, BS, MPH, MS, PhD) ~~at one year post-graduation~~. [4]

The goal is to collect data that accurately presents outcomes for graduates within approximately one year of graduation, since collecting data shortly before or at the exact time of graduation will result in underreporting of employment outcomes for individuals who begin their career search at graduation.

The school or program chooses methods that are explicitly designed to minimize the number of students with unknown outcomes. In many cases, these methods will require multiple data collection points. The school or program need not rely solely on self-report or survey data and should use all possible methods for collecting outcome data.

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[4] **SPH only**: For all degrees (eg, BS) in which the SPH offers a mix of public health concentrations and "other" concentrations, the SPH should present data ONLY for the public health concentrations. SPHs that include such "mixed" degrees should list the specific concentrations that are included in each data set. See "Definitions" at the end of this document and "Degree Classification Key," available on the CEPH website.

308 **The school or program achieves ~~placement~~ rates of 80% or greater <u>employment or enrollment in</u>**
309 **<u>further education</u> within ~~one year of graduation for all degree programs~~<u>the defined time period for</u>**
310 **<u>each degree</u>[5].**
311
312 *Note: The Council appreciates the comments from individuals involved in student services and data*
313 *tracking. This draft attempts to clarify that schools and programs can use timelines associated with other*
314 *institutionally-driven data collection processes (eg, NACE) if they wish. However, the Council concluded*
315 *that it is not interested in potentially sacrificing more rich data sets by prescribing a single approach for all*
316 *institutions, particularly given our experience with recent accreditation reviews, in which large schools and*
317 *programs have used mixed methods to produce employment/further education data on greater than 80%*
318 *of a given cohort. See Template B4-1 for additional information.*
319
320 Required documentation:
321
322   1) Data on post-graduation outcomes (employment or enrollment in additional education) for each
323   degree. See Template B4-1. (self-study document)
324
325   2) Narrative explanation of the data presented above, including identification of factors contributing
326   to any rates that do not meet this criterion's expectations <u>and plans to address these factors</u>.
327   (self-study document)
328
329   3) Assessment of strengths and weaknesses related to this criterion and plans for improvement in
330   this area, if applicable. (self-study document)
331
332
333 **B5. Alumni Perceptions of Curricular Effectiveness (SPH and PHP)**
334
335 **For each degree offered<u>[6]</u>, the school or program collects information on alumni perceptions of**
336 **their own success in achieving defined competencies and of their ability to apply these**
337 **competencies in their post-graduation placements.**
338
339 **The school or program defines qualitative and/or quantitative methods designed to maximize**
340 **response rates and provide useful information. Data from recent graduates <u>within the last five</u>**
341 **<u>years</u> are typically most useful, as distal graduates may not have completed the curriculum that is**
342 **currently offered.**
343
344 **The school or program documents and regularly examines its methodology as well as its**
345 **substantive outcomes to ensure useful data.**
346
347 Required documentation:
348
349   1) A summary of the findings on alumni self-assessment on success in achieving competencies and
350   ability to apply competencies after graduation. (self-study document)
351
352   2) Full documentation of the methodology and findings from alumni data collection. (electronic
353   resource file)
354
355   3) Assessment of strengths and weaknesses related to this criterion and plans for improvement in
356   this area, if applicable. (self-study document)
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[5] **SPH only**: See footnote 4.

[6] **SPH only**: See footnote ~~6~~4.

B6. Use of Evaluation Data (SPH and PHP)

The school or program engages in regular, substantive review of all evaluation findings, as well as strategic discussions about the implications of evaluation findings. The school or program implements an explicit process for translating evaluation findings into programmatic plans and changes and provides evidence of changes implemented based on evaluation findings.

Required documentation:

1) A narrative description of how the school or program uses evaluation results to shape future actions and strategies. Explain the role of the dean, department chair or program director and other key faculty or staff in translating evaluation findings into action. (self-study document)

2) Two to four specific examples of programmatic changes undertaken based on evaluation results. For each example, describe the specific evaluation finding and the groups or individuals responsible for determining the planned change, as well as identifying the change itself. (self-study document)

3) Documentation and/or narrative relating to programmatic changes undertaken based on evaluation results. Documentation may include meeting minutes, reports prepared for committees, etc. (electronic resource file)

4) Assessment of strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

C1. Fiscal Resources (**SPH and PHP**) ▲

The school or program has financial resources adequate to fulfill its stated mission and goals. Financial support is adequate to sustain all core functions, including offering coursework and other elements necessary to support the full array of degrees and ongoing operations.

Required documentation:

1) Description of the school or program's budget processes, including all sources of funding. This description addresses the following, as applicable:

   a) Provide a general description of how the school or program pays for faculty salaries. For example, are faculty salaries fully guaranteed, or are faculty expected to raise funds to support salaries? If this varies by individual or appointment type, indicate this and provide examples. For programs, if faculty's salaries are paid by an entity other than the program (such as a department or college), explain.

   b) Provide a general description of how the school or program requests and/or obtains additional faculty or staff (additional = not replacements for individuals who left). If multiple models are possible, indicate this and provide examples.

   c) Provide a description of how the school or program funds the following:
      a. operational costs (schools and programs define "operational" in their own contexts; definition must be included in response)
      b. student support, including scholarships, support for student conference travel, support for student activities, etc.
      c. faculty development expenses, including travel support. If this varies by individual or appointment type, indicate this and provide examples.

   d) In general terms, describe how the school or program requests and/or obtains additional funds for operational costs, student support and faculty development expenses.

   e) Explain how tuition and fees paid by students are returned to the school or program. If the school or program receives a share rather than the full amount, explain, in general terms, how the share returned is determined. If the school or program's funding is allocated in a way that does not bear a relationship to tuition and fees generated, indicate this and explain.

   f) Explain how indirect costs associated with grants and contracts are returned to the school or program and/or individual faculty members. If the school or program and its faculty do not receive funding through this mechanism, explain.

   If the school or program is a multi-partner accredited unit sponsored by two or more universities, the responses must make clear the financial contributions of each sponsoring university to the overall program budget. The description must explain how tuition and other income is shared, including indirect cost returns for research generated by public health school or program faculty appointed at any institution.

   (self-study document)

2) A clearly formulated school or program budget statement in the format of Template C1-1, showing sources of all available funds and expenditures by major categories, for the last five years.

   PHP only: If a program does not typically have a separate budget, it must present one of the following:

439 • A budget statement for the organizational unit that houses the program's budget in the
440 format of Template C1-1 AND an accompanying table, also in Template C1-1 format, that
441 estimates program income and expenditures, line by line, with accompanying narrative
442 explaining the basis for the estimate (eg, approximately 20% of the department's salary
443 funds support the program).

445 • A table that accurately depicts the funding controlled by the program. For example, if the
446 program's only direct allocation is funds for operations and student support, the budget
447 table would address those categories only. A narrative must accompany the table and
448 explain the reasoning for including/excluding categories of income and expenditures.

450 If the PHP is a multi-partner accredited unit sponsored by two or more universities, the budget
451 statement must make clear the financial contributions of each sponsoring university to the overall
452 program budget. (self-study document)

454 3) Assessment of strengths and weaknesses related to this criterion and plans for improvement in
455 this area, if applicable. (self-study document)

458 **C2. Faculty Resources (SPH and PHP) ▲**

460 **The school or program has adequate faculty, including primary instructional faculty and non-**
461 **primary instructional faculty, to fulfill its stated mission and goals. This support is adequate to**
462 **sustain all core functions, including offering coursework and advising students. The stability of**
463 **resources is a factor in evaluating resource adequacy.**

465 **Primary instructional faculty, as defined in these criteria, provide the basis for initial levels of**
466 **review of the adequacy of a school or program's resources.**

468 **This criterion employs a three-step review (outlined in C2-A through C2-C) in assessing adequacy**
469 **of faculty resources. See Figure C2-1 for a visual representation of the steps of analysis.**

471 **Definitions**

473 **For SPH only, primary instructional faculty are defined as follows. Primary instructional faculty**
474 **must meet BOTH requirements outlined below:**

476 • **Employed full-time as faculty members appointed in the SPH (ie, 1.0 FTE in the unit of**
477 **accreditation). The school uses the university's definitions of "full-time" and "faculty."**
478 **Individuals appointed in the SPH with honorary appointments in other disciplines or**
479 **occasional teaching/advising duties outside the school may count as primary instructional**
480 **faculty member in some circumstances, but the primary expectation of the individual's**
481 **employment must be activities associated with the SPH.**

483 • **Have regular responsibility for instruction in the SPH's public health degree programs as a**
484 **component of employment. Individuals whose sole instructional responsibility is**
485 **mentoring individual doctoral or research students do not meet CEPH's definition of**
486 **primary instructional faculty, nor do faculty whose regular instructional responsibilities lie**
487 **with non-public health degrees within the SPH, if applicable.**

489 **For PHP only, primary instructional faculty are defined as follows. Primary instructional faculty**
490 **must meet ALL THREE requirements outlined below:**

492 • **Employed full-time as faculty members at the home institution/university. The PHP uses**
493 **the university's definitions of "full-time" and "faculty."**

495   • **Have regular responsibility for instruction in the PHP as a component of employment.**
496   **Individuals whose sole instructional responsibility is mentoring individual doctoral or**
497   **research students do not meet CEPH's definition of primary instructional faculty.**
498

499   • **Spend a majority of time/effort (.50 FTE or greater) on activities associated with the PHP,**
500   **including instruction. Research and service effort should also be included in the FTE**
501   **allocated to the program if the research or service projects impact the PHP and its**
502   **students. The program defines FTE allocations consistently and transparently and can**
503   **clearly account for all time, effort and instructional or other responsibilities spent on**
504   **degree programs outside the unit of accreditation.**
505

506

507 **C2-A. Minimum faculty requirement by accreditation unit (SPH and PHP)**
508

509 **SPH employ, at a minimum, 21 primary instructional faculty. Institutions with fewer than 21**
510 **primary instructional faculty are eligible for accreditation as public health programs.**
511

512 **PHP employ, at a minimum, three primary instructional faculty.**
513

514

515 **C2-B. Minimum faculty requirement by range of offerings (SPH and PHP)**
516

517 **Students' access to a range of intellectual perspectives and to breadth of thought in their chosen**
518 **fields of study is an important component of quality, as is faculty access to colleagues with**
519 **shared interests and expertise.**
520

521 **In order to provide this basic breadth and range and to assure quality, schools and programs**
522 **employ, at a minimum, three faculty members per concentration area and degree level offered.[7,8]**
523 **The~~is~~ requirement for three faculty per concentration and degree level includes the following:**
524

525   • ~~An identified concentration leader~~ **One discrete faculty member associated with the**
526   **concentration and degree level**
527   o   **This individual must be a primary instructional faculty member.**
528   o   **This individual must be qualified to provide instruction in the concentration area,**
529   **as defined in Criterion F1.**
530   o   **This individual may be identified as the discrete faculty member for only one**
531   **concentration and degree level. For example, the school must identify one discrete**
532   **faculty member for an MPH in epidemiology, a second discrete individual for the**
533   **PhD in epidemiology and a third discrete individual for a bachelor of science in**
534   **epidemiology.**
535

536   • **Two additional faculty providing instruction in the concentration area and degree level.**
537   **These individuals may be primary instructional faculty or non-primary instructional**
538   **faculty.**
539

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[7] See "Definitions" at the end of this document.

SPH only: This requirement applies solely to public health degrees and concentrations, as defined in the Instructional Matrix.

[8] "Generalist" is considered a concentration for these criteria's purposes, if offered as an option to students. Joint or dual degrees may be considered a concentration unto themselves OR students in a joint or dual program may pursue one of the school or program's concentrations that exist for other MPH students. The school or program must choose a consistent approach for each joint/dual degree.

540 ~~Faculty members may only be identified as the concentration leader for one concentration.~~
541 ~~Concentration leaders may count toward the minimum of three faculty per concentration for one~~
542 ~~additional concentration, in which they are not the leader.~~
543
544 Criterion E assesses an individual's qualifications vis-à-vis his or her ~~designation as the primary~~
545 ~~instructional faculty member or additional faculty member supporting an area~~ association with a
546 concentration and degree level.
547
548 In multi-partner schools and programs (ie, institutions responding to Criterion A2), faculty may be
549 drawn from any of the participating institutions to demonstrate compliance with this aspect of the
550 criteria.
551
552 *Note: The Council considered all comments received on this topic and, after extensive discussion, chose*
553 *to rephrase the request in a way that better expresses the original intent: to assure that expansion in*
554 *concentrations and degree levels includes corresponding increases in faculty resources. The intent has*
555 *never been to define specifications for leadership or supervision for given areas, as this is a function of*
556 *schools' and programs' governance structures.*
557
558 *The Council chose, in this version, to remove some of the granular specifications on double-counting.*
559 *Each concentration and degree level must have its own "discrete individual," but these same individuals*
560 *may be used to count toward the minimum of three in as many other areas as is appropriate. Similarly,*
561 *there are no numerical restrictions on the number of concentrations/degree levels a faculty member who*
562 *is not identified as a "discrete individual" may support.*
563
564 *The Council proceeded through a number of hypothetical scenarios and projections and concluded that,*
565 *in this facet of the criteria, peer-review mechanisms that consider each situation in context will be better*
566 *positioned to determine adequacy than a formula would be. The peer-review process, which includes*
567 *consideration of all of the elements in C2-C, below, will allow reviewers to determine when individuals*
568 *have been counted too many times or are not appropriate for association with a concentration or degree*
569 *level.*
570
571 *The Council is aware of the complexity and specificity of this criterion and is eager to balance the need to*
572 *define a "floor" of minimum expectations (ie, to support quality) with the appreciation for flexibility and for*
573 *institutions' autonomy.*
574
575 **C2-C. Faculty resource adequacy, beyond minimum eligibility (SPH and PHP)**
576
577 The size of the school or program's faculty complement is appropriate for the size of the student
578 body and supports and encourages effective, ~~and~~ regular and substantive student-faculty
579 interactions.
580
581 The school or program documents the adequacy of the faculty complement through multiple
582 quantitative and qualitative measures, including the following: advising ratios; availability of
583 faculty to supervise MPH integrative learning experiences and doctoral students' final projects;
584 and data on student perceptions of class size and faculty availability.
585
586 Required documentation:
587
588   1) A table depicting the school or program's primary instructional and non-primary instructional
589   faculty resources and the school or program's enrollment in each degree and concentration in the
590   format of Templates C2-1 and C2-2. (Note: C2-1 has different formats for schools vs. programs.
591   C2-2 is the same for both.)
592
593   The data reflect the most current academic year at the time of the **final** self-study's submission
594   and should be updated at the beginning of the site visit if any changes have occurred since self-
595   study submission. (self-study document)

2) An explanation of the method for calculating FTE for faculty in the templates and evidence of the calculation method's implementation for programs' primary instructional faculty. For schools only, all primary instructional faculty, by definition, are allocated 1.0 FTE. Schools must explain the method for calculating FTE for any non-primary instructional faculty presented in C2-2. Programs must present calculation methods for primary instructional and non-primary instructional faculty. (self-study document)

3) If applicable, narrative explanation that supplements reviewers' understanding of data in the templates. (self-study document)

4) If applicable, narrative and/or data about any other faculty resources, that were not presented in the templates (eg, non-primary instructional faculty), whom the school or program wishes to discuss as contributing to student success. (self-study document)

5) Data on the following in the format of Template C2-3. See Template C2-3 for additional definitions and parameters.

   a. Advising ratios (faculty and, if applicable, staff) by degree level (bachelor's, master's, doctoral), as well as the maximum and minimum. If both faculty and staff advise, present and calculate both ratios.
   b. Average number of MPH students supervised in an integrative learning experience, as well as the maximum and minimum
   c. Average number of DrPH students mentored, as well as the maximum and minimum
   d. Average number of PhD students mentored, as well as the maximum and minimum
   e. Average number of academic (non-MPH) master's students mentored, as well as the maximum and minimum

   As noted in Template C2-3's instructions, SPH should only present data on public health degrees and concentrations. If primary instructional faculty, non-primary instructional faculty and/or staff are all regularly involved in these activities, indicate this and present data separately for each group, as applicable.
   (self-study document)

6) Quantitative data on student perceptions of the following:

   a. Overall class size (ie, classes are too large, too small, the right size)
   b. Availability of faculty (ie, Likert scale of 1-5, with 5 as very satisfied)

   Present data by degree level (bachelor's, master's, doctoral), at a minimum. If the school or program wishes to collect and present data by degree (MPH, MS, PhD, DrPH, etc.), degree data may be presented. SPH should only present data on public health degrees and concentrations. (self-study document)

7) Qualitative data on student perceptions of class size and availability of faculty, if available. SPH should only present data on public health degrees and concentrations. (summary in self-study and full results/backup documentation in electronic resource file)

8) Assessment of strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

C3. Staff and Other Personnel Resources (SPH and PHP)

The program or school has staff and other personnel adequate to fulfill its stated mission and goals. The stability of resources is a factor in evaluating resource adequacy.

13

"Other personnel" includes students who perform work that supports the program's instructional and administrative needs. "Staff" are defined as individuals who do not have faculty appointments and for whom staff work is their primary function (eg, individuals who enroll first as students and then obtain graduate assistant or other positions at the universities are classified as "other personnel") ~~and are not enrolled as program students. "Other personnel" may include students who perform work that supports the program's instructional and administrative needs.~~

Required documentation:

1) A table defining the number of the school or program's staff support by role or function in the format of Template C3-1. Designate any staff resources that are shared with other units outside the unit of accreditation. (self-study document)

2) A narrative description, which may be supported by data if applicable, of the contributions of other personnel. (self-study document)

3) Narrative and/or data that support the assertion that the school or program's staff and other personnel support is sufficient or not sufficient. (self-study document)

4) Assessment of strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

C4. Physical Resources **(SPH and PHP)** ▲

The school or program has physical resources adequate to fulfill its stated mission and goals and to support instructional programs. Physical resources include faculty and staff office space, classroom space, student shared space and laboratories, as applicable.

Required documentation:

1) A brief narrative description, with data as applicable, pertaining to the following. (Note: square footage is not required unless specifically relevant to the school or program's narrative.)
   - Faculty office space
   - Staff office space
   - Classrooms
   - Shared student space
   - Laboratories

   The discussion may omit laboratory or other specialized space that does not relate to the public health degree programs.
   (self-study document)

2) Narrative and/or data that support the assertion that the physical space is sufficient or not sufficient. (self-study document)

3) Assessment of strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

C5. Information and Technology Resources **(SPH and PHP)** ▲

The school or program has information and technology resources adequate to fulfill its stated mission and goals and to support instructional programs. Information and technology resources include library resources, student access to hardware and software (including access to specific

708 **software or other technology required for instructional programs), faculty access to hardware and**
709 **software, including access to specific software required for the instructional programs offered,**
710 **and technical assistance for students and faculty.**
711
712 Required documentation:
713
714 1) A brief narrative description, with data if applicable, of the following:
715 - library resources
716 - student access to hardware and software (including access to specific software or other
717 technology required for instructional programs)
718 - faculty access to hardware and software (including access to specific software or other
719 technology required for instructional programs)
720 - technical assistance for students and faculty
721 (self-study document)
722
723 2) Narrative and/or data that support the assertion that information and technology resources are
724 sufficient or not sufficient. (self-study document)
725
726 3) Assessment of strengths and weaknesses related to this criterion and plans for improvement in
727 this area, if applicable. (self-study document)
728

D1. MPH and DrPH Foundational Public Health Knowledge (SPH and PHP)

The school or program ensures that all MPH and DrPH graduates are grounded in fundamental public health knowledge. Grounding in fundamental public health knowledge is measured by the student's achievement of the learning objectives listed below, or higher-level versions of the same objectives.

Profession and Science of Public Health

1. Explain public health history, philosophy and values
2. Identify the core functions of public health and the 10 Essential Services
3. Use the science of epidemiology to describe and assess a population's health
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school/program
5. Discuss ~~concepts~~ the science of prevention at all levels, including health promotion, screening, etc.
5.6. Explain the use of informatics in public health
6.7. Identify strategies for promoting health equity
7.8. ~~Discuss multiple dimensions of human health~~

Factors Related to Human Health

8.9. Explain effects of environmental factors on human health
9.10. Explain biological and genetic factors that impact human health
10.11. Explain behavioral and psychological factors that impact human health
11.12. Explain the social, ~~and~~ political and economic determinants of health and health inequities
12.13. Explain the impact of globalization and the global burden of disease
13.14. Explain a One-Health, ecological perspective on the connections among human health, animal health and ecosystem health

The school or program validates MPH and DrPH students' fundamental public health knowledge through appropriate methods, which may include the following:

- **The school or program verifies students' previous completion of a CEPH-accredited bachelor's degree in public health or MPH degree**
- **The school or program implements a test or other assessment tools that address the learning objectives listed above, or higher-level versions of the listed objectives**
- **The school or program offers an online or in-person course, for credit or not-for-credit, that incorporates the learning objectives listed above, or higher-level versions of the objectives**
- **The school or program includes the learning objectives listed above, or higher-level versions of the objectives, in foundational courses required of all MPH or DrPH students**

Required documentation:

1) A description of the manner through which the program or school ensures that all MPH and DrPH students are grounded in foundational public health knowledge. The description must address all possible options for MPH and DrPH students. (self-study document)

2) Documentation of the methods described above. This must include all referenced syllabi, samples of tests or other assessments and web links or handbook excerpts that describe admissions prerequisites, as applicable. (electronic resource file)

3) Assessment of strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

D2. MPH Foundational Competencies (SPH and PHP)

All MPH graduates demonstrate the following competencies.

The school or program demonstrates at least one specific, required assessment activity (eg, component of existing course, paper, presentation, test) for each item below, during which faculty or other qualified individuals (eg, preceptors) validate the student's competency attainment.

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 school or program must assess *all* MPH students, at least once, on each competency. Assessment may occur in simulations, group projects, presentations, written products, etc. This requirement also applies to students completing an MPH in combination with another degree (eg, joint, dual, concurrent degrees). For combined degree students, assessment may take place in either degree program.

These competencies are informed by the traditional public health core knowledge areas, (biostatistics, epidemiology, social and behavioral sciences, health services administration and environmental health sciences), as well as cross-cutting and emerging public health areas.

Evidence-based Approaches to Public Health
1. Choose data collection methods
2. Interpret data analysis
3. Analyze quantitative and qualitative data
4. Integrate evidence, including identifying appropriate data sources and using informatics, to describe a public health issue
5. Apply epidemiological methods appropriate for population-based inquiry

Public Health & Health Care Systems
6. Compare the organization, structure and function of health care and public health systems across domestic and non-domestic settings

Program Planning & Management
7. Apply awareness of cultural values and practices to the design or implementation of public health programs
8. Design a population-based project, program or intervention, including defining populations, assessing and prioritizing their needs, selecting appropriate frameworks and identifying and managing available resources
9. Explain basic principles of resource management including human, fiscal and material
10. Select program evaluation methods

Policy in Public Health
11. Assess multiple dimensions of the policy making process, including ethical considerations, the role of evidence and the impact of policies on public health and health equity
12. Apply coalition-building, persuasive communications and methods of negotiating with stakeholders, etc. to influence public health outcomes
13. Advocate for equity within public health programs, policies and systems for diverse populations

Leadership
14. Apply principles of effective management and leadership, including fostering collaboration, guiding decision making, creating a vision and motivating others

15. Apply principles of team development and roles and practices of effective teams, including methods to address inequity or power imbalances in a team, institutional, community or other system

Communication
    16. Choose appropriate strategies for communicating a public health issue to various audiences, including stakeholders at all levels and sectors
    17. Write technical or professional papers on public health issues
    18. Deliver oral presentations on public health issues

Interprofessional Practice
    19. Perform effectively on interprofessional teams

Systems Thinking
    20. Apply systems thinking tools to a public health issue

Note: The Council greatly appreciates all of the comments and understands stakeholders' concerns about the number of competencies and the reporting burden of documenting assessment.

In the interest of good accreditation practice, the Council attempted to reduce the overall competency set while minimizing the use of "compound" statements that combine multiple concepts. Each statement above is designed to be assessable by reviewers without "breaking down" component parts, although some statements above use minimal levels of combining related ideas or providing examples (eg, statements beginning with "including").

We welcome suggestions on condensing or clarifying the competency list but request that stakeholders avoid combining multiple concepts into a single competency statement.

The Council also understands the challenge in assessing some of the proposed competencies but intends to provide technical assistance and foster collaboration among faculty to implement creative assessment techniques.

Required documentation:

1) A list of the coursework and other learning experiences required for the school or program's MPH degrees, including the required curriculum for each concentration and combined degree option. Information may be provided in the format of Template D2-1 or in hyperlinks to student handbooks or webpages, but the documentation must present a clear depiction of the requirements for each MPH degree. (self-study document)

2) A matrix, in the format of Template D2-2, that indicates the assessment activity for each of the foundational competencies listed above (1-20).

3) If the school or program addresses all of the listed foundational competencies in a single, common core curriculum, the school or program need only present a single matrix. If combined degree students do not complete the same core curriculum as students in the standalone MPH program, the school or program must present a separate matrix for each combined degree. If the school or program relies on concentration-specific courses to assess some of the foundational competencies listed above, the school or program will present a separate matrix for each concentration. (self-study document)

4) The most recent syllabus from each course listed in Template D2-1, or written guidelines, such as a handbook, for any required elements listed in Template D2-1 that do not have a syllabus. (electronic resource file)

894   5) Assessment of strengths and weaknesses related to this criterion and plans for improvement in this
895   area, if applicable. (self-study document)

D3. DrPH Foundational Competencies (SPH and PHP, if applicable)

The DrPH is the professional doctoral degree in public health, designed to produce graduates capable of creating, transforming and leading public health systems. DrPH graduates demonstrate the ~~following~~ competencies defined in this criterion.

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

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 school or program must assess *all* DrPH students, regardless of concentration, at least once on each of the competencies below.

Assessment may occur in simulations, group projects, presentations, written products, etc.

Data & Analysis
    1. **Design qualitative and quantitative research approaches to address issues at the community and population level**

Leadership, Management & Governance
    2. **Build capacity and strategies for health improvement and elimination of health inequities by organizing stakeholders, including researchers, practitioners, community leaders and partners**
    3. **Influence behavior and policies by communicating public health science to diverse stakeholders, including individuals at all levels of health literacy.**
    4. **Integrate knowledge, approaches, methods, values and potential contributions from multiple professions and systems in addressing public health problems**
    5. **Create and implement strategic plans**
    6. **Facilitate shared decision making through negotiation and consensus-building methods**
    7. **Create and sustain organizational change strategies**
    8. **Promote equity within public health programs, policies and systems**
    9. **Assess one's own strengths and weaknesses in leadership capacities including cultural proficiency**
    10. **Acquire and align human, fiscal and other resources to achieve strategic goals**
    11. **Cultivate new resources and revenue streams to achieve strategic goals**

Programs
    12. **Design system-level interventions that influence population health outcomes in multi-disciplinary team approaches that promote health equity and disease prevention**
    13. **Integrate knowledge of cultural values and practices in the design or implementation of public health programs**

Policy
    14. **Integrate scientific information, legal and regulatory approaches, ethical frameworks and varied stakeholder interests in policy development and analysis**

Education & Workforce Development
    15. **Assess a population's knowledge and learning needs**

1.16. Deliver training or educational experiences that promote learning in academic, organizational and community settings
2.17. Use best practice modalities in pedagogical practices

Note: The Council carefully reviewed comments on this criterion and endeavored to address two major streams of comments, in particular: alignment with the DrPH Expert Panel Report from the Framing the Future Task Force and coverage of data and analysis skills.

First, the Council began this draft of DrPH competencies with a "clean slate" and derived a set of competencies directly from the list provided in the DrPH Expert Panel. Next, the Council reviewed the set with a goal of ensuring that data and analysis and systems thinking were thoroughly addressed throughout the competency set, often by embedding or clarifying concepts in the existing draft statements.

Then, the Council reviewed the new list, identifying any key concepts that were not covered. Finally, the Council reviewed the list for clarity and attempted to minimize use of compound statements to ensure that each competency would be assessable by reviewers without breaking the statement down into component parts.

The Council welcomes additional suggestions.

Required documentation:

1) A list of the coursework and other learning experiences required for the school or program's DrPH degrees. Information may be provided in the format of Template D3-1 or in hyperlinks to student handbooks or webpages, but the documentation must present a clear depiction of the requirements for each DrPH degree (self-study document)

2) A matrix, in the format of Template D3-2, that indicates the assessment activity for each of the foundational competencies listed above (1-17). Typically, the school or 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 D3-1, or written guidelines for any required elements listed in Template D3-1 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) Assessment of strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

D4. Concentration Competencies[9] (SPH and PHP)

MPH and DrPH graduates attain competencies in addition to the foundational competencies listed in Criteria D2 and D3. These competencies relate to the school or program's mission and/or to the area(s) of concentration.

The school or program defines at least five distinct competencies for each concentration or generalist degree in addition to those listed in Criterion D2 or D3.

The list of competencies may expand on or enhance foundational competencies, but the school or program must define a specific set of statements that defines the depth or enhancement for all concentrations and for generalist degrees. It is not sufficient to refer to the competencies in Criterion D2 or D3 as a response to this criterion.

Students in combined degree programs (eg, joint, dual, concurrent degrees) may either complete the set of competencies associated with one of the existing concentrations or generalist degrees, or they may identify unique sets of competencies that apply to the combined degree program. In either case, the competencies may be attained or assessed in either degree program.

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

These assessment activities may be spread throughout a student's plan of study.

Since this criterion defines competencies beyond the foundational competencies 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, presentations, written products, etc.

Note: The Council considered the comments that suggested a reduction to three competencies per concentration and concluded that a minimum of five would be more appropriate, given information on current/past competency definition, and would better support the Council's interest in ensuring quality and appropriate depth in concentrations.

Required documentation:

1) A matrix, in the format of Template D4-1, that lists at least five competencies in addition to those defined in Criterion D2 or D3 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 competencies. Typically, the school or program will present a separate matrix for each concentration. (self-study document)

2) For degrees that allow students to tailor competencies at an individual level in consultation with an advisor, the school or program must present evidence, including policies and sample

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[9] In this document, "concentration" refers to any area of study that the school or program advertises as available to students, via its catalog and/or website. For example, an MPH in epidemiology is a concentration. An MPH in epidemiology with focus areas in chronic disease and infectious disease would be two concentrations (chronic epidemiology and infectious epidemiology). In these criteria, "concentration" is synonymous with terms such as "specialization," "emphasis area," "track" and "focus area." Plans of study that are clearly presented to students as "minors," however, are not considered to be concentrations. "Generalist" is considered a concentration for these criteria's purposes, if offered as an option to students.

documents, that demonstrate that each student and advisor create a matrix in the format of Template D4-1 for the plan of study. 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 D4-1, or written guidelines for any required elements listed in Template D4-1 that do not have a syllabus. (electronic resource file)

4) Assessment of strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

D5. MPH Appl~~ication and~~ied Practice Experiences (SPH and PHP)

MPH students demonstrate competency attainment through applied practice experiences in appropriate sites outside of academic and classroom settings.

Sites may include governmental, non-governmental, non-profit, industrial and for-profit settings. Sites for experiences may also include practice-based settings associated with a university, but only within specific parameters: university-affiliated sites must be primarily focused on community engagement, typically with partners external to the university. Sites such as university health promotion or wellness centers may also be appropriate sites.

The school or program identifies sites in a manner that is sensitive to the needs of the agencies or organizations involved. ~~Sites should benefit from students' experiences~~Activities meeting the applied practice experience should be mutually beneficial to both the site and the student.

The applied practice experience~~s~~ allow~~s~~ each student to demonstrate attainment of at least five foundational competencies (as defined in Criterion D2). The five foundational competencies need not be identical from student to student, but the applied experience~~s~~ must be structured to ensure that all students complete experiences addressing at least five foundational competencies. The applied experiences may also address additional foundational or concentration-specific competencies, in addition to the five foundational competencies.

The school or program assesses each student'~~s'~~ competency attainment in practical and applied settings through a portfolio approach, which ~~. A portfolio is a compilation of student work that~~ demonstrates and allows assessment of ~~a student's~~ competency attainment. It may include one or more of the following to demonstrate the designated competencies: written assignments, journal entries, completed tests, projects, videos, multi-media presentations, spreadsheets, websites, posters, photos or other digital artifacts of learning. ~~Portfolios~~Materials may be produced and maintained in any physical or electronic form chosen by the school or program.

The ~~portfolio~~ materials 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~~documentation demonstrating individual ~~contribution to the activity~~competency attainmennt.

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~~ include the following:

- **~~a required~~practicum or internship completed during a summer or academic term**
- **course-based activities (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)**

22

- **activities** linked to service learning, as defined by the program, school or university
- **co-curricular activities** (eg, service and volunteer opportunities, such as those organized by a student association)
- **a blend of** for credit **and/**or not-for-credit **activities**

Combined degree students have opportunities to integrate and apply their learning from both degree programs through applied practice.

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

Note: The Council considered the many comments received on this criterion and incorporated many of the suggested changes in wording. The Council concluded that a number of the other suggestions, which were not specifically incorporated in this draft, relate to very narrow or specific circumstances. Site visit teams will continue to review each set of facts in context for alignment with the spirit of this criterion, and the criterion cannot address every possible situation. Again, the intent in this criterion is to increase flexibility while maintaining quality.

The required documentation is crucial to the maintenance of quality, and this criterion does not intend to prescribe a single format for all institutions. "Portfolio approach" refers to a style of assessment that is based on the relationship of students' work product or products to competencies. This criterion does NOT mandate use of what has traditionally been referred to as "ePortfolio" systems or of physical, binder-based portfolio materials.

The Council expects that many methods for fulfilling this criterion will emerge in schools and programs and intends to encourage, rather than limit, the scope of activities, while grounding all activities firmly in the common base of MPH competencies.

Required documentation:

1) A detailed overview of the manner by which the school or program ensures that all MPH students document application of at least five foundational competencies. (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~~ practice-related materials for individual students from each concentration or generalist degree. The samples must also include ~~portfolios~~ materials from students completing combined degree programs, if applicable. The school or program must provide ~~from at least five studentsat least five~~ samples of complete sets of materials (ie, the document or documents that demonstrate at least five competencies) from at least five students ~~produced~~ in the last three years for each concentration or generalist degree. If the school or program has not produced five students for which complete samples are available ~~for for each~~, note this and provide all available samples. (electronic resource file)

4) Assessment of strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

D6. DrPH Application and Practice (SPH and PHP, if applicable)

Regardless of the amount or level of prior experience, all 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 competencies.

23

External organizations may include governmental, non-governmental, non-profit, industrial and for-profit settings. The school or 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 **advanced-level** practical experiences collaborating with practitioners, allowing opportunities to develop leadership competencies and contribute to the field. The school or program identifies a minimum of five foundational and/or concentration-specific competencies (as defined in Criteria D3 and D4) that are reinforced and/or assessed through application in a non-classroom setting. Competencies 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 school or program to identify substantive, quality opportunities that address the identified competencies.

Required documentation:

1) A matrix, in the format of Template D6-1, that lists at least five competencies, as defined in Criteria D3 and D4, and indexes each to a required opportunity for application or practice outside of an academic setting. (self-study document)

   Typically, the school or program will present a separate matrix for each DrPH concentration. (self-study document)

   For programs of study that allow individual students to choose competencies to practice, the school or program must present evidence, including policies and sample documents, that it creates a matrix in the format of Template D6-1 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 school or program ensures that the applied field experience requires students to demonstrate leadership competencies. (self-study document)

3) Assessment of strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

D7. MPH Integrative Learning Experience (SPH and PHP)

MPH students complete an integrative learning experience (ILE) that demonstrates synthesis of foundational and concentration competencies. Students in consultation with faculty select foundational and concentration-specific competencies appropriate to the student's educational and professional goals.

The ILE may take many forms, such as a practice-based project, essay-based comprehensive exam, capstone course, integrative seminar, etc. Regardless of form, the student produces a high-quality written product that is appropriate for the student's educational and professional objectives. Written products might include the following: program evaluation report, training manual, policy statement, take-home comprehensive essay exam, legislative testimony with accompanying supporting research, etc. ~~When appropriate~~Ideally, the written product is developed and delivered in a manner that is useful to external stakeholders, such as non-profit or governmental organizations.

Professional certification exams (eg, CPH, CHES/MCHES, REHS, RHIA) may serve as an element of the ILE, but are not in and of themselves sufficient to satisfy this criterion.

The ILE experience is completed at or near the end of the program of study (eg, in the final year or term). The experience may be group-based or individual. In group-based experiences, the school or program demonstrates that the experience provides opportunities for individualized assessment of outcomes.

The school or program identifies assessment methods that ensure that at least one faculty member reviews each student's performance in the ILE experience and ensures that the experience addresses the selected foundational and concentration-specific competencies. Faculty assessment may be supplemented with assessments from other qualified individuals (eg, preceptors).

Combined (dual, joint, and concurrent) degree students should have opportunities to incorporate their learning from both degree programs in a unique integrative experience.

Required documentation:

1) A list, in the format of Template D7-1, of the integrative learning experience for each MPH concentration, generalist degree or combined degree option that includes the MPH. The template also requires the school or program to indicate, for each experience, how it ensures that the experience demonstrates synthesis of competencies. (self-study document)

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

3) Documentation, including syllabi and/or handbooks, that communicates integrative learning 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 learning experience. (electronic resource file)

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

6) Assessment of strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

D8. DrPH Integrative Learning Experience (SPH and PHP, if applicable)

As part of an integrative learning experience, DrPH candidates generate field-based products consistent with advanced practice designed to influence programs, policies or systems addressing public health. The products demonstrate synthesis of foundational and concentration-specific competencies.

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

Required documentation:

1) A list, in the format of Template D8-1, of the integrative learning experience for each DrPH concentration or generalist degree. The template also requires the school or program to indicate,

1263 for each experience, how it ensures that the experience demonstrates synthesis of competencies.
1264 (self-study document)
1265

1266 2) A narrative that briefly summarizes the process, expectations and assessment for each
1267 integrative learning experience. (self-study document)
1268

1269 3) Documentation, including syllabi and/or handbooks, that communicates integrative learning
1270 experience policies and procedures to students. (electronic resource file)
1271

1272 4) Documentation, including rubrics or guidelines, that explains the methods through which faculty
1273 and/or other qualified individuals assess the integrative learning experience. (electronic resource
1274 file)
1275

1276 5) Completed, graded samples of deliverables associated with each integrative learning experience
1277 option. The school or program must provide at least 10% of the number produced in the last three
1278 years or five examples, whichever is greater. (electronic resource file)
1279

1280 6) Assessment of strengths and weaknesses related to this criterion and plans for improvement in
1281 this area, if applicable. (self-study document)
1282

1283

1284 **D9. Public Health Bachelor's Degree Curriculum (SPH and PHP, if applicable)**
1285

1286 **a. The overall undergraduate curriculum (eg, general education, liberal learning, essential**
1287 **knowledge and competencies, etc.) introduces students to the following domains. The**
1288 **curriculum addresses these domains through any combination of learning experiences**
1289 **throughout the undergraduate curriculum, including general education courses defined by the**
1290 **institution as well as concentration and major requirements or electives.**
1291

1292 - **the foundations of scientific knowledge, including the biological and life sciences and**
1293 **the concepts of health and disease**
1294 - **the foundations of social and behavioral sciences**
1295 - **basic statistics**
1296 - **the humanities/fine arts**
1297

1298 **b. The requirements for the public health major or concentration provide instruction in the**
1299 **following domains. The curriculum addresses these domains through any combination of**
1300 **learning experiences throughout the requirements for the major or concentration coursework**
1301 **(ie, the school or program may identify multiple learning experiences that address a domain—**
1302 **the domains listed below do not each require a single designated course).**
1303

1304 - **the history and philosophy of public health as well as its core values, concepts and**
1305 **functions across the globe and in society**
1306 - **the basic concepts, methods and tools of public health data collection, use and**
1307 **analysis and why evidence-based approaches are an essential part of public health**
1308 **practice**
1309 - **the concepts of population health, and the basic processes, approaches and**
1310 **interventions that identify and address the major health-related needs and concerns of**
1311 **populations**
1312 - **the underlying science of human health and disease, including opportunities for**
1313 **promoting and protecting health across the life course**
1314 - **the socioeconomic, behavioral, biological, environmental and other factors that impact**
1315 **human health and contribute to health disparities**
1316 - **the fundamental concepts and features of project implementation, including planning,**
1317 **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 school or 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 competencies:

- 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. Schools and programs encourage exposure to local-level public health professionals and/or agencies that engage in public health practice.

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 school or 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 D9-1, that indicates the experience(s) that ensure that students are introduced to each of the domains indicated in Criterion D8a. Template D8-1

requires the school or program to identify the experiences that introduce each domain. (self-study document)

4) A matrix, in the format of Template D9-2, that indicates the experience(s) that ensure that students are exposed to each of the domains indicated in Criterion D8b. Template D8-2 requires the school or program to identify the experiences that introduce and reinforce each domain. (self-study document)

5) A matrix, in the format of Template D9-3, that indicates the experience(s) that ensure that students demonstrate competencies in each of the domains indicated in Criterion D8d. Template D8-3 requires the school or program to identify the experiences that introduce and reinforce each domain. (self-study document)

6) A matrix, in the format of Template D9-4, that identifies the cumulative and experiential activities through which students have the opportunity to integrate, synthesize and apply knowledge as indicated in Criterion D8e. (self-study document)

7) A brief narrative description, in the format of Template D9-5, of the manner in which the curriculum and co-curricular experiences expose students to the concepts in Criterion D8f. (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 activities. (electronic resource file)

10) A brief description of the means through which the school or 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) Assessment of strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

D10. MPH Program Length (SPH and PHP) ▲

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

Schools and programs use university definitions for credit hours.

Required documentation:

1) Information about the minimum credit-hour requirements for all MPH degree options. If the 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)

D11. DrPH Program Length (SPH and PHP, if applicable) ▲

The DrPH degree requires a minimum of 36 semester-course-credits of post-master's coursework or its equivalent. Credits associated with the integrative learning experience and the applied practice experience do not count toward this requirement. The minimum credit requirement also does not count MPH-level pre-requisite courses or their equivalent.

Schools and programs use university definitions for credit hours.

Required documentation:

1) Information about the minimum credit-hour requirements for all DrPH degree options. If the 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)

D12. Bachelor's Degree Program Length (SPH and PHP, if applicable) ▲

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

Schools and 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 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)

D13. Public Health Content in All Degrees in the Unit of Accreditation[10] (SPH and PHP, if applicable)

Students enrolled in all degree programs and concentrations in the unit of accreditation that are not addressed in the previous criteria complete coursework that provides a broad introduction to public health. This introduction to public health addresses the competencies listed belowin this criterion, at a level of complexity appropriate to the level of the student's degree program. For example, if the school or programan SPH offers bachelor's degrees in fields concentrations other

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[10] This criterion applies to ALL degrees in the unit of accreditation other than the MPH, DrPH and bachelor's degrees in public health. This includes all academic master's and doctoral-level degrees, as well as all "other" degrees and concentrations. See "Definitions" at the end of this document.

than public health, it may be more appropriate for courses addressing the competencies listed below to be held separately from those offered for graduate students.

The instruction may be delivered through online, in-person or blended methodology, but it must meet the following requirements while covering the defined content areas.

- The instruction includes assessment opportunities, appropriate to the degree level, that allow faculty to assess students' attainment of knowledge of the competencies. Assessment opportunities may include tests, writing assignments, presentations, group projects, etc.
- The instruction and assessment of students' broad introduction to public health are equivalent in depth to the instruction and assessment that would typically be associated with a three-semester unit class, regardless of the number of credits awarded for the experience or the mode of delivery.

The program identifies at least one required assessment activity for each of the following competencies.

a. Explain public health history, philosophy and values
b. Identify the core functions of public health and the 10 Essential Services[11]
c. Discuss concepts of prevention at all levels, including health promotion, screening, etc.
d. Explain population-based study design methods
e. Explain effects of environmental factors on human health
f. Explain biological and genetic factors that impact human health
g. Explain behavioral and psychological factors that impact human health
h. Explain the social determinants of health and health inequities
i. Explain the impact of globalization and the global burden of disease
j. Explain a One-Health, ecological perspective on the connections among human health, animal health and ecosystem health
k. Explain the organization and structure of domestic health care and public health systems, including access, financing and quality

Required documentation:

1) A matrix in the format of Template D13-1 that indicates the required assessment opportunities for each of the defined competencies (a-k). Typically, the school or program will present a separate matrix for each degree program, but matrices may be combined if requirements are identical. (self-study document)

2) A brief statement explaining how the school or program ensures that the instruction and assessment in basic public health knowledge is generally equivalent to the instruction and assessment typically associated with a three semester-credit course. (self-study document)

3) The most recent syllabus for any course listed in Template D13-1, or written guidelines for any required elements that do not have a syllabus. (electronic resource file)

4) Assessment of strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

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[11] Institutions outside the US may replace 10 Essential Services with content appropriate to the nation/region.

D14. Master's Degrees in Public Health Fields, Other than MPH[12] (SPH and PHP, if applicable)

Students enrolled in the unit of accreditation's public health master's degree programs other than the MPH (eg, MS) complete a curriculum that is based on defined competencies and produce an appropriately rigorous discovery-based paper or project at or near the end of the program of study.

These students have the opportunity to engage in research at a level appropriate to the degree program's objectives.

These students also complete coursework and other experiences, outside of the major paper or project, that substantively address scientific and analytic approaches to discovery and translation of public health knowledge in the context of a population health framework. The instruction and assessment in this area is equivalent in depth to the instruction and assessment that would typically be associated with a three-semester unit class, regardless of the number of credits awarded or the mode of delivery.

Required documentation:

1) A list of the curricular requirements for each non-MPH public health master's degree in the unit of accreditation. (self-study document)

2) A matrix, in the format of Template D14-1, that lists competencies for each academic master's degree and concentration. The matrix indicates at least one assessment activity for each of the listed competencies. Typically, the school or program will present a separate matrix for each concentration. (self-study document)

3) Identification of required coursework and other experiences that address the variety of public health research methods employed in the context of a population health framework to foster discovery and translation of public health knowledge and a brief narrative that explains how the instruction and assessment is equivalent to that typically associated with a three semester-unit course. (self-study document)

   Typically, the school or program will present a separate list and explanation for each degree program, but these may be combined if requirements are identical.

4) The most recent syllabus for any course listed in the documentation requests above, or written guidelines for any required elements that do not have a syllabus. (electronic resource file)

5) A brief summary of policies and procedures relating to production and assessment of the final research project or paper. (self-study document)

6) Links to handbooks or webpages that contain the full list of policies and procedures governing production and assessment of the final research project or paper for each degree program. (electronic resource file)

7) Completed, graded samples of deliverables associated with the master's paper or project. 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)

8) Assessment of strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

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[12] This criterion does NOT apply to the MHA or master's degrees in non-public health fields (eg, MS in kinesiology, MS in clinical nutrition/dietetics, MPP).

D15. Doctoral Degrees in Public Health Fields, Other than DrPH[13] (SPH and PHP, if applicable)

Students enrolled in the unit of accreditation's doctoral degree programs that are designed to prepare public health researchers and scholars (eg, PhD, ScD) complete a curriculum that is based on defined competencies; engage in research appropriate to the degree program; and produce an appropriately advanced research project at or near the end of the program of study.

These students also complete coursework and other experiences, outside of the major paper or project, that substantively address scientific and analytic approaches to discovery and translation of public health knowledge in the context of a population health framework. The instruction and assessment in this area is equivalent in depth to the instruction and assessment that would typically be associated with a three-semester unit class, regardless of the number of credits awarded or the mode of delivery.

Finally, these students also complete doctoral-level, advanced-level coursework and other experiences that distinguish the program of study from a master's degree in the same field.

The program defines appropriate policies for advancement to candidacy, within the context of the institution.

Required documentation:

1) A list of the curricular requirements for each non-DrPH public health doctoral degree in the unit of accreditation, EXCLUDING requirements associated with the final research project. The list must indicate (using shading) each required curricular element that a) is designed expressly for doctoral, rather than master's, students or b) would not typically be associated with completion of a master's degree in the same area of study.

   The program may present accompanying narrative to provide context and information that aids reviewers' understanding of the ways in which doctoral study is distinguished from master's-level study. This narrative is especially important for institutions that do not formally distinguish master's-level courses from doctoral-level courses.

   The program will present a separate list for each degree program. (self-study document)

2) A matrix, in the format of Template D15-1, that lists competencies for each academic doctoral degree or concentration. The matrix indicates at least one assessment activity for each of the listed competencies. Typically, the school or program will present a separate matrix for each concentration. (self-study document)

3) Identification of coursework and other experiences that address the variety of public health research methods employed in the context of a population health framework to foster discovery and translation of public health knowledge and a brief narrative that explains how the instruction and assessment is equivalent to that typically associated with a three semester-unit course. (self-study document)

   Typically, the school or program will present a separate list and explanation for each degree program, but these may be combined if requirements are identical.

4) The most recent syllabus for all courses listed in the two documentation requests above, or written guidelines for any required elements that do not have a syllabus. (electronic resource file)

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[13] This criterion does NOT apply to PhDs in non-public health concentrations (eg, PhD in kinesiology).

5) A brief summary of policies and procedures relating to production and assessment of the final research project. (self-study document)

6) Links to handbooks or webpages that contain the full list of policies and procedures governing completion of coursework and production and assessment of the final research project for each degree program. (electronic resource file)

7) Completed, graded samples of deliverables associated with the final research project. 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)

8) Assessment of strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

D16. Distance Education (SPH and PHP, if applicable) ▲

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 school or program and within the school or 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, information technology 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 school or 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 public health distance education degree programs and/or ~~majors~~ concentrations that offer a curriculum or course of study that can be obtained via distance education. (self-study document)

2) Description of the public health distance education programs, including a) an explanation of the model or methods used, b) the school or program's rationale for offering these programs, c) the manner in which it provides necessary administrative, information technology 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

33

1688 manner in which it evaluates the educational outcomes, as well as the format and methods. (self-
1689 study document)
1690
1691 3) Description of the processes that the university uses to verify that the student who registers in a
1692 distance education course or degree is the same student who participates in and completes the
1693 course or degree and receives the academic credit. (self-study document)
1694
1695 4) Assessment of strengths and weaknesses related to this criterion and plans for improvement in
1696 this area, if applicable. (self-study document)
1697

E1. Faculty Alignment with Degrees Offered (SPH and PHP) ▲

Faculty teach and supervise students in areas of knowledge with which they are thoroughly familiar and qualified by the totality of their education and experience.

Faculty education and experience is appropriate for the degree level (bachelor's, master's, doctoral) and the nature of the degree (research, professional practice, etc.) with which they are associated.

Education refers to faculty members' degrees, certifications, fellowships, post-doctoral training, formal coursework completed, etc.

Experience refers to a range of activities including substantial employment or involvement in public health activities outside of academia. Experience also refers to the depth of service provided to professional and community-based public health organizations and to peer-reviewed scholarship in a discipline. Finally, experience relates to the individual's record of excellence in providing instruction in a discipline.

Required documentation:

1) A table showing the school or program's primary instructional faculty in the format of Template E1-1. The template presents data effective at the beginning of the academic year in which the self-study is submitted to CEPH and must be updated at the beginning of the site visit if any changes have occurred since final self-study submission.

   The template requests the following information: a) name, b) title/academic rank, d) tenure status or classification, g) graduate degrees earned, h) institutions from which degrees were earned,, i) discipline in which degrees were earned and j) current instructional areas.

   SPH should only include data on faculty associated with public health degrees.
   (self-study document)

2) Summary data on the qualifications of any other faculty with significant involvement in the school or program's public health instruction. Schools and programs define "significant" in their own contexts but, at a minimum, include any individuals who regularly provide instruction or supervision for required courses and other experiences listed in the criterion on Curriculum. Reporting on individuals who supervise individual students' practice experience (preceptors, etc.) is not required.

   The data, in the format of Template E1-2, must include at least the following: a) name, b) title/academic rank, c) title and current employment, d) FTE or % time allocated to the school/program, e) graduate degrees earned, f) disciplines in which listed degrees were earned and g) role in/contributions to the school or program. (self-study document)

3) CVs for all individuals listed in the templates above. (electronic resource file)

4) Assessment of strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

E2. Faculty Integration of Practice Experience (SPH and PHP)

To assure a broad public health perspective, the school or program employs faculty who have professional experience in settings outside of academia and have demonstrated competence in public health practice. Schools and programs encourage faculty to maintain ongoing practice links with public health agencies, especially at state and local levels.

To assure the relevance of curricula and individual learning experiences to current and future practice needs and opportunities, schools and programs regularly involve public health practitioners and other individuals involved in public health work through arrangements that may include adjunct and part-time faculty appointments, guest lectures, involvement in committee work, mentoring students, etc.

Required documentation:

1) Description of the manner in which the public health faculty complement integrates perspectives from the field of practice, including information on appointment tracks for practitioners, if applicable. Faculty with significant practice experience outside of that which is typically associated with an academic career should also be identified. (self-study document)

2) Assessment of strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

E3. Faculty Instructional Effectiveness (SPH and PHP)

The school or program ensures that all faculty (full-time and part-time) are informed and current in their areas of instructional responsibility.

The school or program establishes and consistently applies procedures for evaluating faculty competence and performance in instruction.

The school or program supports professional development and advancement in instructional effectiveness.

Required documentation:

1) Describe the means through which the program or school ensures that faculty maintain currency in their areas of instructional responsibility. The description must address both primary instructional and non-primary instructional faculty and should provide examples as relevant. (self-study document)

2) Describe the school or program's procedures for evaluating faculty instructional effectiveness. Include a description of the processes used for student course evaluations and peer evaluations, if applicable. (self-study document)

3) Describe available university and programmatic support for continuous improvement in faculty's instructional roles. Provide three to five examples of school or program involvement in or utilization of these resources. The description must address both primary instructional faculty and non-primary instructional faculty. (self-study document)

4) Describe the role of evaluations of instructional effectiveness in decisions about faculty advancement. (self-study document)

5) Select at least three of the following indicators, which are meaningful to the school or program and relate to instructional quality. Describe the school or program's approach and progress over the last three years for each of the chosen indicators. In addition to at least three from the list that follows, the school or program may add indicators that are significant to its own mission and context. SPH should focus data and descriptions on its public health degree programs.

- Courses that are team-taught with interprofessional perspectives
- Courses that integrate technology in innovative ways to enhance learning

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- Courses that involve community-based practitioners
- Courses that integrate service learning, as defined by the program or school
- Courses that use higher-level (authentic) assessments
- Courses that employ active learning techniques
- Teaching assistants trained in pedagogical techniques
- Frequency of external reviews of proposed or existing courses or curricula, outside of normal university processes[14].
- Frequency of internal quality reviews of existing courses or curricula

(self-study document)

6) Assessment of strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

E4. Faculty Scholarship (SPH and PHP)

Ongoing participation in research and scholarly activity ensures that faculty are relevant and current in their field of expertise, that their work is peer reviewed and that they are content experts. Research also allows faculty to bring real world examples into the classroom to update and inspire teaching and provides opportunities for students to engage in research activities, if desired or appropriate for the degree program.

All types of research are valuable, whether conducted with the purpose of improving public health practice or for generating new knowledge. The types and extent of faculty research align with university and school/program missions and relate to the types of degrees offered. For example, when doctoral degrees are offered, the program or school's research portfolio in those areas take on greater importance.

The school or program has policies in place to support faculty involvement in scholarly activities. As many faculty as possible are involved in research and scholarly activity in some form, whether funded or unfunded.

Required documentation:

1) Describe the school or program's definition and expectations regarding faculty research and scholarly activity. (self-study document)

2) Describe available university and school or programmatic support for research and scholarly activities. (self-study document)

3) Describe and provide three to five examples of faculty research activities and how faculty integrate research and scholarly activities and experience into their instruction of students. (self-study document)

4) Describe and provide three to five examples of student opportunities for involvement in faculty research and scholarly activities. (self-study document)

5) Describe the role of research and scholarly activity in decisions about faculty advancement. (self-study document)

6) Select at least three of the following measures that are meaningful to the school or program and demonstrate its success in research and scholarly activities. Provide a target for each measure

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[14] Normal university processes include regularly-scheduled, university-mandated program reviews and routine curriculum committee reviews of new courses.

and data from the last three years in the format of Template E4-1. In addition to at least three from the list that follows, the school or program may add measures that are significant to its own mission and context. SPH should focus data and descriptions on faculty associated with the public health degree programs.

- Percent of faculty (specify primary instructional or total faculty) participating in research activities
- Number of students mentored
- Number of community-based research projects
- Number of articles published in peer-reviewed journals
- Total research funding
- Number of citation references
- Presentations at professional meetings
- Support for development and mentoring of new faculty

(self-study document)

7) Assessment of strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

E5. Faculty Extramural Service (SPH and PHP)

~~Service is an indicator of faculty quality.~~ **Service is an explicit activity undertaken for the benefit of the greater society, over and beyond what is accomplished through instruction and research.**

The school or program defines expectations regarding faculty extramural service activity. Participation in internal university committees is not within the definition of this section. Service as described here refers to contributions of professional expertise to the community, including professional practice.

As many faculty as possible are actively engaged with the community through communication, collaboration, consultation, provision of technical assistance and other means of sharing the school or program's professional knowledge and competence. Faculty engage in service by consulting with public or private organizations on issues relevant to public health; providing testimony or technical support to administrative, legislative and judicial bodies; serving as board members and officers of professional associations; reviewing grant applications; and serving as members of community-based organizations, community advisory boards or other groups. While these activities may generate revenue, the value of faculty service is not measured in financial terms.

Required documentation:

1) Describe the school or program's definition and expectations regarding faculty extramural service activity. Explain how these relate/compare to university definitions and expectations. (self-study document)

2) Describe available university and school or program support for extramural service activities. (self-study document)

3) Describe and provide three to five examples of faculty extramural service activities and how faculty integrate service experiences into their instruction of students. (self-study document)

4) Describe and provide three to five examples of student opportunities for involvement in faculty extramural service. (self-study document)

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1910   5) Select at least three of the following indicators, which are meaningful to the school or program and
1911   relate to service. Describe the school or program's approach and progress over the last three years
1912   for each of the chosen indicators. In addition to at least three from the list that follows, the school or
1913   program may add indicators that are significant to its own mission and context. SPH should focus
1914   data and descriptions on faculty associated with the school's public health degree programs.
1915
1916   • Percent of faculty (specify primary instructional or total faculty) participating in extramural
1917   service activities
1918   • Number of faculty-student service collaborations
1919   • Number of community-based service projects
1920   • Total service funding
1921   • Faculty promoted on the basis of service
1922   • Faculty appointed on a professional practice track
1923   • Public/private or cross-sector partnerships for engagement and service
1924   (self-study document)
1925
1926   6) Describe the role of service in decisions about faculty advancement. (self-study document)
1927
1928   7) Assessment of strengths and weaknesses related to this criterion and plans for improvement in this
1929   area, if applicable. (self-study document)
1930
1931
1932

F1. Community Involvement in School/Program Evaluation and Assessment (SPH and PHP)

The school or program engages constituents, including community stakeholders, alumni, employers and other relevant community partners. Stakeholders may include professionals in sectors other than health (eg, attorneys, architects, parks and recreation personnel).

Specifically, the school or program ensures that constituents provide regular feedback on its student outcomes, curriculum and overall planning processes, including the self-study process.

With regard to obtaining constituent input on student outcomes and on the strengths and weaknesses of the school or program's curricula:

- **The school or program defines qualitative and/or quantitative methods designed to provide useful information.**
- **Data from supervisors of student practice experiences may be useful but should not be used exclusively.**
- **The school or program documents and regularly examines its methods for obtaining this input as well as its substantive outcomes.**

Required documentation:

1) Describe any formal structures for constituent input (eg, community advisory board, alumni association, etc.). List members and/or officers as applicable, with their credentials and professional affiliations. (self-study document)

2) Describe how the program engages external constituents in regular assessment of the content and currency of public health curricula and their relevance to current practice and future directions.

3) Describe how the program's external partners contribute to the ongoing operations of the school or program. At a minimum, this discussion should include community engagement in the following:

   a) Development of the mission, values, goals and objectives
   b) Development of the self-study document
   c) Assessment of changing practice and research needs
   d) Assessment of program graduates to perform competencies in an employment setting
   (self-study document)

4) Documentation (eg, minutes, notes, committee reports, etc.) of external contribution in at least two of the areas noted in documentation request 3. (electronic resource file)

5) Assessment of strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

F2. Student Involvement in Community Engagement and Professional Service (SPH and PHP)

Community engagement and professional service opportunities are available to all students, regardless of curricular requirements. Experiences should help students to gain an understanding of the contexts in which public health work is performed outside of an academic setting and the importance of learning and contributing to professional advancement in the field.

Required documentation:

1984   1) Describe how students are introduced to service, community engagement and professional
1985   development activities and how they are encouraged to participate. (self-study document)
1986

1987   2) Provide examples of public health students' professional service activities and community
1988   engagement opportunities in which students have participated in the last three years. (self-study
1989   document)
1990

1991   3) Assessment of strengths and weaknesses related to this criterion and plans for improvement in
1992   this area, if applicable. (self-study document)
1993

1994 F3. Assessment of the Community's Professional Development Needs (SPH and PHP)

1995 The school or program periodically assesses the continuing education needs of individuals
1996 currently ~~working in~~serving public health functions in its self-defined priority community or
1997 communities.
1998

1999 Examples could include periodic meetings with community members and stakeholders, formal or
2000 informal needs assessments, focus groups with external constituents, surveys that are
2001 administered or co-administered to external constituents and use of existing datasets.
2002

2003 Required documentation:
2004

2005   1) Define the program's professional community or communities of interest and the rationale for this
2006   choice. (self-study document)
2007

2008   2) Describe how the school or program periodically assesses the continuing education needs of its
2009   priority community or communities, and provide summary results of these assessments. Describe
2010   how often assessment occurs. (electronic resource file)
2011

2012   3) Assessment of strengths and weaknesses related to this criterion and plans for improvement in
2013   this area, if applicable. (self-study document)
2014

2015 F4. Delivery of Continuing Education for the Workforce (SPH and PHP)

2016 The school or program advances public health by addressing the continuing education needs of
2017 the current public health workforce, broadly defined, based on assessment activities described in
2018 Criterion F3. Continuing education offerings can be for-credit or not for credit and can be one-time
2019 or sustained offerings.
2020

2021 Required documentation:
2022

2023   1) Describe the school or program's process for developing and implementing continuing education
2024   activities for the workforce and ensuring that these activities align with needs identified in F3.
2025   (self-study document)
2026

2027   2) Provide two to three examples of education/training activities offered by the school or program in
2028   the last three years in response to community-identified needs. Include the number of external
2029   participants served (ie, individuals who are not faculty or students at the institution that houses
2030   the school or program). (self-study document)
2031

2032   3) Assessment of strengths and weaknesses related to this criterion and plans for improvement in
2033   this area, if applicable. (self-study document)
2034

G1. Diversity and Cultural Competence (SPH and PHP)

Recognizing that graduates may be employed anywhere in the world and work with diverse populations, schools and programs provide a learning environment that prepares their students with broad competencies regarding diversity and cultural competence, within the context of their own institutions' mission statements.

Aspects of diversity may include age, country of birth, disability, ethnicity, gender, gender identity, language, national origin, race, historical under-representation, refugee status, religion, culture, sexual orientation, health status, community affiliation and socioeconomic status. This list is not intended to be exhaustive.[15]

Cultural competence, in this criterion's context, refers to competencies for working with diverse individuals and communities in ways that are appropriate and responsive to relevant cultural factors. Requisite competencies include self-awareness, open-minded inquiry and assessment and the ability to recognize and adapt to cultural differences, especially as these differences may vary from the school or program's dominant culture. Reflecting on the public health context, recognizing that cultural differences affect all aspects of health and health systems, cultural competence refers to the competencies for recognizing and adapting to cultural differences and being conscious of these differences in the school or program's scholarship and/or community engagement.

Each school or program further defines these terms in its own context.

The school or program defines systematic, coherent and long-term efforts to incorporate elements of diversity. Diversity considerations relate to faculty, staff, students, curriculum, scholarship and community engagement efforts. Schools and programs accomplish these aims through a variety of practices including incorporation of diversity and cultural competency considerations in the curriculum; recruitment and retention of faculty, staff and students; policies that support a climate of equity and inclusion, free of harassment and discrimination; and reflection in the types of scholarship and/or community engagement conducted.

Required documentation:

1) A list of the school or program's self-defined, priority under-represented populations; an explanation of why these groups are of particular interest and importance to the school or program; and a description of the process used to define the priority population(s). These populations must include both faculty and students and may include staff if appropriate. Populations may differ among these groups. (self-study document)

2) A list of goals for increasing the representation and supporting the persistence (if applicable) and ongoing success of the specific populations defined in documentation request 1. (self-study document)

3) A list of actions and strategies to advance the goals defined in documentation request 2 and a description of the process used to define the actions and strategies. The process may include collection and/or analysis of program- or school-specific data; convening stakeholder discussions and documenting their results; and other appropriate tools and strategies. (self-study document)

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[15] CEPH understands that the definition of diversity in non-US settings, as well as the ability to track such data, differs greatly from that in the United States. This does not, however, relieve international programs from the obligation to demonstrate efforts and outcomes related to diversity and cultural competency, as defined in appropriate local contexts.

2085   4) A list of the actions and strategies that create and maintain a culturally competent environment
2086   and a description of the process used to develop them. The description addresses curricular
2087   requirements; assurance that students are exposed to faculty, staff, preceptors, guest lecturers
2088   and community agencies reflective of the diversity in their communities; and faculty and student
2089   scholarship and/or community engagement activities. (self-study document)
2090

2091   5) Quantitative and qualitative data that documents the school or program's **approaches,** successes
2092   **and/**or challenges in increasing representation and supporting persistence and ongoing success
2093   of the priority population(s). The data must include student and faculty (and staff, if applicable)
2094   perceptions of the school or program's climate regarding diversity and cultural competence. (self-
2095   study document)
2096

2097   6) Assessment of strengths and weaknesses related to this criterion and plans for improvement in
2098   this area, if applicable. (self-study document)
2099
2100

H1. Academic Advising (SPH and PHP) ▲

The school or program provides an accessible and supportive academic advising system for students. Each student has access, from the time of enrollment, to advisors who are actively engaged and knowledgeable about the school or program's curricula and about specific courses and programs of study. Qualified faculty and/or staff serve as advisors in monitoring student progress and identifying and supporting those who may experience difficulty in progressing through courses or completing other degree requirements. Orientation, including written guidance, is provided to all entering students.

Required documentation:

1) A description of the program's academic advising services. If services differ by degree and/or concentration, a description should be provided for each public health degree offering. (self-study document)

2) Explain how advisors are selected and oriented to their roles and responsibilities. (self-study document)

3) A sample of advising materials and resources, such as student handbooks and plans of study, that provide additional guidance to students. (electronic resource file)

4) Data reflecting the level of student satisfaction with academic advising during each of the last three years. Include survey response rates, if applicable. SPH should present data only on public health degree offerings, as defined in ~~Criteria D1, D9, D14 and D15~~the Instructional Matrix. (self-study document)

5) A description of orientation processes. If these differ by degree and/or concentration, provide a brief overview of each. (self-study document)

6) Assessment of strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

H2. Career Advising & Mentoring (SPH and PHP)

The school or program provides accessible and supportive career advising and mentoring services for students. Each student, including those who may be currently employed, has access to qualified faculty and/or staff who are actively engaged, knowledgeable about the workforce and sensitive to his or her professional development needs and can provide appropriate career placement advice. Career counseling services may take a variety of forms, including but not limited to individualized consultations, resume workshops, mock interviews, career fairs, professional panels, networking events, employer presentations and online job databases.

The school or program provides such resources for both currently enrolled students and alumni. The school or program may accomplish this through a variety of formal or informal mechanisms including connecting graduates with professional associations, making faculty and other alumni available for networking and advice, etc.

Required documentation:

1) A description of the school or program's career advising and services. If services differ by degree and/or concentration, a description should be provided for each. Include an explanation of efforts to tailor services to meet students' specific needs. SPH should present data only on public health degree offerings. (self-study document)

2157   2) Explain how individuals providing career counseling are selected and oriented to their roles and
2158   responsibilities. (self-study document)
2159

2160   3) Three examples from the last three years of career counseling services provided to students and
2161   one example of career counseling provided to an alumnus/a. For each, indicate the number of
2162   students participating. (self-study document)
2163

2164   4) Data reflecting the level of student satisfaction with career counseling during each of the last
2165   three years. Include survey response rates, if applicable. SPH should present data only on public
2166   health degree offerings, as defined in ~~Criteria D1, D9, D14 and D15~~the Instructional Matrix. (self-
2167   study document)
2168

2169   5) Assessment of strengths and weaknesses related to this criterion and plans for improvement in
2170   this area, if applicable. (self-study document)
2171

2172

2173 **H3. Student Complaint Procedures (SPH and PHP) ▲**
2174

2175 **The school or program enforces a set of policies and procedures that govern formal student**
2176 **complaints/grievances. Such procedures are clearly articulated and communicated to students.**
2177 **Depending on the nature and level of each complaint, students are encouraged to voice their**
2178 **concerns to school or program officials or other appropriate personnel. Designated**
2179 **administrators are charged with reviewing and resolving formal complaints. All complaints are**
2180 **processed through appropriate channels.**
2181

2182 Required documentation:
2183

2184   1) A description of the procedures by which students may communicate any complaints to school or
2185   program officials, and about how these procedures are publicized. (self-study document)
2186

2187   2) A brief summary of the steps for how a grievance or complaint filed through official university
2188   processes progresses. Include information on all levels of review/appeal. (self-study document)
2189

2190   3) A list of any formal complaints and/or student grievances submitted since the last accreditation
2191   review. Briefly describe the general nature or content of each complaint and the current status or
2192   progress toward resolution. (self-study document)
2193

2194   4) Assessment of strengths and weaknesses related to this criterion and plans for improvement in
2195   this area, if applicable. (self-study document)
2196

2197

2198 **H4. Student Recruitment and Admissions (SPH and PHP) ▲**
2199

2200 **The school or program implements student recruitment and admissions policies and procedures**
2201 **designed to locate and select qualified individuals capable of taking advantage of the school or**
2202 **program's various learning activities, which will enable each of them to develop competence for a**
2203 **career in public health.**
2204

2205 Required documentation:
2206

2207   1) Description of the school or program's recruitment activities. If these differ by degree (eg,
2208   bachelor's vs. graduate degrees), a description should be provided for each. SPH should discuss
2209   only public health degree offerings, as defined in ~~Criteria D1, D9, D14 and D15~~the Instructional
2210   Matrix. (self-study document)
2211

2212	2)	Statement of admissions policies and procedures. If these differ by degree (eg, bachelor's vs.
2213		graduate degrees), a description should be provided for each. SPH should discuss only public
2214		health degree offerings, as defined in ~~Criteria D1, D9, D14 and D15~~the Instructional Matrix. (self-
2215		study document)

3) Select at least one of the following measures, which is meaningful to the school or program and demonstrate its success in enrolling a qualified student body. Provide a target and data from the last three years in the format of H4-1. In addition to at least one from the list that follows, the school or program may add measures that are significant to its own mission and context.

- Quantitative scores (eg, GPA, SAT/ACT/GRE, TOEFL) for newly matriculating students
- Percentage of designated group (eg, undergraduate students, mid-career professionals, multi-lingual individuals) accepting offers of admission
- Percentage of priority under-represented students (as defined in F1) accepting offers of admission
- Percentage of newly matriculating students with previous health- or public health-related experience
- Number of entering students with distinctions and/or honors from previous degree (eg, National Merit Scholar)
- Percentage of multi-lingual students

SPH should present data only on public health degree offerings.
(self-study document)

4) Assessment of strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

H5. Publication of Educational Offerings (SPH and PHP) ▲

Catalogs and bulletins used by the school or program to describe its educational offerings must be publicly available and must accurately describe its academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements. Advertising, promotional materials, recruitment literature and other supporting material, in whatever medium it is presented, must contain accurate information.

Required documentation:

Direct links to information and descriptions of all degree programs and concentrations in the unit of accreditation. The information must describe all of the following: academic calendar, admissions policies, grading policies, academic integrity standards and degree completion requirements. (self-study document)

Definitions

The following definitions apply throughout this document, regardless of the specific terminology used by the school or college:

- "Degree level" refers to one of three options: 1) bachelor's, 2) master's or 3) doctoral.

- "Degree" refers to BA, BS, MS, MSPH, MPH, PhD, ScD, DrPH, etc. Degrees may include one concentration, or a degree may include multiple concentrations.

- "Concentration" refers to any area of study that the school or program advertises as available to students, via its catalog and/or website. For example, an MPH in epidemiology is a concentration. An MPH in epidemiology with focus areas in chronic disease and infectious disease would be two concentrations (chronic epidemiology and infectious epidemiology). In these criteria, "concentration" is synonymous with terms such as "specialization," "emphasis area," "track" and "focus area." Plans of study that are clearly presented to students as "minors," however, are not considered to be concentrations.

- "Professional" public health degrees include the MPH and DrPH, as well as any graduate degrees that are intended to prepare individuals for public health practice in a manner equivalent to the MPH or DrPH degree.

  "Academic" public health degrees often include the MS and PhD. These degrees are offered in public health fields but are not intended to function as MPH or DrPH equivalents. They prepare students for further study or for academic or scholarly positions in public health fields.

  - For example, in some institutions, the MSPH is intended to function in a manner equivalent to the MPH degree. In these institutions, the MSPH is a professional degree.
  - In some institutions, the MSPH is intended to prepare students for doctoral study and/or research-based careers. In these institutions, the MSPH is an academic degree.

- "Other" degrees include the MHA/MHSA and any graduate degree or concentration that does not meet the definition of a professional or academic public health degree as noted above. This category also includes bachelor's degrees or concentrations in fields other than public health.

- For ease of reference, any criteria that refer to the "MPH degree" also apply to any other professional public health master's degrees through which the program intends to prepare public health practitioners in a manner equivalent to the MPH. Such degrees may include MSPH other degrees when they are intended to function as professional degrees equivalent to the MPH, and were previously referred to in CEPH criteria as "equivalent professional degrees."

Note: The Council is aware that the degree classifications and definitions proposed in this document are complicated. The information and statistics below are intended to assist stakeholders in contextualizing the need for these classifications. The information that follows is intended to show the complexity and variation in CEPH-accredited institutions. We absolutely welcome suggestions on ways of improving clarity!

*By definition, all accredited SPH and PHP offer **professional** graduate public health degrees.*

As of February 1, 2016, 56 of 57 accredited SPH and 11 of 110 accredited PHP offer **academic** graduate public health degrees, including MS, MSPH (when the MSPH is not functioning as an MPH equivalent), ScD and PhD.

32 of 57 accredited SPH offer **other** degrees and/or concentrations. Because of the method for defining the unit of accreditation in PHPs, no PHPs include other degrees.

- In 15 of the 32 SPH, the only other degree offering is the MHA or MHSA.

Among the 17 SPH that offer other degrees in addition to MHA/MHSA:

- 10 offer BS or BSHS degrees in other fields, such as nutrition and exercise science.
- 15 offer other master's degrees, such as MA in dietetics & nutrition, MS in exercise science, MSW or MPP.
- 7 offer other doctoral degrees, such as PhD in social work, nutrition, communication science or exercise science.

The list that follows includes the degrees offered by accredited SPH that include at least one other concentration:

BS	MHA or MHSA	MSW	MSP
BHS	MBA	MPP	AuD
BSHS	MS	MOT	DPT
BSSW	MA	MSEE	PhD
BSAT	MHS	MCD	
CEMHA	MHI or MHIHIM	MHSN	

The list of other concentrations offered by accredited SPH includes the following:

Athletic Training	Health Science
Audiology	Human Development & Family Sciences
Business Administration	Kinesiology or Exercise Science
Clinical Psychology	Occupational Therapy
Communication Sciences & Disorders	Physical Therapy
Couple and Family Therapy	Public Policy
Criminology and Professional Practice	Recreational Therapy
Dietetics & Nutrition	Rehabilitation Counseling/Science
Environmental Engineering	School & College Health Education
Genetic Counseling	Social Work
Health Education Secondary Teacher Prep	Sport Communication
Health Informatics & Health Info Management	Sport Marketing & Management