MPH
FOUNDATIONAL COMPETENCIES

MPH students must demonstrate at least **five** (**5**) of the following competencies through their Applied Practice Experience (Practicum):

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[1]
11. Select methods to evaluate public health programs

Policy in Public Health

12. Discuss the policy-making process,[2] including the roles of ethics and evidence
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
14. Advocate for political, social, or economic policies and programs that will improve health in diverse populations[3]
15. Evaluate policies for their impact on public health and health equity

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[1] "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.
[2] 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.
[3] This competency refers to the ability to influence policy and/or decision making, such as through stakeholder 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.).

MPH FOUNDATIONAL COMPETENCIES

Leadership

16. Apply leadership and/or management principles to address a relevant issue[4]
17. Apply negotiation and mediation skills to address organizational or community challenges[5]

Communication

18. Select communication strategies for different audiences and sectors
19. Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing and through oral presentation
20. Describe the importance of cultural competence 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[6]

Systems Thinking

22. Apply systems thinking tools to visually represent a public health issue in a format other than standard narrative[7]

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

[5] "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.

[6] This competency requires direct engagement (in-person or online) 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 substitute for actual engagement with an individual or individuals from a profession or sector outside of public health.

[7] 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.