ACCREDITATION CRITERIA

SCHOOLS OF PUBLIC HEALTH & PUBLIC HEALTH PROGRAMS

AMENDED MARCH 2024

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Introduction[1]

1) Describe the institutional environment, which includes the following:

    a. year institution was established and its type (e.g., 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 institutional 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 school of public health (SPH) or public health program (PHP) and related organizational elements, if applicable (e.g., 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 (e.g., reporting to the president through the provost)
    d. for multi-partner schools and programs (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 including bachelor's, master's and doctoral degrees, as appropriate.[2] 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 whether public health degrees/concentrations are offered in place-based, distance-based, or both 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.

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

Programs 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. Schools that house "other" degrees and concentrations (as defined in Criterion D18) should separate those degrees and concentrations from the public health degrees for reporting student enrollments. For example, if a school 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.

A1. Organization & Administrative Processes (SPH & PHP)

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

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

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

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

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

Additionally, the school or program makes efforts to include diverse voices[3] and perspectives in these decision-making structures.

Required documentation:

1) List the school or program's standing and significant ad hoc committees. For each, indicate the formula for membership (e.g., two appointed faculty members from each concentration) and list the current members. (self-study document)

   Programs 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) Briefly describe how the school or program makes efforts to include diverse voices in decision making. (self-study document)

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

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[3] See this document's Definitions sections for more information on "diverse voices."

5) 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)

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

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

A2. Multi-Partner Schools & Programs (SPH & 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 institution holding institutional accreditation 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 regarding the school or program's operation. (electronic resource file)

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

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

A3. Student Engagement (SPH & 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. The school or program makes efforts to include diverse voices[4] and perspectives in these decision-making structures.

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)

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[4] See this document's Definitions sections for more information on "diverse voices."

2) Briefly describe how the school or program makes efforts to include diverse student voices and perspectives. Include examples as appropriate. (self-study document)

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (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 professional schools in the same university (e.g., 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 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 identify any differences between the school of public health's reporting lines/level of autonomy and those of other units. (self-study document)

3) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (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 (e.g., MPH) in at least three concentrations representing at least three distinct sub-disciplinary areas[5] in public health and public health doctoral degree programs (academic or professional) in at least two concentrations representing at least two distinct sub-disciplinary areas in public health.[6] 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)

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[5] General public health is not construed to be a sub-disciplinary area in this criterion's intent, nor are joint degrees (e.g., DVM-MPH). Sub-disciplines might include epidemiology; maternal and child health; health services administration; environmental health sciences; global health; etc.

[6] 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 public health practice 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.

B1. Guiding Statements (SPH & PHP)

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

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

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

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

The guiding statements 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 communities the school or program intends to serve.

Together, the school or program's guiding statements must address the unit's approaches and aspirations for each of the following:

- **advancing the field of public health through instruction, scholarship, and service**
- **promoting student success through instruction, scholarship, and service**
- **preparing students to work with diverse populations and communities**

The guiding statements are sufficiently specific to allow the school or program to rationally allocate resources and to guide evaluation of outcomes.

Required documentation:

1) The school or program's vision, mission, goals, and values. (self-study document)

2) A brief narrative explanation of how the guiding statements address each of the following:
      a) advancing the field of public health through instruction, scholarship, and service
      b) promoting student success through instruction, scholarship, and service
      c) preparing students to work with diverse populations and communities

   (self-study document)

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

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

B2. Evaluation & Quality Improvement (SPH & PHP)

The school or program defines and consistently implements an evaluation plan that fulfills the following functions:

- **includes all measures listed in Appendix 1 in these Accreditation Criteria**
- **provides information that allows the school or program to determine its effectiveness in advancing its mission and goals (as defined in Criterion B1)**

- **Measures must capture all aspects of the unit's mission and goals. In most cases, this will require supplementing the measures captured in Appendix 1 with additional measures that address the unit's unique context.**
- **defines a process to engage in regular, substantive review of evaluation findings, as well as strategic discussions about their implications**
- **allows the school or program to make data-driven quality improvements, e.g., in curriculum; preparing students to work with diverse populations; student services; advising; faculty functions; research and extramural service; and operations, as appropriate**

Required documentation:

1) Present an evaluation plan in the format of Template B2-1 that lists the following for each required element in Appendix 1:
   a. the specific data source(s) for each listed element (e.g., alumni survey, student database)
   b. a brief summary of the method of compiling or extracting information from the data source
   c. the entity or entities (generally a committee or group) responsible for reviewing and discussing each element and recommending needed improvements, when applicable
   d. the timeline for review (e.g., monthly, at each semester's end, annually in September)

   (self-study document)

2) Provide evidence of implementation of the plan described in Template B2-1. Evidence may include reports or data summaries prepared for review, notes from meetings at which results were discussed, etc. (electronic resource file)

3) Provide at least three specific examples of improvements undertaken in the last three years based on the evaluation plan. One change must relate to an area other than the curriculum (e.g., research, community engagement). Additional examples may relate to any component of the evaluation plan. See Template B2-2. (self-study document)

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

B3. Graduation Rates (SPH & PHP)

The school or program collects and analyzes graduation rate data for each public health degree offered (e.g., BS, MPH, MS, PhD, DrPH).[7]

The school or program demonstrates compliance with this criterion through one of the following approaches. Units may use different approaches for different degrees (e.g., approach 1 for MPH and approach 3 for DrPH) when there are multiple degrees in the unit of accreditation.

Units must use approach 1 if possible, then must attempt to demonstrate compliance via approach 2; approach 3 is available when compliance with the other approaches is not possible.

Units calculate all graduation rates based on the maximum time to graduation.

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[7] **SPH only**: Provide data on public health degrees only. For those degrees (e.g., BS) in which the school offers a mix of public health concentrations and "other" concentrations, the school should present data ONLY for the public health concentrations. Schools 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.

Units calculate bachelor's degree graduation rates only for students who have declared the major and completed at least 75 semester-credits or equivalent, unless the unit can consistently comply with approach 1 based on tracking students from entry and prefer to do so.

<u>**Approach 1**</u>
- **Achieve graduation rates of 70% or greater for bachelor's and master's degrees and 60% or greater for doctoral degrees.**

<u>**Approach 2**</u>
- **Achieve average graduation rates over the last three years of 70% or greater for bachelor's and master's degrees and 60% or greater for doctoral degrees.**

<u>**Approach 3**</u>
- **Achieve graduation rates that match or exceed graduation rates of at least two comparable degree programs within the same institution. "Comparable" refers to degree programs at the same degree level with similar curricula, degree length, and intended student outcomes.[8]**

Units demonstrating compliance via approach 3 must ALSO provide the following:

a) **Evidence of public disclosure of the unit's graduation rates, which must be available within one click of the unit's homepage**
b) **Evidence that recruitment and admissions processes accurately present the program of study, including time, effort, and other commitments necessary for success**
c) **Evidence of proactive student advising and support**
d) **A detailed analysis of factors that depress graduation rates, including specific reasons for students' non-completion**
e) **Interventions designed to address the factors noted above**
f) **Analysis of the effectiveness of these interventions**

Required documentation:

1) Graduation rates for each public health degree in the format of Template B3-1 (Approach 1). (self-study document)

2) *Not applicable if documentation request 1 demonstrates compliance:* Graduation rates for the three most recent cohorts that have reached the maximum time to graduation and a calculation of the average rate across these three years in the format of Template B3-2 (Approach 2). (self-study document)

3) *Not applicable if documentation request 1 or 2 demonstrates compliance:* Graduation rates for students in at least two comparable degree programs in the same institution in the format of Template B3-3 (Approach 3). This template should also include a succinct narrative explanation for why these degree programs are comparable and how these degree programs calculate their graduation rates. (self-study document)

4) *Not applicable if documentation request 1 or 2 demonstrates compliance*: A hyperlink demonstrating that the unit discloses its current graduation rates within one click of the unit's homepage. (self-study document)

5) *Not applicable if documentation request 1 or 2 demonstrates compliance:* A succinct narrative summary of the unit's approach to ensuring that recruitment and admissions processes accurately

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[8] Approach 3 intends to recognize units' unique missions and purpose, particularly for units that intend to serve populations underrepresented in higher education.

present the program of study, including time, effort, and other commitments necessary for success. (self-study document)

6) *Not applicable if documentation request 1 or 2 demonstrates compliance:* Evidence of the unit's approach to ensuring that recruitment and admissions processes accurately present the program of study, including time, effort, and other commitments necessary for success (e.g., communications with prospective students). (electronic resource file)

7) *Not applicable if documentation request 1 or 2 demonstrates compliance:* A succinct narrative description of the means through which the unit provides proactive advising and support for student completion. (self-study document)

8) *Not applicable if documentation request 1 or 2 demonstrates compliance:* A summary of the unit's analysis of factors that depress graduation rates, including specific reasons for students' non-completion. (self-study document)

9) *Not applicable if documentation request 1 or 2 demonstrates compliance:* A summary of the unit's interventions designed to address the factors and reasons noted in documentation request 8. (self-study document)

10) *Not applicable if documentation request 1 or 2 demonstrates compliance:* A succinct analysis of the effectiveness of the interventions described in documentation request 9. (self-study document)

11) *Not applicable if documentation request 1 or 2 demonstrates compliance:* Documentation and evidence of the unit's analysis of factors contributing to graduation rates, the development of interventions to address these factors, and the effectiveness of those interventions. Documentation may include data, reports, notes documenting faculty discussions or meetings, etc. (electronic resource file)

12) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

B4. Post-Graduation Outcomes (SPH & 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 (e.g., BS, MPH, MS, PhD, DrPH).

The school or program chooses methods that are explicitly designed to minimize the number of students with unknown outcomes. This expectation includes collecting 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. 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.[9]

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[9] **SPH only**: See footnote 5.

Required documentation:

1) Data on post-graduation outcomes (employment or enrollment in further education) for each public health degree in the format of Template B4-1. (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)

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

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

For each degree offered,[10] the school or program collects information on alumni[11] perceptions of their preparation for the workforce (or for further education, if applicable). Data collection must elicit information on the following:

- **what skills are most useful and applicable in post-graduation destinations**
- **areas in which graduates feel well prepared**
- **areas in which graduates would have benefitted from more training or preparation**
- **perceptions of their preparation to work in diverse environments and/or with diverse populations**

The school or program defines qualitative and/or quantitative methods designed to provide useful information on the issues outlined above. "Useful information" refers to information that provides the unit with a reasonable basis for making curricular and related improvements. Qualitative methods may include focus groups, key informant interviews, etc.

The school or program documents and regularly examines its methodology, making revisions as necessary, to ensure useful data.

Required documentation:

1) Summarize the findings of alumni self-assessment of their preparation for post-graduation destinations. (self-study document)

2) Provide full documentation of the methodology and findings from quantitative and/or qualitative data collection. (electronic resource file)

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

C1. Fiscal Resources (SPH & 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.

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[10] **SPH only**: See footnote 5.

[11] 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.

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 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 unit sponsored by two or more universities (as defined in Criterion A2), the responses must make clear the financial contributions of each sponsoring university to the overall school or 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 program is a multi-partner unit sponsored by two or more universities (as defined in Criterion A2), the budget statement must make clear the financial contributions of each sponsoring university to the overall program budget.

(self-study document)

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

C2. Faculty Resources (SPH & 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.

<u>**Definitions**</u>

SPH only: Primary instructional faculty must meet BOTH requirements outlined below:

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

- **Have regular responsibility for instruction in the school's public health degree programs as a component of employment. Individuals whose sole instructional responsibility is advising 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 school, if applicable.**

PHP only: Primary instructional faculty must meet ALL THREE requirements outlined below:

- **Employed full-time as faculty members at the home institution/university. The program uses the university's definition of "full-time."**

- **Have regular responsibility for instruction in the program as a component of employment. Individuals whose sole instructional responsibility is advising individual doctoral or research students do not meet CEPH's definition of primary instructional faculty.**

- **Spend a majority of time/effort (i.e., 0.50 FTE or greater) on activities associated with the program, 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 program 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 & PHP)

Schools employ, at a minimum, 21 primary instructional faculty.

Programs employ, at a minimum, three primary instructional faculty.

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

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 for the first degree level offered.[12]

Each additional degree level in a concentration requires the addition of one primary instructional 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.

Additional definitions and specifications for these faculty requirements differ between schools and programs, due to the differing appointment and resource structures in these organizational units. Definitions and specifications are as follows:

SPH

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

- **Two primary instructional faculty members**
  - **These individuals may count among the two faculty (or additional faculty required for adding a degree level) in no more than 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 member required for adding a degree level in a concentration area must be a primary instructional faculty member.

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.

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[12] 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.

Programs that meet the requirements associated with schools in C2-A (i.e., programs that have 21 or more primary instructional faculty dedicated solely to the program (i.e., 1.0 FTE)) may opt to follow the definitions listed above for school faculty.

For all other programs, the three faculty per concentration for the first degree level include the following:

- **Two primary instructional faculty members**
  - **These individuals may count toward the two faculty (or additional faculty required for adding a degree level) in one additional concentration ONLY IF they are allocated to the program at 1.0 FTE and are not shared with other educational programs. Primary instructional faculty who are dedicated to the program at FTE between 0.50 and 0.99 may only count toward the required faculty members in a single 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 additional degree levels must be primary instructional faculty.**

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.

SPH & PHP

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

Criterion E assesses individuals' qualifications vis-à-vis their association with a concentration, degree level and type of degree (e.g., professional or academic).

In multi-partner schools and programs (i.e., 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 & PHP)

In addition to meeting the minimum quantitative standards above, 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.

Quantitative and qualitative data demonstrate adequacy, specifically the following: appropriate advising ratios; availability of faculty to supervise MPH integrative learning experiences and doctoral students' final projects; and positive student perceptions of class size and faculty availability.

Required documentation:

1) A table demonstrating the adequacy of the school or program's instructional faculty resources in the format of Template C2-1. (Note: C2-1 has different formats for schools vs. programs.)

The school or program need not list all faculty but must list sufficient faculty to demonstrate compliance with C2-B and C2-C. For example, if the school or program exceeds the number of faculty needed to document compliance (as defined in these criteria), the school or program may note the number of faculty available in addition to those identified by name in Template C2-1.

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 schools only, all primary instructional faculty, by definition, are allocated 1.0 FTE. Schools must explain the method for calculating FTE for any non-primary instructional faculty presented in C2-1. Programs 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) Data on the following for the most recent year in the format of Template C2-2. See Template C2-2 for additional definitions and parameters.

   a. Advising ratios (faculty and, if applicable, staff) by degree level (bachelor's, master's, doctoral), as well as the maximum and minimum. If both faculty and staff advise, present and calculate both ratios
   b. If applicable, average number of baccalaureate students supervised in a cumulative or experiential activity[13]
   c. Average number of MPH students supervised in an integrative learning experience (as defined in Criterion D7), as well as the maximum and minimum
   d. Average number of DrPH students advised, as well as the maximum and minimum
   e. Average number of PhD students advised, as well as the maximum and minimum
   f. Average number of academic public health master's students advised, as well as the maximum and minimum

As noted in Template C2-2's instructions, schools 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)

5) Quantitative data on student perceptions of the following for the most recent year:

   a. Class size and its relation to quality of learning (e.g., The class size was conducive to my learning)
   b. Availability of faculty (i.e., Likert scale of 1-5, with 5 as very satisfied)

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[13] This reporting element is only required if undergraduate public health students engage in required cumulative or experiential activities (as defined in Criterion D12) that require intensive, individualized faculty supervision and are, thus, relevant to assessing faculty workload and resources.

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. Schools 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)

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

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

C3. Staff & Other Personnel Resources (SPH & 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.

"Staff" are defined as individuals who do not have faculty appointments and for whom staff work is their primary function. "Other personnel" includes students who perform work that supports the program's instructional and administrative needs (e.g., individuals who enroll first as students and then obtain graduate assistant or other positions at the university are classified as "other personnel," while individuals hired into staff positions who later opt to complete coursework or degrees are classified as "staff").

Required documentation:

1) A table defining the number of the school or program's staff support for the year in which the site visit will take place 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. Individuals whose workload is primarily as a faculty member should not be listed. (self-study document)

2) Provide a narrative description, which may be supported by data if applicable, of the contributions of other personnel, as defined in the criterion text above. (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) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

C4. Physical Resources (SPH & 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, if applicable to public health degree program offerings

   (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) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

C5. Information & Technology Resources (SPH & 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 and support available for students and faculty
   - 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 available 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) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

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

The school or program ensures that all MPH and DrPH graduates are grounded in foundational public health knowledge.

Grounding in foundational public health knowledge is measured by the student's achievement of the learning objectives[14] listed below, or higher-level versions of the same objectives.

Profession & 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[15]**
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 U.S. or other community relevant to the school or program, with attention to disparities among populations, e.g., socioeconomic, ethnic, gender, racial, etc.**
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

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 cultural, social, political, and economic determinants of health and how the determinants relate 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)**

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

- **The school or program verifies students' previous completion of a CEPH-accredited degree (bachelor's, master's, or doctoral 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 same objectives**
- **The school or program offers a place- or distance-based course, for credit or not-for-credit, that incorporates the learning objectives listed above, or higher-level versions of the same objectives**
- **The school or program includes the learning objectives listed above, or higher-level versions of the same objectives, in courses required of all MPH or DrPH students**

Required documentation:

1) Provide a matrix, in the format of Template D1-1, that indicates how all MPH and DrPH students are grounded in each of the defined foundational public health learning objectives (1-12). The matrix must identify all options for MPH and DrPH students used by the school or program. (self-study document)

2) Provide supporting documentation that clearly identifies how the school or program ensures grounding in each area. Documentation may include detailed course schedules or outlines to

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[14] 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.

[15] Institutions outside the U.S. may replace the 10 Essential Services with content appropriate to the nation/region.

selected modules from the learning management system that identify the relevant assigned readings, lecture topics, class activities, etc. For non-course-based methods, include web links or handbook excerpts that describe admissions prerequisites. (electronic resource file)

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

D2. MPH Foundational Competencies (SPH & PHP)

All MPH graduates demonstrate the following competencies.

The school or program documents at least one specific, required assessment activity (e.g., component of existing course, paper, presentation, test) for each competency below, during which faculty or other qualified individuals (e.g., teaching assistants or other similar individuals without official faculty roles working under a faculty member's supervision) validate the student's ability to perform the competency.

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. This requirement also applies to students completing an MPH in combination with another degree (e.g., joint, dual, concurrent degrees).

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

Since the unit must demonstrate that all students perform all competencies, units must define methods to assess individual students' competency attainment in group projects Also, assessment should occur in a setting other than an internship, which is tailored to individual student needs and designed to allow students to practice skills previously learned in a classroom. Additionally, assessment must occur outside of the integrative learning experience (see Criterion D7), which is designed to integrate previously attained skills in new ways.

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. **Apply epidemiological methods to 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
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 systemic levels**

Planning & Management to Promote Health
7. **Assess population needs, assets, and capacities that affect communities' health**
8. **Apply awareness of cultural values and practices to the design, implementation, or critique 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[16]**
11. **Select methods to evaluate public health programs**

Policy in Public Health
12. **Discuss the policy-making process,[17] including the roles of ethics and evidence**
13. **Propose strategies to identify relevant communities and individuals 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[18]**
15. **Evaluate policies for their impact on public health and health equity**

Leadership
16. **Apply leadership and/or management principles to address a relevant issue[19]**
17. **Apply negotiation and mediation skills to address organizational or community challenges[20]**

Communication
18. **Select communication strategies for different audiences and sectors**
19. **Communicate audience-appropriate public health content, both in writing and through oral presentation to a non-academic, non-peer audience with attention to factors such as literacy and health literacy**
20. **Describe the importance of cultural humility[21] in communicating public health content**

Interprofessional and/or Intersectoral Practice
21. **Integrate perspectives from other sectors and/or professions to promote and advance population health[22]**

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[16] "Resource management" refers to stewardship (planning, monitoring, etc.) of resources throughout a project, not simply preparing a budget statement that projects what resources will be required.

[17] This competency refers to technical aspects of how public policies are created and adopted, including legislative and/or regulatory roles and processes, ethics in public policy making, and the role of evidence in creating policy.

[18] This competency refers to the ability to influence policy and/or decision making, such as through community mobilization, educating policy makers, etc. Ability to argue in support of (or in opposition to) a position, as in a standard debate, is not sufficient. Students must produce a product that would be part of an advocacy campaign or effort (e.g., legislative testimony, fact sheets, advocacy strategy outline, etc.).

[19] Such principles may include creating a vision, empowering others, fostering collaboration, and guiding decision making.

[20] "Negotiation and mediation," in this competency, refers to the set of skills needed when a common solution is required among parties with conflicting interests and/or different desired outcomes. Such skills extend beyond the level of negotiation required in a successful intra-group process; effective communication within a work group or team is more closely related to competency 16.

[21] See this document's Definitions section or Criterion G1 for CEPH's definition of humility in the context of the accreditation criteria.

[22] This competency requires direct engagement (place- or distance-based) between the student and an individual or individuals in a profession or sector other than public health; students must combine the external sector/profession's perspective and/or knowledge with their own public health training to complete a task, solve a problem, etc.. Role-playing, in which public health students assume the identity of an individual from another profession or sector to which they do not already belong, is not an acceptable

Systems Thinking

    22. **Apply a systems thinking tool to visually represent a public health issue in a format other than standard narrative[23]**

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. Information may be provided in the format of Template D2-1 (single- and multi-concentration formats available) 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) List the required curriculum for each combined degree option in the same format as above, clearly indicating (using italics or shading) any requirements that differ from MPH students who are not completing a combined degree. (self-study document)

3) Provide a matrix, in the format of Template D2-2, that indicates the assessment activity for each of the foundational competencies listed above (1-22). 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 must present a separate matrix for each concentration. (self-study document)

4) Provide supporting documentation for each assessment activity listed in Template D2-2. Documentation should include the following, as relevant, for each listed assessment:

   - assignment instructions or guidelines as provided to students
   - writing prompts provided to students
   - sample exam question(s)

   (electronic resource file)

5) 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)

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

D3. DrPH Foundational Competencies (SPH & 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-

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substitute for actual engagement with an individual or individuals from a profession or sector outside of public health.

[23] Systems thinking tools depict or map complex relationships, demonstrating, for example, how component parts of a system interact with and influence one another. Examples include causal loop diagrams, systems archetypes, network analyses, and concept maps. Logic models and evidence tables are not sufficient to address this competency.

based evidence that advances programs, policies, services and/or systems addressing population health. DrPH graduates demonstrate the competencies defined in this criterion.

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

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* DrPH students, at least once, on each competency. Assessment may occur in simulations, group projects,[24] presentations, written products, etc.

Data & Analysis
1. Explain qualitative, quantitative, mixed methods, and policy analysis research and evaluation methods to address health issues at multiple (individual, group, organization, community, and population) levels
2. Design a qualitative, quantitative, mixed methods, policy analysis, or evaluation project to address a public health issue
3. Explain the use and limitations of surveillance systems and national surveys in assessing, monitoring, and evaluating policies and programs and to address a population's health

Leadership, Management & Governance
4. Propose strategies for health improvement and elimination of health inequities by organizing partners, including researchers, practitioners, community leaders, and others
5. Communicate public health science to diverse audiences, including individuals at all levels of health literacy, for purposes of influencing behavior and policies
6. Integrate knowledge, approaches, methods, values, and potential contributions from multiple professions, sectors, and systems in addressing public health problems
7. Create a strategic plan[25]
8. Facilitate shared decision making through negotiation and consensus-building methods
9. Create organizational change strategies
10. Propose strategies to promote inclusion within public health programs, policies, and systems
11. Assess one's own strengths and weaknesses in leadership capacities, including cultural proficiency
12. Propose human, fiscal, and other resources to achieve a strategic goal
13. Cultivate new resources and revenue streams to achieve a strategic goal[26]

Policy & Programs
14. Design a system-level intervention to address a public health issue
15. Integrate community-informed knowledge such as cultural values and practices in the design of public health policies and programs
16. Integrate scientific information, legal and regulatory approaches, ethical frameworks, and varied parties' interests in policy development and analysis
17. Propose interprofessional and/or intersectoral team approaches to improving public health

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[24] Since the unit must demonstrate that all students perform all competencies, units must define methods to assess individual students' competency attainment in group projects.

[25] "Strategic plan" refers to an organizational unit plan that is broader or more expansive than developing a plan for a specific project or intervention.

[26] This competency refers to the ability to identify and pursue possible funding sources and/or other resources needed to complete a project.

Education & Workforce Development

18. **Assess an audience's knowledge and learning needs**
19. **Deliver training or educational experiences that promote learning in academic, organizational, or community settings**
20. **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 (1-20). 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 the school or program relies on concentration-specific courses to assess some of the foundational competencies listed above, the school or program must present a separate matrix for each concentration. (self-study document)

3) Provide supporting documentation for each assessment activity listed in Template D3-2. Documentation should include the following, as relevant, for each listed assessment:

   • assignment instructions or guidelines as provided to students
   • writing prompts provided to students
   • sample exam question(s)

   (electronic resource file)

4) Include the most recent syllabus from each course listed in Template D3-1, or written guidelines, such as a handbook, for any required elements listed in Template D3-1 that do not have a syllabus. (electronic resource file)

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

D4. MPH & DrPH Concentration Competencies (SPH & PHP)

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

"Concentration" refers to any area of study that the school or program advertises as available to students, via its catalog and/or website. By offering a named concentration, the school or program signals that students complete a sufficient depth of coursework and experiences to warrant awarding a degree in the designated field. If the unit does not specifically define a concentration name, it is by default a "generalist" concentration.

Typically, all students enrolled in a concentration (including generalist) complete the same set of courses to attain depth and/or expand on the foundational knowledge and skills. [27]

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[27] This typically requires at least 20% (e.g., 9 of 42 semester credits) of the total credits required for the degree to be allocated to didactic courses that build knowledge and skills in the concentration area and/or expand on foundational knowledge and skills.

If the unit does NOT define a uniform set of curricular requirements that all students in a concentration complete to achieve sufficient curricular depth and/or expand on foundational knowledge and skills, the concentration is considered to be an "individually defined" concentration. In individually defined concentrations, the advisor and student, together, are responsible for identifying the courses to create appropriate curricular depth/expansion on foundational knowledge and skills AND for defining a set of competencies and corresponding assessments for the individual student's plan of study, as described below.

The school or program defines at least five competencies for each concentration or generalist degree at each degree level. These competencies articulate the unique set of knowledge and skills that justifies awarding a degree in the designated concentration (or generalist degree) and differentiates the degree offering from other concentrations offered by the unit, if applicable.

The list of competencies may expand on or enhance foundational competencies, but, in all cases, including generalist degrees, the competency statements must clearly articulate the additional depth provided beyond the foundational competencies listed in Criteria D2 and D3.

The school or program documents 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 validate the student's ability to perform the competency.

Except for cases in which a program offers only one MPH or one DrPH concentration in the unit of accreditation, assessment opportunities must occur in the didactic courses that are required for the concentration.

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

Since the unit must demonstrate that all students perform all competencies, units must define methods to assess individual students' competency attainment in group projects. Also, assessment should occur in a setting other than an internship, which is tailored to individual student needs and designed to allow students to practice skills previously learned in a classroom. Additionally, assessment must occur outside of the integrative learning experience (see Criterion D7), which is designed to integrate previously attained skills in new ways.

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 concentration coursework and/or 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) Provide supporting documentation for each assessment activity listed in Template D4-1. Documentation should include the following, as relevant, for each listed assessment:

   - assignment instructions or guidelines as provided to students

- writing prompts provided to students
- sample exam question(s)

(electronic resource file)

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

D5. MPH Applied Practice Experiences (SPH & PHP)

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 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.

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 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 reviews practical, applied work products that were produced for the site's use and benefit. Review of the student's performance in the APE must be based on at least two practical, non-academic work products AND on validating that the work products demonstrate the student's attainment of the designated competencies.

Examples of suitable work products include project plans, grant proposals, training manuals or lesson plans, surveys, memos, videos, podcasts, presentations, spreadsheets, websites, photos (with accompanying explanatory text), or other digital artifacts of learning. Reflection papers, contact hour logs, scholarly papers prepared to allow faculty to assess the experience, poster presentations, and other documents required for academic purposes may not be counted toward the minimum of two work products.

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 at least two products 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 practice experience requirements to support its mission and students' career goals, to the extent possible.

Required documentation:

1) Briefly describe how the school or program identifies competencies attained in applied practice experiences for each MPH student, including a description of any relevant policies. (self-study document)

2) Provide documentation, including syllabi and handbooks, of the official requirements through which students complete the applied practice experience. (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 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. Each student sample should include the following:
   - Template D5-1
   - Work products for the practice partner (two or more)
   - A form or cover sheet that indicates where the experience occurred, i.e., organization or agency, practice partner or supervisor, etc.

   (electronic resource file)

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

D6. DrPH Applied Practice Experience (SPH & PHP, if applicable)

Regardless of the amount or level of prior experience, all DrPH students engage in one or more applied practice experiences in which students are responsible for completion of at least one project that is meaningful for an organization and to advanced public health practice.

The work product may be a single project or a set of related projects that demonstrate a depth of competence. 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.

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 applied practice 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. The school or program may either choose at least one competency from the leadership, management, and governance domain in Criterion D3 or choose a concentration-specific competency identified in Criterion D4 if it relates to leadership skills. Competencies may differ from student to student.

This criterion does not define a minimum number of hours for the applied practice experience, but it does require the school or program to identify substantive, quality opportunities that address the identified competencies.

Required documentation:

1) Briefly describe how the school or program identifies competencies attained in applied practice experiences for each DrPH student, including a description of any relevant policies. (self-study document)

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) Provide documentation, including syllabi and handbooks, of the official requirements through which students complete the applied practice experience. (electronic resource file)

4) Provide samples of practice-related materials for individual students from each concentration or generalist degree. The school or program must provide samples of complete sets of materials 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. Each student sample should include the following:
   - Template D6-1
   - Work product(s) for the practice partner
   - A form or cover sheet that indicates where the experience occurred, i.e., organization or agency, practice partner or supervisor, etc.

   (electronic resource file)

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

D7. MPH Integrative Learning Experience (SPH & 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; demonstrating synthesis and integration requires more than one foundational and one concentration competency.

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. A poster presentation is not an acceptable high-quality written product.

Ideally, the written product is developed and delivered in a manner that is useful to external partners, 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 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 documents 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 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, 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 explain, 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 from different concentrations, if applicable. 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) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D8. DrPH Integrative Learning Experience (SPH & 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 explain, 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 from different concentrations. The school or program must provide at least 10% of the number produced in the last three years or five examples, whichever is greater. 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) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D9. Public Health Bachelor's Degree Foundational Domains (SPH & PHP, if applicable)

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 (i.e., 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).

1. **the concepts and applications of basic statistics**
2. **the foundations of biological and life sciences**
3. **the history and philosophy of public health as well as its core values, concepts, and functions across the globe and in society**
4. **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**
5. **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**
6. **the underlying science of human health and disease, including opportunities for promoting and protecting health across the life course**
7. **the cultural, socioeconomic, behavioral, biological, environmental, and other factors that impact human health and contribute to health disparities**

8. **the fundamental concepts and features of project implementation, including planning, assessment, and evaluation**
9. **the fundamental characteristics and organizational structures of the U.S. health system as well as the differences between systems in other countries**
10. **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**
11. **basic concepts of public health-specific communication, including technical and professional writing and the use of mass media and electronic technology**

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 (e.g., CHES).

Required documentation:

1) Provide a matrix, in the format of Template D9-1, that indicates the courses/experience(s) that ensure that students are exposed to each of the domains indicated. Template D9-1 requires the school or program to identify the learning experiences that introduce and cover each domain. Include a footnote with the template that provides the school or program's definition of "introduced" and "covered." (self-study document)

2) Include the most recent syllabus from each course listed in Template D9-1, or written guidelines, such as a handbook, for any required experience(s) listed in Template D9-1 that do not have a syllabus. (electronic resource file)

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

D10. Public Health Bachelor's Degree Foundational Competencies (SPH & PHP, if applicable)

Students must demonstrate the following competencies:

1. **Communicate public health information, in both oral and written forms, through a variety of media and to diverse audiences; diverse audiences include non-academic, non-peer audiences, with attention to matters such as literacy and health literacy**
2. **Locate, use, evaluate, and synthesize public health information**

Required documentation:

1) Provide a matrix, in the format of Template D10-1, that indicates the assessment opportunities that ensure that students demonstrate the stated competencies. (self-study document)

2) Provide supporting documentation for each assessment activity listed in Template D10-1. Documentation should include the following, as relevant, for each listed assessment:

   - assignment instructions or guidelines as provided to students
   - writing prompts provided to students
   - sample exam question(s)

   (electronic resource file)

3) Include the most recent syllabus from each course listed in Template D10-1 (if not presented in Criterion D9), or written guidelines, such as a handbook, for any required elements listed in Template D10-1 that do not have a syllabus. (electronic resource file)

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

D11. Public Health Bachelor's Degree Cumulative & Experiential Activities (SPH & PHP, if applicable)

Students have opportunities to integrate, synthesize and apply knowledge through cumulative and experiential activities. All students complete a cumulative, integrative, and scholarly or applied experience or inquiry project that serves as a capstone to the education experience. These experiences may include, but are not limited to, internships, service-learning projects, senior seminars, portfolio projects, research papers or honors theses.

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

Required documentation:

1) Provide a matrix, in the format of Template D11-1, that identifies the cumulative and experiential activities through which students integrate, synthesize, and apply knowledge as indicated. (self-study document)

2) Include examples of student work that relate to the cumulative and experiential activities. (electronic resource file)

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

4) 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)

D12. Public Health Bachelor's Degree Cross-Cutting Concepts & Experiences (SPH & PHP, if applicable)

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:

1. **advocacy for protection and promotion of the public's health at all levels of society**
2. **community dynamics**
3. **critical thinking and creativity**
4. **cultural contexts in which public health professionals work**
5. **ethical decision making as related to self and society**
6. **independent work and a personal work ethic**
7. **networking**
8. **organizational dynamics**
9. **professionalism**
10. **research methods**
11. **systems thinking**
12. **teamwork and leadership**

Required documentation:

1) Briefly describe, in the format of Template D12-1, the manner in which the curriculum and co-curricular experiences provide opportunities for exposure to the identified concepts. (self-study document)

2) 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)

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

D13. MPH Program Length (SPH & 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)

D14. DrPH Program Length (SPH & PHP, if applicable)

The DrPH degree requires a minimum of 36 semester-credits, 48 quarter-credits of post-master's coursework or its equivalent. Credits associated with the integrative learning experience and, if applicable, a residency, internship or other 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)

D15. Bachelor's Degree Program Length (SPH & 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)

5) Provide information about the minimum credit-hour requirements for coursework for the major in at least two similar bachelor's degree programs in the home institution. (self-study document)

D16. Academic & Highly Specialized Public Health Master's Degrees[28] (SPH & PHP, if applicable)

Students enrolled in the unit of accreditation's academic and highly specialized public health master's degrees (e.g., MS in biostatistics, MS in industrial hygiene, MS in data analytics, etc.) 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 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/or translation of public health knowledge.

Finally, students complete coursework that provides instruction in the foundational public health knowledge at an appropriate level of complexity. This instruction may be delivered through distance-based, place-based, 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,[29] that allow faculty to assess students' attainment of the introductory public health learning objectives. Assessment opportunities may include tests, writing assignments, presentations, group projects, etc.**

- **The instruction and assessment of students' foundational public health knowledge 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.**

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[28] See "Definitions" at the end of this document.
[29] Courses and assessments may be the same across degrees and programs if they include appropriate depth for each degree and program.

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

Profession & 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[30]**
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 U.S. or other community relevant to the school or program, with attention to disparities among populations, e.g., socioeconomic, ethnic, gender, racial, etc.**
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

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 cultural, social, political, and economic determinants of health and how the determinants relate 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)**

The school or program validates academic public health master's students' foundational public health knowledge through appropriate methods, which may include the following:

- **The school or program verifies students' previous completion of a CEPH-accredited degree (bachelor's, master's, or doctoral 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 same objectives**
- **The school or program offers a place- or distance-based course, for credit or not-for-credit, that incorporates the learning objectives listed above, or higher-level versions of the same objectives**
- **The school or program includes the learning objectives listed above, or higher-level versions of the same objectives, in courses required of all academic public health master's students**

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 D16-1, that indicates the required assessment opportunities for each of the defined foundational public health learning objectives (1-12). 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 supporting documentation for each assessment activity listed in Template D16-1. Documentation should include the following, as relevant, for each listed assessment:

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[30] Institutions outside the U.S. may replace the 10 Essential Services with content appropriate to the nation/region.

- assignment instructions or guidelines as provided to students
- writing prompts provided to students
- sample exam question(s)

(electronic resource file)

4) Provide a matrix, in the format of Template D16-2, that lists competencies for each relevant degree and concentration. The matrix indicates how each competency is covered in the curriculum. 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 foundational public health learning objectives defined in this criterion. (self-study document)

5) Provide supporting documentation that clearly identifies how the school or program ensures that students complete a curriculum based on defined competencies. Documentation may include detailed course schedules or outlines to selected modules from the learning management system that identify the relevant assigned readings, lecture topics, class activities, etc.) (electronic resource file)

6) 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)

7) 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/or 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)

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

9) 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)

10) 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)

11) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D17. Academic Public Health Doctoral Degrees[31] (SPH & PHP, if applicable)

Students enrolled in the unit of accreditation's doctoral degree programs that are designed to prepare public health researchers and scholars (e.g., 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.

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

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.

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 instruction in the foundational public health knowledge at an appropriate level of complexity. This instruction may be delivered through distance-based, place-based, 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,[32] that allow faculty to assess students' attainment of the introductory public health learning objectives. Assessment opportunities may include tests, writing assignments, presentations, group projects, etc.
- The instruction and assessment of students' foundational public health knowledge 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 foundational public health learning objectives.

Profession & 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[33]
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 U.S. or other community relevant to the school or program, with attention to disparities among populations, e.g., socioeconomic, ethnic, gender, racial, etc.
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

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 cultural, social, political, and economic determinants of health and how the determinants relate to population health and health inequities
11. Explain how globalization affects global burdens of disease

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[32] Courses and assessments may be the same across degrees and programs if they include appropriate depth for each degree and program.

[33] Institutions outside the U.S. may replace the 10 Essential Services with content appropriate to the nation/region.

12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health)

The school or program validates academic public health doctoral students' foundational public health knowledge through appropriate methods, which may include the following:

- **The school or program verifies students' previous completion of a CEPH-accredited degree (bachelor's, master's, or doctoral 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 same objectives**
- **The school or program offers a place- or distance-based course, for credit or not-for-credit, that incorporates the learning objectives listed above, or higher-level versions of the same objectives**
- **The school or program includes the learning objectives listed above, or higher-level versions of the same objectives, in courses required of all academic public health doctoral students**

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 D17-1, that indicates the required assessment opportunities for each of the defined foundational public health learning objectives (1-12). 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 supporting documentation for each assessment activity listed in Template D17-1. Documentation should include the following, as relevant, for each listed assessment:

   - assignment instructions or guidelines as provided to students
   - writing prompts provided to students
   - sample exam question(s)

   (electronic resource file)

4) Provide a matrix, in the format of Template D17-2, that lists competencies for each relevant degree and concentration. The matrix indicates how each competency is covered in the curriculum. 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 foundational public health learning objectives defined in this criterion. (self-study document)

5) Provide supporting documentation that clearly identifies how the school or program ensures that students complete a curriculum based on defined competencies. Documentation may include detailed course schedules or outlines to selected modules from the learning management system that identify the relevant assigned readings, lecture topics, class activities, etc.) (electronic resource file)

6) 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)

7) 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)

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

9) 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)

10) 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)

11) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

D18. All Remaining Degrees[34] (SPH, if applicable)

Students enrolled in any of the SPH's degree programs that are not addressed in Criteria D2, D3, D9, D16 or D17 complete coursework that provides instruction in the foundational public health knowledge 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 learning objectives listed below to be held separately from those offered for graduate students. This instruction may be delivered through distance-based, place-based, 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,[35] that allow faculty to assess students' attainment of the foundational public health learning**

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[34] 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 D16 & D17) or 3) public health bachelor's degrees and concentrations (Criteria D9-D12). Examples of degrees covered in this criterion are as follow: BS in exercise science, MS in nutrition, PhD in social work. See "Definitions" at the end of this document.

[35] Courses and assessments may be the same across degrees and programs if they include appropriate depth for each degree and program.

objectives. Assessment opportunities may include tests, writing assignments, presentations, group projects, etc.

- **The instruction and assessment of students' foundational public health knowledge 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 identifies at least one required assessment activity for each of the following foundational public health learning objectives.

Profession & 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[36]**
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 U.S. or other community relevant to the school or program, with attention to disparities among populations, e.g., socioeconomic, ethnic, gender, racial, etc.**
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

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 cultural, social, political, and economic determinants of health and how the determinants relate 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)**

For students enrolled in all remaining degrees, the school or program validates students' foundational public health knowledge through appropriate methods, which may include the following:

- **The school or program verifies students' previous completion of a CEPH-accredited degree (bachelor's, master's, or doctoral 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 same objectives**
- **The school or program offers a place- or distance-based course, for credit or not-for-credit, that incorporates the learning objectives listed above, or higher-level versions of the same objectives**
- **The school or program includes the learning objectives listed above, or higher-level versions of the same objectives, in courses required of all students in all remaining degrees**

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[36] Institutions outside the U.S. may replace the 10 Essential Services with content appropriate to the nation/region.

Required documentation:

1) Provide a matrix in the format of Template D18-1 that indicates the required assessment opportunities for each of the defined foundational public health learning objectives (1-12). 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) Provide supporting documentation for each assessment activity listed in Template D18-1. Documentation should include the following, as relevant, for each listed assessment:

   • assignment instructions or guidelines as provided to students
   • writing prompts provided to students
   • sample exam question(s)

   (electronic resource file)

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

D19. Distance Education (SPH & PHP, if applicable)

A degree program offered via distance education is a curriculum or course of study designated to be accessed remotely via various technologies, including internet-based course management systems, audio or web-based conferencing, video, chat, or other modes of delivery. All methods support regular and substantive interaction between and among students and the instructor either synchronously and/or asynchronously and are a) consistent with the mission of the school or program and within the school or program's established areas of expertise; b) guided by clearly articulated student learning outcomes that are rigorously evaluated; c) subject to the same quality control processes that other degree programs in the university are; and d) providing planned and evaluated learning experiences that take into consideration and are responsive to the characteristics and needs of online learners.

The university provides needed support for the program, including administrative, communication, information technology and student services.

There is an ongoing effort to evaluate the academic effectiveness of the format, to assess learning methods and to systematically use this information to stimulate program improvements. Evaluation of student outcomes and of the learning model are especially important in institutions that offer distance learning but do not offer a comparable in-residence program.

The school or program has processes in place through which it establishes that the student who registers in a distance education course or degree is the same student who participates in and completes the course or degree and receives the academic credit. Student identity may be verified by using, at the option of the institution, methods such as a secure login and passcode; proctored examinations; and new or other technologies and practices that are effective in verifying student identity. The university notifies students in writing that it uses processes that protect student privacy and alerts students to any projected additional student charges associated with the verification of student identity at the time of registration or enrollment.

Required documentation:

1) 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 the following:

   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 the school or program provides necessary administrative, information technology, and student support services
   d. the manner in which the school or program monitors the academic rigor of the programs and their equivalence (or comparability) to other degree programs offered by the university
   e. the manner in which the school or program 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) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

E1. Faculty Alignment with Degrees Offered (SPH & PHP)

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

Faculty education and experience is appropriate for the degree level (bachelor's, master's, doctoral) and the nature of the degree (research, professional practice, etc.) with which they are associated. Faculty education, experience, demographics, and/or lived experience supports the instructional areas 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 identification of instructional areas must correspond to the data presented in Template C2-1.

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

2) Provide summary data on the qualifications of any other faculty with significant involvement in the school or program's public health instruction in the format of Template E1-2. 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 identification of instructional areas must correspond to the data presented in Template C2-1. (self-study document)

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

4) Provide a brief narrative summary, with specific examples, of how faculty education, experience, demographics, and/or lived experience supports instructional areas. (self-study document)

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

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

E2. Integration of Faculty with Practice Experience (SPH & 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.

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, other than faculty members' participation in extramural service, as discussed in Criterion E5. The unit may identify full-time faculty with prior employment experience in practice settings outside of academia , and/or units may describe employment of part-time practice-based faculty, use of guest lecturers from the practice community, etc. (self-study document)

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

E3. Faculty Instructional Effectiveness (SPH & 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 current in their areas of instructional responsibility and in pedagogical methods.

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, including support for working with diverse students and communities.

Required documentation:

1) 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)

2) Describe available university and programmatic support for continuous improvement in teaching practices and student learning, including support for working with diverse students and communities. 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)

3) Describe means through which the school or program ensures that all faculty (primary instructional and non-primary instructional) maintain currency in their areas of instructional responsibility. Provide examples as relevant. This response should focus on methods for ensuring that faculty members' disciplinary knowledge is current. (self-study document)

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

5) Provide quantitative and/or qualitative information that characterizes the unit's performance over the last three years on its self-selected indicators of instructional effectiveness.

   Select at least three indicators, meaningful to the unit, with one from each of the listed categories. 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. Schools should focus data and descriptions on its public health degree programs.

   Faculty currency
   - External reviews of proposed or existing courses or curricula, outside of normal university processes[37]
   - Peer/internal 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 and pedagogy
   - Peer evaluation of teaching
   - Student satisfaction with instructional quality

   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

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

- Courses that employ active learning techniques
- Teaching assistants trained in pedagogical techniques
- Implementation of grading rubrics
- Any other measure that tracks use of pedagogical techniques and is meaningful to the school or program

(self-study document)

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

E4. Faculty Scholarship (SPH & PHP)

The types and extent of faculty research align with university and school or program missions and relate to the types of degrees offered and to relevant student and community demographics. For example, when doctoral degrees are offered, the school or program's research portfolio in those areas take on greater importance.

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

All types of research are valuable, whether conducted with the purpose of improving public health practice, advancing the scholarship of teaching and learning, or for generating new knowledge.

Faculty integrate research and scholarship with their instructional activities. Research 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.

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 student opportunities for involvement in faculty research and scholarly activities. This response should focus on instances in which students were employed or volunteered to assist faculty in faculty research projects and/or independent student projects that arose from or were related to a faculty member's existing research. (self-study document)

4) Describe and provide three to five examples of faculty integrating research and scholarly activities and experience into their instruction of students. This response should briefly summarize three to five faculty research projects and explain how the faculty member leverages the research project or integrates examples or material from the research project into classroom instruction. Each example should be drawn from a different faculty member, if possible. (self-study document)

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

6) Provide quantitative data on the unit's scholarly activities from the last three years in the format of Template E4-1, with the unit's self-defined target level on each measure for reference. 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. Schools 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 advised
- 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) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

E5. Faculty Extramural Service (SPH & PHP)

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. It is an explicit activity undertaken for the benefit of the greater society, over and beyond what is accomplished through instruction and research.

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 skills. While these activities may generate revenue, the value of faculty service is not measured in financial terms.

Faculty engage in service by consulting with public or private organizations on issues relevant to public health.

Service may include the following:
- **providing testimony or technical support to administrative, legislative, and judicial bodies**
- **serving as board members and officers of professional associations**
- **reviewing grant applications**
- **serving as members of community-based organizations, community advisory boards, or other groups**

Faculty maintain ongoing practice links with public health agencies, especially at state and local levels.

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. This response should briefly summarize three to five faculty extramural service activities and explain how the faculty member leverages the activity or integrates examples or material from the activity into classroom instruction. Each example should be drawn from a different faculty member, if possible. (self-study document)

4) Provide quantitative and/or qualitative information that characterizes the unit's performance over the last three years on the self-selected indicators of extramural service, as specified below:

Select at least three of the following indicators that are meaningful to the school or program. 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. Schools 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 collaborations with organizations that serve underserved and/or historically under-represented communities
- 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)

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

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

F1. Community Involvement in School or Program Evaluation & Assessment (SPH & PHP)

The school or program engages community members, alumni, employers, and other relevant community partners. Partners may include professionals in sectors other than health (e.g., attorneys, architects, parks and recreation personnel). Partnerships should align with university and school or program missions and relate to the types of degrees offered and to relevant student and community demographics.

Specifically, the school or program ensures that partners provide regular feedback on its student outcomes, curriculum, and overall planning processes, including the self-study process. They may also provide regular feedback about efforts to prepare students to work with diverse populations and communities.

- **The school or program defines qualitative and/or quantitative methods designed to provide useful information. "Useful information" refers to information that provides the unit with a reasonable basis for making curricular and related improvements.**
- **The school or program documents and regularly examines its methods, making revisions as necessary, to ensure useful data.**

To assess student outcomes and the curriculum, the school or program must gather useful information from employers of graduates. This must include employers of public health bachelor's and master's degree graduates. Data from supervisors of student practice experiences may be useful but should not be used exclusively.

Required documentation:

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

2) Describe any other groups of external constituents (outside of formal structures mentioned above) from whom the unit regularly gathers feedback. (self-study document)

3) Describe how the unit incorporates perspectives from external partners (i.e., other than current students and alumni) who align with the unit's mission and relate to the types of degrees offered and to relevant student and community demographics. (self-study document)

4) 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. (self-study document)

5) Describe how the school or program's external partners contribute to the ongoing operations of the school or program, including the development of the vision, mission, values, goals, and evaluation plan, and the development of the self-study document. (self-study document)

6) Provide documentation (e.g., minutes, notes, committee reports, etc.) of external contribution in at least two of the areas noted in documentation requests 3 and 4. (electronic resource file)

7) Summarize the findings of employers' assessments of program graduates' preparation for post-graduation destinations and explain how the information was gathered. (self-study document)

8) Provide documentation of the method by which the school or program gathered employer feedback. (electronic resource file)

9) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

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

Community and professional service opportunities, in addition to those used to satisfy Criterion D5, are available to all students. 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 professional and community service opportunities in which public health students have participated in the last three years. (self-study document)

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

F3. Delivery of Professional Development Opportunities for the Workforce (SPH & PHP)

The school or program advances public health by addressing the professional development needs of the current public health workforce, broadly defined. Professional development offerings can be for-credit or not-for-credit and can be one-time or sustained offerings.

Required documentation:

1) 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 in the format of Template F3-1. For each activity, include the number of external participants served (i.e., individuals who are not faculty or students at the institution that houses the school or program) and an indication of how the unit identified the educational need. (self-study document)

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

G1. Diversity & Cultural Humility (SPH & PHP)

Aspects of diversity include ability/disability, age, citizenship or national origin, community affiliation, country of birth, culture, ethnicity, first-generation students, gender, gender identity and expression, health status, historical under-representation, language, political ideology, privilege, race, refugee status, religion/spirituality, sexual orientation, shared ancestry or ethnographic characteristics, socioeconomic status, tribal sovereign status, and veteran status. This list is not intended to be exhaustive.[38]

Cultural humility, in this criterion's context, refers to bridging the cultural gap between public health professionals and communities to promote culturally sensitive and population-centric strategies. It involves public health professionals being aware of their own cultural biases, acquiring knowledge about different cultures, and demonstrating respect and sensitivity to diverse cultural perspectives. By doing so, public health professionals can build trust, establish effective communication, and engage communities in a manner that is respectful of cultural beliefs and values.

The school or program defines systematic, coherent, and long-term efforts to incorporate elements of diversity and cultural humility. Considerations relate to faculty, staff, students, curriculum, scholarship, and community engagement efforts.

The school or program also provides a learning environment that prepares students with broad competencies regarding diversity and cultural humility, recognizing that graduates may be employed anywhere in the world and will work with diverse populations.

Schools and programs advance diversity and cultural humility through a variety of practices, which may include the following:

- **incorporation of diversity and cultural humility considerations in the curriculum**

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[38] CEPH understands that the definition of diversity in non-U.S. 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 humility, as defined in appropriate local contexts.

- **recruitment and retention of diverse faculty, staff, and students**
- **development and/or implementation of policies that support a climate of equity and inclusion, free of harassment and discrimination**
- **reflection of diversity and cultural humility in the types of scholarship and/or community engagement conducted**

The school or program monitors its progress and efforts in diversity and cultural humility using evidence, including, at a minimum, student, faculty, and staff (if appropriate) perceptions of the unit's climate. The unit regularly collects, monitors, and responds to perceptions of its climate relating to diversity and cultural humility.

The unit defines qualitative and/or quantitative methods designed to provide useful information on climate. Units may draw on university climate data if the data are sufficiently specific to provide useful information. "Useful information" refers to information that provides the unit with a reasonable basis for making curricular and related improvements. Qualitative methods may include focus groups, key informant interviews, etc.

The school or program documents and regularly examines its methodology for collecting climate perceptions, making revisions as necessary, to ensure useful data.

Required documentation:

1) List the school or program's specific goals for advancing diversity and cultural humility. (self-study document)

2) List the actions and strategies identified to advance the goals defined in documentation request 1. (self-study document)

3) Provide evidence of the school or program's approaches, successes, and/or challenges in advancing diversity and cultural humility. (self-study document)

4) Provide student and faculty (and staff, if applicable) perceptions of the school or program's climate regarding diversity and cultural humility. (self-study document)

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

H1. Academic Advising (SPH & 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. Additionally, advisors understand the needs of a diverse student body and are qualified to address student needs and support their success.

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

2) 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)

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

4) Explain how advisors are trained to understand the needs of a diverse student body and to address students' needs and support their success. (self-study document)

5) 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)

6) Provide data reflecting the level of student satisfaction with academic advising during each of the last three years. Include survey response rates, if applicable. Schools should present data only on public health degree offerings. (self-study document)

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

H2. Career Advising (SPH & PHP)

The school or program provides accessible and supportive career advising services for students. Faculty and/or staff provide appropriate career placement advice, including advice about enrollment in additional education or training programs, when applicable.

All students, including those who may be currently employed, have access to qualified faculty and/or staff who are actively engaged, knowledgeable about the workforce, and prepared to address student needs and support their success. Career advising must be sensitive to the needs of a diverse student body.

Career advising 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 brief description should be provided for each. Include an explanation of efforts to tailor services to meet students' specific needs. Schools should present data only on public health degree offerings. (self-study document)

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

3) Explain how advisors are trained to understand the needs of a diverse student body and to address students' career needs and support their success. (self-study document)

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

5) Provide data reflecting the level of student satisfaction with career advising during each of the last three years. Include survey response rates, if applicable. Schools should present data only on public health degree offerings. (self-study document)

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

H3. Student Complaint Procedures (SPH & 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 complaints and/or grievances to school or program officials, addressing both informal complaint resolution and formal complaints or grievances. Explain how these procedures are publicized. (self-study document)

2) Briefly summarize the steps for how a formal complaint or grievance 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 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) If applicable, assess strengths and weaknesses related to this criterion and plans for improvement in this area. (self-study document)

H4. Student Recruitment & Admissions (SPH & 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 (e.g., bachelor's vs. graduate degrees), a description should be provided for each. Schools should discuss only public health degree offerings. (self-study document)

2) Provide a brief summary of admissions policies and procedures. If these differ by degree (e.g., bachelor's vs. graduate degrees), a description should be provided for each. Schools should discuss only public health degree offerings. (self-study document)

Detailed admissions policies, if relevant, may be provided in the electronic resource file and referenced here.

3) Provide quantitative data on the unit's student body from the last three years in the format of Template H4-1, with the unit's self-defined target level on each measure for reference. 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. Schools should focus data and descriptions on students associated with the school's public health degree programs.

- Quantitative scores (e.g., GPA, SAT/ACT/GRE, TOEFL) for newly matriculating students
- Percentage of designated group (e.g., undergraduate students, mid-career professionals, multi-lingual individuals) accepting offers of admission
- Percentage of under-represented students (as defined by the unit: provide definition with data) 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 (e.g., National Merit Scholar)
- Percentage of multilingual students

(self-study document)

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

H5. Publication of Educational Offerings (SPH & 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 program:

School and **program** refer to categories of accreditation (SPH and PHP) defined in CEPH's Accreditation Procedures.

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.

Cultural humility, in these criteria, refers to bridging the cultural gap between public health professionals and communities to promote culturally sensitive and population-centric strategies. It involves public health professionals being aware of their own cultural biases, acquiring knowledge about different cultures, and demonstrating respect and sensitivity to diverse cultural perspectives. By doing so, public health professionals can build trust, establish effective communication, and engage communities in a manner that is respectful of cultural beliefs and values.

Diverse perspectives/voices/individuals: Aspects of diversity include ability/disability, age, citizenship or national origin, community affiliation, country of birth, culture, ethnicity, first-generation students, gender, gender identity and expression, health status, historical under-representation, language, national origin, political ideology, privilege, race, refugee status, religion/spirituality, shared ancestry or ethnographic characteristics, sexual orientation, socioeconomic status, tribal sovereign status, and veteran status. This list is not intended to be exhaustive.

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.

Combined (joint, dual, concurrent, accelerated) degree programs, such as the MD/MPH, may require students to either

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 the first option 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 the second option 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 (e.g., 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 (e.g., 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 prepare individuals for public health practice in a manner equivalent to the MPH or DrPH degree.

In a PHP, the MHA or MHSA is only part of the accreditation unit in exceptional circumstances, as defined below.

In an SPH, the MHA or MHSA is classified in the category of "all remaining degrees" (Criterion D18) except under special circumstances, as defined below.

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 D13.

Academic & highly specialized public health master's degrees (e.g. MS) are offered in public health fields but do not function as MPH equivalents. Some of these degrees prepare students for doctoral study in public health fields. Other degrees prepare students for highly technical and specific job functions (e.g. laboratory technician, data scientist).

- For example, in some institutions, the MSPH functions in a manner equivalent to the MPH degree. In these institutions, the MSPH is a professional degree.
- In some institutions, the MSPH prepares students for doctoral study and/or highly technical and specific job functions. In these institutions, the MSPH is an academic and highly specialized degree.

The MS in industrial hygiene is classified in the category of "academic and highly specialized public health degrees" (Criterion D16).

Regardless of the nature of the training and intended career paths for graduates, the MPH is always classified as a professional degree and would not be addressed in Criterion D16.

Other degrees include 1) 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 "all remaining 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."

Appendix 1

**Bold font indicates data that are self-selected or defined by the unit. Definition of desired outcomes precedes data collection for these elements.

	Criteria or *Template*
1. Student enrollment	*Intro-2*
2. Performance data for all information needed to measure aspects of mission and goals not captured below (typically 5-10 measures)	*B2-1*
3. At least three specific examples of improvements undertaken in the last three years based on the evaluation plan. At least one of the changes must relate to an area other than the curriculum	*B2-2*
4. Graduation rates	*B3-1* *B3-2, B3-3 (if applicable)*
5. Post-graduation outcomes (e.g., employment, enrollment in further education)	*B4-1*
6. Actionable data (quantitative and/or qualitative) from recent alumni on their self-assessed preparation for post-graduation destinations	B5
7. Budget table	*C1-1*
8. Student perceptions of faculty availability	C2
9. Student perceptions of class size & relationship to learning	C2
10. List of all faculty, which concentrations they support & their FTE allocation to the unit as a whole	*C2-1, E1-1, E1-2*
11. Ratios for student academic advising (all degree levels)	*C2-2*
12. Ratios for supervision of MPH ILE	*C2-2*
13. Ratios for supervision of bachelor's cumulative/experiential activity	*C2-2*
14. Ratios for DrPH ILE advising	*C2-2*
15. Ratios for PhD dissertation advising	*C2-2*
16. Ratios for MS final project advising	*C2-2*
17. Count, FTE (if applicable), and type/categories of staff resources	*C3-1*
18. Faculty participation in activities/resources designed to improve instructional effectiveness (maintain ongoing list of exemplars)	E3
19. Performance on at least 3 self-selected indicators for faculty instructional effectiveness from list in criterion	E3
20. Faculty research/scholarly activities with connections to instruction (maintain ongoing list of exemplars)	E4
21. Data on at least 3 self-selected indicators for faculty research and scholarly activities from list in criterion	*E4-1*
22. Faculty extramural service activities with connections to instruction (maintain ongoing list of exemplars)	E5
23. Performance on at least 3 self-selected indicators for faculty extramural service from list in criterion	E5
24. Actionable data (quantitative and/or qualitative) from employers on graduates' preparation for post-graduation destinations	F1
25. Feedback from community members, alumni, employers, and other relevant community partners on changing practice and research needs that might impact unit priorities and/or curricula	F1
26. Feedback from community members, alumni, employers, and other relevant community partners on guiding statements and ongoing self-evaluation data	F1
27. Professional AND community service activities that students participate in (maintain ongoing list of exemplars)	F2
28. Current educational and professional development needs of self-defined communities of public health workers (individuals not currently enrolled in unit's degree programs)	F3
29. Continuing education events presented for the external community, with number of non-student, non-faculty attendees per event (maintain ongoing list)	*F3-1*

	Criteria or *Template*
30. Evidence of the unit's approaches, successes, and/or challenges in advancing diversity and cultural humility	G1
31. Student AND faculty (and staff, if applicable) perceptions of unit's climate regarding diversity and cultural humility	G1
32. Student satisfaction with academic advising	H1
33. Student satisfaction with career advising	H2
34. Events or services provided to assist with career readiness, job search, enrollment in additional education, etc. (maintain ongoing list of examplars)	H2
35. Number of student complaints filed (and info on disposition or progress)	H3
36. Data on self-selected indicator(s) for success in enrolling a qualified student body from list in criterion	*H4-1*