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Minor edits to this document were made for clarity in March 2010.
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Dear Colleague,

The Association of Schools of Public Health (ASPH) is pleased to present the Doctor of Public Health (DrPH) Core Competency Model Version 1.3. These competencies represent a national, expert panel effort undertaken between 2007 and 2009 by over 200 members of the academic and practice communities under the jurisdiction of the ASPH Education Committee, chaired by Dean John Finnegan (Minnesota). In releasing this model, ASPH aims to stimulate a national discussion on the competencies needed by DrPH graduates in light of the new challenges of 21st century public health practice and, thus, to better define the DrPH degree.

Included in the Core Competency Model are 54 competencies in seven domains (Advocacy, Communication, Community/Cultural Orientation, Critical Analysis, Leadership, Management, and Professionalism and Ethics).

This competency model is intended as a resource and guide for those interested in improving the quality and accountability of graduate public health education and training, not as a prescriptive model. For programs interested in adopting some or even all of the specified core competencies, ASPH is not prescribing the method nor the processes for student achievement of the competencies, nor techniques for faculty to implement the competencies. ASPH recognizes that the implementation of the competencies will likely vary as a function of each school's mission and goals for their DrPH program.

ASPH anticipates that the competency model may also be useful to colleagues at graduate public health programs, employers, and practice and agency partners.

We are extremely grateful to the many leaders who participated in the competency development process and especially Dr. Judith Calhoun, the project's faculty consultant, for the expertise and time committed to the project.

Other competency-related resources are available at www.asph.org/competency. Feedback is welcome and can be provided at DrPHcompetency@asph.org. It is understood that competency models generally have a limited lifespan and that the model should be examined and updated as new thinking and future challenges evolve in the field. We also recommend that the model be reviewed frequently at local and national levels with personnel from agencies and organizations where graduates are employed.

Sincerely,

James Raczynski, PhD  
Chair, DrPH Competency Development Project  
Founding Dean, Fay W. Boozman College of Public Health  
University of Arkansas for the Medical Sciences

Linda Rosenstock, MD, MPH  
Chair, ASPH Board of Directors  
Dean, School of Public Health  
University of California at Los Angeles
Introduction to the Model

The Association of Schools of Public Health (ASPH)\(^1\) Education Committee charged Dean James Raczynski (University of Arkansas for Medical Sciences Fay W. Boozman College of Public Health) in 2007 with developing a model of core competencies for future DrPH graduates. From 2007 to 2009, using an expert panel approach, ASPH developed the Doctor of Public Health (DrPH) Core Competency Model as presented in Version 1.3. Created through a modified Delphi process, the DrPH Core Competency Model identifies teachable, observable, and measurable skills for DrPH graduates.

Over 200 academic and practice participants crafted this model as a resource and guide for developing and improving DrPH programs and curricula. Seven workgroups produced a set of 54 DrPH core competencies covering seven domains of skills all DrPH graduates, regardless of specialization, should be able to perform upon graduation. The domains include:

- Advocacy
- Communication
- Community/Cultural Orientation
- Critical Analysis
- Leadership
- Management
- Professionalism and Ethics

See Appendix 1 for the domains, domain definitions, and competencies and Appendix 2 for the graphic model. Appendix 3 references the domains and domain definitions.

The DrPH core competency model is the first national set of recommended competencies for the DrPH degree which highlights the transformative leadership role DrPH graduates play in public health research and practice, as well as in advancing the field. It is not prescriptive to ASPH-member schools and is put forward as a benchmark for schools to use in creating or rethinking DrPH programs. The model will be examined and updated as new thinking and future challenges evolve in the field.

Impetus for Model Development

The DrPH competency development initiative formally began in 2007 as a result of the:

- Renewed efforts by ASPH members to better define the Doctor of Public Health degree
- Challenges of 21st century public health practice and practice-based research
- Proliferation of competency-based training in academic public health
- Recommendations by important national organizations (e.g., Institute of Medicine)
- Greater emphasis on accountability in higher education

Project History

1994: Commissioned “An Analysis of DrPH Degree Programs in the United States”
2003 June: Presented “Review of the Status of the Doctor of Public Health (DrPH) Degree at ASPH” at the Associate Deans for Academic Affairs’ retreat

\(^1\) The Association of Schools of Public Health (ASPH) represents the current 43 schools of public health accredited by the Council on Education for Public Health (CEPH). The [CEPH-accredited schools of public health](https://www.asph.org/) are located in the United States, Puerto Rico, and Mexico.
2006 November: Hosted first DrPH meeting for all interested members
2006 December: Developed DrPH Main Committee and DrPH Steering Committee as subcommittees under the Education Committee
2007 May: Held DrPH discussion at Education Committee Spring Meeting
2007 January-June: Drafted consensus statements on DrPH degree
2007 November: Hosted DrPH Consensus Conference to launch the competency development process with both academic and practice representatives
2008 February: Held Concept Identification and Specification Task Force Meeting with both academic and practice representatives
2008 May-June: Populated workgroups with both academic and practice representatives
2008 July: Launched modified Delphi process
2009 March: Conducted Competency Integration Council Meeting
2009 April-October: Released draft models and reviews by ASPH bodies and external partners
2009 November: ASPH Board of Directors’ approved Version 1.3

**Defining the DrPH Degree**

The ASPH DrPH Steering Committee worked to define the DrPH degree for purposes of building consensus on the issue. They came to initial agreement that both the Doctor of Philosophy (PhD) and DrPH degree programs should prepare graduates for research careers, with PhD training typically aimed at graduates who focus their research in narrowly defined areas, while the DrPH is aimed at advanced professional degree designed to prepare individuals for public health evidence-based leadership and practice-based research roles.

The steering committee drafted a “Consensus Statement About DrPH Programs” over the course of several months early in 2007. This statement reflects early discussions about key aspects of DrPH programs which were considered relevant to the competency development process. It follows:

![Consensus Statement About DrPH Programs](image)


DrPH programs should ensure that graduates have experiences in collaborating with senior public health practitioners through some form of practicum or other means. This experience should be an opportunity to observe and to develop advocacy and leadership skills.

There should be a doctoral thesis/dissertation requirement for the DrPH. The thesis should be a written product that addresses, generates, and/or interprets and evaluates knowledge applicable to practice.

In developing these competencies, the DrPH Core Competency Model developers emphasized the need to focus research training in DrPH programs on practice-oriented research and scholarship in keeping with the professional practice focus of the degree. Such scholarship, as previously defined by ASPH, is considered “not only the science implicit in academic public health practice, but its application through research, teaching, and service (the art of practice), that builds skill in adapting things in the natural world to improve human life.” The resulting model represents DrPH degree holders as leaders in the field of public health with advanced research expertise for developing and implementing evidence-based public health practice, through the application of the following competencies: advocacy, communication, community/cultural orientation, critical analysis, management, and professionalism and ethics. Leadership is viewed as the nucleus of these seven domains.

The committee recognized an important tenet guiding the process is that the DrPH is offered in a wide variety of forms, with a broad range of content, at academic institutions across the United States. Accordingly, the DrPH Core Competency Model is not intended to prescribe DrPH education but is posited to provide assistance to those schools of public health in developing new or reformulating existing DrPH programs. The model is also intended to represent only the core competencies for the DrPH, recognizing that individual schools of public health will supplement these core competencies with additional ones to reflect their programmatic focus, whether general or discipline-specific. Developers intentionally created a model without discipline-specific competencies and propose that the competencies may be applied broadly across disciplines.

Identification of Domains

In November 2007, Dean Raczynski convened a Consensus Conference in which participants from academe and practice identified workforce needs and employment opportunities for DrPH holders as well as began the process of identifying preliminary competency domains and core constructs for each initial DrPH domain. Subsequently, in February of 2008, Dean Raczynski drew upon inputs provided at the November meeting in leading the DrPH Concept Identification and Specification Task Force Meeting. Participants in both meetings are listed in Appendix 4 as Model Development Contributors.

At the February 2008 meeting, the 23 attendees were divided into four groups and charged to:

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

An advisory panel of six members was chosen from the attendees of the February 2008 meeting. Using input from the February 2008 meeting, the advisory panel was charged to:

1. Select competency domains to guide future model development work
2. Finalize six to 10 core competencies for DrPH success reflective of consensus planning to date
3. Define the domains and core competencies for submission to the model development workgroups for subsequent refinement
4. List key suggestions/recommendations for guiding workgroup model development activities
5. Provide ongoing review and input for the evolving DrPH competency model

Based on input from the advisory panel, seven domains were selected for further definition by seven workgroups.

Development of Academic-Practice Workgroups

Given the nature of the DrPH degree, practitioners were actively sought. Project staff consulted with ASPH-member deans and the leadership from three critical partner organizations – the American Public Health Association, Association of State and Territorial Health Officials, and National Association of County and City Health Officials – to identify individuals to serve on the workgroups to develop and refine the competencies.

The workgroups were led by co-chairs and membership was composed of approximately equal numbers of practitioners and academics. Thirty-three percent of the approximately 180 workgroup participants were practitioners. See Appendix 5 for the Workgroup Chairs and Appendix 6 for the Workgroup Members.
Competency Identification - Modified Delphi Process

In the summer of 2008, the seven workgroups were charged with the creation of an inclusive slate of proposed competencies for their respective domains. The range of preliminary competencies was 82-190 per workgroup. To distill the large slate of proposed competencies to eight to 10 competencies per domain, each workgroup completed three Delphi surveys and held conference calls.

Ten core members were assigned to each domain workgroup, with other participants serving as resource members. These 10 core members were asked to complete all three surveys for their respective domain. Resource members of each workgroup were asked to complete the second and third surveys. After each survey, workgroup members discussed the survey results in order to distill and refine the next list of competencies. Table 1 depicts the criteria for competency inclusion or rejection for each of the three rounds of modified-Delphi review process.

Table 1: Criteria for Inclusion or Rejection in the Modified Delphi Surveys

<table>
<thead>
<tr>
<th>Delphi 1 and Delphi 2</th>
<th>Delphi 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Accept</td>
<td>1. Accept</td>
</tr>
<tr>
<td>2. Accept with changes as noted below</td>
<td>2. Reject</td>
</tr>
<tr>
<td>3. Reject</td>
<td>3. Final Comments (use the box below for comments)</td>
</tr>
<tr>
<td>4. Consider an alternative as noted below</td>
<td>Final Comments box.</td>
</tr>
<tr>
<td>If “accept with changes,” how should it be reworded?</td>
<td></td>
</tr>
<tr>
<td>If “consider an alternative,” please provide it below.</td>
<td></td>
</tr>
</tbody>
</table>

The specific numbers of competencies reviewed during each of the three rounds of Delphi surveys, as well as the response rate from the respective workgroup, are listed in Table 2. The overall response rate of all three Delphi survey rounds was 88%.

Table 2: Summary of Delphi Survey Outcomes

<table>
<thead>
<tr>
<th>Domain</th>
<th>Delphi 1</th>
<th>Delphi 2</th>
<th>Delphi 3</th>
<th>Competency Integration Council</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of Comps</td>
<td>Response Rate (%)</td>
<td>No. of Comps</td>
<td>Response Rate (%)</td>
</tr>
<tr>
<td>Advocacy</td>
<td>85</td>
<td>90</td>
<td>33</td>
<td>83</td>
</tr>
<tr>
<td>Communication</td>
<td>156</td>
<td>100</td>
<td>41</td>
<td>81</td>
</tr>
<tr>
<td>Community/Cultural Orientation</td>
<td>102</td>
<td>90</td>
<td>40</td>
<td>81</td>
</tr>
<tr>
<td>Critical Analysis</td>
<td>131</td>
<td>100</td>
<td>56</td>
<td>96</td>
</tr>
<tr>
<td>Leadership</td>
<td>82</td>
<td>100</td>
<td>37</td>
<td>81</td>
</tr>
<tr>
<td>Management</td>
<td>190</td>
<td>90</td>
<td>71</td>
<td>76</td>
</tr>
<tr>
<td>Professionalism and Ethics</td>
<td>135</td>
<td>100</td>
<td>49</td>
<td>90</td>
</tr>
<tr>
<td>Total or Average</td>
<td>881</td>
<td>95.7</td>
<td>327</td>
<td>84</td>
</tr>
</tbody>
</table>
Competency Integration Council

The workgroup chairs met in March 2009 to combine the seven domains and then 64 competencies into a unified model. The Competency Integration Council was charged to:

- Carefully review preliminary listings from each domain workgroup
- Look at the model holistically
- Consider the set from a national, multi-school and program perspective
- Determine if any DrPH competencies were:
  - Redundant
  - Overemphasized
  - Underrepresented or missing
- Provide input on dissemination and implementation
- Play a leadership role in promoting the model to faculty at schools of public health

The Competency Integration Council was advised to ensure the final competencies are readily observable, measurable, and could be taught. The Council also sought to ensure that the competencies are critical to transformational leadership in public health and at a high enough level for a DrPH graduate, per Bloom’s Taxonomy of Educational Outcomes.

Sixty-four competencies were presented among the seven workgroups at the Competency Integration Council meeting. After substantial discussion, the chairs agreed to reduce the list to 51 in total.

Vetting, Finalization, and Dissemination of the Model

In April 2009, the workgroup chairs, consultant, and staff finalized the model for vetting by key stakeholders. The ASPH Education Committee and the DrPH program directors separately reviewed the draft model version 1.0 of 51 competencies in May. In June, the model was shared with the Council on Linkages for Academia and Public Health Practice. Dean Raczynski then presented the model to the ASPH associate deans for academic affairs at their June retreat and to the ASPH deans at their July retreat. Feedback from all these groups, in addition to field suggestions for improving the model, was provided to the workgroup chairs for careful consideration. The Model was further refined in September and October 2009 with increased emphasis on competencies related to research and the addition of three new competencies to the model.

Of the 54 final competencies, 52 (96%) of the competencies are classified in the Cognitive Domain, with two (4%) classified in the Affective Domain of Bloom’s Taxonomy of Educational Outcomes (See Table 3 below).
Table 3: Classification of Competencies with Bloom’s Taxonomy of Educational Outcomes

<table>
<thead>
<tr>
<th>Bloom’s Taxonomic Class</th>
<th>Advocacy</th>
<th>Communication</th>
<th>Community/Cultural Orientation</th>
<th>Critical Analysis</th>
<th>Leadership</th>
<th>Management</th>
<th>Professionalism and Ethics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive Domain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.0 Knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.0 Comprehension</td>
<td></td>
<td>2 (22%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.0 Application</td>
<td>3 (43%)</td>
<td>2 (22%)</td>
<td>3 (50%)</td>
<td>1 (14%)</td>
<td>5 (56%)</td>
<td>6 (67%)</td>
<td>1 (14%)</td>
</tr>
<tr>
<td>4.0 Analysis</td>
<td>1 (14%)</td>
<td></td>
<td></td>
<td>1 (14%)</td>
<td></td>
<td></td>
<td>1 (14%)</td>
</tr>
<tr>
<td>5.0 Synthesis</td>
<td>3 (43%)</td>
<td>4 (44%)</td>
<td>1 (17%)</td>
<td>4 (43%)</td>
<td>3 (33%)</td>
<td>2 (22%)</td>
<td>3 (44%)</td>
</tr>
<tr>
<td>6.0 Evaluation</td>
<td></td>
<td>1 (12%)</td>
<td>2 (33%)</td>
<td>1 (29%)</td>
<td></td>
<td>1 (11%)</td>
<td>1 (14%)</td>
</tr>
<tr>
<td>Affective Domain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 (14%)</td>
</tr>
<tr>
<td>54 Competencies</td>
<td>7</td>
<td>9</td>
<td>6</td>
<td>7</td>
<td>9</td>
<td>9</td>
<td>7</td>
</tr>
</tbody>
</table>

Conclusion

Developers of the DrPH Core Competency Model recognize the dynamic nature of public health and the grounding of the seven cross-cutting competencies in the core public health sciences, as acquired in Master of Public Health (MPH) programs at schools of public health. The model represents DrPH degree holders as leaders in the field of public health who use advanced research expertise to perform and evaluate evidence-based public health practice using advocacy, communication, community/cultural orientation, critical analysis, leadership, management, and professionalism and ethics skills.

It is understood that competency sets generally have a limited lifespan and that the model should be examined and updated as new thinking and future challenges evolve in the field. The model developers recommend that input from personnel who employ DrPH holders be integrated into future thinking regarding the preparation of DrPH graduates.

ASPH staff will continue to disseminate the model at both internal meetings and with partners, both in print and via electronic means. Comments and input on the Doctor of Public Health (DrPH) Core Competency Model are welcomed. Such feedback will assist the ASPH Education Committee in improving future versions of the model so as to enhance training for future leaders in public health. Contact ASPH via the web at www.asph.org or email DrPHcompetency@asph.org with comments.
# Appendix 1: DrPH Core Competencies

## A. ADVOCACY

The ability to influence decision-making regarding policies and practices that advance public health using scientific knowledge, analysis, communication, and consensus-building.

**Competencies:** Upon graduation a student with a DrPH should be able to…

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A1.</td>
<td>Present positions on health issues, law, and policy.</td>
</tr>
<tr>
<td>A2.</td>
<td>Influence health policy and program decision-making based on scientific evidence, stakeholder input, and public opinion data.</td>
</tr>
<tr>
<td>A4.</td>
<td>Analyze the impact of legislation, judicial opinions, regulations, and policies on population health.</td>
</tr>
<tr>
<td>A5.</td>
<td>Establish goals, timelines, funding alternatives, and strategies for influencing policy initiatives.</td>
</tr>
<tr>
<td>A6.</td>
<td>Design action plans for building public and political support for programs and policies.</td>
</tr>
</tbody>
</table>
B. COMMUNICATION

The ability to assess and use communication strategies across diverse audiences to inform and influence individual, organization, community, and policy actions.

**Competencies:** Upon graduation a student with a DrPH should be able to…

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>B1.</td>
<td>Discuss the inter-relationships between health communication and marketing.</td>
</tr>
<tr>
<td>B2.</td>
<td>Explain communication program proposals and evaluations to lay, professional, and policy audiences.</td>
</tr>
<tr>
<td>B3.</td>
<td>Employ evidence-based communication program models for disseminating research and evaluation outcomes.</td>
</tr>
<tr>
<td>B4.</td>
<td>Guide an organization in setting communication goals, objectives, and priorities.</td>
</tr>
<tr>
<td>B5.</td>
<td>Create informational and persuasive communications.</td>
</tr>
<tr>
<td>B6.</td>
<td>Integrate health literacy concepts in all communication and marketing initiatives.</td>
</tr>
<tr>
<td>B7.</td>
<td>Develop formative and outcome evaluation plans for communication and marketing efforts.</td>
</tr>
<tr>
<td>B8.</td>
<td>Prepare dissemination plans for communication programs and evaluations.</td>
</tr>
</tbody>
</table>
C. COMMUNITY/CULTURAL ORIENTATION

The ability to communicate and interact with people across diverse communities and cultures for development of programs, policies, and research.

**Competencies:** Upon graduation a student with a DrPH should be able to…

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>C1.</td>
<td>Develop collaborative partnerships with communities, policy makers, and other relevant groups.</td>
</tr>
<tr>
<td>C2.</td>
<td>Engage communities in creating evidence-based, culturally competent programs.</td>
</tr>
<tr>
<td>C3.</td>
<td>Conduct community-based participatory intervention and research projects.</td>
</tr>
<tr>
<td>C4.</td>
<td>Design action plans for enhancing community and population-based health.</td>
</tr>
<tr>
<td>C5.</td>
<td>Assess cultural, environmental, and social justice influences on the health of communities.</td>
</tr>
<tr>
<td>C6.</td>
<td>Implement culturally and linguistically appropriate programs, services, and research.</td>
</tr>
</tbody>
</table>
DrPH Core Competencies *continued*

<table>
<thead>
<tr>
<th><strong>D. CRITICAL ANALYSIS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>The ability to synthesize and apply evidence-based research and theory from a broad range of disciplines and health-related data sources to advance programs, policies, and systems promoting population health.</td>
</tr>
</tbody>
</table>

**Competencies:** Upon graduation a student with a DrPH should be able to…

| D1. | Apply theoretical and evidence-based perspectives from multiple disciplines in the design and implementation of programs, policies, and systems. |
| D2. | Interpret quantitative and qualitative data following current scientific standards. |
| D3. | Design needs and resource assessments for communities and populations. |
| D4. | Develop health surveillance systems to monitor population health, health equity, and public health services. |
| D5. | Synthesize information from multiple sources for research and practice. |
| D6. | Evaluate the performance and impact of health programs, policies, and systems. |
| D7. | Weigh risks, benefits, and unintended consequences of research and practice. |
### E. LEADERSHIP

The ability to create and communicate a shared vision for a positive future; inspire trust and motivate others; and use evidence-based strategies to enhance essential public health services.

**Competencies:** Upon graduation a student with a DrPH should be able to…

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>E1</td>
<td>Communicate an organization’s mission, shared vision, and values to stakeholders.</td>
</tr>
<tr>
<td>E2</td>
<td>Develop teams for implementing health initiatives.</td>
</tr>
<tr>
<td>E3</td>
<td>Collaborate with diverse groups.</td>
</tr>
<tr>
<td>E4</td>
<td>Influence others to achieve high standards of performance and accountability.</td>
</tr>
<tr>
<td>E5</td>
<td>Guide organizational decision-making and planning based on internal and external environmental research.</td>
</tr>
<tr>
<td>E6</td>
<td>Prepare professional plans incorporating lifelong learning, mentoring, and continued career progression strategies.</td>
</tr>
<tr>
<td>E7</td>
<td>Create a shared vision.</td>
</tr>
<tr>
<td>E8</td>
<td>Develop capacity-building strategies at the individual, organizational, and community level.</td>
</tr>
<tr>
<td>E9</td>
<td>Demonstrate a commitment to personal and professional values.</td>
</tr>
</tbody>
</table>
### F. MANAGEMENT

The ability to provide fiscally responsible strategic and operational guidance within both public and private health organizations for achieving individual and community health and wellness.

**Competencies:** Upon graduation a student with a DrPH should be able to...

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>F1</td>
<td>Implement strategic planning processes.</td>
</tr>
<tr>
<td>F2</td>
<td>Apply principles of human resource management.</td>
</tr>
<tr>
<td>F3</td>
<td>Use informatics principles in the design and implementation of information systems.</td>
</tr>
<tr>
<td>F4</td>
<td>Align policies and procedures with regulatory and statutory requirements.</td>
</tr>
<tr>
<td>F5</td>
<td>Deploy quality improvement methods.</td>
</tr>
<tr>
<td>F6</td>
<td>Organize the work environment with defined lines of responsibility, authority, communication,</td>
</tr>
<tr>
<td></td>
<td>and governance.</td>
</tr>
<tr>
<td>F7</td>
<td>Develop financial and business plans for health programs and services.</td>
</tr>
<tr>
<td>F8</td>
<td>Establish a network of relationships, including internal and external collaborators.</td>
</tr>
<tr>
<td>F9</td>
<td>Evaluate organizational performance in relation to strategic and defined goals.</td>
</tr>
</tbody>
</table>
DrPH Core Competencies *(continued)*

---

**G. PROFESSIONALISM AND ETHICS**

The ability to identify and analyze an ethical issue; balance the claims of personal liberty with the responsibility to protect and improve the health of the population; and act on the ethical concepts of social justice and human rights in public health research and practice.

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**Competencies:** Upon graduation a student with a DrPH should be able to...

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<tr>
<td>G1</td>
<td>Manage potential conflicts of interest encountered by practitioners, researchers, and organizations.</td>
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<td>G2</td>
<td>Differentiate among the administrative, legal, ethical, and quality assurance dimensions of research and practice.</td>
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<tr>
<td>G3</td>
<td>Design strategies for resolving ethical concerns in research, law, and regulations.</td>
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<tr>
<td>G4</td>
<td>Develop tools that protect the privacy of individuals and communities involved in health programs, policies, and research.</td>
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<td>G5</td>
<td>Prepare criteria for which the protection of the public welfare may transcend the right to individual autonomy.</td>
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<tr>
<td>G6</td>
<td>Assess ethical considerations in developing communications and promotional initiatives.</td>
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<td>G7</td>
<td>Demonstrate cultural sensitivity in ethical discourse and analysis.</td>
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Appendix 2: Graphic of the DrPH Core Competency Model
Appendix 3: Competency Domain Definitions*

ADVOCACY
The ability to influence decision-making regarding policies and practices that advance public health using scientific knowledge, analysis, communication, and consensus-building.

COMMUNICATION
The ability to assess and use communication strategies across diverse audiences to inform and influence individual, organization, community, and policy actions.

COMMUNITY/CULTURAL ORIENTATION
The ability to communicate and interact with people across diverse communities and cultures for development of programs, policies, and research.

CRITICAL ANALYSIS
The ability to synthesize and apply evidence-based research and theory from a broad range of disciplines and health-related data sources to advance programs, policies, and systems promoting population health.

LEADERSHIP
The ability to create and communicate a shared vision for a positive future; inspire trust and motivate others; and use evidence-based strategies to enhance essential public health services.

MANAGEMENT
The ability to provide fiscally responsible strategic and operational guidance within both public and private health organizations for achieving individual and community health and wellness.

PROFESSIONALISM AND ETHICS
The ability to identify and analyze an ethical issue; balance the claims of personal liberty with the responsibility to protect and improve the health of the population; and act on the ethical concepts of social justice and human rights in public health research and practice.

* Definitions are provided to define the context by which the work groups’ competency modeling development activities took place and are not intended to describe the entire field of the particular domain’s scholarship and practice.
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Education Committee DrPH Consensus Conference
(November 2, 2007 in Washington, DC)

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**Concept Identification and Specification Task Force Meeting**
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**Competency Integration Council Meeting**
(March 9-10, 2009 in Atlanta, GA)

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The following workgroup chairs deserve many thanks for leading the approximately 180 members of the seven workgroups through the year-long competency identification and specification processes. All represent expert volunteers who invested many hours of time facilitating discussions to reach agreement on the objective, measurable skills needed by DrPH graduates.

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