

FINAL MINUTES

ASPH DrPH Concept Identification and Specification Task Force Meeting

Emory Conference Center, Atlanta, GA
Thursday and Friday, February 21-22, 2008

Members Present:

Dean James Raczynski, Chair (Arkansas)
Linda Alexander (Kentucky)
J. Maichle Bacon (Winnebago County)
Leona K. Bartholomew (Texas)
Cynthia Chappell (Texas)
Rick Danko (Texas Health Services)
Eugene Declercq (Boston)
Anthony Delucia (ETSU)
Mary Dott (CDC)
Dean John Finnegan (Minnesota)
Barbara Hatcher (APHA)
Sue Havala-Hobbs (UNC)
Paul B. Hofmann (Hofmann Healthcare)
Joel Lee (Kentucky)

D. Patrick Lenihan (UIC)
Richard Levinson (Emory)
Laura Magana Valladares (INSP)
Peter Messeri (Columbia)
Jim Meyers (Berkeley)
Kathleen Miner (Emory)
Elizabeth Trevino (Baylor Health Care)
John Williams (Kentucky)

Consultant:

Judith Calhoun (Michigan)

ASPH:

John McElligott
Elizabeth Weist

Welcome and Opening Remarks

Dean Raczynski welcomed everyone to the meeting and reviewed the consensus conference from November 2007. He introduced Dean Finnegan who also thanked the attendees and mentioned possible inclusion of implementation science, the convergence of management, operations science, global health, and public health. Dean Finnegan said the Task Force's process is analogous to movement from an engineering foundation to architectural vision. He encouraged attendees to project the DrPH core competencies to the students of 2030 and later. Attendees should assume an incoming student has basic public health knowledge. Dean Finnegan urged the Task Force to consider global health and digital technology.

Dean Raczynski said the finished competency model will not be prescriptive or binding on schools. He stated that the DrPH degree was first granted about 100 years ago, but the field of public health has yet to define the degree. He added that the core competencies are not meant to be prescriptive. Finally, Dean Raczynski asked attendees to think out of the box and determine what is best for the field rather than being constrained by their own orientation to DrPH education.

Consultant Judith Calhoun presented findings from the pre-meeting survey sent to attendees. Twelve individuals responded, identifying 18 commonly mentioned core competencies and related constructs for each of these 18 competencies

The following slides are from Judith Calhoun's presentation. The first slide (Figure 1) has a chart of which methodology respondents prefer for the development of the DrPH competency model. Figure 2 lists the 18 commonly mentioned core competencies identified by the pre-meeting survey.

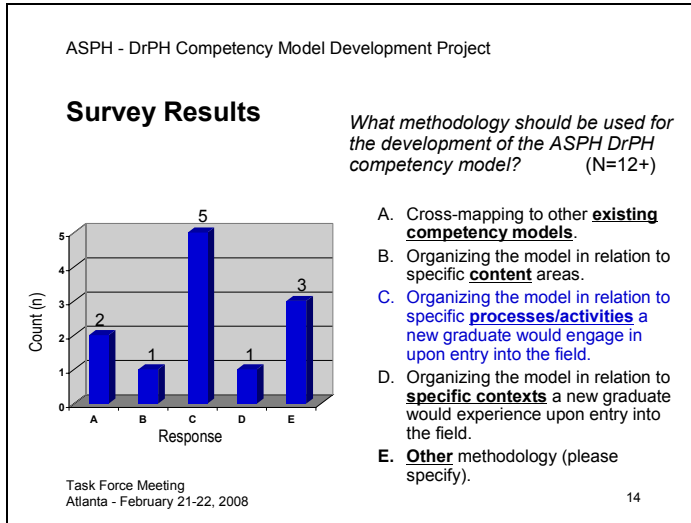


Figure 1



Figure 2

Judith Calhoun advised the Task Force to:

- Identify competencies for a DrPH curriculum
- Use observable, action-based behavioral terms (avoiding terms like “know” or “understand”)
- Focus on what DrPH graduates need to know, be able to do, and value/appreciate upon graduation in order to be successful
- Keep in mind that models coming from this meeting are only the beginning and that the entire modeling process is iterative over time
- Reference the sub-competencies from the pre-meeting survey (see appendix)

Participants' inputs:

- Consider using a Dreyfus model from novice to expert using scales (n=1)
- The faculty in research institutions is committed to conducting research. Faculty think competencies are below the bar. For example, the program at Columbia is geared to the MPH out of financial and enrollment necessity.
- A need for technically competent managers and someone to create the vision
- Whether leadership is genetic or can be taught
- Wayne Gretzky story: skate to where the puck is going to be
- A need for good ethical behavior and moral compass, in regard to technological advances or DrPH graduates' ability to deal with emergent issues
- Possible new domain: ethics, professionalism, community, culture, economics

Dean Finnegan said PhD education is changing (Carnegie). It is moving away from heavy individual mentorship and adding community engagement. There is an obligation as a public professional to generate new knowledge. Dean Finnegan said that if we can come out of this meeting with a succinct vision and can describe the capacities a person in this position should have, then it would be a remarkable achievement.

Breakout Groups

Attendees were divided into four breakout groups, as follows:

Group 1	Group 2	Group 3	Group 4
Linda Alexander	Eugene Declercq	Sue Hobbs	Laura Valladares
Mike Bacon	Anthony Delucia	Paul Hofmann	Peter Messeri
Kay Bartholomew	Mary Dott	Joel Lee	Jim Meyers
Cynthia Chappell	John Finnegan	Patrick Lenihan	Kathy Miner
Rick Danko	Barbara Hatcher	Dick Levinson	Elizabeth Trevino
		Laura Leviton	John Williams

The breakout groups were charged to:

1. Provide input regarding potential competency domains, if applicable, for the identified core competencies
2. Identify 6-12 core competencies essential for success as a DrPH
3. Specify 4-6 behaviorally-based and measurable sub-competencies that would indicate proficiency in each core competency
4. Identify model development process considerations for future workgroups

To document the process, ASPH staffers John McElligott and Elizabeth Weist noted some discussion from each of the four groups. The following is a summary of those notes:

Group 1:

- Concluded it was better to start from a foundation than the end product
- Spent considerable time discussing admissions requirements. Would an MPH or equivalent degree establish a foundation of knowledge, skills, and abilities (KSAs)?
- How many years of practical experience would be the minimum?

Group 2:

- Accepted that MPH or an equivalent degree with some practical experience would be the required minimum
- Worked from the viewpoint of the end product, a prepared DrPH graduate
- Put competencies into domains (numbers correspond to the Core Competencies Identified from the Survey, page 14 in the meeting Handouts packet)
 - Policy science application:
 - 1 – Advocacy
 - 2 – Communication
 - 12 – Policy Development
 - Planning science and decision making:
 - 4 – Critical Analysis
 - 11 – Management
 - 13 – Problem Solving
 - 15 – Program Planning
 - 16 – Research
 - 17 – Systems Thinking
 - Leadership science: strategy
 - Management science:
 - 6 – Ethics
 - 7 – Financial Skills
 - 11 – Management
 - Community engagement:
 - 3 – Community Dimensions
 - 5 – Cultural Dimensions
 - 6 – Ethics
 - 14 - Professionalism

Group 3:

- Schools need DrPH students to teach and students need to stay abreast of advances in the field
- Liked the example of five domains (transformation, execution, evaluation, translation, other)
- DrPHs must:
 - Understand systems and operate at the higher end of Bloom's taxonomy (integrative piece)
 - Solve problems and create plans for change
 - Provide strategic leadership and management
 - Follow as well as lead
 - Teach. Teaching skills needed: broaden to community, communication knowledge, mentorship, bringing others along
- Do we put advocacy with change management, policy, or communication?

Group 4:

- DrPH holders solve problems and call upon the PhDs who can do magnitude and call upon the community to conduct community-based participatory research
- Assume content and go from there
- Analytic thinking and complex problem solving

The four groups continued work from Thursday and then finalized their comments to share with the entire Task Force.

Judith Calhoun reiterated that domains are processes. Each group should put the processes together into a model with contextual considerations. She asked groups to discuss and share what tips they have for guiding future workgroups in their tasks.

Some questions groups raised included:

- Is cultural competency separate from communication?
- How do you differentiate management and leadership?
- Is it a good idea to apply the Dreyfus five-stage model of skill acquisition to DrPH entrance and exit?

Discussion of Models

Group 1:

Finished model (Figure 3) presented by Kay Bartholomew

Model is a Venn diagram with three circles (evaluate, translate, and execute) with all three being necessary for transformation in the center.

Public health science is the knowledge base brought to the applications. Distinctions become artificial. It's just the environment they operate in.

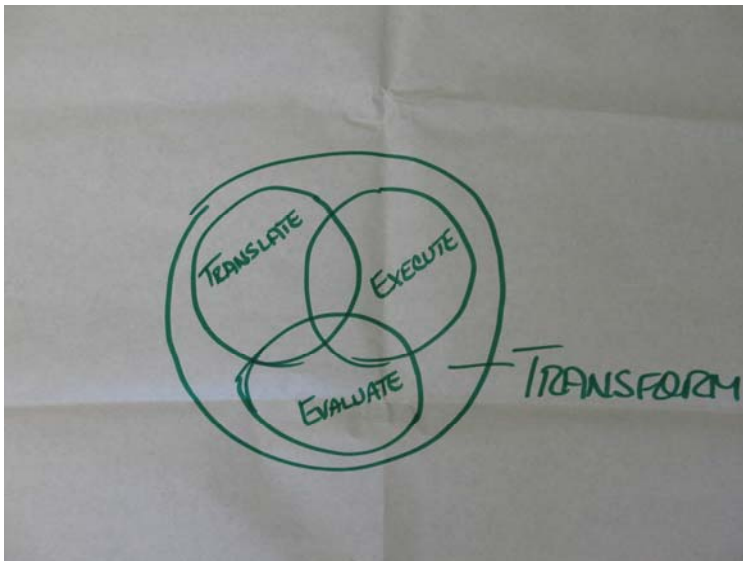


Figure 3

Four domains: Public Health Sciences, Communication, Leadership and Management, Applied Research

Group 1's competencies and sub-competencies identified by domain include the following:

Public Health Sciences (foundational)

Apply the methods and theories from at least one public health core areas to the domains of communication, applied research and leadership/management.

Apply advanced knowledge of the public health core (5) to the domains of communication, applied research and leadership/management.

Communication (translation)

Teaching – Teach, coach and mentor to enhance capacity of students, peers and community members

- Assess workforce competencies and needs
- Design, implement and evaluate training or academic programs
- Provide individualized on-the-job training, coaching and staff development

Translation and Advocacy – Inform the social change, social justice and

- Develop persuasive oral and written communications
- Develop relationships and work with “the media” to optimize media support for public health improvements
- Interact productively with stakeholders, community members and decision makers to have an impact on public health outcomes
- Educate the broad public about public health issues and needs
- Communicate to both professional and lay public audiences in an understandable manner regarding complex public health problems and research findings

Cultural Competence – Interact effectively with persons from diverse cultural, socioeconomic, educational, racial, ethnic, age, and professional backgrounds and lifestyle preferences.

- Listen to others in an unbiased manner and respect various points of view
- Promote the expression of diverse opinions and perspectives
- Communicate effectively with different audiences in the context of professional public health activities

Leadership and Management (execution)

Systems Thinking – Apply concepts of systems thinking to professional public health practice

- Analyze and evaluate the impact of interrelationships among systems that influence the health and quality of life of diverse populations.
- Assess strengths and weaknesses of applying the systems approach to public health problems
- Apply ecological model concepts to describing and intervening in public health problems.

Facilitate and Lead Change – Develop strategies to promote collaborative problem solving, decision-making and evaluation.

- Engage stakeholders
- Facilitate a shared vision and apply it to guide action
- Articulate an achievable mission
- Apply a variety of processes to develop and manage teams and group consensus
- Make decisions and act decisively

Planning – Use evidence and community experience to describe, anticipate and mediate public health needs and problems.

- Describe health and quality of life problem in a community and the behavioral, environmental, cultural, social, developmental, psychological and other factors that cause them.
- Identify community strengths and resources.
- Apply a systematic planning process to choose and implement evidence-informed intervention strategies
- Monitor and evaluate programs for their effectiveness and quality.

Financial/Budgetary

Informatics

Policy Development and Implementation – Identify, develop and apply policies, laws and regulations for public health improvement.

Cultural Competence – Apply culturally appropriate management and leadership principals to work effectively with diverse constituencies for public health improvement.

Applied Research (evaluation)

Critical Analysis – Define, assess and interpret information and evidence to describe and intervene in public health problems.

- Identify emerging issues

Conduct of Research – Design, execute and interpret both qualitative and quantitative research to solve public health problems.

- Apply ethical standards to applied public health research

Community Based Participation – Engage community involvement in all aspects of applied research (refer to the NIH definition).

- Apply principals of Community-based Participatory Research
- Manage all aspects of research to facilitate diverse input and to address issues of disparities.
- Judge appropriateness, including ethical aspects of research questions, designs and samples

Group 2:

Finished model (Figures 4 and 5) presented by Mary Dott

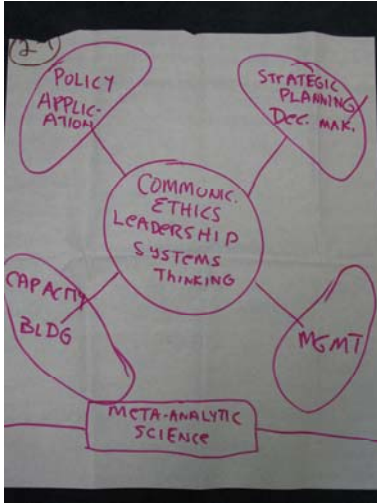


Figure 4

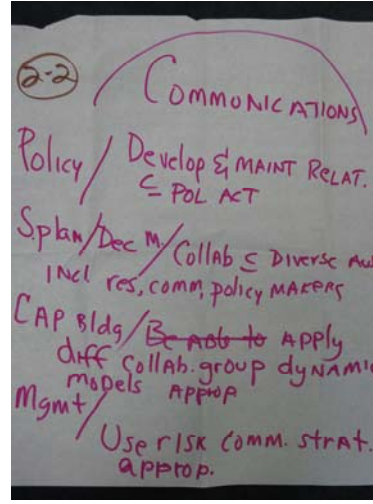


Figure 5

Competencies within domains:

Policy Applications	Strategic Planning and Decision Making	Management	Capacity Building	Meta-Analytic Science
Advocacy Communication Policy development Ethics Systems thinking	Problem solving Resource management Communication	Communication Ethics Financial skills Program planning Priority setting Evaluation	Mentoring Workforce development Community engagement Collaboration Teaching skills	Critical analysis Research/evaluation Apply evidence-based recommendations

DrPH graduates should have the ability to assess political and scientific situations and know what to do.

Admissions requirements: practicum could compensate for students with little practical experience. Consider apprenticeships as a way to sharpen the DrPH experience outside of. There is tremendous demand for DrPHs overseas (ministries of health).

Consider portfolio approaches or a practicum as part of a dissertation.

Tension between academy and practice is healthy. Each part does unique things. The relationship needs to be explored and both sides need to update their ways of thinking. There is a lot of overlap currently.

Certificates are unique among institutions and some schools are more constrained than others.

Group 3:

Finished model (Figure 6) presented by Patrick Lenihan

What do we want the model to do?

- Define the differences between the DrPH and PhD, for faculty and employers
- Gives shape and identity
- Defining curriculum for future programs
- Marketing strategy for DrPH education
- Attempt to define quality and influence ASPH schools and other programs which will never be members of ASPH
- “Path of least resistance” in some schools
- Defining quality and rigor (internal) and excellence (external)
- Competence – low bar
- Educate other faculty

Strategic issues lie at the intersection of three Venn circles (leadership, critical analysis, foundations of practice).

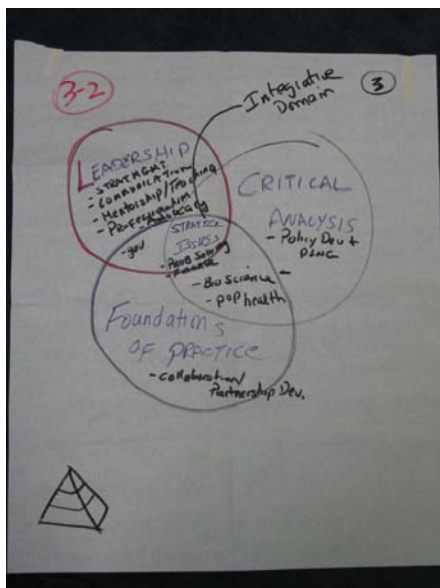


Figure 6

Group 3 envisioned their model as 3-dimensional with three tiers. The three dimensions (Leadership, Critical Analysis, and Foundations of Practice) form the base. Governance, Biological Sciences, and Population Health form the second tier and Strategic Issues form the apex, as the integrative domain.

Three assumptions:

1. Students coming in to DrPH programs have 3-5 years of experience and are already doing some leadership
2. Programs are preparing students for leadership positions
3. All incoming students have MPH or equivalent

Group 3 identified three key domains: Foundations of Practice, Leadership, and Critical Analysis and listing a number of competencies (Figure 7). The integrative domain in the middle is what distinguishes the DrPH from others. There are some cross-cutting competencies even at the domain level. Refer to Figures 8, 9, and 10 for competencies and sub-competencies.

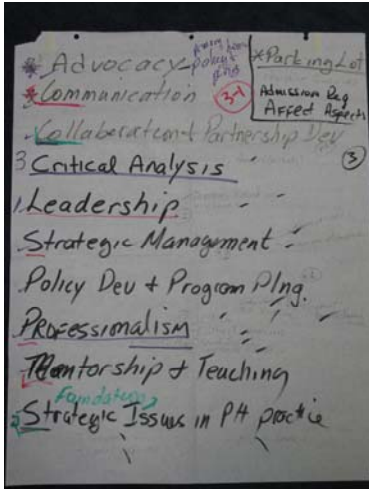


Figure 7

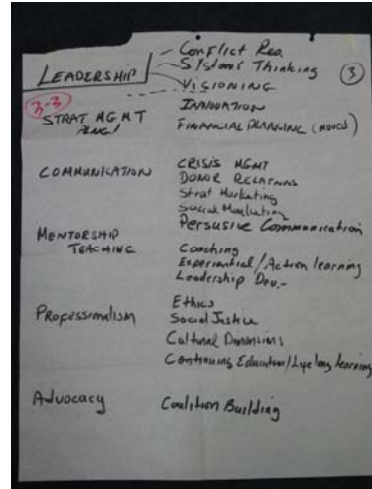


Figure 8

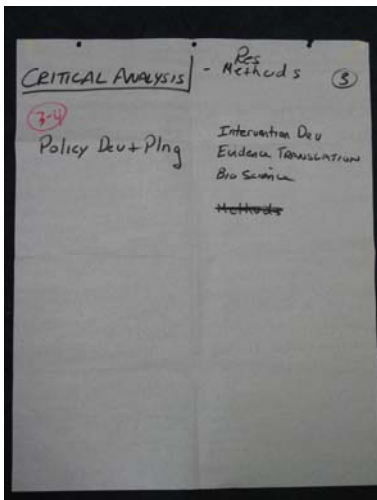


Figure 9

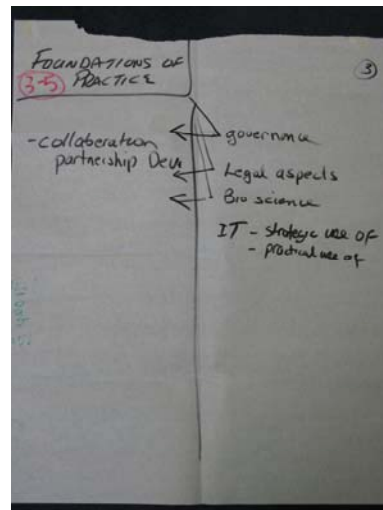


Figure 10

Specific competencies and sub-competencies identified by Group 3 by domain include the following:

Foundations of Practice

Collaboration/Partnership Development

- Governance
- Legal aspects
- Bio-Science

- Information Technology (IT)
 - Strategic use of IT
 - Practical use of IT

Leadership

Conflict Resolution

Systems Thinking

Visioning

Strategic Management and Planning

- Innovation

Communication

- Crisis Management
- Donor Relations
- Strategic Marketing
- Social Marketing
- Persuasive Communication

Mentorship Teaching

- Coaching
- Experiential/Action Learning
- Leadership Development

Professionalism

- Ethics
- Social Justice
- Cultural Dimensions
- Continuing Education/Lifelong Learning

Advocacy

- Coalition Building

Critical Analysis

Research Methods

Policy Development and Planning

- Intervention Development
- Evidence Translation
- Bio-Science

Parking lot of ideas to consider:

- Admission requirements. Need field experience
- Affective aspects: integrity, trust, humility, compassion

Patrick Lenihan said the hallmark of the DrPH degree is that it's not research-focused. DrPH is used for problem solving and policy development and not just to generate new knowledge. There was agreement on applied problem solving.

Group 4:

Finished model (Figure 11) presented by Jim Meyers

1. What do we bring to the stakeholders? What gap do the DrPH students fill?
2. Model came from a class Jim Meyers teaches using case-based methods

DrPH should: Train students to lead efforts defining and implementing novel solutions to complex public health problems through trans-disciplinary review/research leading to translational action

Wants room for diversity so individual schools can specialize or create niches.

Two frameworks are Trans-disciplinary Review/Research and Translational Action. Group 4 has ten core competencies: Ethics, Communication, Advocacy, Analytical Thinking, Informatics, Systems Thinking, Management, Research, Community Collaboration, and Intervention/Policy Development

Group 4's core competencies with sub-competencies:

Advocacy

1. Serve as a liaison to policy community for the diverse publics you represent
2. Interact productively with stakeholders and decision-makers to have an impact on public policy

Communications

1. Demonstrate effective written and oral skills for communicating with persons from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds and persons of all ages and lifestyle preferences

Community Collaboration

1. Facilitate collaborative relationships among a variety of entities (e.g. governmental, non-governmental, public, private academic)

Critical Analysis

1. Use and synthesize information from multiple sources to address public health problems/issues.

Cultural dimensions of Practice

1. Use the basic concepts and skills involved in culturally appropriate community engagement and empowerment with diverse communities

Informatics

1. Specifies appropriate measures to protect the confidentiality of staff and client data.
2. Collaborate with communication and informatics specialists in the process of design, implementation and evaluation of PH programs
3. Use information technology to access, interpret and evaluate PH data and reduce health disparities

Management

1. Apply management skills to optimize organizational effectiveness through financial planning, strategic planning, and organizational design.

Policy Development/Program Planning

1. State policy options and write concise policy statement
2. Translate policy into organizational plans, structures and programs
3. Identify and apply appropriate theory to inform the designs of effective public health interventions.

Research

1. Promote co-learning between researchers, public health professionals and communities
2. Judge appropriateness, including the ethical aspects of research designs, subject recruitment and data collection
3. Select appropriate research designs and methods to address questions of PH importance
4. Review and synthesize a body of research literature
5. Select appropriate approaches for evaluation and QI to assess program implementation/

Systems Thinking

1. Analyze and evaluate the impact of inter-relationships among systems that influence the quality of life of diverse populations in their communities
2. Analyze the impact of global trends and interdependencies on PH related problems and systems.

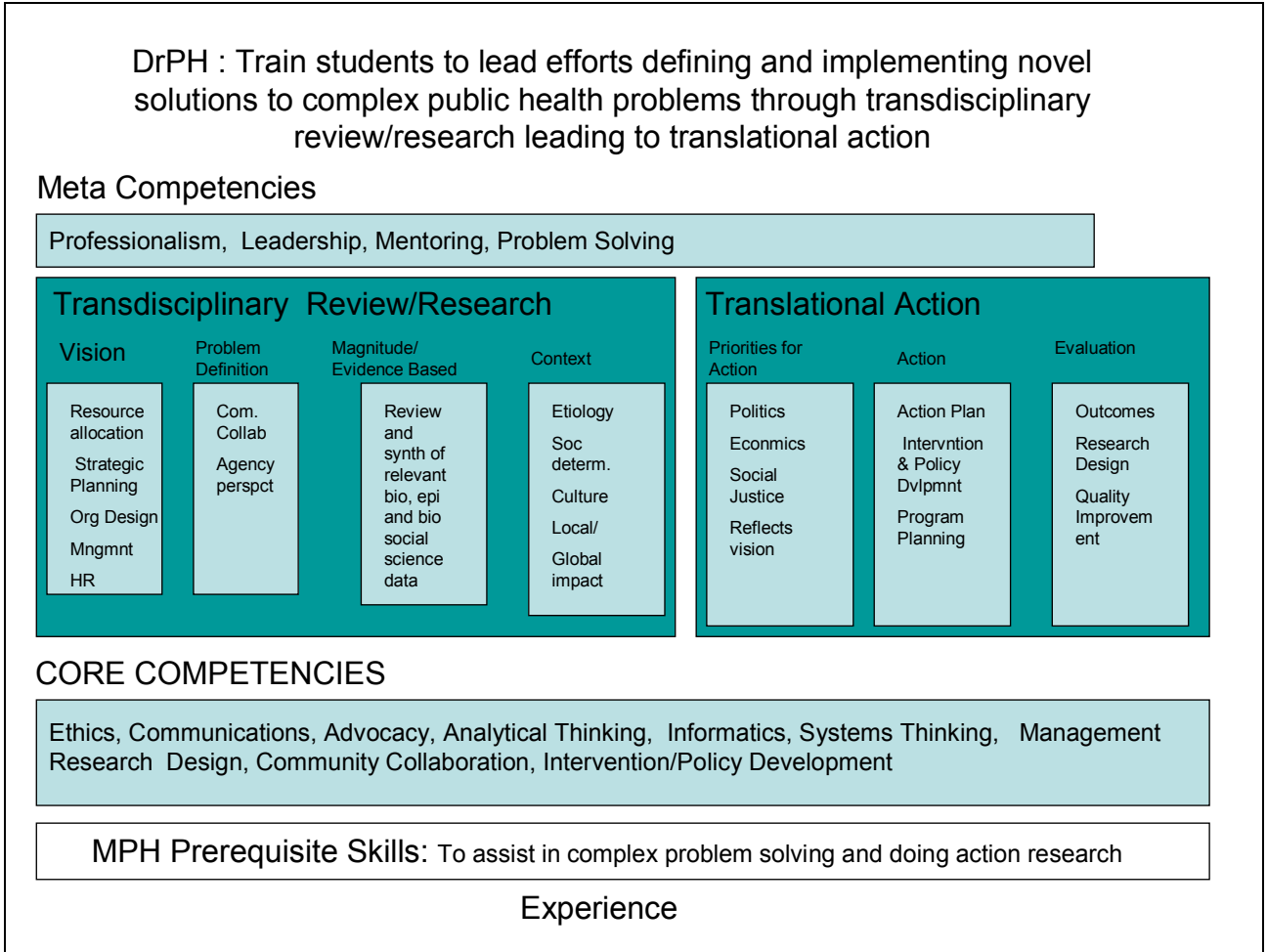


Figure 11

Task Force Advice for Advisory Panel and Future Workgroups

- Refer to the outcomes and recommendations from the four Task Force groups from Atlanta meeting. Put future work into context from Atlanta meeting.
- Discuss admissions requirements and dissertation options
- Be parsimonious
- Need to work with ambiguities and tensions as a DrPH student
- Ensure DrPH programs are highly integrated with practice. Make it applied instead of academic.
- Work with Mike Bacon of the NACCHO Workforce Leadership Development committee, which has monthly conference calls and face-to-face meetings a few times a year
- Consider global health and foreign practitioners as potential students
- Consider two other groups affected by what we do: international groups or schools (Europe and Asia) and new groups in the U.S. not a part of ASPH
- Consider content and how to do a comprehensive exam
- Continue using consensus words which came out of the Consensus Conference
- Don't forget the macro work
- Make sure this doesn't just become an academic structure
- Collaborate on a wiki to create sub-competencies, if needed

Final Comments

Dean Raczynski said this meeting was to define the common core competencies across the different DrPH areas. He thanked and congratulated participants for achieving this meeting goal.

Participants noted the Task Force is concerned with determining not just what DrPH graduates should know but also how to get it done. How does this process assure the DrPH holder “has the stuff”? The competencies should nudge schools in making sure their students “have the stuff”. How does a school impart context (e.g. working in chaotic situations)? Case studies help. The depth comes from the practice piece.

Judith Calhoun congratulated the Task Force for creating the core constructs. She said the next step will be to move it along for the Advisory Panel.

Judith Calhoun and Dean Raczynski thanked the Task Force very much for their involvement and commitment to the field of public health education.

Meeting Adjourned

The meeting was adjourned by Dean Raczynski at 2:30 p.m.