

Program Competency & Learning Objectives Rubric (Faculty Version)

Program Competency #1				
Prepare Community Data for Public Health Analyses and Assessments - Faculty				
Learning Objective	Exemplary	Proficient	Marginal	No Skill
1A1. Identifies the health status of populations and their related determinants of health and disease.	Clearly Identifies and defines the health status of populations. Establishes connection of health and disease determinants to the problem	Adequately identifies and defines the health status of populations. Does not make a clear connection to health and disease determinants	Health status of populations is not clearly identified nor defined and there is not clear connection to health and disease determinants	Health status of population is not identifies nor defined. There is not a connection to health and disease determinants
1A2. Describes the characteristics of a population- based problem.	Thoroughly describes the characteristics of a population-based problem with evidence based criteria specific to target populations	Thoroughly describes the characteristics of a population-based problem but lacks evidence-based criteria specific to target populations	Vaguely describes the characteristics of a population-based problem	Does not describe the characteristics of a population-based problem
1A3. Uses variables that measure public health conditions.	Comprehensively selects and defines all variables necessary to measure public health conditions	Adequately selects and defines variables needed to measure public health conditions	Variables that are selected may or may not be appropriate to the task	Does not select and define variables
1A4. Uses methods and instruments for collecting valid and reliable quantitative and qualitative data.	Demonstrates the use of methods and instruments for collecting valid and reliable quantitative and qualitative data. Methods are included and discussed.	Demonstrates the use of methods and instruments for collection valid and reliable quantitative and qualitative data.	Demonstrates limited use of methods and instruments for collection of valid and reliable quantitative and/ or qualitative data	Does not use methods and instruments for collection of quantitative and qualitative data
1A5. Identifies sources of public health data and information.	Identifies data sources and provides evidence of quality and purpose of sources	Identifies appropriate data sources	Identifies data and information sources that are not adequate or appropriate to the task	Does not identify data and information sources

1A6. Recognizes the integrity and comparability of data.	Evaluates the integrity and comparability of data. Supports conclusions and recommendations with evidence	Evaluates the integrity and comparability of data.	Evaluation incompletely addresses integrity and comparability of data.	Does not evaluate the integrity and comparability of data.
1A7. Identifies gaps in data sources.	Clearly identifies all gaps in data sources	Identifies most gaps in data sources	Gaps are not adequately addressed	No gaps are identified
1A8. Adheres to ethical principles in the collection, maintenance, use and dissemination of data and information.	Applies ethical principles to the collection, maintenance, use and dissemination of data and information using evidence-based discussions with conclusions and recommendations	Applies ethical principles to the collection, maintenance, use and dissemination of data and information	Ethical principles are vaguely applies to the collection, maintenance use and dissemination of data and information	Does not apply ethical principles to the collection, maintenance, use and dissemination of data and information
1A9. Describes the public health application of quantitative and qualitative data.	Thoroughly describes the application of quantitative and qualitative data in public health	Addresses the application of quantitative and qualitative data in public health	Makes general inferences from data as it applies to public health	Does not make any inference from data as it is applied to public health
1A10. Collects quantitative and qualitative community data.	Collects meaningful quantitative and qualitative data with evidence of community input	Collects quantitative and qualitative data with evidence of community input	Collects inadequate quantitative and qualitative data with evidence of community input	Collects inadequate quantitative and qualitative data with no evidence of community input
1A11. Uses information technology to collect, store, and retrieve data.	Demonstrates ability to use a variety of information technology applications to collect, store and retrieve data. Methods are documented and discussed	Demonstrates ability to use a variety of information technology applications to collect, store and retrieve data.	Demonstrates ability to use a limited amount of information technology applications to collect, store and retrieve data.	Does not use information technology applications to collect, store and retrieve data
1A12. Describes how data are used to address scientific, political, ethical and social public health issues.	Comprehensively describes how data are used to address scientific, political, ethical and social public health issues. Provides evidence-based discussion, conclusions, and recommendations. Thoroughly examines data and draws inferences to public health issues.	Describes how data are used to address scientific, political, ethical and social public health issues. Provides evidence-based discussion conclusions and recommendations.	Describes how data are used to address scientific, political, ethical and social public health issues.	Does not connect data to scientific, political, ethical and social public health issues.

**Program Competency #2
Contribute to Public Health Program and Policy Development - Faculty**

Learning Objective	Exemplary	Proficient	Marginal	No Skill
2A1. Gathers information relevant to specific public health policy issues.	Systematically collects, summarizes and interprets information relevant to public health policy issues using external sources. Provides evidence-based conclusions and recommendations. Provides illustrations and appropriately cited references.	Collects, summarizes and interprets information relevant to public health policy issues using external sources. Provides appropriately cited references.	Provides evidence of using external sources to collect, summarize and interpret information relevant to public health policy issues but lacks appropriate citations.	Addresses public health policy issues with opinions rather than evidence and external sources.
2A2. Describes how policy options can influence public health programs.	Describes, in length, the health, fiscal, administrative, legal, social, and political implications that policy options have on public health programs. Demonstrates synthesis of each component.	Generally describes health, fiscal, administrative, legal, social and political implications that policy options have on public health programs.	Can identify some of the health, fiscal, administrative, legal, social and political implications that policy options have on public health programs.	Does not address the health, fiscal, administrative, legal, social and political implications that policy options have on public health programs.
2A3. Explains the expected outcomes of policy options.	Thoroughly understands and explains the expected outcomes of policy options.	Generally understands and explains the expected outcomes of policy options.	Understands and explains some of the expected outcomes of policy options.	Does not address the expected outcomes of policy options.
2A4. Gathers information that will inform policy decisions.	Gathers extensive information and utilizes current techniques in decision analysis.	Gathers adequate information and utilizes current techniques in decision analysis.	Gathers some information and vaguely utilizes current techniques in decision analysis.	No evidence of information or utilization of current techniques in decision analysis.
2A5. Describes the public health laws and regulations governing public health programs.	Identifies and defines public health laws and regulations governing public health programs and supports findings with evidence.	Identifies and defines public health laws and regulations governing public health programs.	Identifies public health laws and regulations governing public health programs.	Does not address public health laws and regulations governing public health programs.

2A6. Participates in program planning processes.	Creates, develops and clearly articulates program planning processes, including goals, outcome and process objectives, and implementation steps. Efforts are comprehensive and evidence-based.	Creates, develops and clearly articulates program planning processes, including goals, outcome and process objectives, and implementation steps.	Presents a program planning process with some identification of goals, outcomes and process objectives, and implementation steps.	Does not participate or address program planning processes.
2A7. Incorporates policies and procedures into program plans and structures.	Incorporates policies and procedures into program plans and structures using an explicitly stated logic process.	Incorporates policies and procedures into program plans and structures.	Vaguely incorporates policies and procedures into program plans and structures.	Does not incorporate policies and procedures into program plans and structures.
2A8. Identifies mechanisms to monitor and evaluate programs for their effectiveness and quality.	Clearly identifies mechanisms to monitor and evaluate programs for their effectiveness and quality. Each component is clearly articulated.	Identifies mechanisms to monitor and evaluate programs for their effectiveness and quality.	Vaguely identifies mechanisms to monitor and evaluate programs for their effectiveness and quality.	Does not identify mechanisms to monitor and evaluate programs for their effectiveness and quality.
2A9. Demonstrates the use of public health informatics practices and procedures.	Demonstrates the use of public health informatics practices and procedures. Concisely analyzes and applies information to program and policy effectiveness.	Demonstrates the use of public health informatics practices and procedures. Generally applies them to program and policy effectiveness.	Demonstrates the use of public health informatics practices and procedures.	Does not use public health informatics practices and procedures.
2A10. Applies strategies for new and continuous quality improvement.	Develops and applies strategies for new and continuous quality improvement. Strategies support the goal of public health programs and policies.	Develops and applies strategies for new and continuous quality improvement.	Attempts to develop strategies for new and continuous quality improvement.	No evidence of development and application of new and continuous quality improvement strategies

**Program Competency #3
Communicate in public health settings - Faculty**

Learning Objective	Exemplary	Proficient	Marginal	No Skill
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3A1. Identifies the health literacy of populations served.	Effectively identifies and assesses the health literacy of all populations being served, including minority, ethnic and cultural populations.	Identifies the health literacy of all populations being served, including minority, ethnic and cultural populations.	Identifies the health literacy of most of the populations being served.	Does not identify the health literacy of the population being served.
3A2. Communicates in writing and orally, in person, and through electronic means, with linguistic and cultural proficiency.	Communicates effectively orally and in writing, in person and through electronic means. Demonstrates sensitivity to minority, ethnic, cultural differences.	Communicates effectively orally and in writing, in person and through electronic means most of the time. Demonstrates sensitivity to minority, ethnic, cultural differences.	Communicates effectively some of the time. Demonstrates some sensitivity to minority, ethnic and cultural differences.	Does not communicate effectively and fails to address minority, ethnic and cultural differences.
3A3. Solicits community-based input from individuals and organizations.	Solicits community-based input from individuals and organizations, including minority or disadvantaged populations and uses input in developing goals for improvement.	Solicits community-based input from individuals and organizations and uses input in developing goals for improvement.	Solicits community-based input from individuals and organizations.	Does not solicit community-based input from individuals and organizations.
3A4. Conveys public health information using a variety of approaches (e.g. social networks, media, blogs).	Effectively communicates public health information using a variety of approaches. Adaptations for specific populations are included.	Generally communicates public health information using a variety of approaches.	Vaguely communicates public health information using a variety of approaches.	Is unable to communicate public health information using a variety of approaches.
3A5. Participates in the development of demographic, statistical, programmatic and scientific presentations.	Participates in the development of accurate demographic, statistical, programmatic and scientific information for both professional and lay audiences. Examples are provided.	Participates in the development of accurate demographic, statistical, programmatic and scientific information for an audience.	Participates in the development of demographic, statistical, programmatic and scientific information for an audience. Accuracy of the information is questionable.	Has not assisted in development of demographical, statistical, programmatic and scientific presentations.
3A6. Applies communication and group dynamic strategies (e.g. principled negotiation, conflict resolution,	Effectively applies communication and group dynamic strategies in interactions with individuals and groups. Foresight is demonstrated to	Effectively applies communication and group dynamic strategies in interactions with individuals and groups. Bias has been	Attempts are made to apply communication and group dynamic strategies in interactions with individuals and groups.	Communication and group dynamic strategies are missing in interactions with individuals and groups.

active listening, risk communication) in interactions with individuals and groups.	recognize bias and steps are taken to remedy this.	identified.		
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**Program Competency #4
Practice public health with people from diverse populations - Faculty**

Learning Objective	Exemplary	Proficient	Marginal	No Skill
4A1. Incorporates strategies for interacting with persons from diverse backgrounds, (e.g. cultural, socioeconomic, educational, racial, gender, age, ethnic, social orientation, professional, religious affiliation, mental and physical capabilities)	Always incorporates appropriate strategies for interacting sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds including persons of all ages, lifestyle preferences and mental and physical capabilities.	Generally incorporates strategies for interacting sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds including persons of all ages, lifestyle preferences and mental and physical capabilities.	Occasionally incorporates strategies for interacting sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds including persons of all ages, lifestyle preferences and mental and physical capabilities.	Does not incorporate strategies for interacting sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds including persons of all ages, lifestyle preferences and mental and physical capabilities.
4A2. Recognizes the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services.	Uses a variety of acceptable methods to recognize the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services.	Generally recognizes the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services.	Vaguely recognizes the role of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services.	Does not recognize of cultural, social, and behavioral factors in the accessibility, availability, acceptability and delivery of public health services.
4A3. Responds to diverse needs that are the result of cultural differences.	Develops and adapts strategies that address diverse needs in public health services resulting from cultural differences. Strategies include examples and evidence-based recommendations.	Develops and adapts strategies that address diverse needs in public health services resulting from cultural differences.	Lists strategies that address diverse needs in public health services resulting from cultural differences.	Does not address diverse needs in public health services resulting from cultural differences.

4A4. Describes the dynamic forces that contribute to cultural diversity.	Analyzes and describes the dynamic forces that contribute to cultural diversity. Uses literature and experiences to fully develop discussion. Conclusions and recommendations are evidence-based.	Analyzes and describes the dynamic forces that contribute to cultural diversity in general.	Vaguely describes the dynamic forces that contribute to cultural diversity.	Does not analyze or describe the dynamic forces that contribute to cultural diversity.
4A5. Describes the need for a diverse public health workforce.	Analyzes and describes the importance of a diverse public health workforce. Conclusions and recommendations are evidence-based.	Generally describes the need for a diverse public health workforce.	Lists the benefits of a diverse public health workforce.	Does not address the importance of a diverse public health workforce.
4A6. Participates in the assessment of the cultural competence of the public health organization.	Actively participates in the assessment of the cultural competence of the public health organization. Assists in developing strategies that address areas of weakness.	Actively participates in the assessment of the cultural competence of the public health organization.	Minimally participates in the assessment of the cultural competence of the public health organization.	Does not participate in the assessment of the cultural competence of the public health organization.

Program Competency #5
Collaborate with the community in the practice of public health- Faculty

Learning Objective	Exemplary	Proficient	Marginal	No Skill
5A1. Recognizes community linkages and relationships among multiple factors (or determinants) affecting health.	Defines, assesses, and understands the health status of populations, determinants of health and illness, factors contributing to health promotion and disease prevention, and factors influencing the use of health services. Literature and other evidence are used to present a fully developed discussion with supported conclusions and recommendations.	Defines, assesses and provides evidence of understanding the health status of populations, determinants of health and illness, factors contributing to health promotion and disease prevention, and factors influencing the use of health services.	Sporadically defines terms with marginal assessments of the health status of populations, determinants of health and illness, factors contributing to health promotion and disease prevention, and factors influencing the use of health services.	No definitions or assessments are provided. Does not understand the health status of populations, determinants of health and illness, factors contributing to health promotion and disease prevention, and factors influencing the use of health services.

5A2. Demonstrates the capacity to work in community-based participatory research efforts.	Provides at least one project as an example of collaborations with key community partners that promotes the health of the population. Representatives of target population are included. A thorough discussion of the process is provided.	Provides a thorough discussion of the importance of collaboration with community partners to promote the health of the population.	The importance of collaboration with community partners to promote the health of the population is identified. Discussion and evidence of the student's role is lacking.	No collaboration with community partners to promote the health of the population.
5A3. Identifies stakeholders.	Key stakeholders are defined and relationships are established. Examples of efforts and collaborations are provided, including establishing relationships with under-represented populations.	Key stakeholders are identified and a plan for establishing relationships is defined. Examples of efforts and collaborations are provided.	Key stakeholders are identified and a plan for establishing relationships is defined.	No key stakeholders are identified or relationships defined.
5A4. Collaborates with community partners to promote the health of the population.	Always facilitates collaboration with multiple groups and ensures participation of fellow students and/or other project stakeholders.	Frequently facilitates collaboration with multiple groups and usually ensures participation of fellow students and/or other project stakeholders.	Occasionally facilitates collaboration with multiple groups. Occasionally ensures participation of fellow students and/or other project stakeholders.	Does not facilitate collaboration with groups. Does not ensure participation of key stakeholders.
5A5. Maintains partnerships with key stakeholders.	Key stakeholders are defined, established and relationships are maintained. Examples of efforts and collaborations are provided, including establishing relationships with under-represented populations.	Key stakeholders are identified and a plan for maintaining relationships is defined. Examples of efforts and collaborations are provided.	Key stakeholders are identified and a plan for maintaining relationships is defined.	No key stakeholders are identified or relationships defined.
5A6. Uses group processes to advance community involvement.	Engaged in community, at multiple levels and through a variety of mediums. Examples and process are discussed.	Discusses process or provides examples of community engagement.	Discusses key community stakeholders.	No community engagement.

5A7. Describes the role of governmental and non-governmental organizations in the delivery of community health services.	Identifies how public and private organizations operate and describes their role of government in the delivery of community health services. Student provides contextual evidence of conclusions.	Identifies how public and private organizations operate within a community.	Public and private organizations are identified, but without discussion of community operations.	Public and private organizations are not identified.
5A8. Identifies community assets and resources.	Identifies community assets and resources. Examples are provided, including description of the process of inventory. Decisions regarding assets and resources are discussed.	Identifies and discusses community assets and resources.	Lists community assets and resources.	No community assets or resources are identified.
5A9. Gathers input from the community to inform the development of public health policy and programs.	Partners with communities and attaches meaning to collected data through literature, research, and promoting shared definitions. Provides evidence of community input.	Partners with communities and attaches meaning to collected data through literature, research, and promoting shared definitions.	Partners with communities, but has difficulty attaching meaning to collected data.	Does not partner with communities.
5A10. Informs the public about policies, programs, and resources.	Articulates importance of advocating for public health programs and resources. Examples are provided including disadvantaged groups.	Articulates importance of advocating for public health programs and resources.	Makes statements regarding advocating, but no personal philosophy has been developed.	Does not recognize importance of advocating for public health programs and resources.

Program Competency #6				
Base public health practice on scientific evidence- Faculty				
Learning Objective	Exemplary	Proficient	Marginal	No Skill
6A1. Describes the scientific foundations of the field of public health.	Provides a comprehensive discussion of the scientific foundations of the field of public health. Supports argument with evidence.	Thoroughly discusses the scientific foundations of the field of public health.	Does not provide a thorough discussion of the scientific foundations of the field of public health.	Does not address the scientific foundations of the field of public health.

6A2. Identifies prominent events in the history of the public health profession.	Provides a comprehensive discussion of the prominent events in the history of the public health profession with conclusions and implications supported by evidence.	Thoroughly discusses the prominent events in the history of the public health profession and can translate this understanding into current contexts.	Does not provide a thorough discussion of the prominent events in the history of the public health profession.	Does not address the prominent events in the history of the public health profession.
6A3. Relates public health science skills to the Core Public Health Functions and Ten Essential Services of Public Health.	The individual's and organization's responsibilities are identified within the fully defined context of the Essential Public Health Services and core functions. Discussion is supported by evidence and examples.	The individual's and organization's responsibilities are identified within the context of the Essential Public Health Services and core functions.	The individual's and organization's responsibilities are not fully connected to the context of the Essential Public Health Services and core functions.	The individual's and organization's responsibilities are not identified. The Essential Public Health Services and core functions are not addressed.
6A4. Identifies the basic public health science (including, but not limited to biostatistics, epidemiology, environmental health sciences, health services administration, and social and behavioral health sciences)	Applies the basic public health sciences including behavioral and social sciences, biostatistics, epidemiology, environmental public health, and prevention of chronic and infectious diseases and injuries to a particular public health issue. Supports argument with evidence. Conclusions and recommendations are evidence-based.	Applies the basic public health sciences including behavioral and social sciences, biostatistics, epidemiology, environmental public health, and prevention of chronic and infectious diseases and injuries to a particular public health issue.	Sporadically applies the basic public health sciences including behavioral and social sciences, biostatistics, epidemiology, environmental public health, and prevention of chronic and infectious diseases and injuries to their assessment of a particular public health issue.	Does not apply the basic public health sciences including behavioral and social sciences, biostatistics, epidemiology, environmental public health, and prevention of chronic and infectious diseases and injuries to any public health issue.
6A5. Describes how the scientific evidence relates to a public health issue, concern, or intervention.	Identifies and applies basic research methods used in public health to a particular public health problem, providing a full discussion of methods and appropriateness of these choices.	Identifies and applies basic research methods used in public health.	Identifies and applies limited basic research methods. Lacks an ability to consistently use these methods accurately.	Cannot identify or apply basic research methods used in public health.
6A6. Describes the scientific evidence from a variety of text and electronic sources.	Identifies and retrieves current relevant scientific evidence using a clearly specified literature review method.	Identifies and retrieves current relevant scientific evidence.	Identifies and retrieves limited scientific evidence that may not be relevant or current.	Does not identify and retrieve current relevant scientific evidence.

6A7. Discusses the limitations of research findings.	Identifies the relevant limitations of their and others' research and the importance of observations and interrelationships. Conclusions and recommendations address limitations.	Identifies the limitations of research and the importance of observations and interrelationships.	Identifies some limitations of research. Does not address appropriate research limitations.	Does not identify limitations.
6A8. Describes the laws, regulations, policies and procedures for the ethical conduct of research.	Identifies, defines, and interprets the laws, regulations, policies and procedures related to the ethical conduct of research. Supports conclusions and recommendations with evidence.	Identifies and defines laws, regulations, policies and procedures related to the ethical conduct of research.	Identifies laws, regulations, policies and procedures related to the ethical conduct of research.	Does not address laws, regulations, policies and procedures related to the ethical conduct of research.
6A9. Partners with other public health professionals in building the scientific base of public health.	Engaged in multidisciplinary public health practice at multiple levels and through a variety of mediums in the community. Examples and process are discussed.	Discusses process or provides examples of multidisciplinary community engagement.	Discusses key community stakeholders.	No multidisciplinary community engagement.

Program Competency #7
Participate in financial planning and management of public health units- Faculty

Learning Objective	Exemplary	Proficient	Marginal	No Skill
7A1. Describes the local, state, and federal public health and health care systems.	Thoroughly describes the role of local, state and federal government in the delivery of community health services. Examples are provided with evidence-based conclusions.	Describes the role of local, state, and federal government in the delivery of community health services.	Lists the local, state, and federal governmental members or agencies that are involved in the delivery of community health services.	Does not describe the role of government in the delivery of community health services

7A2. Describes the organizational structures, functions, and authorities of local, state, and federal public health agencies.	Provides a comprehensive discussion of the historical development, structure, and interaction of public health and health care systems with evidence-based conclusions and recommendations.	Thoroughly discusses the historical development, structure, and interaction of public health and health care systems and can translate this understanding into current contexts.	Does not provide a thorough discussion of the historical development, structure, and interaction of public health and health care systems.	Does not address historical development, structure, and interaction of public health and health care systems.
7A3. Adheres to the organization's policies and procedures.	Identifies, defines and interprets an organization's policies and procedures related to financial planning and management, connecting this knowledge to evidence-based conclusions recommendations, and action.	Identifies and defines an organization's policies and procedures related to financial planning and management.	Identifies the organization's policies and procedures related to financial planning and management.	Does not address the organization's policies and procedures related to financial planning and management.
7A4. Participates in the development of a programmatic budget.	Always applies budget processes to projects and provides a well-developed description of this process.	Usually applies budget processes to projects.	Occasionally applies budget processes to projects.	Does not apply budget processes.
7A5. Operates programs within current and forecasted budget constraints.	Program or project planned with specific budget constraints. Provides an innovative plan for annual management.	Program or project is planned with a reasonable budget. Adequate discussion of plan for annual management.	Program or project is planned with a basic, but vague budget. No discussion of plan for annual management.	Program or project does not have budget.
7A6. Identifies strategies for determining budget priorities based on federal, state, and local financial contributions.	Innovative strategies for determining budget priorities are thoroughly developed and applied.	Strategies for determining budget priorities are identified and applied.	Budget priorities are listed, but strategies are not identified.	No budget priorities are identified.
7A7. Reports program performance.	Plan for monitoring program performance and reporting is fully developed, documented, and supported by evidence.	Strategies to monitor program performance and reporting are identified.	Strategies for monitoring program performance and reporting are listed, but lack description of implementation.	Does not provide a strategy to monitor program performance and reporting.

7A8. Translates evaluation report information into program performance improvement action steps	Translates evaluation results into program performance improvement action steps using explicitly stated logic process.	Translates evaluation results into program performance improvement action steps.	Connection between evaluation results and program performance improvement action steps is vague.	Does not translate evaluation results and program performance improvement.
7A9. Contributes to the preparation of proposals for funding from external sources.	Prepares evidence-based proposals for funding sources.	Prepares proposals for funding from external sources adhering to all guidelines.	Prepares a document that outlines a plan to propose for funding from external sources.	No proposal is prepared.
7A10. Applies basic human relations skills to internal collaborations, motivation of colleagues, and resolution of conflicts.	Applies basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts in at least one situation. Documentation and examples are connected to current literature. Conclusions and recommendations are evidence-based.	Writes about the process of applying basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts.	Sporadically uses or recognizes basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts.	Does not apply basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts.
7A11. Demonstrates public health informatics skills to improve program and business operations.	Utilizes the resources, devices, and methods required to optimize the acquisition, storage, retrieval, and use of information in public health practice. Provides a full discussion of the instruments used and the appropriateness of these choices.	Identifies and defines the resources, devices, and methods required to optimize the acquisition, storage, retrieval, and use of information in public health practice.	Identifies the resources, devices, and methods required to optimize the acquisition, storage, retrieval, and use of information in public health practice.	Does not identify the resources, devices, and methods required to optimize the acquisition, storage, retrieval, and use of information in public health practice.
7A12. Participates in the development of contracts and other agreements for the provision of services.	Contracts and other documents for the provision of population-based services are investigated, analyzed, and evaluated, and recommendations are developed.	Contracts and other documents for the provision of population-based services are identified and reviewed.	Contracts and other documents for the provision of population-based services are listed.	Does not address contracts or other documents for the provision of population-based services.

7A13. Describes how cost-effectiveness, cost-benefit, and cost-utility analyses affect programmatic prioritization and decision making.	Conducts cost-effectiveness, cost-benefit, and cost-utility analyses for at least one project. Student fully describes the purpose, history, and results. Conclusions and recommendations are evidence-based.	Conducts cost-effectiveness, cost-benefit, and cost utility analyses for at least one project.	Critiques a cost-effectiveness, cost-benefit, or cost-utility analyses.	Does not address cost-effectiveness, cost-benefit, and cost-utility analyses.
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**Program Competency #8
Exercise public health leadership and systems thinking- Faculty**

Learning Objective	Exemplary	Proficient	Marginal	No Skill
8A1. Incorporates ethical standards of practice as the basis of all interactions with organizations, communities, and individuals.	Always addresses ethical standards within organization and communities using evidence-based examples, discussion, conclusions, and recommendations.	Usually addresses ethical standards within organizations and communities.	Occasionally lists ethical standards within organizations and communities.	Does not address ethical standards within organizations and communities.
8A2. Describes how public health operates within a larger system.	Defines relevant organizational theories and applies them to professional practice circumstances. Conclusions and recommendations are supported by evidence. Examples are provided.	Applies theory of organizational structures to professional practice circumstances.	Provides an understanding of organizational structures theories.	Does not address theories of organizational structures.
8A3. Participates with stakeholders in identifying the public health values and a shared public health vision as guiding principles for community action.	Always ensures participation of stakeholders and fellow students to create key values and shared vision to guide action. Examples and process are documented and assessed.	Frequently ensures participation of stakeholders and fellow students to create key values and shared vision to guide action.	Occasionally ensures participation of stakeholders and fellow students. Occasionally identifies create key values and shared vision.	Does not ensure participation of stakeholders and fellow students. Does not identify key values and shared vision.

8A4. Identifies internal and external problems that may affect the delivery of Essential Public Health Services.	Identifies internal and external issues that may impact delivery of essential public health services (i.e., strategic planning). Assessment of these issues and a thorough discussion of the process are provided.	Identifies and discusses internal and external issues that may impact delivery of essential public health services (i.e., strategic planning).	Provides a brief list of internal and external issues that may impact delivery of essential public health services (i.e., strategic planning).	Does not identify internal and external issues that may impact delivery of essential public health services (i.e., strategic planning).
8A5. Uses individual, team and organizational learning opportunities for personal and professional development.	Promotes team and organizational learning in all circumstances. Provides examples of this skill.	Promotes team and organizational learning in many circumstances.	Participates in team and organizational learning activities.	Does not promote team and organizational learning.
8A6. Participates in mentoring and peer review or coaching opportunities.	Seeks out and participates in mentoring and peer review or coaching opportunities. Assessment and a thorough discussion of the processes are provided. Personal growth is evident.	Seeks out and participates in mentoring and peer review or coaching opportunities.	Acknowledges the importance of mentoring and peer review or coaching opportunities.	Does not address mentoring and peer review or coaching opportunities.
8A7. Participates in the measuring, reporting and continuous improvement of organizational performance.	Contributes to development, implementation, and monitoring of organizational performance standards. Standards are clearly defined, connected to literature, with evidence-based conclusions and recommendations.	Provides evidence of development, implementation, and monitoring of organizational performance standards.	Provides knowledge of organizational performance standards.	Does not address organizational performance standards.
8A8. Describes the impact of changes in the public health system, and larger social, political, economic environments, on organizational practices.	Clearly defines the legal and political system, connecting this knowledge to evidence-based conclusions, recommendation, and action.	Defines the legal and political system and provides conclusions and recommendations.	Presents an understanding of legal and political systems.	Does not address the legal and political system.

Program Competency #9
Respond to public health issues in rural settings - Faculty

Learning Objective	Exemplary	Proficient	Marginal	No Skill
9A1 Defines and distinguishes between urban, rural and frontier areas.	Effectively defines and distinguishes between urban, rural and frontier areas.	Generally defines and distinguishes between urban, rural and frontier areas.	Vaguely defines and distinguishes between urban, rural and frontier areas.	Cannot define or distinguish between urban, rural and frontier areas.
9A2 Identifies the common demographic characteristics of rural and frontier areas and their implications for provision of public health services.	Extensively identifies the common demographic characteristics of rural and frontier areas. Implications of demographic characteristics in public health service provision are clearly understood and defined through adequate examples from literature and experience.	Generally identifies the common demographic characteristics of rural and frontier areas. Implications of demographic characteristics in public health service provision are clearly understood.	Vaguely identifies the common demographic characteristics of rural and frontier areas. Implications of demographic characteristics in public health service provision are not clearly understood.	Does not identify the common demographic characteristics of rural and frontier areas.
9A3 Identifies the common social and economic characteristics of rural and frontier areas and their implications for provision of public health services.	Extensively identifies the common social and economic characteristics of rural and frontier areas. Implications of social and economic characteristics in public health service provision are clearly understood and defined through adequate examples from literature and experience.	Generally identifies the common social and economic characteristics of rural and frontier areas. Implications of social and economic characteristics in public health service provision are clearly understood.	Vaguely identifies the common social and economic characteristics of rural and frontier areas. Implications of social and economic characteristics in public health service provision are not clearly understood.	Does not identify the common social and economic characteristics of rural and frontier areas.
9A4 Describes the common ethical considerations of rural and frontier areas and their effect on the relationships between consumers, healthcare providers, the population of the area, and the provision	Extensively describes the common ethical considerations of rural and frontier areas and their effect on the relationships between consumers, healthcare providers, and the population of the area. Implications of ethical considerations in public health service provision are	Generally describes the common ethical considerations of rural and frontier areas and their effect on the relationships between consumers, healthcare providers, and the population of the area. Implications of ethical	Vaguely describes the common ethical considerations of rural and frontier areas and their effect on the relationships between consumers, healthcare providers, and the population of the area. Implications of ethical considerations in	Does not describe the common ethical considerations of rural and frontier areas.

<p>of public health services.</p>	<p>clearly understood and defined through adequate examples from literature and experience.</p>	<p>considerations in public health service provision are clearly understood.</p>	<p>public health service provision are not clearly understood.</p>	
<p>9A5 Identifies the common political attributes of rural and frontier areas and their implications for provision of public health services.</p>	<p>Extensively identifies the common political attributes of rural and frontier areas. Implications of political attributes in public health service provision are clearly understood and defined through adequate examples from literature and experience.</p>	<p>Generally identifies the common political attributes of rural and frontier areas. Implications of political attributes in public health service provision are clearly understood.</p>	<p>Vaguely identifies the common political attributes of rural and frontier areas. Implications of political attributes in public health service provision are not clearly understood.</p>	<p>Does not identify the common political attributes of rural and frontier areas.</p>
<p>9A6 Describes common public health workforce issues associated with rural and frontier areas and their implications for provision of public health services.</p>	<p>Extensively describes common public health workforce issues associated with rural and frontier areas. Implications in workforce issues in public health service provision are clearly understood and defined through adequate example from literature and experience.</p>	<p>Generally describes common public health workforce issues associated with rural and frontier areas. Implications in workforce issues in public health service provision are clearly understood.</p>	<p>Vaguely describes common public health workforce issues associated with rural and frontier areas. Implications in workforce issues in public health service provision are not clearly understood.</p>	<p>Does not describe common public health workforce issues associated with rural and frontier areas.</p>
<p>9A7 Explains the challenges of public health planning and preparedness for rural and frontier areas, including the need for and role of mutual aid agreements, and the implications of such challenges for provisions of public health services.</p>	<p>Effectively explains the challenges of public health planning and preparedness for rural and frontier areas, including the need for and role of mutual aid agreements. Implications of public health planning and preparedness in public health service provision are clearly understood and defined through adequate examples from literature and experience.</p>	<p>Generally explains the challenges of public health planning and preparedness for rural and frontier areas, including the need for and role of mutual aid agreements. Implications of public health planning and preparedness in public health service provision are clearly understood.</p>	<p>Vaguely explains the challenges of public health planning and preparedness for rural and frontier areas. Implications of public health planning and preparedness in public health service provision are not clearly understood.</p>	<p>Does not explain the challenges of public health planning and preparedness for rural and frontier areas.</p>

<p>9A8 Explains the common characteristics of healthcare delivery systems in rural and frontier areas and their implications for provision of public health services.</p>	<p>Effectively explains the common characteristics of healthcare delivery systems in rural and frontier areas. Implications of healthcare delivery system characteristics in public health service provision are clearly understood and defined through adequate examples from literature and experience.</p>	<p>Generally explains the common characteristics of healthcare delivery systems in rural and frontier areas. Implications of healthcare delivery system characteristics in public health service provision are clearly understood.</p>	<p>Vaguely explains the common characteristics of healthcare delivery systems in rural and frontier areas. Implications of healthcare delivery system characteristics in public health service provision are not clearly understood.</p>	<p>Does not explain the common characteristics of healthcare delivery systems in rural and frontier areas.</p>
<p>9A9 Describes the common communication challenges associated with living in rural and frontier areas and their implications for provision of public health services.</p>	<p>Effectively describes the common communication challenges associated with living in rural and frontier areas. Implications of communication challenges in public health service provision are clearly understood and defined through adequate examples from literature and experience.</p>	<p>Generally describes the common communication challenges associated with living in rural and frontier areas. Implications of communication challenges in public health service provision are clearly understood.</p>	<p>Vaguely describes the common communication challenges associated with living in rural and frontier areas. Implications of communication challenges in public health service provision are not clearly understood.</p>	<p>Does describe the common communication challenges associated with living in rural and frontier areas.</p>
<p>9A10 Utilizes basic statistical skills to reason about problems associated with the populations of low density and widespread geographic dispersion.</p>	<p>Effectively utilizes basic statistical skills to reason effectively about problems associated with the populations of low density and widespread geographic dispersion.</p>	<p>Utilizes basic statistical skills to reason effectively about problems associated with the populations of low density and widespread geographic dispersion.</p>	<p>Evidence of basic statistical skills to reason effectively about problems associated with the populations of low density and widespread geographic dispersion is weak.</p>	<p>Evidence of basic statistical skills to reason effectively about problems associated with the populations of low density and widespread geographic dispersion is missing</p>

Program Competency #10
Use global insight in responding to local public health issues - Faculty

Learning Objective	Exemplary	Proficient	Marginal	No Skill
10A1 Gathers, integrates and analyzes rural and global evidence.	Uses a variety of appropriate methods and resources to effectively gather, integrate and analyze rural and global evidence of public health issues.	Uses a variety of methods and resources to gather, integrate and analyze rural and global evidence of public health issues.	Gathers, integrates and analyzes rural and global evidence of public health issues from a limited set of resources.	Does not gather, integrate and analyze rural and global evidence of public health issues.
10A2 Demonstrates sensitivity and genuine respect for a multiplicity of values, beliefs, traditions, experiences and feelings of satisfaction or distress stemming from social circumstances in global and rural settings.	Effectively Demonstrates sensitivity and genuine respect for a multiplicity of values, beliefs, traditions, experiences and feelings of satisfaction or distress stemming from social circumstances in global and rural settings.	Demonstrates sensitivity and genuine respect for a multiplicity of values, beliefs, traditions, experiences and feelings of satisfaction or distress stemming from social circumstances in global and rural settings.	Only partially demonstrates sensitivity and genuine respect for a multiplicity of values, beliefs, traditions, experiences and feelings of satisfaction or distress stemming from social circumstances in global and rural settings.	Does not demonstrate sensitivity and genuine respect for a multiplicity of values, beliefs, traditions, experiences and feelings of satisfaction or distress stemming from social circumstances in global and rural settings.
10A3 Brings together diverse and global ideas to solve local rural problems in innovative ways.	Effectively merges diverse and global ideas to solve local rural problems in innovative ways by providing evidence-based recommendations.	Merges diverse and global ideas to solve local rural problems in innovative ways by	Attempt to merge diverse and global ideas to solve local rural problems in innovative ways.	Does not merge diverse and global ideas to solve local rural problems in innovative ways.
10A4 Understands how to work with language differences, sometimes through interpreters, while appreciating broader communication differences.	Clearly understands how to work with language differences, sometimes through interpreters, while appreciating broader communication differences. Understanding is supported with evidence.	Understands how to work with language differences, sometimes through interpreters, while appreciating broader communication differences.	Understands how to work with language differences, sometimes through interpreters, while appreciating broader communication differences to some degree.	Does not understand how to work with language differences, sometimes through interpreters, while appreciating broader communication differences.

10A5 Works on multifunctional, diverse teams to accomplish tasks in rural settings.	Effectively works on multifunctional, diverse teams to accomplish tasks in rural settings.	Works on multifunctional, diverse teams to accomplish tasks in rural settings.	Provides only limited input on multifunctional, diverse teams to accomplish tasks in rural settings.	Does not work with multifunctional, diverse teams to accomplish tasks in rural settings.
10A6 Understands global public health issues and practices.	Clearly understands global public health issues and practices and is demonstrated through adequate, evidence-based research of scientific literature.	Generally understands global public health issues and practices and is demonstrated through adequate research of scientific literature.	Vaguely understands global public health issues and practices and is vaguely demonstrated through research of scientific literature.	Does not understand global public health issues and practices.
10A7 Uses an understanding of global public health issues and practices to inform local public health practices in rural settings.	Effectively uses an understanding of global public health issues and practices to inform local public health practices in rural settings. Recommendations are clear, appropriate and evidence-based.	Adequately uses an understanding of global public health issues and practices to inform local public health practices in rural settings. Recommendations are appropriate.	Uses an understanding of global public health issues and practices to inform local public health practices in rural settings to some degree.	Does not use an understanding of global public health issues and practices to inform local public health practices in rural settings.