

**ASPH Consensus Conference
on the Future of the DrPH
Degree: Doctoral-level
Education for Public Health
Leadership and Practice**

December 2007

Final Report

Breakout Session #1

What are the workforce needs for public health practitioners with the DrPH degree currently and in the near future?

Questions That Arose

- To what do we compare the DrPH – the MPH, PhD, people with other degrees, etc.? With whom do DrPH holders compete?
- Is the MPH a prerequisite for the DrPH? Is it an advanced form of the MPH degree?
- Does demand translate to need?
- A test could be to look at leaders in PH, and ask “Do they possess a DrPH?”
- What kind of data do we need on where our DrPH grads go?

Reality Checks

- There is great variation in the DrPH among our schools, and while some schools use it as a practice degree, others use it for a variety of reasons.
- Opportunities are reflected in where people get jobs, not necessarily where the needs are.

Defining the DrPH-holder

- MPH-holders can be expected to manage programs and demonstrate that they are being well run, and PhD-holders may be technically competent in one of the five core areas but may not be an advocate or change agent. In contrast, DrPH-holders are change agents, requiring a higher level of thinking and practice skill.
- DrPH-holders define the problem, not just recognize it
- One health director said to a SPH rep that DrPH students give something no one else does.

Breakout #2

What are the employment opportunities and workforce needs for DrPH graduates? What is the perceived value of the degree? What should the perceived value of the degree be?

Comments

- New demands are reshaping the DrPH; however, the market does not yet recognize the value of the DrPH.
- Consider the *blue ocean strategy* – not just relying on where the market has been, but creating the market for DrPH-holders.
- Grads need to understand that they won't start at the top.
- Calling the DrPH a “PhD+” does not help since these two degrees are meant for different purposes.
- Consider positioning DrPH-holders as leaders in health care reform and society's focus on wellness.
- We compete with business schools in producing health leaders.

DrPH-holders ideally should be able to:

- Translate concepts to achieve a pragmatic vision.
- Move from discovery to implementation.
- Hit the ground running and understand/implement change (distinguishes from the MPH).
- Integrate/synthesize thinking in problem-solving.
- Translate science and bring it to bear on policies and solutions.
- Manage change, not necessarily in the lead role.
- Establish a vision through communicating, so that those not in the PH sphere can understand it.
- Build models.
- Demonstrate a social return on health investments.

Characteristics of the DrPH Degree Include:

- Breadth
- Core skills (disciplines)
- Grounding in PH practice
- Interdisciplinary approach
- Innovation
- Applied research

Opportunities Include:

- Attaching discussion of the DrPH to the health care issues so high on the national agenda
- Focusing on wellness and health
- The fact that extra degrees elevate salary, etc.

Challenges Include:

- The growing popularity of the MBA degree, which promotes people to executive positions, and competes with the MPH
- The large and growing body of MPH students who compete with each other and feed into DrPH programs
- That so many DrPH degrees are unconsolidated programs, not focused within a single department or discipline
- That PhDs are thought of as more marketable

Breakout Session #3

Which competency domains should be covered in DrPH education? What are potential major competencies for each identified domain?

Comments

- Think about focusing on clusters of competence that distinguish DrPH holders
- Be parsimonious so we don't end up with so many that they require Roemer's 43 courses.
- At the doctoral level, we need to look at depth of content.
- Avoid rigid silos of strictly defined competencies
- Emphasize integrating practice, and the use of practitioners as instructors, into learning so it's truly iterative

Proposed Competency Domains

- Fluency and a bidirectional orientation re: research and practice
- Experiential training
- Critical thinking and complex, evidence-based problem-solving
- Integration/synthesis
- Policy and planning
- Evaluation
- Systems thinking
- Translating research and evidence into practice
- Managing people and organizations (HR + financial)
- Leading change
- Establishing vision through communication
- Recognizing context
- Epidemiological modeling
- Health systems research
- Coalition building

Possible Approaches

- Map the 10 Core Functions, the MPH core competencies, and/or COL competencies to key domains:
 - Translate
 - Communicate
 - Solve Problems
 - Lead/Manage/Work in Interdisciplinary Teams
- Organize a model around:
 - Content (PH science)
 - Process (leadership and integration)
 - Context (values, policy, social justice, culture, etc.)

Closing Comments

The vision for the DrPH competency development process seems to be assumed by some to start with the MPH competencies, but there is a difference (tension?) between the two in the necessary disciplinary depth and cross-cutting skills (e.g., integration/synthesis, per Bloom's taxonomy)

Next Steps

- ASPH began the MPH core competency development process with an *a priori* acceptance of the five core discipline-specific areas as the foundation. In this DrPH process, we'll begin the Delphis from a more open foundation, further exploring competency domains before focusing on development of specific competencies
- ASPH has a good chance of securing funding for this effort
- We'll welcome all stakeholders to join the DrPH Delphi Process