AUTHORIZATION TO PLAN (ATP) AN ACADEMIC PROGRAM

1. School/College and Department/Unit
   John A. Burns School of Medicine, Office of Public Health Studies (OPHS)

2. Chair/Convener of Planning Committee
   Jay Maddock, Ph.D., Director, Office of Public Health Studies

3. Program Category:  **X** New  ____ Modified  ____ Interdisciplinary

4a. Degree or Certificate Proposed:
   Bachelor of Arts in Public Health

4b. List similar degrees or certificates offered in the UH System:
   B.A.P.A., concentration in Health Care Administration – West Oahu
   Interdisciplinary Certificate in Social Science and Health – Mānoa

5. Planning
   a. Planning period: September 2011 to August 2012
   b. Activities to be undertaken during the planning phase: Needs assessment, letters of support, course development, administrative infrastructure development, program infrastructure development, program planning and coordination for perspective majors, and marketing of the new program.
   c. Submission date of program proposal: August 2012
   d. Workload/budget implications during planning period: 1-Assistant Specialist .25 FTE, 1 – GRA .25 FTE; Distance Education/Undergraduate Curriculum Committee; participation as part of regular FTE.

6. Program Description
   The two proposed tracks leading to a Bachelor of Arts degree in Public Health are designed to educate undergraduates interested in public health and/or a health profession in the broader basic concepts in public health education, practice and research. Students enrolled in this program would complete a projected total of 27 credits in undergraduate public health courses and added credits in elective public health-related courses from within the UH system, for a total of 120 undergraduate credits (see appendix A for proposed Public Health courses and tracks to be offered). The undergraduate degree in Public Health offers many potential benefits for the University, OPHS, and students. The program will help to provide a pool of more knowledgeable public health-trained undergraduate candidates for the masters and doctoral level programs, bring in more collaborative opportunities to OPHS, provide an extension of the career educational ladder to undergraduate students interested in a public health career, and provide greater numbers of public health students, which will assist OPHS in attaining re-accreditation as a School of Public Health.

   The proposed degree program offers two distinctive tracks that address the five core areas of public health: Epidemiology, Biostatistics, Environmental Health, Health Policy and Management, and Social and Behavioral Health Sciences, as well as meets the requirements for most professional healthcare training programs. Specifically, the Bachelor of Arts (Health Science track) track places an emphasis on Epidemiology, Biostatistics, and Environmental Health, as well as the prerequisites for advanced professional healthcare specializations (e.g. medicine, pharmacy, nursing, physical therapy, etc.). The curriculum is designed to highlight the skills required for the upcoming changes to the Medical College Admissions Test (MCAT). The Bachelor of Arts (Community Health) track option places an emphasis on health policy and management, community health, and social and
behavioral health sciences. Both tracks offer students the opportunity to seek public health employment following the completion of their BA, and/or further their education in public health by specializing at the masters level (MPH, MS) and/or the doctoral level (DrPH, PhD). The proposed public health courses could also be used to fulfill University general education requirements. Students graduating in public health at the BA level will be qualified to apply for existing entry-level public health positions in the community, at the Hawaii Department of Health and for federal work and career advancement opportunities such as with the Centers for Disease Control (CDC).

7. Program Justification

According to the U.S. Department of Labor, the health sciences field represents the largest single industry in the U.S., accounting for 14.3 million jobs across 200 different fields. In addition, seven of the 20 fastest growing occupations are health related, generating 3.25 million new jobs between 2008 and 2018, a 22 percent increase or double the growth of all other industries combined. In the future, it is anticipated there will be a growing need for Health Promotion professionals as a result of:

a. Rising incidence of chronic disease.

b. Rising health care costs driving intervention strategies.

c. Increased need for research in the area of disease prevention.

d. The aging work force.

e. Technological advances.

f. Increased demand for consultants.

As expressed in the Healthy People 2010, report of the U.S. Department of Health and Human Services (2000), wherein the need for national interventions in wellness and health promotion are highlighted. In particular, “…the leading causes of morbidity and mortality in the United States are largely preventable; health, wellness and injury prevention is a topical area of focus for academic enquiry; and, most importantly, inter-disciplinary education of specialists in Health Science will meet future societal needs for practitioners.”

The Association of Schools of Public Health (ASPH) currently estimates 250,000 more public health workers will be needed in the U.S. by 2020. The current public health workforce is diminishing, with 23% of the current workforce (almost 110,000 workers) eligible for retirement by 2012. Existing schools of public health would have to train nearly three times the number of current graduates to meet this demand.

The 2007 State of Hawai‘i Workforce Profile listed the Hawai‘i Department of Health workforce at 3,282 employees, or 18.9% of all state government employees (the largest group). Of these employees, nearly 25%, or approximately 565 employees, were projected to be at retirement age in 2011. This potentially precipitous drop in the public health workforce could have potentially devastating consequences on the state health system, which the proposed undergraduate degree program will help address. Most of the entry level positions in public health in Hawaii and nationally require a minimum of a bachelor’s level education, preferably in public health. Students in this program will have the BA education and advising provided that will prepare them for public health work at the entry level, or the option of continuing on for their masters and possibly their doctoral degrees in public health. The Hawaii Department of Health already forwards existing job vacancy announcements to OPHS to help find potential applicants for open positions, which OPHS forwards on to its students and alumni.

From the viewpoint of the community and surrounding region, the burden of non-communicable diseases (NCDs) poses a grave threat, as referenced in Pacific Islands Health Officers (PIHOA) Board Resolution #48-01 (Appendix C). PIHOA is made up of all of the directors and ministers of health of the US Affiliated Pacific Islands (USAPI) jurisdictions, all of whom have stated, for the record, their support of public health training to improve the capabilities of their departments. It is important to note that many of the USAPI jurisdictions have significant healthcare and public health workforce training issues and needs. The community colleges in the region are working to develop associate
degrees in public health disciplines to address the educational gaps that exist in the current workforce. The proposed BA program will offer an opportunity to the region to have its healthcare workers trained beyond the community college level, which is currently the highest level of education available in the jurisdictions, except for Guam, which is the only other bachelor’s-level training available.

Undergraduate degrees are a growing area of public health academics in the US and elsewhere. In 2010, the national Association of Schools of Public Health (ASPH) conducted a survey of US schools and programs of public health and found that: of 38 schools of public health responding to the survey, 29 offer undergraduate programs or courses, with 15 schools offering an undergraduate public health major and 11 offered a public health minor. The numbers of students in these undergraduate programs ranged from less than five to over 500. Most of these programs were started after 2002-2003. Some schools offer a 5-year BA/MPH option (Yale, Saint Louis, Johns Hopkins University and the University of Florida).1 The Association of Schools of Public Health sponsors a yearly Undergraduate Public Health Summit at the annual national American Public Health Association (APHA), to share updates and recommendations regarding the fast-growing development and implementation of undergraduate public health programs. It is anticipated by ASPH and others that the undergraduate degree will be required for all CEPH-accredited schools of public health in the near future.

In July 2011, The Association of Schools of Public Health released its Undergraduate Public Health Learning Outcomes Model Version 1.0 (2011), which establishes learning domains that represent knowledge, concepts, and skills necessary to introduce undergraduate students to public health. These learning outcomes were developed to address all undergraduate students at institutions of higher education, but particularly address the domains expected of students intending to pursue a career in PH. The learning domains include: 1. Knowledge of human cultures and the physical and natural world as it relates to individual and population health; 2. Intellectual and Practical skills; 3. Personal and Social Responsibility, and 4. Integrative and Applied learning.2

A survey was initiated in October 2011 by OPHS to assess the level of interest in an undergraduate public health degree program. Undergraduate students (n=73) from various majors completed the survey, of which 53.5% (n=38) indicated an interest in such a major, while another 32.4% (n=23) indicated they were not sure or would require more information (two did not respond to the question). In another question, 81.9% (n=59) indicated an interest in a health-related career (one did not respond to the question). A spring 2012 needs assessment is planned to gather more information about undergraduate UH students at the freshman and sophomore levels regarding their potential levels of interest in applying for the BA program in public health.

8. Budget Justification
The proposed BA Program in Public Health is expected to have a neutral financial impact on the Office of Public Health Studies. OPHS is proposing to reallocate specific existing OPHS resources for the initiation of this new BA Program in Public Health, including one (1.0FTE) faculty member at the Assistant Specialist level, and one half-time (0.5) FTE Graduate-Assistant dedicated to the new program. There are two additional OPHS faculty who are now offering 20% FTE to the undergraduate Public Health program effort. Other OPHS faculty including the incoming Indigenous Health faculty will be assisting in teaching an undergrad course in Public Health. Doctoral students in Public Health are also expected to do one semester of teaching and teaching an undergraduate course in Public Health is an excellent learning opportunity for both the doctoral and undergraduate students. Equipment and supplies as well as other related program costs will be provided out of existing OPHS fiscal resources. Extramural funding will also be sought to expand the program.

2 Association of Schools of Public Health Undergraduate public health learning outcomes, final model version 1.0. July 14, 2011
capacity to offer more courses, support service learning/internship opportunities, etc. No additional funding is anticipated to be requested by the OPHS for the initiation of this proposed BA Program in Public Health degree.

### Budget Projections

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9. Impact on current courses or programs.

The proposed undergraduate degree program would be a great benefit for the existing graduate degrees (MPH, MS, DrPH, and PhD) in Public Health because it will provide an earlier educational focus for public health, allowing the graduate program to focus more on the specializations within public health for graduate and doctoral level students. Many graduate students and alumni have also expressed an interest in mentoring undergraduate students in public health and see this as a way to strengthen their own educational delivery and leadership skills as well. The proposed curriculum is based upon the new competencies for undergraduate public health education established by the Association of Schools of Public Health, and would serve as an outstanding preparatory platform for the graduate programs. In addition to public health, the proposed curriculum would also serve as a valuable training entity for students interested in medicine and other professional health services professions.

The staff, logistical and fiscal resources available in the existing OPHS budget, is deemed adequate to support this proposal. Current OPHS faculty are being offered the opportunity to teach undergraduates in the proposed new program. Lecturers and part-time faculty would be utilized for other available courses, which could provide valuable teaching opportunities for graduates of the masters and doctoral programs, as well as other professionals in the community. It is also envisioned that DrPH and PhD students may be offered the opportunity to teach undergraduate public health courses as Teaching Assistants to augment their teaching experience.

10. If this program is multidisciplinary, provide evidence of commitment for support from the colleges, departments, programs, and/or individuals expected to participate.

Letters of support for the establishment of the BA program in public health have been received to date from: Immediate past-dean, UHM College of Social Sciences; Dean-College of Arts and Sciences-UHM; Chancellor-Kapi‘olani Community College; Director-Hawai‘i State Department of Health; President-Hawai‘i Public Health Association, and Executive Director-Pacific Islands Health Care Association.
Reviewed by: (The ATP has completed the campus approval process prior to review by Council of Chief Academic Officers)

Campus Chief Academic Officer:
Comments and Recommendations:

______________________________________________  Signature  Date

Council of Chief Academic Officers (System wide Consultation):
Comments/Recommendations:

______________________________________________  Signature  Date

Chancellor: ___ Approved  ___ Disapproved

______________________________________________  Signature  Date

(Final signed copy is provided to the Vice President of Academic Planning and Policy for Program Action Report)  6/12/07
**OPHS Undergraduate Public Health Required Courses**

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<td>PH301 Seminar in Public Health Issues</td>
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<td>Intro to Health Policy and Management</td>
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<td>Epidemiology</td>
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<td>Internship/Service Learning</td>
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Total # credits: 27 cr.

**OPHS Undergraduate Public Health Electives**

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<td>Nutrition and Physical Activity</td>
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<td>Cultural Competency</td>
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<td>Needs Assessment, Planning, and Evaluation</td>
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<td>Social Marketing</td>
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<td>Advanced Epidemiology</td>
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<td>Global Health</td>
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<td>Grant Writing and Publication</td>
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# Bachelor of Arts in Public Health (Community Health)

## Year 1

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*PHYL103/103L or other anatomy & physiology course recommended

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Total Credits: **121 cr.**

**PH Credits:** **27 cr.**
Bachelor of Arts in Public Health (Health Sciences)

**Year 1**

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*Requires placement or prereq

**Year 2**

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**Year 4**

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<tr>
<td>Lab Elective</td>
<td>1 cr.</td>
<td>PH(Internship)</td>
<td>3 cr.</td>
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<tr>
<td>PH(Research Methods)</td>
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<td>PH(Capstone Seminar)</td>
<td>1 cr.</td>
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<td>PH(EH)</td>
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<td>Gen. Ed. (DA/DH/DL)</td>
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<td><strong>Total:</strong></td>
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**Total Credits:** 120 cr.

**PH credits:** 27 cr.
Undergraduate Public Health Learning Outcomes
FINAL Model Version 1.0
July 14, 2011

In collaboration with the Association of American Colleges and Universities, Association for Prevention Teaching and Research, and Centers for Disease Control and Prevention, the Association of Schools of Public Health is pleased to present this learning outcomes model designed to facilitate the introduction of public health to undergraduate students in two- and four-year colleges and universities. Model Version 1.0 represents public health knowledge, concepts and skills that can be integrated into curricular and co-curricular undergraduate educational opportunities to enable students to become more active participants in their own and their community's health.

Inspiration for the model came from the Institute of Medicine's recommendation for an educated citizenry, based on access to public health education by all undergraduates, and a number of key trends and issues in the field. The list is neither comprehensive nor prescriptive, but illustrative of the myriad ways public health contributes to quality of life locally and globally.

Modeled after the Association of American Colleges and Universities' Liberal Education and America's Promise (LEAP) Framework, Domains 1, 2 and 3 include recommended learning outcomes; Domain 4 provides examples of incorporating the learning outcomes into: general education or discipline-specific courses, co-curricular collaborations, and experiential learning opportunities.

Target Audience
All undergraduate students at institutions of higher education

Goal of the Model
Express what every undergraduate, as an educated member of society, should know and be able to do to promote population health both locally and globally.

Partners
Association of American Colleges and Universities (AAC&U)
Association for Prevention Teaching and Research (APTR)
Centers for Disease Control and Prevention (CDC)

More Information and Domain 4 Submissions

Email Domain 4 Integrated and Applied Learning suggestions for incorporating the learning outcomes into teaching and learning to learningoutcomes@asph.org.

This project was partially supported under a cooperative agreement from the Centers for Disease Control and Prevention (CDC) through the Association of Schools of Public Health (ASPH) Grant Number CD300430.
DOMAIN 1: KNOWLEDGE OF HUMAN CULTURES AND THE PHYSICAL AND NATURAL WORLD AS IT RELATES TO INDIVIDUAL AND POPULATION HEALTH

Through study in the sciences and mathematics, social sciences, humanities, histories, languages, and the arts

Focused by engagement with big questions, both contemporary and enduring

As educated members of society, all undergraduates should be able to...

1.1 Define public health and related roles and responsibilities of government, non-government agencies, and private organizations.
1.2 Describe risk factors and modes of transmission for infectious and chronic diseases and how these diseases affect both personal and population health.
1.3 Describe the reciprocal relationships among literature, the arts, and public health.
1.4 List the leading causes of mortality, morbidity, and health disparities among local, regional, and global populations.
1.5 Discuss the role of gender, race, ethnicity, and other evolving demographics in affecting population health.
1.6 Discuss major local, national, and global health challenges.
1.7 Explain how the organizational structure, financing, and delivery of personal health care and public health services impact population health.
1.8 Explain the influence that science and technology have on individual and population health.
1.9 Outline approaches for assessing and controlling environmental hazards that affect community health.
1.10 Assess the values and perspectives of diverse individuals, communities, and cultures and their influence on health behaviors, choices, and practices.
1.11 Appreciate the role of community collaborations in promoting population health.
1.12 Recognize the importance of key events and milestones in the history and development of the field of public health.
1.13 Value the relationship between human rights and health.

These learning outcomes are neither comprehensive nor prescriptive, but illustrative of the myriad ways public health contributes to quality of life locally and globally. See page 1 for more information on the model.
DOMAIN 2: INTELLECTUAL AND PRACTICAL SKILLS

Inquiry and analysis
Critical and creative thinking
Written and oral communication
Quantitative literacy
Information literacy
Teamwork and problem solving

Practiced extensively, across the curriculum, in the context of progressively more challenging problems, projects, and standards for performance

As educated members of society, all undergraduates should be able to...

2.1 Describe how the methods of epidemiology and surveillance are used to safeguard the population’s health.
2.2 Identify scientific data, including tools of informatics, and other information for assessing the well-being of a community.
2.3 Discuss the interconnectedness among the physical, social, and environmental aspects of community health.
2.4 Communicate health information to a wide range of audiences through an array of media.
2.5 Conduct a literature search on a health issue using a variety of academic and public resources.
2.6 Engage in collaborative and interdisciplinary approaches and teamwork for improving population health.
2.7 Analyze alternative viewpoints regarding a health topic.
2.8 Assess the source and quality of health information and data, as related to individual and community health.
2.9 Appreciate the multiple determinants of health.
2.10 Recognize the impact of policies, laws, and legislation on both individual and population health.

These learning outcomes are neither comprehensive nor prescriptive, but illustrative of the myriad ways public health contributes to quality of life locally and globally. See page 1 for more information on the model.
DOMAIN 3: PERSONAL AND SOCIAL RESPONSIBILITY

Civic knowledge and engagement—local and global
Intercultural knowledge and competence
Ethical reasoning and action
Foundations and skills for lifelong learning

*Anchored through active involvement with diverse communities and real-world challenges*

As educated members of society, all undergraduates should be able to...

3.1 Identify stakeholders who influence health programs and interventions.
3.2 Discuss the role of community engagement in promoting population health and social justice.
3.3 Outline individual and community preparedness considerations regarding health emergencies and public disasters.
3.4 Collaborate with others from diverse backgrounds in addressing health disparities and inequities.
3.5 Participate in the political process to improve health, social justice, and equity.
3.6 Analyze ethical concerns and conflicts of interest that arise in the field of public health.
3.7 Examine the fundamental right to health and health services.
3.8 Advocate for evidence-based social changes that improve the health of individuals and communities.
3.9 Champion the role of prevention in promoting a healthy community.
3.10 Endorse lifestyle behaviors that promote individual and population health and well-being.
3.11 Value multicultural perspectives and sensitivities on health.
DOMAIN 4: INTEGRATIVE AND APPLIED LEARNING

Synthesis and advanced accomplishment across general and specialized studies

*Demonstrated* through the application of knowledge, skills, and responsibilities to new settings and complex problems

Examples of Integrative and Applied Learning

1.1 Define public health and related roles and responsibilities of government, non-government agencies, and private organizations.

*Case study depicting the actions of a governmental agency, a non-governmental organization, and a foundation in solving the mystery of widespread fish deaths in local lakes.*

1.2 Describe risk factors and modes of transmission for infectious and chronic diseases and how these diseases affect both personal and population health.

*Photovoice assignment with local community seniors’ centers capturing the key cultural, environmental, and economic assets and detractors related to cardiovascular disease in diverse populations.*

1.3 Describe the reciprocal relationships among literature, the arts, and public health.

*“Literature, Arts, and Public Health” course with faculty from English, History, Art History, and Public Health combining literary and historical readings, works of famous photographers, and discussions of important public health topics to: 1) increase awareness of multidisciplinary approaches, and 2) influence health behaviors and improvement.*

1.4 List the leading causes of mortality, morbidity, and health disparities among local, regional, and global populations.

*Team construction of questions and answers for a class “Jeopardy game” simulation regarding population group differences in morbidity, mortality, and health disparities.*

1.5 Discuss the role of gender, race, ethnicity, and other evolving demographics in affecting population health.

*Interactive seminar with students from various departments across campus (e.g. Women’s Studies, Ethnic Studies, Public Health) examining health disparities.*

These examples highlight potential learning methods (one example provided for each learning outcome) for incorporating the learning outcomes into: general education or discipline-specific courses, experiential learning opportunities, and co-curricular collaborations. See page 1 for more information on the model.
1.6 Discuss major local, national, and global health challenges.

Research project and presentation on findings to classmates regarding different health issues and problems confronting the population(s) of an assigned country, including the role of governmental and nongovernmental health institutions in affecting the population's health.

1.7 Explain how the organizational structure, financing, and delivery of personal health care and public health services impact population health.

Comparison of changes in the Centers for Disease Control and Prevention operating budget across ten years with changes in the top three disease rates at national and local levels. (http://www.cdc.gov/fmo/fmofybudget.htm)

1.8 Explain the influence that science and technology have on individual and population health.

Field trip to a health care entity for a presentation and discussion regarding emerging technologies, e.g., bioengineering and sports injuries, eye diseases and diabetes research, hearing institute and cochlear implants, radiation oncology and cancer detection.

1.9 Outline approaches for assessing and controlling environmental hazards that affect community health.

Guest speaker presentation and discussion by an environmental health/hazards specialist or engineering waste management representative, followed by a written report addressing control methods for a specific environmental hazard.

1.10 Assess the values and perspectives of diverse individuals, communities, and cultures and their influence on health behaviors, choices, and practices.

Book club/course readings about how different cultures adopt health practices and attitudes regarding formal and informal health care services, combined with a discussion regarding the interaction of these differences in determining health population outcomes and health status.

1.11 Appreciate the role of community collaborations in promoting population health.

Team-based service learning project with a local health department regarding the development of a campaign promoting smoking cessation.

1.12 Recognize the importance of key events and milestones in the history and development of the field of public health.

Capstone course covering key public health milestones and breakthroughs, e.g. tracing of cholera to the public water supplies, eradication of smallpox, discovery of penicillin.

These examples highlight potential learning methods (one example provided for each learning outcome) for incorporating the learning outcomes into: general education or discipline-specific courses, experiential learning opportunities, and co-curricular collaborations. See page 1 for more information on the model.
1.13 Value the relationship between human rights and health.

Comparative analysis of the impact of recent social injustices on population health in two countries.

2.1 Describe how the methods of epidemiology and surveillance are used to safeguard the population's health.

Presentation and discussion session directed by a state health department epidemiologist outlining the roles of epidemiology and surveillance in the state's foodborne disease control program.

2.2 Identify scientific data, including tools of informatics, and other information for assessing the well-being of a community.

Collaborative project in a local health department planning for a community nutrition survey.

2.3 Discuss the interconnectedness among the physical, social, and environmental aspects of community health.

Creation of systems-based diagrams regarding population flows for a particular disease in relation to the environment, different stakeholders, and the population's overall health status.

2.4 Communicate health information to a wide range of audiences through an array of media.

Joint course exercise with journalism students in the development of a multimedia public information campaign targeted at senior citizens promoting influenza vaccination.

2.5 Conduct a literature search on a health issue using a variety of academic and public resources.

Development of a paper, including references and related resources, regarding the current issues, related trends, and potential interventions for an assigned public health challenge.

2.6 Engage in collaborative and interdisciplinary approaches and teamwork for improving population health.

Joint course exercise with urban planning, architecture and/or public policy students to plan a city center facilitating resident walking and cycling.

2.7 Analyze alternative viewpoints regarding a health topic.

Team creation of a short YouTube video examining three viewpoints regarding a proposal to exclude all trans-fats from items served at local restaurants.

These examples highlight potential learning methods (one example provided for each learning outcome) for incorporating the learning outcomes into: general education or discipline-specific courses, experiential learning opportunities, and co-curricular collaborations. See page 1 for more information on the model.
2.8 Assess the source and quality of health information and data, as related to individual and community health.

Team development of a presentation regarding outcomes from a community health assessment, including slides and graphics.

2.9 Appreciate the multiple determinants of health.

Multidisciplinary learning community of students from the biological, social, behavioral, physical, and natural sciences; business; architecture; urban planning; and engineering exploring the epidemic of obesity locally and globally.

2.10 Recognize the impact of policies, laws, and legislation on both individual and population health.

Collaborative team project investigating state laws and campus policies related to mandatory immunizations of students living in campus housing, followed by a mock campus forum with one team arguing the case for an individual student’s right to refuse immunization, while the other team presents the university’s responsibility to minimize health risks for the campus population.

3.1 Identify stakeholders who influence health programs and interventions.

Simulated town hall meeting regarding community health challenges with teams role-playing key stakeholders, e.g., city council, health department, local hospital.

3.2 Discuss the role of community engagement in promoting population health and social justice.

Participation/attendance at a community health fair promoting the benefits of good nutrition and increased physical activity, with subsequent reporting on a summary of observations and perspectives.

3.3 Outline individual and community preparedness considerations regarding health emergencies and public disasters.

Interactive seminar with a local disaster preparedness officer sharing community disaster management planning initiatives and protocols.

3.4 Collaborate with others from diverse backgrounds in addressing health disparities and inequities.

Service-learning project assisting with the improvement of access to care or delivery of existing services for underserved members of a specific race/ethnic population, including a presentation of observations and recommendations to classmates.

These examples highlight potential learning methods (one example provided for each learning outcome) for incorporating the learning outcomes into: general education or discipline-specific courses, experiential learning opportunities, and co-curricular collaborations. See page 1 for more information on the model.
3.5 Participate in the political process to improve health, social justice, and equity.
   Preparation of letters to influence elected officials’ decision-making regarding a
   selected or assigned public health issue.

3.6 Analyze ethical concerns and conflicts of interest that arise in the field of public health.
   Case study on fluoridation of the water supply.

3.7 Examine the fundamental right to health and health services.
   Team debate regarding the ‘right’ of all people to access quality health care.

3.8 Advocate for evidence-based social changes that improve the health of individuals and
   communities.
   Collaboration with communication department students and faculty on an “op-ed"
   media submission promoting hiking and biking trail development in a community.

3.9 Champion the role of prevention in promoting a healthy community.
   Internship project with a local dental association focused on oral cancer risk
   reduction strategies.

3.10 Endorse lifestyle behaviors that promote individual and population health and well-being.
   Collaboration with health behavior and education specialists in the development
   of a community campaign promoting healthy eating and exercise for addressing
   obesity among residents.

3.11 Value multicultural perspectives and sensitivities on health.
   Role-playing exercises/scenarios with language studies/multicultural course
   instructors regarding provision of immunization services to diverse cultural
   groups.

These examples highlight potential learning methods (one example provided for each learning outcome)
for incorporating the learning outcomes into: general education or discipline-specific courses, experiential
learning opportunities, and co-curricular collaborations. See page 1 for more information on the model.
November 3, 2011

Professor Jay Maddock, OPHS Chair
University of Hawaii-Manoa
Office of Public Health Studies
1960 East West Road, Biomed D-204
Honolulu, Hawaii 96822

Dear Professor Maddock:

The Hawaii State Department of Health is pleased to endorse the Authority to Plan (ATP) proposal submitted by the Office of Public Health Studies (OPHS), University of Hawaii-Manoa. Our understanding is that the proposed BA degree in Public Health (PH) program would be designed to train undergraduates interested in public health and/or a health profession in basic concepts in public health practice and research.

As the agency that has oversight of the health and safety of the State are aware of the need to better identify and train entry level PH workforce, noting that the U.S. Department of Labor recently identified the health sciences field representing the largest single industry in the U.S., accounting for 14.3 million jobs across 200 different fields. Also, nationally, there is a clear growing trend towards the development of undergraduate course and programs in public health in colleges and universities.

We look forward to working with the OPHS to develop and implement this new BA-level Public Health program. Please contact me if you have any questions regarding our letter of support.

Sincerely,

Loretta J. Fuddy, A.C.S.W., M.P.H.
Director of Health
Promoting Lifelong Health & Wellness
October 31, 2011

Professor Jay Maddock, OPHS Chair
University of Hawaii - Manoa
Office of Public Health Studies
1960 East West Road, Biomed D-204
Honolulu, Hawaii 96822

Dear Professor Maddock,

The Hawaii Public Health Association is pleased to endorse the Authority to Plan (ATP) proposal being submitted by the Office of Public Health Studies (OPHS) of the University of Hawaii - Manoa, for a proposed BA degree in Public Health to be offered by OPHS. Our understanding is that the proposed BA degree in Public Health program would be designed to train undergraduates interested in public health and/or a health profession in basic concepts in public health practice and research. Students enrolled in this program would complete at least 21 credits in undergraduate public health courses and added credits in elective public health-related courses from within the University of Hawaii - Manoa system, for a total of 120 undergraduate credits.

From our perspective as an organization of professionals and students dedicated to improving public health in Hawaii, we are very aware of and supportive of the need to better identify and train at an entry level of public health workforce. The U.S. Department of Labor recently identified the health sciences field representing the largest single industry in the U.S., accounting for 14.3 million jobs across 200 different fields. Nationally, there is a clear growing trend towards the development of undergraduate course and programs in public health in colleges and universities. OPHS has already developed innovative Masters and Doctoral level programs and it only makes sense that they extend this to the Bachelor’s level.

We look forward to working with the OPHS to develop and implement this new BA-level Public Health program. Please contact me if you have any questions regarding our letter of support.

Sincerely,

Deborah Zysman, MPH
Hawaii Public Health Association
President
Dear Professor Maddock,

The Pacific Island Health Officers Association (PIHOA) is pleased to endorse the Authority to Plan (ATP) being submitted by the Office of Public Health Studies (OPHS) of the University of Hawai‘i - Mānoa, for a proposed Bachelor of Arts degree in Public Health. We understand that the proposed program would be designed to train undergraduates interested in public health and/or healthcare professions in the basic concepts of public health practice and research. Students enrolled in this program would complete at least 21 credits in undergraduate public health courses and added credits in elective public health-related courses from within the University of Hawai‘i - Mānoa system, for a total of 120 undergraduate credits.

From our perspective as an organization of professionals dedicated to improving public health in the U.S.-Associated Pacific Islands (USAPI), particularly among the Freely Associated States, training at the undergraduate-level is a critical need. It is acknowledged that there is not only a shortage of fully trained public health workers, but that much of the current public health workforce is undertrained. OPHS currently offers innovative masters and doctoral-level programs with an emphasis on public health issues in Hawai‘i and the Pacific region, but the undergraduate program could provide better access to these graduate-level program for students in the USAPI.

We look forward to working with the OPHS to develop and implement the proposed Bachelor of Arts in Public Health degree. Please contact me if you have any questions regarding our letter of support.

Sincerely,

Michael Epp
Executive Director

EXECUTIVE SECRETARIAT
345 Queen Street, Suite 604• Honolulu, Hawai‘i 96813
Telephone (808) 537-3131 • FAX (808) 537-6868
Website: www.pihoa.org

November 4, 2011

Dr. Jay Maddock, Professor and Chair
University of Hawai‘i – Mānoa
John A. Burns School of Medicine
Office of Public Health Studies
1960 East West Road, Biomed D-204
Honolulu, HI 96822
October 28, 2011

Professor Jay Maddock, OPHS Chair
University of Hawaii-Manoa
Office of Public Health Studies
1960 East West Road, Biomed D-204
Honolulu, Hawaii 96822

Dear Professor Maddock;

Kapi'olani Community College wholeheartedly endorses this Authorization To Plan (ATP) proposal being submitted by the Office of Public Health Studies (OPHS) of the University of Hawaii-Manoa, for a proposed BA degree in Public Health (PH). Kapi'olani CC strongly supports UHM’s plan to offer an undergraduate BA or BS in PH, which would provide our graduates in two-year, health related fields with a strong and viable baccalaureate degree health pathway within the UH System.

Our understanding is that the proposed BA degree in Public Health will be designed for undergraduates interested in public health and/or a health profession related to public health practice and research. Students enrolled in this program will be expected to complete at least 21 credits in undergraduate public health courses and added credits in elective PH-related courses from within the UHM system, for a total of 120 undergraduate credits.

We at Kapi'olani Community College take pride in our mission to “build partnerships within the University” and “prepare students to meet rigorous baccalaureate requirements.” Our mission molds the Kapi'olani CC perspective, as stated in our Strategic Plan Outcomes for 2008-2015, e.g., as we strive to “address critical workforce shortages and prepare students for effective engagement and leadership in a global environment.” Based on events, both man-made and natural, that have occurred over the past few years, nowhere is this outcome more relevant than in the field of Public Health. Thus, we are very aware and supportive of the need to better prepare and educate an entry level PH workforce, noting that the US Department of Labor recently identified the health sciences field as representing the largest single industry in the U.S., accounting for 14.3 million jobs across 200 different fields. Also, nationally, there is a clear growing trend towards the development of undergraduate courses and programs in public health in colleges and universities.

In addition to the importance of the field itself to our community and global health, establishing this degree and potential transfer pathway will support Kapi'olani CC
in its efforts to increase student transfers to four year programs and beyond, as well as to meet our Strategic Outcome goal to increase the educational capital of the state by increasing the participation and degree completion of our students. As the designated community college in the University of Hawai‘i system for academic health programs, Kapi‘olani’s educates students in a wide variety of health science fields, as well as Emergency Medical Services, and Nursing. These programs are nationally accredited and include Occupational Therapy Assistant, Physical Therapy Assistant, Exercise and Sport Science, Respiratory Care Practitioner, Adult Residential Care Home Operator, Long-Term Care Nurse Aid Training, Practical Nurse (PRCN) program, and Nursing Associate Degree in Science. Cohorts graduating from Kapi‘olani CC programs have regularly obtained 100% on the national licensure exam. Graduates from these programs are well prepared to transition to the BA in Public Health. Thus, this proposal has the potential of offering many of our graduates another viable pathway to continued lifelong learning in a related field of interest.

We look forward to collaborating with the OPHS to develop and implement this new baccalaureate in Public Health and designing a seamless pathway for our students into education and careers in Public Health.

Sincerely,

Leon Richards, Chancellor
Kapi‘olani Community College
MEMORANDUM

TO: Jay Maddock  
Professor and Director of the Office of Public Health Studies

FROM: William L. Ditto  
Dean, College of Natural Sciences

SUBJECT: Proposed BA degree in public health

November 3, 2011

The college of Natural Sciences is pleased to endorse this Authority to Plan (ATP) proposal being submitted by the Office of Public Health Studies (OPHS) of the University of Hawaii-Manoa, for a proposed BA degree in Public Health to be offered by OPHS. Our understanding is that the proposed BA degree in Public Health program would be designed to train undergraduates interested in public health and/or a health profession in basic concepts in public health practice and research. Students enrolled in this program would complete at least 21 credits in undergraduate public health courses and added credits in elective PH-related courses from within the UHM system, for a total of 120 undergraduate credits.

From the perspective of the college of Natural Sciences we are very aware of and supportive of the need to better identify and train at an entry level of PH workforce, noting that the U.S. Department of Labor recently identified the health sciences field representing the largest single industry in the U.S., accounting for 14.3 million jobs across 200 different fields. Also, nationally, there is a clear growing trend towards the development of undergraduate course and programs in public health in colleges and universities. Such a degree program would be a great complement to our College and we would be eager participants in ongoing interdisciplinary efforts between CNS and OPHS. The proposed BA degree fits in well with our research areas and educational initiatives and is particularly relevant to emerging areas such as Applied Mathematics and Biochemistry. We look forward to working with the OPHS to develop and implement this new BA-level Public Health program. Please contact me if you have any questions regarding our letter of support.
November 4, 2011

Professor Jay Maddock, OPHS Chair
University of Hawai‘i at Mānoa
Office of Public Health Studies
1960 East-West Road, BioMed D-204
Honolulu, HI 96822

Dear Jay,

I am pleased to endorse the Authority to Plan (ATP) proposal for a BA degree in Public Health to be offered by the Office of Public Health Services. It is my understanding that the proposed BA degree in Public Health program is designed to train undergraduates interested in public health, practice and research. Students enrolled in this program would complete at least 21 credits in undergraduate public health courses and add credits in elective public health-related courses from within the UHM system.

This degree program will be important to train students for entry level public health work. The U.S. Department of Labor recently identified the health sciences field as the largest single industry in the U.S., accounting for 14.3 million jobs across 200 different fields. Also, nationally, there is a clear growing trend towards the development of undergraduate courses and programs in public health in colleges and universities.

We look forward to working with the Office of Public Health Services to develop and implement this new BA degree in Public Health.

Best Wishes,

[Signature]

Richard Dubanoski
Dean
The Public Health Associate Program

The Public Health Associate Program (PHAP) is a Centers for Disease Control and Prevention (CDC) training and development program that provides opportunities for promising future public health professionals to gain broad experience in the day-to-day operation of public health programs. It is geared toward recent baccalaureate college graduates (BA/BS) who are beginning a career in public health and are seeking hands-on experience.

Are you interested in becoming an associate?

IT’S YOUR FUTURE
• Explore the relationship between local, state, tribal, and federal public health
• Exchange ideas with experienced public health professionals and participants from diverse backgrounds
• Partner with the nation’s premier public health agency to help address our most pressing public health problems

MAKE A DIFFERENCE
As a PHAP associate, you are a CDC employee assigned to work alongside state and local public health agency staff. The two-year program will help you gain basic knowledge, skills, and experience to become a successful public health professional. The work you perform will have an impact not only your career, but on the community you serve.

“I was interested in PHAP because it is an opportunity to gain hands on public health experience without much previous experience. While I had an educational background in public health, I had minimal work experience in the field of public health before starting PHAP. PHAP is my chance to break into the public health space where I want to be long term.”

- Laura Ann Coelho, class of 2011

APPLY FOR THE CLASS OF 2012!

For a Global Generation, Public Health Is a Hot Field

By David Brown
Washington Post Staff Writer
Friday, September 19, 2008; A01

Courses in epidemiology, public health and global health -- three subjects that were not offered by most colleges a generation ago -- are hot classes on campuses these days.

They are drawing undergraduates to lecture halls in record numbers, prompting a scramble by colleges to hire faculty and import ready-made courses. Schools that have taught the subjects for years have expanded their offerings in response to surging demand.

At Johns Hopkins, which has offered an undergraduate major in "public health studies" since 1976, there were 159 students studying the field 10 years ago; this year, there are 311 majors. At the College of William and Mary, a freshman seminar called "Emerging Diseases" is so popular that it is offered in two sections each semester. "It fills up instantly," said Beverly Sher, the immunologist who teaches it.

"We see exponential growth going on in the interest in these subjects," said Richard Riegelman, an epidemiologist and chief voice of the Educated Citizen and Public Health Initiative, which was put together two years ago by several higher education organizations and advocates undergraduate study of public health.

That group argues that the subject is essential knowledge in the flattened, crowded and worried world of the 21st century.

A recent survey by the Association of American Colleges and Universities found that 137 of its 837 members, or 16 percent, now offer majors or minors in public health. (The number offering single courses is unknown.) Nearly two-thirds of the schools in that group require students majoring in the subject to undertake fieldwork or research.

For the past two years, the association has offered summer workshops for colleges that want to add public health to the curriculum or expand their offerings. Representatives of 63 schools have attended.
"Today's students want to contribute, to empower individuals and communities to take charge of their own health," said Ruth Gaare Bernheim, who teaches health policy at the University of Virginia. "I think they also intuitively realize that the world is their community and that the gains of the 21st century will be in global public health."

Several years ago, students at the University of Virginia started a Global Public Health Society, which sponsors various activities and service projects. Two years ago, the school began offering a global public health minor.

Many forces have converged to make these subjects competitive for students' attention. For starters, global health is a huge growth industry.

The President's Emergency Plan for AIDS Relief has spent about $15 billion in the past five years, and funding is being nearly tripled for the next five. Bill Gates and Warren Buffett are channeling billions into public health initiatives. Malaria eradication -- which failed in the 1950s and 60s -- is again on the table.

Furthermore, the headlines are full of global health news. Today's freshmen experienced the SARS (severe acute respiratory syndrome) and bird flu scares in their adolescent and high school years, and they have lived their entire lives in the shadow of AIDS.

"It would not have happened without AIDS," said Thomas Coates, head of the global health program at the University of California at Los Angeles, describing the new interest in public health.

AIDS is a dramatic example of how whole populations, not just individuals, can be at increased risk for disease -- a key epidemiological concept. The emergence in the mid-1990s of life-extending treatment, which is only now being brought to Africa and Asia, where most AIDS patients live, provides a lesson in equity -- the principle that underlies public health.

"It took something like HIV/AIDS -- because it is so lethal and now that it is so treatable -- to capture our attention and make us realize that there were such inequities in the world," Coates said.
But the benefits of studying public health go considerably beyond understanding infectious disease.

The concepts introduced in basic epidemiology courses include causation and correlation, absolute risk and relative risk, biological plausibility and statistical uncertainty. Nearly all health stories in the news -- from the possible hazards of bisphenol A in plastics and the theory that vaccines cause autism, to racial disparities in health care and missteps in the investigation of tainted peppers -- are better understood with grounding in that discipline.

Other forces driving interest in public health include the Internet's ability to put students in touch with far-flung people and institutions, and the expectation at many colleges that students will study or work abroad.

Observers also credit a flowering of social consciousness in today's students. While the causes of their parents' generation were fueled by protest and relied heavily on symbolic victories, the interest in public health reflects this generation's more communitarian and practical outlook.

"There is a very idealistic aspect to this -- the idea that 'I am living in this world, and it could be a better place,' " Riegelman said. "This is a student-driven movement. The drive is not just intellectual, it is passionate as well."

Kelly Gebo, an infectious-diseases physician who directs the public health major at Johns Hopkins, said that in the past, college students who wanted to do something about global health were limited to collecting money, sending it to UNICEF and hoping for the best.

"Now they can get on a plane, get off in Cape Town and help out in a clinic," she said. "They aren't happy with just collecting pennies. They want to do stuff."

Joanna Stephens fits that description well.

A fifth-year senior at William and Mary, Stephens, 21, spent two spring vacations helping deliver medicines to a charity in Ghana. The team of 16 students -- she led one of the trips -- raised money during the year to pay for the drugs. The receiving clinic was run by Ghanaian health
workers. "We were not dropping out of the sky with American doctors," she said.

The project was one of 16 international service trips open to William and Mary students. Others went to Belize, Nicaragua and the Dominican Republic.

Last winter, Stephens, whose home is in Fairfax Station, struck out on her own. She found a community development organization in Gvozd, Croatia, and asked by e-mail whether it took interns. A woman in charge said she could come.

Stephens rented a room, cooked her own meals and got a Croatian tutor. She put together a hygiene course for young children and helped around the office. She spent Christmas and the winter term there and hopes to return.

"It was an amazing experience. The people were so welcoming," she said last summer while working in the District at the Elizabeth Glaser Pediatric AIDS Foundation. But, she added, "It is important to make sure that the work you're doing is actually needed."

Stephens's parents are immigrants from South Africa, so she has a personal interest in that country. In the summer of 2007, she got a $3,000 grant to live in Johannesburg and research the relationship between public health and apartheid. On the side, she did her own epidemiological study.

She spent two days a week at an HIV clinic surveying patients about the use of traditional remedies. She asked how many had heard of, and were following, recommendations by the country's controversial health minister to take garlic and beet root. Her paper was published and won a college award.

Although her major is international relations, Stephens has also completed pre-med requirements and is applying to medical school. She realizes that public health may not have the cachet there that she and her friends see in it.

"Surgical procedures are perceived by our society as glamorous. Vaccination programs are not seen as glamorous," she said.
But that doesn't bother her a bit.