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Recommendations from Phase II of Re-imagining the MPH Core Curriculum

Summary

Building on the work of Phase I, the Phase II Committee recommends a revised configuration of core courses along with an increased emphasis on interdisciplinary, practice-based skill development. This report describes the process that Phase II Committee members used to develop these recommendations, in addition to the recommendations, next steps, and requirements for implementation of the recommendations.

During Phase II, a set of committees developed broad outlines of a series of proposed new and revised MPH core courses that address the competencies, skills, and knowledge described in the Accreditation Criteria document published by the Council on Education for Public Health (CEPH) in October 2016. Appendix I lists the committees, including chairs and committee members. In Phase III, course development committees will fully design the courses, including the development of syllabi, teaching strategies, and methods for assessment.

Phase II began with a retreat in August 2016 during which the committees received their charge, and committee members met with each other to explore different strategies to integrate core MPH courses, such as addressing a common theme or case across the courses. The committee chairs met as a group three more times during Fall semester 2016. Each committee also met on its own. Some committees and committee chairs also had joint meetings with other committees and chairs to find ways to reduce redundancy, and identify areas of integration and reinforcement between courses.

For each new or revised course, the designated committee mapped learning objectives to CEPH competencies, skills, and knowledge (listed in Appendix II). Each committee also had the option to suggest ideas for teaching strategies and assignments. The committees were also asked to identify requirements for implementation (e.g., resources required for course development and delivery). Appendix IV contains the reports from each committee, which include tables that list specific learning objectives and corresponding CEPH competencies, skills, and knowledge. Appendix III includes a master grid that lists all the proposed courses along the CEPH competencies, skills, knowledge addressed by each course.

Major recommendations from Phase II

General

- All MPH core courses should incorporate themes of health equity and cultural awareness.
- All MPH core courses should emphasize practice-based skill development using active learning teaching strategies whenever appropriate.
- All MPH core courses should incorporate interdisciplinary approaches and collaborative planning whenever possible. Among the possible models are:
 - Team planning with one instructor
 - Co-teaching a course
 - Guest lectures from instructors from other core courses
 - Common case study or theme used in some or all core courses
- All MPH core courses must be available in both in-person and online formats.

Recommendations regarding specific courses

- All MPH students should begin their studies with the newly developed course *PubH 6XXX Health, Wellness, and Society: Foundations of Public Health*, which will introduce the history, legal foundations, structures and political and social determinants of Public Health.
- PubH 6741 Ethics in Public Health Practice and Policy should be taken concurrently with or taken immediately following the new introductory course.
- The MPH Applied Practice Experiences (previously Field Experience) should be expanded to include options beyond the traditional internship to include community-based courses and co-curricular activities, as listed in the October 16 CEPH document.
- The Applied Practice Experience will require, at minimum, a 1-credit online course that will prepare students for their placement, and document the five competencies required to be addressed by and the two required portfolio products that result from the Applied Practice Experience.
- The Applied Practice Experience or Integrative Learning Experience (formerly known as the culminating experience) may include a school-wide poster session in which students present their projects to faculty, students, and preceptors.

Next Steps

- Distribute the draft Phase II report for review, comment, and revision.
- Form course development committees that will design the syllabi, teaching strategies, and methods for assessment.
- Conduct focus groups with current students, alumni, and preceptors to develop guidelines for the Applied Practice Experiences.
- Review the MPH Integrative Learning Experience (previously Culminating Experience) options to ensure they are designed for students to demonstrate their synthesis of foundational and concentration competencies and to review credit requirements.
- Explore the option of combining epidemiology and biostatistics into one course.
- Explore options for addressing professional and career development.
- Proposed time line:
 - April 2017: Launch Phase III
 - Summer 2017: Begin faculty development to support emphasis on active learning strategies and equity and diversity training
 - January 2018: Compliance report due to CEPH on implementation of 2016 criteria (see Appendix V)
 - March 2018: Phase III complete, so that new and revised courses can be open for registration by April 2018
 - Fall 2018: Entering students begin revised MPH core course curriculum
 - Fall 2018 and Spring 2019: new and revised MPH core courses available

Comparison of the current MPH core curriculum to the proposed MPH core curriculum

*Current MPH Core Curriculum

Course	Credits
PubH 6020 Fundamentals of Social and Behavioral Science	3
PubH 6101 Environmental Health or PubH 6102 Issues in Environmental Health	2
PubH 6320 Fundamentals of Epidemiology	3
PubH 6414 Biostatistical Literacy	3
PubH 6741 Ethics in Public Health: Professional Practice and Policy or PubH 6742 Ethics in Public Health: Research and Policy	1
PubH 6751 Principles of Management in Health Services Organizations	2
Field Experience (number of credits required depends on the program)	2-5
Culminating Experience (number of credits required depends on the program)	2-5
Total	18-24

*Please note that some programs choose to substitute more advanced or specialized courses for core courses listed in the table above

*Proposed MPH Core Curriculum

Course	Credits
PubH 6XXX Health, Wellness, and Society: Foundations of Public Health	2
PubH 6020 Fundamentals of Social and Behavioral Science	2
PubH 6101 Environmental Health	2
PubH 6320 Fundamentals of Epidemiology	3
PubH 6450 Biostatistics Methods I or PubH 6414 Biostatistical Literacy plus a programming course	4
PubH 6741 Ethics in Public Health: Professional Practice and Policy	1
PubH 6751 Management in Population Health Settings	2
#MPH Applied Practice Experience	1
# MPH Integrative Learning Experience	?
Total	17 - ?

*Please note that some programs choose to substitute more advanced or specialized courses for core courses listed in the table above. These alternative courses must address at least the CEPH competencies addressed by the general core course.

#Each program can require additional credits, if appropriate.

Requirements for Implementation

- Access to high quality classrooms that are designed for active learning
- Fair tuition flow to the Divisions
- Resources to support instructors who are developing and teaching the MPH core courses
 - Support and development of team planning and team teaching strategies
 - Support for the development of active learning strategies
 - Instructors who are willing to serve as guest lecturers
 - Release time for instructors who are developing and teaching the MPH core courses
- Resources to support integration of the courses through a common theme or case
 - Resources for case-based learning
 - Background material on common theme or case
 - Case studies
 - Data
- Resources for the assessment of new and revised courses
- Resources to support development and revision of online courses
- Staffing changes to accommodate potential increases in enrollment in PubH 6741 Ethics in Public Health Practice and Policy
- Resources for an annual MPH Applied Practice Experience and Integrative Learning Experience poster session
- Equity and Diversity training for faculty who teach the core courses
- Literature and data related to health equity and cultural competency that can be used as examples in courses
- The number of credits for PubH 6020 Fundamentals of Social and Behavioral Science will be further considered in Phase III to address concerns that the proposed revised course, which reduced the number of credits from 3 to 2, may not cover certain topics in sufficient depth

Appendix 1: Phase II Re-Imagining the MPH Core Curriculum Committees**Executive Committee**

Co-Chair: Kristin Anderson, PhD, MPH
Associate Dean for Learning Systems & Student Affairs
Professor, Epidemiology & Community Health

Carol Francis
Director of Academic & Student Affairs, Student Services Center

Co-Chair: Betsy Wattenberg, PhD
Associate Professor, Environmental Health Sciences

Jane O'Brien
Education Program Specialist, Center for Educational Innovation

Biostatistics

Ann Brearley, PhD, MS
Assistant Professor, Biostatistics

Laura Le
Instructor, Biostatistics

Environmental Health

Chair: Matt Simcik, PhD
Associate Professor, Environmental Health Sciences

Petrona Lee
Lecturer, Environmental Health Sciences

William Toscano, PhD
Professor, Environmental Health Sciences

Epidemiology

Chair: Rachel Widome, PhD, MHS
Assistant Professor, Epidemiology and Community Health

Pameka Lutsey, PhD, MPH
Assistant Professor, Epidemiology and Community Health

DeAnn Lazovich, PhD, MPH
Assistant Professor, Epidemiology and Community Health

Theresa Osypuk, SD, SM
Assistant Professor, Epidemiology and Community Health

Ethics

Sarah Gollust, PhD
Associate Professor, Health Policy and Management

Ruth Mickelsen
Senior Lecturer, Health Policy and Management

Introductory Course

Chair: Harry Lando, PhD
Professor, Epidemiology and Community Health

Hannah Gary
Student / Alumni

Katy Murphy, RN, MPH
Student / Alumni / Program Coordinator, Public Health Administration

Rachel Hardeman, PhD, MPH
Assistant Professor, Health Policy and Management

Linda Frizzell, PhD, MS
Assistant Professor, Public Health Administration

Anne Barry
Senior Lecturer, Health Policy and Management

Ellyn Buchanan, PhD
Learning Technologist, SPH Office of E-Learning Services

Management

Chair: Rebecca Wurtz, MD, MPH
Associate Professor, Health Policy and Management

Jim Begun, PhD
Professor, Health Policy and Management

Darren Kaltved
Associate Director, SPH Career and Professional Development Services

Melissa Stone
Professor, HHH Leadership and Management

Melissa Stone
Professor, HHH Leadership and Management

Laura Rosenboom
Student

Chukwudi Njoku
Student

Sara Hurley, PhD, MFA
Director, SPH Office of E-Learning Services

Social and Behavioral Science

Chair: Jennifer Linde
Associate Professor, Epidemiology and Community Health

Ira Moscovice
Professor, Health Policy and Management

Sarah Sevcik
Teaching Specialist, Epidemiology and Community Health

Kelsey Ball
Student

Toben Nelson
Associate Professor, Epidemiology and Community Health

J'Mag Karbeah
Student

Ellyn Buchanan, PhD
Learning Technologist, SPH Office of E-Learning Services

MPH Applied Practice Experiences (previously Field Experience) and MPH Integrative Learning Experience (previously Culminating Experience)

Chair: Betsy Wattenberg, PhD
Associate Professor, Environmental Health Sciences

Linda Kahn
Student / Alumni

Carol Francis
Director of Academic & Student Affairs, Student Services Center

Shelley Cooksey
Student Advising Manager, Epidemiology and Community Health

Megan Lafontaine Gallert
 Employer Relations and Field Experience Coordinator

Professional Development

Victor Massaglia
Director, SPH Career and Professional Development Services

Megan Lafontaine Gallert
Employer Relations and Field Experience Coordinator

Darren Kaltved
Associate Director, SPH Career and Professional Development Services

Consultants on E-learning and Health Equity and Culture Competency

Sara Hurley, PhD, MFA
Director, SPH Office of E-Learning Services

Ellyn Buchanan, PhD
Learning Technologist, SPH Office of E-Learning Services

Committee Chair meetings

- August 25, 2016: Phase II Committee chairs and committee members retreat
- September 19, 2016: Phase II Committee chairs
- October 27, 2016: Phase II Committee chairs
- December 6, 2016: Phase II Committee chairs
- Various individual and joint committee meetings

Appendix II: CEPH competencies, skills, knowledge, amended October 2016
(also see <http://ceph.org/faqs/2016criteriafaq/>)

CEPH KNOWLEDGE DOMAINS

Profession & Science of Public Health
<ol style="list-style-type: none"> 1. Explain public health history, philosophy and values 2. Identify the core functions of public health and the 10 Essential Services 3. Explain the role of quantitative and qualitative methods and sciences 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 primary, secondary and tertiary prevention in population health, including health promotion, screening, etc. 6. Explain the critical importance of evidence in advancing public health knowledge
Factors Related to Human Health
<ol style="list-style-type: none"> 7. Explain effects of environmental factors on a population's health 8. Explain biological and genetic factors that affect a population's health 9. Explain behavioral and psychological factors that affect a population's health 10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities 11. Explain how globalization affects global burdens of disease 12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health)

CEPH 22 COMPETENCIES

Evidence-based Approaches to Public Health
<ol style="list-style-type: none"> 1. Apply epidemiological methods to the breadth of settings and situations in public health practice 2. Select quantitative and qualitative data collection methods appropriate for a given public health context 3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate 4. Interpret results of data analysis for public health research, policy or practice
Public Health & Health Care Systems
<ol style="list-style-type: none"> 5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings 6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels

Planning & Management to Promote Health
<ul style="list-style-type: none"> 7. Assess population needs, assets and capacities that affect communities' health 8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs 9. Design a population-based policy, program, project or intervention 10. Explain basic principles and tools of budget and resource management 11. Select methods to evaluate public health programs
Policy in Public Health
<ul style="list-style-type: none"> 12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence 13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes 14. Advocate for political, social or economic policies and programs that will improve health in diverse populations 15. Evaluate policies for their impact on public health and health equity
Leadership
<ul style="list-style-type: none"> 16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making 17. Apply negotiation and mediation skills to address organizational or community challenges
Communication
<ul style="list-style-type: none"> 18. Select communication strategies for different audiences and sectors 19. Communicate audience-appropriate public health content, both in writing and through oral presentation 20. Describe the importance of cultural competence in communicating public health content
Interprofessional Practice
<ul style="list-style-type: none"> 21. Perform effectively on interprofessional teams
Systems Thinking
<ul style="list-style-type: none"> 22. Apply systems thinking tools to a public health issue

MPH Applied Practice Experiences (APE) (previously Field Experience)

MPH students demonstrate competency attainment through applied practice experiences.

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 (e.g., 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 (e.g., 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 governmental, non-governmental, non-profit, industrial and for-profit settings or appropriate university-affiliated practice-based settings. To be appropriate for applied practice experience activities, university-affiliated settings must be primarily focused on community engagement, typically with external partners. 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 competencies, of which at least three must be foundational competencies (as defined in Criterion D2). The 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, as specified above. The applied experiences may also address additional foundational or concentration-specific competencies, if appropriate.

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 must include at least two products. 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 (e.g., applied community-based courses and service learning courses throughout the curriculum) or a single, intensive experience (e.g., 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 experiences.

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

MPH Integrative Learning Experience (previously culminating experience)

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 (e.g., 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 (e.g., 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 (e.g., preceptors).

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

Appendix III: Mapping of proposed courses to the CEPH competencies, skills, knowledge

CEPH KNOWLEDGE DOMAINS	FND	ETH	SB	BIOM BIOL	EPI 123	ENV	MGMT
1. Explain public health history, philosophy and values	Yes	Moderate	Yes		Some		
2. Identify the core functions of public health and the 10 Essential Services	Yes		Yes				
3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health	Yes				In depth	Yes	
4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	Yes		Yes		In depth	Yes	
5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening etc.			Yes		In depth	yes	
6. Explain the critical importance of evidence in advancing public health knowledge	Yes		Yes		In depth	Yes	
7. Explain effects of environmental factors on a population's health	Yes				Some	Yes	
8. Explain biological and genetic factors that affect a population's health					Some	Yes	
9. Explain behavioral and psychological factors that affect a population's health	Yes		Yes		Some		
10. Explain the social, political and economic determinants of health to population health and health inequities	Yes	Yes slight	Yes		Some	Yes	
11. Explain how globalization affects global burdens of disease	Yes					Yes	
12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g. One Health)			Yes			Yes	

CEPH COMPETENCIES	FND	ETH	SB	BIOM BIOL	EPI 123	ENV	MGMT
1. Apply epidemiological methods to the breadth of settings and situations in public health practice					In depth		
2. Select quantitative and qualitative data collection methods appropriate for a given health context					In depth		
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software as appropriate				In depth	No but could		
4. Interpret results of data analysis for public health research, policy of practice				In depth	In depth	Yes	
5. Compare the organization, structure and function of health care and public health systems across national and international settings	Some depth		Yes				Yes
6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at the at organizational, community and societal levels	Some depth	Moderate	Yes		No but could	Yes	Yes
7. Assess population needs, assets and capacities that affect communities' health	Minimal		Yes				
8. Apply awareness of cultural values and practices to the design or implementation of public health programs	Some depth	Slight	Yes				Yes
9. Design a population-based project, program, policy, or intervention			Yes				Yes
10. Explain basic principles and tools of budget and resource management	Minimal						Yes
11. Select methods to evaluate public health programs or policies		Moderate			Some could do more		
12. Discuss multiple dimensions of the policy- making process, including the role of ethics and evidence	Minimal	Moderate			Some could do more	Yes	

CEPH COMPETENCIES (continued)	FND	ETH	SB	BIOM BIOL	EPI 123	ENV	MGMT
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes		Slight Moderate	Yes			Yes	Yes
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations	Some depth		Yes				
15. Evaluate policies for their impact on public health and health equity		Moderate			Some		Yes
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making	Minimal		Yes				Yes
17. Apply negotiation and mediation skills to address organization or community challenges							Yes
18. Select communication strategies for different audiences and sectors	Some depth	Slight	Yes				Yes
19. Communicate audience-appropriate public health content, both in writing and through oral presentation	Minimal	Moderate				Yes	Yes
20. Describe the importance of cultural competency in communicating public health content	Minimal		Yes				
21. Perform effectively on interprofessional teams		Slight		Moderate			Yes
22. Apply systems thinking tools to a public health issue				Moderate		Yes	Yes

Appendix IV: Committee reports (see attachment)

Appendix V: CEPH document on Implementation of 2016 Criteria (see attachment)