



Summary Notes from the Participants' Comments and Q&A
(Edited for Clarity and Sequenced for Flow, Post-webinar) from the
ASPPH Webinar "DRAFT Global Health Concentration Competencies for the MPH"

Friday March 30, 2018

PPT Slides [here](#), & Archived Recording [here](#)

Speaker Key:

PB = Peggy Bentley (UNC)

EA = Elizabeth Ablah (Kansas)

LW = Liz Weist (ASPPH)

1: How do these competencies relate to the CUGH global health competencies?

PB and EA: The CUGH competencies [[here](#)] are very similar to the *original* ASPPH competency model from 2011 [[here](#)]. Both the CUGH competencies and ASPPH's 2011 competencies are much broader and apply to all master's-level students, beyond the global health concentration MPH-degree seekers now targeted, necessarily, in [ASPPH's 2018 competency draft](#).

2. We have been working with these competencies [ASPPH's 2018 draft proposals] to develop competencies for our new MPH Global Health concentration. We found a major gap - there was nothing related to monitoring and evaluation (M&E) of global health programs which we believe are a set of skills that are more advanced than the core evaluation competencies that are part of the CEPH requirements. We think that there is the need to incorporate a M&E competency or add M&E language into one of the existing ones.

PB: I agree with the questioner and suggest that if we add an M&E competency for global health, we would need to think hard about how to differentiate it from CEPH's foundational requirements, and we would welcome feedback on some sample language. I would add, too, that CEPH is asking for a minimum of five concentration competencies. Seven or eight are fine and people could choose among ASPPH's offerings for what fits their program.

LW: [Keep in mind that every concentration competency listed by a school or program must correlate with the curricula and include a discrete assessment. Therefore, any competency above and beyond the mandated five concentration competencies adds to the required documentation burden.]

EA: If you look at [CEPH's accreditation criteria](#) in Section D2, competency #11 for MPH students, "Select methods to evaluate public health programs," and, as well, check out the [2011 ASPPH competency model](#), which includes competency #5.6, "Develop monitoring and evaluation frameworks to assess programs," we considered that M&E was covered appropriately by CEPH's requirement. At any rate, we would love to know your thoughts on whether more specification is needed or if M&E needs to be drawn out further in ASPPH's 2018 competency recommendations.

3: Good point re M&E - what about the full range of program development - including budget development and management?

EA: In [CEPH's accreditation criteria](#) in Section D2, the MPH foundational competency requirement, item #10, is as follows: "Explain basic principles and tools of budget and resource management." It is amazing to me how comprehensive CEPH's foundational knowledge and competencies have been in capturing many of ASPPH's original global health competencies that were once in ASPPH's 2011 global health competency model.

LW: As you saw with Elizabeth's answer and many other questions so far in this webinar, these kinds of questions push us back to look at the CEPH requirements. We're having to toggle back and forth in what we're proposing in ASPPH's global health concentration competency statements, which are for

voluntary use, against CEPH's foundational requirements. Our challenge is not to duplicate, but build upon the CEPH requirements, differentiating concentration competencies to ask students to demonstrate more rigor, and to go into more depth and breadth than CEPH's foundational criteria.

PB: I'm hearing a lot of concern in not having, for example, M&E is that people are concerned that the MPH core will not have enough global health in it. If a school has mostly domestic examples of tools of budget and resource management or of M&E, then that probably is not going to be adequate in working in places all around the world.

4: CEPH competency #11 just says "Select methods..." to evaluate public health programs. We think that global health concentration MPH students will not just select methods but will need to develop their own to evaluate complex global health programs. At UNC, we are considering the language: "Develop skills for monitoring and evaluating the processes and outcomes of global health programs and policies" as an extension of the basic CEPH competencies.

EA: One of the models we reviewed for this project was UNC's framework for their new global health concentration. I would agree that your proposed competency is at a higher level than CEPH's foundational competency: "Explain basic principles and tools of budget and resource management." This is helpful, thank you for sharing it.

5. Is the Planetary Health and anthropocene consistent with global health?

EA: In [CEPH's accreditation criteria](#) in Section D1, the MPH foundational knowledge, item #12 is as follows, "Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)." We did consider the planetary health issue connected to this existing requirement.

6: Along with a One Health focus comes the importance of cross interprofessional collaboration - not just in health but across professions as well as across academia, nonprofit and corporate sectors. This is particularly key when working globally. What competencies address this?

EA: CEPH's foundational competency #21, which is "Perform effectively on interprofessional teams" covers this issue nicely.

LW: Some of you may have joined CEPH's recent webinar where they reported on their analysis of schools' and programs' compliance report submissions, due earlier this year. They found people were having a bit of difficulty with this particular competency. In recognition of the importance of interprofessional work and the need for faculty development in this area, ASPPH is a founding member of the Interprofessional Education Collaborative (IPEC), which offers [institutes](#) to help faculty get up to speed on interprofessional teaching and learning.

7: What exactly does the 1st ASPPH-proposed competency: "Strategize methods for diverse local and global sociocultural and political landscapes" mean? Specifically, methods to accomplish what? And how is the 5th competency, "Use methods to promote sustainable development..." a competency?

EA: Your point is a good one and others have asked about "to what end?" are we aiming in the first competency. If you look at the material in Appendix A under this first competency, we would appreciate your thoughts on how that material may relate to this competency. Regarding the 5th competency, referring again to the sub-content and sub-competencies under this one in Appendix A, you will note the first four sub-competencies are to "identify" or "understand" and we decided to bump up this competency for master's-level students, using Bloom's taxonomy, to a higher level of "implementation."

LW: Since the MPH is a practice degree, it is appropriate to make sure students can implement actions and demonstrate Bloom's level-three behaviors to drive change. ASPPH has a helpful tool on our website ([here](#)) that could assist faculty in assessing students in this kind of actionable learning.

8: Given the prominence of complex emergencies arising from political and other adverse situations and the impact on global health, should economics be included as a major focus in # 1. I would suggest so. Complex emergencies and its economic issues have huge impacts on health outcomes, strategies, capacities in several countries - From St. George's University.

EA: I'd be curious what aspect of economics is referenced, perhaps the economics of the location? I could speak to the complex emergency issue mentioned by responding in the 2011 competency framework, ASPPH posed competency 3.2, "Analyze ethical and professional issues that arise in responding to public health emergencies." This is the closest competency to your issue. If you go to Appendix A, you will see under 3e this same competency referenced. If you would like to recommend a distinct competency to call out these issues in ASPPH's 2018 draft, please share with us your thoughts.

9: Could add "economic" landscape in the first proposed competency.

LW: This point is well-taken and is mentioned in 1b in Appendix A.

10. Your proposed competency #7, "Display on-going self reflection..." does not feel like an advanced competency in global health.

PB: At the Town Hall we had in March, there was quite a bit of discussion around this competency and people did think it was important.

LW: There were a few comments as well suggesting that shouldn't all students need to demonstrate this ability, regardless of concentration? It might be of interest to know that an earlier iteration of this proposed competency was too practice-focused and once we realized that, we adjusted the language to make the competency more specific to what the student would need to demonstrate prior to graduation in terms of a commitment and activity around both ongoing self-reflection and continual learning in global health.

11. What would be an advanced competency that a GH concentration student would demonstrate for competency 7 that would be different from any other MPH student?

EA: There is a comment in the box that this competency is excellent ["Competency #7 was my favorite one actually. Global health is so broad and it's good to stress that students must continue to learn throughout their lives"] and support from another that it is broad, but good to stress for students. And, there is another question in the box about how to measure a student is displaying this ability. Some programs, per one of the comments in the box ["Our program has a periodic written individual reflection throughout the time they are overseas in a practicum, and a debrief for weeks afterwards as a group"] use discussions or journal activities where students reflect on their location and experiences in order to prepare for continuing this practice in their personal and professional lives. It is useful to have examples so schools and programs can operationalize the competencies, and ASPPH will be working to deliver these kinds of helpful resources in the coming months.

12. Will global health MOOCs [Massive Open Online Courses] be available in the future?

PB: There already are several global health MOOCs out there, and certainly MOOC designers could review the ASPPH competency model, once finalized, and respond to them in the future.

LW: ASPPH is moving, under our new president and CEO, Dr. Laura Magaña, to provide more assistance to members in support of your teaching, research, and practice needs, so you're going to start to see this year more faculty development support and more learning objects and we are even thinking about a faculty learning management system to help faculty gain skills to improve student learning outcomes. So, I encourage you to stay tuned to future ASPPH offerings in these areas.

Questions/Comments Post-webinar (as time had run out)

13. I am interested in how to integrate competencies into certificate programs and minors in public health, which offer fewer courses than a Master of Public Health (MPH).

ASPPH: We noticed this question came from a Council on Education for Public Health (CEPH)-accredited institution. While CEPH does not review certificate programs or minors, it could be helpful for CEPH-accredited institutions to consider CEPH's criteria for degree programs that may relate closely to your certificate or minor so as to align your offerings. This approach could assist students who may take the next steps to apply for the related degree program. Conversely, you may wish to offer certificates or minors that diverge from your degree programs in important ways, and of course you have the flexibility to arrange them in manner that fits your mission and objectives.

14. Where is the reflection regarding the global/local or glocal reality of public health today?

ASPPH: The first proposed competency, "Strategize methods for diverse *local and global* [italicized for emphasis] sociocultural and political landscapes" speaks somewhat to this issue. We heard a lot of exciting discussion at ASPPH's Town Hall in March about global/local issues and are still processing whether we need to be more explicit about it, perhaps in our front language about the competencies. While some participants really like our draft competencies, others suggested they are important for all MPH students regardless of whether they plan to work domestically or outside of their home country. The challenge for us to make these competencies fit the current global health environment and to position our global health concentrating MPH students for successful employment trajectories going forward. Some discussants at the town hall suggested that we could define what we mean by "global health." A response by the presenters at the Town Hall is that the field of global health has moved to a paradigm shift that recognizes the connections between global and local health and that "international health," which means "between two nations," is no longer how we talk about most research, training, or practice done outside of one's country unless it refers to a true, bilateral situation. We agree that further elucidating the rationale for "global/local" in the concentration should be clear and based upon the literature and the shift from "international" to "global."

15. The responses to questions that refer back to CEPH are confusing. Perhaps if the final global health competencies provide a reference to the CEPH competencies, it would be easier to work with the global health competencies. As is, it is frustrating to work with both.

ASPPH: The toggling back and forth is a little clunky and while we cannot think of another way around it at this juncture, perhaps we could conceive of a way to streamline the process.

16. I'm new to faculty and not sure which set of competencies are necessary/required by our institution (CEPH or ASPPH).

ASPPH: Since this question appears to have come from a CEPH-accredited institution, you are bound to follow CEPH guidelines. While you also are an ASPPH member, ASPPH recommendations are not prescriptive and are *voluntary*. When finalized this summer, we will offer them as a resource that will have been vetted by our members and partners and will represent the best thinking at the point of time of their release. These pending recommendations will be accompanied by a mini-toolkit to assist faculty in adopting and/or adapting the recommendations for use in your teaching.