

SYLLABUS

# Course Information

Course Title and Number PHPM 643: Health Policy Analysis

Academic Term Spring 2022

Meeting Times T/TR; 9:35-10:50 AM

Meeting Location SPHC 108

Credit Hours: 3 Credit Hours

Instructor Name Timothy Callaghan, PhD

Instructor Telephone Number 979-436-0960

Instructor Email Address [callaghan@tamu.edu](mailto:callaghan@tamu.edu)

Instructor Office Hours Wednesday, 9-11am

Instructor Office Location SPHA 132

# Course Description

Study of problems in public health and identification of policy-based solutions to those problems; identification of policy problems, development of policy solutions, evaluation of options and implementation of changes aimed at addressing public health issues.

# Prerequisites

PHPM 640; approval of instructor

# Learning Outcomes and Course Objectives

By completing the class assignments, through participation and by completing the readings, the student will be able to:

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| Competencies | Learning Objectives |
| HPMC.1. Use policy and management tools to evaluate implications of specific programs, policies, and interventions on organizations and populations.  PhD C6: Develop policy solutions to public health problems that are based on the best evidence available and that will hold up to scrutiny from others.  D3.6: Integrate knowledge, approaches, methods, values and potential contributions from multiple professions and systems in addressing public health problems | Analyze social problems to identify potential policy interventions to solve that problem. |
| HPMC.1. Use policy and management tools to evaluate implications of specific programs, policies, and interventions on organizations and populations.  PhD C2: Develop a theoretically grounded research design that allows for rigorous evaluation of health services research questions that stand up to peer review, including the use of appropriate methods for the research question at hand.  DrPH C10: Propose strategies to promote inclusion and equity within public health programs, policies, and systems  DrPH C15: Integrate knowledge of cultural values and practices in the design of public health policies and programs | Select appropriate criteria for the comparison of policy alternatives and analyze alternatives using said criteria. |
| HPMC.5. Recommend and justify policies or organizational initiatives for implementation after examining their feasibility and implications.  PhD C4: Execute quantitative and qualitative analytical techniques to explore and clarify associations between variables and to delineate causal inferences.  D3.16: Integrate scientific information, legal and regulatory approaches, ethical frameworks and varied stakeholder interests in policy development and analysis | Know key trade-offs faced by practitioners in the analysis of policy alternatives. |
| HPMC.3. Communicate evidence-based options to address public health management and policy problems.  PhD C5: Effectively communicate the findings and implications of health services research through multiple modalities to technical and lay audiences.  D3.5: Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior and policies    D3.19: Deliver training or educational experiences that promote learning in academic, organizational or community settings | Describe policy analysis findings in written reports and orally using language easily understood by broad audiences. |

# Textbook and/or Resource Materials

Bardach, Eugene and Eric Patashnik. 2019. A Practical Guide for Policy Analysis. The Eightfold Path to More Effective Problem Solving. 6th Edition. CQ Press.

Campbell, Andrea Louise. 2014. Trapped in America's Safety Net: One Family's Struggle. University of Chicago Press.

Kingdon, John. 2011. Agendas, Alternatives, and Public Policies. Updated Second Edition with New Epilogue. Pearson Higher Education Press.

**Policy Analysis Samples – For the Interested Reader Only**

Brexit

Fahy, N., Hervey, T., Greer, S., Jarman, H., Stuckler, D., Galsworthy, M. and McKee, M., 2017. How will Brexit affect health and health services in the UK? Evaluating three possible scenarios. The Lancet, 390(10107), pp.2110-2118.

Distracted Driving  
http://www.mshealthpolicy.com/wp-content/uploads/2014/12/Distracted-Driving-Brief-Dec-2014.pdf

Medicaid   
http://files.kff.org/attachment/Issue-Brief-Trends-in-State-Medicaid-Programs

Mandatory Minimum Drug Sentences  
http://www.rand.org/pubs/monograph\_reports/MR827.html

The ACA and the Uninsured  
http://healthaffairs.org/healthpolicybriefs/brief\_pdfs/healthpolicybrief\_157.pdf

Dietary Guidelines  
http://healthaffairs.org/healthpolicybriefs/brief\_pdfs/healthpolicybrief\_149.pdf

Antibiotic Resistance  
https://www.healthaffairs.org/healthpolicybriefs/brief.php?brief\_id=138

Low Income Families and Health Exchanges  
http://healthaffairs.org/healthpolicybriefs/brief\_pdfs/healthpolicybrief\_129.pdf

Nurse Practitioners and Primary Care  
https://www.healthaffairs.org/healthpolicybriefs/brief.php?brief\_id=92

Sugar Sweetened Beverages  
<http://www.nejm.org/doi/full/10.1056/NEJMhpr0905723#t=article>

# Course Topics, Calendar of Activities, Major Assignment Dates

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| Week | Topic(s) | Required Readings and Major Assignments |
| 1 | Introduction to the Course (1/18)  What is Policy Analysis? (1/20) | * Bardach and Patashnik: Appendix A. (Old Edition; available on Canvas) * Seavey, J.W., McGrath, R.J. and Aytur, S.A., 2014. Health Policy Analysis. Springer Publishing Company. Chapter 1. * McLaughlin and McLaughlin: pgs 7-15 |
| 2 | Discussion: What is Policy Analysis (1/25)  Lecture: Defining the Policy Problem (1/27) | * Bardach and Patashnik: pgs. 1-31 * Kozhimannil, K.B., 2018. Reversing The Rise In Maternal Mortality. *Health Affairs*, *37*(11), pp.1901-1904. **(or Gawande)** * Gawande, Atul. 2009. The Cost Conundrum. New Yorker. **(or Kozhimannil)** * Campbell, Andrea Louise. 2014. Trapped in America's Safety Net: One Family's Struggle. University of Chicago Press. Chapters 1-4; Skim 5-6 if Interested. |
| 3 | Discussion: Defining the Problem (2/1)  Lecture: Theories of the Policy Process (2/3) | * Kingdon: Chapters 5-8 * Howard, Chistopher. 2007. *The Welfare State Nobody Knows*. Princeton University Press. pp. 13-69 |
| 4 | Discussion: Theories of the Policy Process (2/8)  Lecture: Agenda Setting and the Policy Process (2/10) | * Kingdon: Chapters 2-3; Skim Chapter 1 * Sven Steinmo and Jon Watts. 1995. “It’s the Institutions Stupid! Why Comprehensive National Health Insurance Always Fails in America.” Journal of Health Politics, Policy and Law. 22(2): 329-372. * Oleszek, Mark and Walter Oleszek. 2012. Legislative Sausage-Making: Health Care Reform in the 111th Congress: In Party and Procedure in the United States Congress, ed. Jacob Straus. Rowman and Littlefield. |
| 5 | Discussion: Agenda Setting (2/15)  Lecture: Stakeholders and Policy Analysis (2/17) | * <https://99percentinvisible.org/episode/orphan-drugs/> * Seavey, J.W., McGrath, R.J. and Aytur, S.A., 2014. Health Policy Analysis. Springer Publishing Company. 104-113 * Mello, M.M., Abiola, S. and Colgrove, J., 2012. Pharmaceutical companies’ role in state vaccination policymaking: the case of human papillomavirus vaccination. American journal of public health, 102(5), pp.893-898. * Glied, S., 2018. Policy Analysis in Government and Academia: Two Cultures. *Journal of Health Politics, Policy and Law*, *43*(3), pp.537-542. |
| 6 | Discussion: Stakeholders (2/22)  Lecture: Public Opinion, Issue Framing, and Policy Development (2/24) | * Jacobs, L.R. and Mettler, S., 2011. Why public opinion changes: The implications for health and health policy. Journal of Health Politics, Policy and Law, 36(6), pp.917-933. * Strickland, A.A., Taber, C.S. and Lodge, M., 2011. Motivated reasoning and public opinion. Journal of health politics, policy and law, 36(6), pp.935-944. * Shaw, G.M., 2000. The role of public input in state welfare policymaking. Policy Studies Journal, 28(4), p.707. * Gadarian, S.K., Goodman, S.W. and Pepinsky, T.B., 2021. Partisanship, health behavior, and policy attitudes in the early stages of the COVID-19 pandemic. *Plos one*, *16*(4), p.e0249596. **(For the Interested Reader Only)** |
| 7 | Discussion: Public Opinion and Framing (3/1)  Lecture: Assessing Policy Alternatives (3/3) | * Bardach and Patashnik: pgs. 31-69; 133-144 * Black, N. and Donald, A., 2001. Evidence based policy: proceed with care Commentary: research must be taken seriously. Bmj, 323(7307), pp.275-279. * Walt, G. and Gilson, L., 1994. Reforming the health sector in developing countries: the central role of policy analysis. Health policy and planning, 9(4), pp.353-370. |
| 8 | Midterm Review and Discussion: Assessing Policy Alternatives (3/8)  Midterm Exam (3/10) |  |
| 9 | Spring Break |  |
| 10 | Lecture: Race and Inequality in Policy Analysis (3/22)  Discussion: Race and Inequality in Policy Analysis (3/24) | * Howard, Christopher. 2007. The Welfare State Nobody Knows. Princeton University Press. Pgs. 178-91. * Michener, J., 2018. *Fragmented Democracy: Medicaid, Federalism, and Unequal Politics*. Cambridge University Press. Chs. 1; 3-4 * Chowkwanyun, M. and Reed Jr, A.L., 2020. Racial health disparities and Covid-19—caution and context. *New England Journal of Medicine*, *383*(3), pp.201-203. |
| 11 | Lecture: Collecting Evidence for Policy Analysis (3/29)  Discussion: Collecting Evidence (3/31) | * Bardach and Patashnik: pgs. 69-105 * Brownson, R.C., Royer, C., Ewing, R. and McBride, T.D., 2006. Researchers and policymakers: travelers in parallel universes. American journal of preventive medicine, 30(2), pp.164-172. * Brownson, R.C., Fielding, J.E. and Maylahn, C.M., 2009. Evidence-based public health: a fundamental concept for public health practice. Annual review of public health, 30, pp.175-201. * Lavis, J.N., Robertson, D., Woodside, J.M., McLeod, C.B. and Abelson, J., 2003. How can research organizations more effectively transfer research knowledge to decision makers? Milbank quarterly, 81(2), pp.221-248. |
| 12 | Lecture Basic Research Methods forPolicy Analysis Class (4/5)  Lecture: Important Analytical Considerations: Ethics, the Media, and Feasibility (4/7) | * Bardach and Patashnik: pgs. 106-120. * Reidpath, D.D., Olafsdottir, A.E., Pokhrel, S. and Allotey, P., 2012. The fallacy of the equity-efficiency trade off: rethinking the efficient health system. BMC public health, 12(1), p.1. * Motta, M., Stecula, D. and Farhart, C., 2020. How right-leaning media coverage of COVID-19 facilitated the spread of misinformation in the early stages of the pandemic in the US. *Canadian Journal of Political Science/Revue canadienne de science politique*, *53*(2), pp.335-342. * McLaughlin and McLaughlin: Chapter 9-10. |
| 13 | Discussion: Ethics, Media, and Feasibility (4/12)  Lecture: Policy Change After Implementation (4/14) | * Jacobs, L.R. and Mettler, S., 2018. When and How New Policy Creates New Politics: Examining the Feedback Effects of the Affordable Care Act on Public Opinion. *Perspectives on Politics*, *16*(2), pp.345-363. * Hacker, J.S., 2004. Privatizing risk without privatizing the welfare state: The hidden politics of social policy retrenchment in the United States. American Political Science Review, 98(02), pp.243-260. * Gildiner, A., 2007. The Organization of Decision‐making and the Dynamics of Policy Drift: A Canadian Health Sector Example. Social Policy & Administration, 41(5), pp.505-524. |
| 14 | Discussion: Policy Change After Implementation (4/19)  Class Presentations (4/21) |  |
| 15 | Class Presentations – 4/26 and 4/28 |  |
| 16 | Policy Analysis Due on 5/3 at 9am |  |

# Grading Policies

Each student’s grade for the course primarily will based on:

1. Discussion Leader Assignment
2. Written Reaction Papers
3. Midterm Grade
4. Written Policy Analysis Assignment
5. Policy Analysis Presentation Assignment

Discussion Leader: Each week a student will be in charge of the class discussion that is held on a given policy analysis topic. The student will be responsible for identifying relevant questions for discussion and for leading a stimulating discussion about the topic. Active learning tasks/activities are encouraged but not required. Students are encouraged to meet with Dr. Callaghan in advance of serving as discussion leader.

Written Reaction Papers: Each week that there isn’t another assignment due, students must submit a 1-page single spaced reaction paper to Canvas reacting to what they learned in the previous class. These written assignments will be due 48 hours before class discussions and will focus on the lecture content and associated readings for that particular discussion.

Midterm: Students will have an **in-class** midterm exam given through exemplify on March 10, 2022. The exam will cover all material from the first half of the course and include both short answer and essay sections.

Written Policy Analysis Assignment: Part one of the final project will require each student to write a policy analysis following the eightfold path described in Bardach and Patashnik on a health topic of interest. The written report must be 10-15 pages long double spaced and will be due on May 3rd at 9am.

Policy Analysis Presentation Assignment: Students will give a 10-12-minute presentation in class on 4/21, 4/26, or 4/28 about your project. Your presentation should clearly discuss the policy analysis process you carried out. You will be graded on the content of your report, your clarity – both in terms of substance and presentation style, and your involvement of the rest of the class in your presentation.

**Grading Scale *(Based on percentage of all points in class)***

* A = 90-100%
* B = 80-89%
* C = 70-79%
* D = 60-69%
* F = ≤ 60%

Re-grading Policy: If a student believes that an assignment has been graded incorrectly, they must notify Dr. Callaghan via email within one week of grades being posted. Dr. Callaghan will re-grade the entire assignment. If he determines that the assignment has been graded incorrectly, the grade will be updated. Please note that Dr. Callaghan will re-grade the entire assignment, not just the issue the student is reaching out about. As such, grades can go up, down, or remain unchanged. Reviews of previously graded materials will not be considered if requested more than 7 days after students have received their grades.

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| **Assignment/Assignment Type** | **Weight (%)** |
| Discussion Leader | 10% |
| Reaction Papers | 10% |
| Midterm | 30% |
| Policy Analysis | 35% |
| Policy Analysis Presentation | 15% |

# Late Work Policy

Late work – which is defined as submitting an assignment after the established due date – will be accepted in this course at a 10% penalty per day. Work submitted by a student after an excused absence is not considered late work and is exempted from the late work policy. (See [Student Rule 7](https://www.tamug.edu/studentrules/Academic_Rules/7_Attendance.html).)

# Attendance POLICY

The university views class attendance and participation as an individual student responsibility. Students are expected to attend class and to complete all assignments.

Please refer to [Student Rule 7](https://student-rules.tamu.edu/rule07/) in its entirety for information about excused absences, including definitions, and related documentation and timelines.

A university-excused absence is the ***only*** excuse acceptable for missing an assignment credit. For information regarding what constitutes an excused absence, required documentation, and timing of notifications and provision of documentation, please see <http://student-rules.tamu.edu/rule07>. Unexcused absences will result in a grade of a 0, for missed assignments.

University-excused absences do not relieve the student of responsibility for prior notification (where possible) and documentation. In cases where prior notification is not feasible (e.g., accident or emergency) the student must provide notification by the end of the second working day after the absence, including an explanation of why notice could not be sent prior to the class. Failure to notify and/or document properly may result in classification as an unexcused absence. Falsification of documentation is a violation of the Honor Code.

Other absences may be excused at the discretion of the instructor with prior notification and proper documentation.

If this class is forced to move online due to COVID-19, students who join this class remotely will be required to use their webcam throughout the duration of the course. Per the University’s [Bring your Own Device Policy](https://it.tamu.edu/services/academics-and-research/teaching-and-learning-tools/computer-requirements/), students must have a webcam to engage in courses remotely.

# Make-Up POLICY

Students will be excused from attending class on the day of a graded activity or when attendance contributes to a student’s grade, for the reasons stated in Student Rule 7, or other reason deemed appropriate by the instructor.

Please refer to [Student Rule 7](https://student-rules.tamu.edu/rule07/) in its entirety for information about makeup work, including definitions, and related documentation and timelines.

Absences related to Title IX of the Education Amendments of 1972 may necessitate a period of more than 30 days for make-up work, and the timeframe for make-up work should be agreed upon by the student and instructor” ([Student Rule 7, Section 7.4.1](https://student-rules.tamu.edu/rule07)).

“The instructor is under no obligation to provide an opportunity for the student to make up work missed because of an unexcused absence” ([Student Rule 7, Section 7.4.2](https://student-rules.tamu.edu/rule07)).

Students who request an excused absence are expected to uphold the Aggie Honor Code and Student Conduct Code. (See [Student Rule 24](https://student-rules.tamu.edu/rule24/).)

# **Canvas** **Learning Management System**

This course uses Canvas, a new Learning Management System (LMS) used by Texas A&M. This new LMS allows faculty to engage and communicate with students, post materials like videos, audios, files, collect assignments, and provide grades.

In order to access the course materials you will need to log to <https://lms.tamu.edu> and use your ***NetID*** *(the same as your Howdy login).*Review the [Canvas Tutorials for students](https://community.canvaslms.com/docs/DOC-10701-canvas-student-guide-table-of-contents) the [Keep Learning site](https://keeplearning.tamu.edu/) for more information on how to use this LMS.

**Computer Requirements**

The University has established minimum computing requirements; additional information can be found at: <https://it.tamu.edu/services/academics-and-research/teaching-and-learning-tools/computer-requirements/>

In addition, minimum technical requirements outlined for the School of Public Health can be found at: <https://public-health.tamu.edu/academic-tech/com-requirement.html>

For technical support, contact HelpDesk  [hdc@tamu.edu](mailto:hdc@tamu.edu), or phone to (979) 845-8300

**Important!!!** Save your work as you go along. Nothing is more discouraging than to lose an assignment due to a computer hang ups! You may want to also make hard copies of your work to have "proof" and save yourself time and trouble!

# Academic Integrity

“An Aggie does not lie, cheat or steal, or tolerate those who do.”

“Texas A&M University students are responsible for authenticating all work submitted to an instructor. If asked, students must be able to produce proof that the item submitted is indeed the work of that student. Students must keep appropriate records at all times. The inability to authenticate one’s work, should the instructor request it, may be sufficient grounds to initiate an academic misconduct case” ([Section 20.1.2.3, Student Rule 20](https://aggiehonor.tamu.edu/Rules-and-Procedures/Rules/Honor-System-Rules)).

You can learn more about the Aggie Honor System Office Rules and Procedures, academic integrity, and your rights and responsibilities at [aggiehonor.tamu.edu](https://aggiehonor.tamu.edu/).

Students are encouraged to view two short videos at: <https://aggiehonor.tamu.edu/Student-Resources/AHSO-Videos>

As well as review available materials and examples of academic dishonesty found on the Texas A&M University Libraries page on Academic Integrity and Plagiarism at: <https://library.tamu.edu/services/library_tutorials/academic_integrity/index.html>

# Americans with Disabilities Act (ADA) Policy

Texas A&M University is committed to providing equitable access to learning opportunities for all students. If you experience barriers to your education due to a disability or think you may have a disability, please contact Disability Resources in the Student Services Building or at (979) 845-1637 or visit [disability.tamu.edu](https://disability.tamu.edu/). Disabilities may include, but are not limited to attentional, learning, mental health, sensory, physical, or chronic health conditions. All students are encouraged to discuss their disability related needs with Disability Resources and their instructors as soon as possible.

# Title IX and Statement on Limits to Confidentiality

Texas A&M University is committed to fostering a learning environment that is safe and productive for all. University policies and federal and state laws prohibit gender-based discrimination and sexual harassment, including sexual assault, sexual exploitation, domestic violence, dating violence, and stalking.

With the exception of some medical and mental health providers, all university employees (including full and part-time faculty, staff, paid graduate assistants, student workers, etc.) are Mandatory Reporters and must report to the Title IX Office if the employee experiences, observes, or becomes aware of an incident that meets the following conditions (see [University Rule 08.01.01.M1](https://rules-saps.tamu.edu/PDFs/08.01.01.M1.pdf)):

* The incident is reasonably believed to be discrimination or harassment.
* The incident is alleged to have been committed by or against a person who, at the time of the incident, was (1) a student enrolled at the University or (2) an employee of the University.

Mandatory Reporters must file a report regardless of how the information comes to their attention – including but not limited to face-to-face conversations, a written class assignment or paper, class discussion, email, text, or social media post. Although Mandatory Reporters must file a report, in most instances, you will be able to control how the report is handled, including whether or not to pursue a formal investigation. The University’s goal is to make sure you are aware of the range of options available to you and to ensure access to the resources you need.

Students wishing to discuss concerns in a confidential setting are encouraged to make an appointment with [Counseling and Psychological Services](https://caps.tamu.edu/) (CAPS).

Students can learn more about filing a report, accessing supportive resources, and navigating the Title IX investigation and resolution process on the University’s [Title IX webpage](https://titleix.tamu.edu/).

# Statement on Mental Health and Wellness

Texas A&M University recognizes that mental health and wellness are critical factors that influence a student’s academic success and overall wellbeing. Students are encouraged to engage in proper self-care by utilizing the resources and services available from Counseling & Psychological Services (CAPS). Students who need someone to talk to can call the TAMU Helpline (979-845-2700) from 4:00 p.m. to 8:00 a.m. weekdays and 24 hours on weekends. 24-hour emergency help is also available through the National Suicide Prevention Hotline (800-273-8255) or at [suicidepreventionlifeline.org](https://suicidepreventionlifeline.org/).

**COVID-19 STATEMENT**

To help protect Aggieland and stop the spread of COVID-19, Texas A&M University urges students to be vaccinated and to wear masks in classrooms and all other academic facilities on campus, including labs.  Doing so exemplifies the Aggie Core Values of respect, leadership, integrity, and selfless service by putting community concerns above individual preferences. COVID-19 vaccines and masking — regardless of vaccination status — have been shown to be safe and effective at reducing spread to others, infection, hospitalization, and death.

F**EDERAL EDUCATION RIGHTS & PRIVACY ACT (FERPA)**

FERPA is a federal law designed to protect the privacy of educational records by limiting access to these records, to establish the right of students to inspect and review their educational records and to provide guidelines for the correction of inaccurate and misleading data through informal and formal hearings. Currently enrolled students wishing to withhold any or all directory information items may do so by going to [howdy.tamu.edu](https://howdy.tamu.edu/)and clicking on the "Directory Hold Information" link in the Student Records channel on the MyRecord tab. The complete [FERPA Notice to Students](http://registrar.tamu.edu/Catalogs%2C-Policies-Procedures/FERPA/FERPA-Notice-to-Students#0-StatementofRights) and the student records policy is available on the Office of the Registrar webpage.

Items that can never be identified as public information are a student’s social security number, citizenship, gender, grades, GPR or class schedule. All efforts will be made in this class to protect your privacy and to ensure confidential treatment of information associated with or generated by your participation in the class.

Directory items include name, UIN, local address, permanent address, email address, local telephone number, permanent telephone number, dates of attendance, program of study (college, major, campus), classification, previous institutions attended, degrees honors and awards received, participation in officially recognized activities and sports, medical residence location and medical residence specialization.

# Equal Opportunity Statement

Texas A&M University is an Equal Opportunity/Affirmative Action/Veterans/Disability Employer committed to diversity. Inquiries regarding nondiscrimination policies may be directed to the Human Resources by phone at 979-845-4141 or to Texas A&M University Division of Human Resources and Organizational Effectiveness, 750 Agronomy Road, General Services Complex Suite 1201, College Station, TX 77843-1255.

# School of Public Health Mission

The Texas A&M School of Public Health is committed to transforming health through interdisciplinary inquiry, innovative solutions, and development of leaders through the Aggie tradition of service to engage diverse communities worldwide.

# Course Evaluation

Constructive feedback from students on course evaluations is held in high regard at the School of Public Health.  Your assistance in helping the School in its assessment of courses and faculty through participation in the evaluation of courses is requested.  As public health professionals you will one day have the responsibility to evaluate colleagues and health initiatives. The School views providing feedback on the School’s courses as part of your professional responsibility.

# Copyright Statement

The materials used in this course are copyrighted. These materials include but are not limited to syllabi, quizzes, exams, lab problems, in-class materials, review sheets, and additional problem sets. Because these materials are copyrighted, you do not have the right to copy or share, unless permission is expressly granted by the instructor.

# Disclaimer

This syllabus is representative of materials that will be covered in this class.  It is subject to change.  These changes will be communicated via email or posted as announcements.  If you have any problems related to this course, please feel free to discuss them with the instructor.

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| **SCHOOL OF PUBLIC HEALTH COMPETENCIES** | |
| **D1. MPH & DrPH Foundational Public Health Knowledge** | |
| **Profession & Science of Public Health**  D1.1. Explain public health history, philosophy and values  D1.2. Identify the core functions of public health and the 10 Essential Services  D1.3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population’s health  D1.4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program  D1.5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.  D1.6. Explain the critical importance of evidence in advancing public health knowledge | **Factors Related to Human Health**  D1.7. Explain effects of environmental factors on a population’s health  D1.8. Explain biological and genetic factors that affect a population’s health  D1.9. Explain behavioral and psychological factors that affect a population’s health  D1.10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities  D1.11. Explain how globalization affects global burdens of disease  D1.12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health) |
| **D2. MPH Foundational Competencies** | |
| **Evidence-based Approaches to Public Health**  D2.1. Apply epidemiological methods to the breadth of settings and situations in public health practice  D2.2. Select quantitative and qualitative data collection methods appropriate for a given public health context  D2.3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate  D2.4. Interpret results of data analysis for public health research, policy or practice  **Public Health & Health Care Systems**  D2.5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings  D2.6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels  **Planning & Management to Promote Health**  D2.7. Assess population needs, assets and capacities that affect communities’ health  D2.8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs  D2.9. Design a population-based policy, program, project or intervention  D2.10. Explain basic principles and tools of budget and resource management  D2.11. Select methods to evaluate public health programs | **Policy in Public Health**  D2.12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence  D2.13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes  D2.14. Advocate for political, social or economic policies and programs that will improve health in diverse populations  D2.15. Evaluate policies for their impact on public health and health equity  **Leadership**  D2.16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making  D2.17. Apply negotiation and mediation skills to address organizational or community challenges  **Communication**  D2.18. Select communication strategies for different audiences and sectors  D2.19. Communicate audience-appropriate public health content, both in writing and through oral presentation  D2.20. Describe the importance of cultural competence in communicating public health content  **Interprofessional Practice**  D2.21. Perform effectively on interprofessional teams  **Systems Thinking**  D2.22 Apply systems thinking tools to a public health issue |
| **D3. DrPH Foundational Competencies** |  | |
| **Data & Analysis**  D3.1. 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  D3.2. Design a qualitative, quantitative, mixed methods, policy analysis or evaluation project to  address a public health issue  D3.3 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**  D3.4. Propose strategies for health improvement and elimination of health inequities by  organizing stakeholders, including researchers, practitioners, community leaders and  other partners  D3.5. Communicate public health science to diverse stakeholders, including individuals at all  levels of health literacy, for purposes of influencing behavior and policies  D3.6. Integrate knowledge, approaches, methods, values and potential contributions from  multiple professions and systems in addressing public health problems  D3.7. Create a strategic plan  D3.8. Facilitate shared decision making through negotiation and consensus-building methods | D3.9. Create organizational change strategies  D3.10. Propose strategies to promote inclusion and equity within public health programs,  policies and systems  D3.11. Assess one’s own strengths and weaknesses in leadership capacities, including cultural  proficiency  D3.12. Propose human, fiscal and other resources to achieve a strategic goal  D3.13. Cultivate new resources and revenue streams to achieve a strategic goal  **Policy & Programs**  D3.14. Design a system-level intervention to address a public health issue  D3.15. Integrate knowledge of cultural values and practices in the design of public health policies  and programs  D3.16. Integrate scientific information, legal and regulatory approaches, ethical frameworks and  varied stakeholder interests in policy development and analysis  D3.17. Propose interprofessional team approaches to improving public health  **Education & Workforce Development**  D3.18. Assess an audience’s knowledge and learning needs  D3.19. Deliver training or educational experiences that promote learning in academic,  organizational or community settings  D3.20. Use best practice modalities in pedagogical practices | |
| **HPCHC. MPH in Health Promotion and Community Health Sciences Concentration Competencies** | | |
| HPCHC.1. Analyze the determinants of health at both individual and social levels to identify intervention points. | | |
| HPCHC.2. Apply behavioral theories, concepts, and tools in addressing health problems in different populations and at different levels. | | |
| HPCHC.3. Judge appropriate quantitative and qualitative methods at various stages of health promotion program development, implementation and evaluation. | | |
| HPCHC.4. Develop and defend communication materials to inform policymakers and community members. | | |
| HPCHC.5. Apply program management principles and tools to develop a program management plan, organize resources and work, and address frequently encountered problems. | | |

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| **DRHP. DrPH in Health Promotion and Community Health Sciences Competencies** | |
| DRHP.1. Analyze critical themes in public health history in order to argue how these relate to the evolution of public health, public health problems, and the future of public health. | |
| DRHP.2. Develop appropriate conceptual models for addressing community health issues that integrate behavioral theories, concepts, and tools. | |
| DRHP.3. Design an evaluation plan appropriate for a multi-level community health/health promotion program. | |
| DRHP.4. Formulate a multi-level health promotion/community health-focused intervention, utilizing at least 2 of the 5 socio-ecological levels, and which integrates evidence-based theories and strategies. | |
| DRHP.5. Critically assess and analyze peer reviewed articles related to health promotion or community health interventions, with focus on components (i.e. strength and validity of the hypothesis, study design and methods, results, conclusions) and public health significance of findings. | |
| **EPIC. MPH in Epidemiology Concentration Competencies** | |
| EPIC.1. Select epidemiologic methods that are appropriate to address epidemiologic content areas. | |
| EPIC.2. Analyze strengths and limitations of study designs for providing evidence for causal associations. | |
| EPIC.3. Apply appropriate advanced data analysis and management techniques to analyze epidemiologic data. | |
| EPIC.4. Assess and compare different reporting formats to communicate epidemiologic data to a variety of audiences. | |
| EPIC.5. Explain the role of epidemiology in developing, implementing, and evaluating health policy. | |
| **BIOC. MPH in Biostatistics Concentration Competencies** | |
| BIOC.1. Translate research questions or aims into testable hypotheses and propose appropriate statistical methods to test those hypotheses. | |
| BIOC.2. Apply statistical methods that assure a study is adequately powered for achieving scientific aims or testing a specific research hypothesis. | |
| BIOC.3. Evaluate and recommend study designs based on identified strengths and weaknesses and desired study goals. | |
| BIOC.4. Analyze and interpret data using a variety of advanced analytical tools. | |
| BIOC.5. Communicate commonly used statistical ideas and methods to collaborators in non-technical terms. | |
| **DREP. DrPH in Epidemiology Competencies** | |
| DREP.1. Use epidemiologic evidence to make inferences about the scope and magnitude of threats to public health. | |
| DREP.2. Plan, implement, and evaluate a public health study to assess a threat to population health. | |
| DREP.3. Utilize theoretical foundations to address critical public health issues. | |
| DREP.4. Connect epidemiology to interdisciplinary research. | |
| DREP.5. Prepare reports and scholarly presentations and participate in conference presentations in order to appropriately influence relevant state-of-the-art practice. | |
| **EHC. MPH in Environmental Health Concentration Competencies** | |
| EHC.1. Develop and implement strategies for mitigating environmental health hazards. | |
| EHC.2. Explain interactive factors that influence solutions for environmental health hazards. | |
| EHC.3. Evaluate policies to reduce environmental health risks and hazards. | |
| EHC.4. Apply the current best practices for risk assessment and risk communication. | |
| EHC.5. Compare federal and state regulatory programs, guidelines and authorities that control environmental health issues. | |
| **OHC. MPH in Occupational Health Concentration Competencies** | |
| OHC.1. Evaluate occupational health risk in work settings. | |
| OHC.2. Implement theoretical models relevant to Occupational Health risk evaluation in the lab or field. | |
| OHC.3. Appraise experimental designs to appropriately address specific research questions in the field of Occupational Health. | |
| OHC.4. Synthesize knowledge of analytical techniques with theoretical models in Occupational Health to solve field problems. | |
| OHC.5. Develop & defend research plans appropriate for industrial or academic audience. | |
| **DREH. DrPH in Environmental Health Competencies** | |
| DREH.1. Evaluate the influence of susceptibility based on a hazards’ biological mode of action. Assess the impact of major environmental determinants of human disease on the likelihood of adverse effects. | |
| DREH.2. Interpret concentrations or doses of health hazards compared with risk based and non-risk based criteria and guidelines | |
| DREH.3. Develop intervention and prevention strategies to help vulnerable communities improve their health by reducing exposures to environmental hazards. | |
| DREH.4. Analyze environmental data and articulate the characteristics of major physical, radiological, chemical, and biological hazards. | |
| DREH.5. Critically assess peer-reviewed published articles related to environmental impacts on health. Analyze the strength and validity of the hypothesis, study design and methods, results, conclusions, and the public health significance. | |
| **HPMC. MPH in Health Policy and Management Concentration Competencies** | |
| HPMC.1. Use policy and management tools to evaluate implications of specific programs, policies, and interventions on organizations and populations. | |
| HPMC.2. Develop and justify budgets that support programs and organizations in the public health and health care sectors. | |
| HPMC.3. Communicate evidence-based options to address public health management and policy problems. | |
| HPMC.4. Apply project management and strategic management tools to create public health program goals, strategies, and objectives. | |
| HPMC.5. Recommend and justify policies or organizational initiatives for implementation after examining their feasibility and implications. | |

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| **MHA PROGRAM COMPETENCY MODEL** |
| **DOMAIN: Health Care Environment and Community** (the relationship between health care operations and their communities and local, state, regional, and national organizations and policies)   * **Public and Population Health Assessment** Historic, current, and anticipated future characteristics and requirements for health care at local, state, regional, and national markets * **Delivery, Organization, and Financing of Health Services and Health Systems** Resources, structure, process, and outcomes associated with providing health care informed by theory, data, and analytic methods * **Policy Analysis** Creation, analysis, and implications of policy for health care structures and delivery systems * **Legal and Ethical Bases for Health Services and Health Systems** Laws, regulations, and social or other norms that formally or informally provide guidance for health care delivery   **DOMAIN: Leadership Skills** (the motivation and empowerment of organizational resources to achieve a shared vision)   * **Ethics, Accountability, and Self-Assessment** Professional and personal values and responsibilities that result in ongoing self-reflection, professional awareness, learning, and development * **Organizational Dynamics** Organizational behavior methods and human resource strategies to maximize individual and team development while ensuring cultural awareness and inclusiveness * **Problem Solving, Decision Making, and Critical Thinking** Data, analytic methods, and judgment used in support of leadership decisions * **Team Building and Collaboration** Partnerships that result in functional, motivated, skill-based groups formed to accomplish identifiable goals   **DOMAIN: Management Skills** (the control and organization of health services delivery)   * **Strategic Planning** Market and community needs served by defined alternatives, goals, and programs supported by appropriate implementation methods * **Business Planning** Develop and manage budgets, conduct financial analysis; identify opportunities and threats to organizations using relevant information * **Communication** Verbal and non-verbal communication to convey pertinent information * **Financial Management** Read, understand, and analyze financial statements and audited financial reports * **Performance Improvement** Data, information, analytic tools, and judgment used to guide goal setting for individuals, teams, and organizations * **Project Management** Design, plan, execute, and assess tasks and develop appropriate timelines related to performance, structure, and outcomes in the pursuit of stated goals   **DOMAIN: Analytic and Technical Skills** (the successful accomplishment of tasks in health services delivery)   * **Systems Thinking** Interrelationships between and among constituent parts of an organization * **Data Analysis and Information Management** Data, information, technology, and supporting structures used in completing assigned tasks * **Quantitative Methods for Health Services Delivery** Economic, financial, statistical, and other discipline-specific techniques needed to understand, model, assess, and inform health care decision making and address health care questions |

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| **PhD-HEALTH SERVICES RESEARCH COMPETENCIES** |
| C1: Identify, assemble, evaluate, and critique a large body of existent research addressing a specific research agenda.  C2: Develop a theoretically grounded research design that allows for rigorous evaluation of health services research questions that stand up to peer review, including the use of appropriate methods for the research question at hand.  C3: Identify, collect, and prepare appropriate data through primary or secondary sources with adequate documentation for replication.  C4: Execute quantitative and qualitative analytical techniques to explore and clarify associations between variables and to delineate causal inferences.  C5: Effectively communicate the findings and implications of health services research through multiple modalities to technical and lay audiences.  C6: Develop policy solutions to public health problems that are based on the best evidence available and that will hold up to scrutiny from others.  C7: Demonstrate knowledge of economic principles and their application for research questions in health services research.  C8: Exhibit knowledge of the institutions, organizational structures, and management strategies used to enhance effectiveness in health delivery systems. |