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 140 comments from more than 25 individuals and organizations in the “round 3” 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 final round 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.
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) indicates 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.

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Replacing 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.
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**Introduction**

1) Describe the 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 the public health school or program 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 or program’s internal organization, including the reporting lines to the dean/director

b. the relationship between the school or 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 or program’s leader to the institution’s chief executive officer (president, chancellor, etc.), including intermediate levels (eg, reporting to the president through the provost)

d. for multi-partner SPH & PHP (as defined in Criterion A2), organizational charts must depict all participating institutions

3) An instructional matrix presenting all of the school or program’s degree programs and concentrations/areas of specialization, including bachelor’s, master’s and doctoral degrees, as appropriate. Present data in the format of Template Intro-1.

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 Template Intro-1).

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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.
4) Enrollment data for all of the school or program’s degree programs, including bachelor’s, master’s and doctoral degrees, in the format of Template Intro-2. SPH that house “other” degrees and concentrations should separate those degrees and concentrations from the public health degrees for reporting student enrollments. For example, if an SPH offers a BS in public health and a BS in exercise science, student enrollment data should be presented separately. Data on “other” degrees and concentrations may be grouped together as relevant to the school.

The Council added this documentation request to establish context, since the detailed enrollment data currently requested in Criterion 4.3 are no longer required.
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) List 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 and indicate how they are appointed. (self-study document)

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) Briefly describe 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) Briefly describe 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) Describe 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)
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) Describe 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) Describe the role and responsibilities of the identified leader. (self-study document)

4) Assess the 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 school or program, and the school or program engages students as members on decision-making bodies whenever appropriate.

Required documentation:

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

2) Assess the 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. 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. Independence and status are viewed within the context of institutional policies, procedures and practices.

Required documentation:

1) Briefly describe of the school’s reporting lines up to the institution’s chief executive officer. The response may refer to the organizational chart provided in the introduction. (self-study document)

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

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

A5. Degree Offerings in Schools of Public Health (SPH only)

A school of public health offers a professional public health master’s degree (eg, MPH) in at least three distinct concentrations (as defined by competencies in Criterion D4) and public health doctoral degree programs (academic or professional) in at least two concentrations (as defined by competencies in Criterion D4). A school may offer more degrees or concentrations at either degree level.

Required documentation:

1) Affirm that the school offers professional public health master’s degree concentrations in at least three areas and public health doctoral degree programs of study in at least two areas. Template Intro-1 may be referenced for this purpose. (self-study document)

2) An official catalog or bulletin that lists the degrees offered by the school. (electronic resource file or hyperlink in self-study document)

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.

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.

4 The language related to doctoral degrees is intended to suggest that any of the following would be acceptable (as well as many other combinations): DrPH in general public health and PhD in health policy; PhD with concentrations in biostatistics and environmental health; DrPH in community health and ScD in epidemiology; DrPH with concentrations in social and behavioral sciences and global health; etc.
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, mission, 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) Assess the strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)


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) Present an evaluation plan that, at a minimum, lists the school or program’s evaluation measures, methods and parties responsible for review. See Template B2-1. (self-study document)

2) Briefly describe 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) Provide 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) Assess the 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, DrPH). 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 public health degree. See Template B3-1. (self-study document)

4+2) Data on public health doctoral student progression in the format of Template B3-2. (self-study document)

2) Explain 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)

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

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

The school or program collects and analyzes data on graduates’ employment or enrollment in further education, post-graduation, for each public health degree offered (eg, BS, MPH, MS, PhD, DrPH).

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.

The school or program achieves rates of 80% or greater employment or enrollment in further education within the defined time period for each degree.

Required documentation:

1) Data on post-graduation outcomes (employment or enrollment in further education) for each public health degree. See Template B4-1. (self-study document)

5 SPH only: Provide data on public health degrees only. For those 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 the Degree Classification Key available on the CEPH website.

6 SPH only: See footnote 5.
2) Explain 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) Assess the strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

B5. Alumni Perceptions of Curricular Effectiveness (SPH and PHP)

For each degree offered, the school or program collects information on alumni perceptions of their own success in achieving defined competencies and of their ability to apply these competencies in their post-graduation placements.

The school or program defines qualitative and/or quantitative methods designed to maximize response rates and provide useful information. Data from recent graduates within the last five years are typically most useful, as distal graduates may not have completed the curriculum that is currently offered.

The school or program documents and regularly examines its methodology as well as its substantive outcomes to ensure useful data.

Required documentation:

1) Summarize the findings on alumni self-assessment on success in achieving competencies and ability to apply competencies after graduation. (self-study document)

2) Provide full documentation of the methodology and findings from alumni data collection. (electronic resource file)

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

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) Describe 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) Provide two to four specific examples of programmatic changes undertaken in the last three years 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)

7 SPH only: See footnote 5.
3) Provide 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) Assess the 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) Describe the school or program’s budget processes, including all sources of funding. This description addresses the following, as applicable:

a) Briefly describe 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) Briefly describe 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) Describe 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:

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

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

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

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

C2. Faculty Resources (SPH and PHP) ▲

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

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

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

Definitions

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

- Employed full-time as faculty members appointed in the SPH (i.e., 1.0 FTE in the unit of accreditation). The school uses the university’s definitions of “full-time” and “faculty.” Individuals appointed in the SPH with honorary appointments in other disciplines or occasional teaching/advising duties outside the school may count as primary instructional faculty member in some circumstances, but the primary expectation of the individual’s employment must be activities associated with the SPH.

- Have regular responsibility for instruction in the SPH’s public health degree programs as a component of employment. Individuals whose sole instructional responsibility is mentoring individual doctoral or research students do not meet CEPH’s definition of primary instructional faculty, nor do faculty whose regular instructional responsibilities lie with non-public health degrees within the SPH, if applicable.
For PHP only, primary instructional faculty are defined as follows. Primary instructional faculty must meet ALL THREE requirements outlined below:

- Employed full-time as faculty members at the home institution/university. The PHP uses the university's definitions of “full-time” and “faculty.”
- Have regular responsibility for instruction in the PHP as a component of employment. Individuals whose sole instructional responsibility is mentoring individual doctoral or research students do not meet CEPH’s definition of primary instructional faculty.
- Spend a majority of time/effort (.50 FTE or greater) on activities associated with the PHP, including instruction. Research and service effort should also be included in the FTE allocated to the program if the research or service projects impact the PHP and its students. The program defines FTE allocations consistently and transparently and can clearly account for all time, effort and instructional or other responsibilities spent on degree programs outside the unit of accreditation.

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

SPH employ, at a minimum, 21 primary instructional faculty.
PHP employ, at a minimum, three primary instructional faculty.

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

The Council considered comments and tested a number of different scenarios, based on currently accredited institutions and on inquiries from prospective applicants. After discussion, the Council opted to maintain consistency with current requirements for PHP. Since the existing model for SPH is no longer tenable, the Council proposes the following to ensure quality. Additional perspectives are particularly welcomed during this final round of comments.

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

To provide this basic breadth and range and to assure quality, schools and programs employ, at a minimum, three faculty members per concentration area and for the first degree level offered.\(^8\)

Each additional degree level in a concentration requires the addition of one faculty member. Thus, a concentration area that solely offers master's degrees requires three faculty members. A concentration offering bachelor's and master's degrees OR master's and doctoral degrees requires four faculty members. A concentration with bachelor's, master's and doctoral-level degrees requires a minimum of five faculty members.

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\(^8\) See “Definitions” at the end of this document.

SPH only: This requirement applies solely to public health degrees and concentrations, as defined in Template Intro-1 the Instructional Matrix.
Additional definitions and specifications for these faculty requirements differ between SPH and PHP, due to the differing appointment and resource structures in these organizational units. Definitions and specifications appear below:

**SPH:**

The three faculty per concentration for the first degree level include the following:

- **Two primary instructional faculty members**
  - These individuals may only count toward the three faculty in one additional concentration.

- **One additional faculty member of any type (faculty from another university unit, adjunct faculty, part-time faculty or primary instructional faculty associated with another concentration area).**

- **The additional faculty required for adding a degree level in a concentration area must be primary instructional faculty members.**

- **All identified faculty must have regular instructional responsibility in the area. Individuals who perform research in a given area but do not have some regular expectations for instruction cannot serve as one of the three to five listed members.**

**PHP**

The three faculty per concentration for the first degree level must all be primary instructional faculty. The additional faculty required for additional degree levels must also be primary instructional faculty. Primary faculty members can count toward only one concentration area.

**SPH & PHP**

All identified faculty must be qualified to provide instruction in the concentration area, as defined in Criterion E1.

Criterion E assesses an individual’s qualifications vis-à-vis his or her association with a concentration and degree level.

In multi-partner schools and programs (ie, institutions responding to Criterion A2), faculty may be drawn from any of the participating institutions to demonstrate compliance with this aspect of the criteria.

**C2-C. Faculty resource adequacy, beyond minimum eligibility (SPH and PHP)**

The size of the school or program’s faculty complement is appropriate for the size of the student body and supports and encourages effective, regular and substantive student-faculty interactions. The school or program documents the adequacy of the faculty complement through multiple quantitative and qualitative measures, including the following: advising ratios; availability of faculty to supervise MPH integrative learning experiences and doctoral students’ final projects; and data on student perceptions of class size and faculty availability.

Required documentation:

1) A table depicting the adequacy of the school or program’s primary instructional and non-primary instructional faculty resources and the school or program’s enrollment in each
degree and concentration in the format of Templates C2-1 and C2-2. (Note: C-1 has different formats for schools vs. programs. C2-2 is the same for both.)

The PHP/SPH need not list all faculty but must list sufficient faculty to demonstrate compliance with C2-B and C2-C. For example, if the PHP/SPH far exceeds the number of faculty needed to document compliance (as defined in these criteria), the PHP/SPH may add a note to the table indicating the number of faculty available in addition to those depicted in the template.

The data reflect the most current academic year at the time of the final self-study’s submission and should be updated at the beginning of the site visit if any changes have occurred since self-study submission. (self-study document)

2) Explain the method for calculating FTE for faculty in the templates and evidence of the calculation method’s implementation. For SPH only, all primary instructional faculty, by definition, are allocated 1.0 FTE. SPH must explain the method for calculating FTE for any non-primary instructional faculty presented in C2-2. PHP must present calculation methods for primary instructional and non-primary instructional faculty. (self-study document)

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

4) If applicable, provide 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 for the most recent year 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

   a-b. If applicable, average number of baccalaureate students supervised in a cumulative or experiential activity

   b-c. Average number of MPH students supervised in an integrative learning experience (as defined in Criterion D9e), as well as the maximum and minimum

   c-d. Average number of DrPH students mentored, as well as the maximum and minimum

   d-e. Average number of PhD students mentored, as well as the maximum and minimum

   e-f. Average number of academic public health (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.

Though the self-study requires only the most recent year, the school or program may wish to present additional years of data for context. For example, if the most recent year’s results are anomalous, additional data may be helpful.

(self-study document)

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9 This reporting element is only required if undergraduate public health students engage in required cumulative or experiential activities (as defined in Criterion D9e) that require intensive, individualized faculty supervision and are, thus, relevant to assessing faculty workload and resources.
6) Quantitative data on student perceptions of the following for the most recent year:
   a. Overall class size and its relation to quality of learning (e.g., The class size was conducive to my learning; classes are too large, too small, the right size)
   b. Availability of faculty (e.g., 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.

   Though the self-study requires only the most recent year, the school or program may wish to present additional years of data for context. For example, if the most recent year’s results are anomalous, additional data may be helpful.

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

“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 (e.g., individuals who enroll first as students and then obtain graduate assistant or other positions at the universities are classified as “other personnel”).

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

3) Provide 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) Assess the 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) Briefly describe, with data as applicable, 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) Provide narrative and/or data that support the assertion that the physical space is sufficient or not sufficient. (self-study document)

3) Assess the 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 software or other technology required for instructional programs), faculty access to hardware and software (including access to specific software required for the instructional programs offered) and technical assistance for students and faculty.

Required documentation:

1) Briefly describe, with data if applicable, the following:
   - library resources
   - student access to hardware and software (including access to specific software or other technology required for instructional programs)
   - faculty access to hardware and software (including access to specific software or other technology required for instructional programs)
   - technical assistance for students and faculty

(self-study document)

2) Provide narrative and/or data that support the assertion that information and technology resources are sufficient or not sufficient. (self-study document)

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

D1. MPH and DrPH Graduate-Level Professional 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. While many DrPH programs require MPH degrees or equivalent
prerequisite coursework, this is by no means universal. DrPH programs with such requirements may cite the prior degree or prerequisite requirements as evidence of compliance with this criterion, as appropriate.

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 Explain the role of quantitative methods and sciences of epidemiology in describing and assessing a population’s health
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program
5. Discuss the science of prevention at all levels, including health promotion, screening, etc.
6. Explain the use of informatics in public health
   Identify strategies for promoting health equity

Factors Related to Human Health

7. Explain effects of environmental factors on human health
8. Explain biological and genetic factors that impact human health
9. Explain behavioral and psychological factors that impact human health
10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities
11. Explain the impact of how globalization and the affects global burdens of disease
12. 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:

10 This document uses the term “learning objectives” to denote that these intended knowledge outcomes are defined in a more granular, less advanced level than the competencies typically used to define outcomes of a graduate-level program of study.
11 Institutions outside the US may replace the 10 Essential Services with content appropriate to the nation/region.
12 “One Health is the integrative effort of multiple disciplines working locally, nationally, and globally to attain optimal health for people, animals, and the environment. Together, the three make up the One Health triad, and the health of each is inextricably connected to the others in the triad” (Retrieved from https://www.avma.org/KB/Resources/Reference/Pages/One-Health.aspx on June 20, 2016).
1) Describe how the school or program ensures that all MPH and DrPH students are grounded in foundational public health knowledge. The description must identify all options for MPH and DrPH students used by the school or program. (self-study document)

2) Document 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 and interpret quantitative and qualitative data
4. Use computer-based programming and software to support data analysis and interpretation
5. Integrate evidence, including identifying appropriate data sources and using informatics, to describe a public health issue
6. Apply epidemiological methods appropriate for population-based inquiry to the breadth of settings and situations in public health practice.

Public Health & Health Care Systems

1. Compare the organization, structure and function of health care and public health systems across domestic national and non-domestic international settings
2. Assess impacts of structural bias at organizational, community and societal levels that pose challenges to health equity

Program Planning & Management to Promote Health

1. Assess population needs, assets and capacities that affect communities’ health.
2. Apply awareness of cultural values and practices to the design or implementation of public health programs
8.9. 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.

9.10. Explain basic principles and tools of budget and resource management, including human, fiscal and material.

10.11. Select program evaluation methods to evaluate public health programs and policies.

Policy in Public Health

11.12. Assess multiple dimensions of the policy-making process, including ethics and evidence in relation to their capacity to improve public health and health equity.

12.13. Apply coalition building, persuasive communications and methods of negotiating skills with to identify stakeholders, etc., and build coalitions and partnerships to influence public health outcomes.

13.14. Advocate for equity within public health programs and policies and systems that will improve health in diverse populations.

Leadership

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

15.16. 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 systems.

Communication

16.17. Choose appropriate strategies for communicating a public health issue to various audiences, including stakeholders at all levels and sectors.

17.18. Write technical or professional papers on public health issues.


Interprofessional Practice

18.20. Perform effectively on interprofessional teams.

Systems Thinking

19.20. Apply systems thinking tools to a public health issue.

Required documentation:

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

13 "Interprofessional” refers to engagement with professionals outside of public health (eg, architects, nurses), rather than to engagement with individuals from other public health disciplines (eg, biostatisticians, health promotion specialists).
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) Include 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)

5) Assess the strengths and weaknesses related to this criterion and plans for improvement in this 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-transformative academic and practice leaders with expertise in evidence-based public health practice and research. These individuals are able to convene diverse partners; communicate to effect change across a range of sectors and settings; synthesize and translate findings; and generate practice-based evidence that advances programs, policies, services, and/or systems addressing population health. Graduates capable of creating, transforming and leading public health systems.

DrPH graduates demonstrate the 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 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, Apply qualitative and quantitative, mixed methods and policy analysis research approaches and evaluation methods to address health issues at the multiple (individual, group, organization, community and population) levels.

2. Explain the use and limitations of surveillance systems and national surveys in providing data to assess population health needs, monitor the implementation of interventions to address them and evaluate outcomes and impact of programs and policies.

Leadership, Management & Governance

2.3. Build capacity and strategies for health improvement and elimination of health inequities by organizing stakeholders, including researchers, practitioners, community leaders and partners.

3.4. Influence behavior and policies by communicating public health science to diverse stakeholders, including individuals at all levels of health literacy.

4.5. Integrate knowledge, approaches, methods, values and potential contributions from multiple professions and systems in addressing public health problems.

5.6. Create and implement strategic plans.

6.7. Facilitate shared decision making through negotiation and consensus-building methods.
7.8. Create and sustain organizational change strategies
8.9. Promote equity within public health programs, policies and systems
9.10. Assess one’s own strengths and weaknesses in leadership capacities including cultural proficiency
10.11. Acquire and align human, fiscal and other resources to achieve strategic goals
11.12. Cultivate new resources and revenue streams to achieve strategic goals

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

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

Education & Workforce Development
15.16. Assess a population’s knowledge and learning needs
16.17. Deliver training or educational experiences that promote learning in academic, organizational and community settings
17.18. Use best practice modalities in pedagogical practices

Required documentation:
1) List 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) Provide a matrix, in the format of Template D3-2, that indicates the assessment activity for each of the foundational competencies listed above (1-18). 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) Include 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) Provide 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) Assess the strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

D4. Concentration Competencies (SPH and PHP)

This document attempts to reduce the need for footnotes across multiple sections by strengthening the “Definitions” section at the end of the document. Because the text relating to combined degrees has implications for multiple criteria, the definition has been moved out of this section. Suggestions for additional clarification are welcome.
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 articulates 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 (e.g., 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 (e.g., component of existing course, paper, presentation, test) for each defined competency, during which faculty or other qualified individuals (e.g., 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.

If the school or program intends to prepare students for a specific credential (e.g., CHES/MCHES) that has defined competencies, the school or program documents coverage and assessment of those competencies throughout the curriculum.

Required documentation:

1) Provide 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 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) Include 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) Assess the strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (Self-study document)
D5. MPH Applied Practice Experiences (SPH and PHP)

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

Applied practice experiences may be concentrated in time or may be spread throughout a student’s enrollment. Opportunities may include the following:

- a 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)
- 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

Applied practice experiences may involve Sites may include governmental, non-governmental, non-profit, industrial and for-profit settings. Or Sites for experiences may also include appropriate university-affiliated practice-based settings associated with a university. To be appropriate for applied practice experience activities, university-affiliated settings must be primarily focused on community engagement, typically with external 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. Activities meeting the applied practice experience should be mutually beneficial to both the site and the student.

The applied practice experiences allow 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 experiences 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 demonstrates and allows assessment of competency attainment. It may include one at least two products or more of the following to demonstrate the designated competencies: Examples include written assignments, journal entries, completed tests, projects, videos, multi-media presentations, spreadsheets, websites, posters, photos or other digital artifacts of learning. Materials may be produced and maintained in any physical or electronic form chosen by the school or program.

The 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 documentation demonstrating individual competency attainment.

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.

Required documentation:

The Council inadvertently omitted the request for a template in the previous draft—the request for information that appears below in redline is not substantively different from draft 3.

1) Provide a matrix, in the format of Template D5-1, that lists at least five competencies, as defined in Criterion D2, and indexes each to a required opportunity for application or practice outside of an academic setting. (self-study document)

For programs of study that allow individual students to choose competencies to address in practice experiences, the school or program must present evidence, including policies and sample documents, that it creates a matrix in the format of Template D5-1 for each student. Include a description of policies in the self-study document and at least five sample matrices in the electronic resource file. 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) Provide documentation, including syllabi and handbooks, of the official requirements through which students complete the applied experience requirement. (electronic resource file)

3) Provide samples of practice-related materials for individual students from each concentration or generalist degree. The samples must also include materials from students completing combined degree programs, if applicable. The school or program must provide samples of complete sets of materials (i.e., the documents that demonstrate at least five competencies) from at least five students 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, note this and provide all available samples. (electronic resource file)

4) Assess the 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 engage in one or more applied practice experiences 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. It may be completed as a discrete experience (such as a practicum or internship) or integrated into program coursework. In either case, the deliverable must contain a reflective component that includes the student's expression of personal and/or professional reactions to the applied practice experience. This may take the form of a journal or other written product, a professional portfolio or another deliverable as appropriate for the program.

External Relevant 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. The intention of this criterion is that the applied practice experience should take place within an organization external to the student's school or program so that it is not merely an academic exercise, but application of learning to a "real world" setting. The field experience may be completed within a student's own work setting.
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) Provide 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 address in practice experiences, 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) Explain, with references to specific deliverables or other requirements, the manner through which the school or program ensures that the applied practice experience requires students to demonstrate leadership competencies. (self-study document)

3) Assess the 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 represents a culminating experience and 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. 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) List, in the format of Template D7-1, 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) Briefly summarize the process, expectations and assessment for each integrative learning experience. (self-study document)

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

4) Provide documentation, including rubrics or guidelines, that explains the methods through which faculty and/or other qualified individuals assess the integrative learning experience with regard to students’ demonstration of the selected competencies. (electronic resource file)

5) Include 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) Assess the 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) List, in the format of Template D8-1, the integrative learning experience for each DrPH concentration or generalist degree. 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) Briefly summarize the process, expectations and assessment for each integrative learning experience. (self-study document)

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

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

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

D9. Public Health Bachelor’s Degree Curriculum (SPH and PHP, if applicable)

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

- the foundations of scientific knowledge, including the biological and life sciences and the concepts of health and disease
- the foundations of social and behavioral sciences
- basic statistics
- the humanities/fine arts

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

- the history and philosophy of public health as well as its core values, concepts and functions across the globe and in society
- the basic concepts, methods and tools of public health data collection, use and analysis and why evidence-based approaches are an essential part of public health practice
- the concepts of population health, and the basic processes, approaches and interventions that identify and address the major health-related needs and concerns of populations
- the underlying science of human health and disease, including opportunities for promoting and protecting health across the life course
- the socioeconomic, behavioral, biological, environmental and other factors that impact human health and contribute to health disparities
- the fundamental concepts and features of project implementation, including planning, assessment and evaluation
- the fundamental characteristics and organizational structures of the US health system as well as the differences between systems in other countries
• basic concepts of legal, ethical, economic and regulatory dimensions of health care
and public health policy and the roles, influences and responsibilities of the different
agencies and branches of government
• basic concepts of public health-specific communication, including technical and
professional writing and the use of mass media and electronic technology

c. If the 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
courage 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) List 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) Provide 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) Provide 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 D9a. Template D9-1
requires the school or program to identify the experiences that introduce each domain. (self-study
document)
4) Provide 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 D9b. Template D9-2 requires the school or program to identify the experiences that introduce and reinforce each domain. (self-study document)

5) Provide 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 D9d. Template D9-3 requires the school or program to identify the experiences that introduce and reinforce each domain. (self-study document)

6) Provide 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 D9e. (self-study document)

7) Briefly describe, 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 D9f. (self-study document)

8) Provide 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) Include examples of student work, including that related to the cumulative and experiential activities. (electronic resource file)

10) Briefly describe the means through which the school or program implements the cumulative experience and field exposure requirements. (self-study document)

11) Include 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) Assess the 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) Provide 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) Define 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, if applicable, a residency, internship or other the applied practice experience conducted outside of a didactic course, do not count toward this requirement. The minimum credit requirement also does not count MPH-level prerequisite courses or their equivalent.

Schools and programs use university definitions for credit hours.

Required documentation:

1) Provide 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) Define 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.

Bachelor’s degree programs have publicly available policies and procedures for review of coursework taken at other institutions, including community colleges. These may be incorporated into articulation agreements.

Required documentation:

1) Provide 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) Define a credit with regard to classroom/contact hours. (self-study document)

3) Describe policies and procedures for acceptance of coursework completed at other institutions, including community colleges. (self-study document)

4) If applicable, provide articulation agreements with community colleges that address acceptance of coursework. (electronic resource file)

4) Provide information about the minimum credit-hour requirements for at least two similar bachelor’s degree programs in the home institution. (self-study document)
Students enrolled in public health master’s degrees other than the MPH (e.g., MS in biostatistics) complete a curriculum that is based on defined competencies; produce an appropriately rigorous discovery-based paper or project at or near the end of the program of study; and 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-credit class, regardless of the number of credits awarded or the mode of delivery.

Finally, students complete coursework that provides a broad introduction to public health. This introduction to public health addresses the competencies/learning objectives listed in this criterion, at an appropriate level of complexity.

The instruction may be delivered through online, in-person or blended methodologies, 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/introductory public health learning objectives. 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-credit class, regardless of the number of credits awarded for the experience or the mode of delivery.

The school or program identifies at least one required assessment activity for each of the following competencies/introductory public health learning objectives.

- Explain public health history, philosophy and values
- Identify the core functions of public health and the 10 Essential Services
- Explain the role of quantitative methods and sciences in describing and assessing population health
- List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program
- Discuss the science of prevention at all levels, including health promotion, screening, etc.
- Explain the critical importance of evidence in advancing public health knowledge
- Explain effects of environmental factors on human health
- Explain biological and genetic factors that impact human health
- Explain behavioral and psychological factors that impact human health
- Explain the social, political and economic determinants of health and how they contribute to population health and health inequities
- Explain the impact of how globalization and affects the global burdens of disease

See “Definitions” at the end of this document.

Institutions outside the US may replace the 10 Essential Services with content appropriate to the nation/region.
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) List the curricular requirements for each relevant degree in the unit of accreditation. (self-study document)

2) Provide a matrix, in the format of Template D13-1, that indicates the required assessment opportunities for each of the defined competencies from introductory public health learning objectives (a-i). 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)

3) Provide a matrix, in the format of Template D13-2, that lists competencies for each relevant 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. Note: these competencies are defined by the school or program and are distinct from the introductory public health learning objectives defined in this criterion. (self-study document)

4) Identify 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-credit course. 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. (self-study document)

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

6) Provide 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) Include completed, graded samples of deliverables associated with the major paper or project. The school or 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) Briefly explain 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)

9) Include 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)

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16 “One Health is the integrative effort of multiple disciplines working locally, nationally, and globally to attain optimal health for people, animals, and the environment. Together, the three make up the One Health triad, and the health of each is inextricably connected to the others in the triad” (Retrieved from https://www.avma.org/KB/Resources/Reference/Pages/One-Health.aspx on June 20, 2016).
10) Assess the strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

D14. Doctoral Degrees in Public Health Fields, Other than DrPH\textsuperscript{17} (SPH and PHP, if applicable)

Criteria D13, D14 & D15 have not been substantively revised between drafts, but CEPH has changed the order and presentation of information in order to clarify which degrees are covered by these criteria.

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-credit class, regardless of the number of credits awarded or the mode of delivery.

These students complete doctoral-level, advanced 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.

Finally, students complete coursework that provides a broad introduction to public health. This introduction to public health addresses the learning objectives listed in this criterion, at an appropriate level of complexity.

The instruction may be delivered through online, in-person or blended methodologies, 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 the introductory public health learning objectives 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-credit 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 introductory public health learning objectives.

a. Explain public health history, philosophy and values
b. Identify the core functions of public health and the 10 Essential Services\textsuperscript{18}
c. Explain the role of quantitative methods and sciences in describing and assessing population health

\textsuperscript{17} See “Definitions” at the end of this document

\textsuperscript{18} Institutions outside the US may replace the 10 Essential Services with content appropriate to the nation/region.
d. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program

e. Discuss the science of prevention at all levels, including health promotion, screening, etc.

f. Explain the critical importance of evidence in advancing public health knowledge
g. Explain effects of environmental factors on human health
h. Explain biological and genetic factors that affect human health
i. Explain behavioral and psychological factors that affect human health
j. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities
k. Explain how globalization affects the global burdens of disease
l. Explain a One Health, ecological perspective on the connections among human health, animal health and ecosystem health 19

Required documentation:

1) List 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 school or 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 school or program will present a separate list for each degree program and concentration as appropriate.

(self-study document)

2) Provide a matrix, in the format of Template D14-1, that indicates the required assessment opportunities for each of the defined introductory public health learning objectives (a-l). 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)

3) Provide a matrix, in the format of Template D14-2, that lists competencies for each relevant 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. Note: these competencies are defined by the school or program and are distinct from the introductory public health learning objectives defined in this criterion. (self-study document)

4) Identify 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-credit course.

19 "One Health is the integrative effort of multiple disciplines working locally, nationally, and globally to attain optimal health for people, animals, and the environment. Together, the three make up the One Health triad, and the health of each is inextricably connected to the others in the triad" (Retrieved from https://www.avma.org/KB/Resources/Reference/Pages/One-Health.aspx on June 20, 2016).
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.

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

6) Provide 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) Include completed, graded samples of deliverables associated with the advanced research project. The school or 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) Briefly explain how the school or program ensures that the instruction and assessment in introductory public health knowledge is generally equivalent to the instruction and assessment typically associated with a three semester-credit course. (self-study document)

9) Include 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)

10) Assess the strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

D15. All Remaining Degrees

Criteria D13, D14 & D15 have not been substantively revised between drafts, but CEPH has changed the order and presentation of information in order to clarify which degrees are covered by these criteria.

Students enrolled in any of the SPH’s degree programs that are not addressed in Criteria D2, D3, D9, D13 or D14 complete coursework that provides a broad introduction to public health.

This introduction to public health addresses the learning objectives listed in this criterion, at a level of complexity appropriate to the level of the student’s degree program. For example, if an SPH offers bachelor’s degrees in concentrations other 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 methodologies, 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 the introductory public health learning objectives 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

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20 This criterion addresses all degrees and concentrations other than those identified as 1) professional public health degrees (addressed in Criteria D2, D3 & elsewhere), 2) academic public health degrees and concentrations (Criteria D13 & D14) or 3) public health bachelor’s degrees and concentrations (Criterion D9). See “Definitions” at the end of this document.
The school identifies at least one required assessment activity for each of the following competencies: introductory public health learning objectives.

a. Explain public health history, philosophy and values
b. Identify the core functions of public health and the 10 Essential Services\(^{21}\)
c. Explain the role of quantitative methods and sciences in describing and assessing population health
d. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program
e. Discuss the science of prevention at all levels, including health promotion, screening, etc.
f. Explain the critical importance of evidence in advancing public health knowledge
g. Explain effects of environmental factors on human health
h. Explain biological and genetic factors that affect human health
i. Explain behavioral and psychological factors that affect human health
j. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities
k. Explain how globalization affects the global burdens of disease
l. Explain a One Health, ecological perspective on the connections among human health, animal health and ecosystem health\(^{22}\)

Required documentation:

1) Provide a matrix in the format of Template D15-1 that indicates the required assessment opportunities for each of the defined introductory public health learning objectives (a-l). Typically, the school will present a separate matrix for each degree program, but matrices may be combined if requirements are identical. (self-study document)

2) Briefly explain how the school ensures that the instruction and assessment in introductory public health knowledge is generally equivalent to the instruction and assessment typically associated with a three-semester-credit course. (self-study document)

3) Include 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)

4) Assess the 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

\(^{21}\) Institutions outside the US may replace the 10 Essential Services with content appropriate to the nation/region.

\(^{22}\) “One Health is the integrative effort of multiple disciplines working locally, nationally, and globally to attain optimal health for people, animals, and the environment. Together, the three make up the One Health triad, and the health of each is inextricably connected to the others in the triad” (Retrieved from https://www.avma.org/KB/Resources/Reference/Pages/One-Health.aspx on June 20, 2016).
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) Identify all public health distance education degree programs and/or concentrations that offer a
curriculum or course of study that can be obtained via distance education. Template Intro-1 may
be referenced for this purpose. (self-study document)

2) Describe 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
manner in which it evaluates the educational outcomes, as well as the format and methods. (self-
study document)

3) Describe the processes that the university uses to verify that the student who registers in a
distance education course (as part of a distance-based degree), or a fully distance-based degree
is the same student who participates in and completes the course or degree and receives the
academic credit. (self-study document)

4) Assess the strengths and weaknesses related to this criterion and plans for improvement in this
area, if applicable. (self-study document)
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) Provide 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 final 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, c) tenure status or classification, d) graduate degrees earned, e) institutions from which degrees were earned, f) discipline in which degrees were earned and g) current instructional areas.

SPH should only include data on faculty associated with public health degrees.

2) Provide 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 or program, e) graduate degrees earned, f) institutions from which degrees were earned, g) disciplines in which listed degrees were earned and g) role in/contributions to the school or program.

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

4) Assess the 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) Describe 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) Assess the 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 systems, policies and procedures are in place to document 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 school or program ensures that faculty are informed and 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 use 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 from at least two of the listed categories that 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 lists that follow, 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.

School- or program-level outcomes

- Courses that are team-taught with interprofessional perspectives
- Courses that integrate technology in innovative ways to enhance learning
- Courses that involve community-based practitioners
- Courses that integrate service learning, as defined by the school or program
- Courses that integrate community-based projects
- Courses that use higher-level assessments
- Courses that employ active learning techniques
- Teaching assistants trained in pedagogical techniques
- Implementation of grading rubrics

Faculty currency

- External reviews of proposed or existing courses or curricula, outside of normal university processes
- Peer/external review of syllabi/curricula for currency of readings, topics, methods, etc.
- Annual or other regular reviews of faculty productivity, relation of scholarship to instruction
- Faculty maintenance of relevant professional credentials or certifications that require continuing education

Faculty instructional technique

- Frequency of internal quality reviews of existing courses or curricula
- Participation in professional development related to instruction
- Peer evaluation of teaching
- Student satisfaction with instructional quality

(self-study document)

6) Assess the 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 or program missions and relate to the types of degrees offered. For example, when doctoral degrees are offered, the school or program’s research portfolio in those areas take on greater importance.

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23 Normal university processes include regularly-scheduled, university-mandated program reviews and routine curriculum committee reviews of new courses.
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 of and expectations regarding faculty research and scholarly activity. (self-study document)

2) Describe available university and school or program 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 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 school’s public health degree programs.

- Percent of faculty (specify primary instructional or total faculty) participating in research activities
- Number of faculty-initiated IRB applications
- 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
- Number of grant submissions

(self-study document)

7) Assess the 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 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)

5) Select at least three of the following indicators that are meaningful to the school or program and relate to service. 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 faculty associated with the school’s public health degree programs.

- Percent of faculty (specify primary instructional or total faculty) participating in extramural service activities
- Number of faculty-student service collaborations
- Number of community-based service projects
- Total service funding
- Faculty promoted on the basis of service
- Faculty appointed on a professional practice track
- Public/private or cross-sector partnerships for engagement and service

(self-study document)

6) Describe the role of service in decisions about faculty advancement. (self-study document)

7) Assess the strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)
F1. Community Involvement in School or 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 school or 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 vision, 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) Provide 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) Assess the 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:

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

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

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

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

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

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

Required documentation:

1) Define the school or program’s professional community or communities of interest and the rationale for this choice. (self-study document)

2) Describe how the school or program periodically assesses the continuing education needs of its priority community or communities, and provide summary results of these assessments. Describe how often assessment occurs. Include the description and summary results in the self-study document, and provide full documentation of the findings in the electronic resource file.

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

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

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

Required documentation:

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

2) Provide two to three examples of education/training activities offered by the school or program in the last three years in response to community-identified needs. Include the number of external participants served (ie, individuals who are not faculty or students at the institution that houses the school or program). (self-study document)
Assess the strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

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. 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) List 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) List the school or program’s 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) List the actions and strategies identified 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

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 schools and programs from the obligation to demonstrate efforts and outcomes related to diversity and cultural competency, as defined in appropriate local contexts.
include collection and/or analysis of school- or program-specific data; convening stakeholder discussions and documenting their results; and other appropriate tools and strategies. (self-study document)

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

5) Provide quantitative and qualitative data that document the school or program’s approaches, successes and/or challenges in increasing representation and supporting persistence and ongoing success of the priority population(s). The data must include student and faculty (and staff, if applicable) perceptions of the school or program’s climate regarding diversity and cultural competence. (self-study document)

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

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) Describe the school or 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) Provide 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) Provide 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 Template Intro-1. (self-study document)

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

6) Assess the 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) Describe 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)

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

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

4) Provide data reflecting the level of student satisfaction with career counseling 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 Template Intro-1. (self-study document)

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

H3. Student Complaint Procedures (SPH and PHP) ▲

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

Required documentation:

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

2) Briefly summarize the steps for how a grievance or complaint filed through official university processes progresses. Include information on all levels of review/appeal. (self-study document)

3) List any formal complaints and/or student grievances submitted since the last accreditation review in the last three years. Briefly describe the general nature or content of each complaint and the current status or progress toward resolution. (self-study document)
4) Assess the strengths and weaknesses related to this criterion and plans for improvement in this area, if applicable. (self-study document)

H4. Student Recruitment and Admissions (SPH and PHP) ▲

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

Required documentation:

1) Describe the school or program’s recruitment activities. If these differ by degree (eg, bachelor’s vs. graduate degrees), a description should be provided for each. SPH should discuss only public health degree offerings, as defined in Template Intro-1. (self-study document)

2) Provide a statement of admissions policies and procedures. If these differ by degree (eg, bachelor’s vs. graduate degrees), a description should be provided for each. SPH should discuss only public health degree offerings, as defined in Template Intro-1. (self-study document)

3) Select at least one of the following measures that is meaningful to the school or program and demonstrates 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 Criterion 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 multilingual students

SPH should present data only on public health degree offerings.

4) Assess the 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:

1) Provide 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,” and, in some cases, “certificate.” A certificate is equivalent to a concentration when completion of a certificate is universally required to fulfill degree requirements.

“Generalist” is considered a concentration for these criteria’s purposes, and an MPH with no concentration listed is considered “generalist” by default. Schools and programs are free to name all concentrations as they wish to provide clarity to students and the public.

Plans of study that are clearly presented to students as “minors” are not considered to be concentrations. Certificates that are optional additions to students’ programs of study are not considered to be concentrations.

Students in combined (joint, dual, concurrent) degree programs, such as the MD/MPH, may

1) complete one of the school or program’s existing concentrations, or
2) complete a curriculum structured around competencies developed specifically for the combined degree.

Schools and programs that choose option one must define a specific assessment opportunity for all concentration-specific competencies, whether the assessment occurs in the MPH or the external degree program. Schools or programs that choose option two must list the combined degree as a distinct MPH concentration in Template Intro-1 and elsewhere in the document and must comply with all requirements associated with an MPH concentration, including the faculty resource requirements.

- “Public health degrees” include the following:
  - Bachelor’s degrees in public health disciplines
  - Professional and academic public health graduate degrees

Bachelor’s degrees in public health include BSPH, BS, BA, etc. when they are offered in public health disciplines. SPH may offer BS or BA degrees in non-public health disciplines (eg, exercise science), and these are classified as “other” degrees, as discussed below. In SPH, specialized bachelor’s degrees in fields closely related to public health that have their own disciplinary orientation and definitions (eg, BS in environmental science, BS in health administration) may be excluded from the category of public health bachelor’s degrees if they are not intended to function as public health degrees. See definition of “other” degrees.

Professional public health degrees are offered at the graduate level and 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.
If specifically designated as such by the school or program, MHA or MHSA degrees may be classified as professional public health degrees. In these cases, MHA and MHSA degrees must comply with Criteria D1, D2, D4, D5, D7 and D10. Unless specifically designated, MHA and MHSA degrees would not be part of a program’s unit of accreditation and are assumed to be “other” degrees in schools, as defined below.

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 1) the MHA/MHSA and bachelor’s degrees or concentrations in fields other than public health and 2) all graduate degrees and concentrations that do not meet the definition of a professional or academic public health degree as noted above. MHA and MHSA degrees are classified as “other” degrees unless specifically designated as professional public health degrees by the school.

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 the MSPH and other degrees when they are intended to function as professional degrees equivalent to the MPH. These degrees were referred to in previous versions of CEPH criteria as “equivalent professional degrees.”