



Cover Sheet for In-State Institutions

New Program or Substantial Modification to Existing Program

Institution Submitting Proposal	
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Each action below requires a separate proposal and cover sheet.

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| New Academic Program | Substantial Change to a Degree Program |
| New Area of Concentration | Substantial Change to an Area of Concentration |
| New Degree Level Approval | Substantial Change to a Certificate Program |
| New Stand-Alone Certificate | Cooperative Degree Program |
| Off Campus Program | Offer Program at Regional Higher Education Center |

Payment Submitted:	Yes	Payment Type:	R*STARS # Check #	Payment Amount:	Date Submitted:
Department Proposing Program					
Degree Level and Degree Type					
Title of Proposed Program					
Total Number of Credits					
Suggested Codes			HEGIS:	CIP:	
Program Modality			On-campus	Distance Education (<i>fully online</i>)	Both
Program Resources			Using Existing Resources	Requiring New Resources	
Projected Implementation Date			Fall	Spring	Summer Year:
Provide Link to Most Recent Academic Catalog			URL:		
Preferred Contact for this Proposal			Name:		
			Title:		
			Phone:		
			Email:		
President/Chief Executive			Type Name:		
			Signature: <i>Raj Jagwardhane</i>		Date:
			Date of Approval/Endorsement by Governing Board:		

Revised 1/2021



May 14, 2025

Sanjay Rai, PhD
Secretary
Maryland Higher Education Commission
217 E. Redwood Street, Suite 2100,
Baltimore, MD 21202

Dear Secretary Rai,

On behalf of Provost Jayawardhana, I write to request your review and endorsement of the enclosed proposal. The university proposes a new **Area of Concentration in Indigenous Health, within the Doctor of Public Health**.

The AOC will prepare scholars with the practical skills and theoretical foundations to address public health issues facing indigenous populations within the United States and globally. By providing courses created and taught by indigenous faculty and faculty with a commitment to the health of indigenous people, this AOC provides students with the tools needed to be leaders in addressing health challenges within indigenous communities. As the first DPH AoC in Indigenous Health in the world, the proposed concentration will establish a new pathway for rigorous training of the next generation of leaders in public health practice.

The proposed program is consistent with the Johns Hopkins mission and the State of Maryland's Plan for Postsecondary Education. The proposal is endorsed by The Johns Hopkins University.

Should you have any questions or need further information, please contact Westley Forsythe at (410) 516-0188 or wforsythe@jhu.edu.

Thank you for your support of Johns Hopkins University.

Sincerely,

A handwritten signature in blue ink, appearing to read "Janet Simon Schreck".

Janet Simon Schreck, PhD
Senior Associate Vice Provost for Academic Affairs

cc: Dr. Ray Jayawardhana

Dr. Westley Forsythe

Enclosures

Office of the Provost
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**The Johns Hopkins University
Bloomberg School of Public Health**

**Proposal for Substantial Modification to an Existing Program
New Area of Concentration in Indigenous Health within the existing Doctor of Public
Health (DrPH) Degree Program**

A. Centrality to Institutional Mission Statement and Planning Priorities

1. Provide a description of the program, including each area of concentration (if applicable), and how it relates to the institution's approved mission.

Overview. The Johns Hopkins Bloomberg School of Public Health (BSPH) currently offers a thriving DrPH program with multiple Areas of Concentration (AOCs). At this time, we are proposing to add an additional AOC in Indigenous Health to address a significant national deficit in doctoral-level, professional public health education. Below we provide a summary of the BSPH DrPH program and the proposed AOC.

Description of the DrPH Program. The Doctor of Public Health degree (DrPH) at BSPH is a professional doctoral degree for early to mid-career public health professionals seeking to make meaningful contributions as leaders in health-related domestic or international agencies and organizations. As the most advanced professional degree in public health, DrPH training prepares professionals for management positions in public health policy and practice, government, healthcare delivery, and other settings. The mission of the BSPH DrPH program is to “prepare graduates to advance the public’s health through training in evidence-based public health practice and research.” Graduates are equipped to: [1] synthesize and translate research findings to practice; [2] communicate with and convene diverse partners to effect change across a range of public health settings; and [3] advance programs, policies, and services through evidence-based public health practice and research.

Established in 1917, the DrPH program at BSPH provides the public health leaders of tomorrow with the analytical skills and content expertise needed to generate new knowledge that can be applied to solve public health challenges. The DrPH program at BSPH is a flexible, part-time program that can be completed fully online. Most students complete the DrPH in 5-7 years. Program alumni hold mid- to senior-level positions in public health organizations, non-profits, government agencies, healthcare systems, research and consulting firms, and universities.

The DrPH program provides students with a multi-faceted framework enabling them to become public health leaders equipped to confront the world’s most pressing public health challenges. Students are required to complete a foundational DrPH curriculum (30 credits), coursework in their concentration/track (27 credits), comprehensive written exams, a practicum, and a dissertation (7 credits). The program currently has 11 AOCs, all of which are aligned with the institutional mission of BSPH (see below).

- **Women’s & Reproductive Health Concentration:** Focuses on the general and reproductive health status of women, the determinants of their health, disparities therein, application of gender equity frameworks for assessment and evaluation, and preventive strategies and programs to address the health of women and their children.
- **Customized Program of Study (“Custom”):** Students obtain training in program development and evaluation, and develop and complete individualized courses of public health training in their chosen specialty area.

- **Environmental Health Concentration (2 tracks: Health Security; Environmental Health):** Training prepares graduates to analyze and assess complex environmental risks, emergencies, and problems, and to offer sound guidance and advice for the reduction of these risks and the resolution of environmental problems.
- **Global Health: Policy & Evaluation Concentration:** Training addresses evidence-based interventions in public health to improve population health and health access globally. Students receive training in complex global health systems, and in policy development and evaluation in low- and middle-income countries.
- **Health Equity & Social Justice Concentration:** Students learn about social and structural determinants of health, particularly among disadvantaged and marginalized groups in high-, middle-, and low- income settings. Training emphasizes using epidemiological, social, and behavioral tools to assess and improve population health.
- **Health Policy & Management Concentration (4 tracks: Health Policy; Public Health Informatics; Quality & Patient Safety; Healthcare Management & Leadership):** The four tracks offer training in measuring, monitoring, and improving the clinical and financial performance of health services organizations (Healthcare Management & Leadership); developing and applying scientific evidence to inform critical health policy challenges at the local, state, national, and global levels (Health Policy); methods and concepts of informatics for application to public health and population health management (Public Health Informatics); and assuring quality of healthcare, patient safety, patient-centered outcomes, and performance measurement and improvement (Quality & Patient Safety).
- **Implementation Science Concentration:** Offers training on analyzing processes in complex health systems, and on developing and sharing evidence to support the formulation, implementation, and scale-up of health policies and programs.

Proposed AOC in Indigenous Health. We propose to offer a new AOC in Indigenous Health within the existing and previously endorsed DrPH program at BSPH. The new AOC will prepare scholars with the practical skills and theoretical foundations to address public health issues facing Indigenous populations within the United States, as well as globally. Indigenous populations across the world have been disproportionately subjected to negative health outcomes as a result of the effects of colonization, which is a social determinant of health that is often overlooked in programs taught through a Western lens. By providing courses created and taught by Indigenous faculty and faculty with a commitment to the health of Indigenous people, this AOC aims to provide students the tools needed to be leaders in addressing health challenges within Indigenous communities. As the first DrPH AOC in Indigenous Health in the world, the proposed concentration will establish a new pathway for rigorous training of the next generation of leaders in public health practice.

The Indigenous Health AOC offers training on approaches to improving the health of Indigenous peoples in the US and across the globe, including: [1] the intergenerational impact of colonization on Indigenous health, [2] strategies and frameworks for promoting the health of Indigenous people and communities, and [3] generating and translating knowledge to advance Indigenous health programs and policies. It will cover the health of Native Americans in North America and Indigenous people around the world. It will include required and elective courses on Indigenous health, and students will learn to apply ethical principles, conceptual frameworks and models, and multidisciplinary perspectives to address Indigenous health. Courses emphasize Indigenous principles, frameworks, and methodologies, such as sovereignty and community and tribal-based participatory research. Students obtain broad training in topics such as health challenges facing Indigenous people and communities (e.g., infectious disease, mental and behavioral health, environmental health, injury and violence, nutrition and food systems,

and cancer and chronic disease), and health promotion frameworks rooted in Indigenous values and knowledge, with emphasis on decolonization and strengths-based approaches.

As with the existing AOCs, the Concentration in Indigenous Health is designed for part-time, working professionals enrolled in the DrPH program who wish to increase their understanding of public health issues related to Indigenous communities and utilize Indigenous-led frameworks in their current public health work.

The proposed AOC is slated to commence in Term 1 of academic year 2026-27 (i.e., August 2026). In addition to 30 credits of foundational coursework in the DrPH program, the AOC will require successful completion of a minimum of 27 credits of coursework in Indigenous health, as well as completion of a practicum and a dissertation.

Relevance of the AOC in Indigenous Health to the Institutional Mission. The mission of The Johns Hopkins University is to “educate its students and cultivate their capacity for life-long learning, to foster independent and original research, and to bring the benefits of discovery to the world.” The [mission](#) of BSPH is “the improvement of health through discovery, dissemination, and translation of knowledge and the education of a diverse global community of research scientists and public health professionals”. The mission of the DrPH program is to “prepare students to assume leadership roles in public health policy and practice in a wide variety of settings across the globe.”

Through the new concentration in Indigenous Health, we will build on BSPH’s mission (as well as on the missions of the University and the DrPH program) by engaging students with a rigorous and well-rounded curriculum in Indigenous health. By centering Indigenous health perspectives and lived experiences within the program, we have designed a course of study that allows students to establish themselves as applied researchers, public health practitioners and policy makers, and also as pillars within the communities they serve. Our team of expert faculty, which includes Indigenous faculty from around the globe, will provide mentorship and technical skills that will equip students to become national and international leaders in Indigenous health.

The DrPH program and the proposed concentration in Indigenous Health are aligned with the missions of Johns Hopkins University and BSPH in that they: [1] offer training that facilitates life-long learning, [2] enable generation of new knowledge to promote health and well-being, and [3] enable the application of new knowledge to public health practice and leadership in the US and around the globe.

2. Explain how the proposed program supports the institution's strategic goals and provide evidence that affirms it is an institutional priority.

In spring 2022 the university launched its new strategic plan, ‘Ten for One’. Its objectives include “develop[ing] new pathways to help us translate our cutting-edge research into meaningful policy ideas and become the preeminent source of academic expertise for evidence-based policymaking in service to the nation and the world.” This AoC in a world leading Doctor of Public Health axiomatically contributes to that goal.

By offering this concentration as a flexible opportunity for those already engaged in public health work, we are accessible to students across the nation. This allows students to remain in their own local communities, allowing them to deepen connections to partnerships that may be otherwise inaccessible for a fully in-person program. By bringing together a student population from across the country, we are allowing students to share their knowledge and experiences, both within our program and across BSPH. Through this, we will be able to contribute to BSPH’s ongoing priority of “[rebuilding of the U.S. public health system through practice, research, and advocacy efforts](#)” by connecting students across the country not only to expert faculty in the field of Indigenous Health, but to other students engaged in public health work within a wide range of communities.”

3. Provide a narrative of how the proposed program will be adequately funded for at least the first five years of program implementation. (Also see Section L.)

The infrastructure at BSPH enables the addition of the new concentration with relatively low startup costs. The new concentration within the DrPH program is being developed with the full support of BSPH, and specifically from the Department of International Health (the academic unit where most concentration courses and concentration faculty are based), the JHU Center for Indigenous Health, the BSPH Center for Teaching & Learning, and the BSPH Office of Academic Affairs. There is a strong infrastructure for DrPH training at BSPH, including a DrPH Program Office with 6 full-time staff, a chair and deputy chair, an executive committee, and six subcommittees. Students in the new concentration will be integrated into the schoolwide DrPH program. The DrPH Program Office will provide support to ensure that the concentration is reviewed and approved by the Council on Education in Public Health (CEPH), which is the accrediting body for schools and programs of public health. Feasibility for launching the proposed new concentration is further enhanced by the many resources at BSPH for training in Indigenous Health, including a large number of faculty with relevant expertise and a well-staffed training core at the Center for Indigenous Health.

BSPH will fully support the development of the new concentration, and it is projected that it will be fully supported by tuition revenue within 2 years of implementation. BSPH sets aside a portion of its tuition revenue each year as part of its budgeting process to fund the development of new programs and new courses. In addition, a portion of the tuition revenue from enrollment in the courses required by the concentration will be used to support some instructional costs. If instructional costs are greater than tuition revenue, funds will be allocated from elsewhere in the overall BSPH budget to cover the shortfalls. Additional information is in Appendix C.

4. Provide a description of the institution's commitment to:

a) Ongoing administrative, financial, and technical support of the proposed program.

The new concentration in Indigenous Health will operate within the existing infrastructure that has been established for the DrPH program. Administrative, financial, and technical support will come from the BSPH Office of Academic Affairs and the DrPH Program Office. The DrPH Program Office is comprised of a Chair (Dr. Mark Bittle), a Deputy Chair (Dr. Renee M. Johnson), an Academic Program Manager (Katie Cruik), a Senior Program Coordinator (Madison Nuzzo), Administrative Coordinator (Katie Herbst), and three Program Advisors (Janet Carn, Ashley Conroy-Tabrizi, Sheryl Flythe). The DrPH Executive Committee includes faculty and staff in the DrPH Program Office as well as Concentration & Track Directors, the Executive Vice Dean for Academic Affairs, the Vice Dean for Public Health Practice and Community Engagement, and the Assistant Vice Dean for Practice and Training. The DrPH Executive Committee has six subcommittees that support program operations, including: Student Matters, Curriculum, Awards & Scholarships, Comprehensive Exams, Admissions, and Student Advisory.

BSPH does a careful program viability study for new programs based on prospective student enrollment, in addition to addressing global health concerns. The proposed program will receive the same sort of administrative, financial, and technical support as the other academic programs in BSPH's portfolio.

b) Continuation of the program for a period of time sufficient to allow enrolled students to complete the program.

BSPH is committed to providing all enrolled students the opportunity to complete the Indigenous Health Concentration within the DrPH program, including under circumstances of low demand. Concentrations are evaluated by the DrPH Program Chair in consultation with the DrPH Executive Committee, Academic Affairs, academic departments, and relevant academic programs and

centers. Determinations are made as to whether concentrations should continue to admit students, and if a program ceases to admit new students, BSPH will remain committed to seeing current students through their program of study. BSPH is confident the proposed concentration will be a success, but if the planned concentration in Indigenous Health is suspended or discontinued, the DrPH program will “teach out” existing students and phase out the concentration.

BSPH expects to have a large number of applicants, as the DrPH Program is rapidly growing. Concentrations within the DrPH program accept anywhere from 5-30 new students each year. BSPH recently started new concentrations in Women’s & Reproductive Health (AY2022-23) and Global Health: Policy & Evaluation (AY2021-22), and a new track in Health Policy as part of the Health Policy & Management concentration (AY2021-22). For these three courses of study, the number of highly-qualified applicants per available slot has grown each year.

B. Critical and Compelling Regional or Statewide Need as Identified in the State Plan

1. Demonstrate demand and need for the program in terms of meeting present and future needs of the region and the State in general based on one or more of the following: a) The need for the advancement and evolution of knowledge; b) Societal needs, including expanding educational opportunities and choices for minority and educationally disadvantaged students at institutions of higher education; c) The need to strengthen and expand the capacity of historically black institutions to provide high quality and unique educational programs.

According to a group of experts within the Association of American Indian Physicians (AAIP), there is a [critical shortage in the number of health professionals who are trained to serve American Indian and Alaska Native \(AIAN\) communities](#), resulting in major shortages among physicians and other leadership positions. Evidence suggests that healthcare students from underserved communities are more likely to practice in underserved communities during their careers ([Pitman et al., 2021](#)). Increasing the opportunities for students to be trained specifically in public health for Indigenous populations will have major downstream benefits on the health of Indigenous peoples, including the 128,650 Native American people estimated to live in Maryland ([Maryland State Archives, 2024](#)). Additionally, training opportunities will bolster the workforce for the Indian Health Service (headquartered in Rockville, MD), and the National Congress of American Indians, Bureau of Indian Affairs, and National Council of Urban Indian Health (all headquartered in Washington, DC).

The new DrPH AOC in Indigenous Health at BSPH will prepare current and future health leaders, researchers, policymakers, and scholars to take on the complex challenges perpetuated within Indigenous communities by colonization and highly complex public health, science, and health care challenges that emerge daily. Graduates of the DrPH AOC in Indigenous Health will be equipped to drive the responsible development of new knowledge and new ways of saving lives and improving health to further progress across core disciplines in science and technology, and public health and medicine in Maryland and beyond.

a) The need for the advancement and evolution of knowledge

The proposed DrPH AOC in Indigenous Health will prepare students for leadership in a wide array of public health roles to support and promote the well-being of Indigenous people in the US and around the globe. Emerging research demonstrates the need for training public health professionals in Indigenous health, and that research emphasizes the need to enhance cultural competence when working with Indigenous peoples and communities. [The Indian Health Service’s 2024 strategic plan](#) includes “strengthening the public health infrastructure” and “recruiting and retaining a strong workforce” as priorities, highlighting that there is a federal need for DrPH graduates with expertise in

Indigenous health (US Public Health Service, Indian Health Service (2024): IHS Strategic Plan for Fiscal Years (FYs) 2025-2029). Other federal health agencies (i.e., the Centers for Disease Control and Prevention, CDC; the National Institutes of Health, NIH; and the Substance Abuse and Mental Health Services Administration, SAMHSA) recognize the need to address health equity in general, and specifically the health needs of Indigenous people; all have designated that Indigenous health is a priority. Implementing this new concentration will ensure there are DrPH-trained professionals prepared to lead the planning, implementation, and assessment of health programs and services to address Indigenous health.

b) Societal needs, including expanding educational opportunities and choices for minority and educationally disadvantaged students at institutions of higher education

The planned DrPH concentration in Indigenous Health will meet the growing need for public health professionals with training in Indigenous health. With this proposed new AOC, BSPH has a unique opportunity to provide doctoral level training in public health to minority and educationally disadvantaged students in Maryland and around the globe. Indigenous students often live in rural and remote areas and leaving to enroll in an academic program is a challenge. For those engaged in community-based health promotion with Indigenous people and communities, leaving would disrupt their ongoing work and jeopardize established partnerships. The online modality of the DrPH program allows students to complete their coursework, practicum, and dissertation remotely, enabling them to complete a world-class DrPH program from a distance. Students in Maryland counties distant from Johns Hopkins will also be well served by the new concentration.

We expect that many of the students who enroll in the Indigenous Health concentration will be Indigenous, and BSPH supports activities to ensure their academic and social success. The Center for Indigenous Health holds an annual graduation celebration honoring Indigenous graduates of public health programs each spring; invitations are extended to students and their families. Through BSPH's "Bloomberg Fellows Indigenous Scholars Program," there is financial support available for Indigenous students training to address the health of American Indian, Alaska Native, and Native Hawaiian peoples.

Johns Hopkins University sits in an urban environment with a large population of marginalized people. In Baltimore City, there are opportunities for community outreach by bringing information about Indigenous health to middle and high school students considering careers in the health sciences.

c) The need to strengthen and expand the capacity of historically Black institutions to provide high quality and unique educational programs.

Adding an Indigenous Health concentration to the DrPH program will not directly strengthen or expand the capacity of historically Black institutions to provide high quality and unique educational programs. We will explore opportunities to develop partnerships with minority-serving institutions (MSIs), including historically Black colleges and universities (HBCUs), Alaska Native-Serving Institutions, Native American-Serving Non-Tribal Institutions, Native Hawaiian-Serving Institutions, Predominantly Black Institutions, and Tribal Colleges and Universities (TCUs). Specifically, we will engage in inclusive recruitment to the Concentration, promoting the program to students and alumni of MSIs, very few of which have DrPH programs. Additionally, we will work with faculty at MSIs across the US on inter-institutional training opportunities (e.g., webinars) and will ensure that our graduates are aware of opportunities to become faculty in public health programs at MSIs, thereby expanding the capacity of different types of institutions to provide high-quality training in Indigenous health.

2. Provide evidence that the perceived need is consistent with the Maryland State Plan for Postsecondary Education.

The 2022 [Maryland State Plan for Higher Education](#) articulates three goals for postsecondary education: [1] **Ensure equitable access** to affordable and quality postsecondary education for all Maryland residents; [2] Promote and implement practices and policies that will **ensure student success**, and [3] **Foster innovation** in all aspects of Maryland higher education to improve access and student success. The proposed AOC in Indigenous Health addresses each of these goals.

Goal 1: Equitable Access. We are committed to ensuring that there is equitable access to the Indigenous Health concentration for all Maryland residents. The DrPH program has resources for students to cover the costs of DrPH training; those resources will be available to students in the new AOC. Opportunities for students to fund their training in Indigenous Health include the Bloomberg Fellows Indigenous Scholars Program, the Health Equity Scholars Program, and NIH-funded training grants. The BSPH Office of Student Affairs is a resource to counsel prospective students on funding. The BSPH Office of Financial Aid provides assistance with federal and private loans. The DrPH Subcommittee on Scholarships & Awards bridges the BSPH Office of Financial Aid and the DrPH Program.

Equitable access is also enhanced by the part-time and online nature of the AOC. The DrPH program is designed to be completed on a part-time basis, making it convenient for working professionals. Most of the students in the DrPH program hold full-time jobs, and our large inventory of online, asynchronous courses allow them to pursue the degree despite their work schedules. Typically, part-time students with full-time jobs who enroll in BSPH degree programs represent a broader range of diversity than students in full-time degree programs. In targeting these part-time students, this program addresses equity as well as access.

Goal 2: Student Success. BSPH offers an array of services to ensure student success. These services include career counseling, 1:1 (student: faculty) academic advising, student disability services, mentored research, and mentored practica in the areas of public health. Students also have access to a program advisor (i.e., a staff member in the DrPH Program Office focused on students within the Indigenous Health concentration), two Concentration Directors, and the training core at the Center for Indigenous Health. As with all DrPH students, students in the new concentration will have a program handbook and access to an intranet site with comprehensive information about the program (e.g., forms, checklist of milestones, templates for course planning). Additional resources to support academic success include a writing center, consultation for statistical support and IRB applications, and seminars for DrPH students to support their orientation to the program and preparation for dissertation research. The DrPH program has a program-specific orientation for incoming students, and faculty and staff meet with students throughout their program to ensure continued progress towards their degree.

Goal 3: Innovation to Ensure Access and Student Success. The proposed concentration in Indigenous Health will foster innovation to improve access and student success. It will be the first program of study of its kind in the State, enabling Maryland to become an international hub for training on Indigenous health. Through the Open & Inclusion Education Team at BSPH's Center for Teaching and Learning, we have the capacity to implement novel strategies to enhance student engagement and improve learning outcomes. We will use technological advancements and state-of-the-science strategies to ensure high-quality online learning.

Similar to other DrPH concentrations at BSPH, this concentration covers a wide range of public health focus areas (such as policy, implementation strategies, and research and evaluation methods). However, other programs approach these topics in a traditional, Westernized method. The DrPH AOC in

Indigenous Health will prioritize viewing public health issues through Indigenous frameworks, expanding students' abilities to engage with these topics in a decolonized way. By completing course work, students will be able to engage more competently not only with global Indigenous populations, but also other underrepresented populations impacted by the effects of settler colonialism.

The DrPH program prepares highly-trained scientists and healthcare professionals to work in organizations where they can contribute to the public health needs of society. The proposed program is consistent with Goal 3, innovation, which articulates Maryland's aspiration to be "a national leader in the implementation of creative and diverse education and training opportunities that will align with State goals, increase student engagement, and improve learning outcomes...". Through the preparation of highly qualified individuals engaged in the design and implementation of community-based strategies to address Indigenous health challenges, the AOC contributes to economic growth and vitality (Priority 8) by providing life-long learning to scientists and health professionals so they can maintain the skills they need to succeed in the workforce.

C. Quantifiable and Reliable Evidence and Documentation of Market Supply and Demand in the Region and State

1. Describe potential industry or industries, employment opportunities, and expected level of entry (ex: mid-level management) for graduates of the proposed program.

As the field of public health evolves, the demand for highly trained, culturally competent researchers, practitioners, and policy makers has also grown. BSPH routinely receives inquiries from professionals interested in seeking training in Indigenous health and professionals seeking to hire graduates with DrPH training in Indigenous health. Because the DrPH program currently does not have a concentration to meet this need, applicants interested in Indigenous health apply to the DrPH Customized Program of Study and assemble an individualized program of study. Offering a formal Indigenous health concentration would allow us to better serve more students and better meet employer demand in this critical area.

BSPH's Center for Indigenous Health recently launched a public interest form for those interested in pursuing a graduate degree focusing on Indigenous health. Within the first month, 214 inquiries were received from professionals across the nation interested in seeking training in Indigenous health. The DrPH AOC in Indigenous Health provides an accessible and well-rounded approach to an education in Indigenous health. It will provide students with a pathway to career opportunities in academia, policy, research, clinical, government, non-profit organizations, and industry. By providing students with core courses that cover topics such as American Indian health policy and tribally-driven research ethics, students are provided with an education that allows them to thrive in a diverse range of potential job markets. Examining [data gathered from other DrPH concentrations](#), we see BSPH graduates pursuing careers in a diverse range of fields, such as healthcare administration, research, and direct provision of healthcare services.

There is a clear demand for public health professionals with knowledge and expertise in Indigenous health. According to the World Health Organization (WHO), Indigenous populations face considerable public health challenges, including limited access to high-quality and affordable medical care and health services. By integrating Indigenous epistemologies, our students will be prepared to care for the more than the 476 million Indigenous people who exist worldwide and help combat the critical shortage in the number of health professionals who are trained to serve American Indian and Alaska Native (AIAN) communities. A recent search for employment on the job site Indeed.com revealed over 150 high-level jobs addressing Indigenous health that require a doctoral degree, ranging from federal

and Tribal policy consultants to several faculty roles at colleges and universities across the country. The proposed concentration will fulfill a need identified by US public health practitioners, physicians, epidemiologists, federal agencies (e.g., NIH, CDC, the Indian Health Service), non-governmental organizations, and Native American tribal assistance agencies (e.g., Alaska Native Tribal Health Consortium, Great Lakes Inter-Tribal Council Inc.).

2. Present data and analysis projecting market demand and the availability of openings in a job market to be served by the new program.

A DrPH in public health with a focus in Indigenous Health would enable a student to work in a variety of health-related fields including Healthcare Support (16,091 annual job openings in Maryland) and Healthcare and Technical Occupations (11,400 annual job openings in Maryland). Both of these major occupational groups are projected to grow by 2032 ([Maryland Department of Labor Licensing and Regulation](#)). In addition, Indigenous public health frameworks have been identified as vital in informing areas such as [environmental sciences, food systems, and several other areas](#), which creates a diverse range of career opportunities for graduates of this AOC. Students with a DrPH with an AOC in Indigenous Health would also be considered well-suited for work at the Indian Health Service, headquartered in Rockville, MD, which employs approximately 15,000 individuals ([IHS](#)). Demands for DrPH-trained professionals with expertise in Indigenous health is high. Many organizations, including SAMHSA and the World Health Organization, have been advertising for positions in this area.

There is an overwhelming demand for Indigenous Health Professionals trained in the areas addressed by the proposed AOC. The job vacancy rate at key employers including the Indian Health Service, Tribal Health Organizations, National Indian Health Board among others is on average 25% and these organizations are continually reaching out to recruit graduates within the field of Indigenous Health. These positions include high-level leadership, researchers, and practitioners within these organizations, who will play a role in shaping wide-reaching policy and guiding instrumental research. By pursuing a doctoral-level education in Indigenous health, our graduates position themselves as competitive applicants for these roles, particularly due to the AOC's focus on leadership and creating culturally competent students who can engage both as researchers and practitioners.

3. Discuss and provide evidence of market surveys that clearly provide quantifiable and reliable data on the educational and training needs and the anticipated number of vacancies expected over the next 5 years.

The JHU Center for Indigenous Health receives on average 15 inquiries each month from professionals interested in seeking doctoral level training in Indigenous health. One recent inquiry form garnered over 280 inquiries from students seeking public health training relevant to Indigenous public health, with over 150 of these inquiries focused specifically on doctoral-level programs. Over 1,800 individuals have completed graduate-level Indigenous health coursework through our annual Winter and Summer Institute courses since 2001. This number has continued to increase exponentially over the years, demonstrating the growth of interest in graduate-level Indigenous health programs. The DrPH AOC in Indigenous Health will offer a practical source of training for Indigenous scholars and allies in the field of public health, expanding and enhancing the programming provided within the Institute courses and creating career growth opportunities at an expanded level. By receiving advanced training in public health leadership, we will prepare our graduates to take on high-level roles in managing and addressing complex public health issues at a policy and practice level within communities and organizations; indicating a high level of expertise in the field of public health leadership.

The DrPH program is targeted to professionals who already have significant public health experience (a minimum of three years public health experience, ideally more) and who already hold an

MPH or equivalent master's degree. The target audience includes primarily full-time working public health professionals who are seeking additional training that will enable them to move into leadership positions. The DrPH program's proposed Indigenous Health AOC is intended for both domestic and international audiences, serving full-time public health professionals in the US and around the globe.

4. Provide data showing the current and projected supply of prospective graduates.

We plan to admit 5 students to the new Indigenous Health AOC annually, starting with the 2026-27 academic year. We expect that it will take 7 years for students to complete the program, with the first graduates in 2033. We expect to have 5 students in AY2026-27, 10 in AY2027-28, and 10 new matriculants annually from AY2028-29 forward. Estimating 7 years from matriculation to graduation, we expect that there will be 35 Indigenous Health concentration graduates by 2036.

D. Reasonableness of Program Duplication

1. Identify similar programs in the State and/or same geographical area. Discuss similarities and differences between the proposed program and others in the same degree to be awarded.

The Indigenous Health concentration would be the only DrPH course of study in the world that provides professional public health training in Indigenous health. There are no similar programs in Indigenous health in Maryland, though there are some programs in the US that offer certificates, master's degrees, or PhD degrees.

2. Provide justification for the proposed program.

We propose to develop a DrPH AOC in Indigenous Health. The concentration will provide training: in [1] health challenges facing Indigenous people and communities (e.g., infectious disease, mental and behavioral health, environmental health, injury and violence, nutrition and food systems, and cancer and chronic disease), and [2] health promotion frameworks rooted in Indigenous values and knowledge, with emphasis on decolonization and strengths-based approaches. The program will serve others as a professional public health degree that can lead students directly to academic, industrial or government positions, or to obtain promotions in positions already held. The DrPH program and the Indigenous Health concentration will be grounded in real-world challenges and informed by leading edge scholarship, with a diverse faculty of the leading experts in the field and a student body bringing lived experiences to the classroom.

The AOC will offer training on approaches to improve the health of Indigenous peoples in the US and across the globe. Courses emphasize Indigenous principles, frameworks, and methodologies, such as sovereignty and Community & Tribal Based Participatory Research. Students complete a minimum of 27 credits of coursework in the concentration. The Indigenous Health AOC's curriculum includes: [1] a concentration seminar and 3 required courses that cover Indigenous health and conceptual frameworks for addressing Indigenous health; [2] a selective on Indigenous health policy; [3] a selective on design and implementation of strategies to address Indigenous health; [4] a selective on Indigenous health research and evaluation methods; and [4] at least two electives. Outside of the classroom, students will also be encouraged to attend cultural events, activities and lectures from Indigenous researchers throughout the year. This AOC will serve as a terminal doctoral program that can lead students directly to academic, Tribal or governmental positions, or to obtain promotions in positions already held. This program will allow students to integrate Indigenous knowledge into their current public health work and foster their passion for working for and with Indigenous communities.

E. Relevance to High Demand Programs at Historically Black Institutions (HBIs)

1. Discuss the program's potential impact on the implementation or maintenance of high-demand programs at HBIs.

There are no known similar programs in any of the Historically Black Institutions in Maryland. The proposed program would not directly affect the implementation, maintenance, uniqueness, identity or mission of these institutions.

F. Relevance to the identity of Historically Black Institutions (HBIs)

1. Discuss the program's potential impact on the uniqueness and institutional identities and missions of HBIs.

There is no comparable degree program offered at any HBIs in Maryland, or anywhere within the US. The DrPH in Indigenous Health would not impact on the uniqueness and institutional identities and missions of HBIs.

G. Adequacy of Curriculum Design and Delivery to Related Learning Outcomes (as outlined in COMAR 13B.02.03.10)

1. Describe how the proposed program was established and describe the faculty who will oversee the program.

Establishment of the Indigenous Health Concentration. Over 1,800 individuals have completed graduate-level Indigenous Health course work through the Center for Indigenous Health, housed within BSPH, since 2001. During this time, BSPH has offered a [Certificate program for American Indian Health Professionals](#), though a full degree program has never been offered. Demand for flexible, Indigenous-led graduate-level training has continued to grow, specifically for training that offers more academic rigor and diverse topic exploration than a part-time certificate program could offer. BSPH's Center for Indigenous Health has continued to grow as a world leader in all aspects of Indigenous health, such as in the realms of policy, environmental health, wise practices, and community-based participatory research. With over 350 employees located within different tribal communities across the country, and a growing network of global Indigenous partners, the decision was made to launch the AOC in Indigenous Health order to combat the [critical shortage in the number of health professionals who are trained to serve American Indian and Alaska Native \(AIAN\) communities](#) and meet the demands of numerous students and organizations seeking this level of training.

BSPH has offered the DrPH degree in various academic departments since 1917. In 2017, the DrPH program was modified to become a single, schoolwide program and the curriculum was redesigned to be more closely aligned with DrPH foundational competencies established by the Council on Education for Public Health (CEPH). The DrPH program currently offers 11 tracks or concentrations and seeks to add a new area of concentration that will permit students to develop training in Indigenous health, applying principles of health equity to Indigenous populations, evaluating evidence-based practices for their impact on Indigenous populations, and designing health promotion programs that incorporate Indigenous values and knowledge. The proposed new Indigenous Health concentration draws on the unparalleled faculty practice experience across BSPH, at the state, federal and global levels to provide advanced training rooted in the experience of the teaching faculty and prepares students to address public health problems through multidisciplinary approaches that apply the latest scientific knowledge.

Faculty who will oversee the AOC. As articulated in its strategic plan, BSPH is committed to “educating leaders who can solve the most important public health problems by immediately applying groundbreaking research; by partnering to protect the population’s health and advance equity and social justice worldwide; by cultivating a diverse, inclusive and nurturing environment; and by communicating and advocating the value of public health.” The DrPH program and its proposed concentration in Indigenous Health align with these goals, and the faculty who teach in the program espouse them as well. The faculty represent various academic departments at BSPH, including International Health; Mental Health; Population, Family and Reproductive Health; and Health Policy and Management. The faculty within the Center for Indigenous Health (housed within the Department of International Health) have produced leading Indigenous health policy and global Indigenous leadership development research while generating scholarship and educating the next generation of leaders in their respective areas of expertise. There are over 35 Indigenous faculty members at Johns Hopkins Center for Indigenous Health, many of whom will be instructors in the AOC.

Faculty who will support the Concentration are listed in the Appendix. Concentration faculty have primary and joint appointments at BSPH. Collectively, the faculty have: [1] expertise in Indigenous health, [2] a record of scholarship in a broad array of topic areas relevant to Indigenous health (e.g., nutrition, mental and behavioral health, chronic disease prevention), [3] experience in teaching applied public health, and [4] public health practice.

The DrPH Program has a highly qualified team of faculty and staff that will support the new AOC in Indigenous Health. Mark J. Bittle, DrPH, MBA serves as the DrPH Program Chair and provides overall leadership for the DrPH Program. He leads the DrPH Executive Committee and the DrPH Comprehensive Exam Subcommittee. Renee M. Johnson, PhD, MPH, serves as DrPH Deputy Chair. She leads the DrPH Curriculum Subcommittee and represents the DrPH on the BSPH Committee on Academic Standards. Katie Cruik, MS serves as the DrPH Academic Program Manager. She provides administrative leadership for the DrPH Program, and supervises all Program Staff, including three Program Advisors (Janet Carn, Med; Ashley Conroy-Tabrizi, MAT; and Sheryl Flythe, BS) and a Program Coordinator (Madison Nuzzo, BS).

To ensure the quality, consistency, and equity of the School’s academic and experiential offerings, BSPH has a cadre of experienced deans.

- **Ellen J. MacKenzie, PhD, ScM; Dean.** As Dean of BSPH, Dr. MacKenzie provides academic and administrative leadership for the School. She also sets a vision for BSPH and represents the School to external parties.
- **Joel I. Bolling, MA; Assistant Dean for Inclusion, Diversity, Anti-Racism & Equity.** Bolling is responsible for advancing BSPH’s diversity, equity, and inclusion strategies for BSPH. He works collaboratively to increase the recruitment, retention, and mentorship of faculty and students from underrepresented and underserved backgrounds.
- **David Dowdy, MD, PhD, ScM; Executive Vice Dean for Academic Affairs.** Dowdy is responsible for advancing the educational excellence of BSPH. He oversees the BSPH Office of Academic Affairs, which ensures excellence and accessibility in educational content; innovates new educational materials to fill the needs of the public health community; uses data to continually improve educational programs; and develops partnerships to expand the reach of academic products. These responsibilities include coordination with the Office of Student Affairs, Center for Teaching and Learning, and schoolwide degree programs.
- **Heath Elliott, MEd, MBA; Associate Dean for Development and Alumni Relations.** Elliott oversees fundraising, alumni and donor relations activities for BSPH.

- **Jackson Ireland, MPA, MBA; Executive Vice Dean for Finance and Administration.** Ireland is responsible for strategically leading, planning and organizing the financial and administrative functions of BSPH.
- **Vanya Jones, PhD, MPH; Assistant Dean for Community-Engaged Research.** Jones works with faculty, staff, and students across BSPH in developing standards and promoting best practices in community-engaged research
- **Gregory D. Kirk, MD, PhD, MPH; Vice Dean for Research.** Kirk provides leadership for research strategy and related initiatives for BSPH. He has operational oversight for the Institutional Review Board. His other responsibilities broadly include monitoring and expanding BSPH's research portfolio and enhancing faculty competitiveness for research funding, while ensuring regulatory compliance and responsible, reproducible conduct of research.
- **Lymari Morales, MPP; Associate Dean for Communications and Marketing.** Morales oversees communications and marketing for BSPH, including ongoing publishing, marketing, branding, and audience growth across modern and traditional channels.
- **Jeanine Parisi, PhD, MA; Vice Dean for Education.** Parisi supports the BSPH Office of Academic Affairs in providing students with high quality public health education. This includes coordination and improvement of BSPH's departmental master's programs; and coordination with the IDARE office and CTL to promote inclusive and accessible pedagogy that reflects our diverse communities.
- **Beth Resnick, DrPH, MPH; Assistant Dean for Practice and Training.** Resnick works closely with the BSPH vice dean for Public Health Practice and Community Engagement to provide strategic vision, leadership and oversight of practice- and training-related initiatives and overall integration of practice into the BSPH's work.
- **Joshua M. Sharfstein, MD; Vice Dean for Public Health Practice and Community Engagement.** Sharfstein oversees the BSPH Office of Public Health Practice and Training, SOURCE (the community engagement and service-learning center) and graduate medical education in Preventive Medicine and Occupational Health.
- **Katherine Clegg Smith, PhD; Vice Dean for Faculty.** Smith is responsible for initiatives to enhance the BSPH faculty experience, maximize productivity, and promote retention. She oversees new faculty orientation, professional development, and skill-building, ensuring adequate mentoring and implementing networking opportunities to foster collaboration and a culture of inclusiveness at all stages of faculty life.
- **Michael Ward, MEd; Associate Dean for Enrollment Management and Student Affairs.** Ward is responsible for the BSPH Student Affairs Office, including Student Life, the Admissions Office, Financial Aid, Career Services and Records and Registration.

2. Describe educational objectives and learning outcomes appropriate to the rigor, breadth and (modality) of the program.

a) Educational Objectives:

The DrPH concentration in Indigenous Health will prepare professionals for leadership positions focused on the health of Indigenous people. Students will learn to apply ethical principles, conceptual frameworks and models, and multidisciplinary perspectives to address Indigenous health. The curriculum covers: [1] the intergenerational impact of colonization on Indigenous health, [2] strategies and frameworks for promoting the health of Indigenous people and communities, and [3] generating and translating knowledge to advance Indigenous health programs and policies.

b) Student Learning Outcomes:

Upon completion of the program, students will be able to: [1] Evaluate the intergenerational impact of colonization on the health of Indigenous people and communities; [2] Design and evaluate programs and policies that promote the health of Indigenous people and populations, [3] Incorporate Indigenous values and knowledge into the design and evaluation of population health programs and policies, [4] Critique Indigenous health principles and frameworks toward advancing the health of Indigenous people and communities, [5] Investigate conceptual and ethical frameworks and their usefulness for analysis of policies that impact Indigenous health at the local, regional, national, or global levels, and [6] Develop strategies to strengthen the social and political infrastructure for addressing the health needs of Indigenous populations in the US and around the globe.

3. Explain how the institution will:

a) Provide for assessment of student achievement of learning outcomes in the program

BSPH's Center for Teaching and Learning has a staff of Instructional Designers that assist faculty in the design and delivery of their courses. These Instructional Designers assist the faculty in preparing learning assessments (projects, papers, exams) that are linked to the program and course learning objectives. These assessments are graded by the instructors and the students' grades reflect their knowledge of the matter.

b) Document student achievement of learning outcomes in the program

Assignment grades are kept in a gradebook in the BSPH's learning management system, CoursePlus. For each course, grade distributions are shared with the department chairs and the BSPH Committee on Academic Standards (CAS). If learning outcomes are not met in a given year, the program is expected to address these issues for the next offering.

Qualitatively, on a scale of 4.0, doctoral students must maintain a minimum cumulative GPA of 3.0. Students with a GPA falling below that limit will be placed on academic warning and will have one term of registration in which to raise their GPA above the threshold for their degree. Students not meeting the minimum GPA after one term may be granted additional term(s) on academic warning if academic progress has been shown in the cumulative GPA; approval beyond one term must be reported to the BSPH Committee on Academic Standards. Students on academic warning must meet with their academic advisor and program director (or academic coordinator) each term to review their academic plan and receive approval for their course schedule prior to registering for courses. Students with a cumulative GPA below the minimum may not register for more than 18 credits per term. Any repeated courses count towards this 18-credit limit.

4. Provide a list of courses with title, semester credit hours and course descriptions, along with a description of program requirements

DrPH Program Requirements. Students apply to and matriculate into one of 11 areas of study. Applicants must have a minimum of 3 years of relevant work experience and possess an MPH or equivalent master's degree. Students must complete foundational coursework in biostatistics and epidemiology, either before or after matriculation.

The DrPH program provides students with a multi-faceted framework enabling them to become public health leaders equipped to confront the world's most pressing public health challenges. The program is built around a set of learning objectives and foundational competencies that all students must attain through their foundational coursework. Students also complete coursework that enables them to attain competencies outlined by their specific area of study. Additional program requirements include: [1] the DrPH practicum (100 hours of applied public health work), [2] a comprehensive written

examination, [3] a dissertation proposal, and [4] a completed dissertation. Dissertation proposal development culminates in a Preliminary Oral Examination (POE), after which students progress to candidacy. Dissertation research culminates in a Final Oral Examination (FOE). Students must complete at least 64 credits. Of those 64 credits, at least 30 are earned through foundational coursework, at least 27 are earned through coursework in their specific area of study, and at least 7 are earned from dissertation proposal development and dissertation research. All required DrPH courses are offered online, and the vast majority are asynchronous with some synchronous meetings.

Foundational Coursework. During their first year, students are required to take “DrPH First-Year Seminar I-IV” (i.e., 550.611, 550.612, 550.613, 550.614) and problem-solving seminars. Problem-solving seminars offer the opportunity to achieve DrPH foundational competencies (as outlined by CEPH), while learning about today’s most pressing public health challenges (**Table 1**). The seminars cover topics such as gun violence, drug overdose, climate change and health, and antimicrobial resistance. Students are required to take one problem-solving course each term, for a total of 4. All problem-solving seminars are 3 credits.

Table 1. Problem-Solving Seminars

Problem-Solving 1 Selective (Students must complete one course)	
410.621	The Opioid Crisis: Problem Solving Seminar
224.630	Food Systems for Health Problem Solving Seminar: Lessons from American Indian Communities
180.641	Climate Change and Public Health Problem Solving Seminar: Global Challenges and Solutions for Mitigation, Adaptation, and Sustainability
Problem-Solving 2 Selective (Students must complete one course)	
380.633	Promoting Equity for Adolescents and Emerging Adults: Problem-Solving Seminar
221.690	Strengthening Primary Health Care Across the World: Problem Solving Seminar
Problem-Solving 3 Selective (Students must complete one course)	
221.630	Tackling the Intersectoral Challenge of Antimicrobial Resistance: Problem Solving Seminar
330.675	Suicide Prevention: Problem Solving Seminar
330.607	Prevention of Mental Disorders: Public Health Interventions
380.777	Global Population Change and Local Public Health Needs: Problem Solving Seminar
Problem-Solving 4 Selective (Students must complete one course)	
340.610	The One Health Approach to Epidemiology and Global Public Health: Problem Solving Seminar
223.630	The Practice of Public Health Through Vaccine Case Studies: Problem Solving Seminar
301.650	Crafting Effective Solutions to Gun Violence: Problem Solving Seminar

Professional skills courses in communications, leadership, teaching and learning, and strategic planning are also required (**Table 2**). Students select one course from several options for leadership and communications, and complete required courses in strategic planning and teaching and learning. Students must complete one of these data analysis series, i.e., qualitative methods, quantitative methods, or mixed methods (**Table 3**). Students must earn at least 6 credits in data analysis. “DrPH Proposal Planning Seminar I-III” (i.e., 550.620, 550.621, 550.622) is a 1-credit, multiple-term, course that assists students in mastering skills related to study design, provides a foundation for writing dissertation proposals, and facilitates the transition between coursework and proposal development.

Table 2. Professional Skills Courses

	Credits
Communications Selective (Students must complete one course)	
308.604 Effective Writing for Public Health Change	3
308.701 Media Interviews and Applied Public Health Communications	3
410.651 Health Literacy: Challenges and Strategies for Effective Communication	3
300.650 Crisis and Response in Public Health Policy and Practice	3
260.715 Unleash Your Writing Superpower: Crafting Clear, Concise and Persuasive Prose	3
Leadership Selective (Students must complete one course)	
312.700.89 Leading Organizations	3
221.636.79 High Performing Organizations in LMIC Settings	3
221.607.73 Essential Skills for Women's Leadership in Global Health	3
221.607.78 Essential Skills for Women's Leadership in Global Health	3
Teaching & Learning	
300.750 Teaching, Learning and Leading – in the Classroom, in the Workplace and in the Community	3
Strategic Planning	
312.720 Designing a Strategic Plan	2

Table 3. Data Analysis Series

	Credits
Quantitative Methods (Students must complete one sequence)	
<i>Statistical Reasoning</i>	
140.613 Data Analysis Workshop I	2
140.614 Data Analysis Workshop II	2
140.620 Advanced Data Analysis Workshop	2
<i>Statistical Methods</i>	
140.622 Statistical Methods in Public Health II	4
140.623 Statistical Methods in Public Health III	4
Qualitative Methods (Students must complete one sequence)	
<i>Qualitative Methods in Global Health</i>	
224.690 Qualitative Research Theory and Methods	3
224.691 Qualitative Data Analysis	3
<i>Introduction to Qualitative Methods</i>	
410.618 Using Software in Qualitative Research and Analysis	1
410.671 Introduction to Qualitative Research Methods	3
410.673 Introduction to Qualitative Data Analysis for Public Health	2
Mixed Methods	
Quantitative Methods: 140.613 & 140.614, or 140.622	4
Qualitative Methods: 224.690 & 224.691, or 410.618, 410.671, & 410.673	6
Mixed Methods: 330.621	2

Courses in the AoC in Indigenous Health Curriculum. A full course listing, with course titles, credits and descriptions, is provided in Appendix A. Students complete a minimum of 27 credits of coursework in the concentration. The curriculum includes: [1] a concentration seminar and 3 required courses that cover Indigenous health and conceptual frameworks for addressing Indigenous health; [2] a selective on Indigenous health policy; [3] a selective on design and implementation of strategies to address Indigenous Health; [4] a selective on Indigenous health research and evaluation methods; and [4] at least two electives. All required courses (including selectives) are offered online, and the vast majority are asynchronous with some synchronous meetings.

Table 4. Courses in the Indigenous Health Concentration (27 Credits Total)

Number	Course Title	Credits
Required Courses		
224.605	Indigenous Health I	2
224.705	Indigenous Health II	3
224.642	Indigenous Leadership & Ethics	2
220.865	Concentration Seminar in Indigenous Health	1
Selective: Indigenous Health Policy (Students must complete one)		
221.669	American Indian Health Policy	2
318.623	Social Policy for Vulnerable Population in the United States	3
224.641	Legal and Historical Basis of American Indian Health Policy	2
410.619	Social Justice: Policy, Practice, and Research	4
Selective: Design and implementation of strategies (i.e, programs, policies, and services) to address Indigenous Health (Students must complete one)		
224.643	Case Studies in Indigenous Health	3
221.665	Early Childhood Intervention in Tribal Communities	2
224.706	Indigenous Health Program Design	3
221.664	Prevention of Unintentional Injuries in American Indian Communities	2
410.679	Decoloniality and Global Health Communication	3
Selective: Indigenous Health Research and Evaluation Methods (Students must complete two)		
224.640	Indigenous Evaluation Frameworks	2
224.708	Indigenous Research Methods	3
224.707	Tribally Driven Research Frameworks	3
221.672	Introduction to Data Management Using American Indian Health Data	2
221.670	Collecting, Analyzing, and Using Public Health Data in Native American Communities	3
221.666	Introduction to American Indian Health Research Ethics	2
221.671	Introduction to Quantitative and Qualitative Research for American Indian Health	2

Table 4, continued. Courses in the Indigenous Health Concentration (27 Credits Total)

Electives (Students must complete two)		
221.667	An Interdisciplinary Approach to Understanding the Health of Native Americans	3
221.673	Mental Health in American Indian Communities	2
224.612	Indigenous Perspectives on Environmental Health	2
221.654	Systems Thinking in Public Health: Applications of Key Methods and Approaches	3
410.864	Critical Issues in Health Disparities	2
340.667	Health Equity Research Methods to Address Social Determinants of Health	3
221.663	Globalization and Health: Framework for Analysis	3
221.617	Behavioral Economics in Health Decision Making	2
223.680	Global Disease Control Programs and Policies	4
410.635	Applications of Innovative Methods in Health Equity Research	2
410.679	Decoloniality and Global Health Communication	3
180.626	Environmental Justice and Public Health	3
185.600	One Health Tools to Promote and Evaluate Healthy and Sustainable Communities	3
180.600	Public Health Implications of Health as a Human Right	2
312.603	Fundamentals of Budgeting and Financial Management	3
380.611	Fundamentals of Program Evaluation	4
410.671	Introduction to Qualitative Research Methods	3
410.673	Introduction to Qualitative Data Analysis for Public Health	2
410.618	Using Software in Qualitative Research and Analysis	1
224.690	Qualitative Research Theory and Methods	3
224.691	Qualitative Data Analysis	3
330.650	Methods in Implementation Science	3
380.663	Gender-Based Violence Research, Practice and Policy: Issues and Current Controversies	3
700.622	Bioethics, Human Rights, and Global Health	3
380.604	Life Course Perspectives on Health	4
410.683	Global Perspective on LGBT Health	3
410.605	Fundamental Tools for Promoting Health Equity	3
180.625	Community-driven Epidemiology and Environmental Justice	3

5. Discuss how general education requirements will be met, if applicable.

Not applicable.

6. Identify any specialized accreditation or graduate certification requirements for this program and its students.

Not applicable.

7. If contracting with another institution or non-collegiate organization, provide a copy of the written contract.

Not applicable.

8. Provide assurance and any appropriate evidence that the proposed program will provide students with clear, complete, and timely information on the curriculum, course and degree requirements, nature of faculty/student interaction, assumptions about technology competence and skills, technical equipment requirements, learning management system, availability of academic support services and financial aid resources, and cost and payment policies.

BSPH's CoursePlus system <https://courseplus.jhu.edu/core/index.cfm/go/home/> contains all the course offerings including a course description, requirements, nature of faculty/student interaction, assumptions about technology competence and skills, and technical equipment requirements. These details are listed on the syllabus for a course. The program handbook and all other program related information (e.g., degree requirements, learning management systems, academic support, financial aid, records, and policies) are provided to DrPH students through the BSPH intranet site.

9. Provide assurance and any appropriate evidence of advertising, recruiting and admissions materials will clearly and accurately represent the proposed program and the services available.

The BSPH website (publichealth.jhu.edu) contains the same marketing, recruiting and admission materials that are used in print. The Office of Academic Affairs holds responsibility for ensuring that advertising, recruitment, and admissions information accurately represents programs with regard to requirements, tuition, leadership, accreditation status, and other information.

H. Adequacy of Articulation

Not applicable.

I. Adequacy of Faculty Resources (as outlined in COMAR 13b.02.03.11)

1. Provide a brief narrative demonstrating the quality of program faculty. Include a summary list of faculty with appropriate type, terminal degree title and field, academic title/rank, status, (fulltime, part-time, adjunct) and the course(s) each faculty member will teach (in this program).

See Appendix B for a representative list of faculty who will teach in the proposed program. All of the faculty are distinguished and experienced professionals and all have advanced degrees, many with multiple doctorates. Greater than 90% of the faculty are full time. They have produced leading Indigenous Health research while continuing to generate path-breaking scholarship, educating the next generation of leaders within the fields of health policy, infectious disease, environmental health, behavioral health, violence and injury prevention, food systems, and more. The majority of the faculty have research programs funded by international and nongovernment agencies as well as the U.S. government. Together, hundreds of manuscripts have been published in peer reviewed journals by the faculty who are teaching in our program. Program faculty have also served on committees that are responsible for funding, regulation, and education. Overall, many are considered to be the leading experts in their field of study.

2. Demonstrate how the institution will provide ongoing pedagogy training for the faculty in evidenced-based best practices, including training in a. Pedagogy that meets the needs of students, b. the learning management system and c. Evidenced-based best practices for distance education, if distance education is offered:

The BSPH Center for Teaching and Learning (CTL) supports faculty in the design, development and delivery of courses and supports the teaching experience. CTL offers workshops and 1:1 faculty consultations on topics such as designing CoursePlus sites. Some of the topics covered in workshops include: Using Case Studies and Case Examples, Getting the Most Out of Your Live Talk, Using the Course Management System, and Authentic Assessment. CTL has a staff of Instructional Designers that are assigned to faculty developing or teaching a course. Instructors receive direct support and guidance from the instructional designer and the multimedia staff, which may take the form of course design, course production support, and audio and video recording support. CTL supports faculty in the refinement of the course by updating content and the quality of the students' educational experience.

J. Adequacy of Library Resources (as outlined in COMAR 13B.02.03.12)

1. Describe the library resources available and/or the measures to be taken to ensure resources are adequate to support the proposed program.

The book collections at the Johns Hopkins University number almost two and one-half million volumes, selected to support the studies of all departments and divisions of the University. The William H. Welch Medical Library collects current scholarly information, primarily electronic, which supports the research, clinical, administrative, and educational needs of its clients. The collection covers health, the practice of medicine and related biomedical and allied health care disciplines, public health and related disciplines, nursing, research literature, methodological literature, reviews or state-of-the-art reports, and in-depth, authoritative analyses of areas influencing biomedicine and health care. The library's emphasis is on providing materials at point of need. As a result, the collection includes more than 7,200 electronic journals, more than 400 databases, and more than 13,000 e-books. The library has staff members assigned to each department to aid in research and best practices for library services.

K. Adequacy of Physical Facilities, Infrastructure and Instructional Equipment (as outlined in COMAR 13B.02.03.13).

1. Provide an assurance that physical facilities, infrastructure and instruction equipment are adequate to initiate the program, particularly as related to spaces for classrooms, staff and faculty offices, and laboratories for studies in the technologies and sciences. If the program is to be implemented within existing institutional resources, include a supportive statement by the President for adequate equipment and facilities to meet the program's needs.

BSPH has 26,567 square feet of classroom and student study space. Each classroom has a computer and LCD projector. BSPH has robust student support services, including a fully staffed information technology team and over 1000 computers located in computer labs and throughout main buildings for student use. The central computing resource for BSPH, the Office of Information Technology (IT), provides students with reliable computing infrastructure, location, and device independence, and critical software tools. Additionally, an enterprise service desk offers support for faculty, staff, and students. Assistance is provided over various channels, including phone, desktop, and FIPS 140-2 compliant remote-control support. Customer satisfaction is monitored and benchmarked against other higher educational institutions and industries. For this program, no additional facilities, infrastructures or laboratory or computer resources will be required.

2. Provide assurance and any appropriate evidence that the institution will ensure students enrolled in and faculty teaching in distance education will have adequate access to: a) an institutional electronic mailing system, and b) a learning management system that provides the necessary technological support for distance education.

All JHU students receive an Office 365 account including email capabilities (built on Outlook Live), as well as 25GB of online storage, and collaboration, blogging, photo-sharing, event-planning, instant messaging, and other tools. The email account is accessible from a variety of browsers on both the PC and Mac, including full support for Internet Explorer, Firefox, and Safari.

Courses can be taken through BSPH's CoursePlus learning management system. These technologies are supported by the Center for Teaching and Learning (CTL) and the university's IT infrastructure and provide password-protected online course sites and community management systems that enable ongoing collaborative exchange and provide convenient channels for synchronous and asynchronous learning. Johns Hopkins University is also equipped with suitable technical and professional staff and a help desk to provide technical assistance to the students taking online courses. All of the student services such as application processes, course registration, bookstore, ID service, and advising are currently provided online as well.

L. Adequacy of Financial Resources with Documentation (as outlined in COMAR 13B.02.03.14)

See Appendix C for detailed financial information.

M. Adequacy of Provisions for Evaluation of program (as Outlined in COMAR 13B.02.03.15)

1. Discuss procedures for evaluating courses, faculty and student learning outcomes.

As part of the program design and approval process, student learning outcomes and assessments have been aligned with the academic goals of BSPH and approved by the DrPH Executive Committee and BSPH's Committee on Academic Standards. Student course evaluations, conducted at the end of each term, provide feedback about both courses and faculty. The evaluations include questions addressing the course overall, the instructor and the assessments of learning.

The DrPH Curriculum Subcommittee (which includes Dr. Donald Warne and Dr. Faye McMillan) will meet annually to assess course evaluations and other feedback provided by students, faculty, and other stakeholders in the program. Program level evaluation activities will include an annual assessment of program inputs, processes and outputs to generate a report on program applicants and admitted students, course enrollment, faculty participation, pedagogical innovations and program accomplishments/recognition.

Evaluation of student learning and achievement will focus on the early identification of students' goals/objectives and individualized learning outcomes; students' acquisition of knowledge and skills and the degree to which the program is fostering students' achievement of the degree competencies. The Educational Program Committee in the International Health department reviews student course evaluations and will reach out to program faculty when problems arise.

The program committee also reaches out to the dissertation advisor for evaluations. Adjustments to the program will be made accordingly. Finally, post-degree professional and academic accomplishments of graduates will also be tracked.

2. Explain how the institution will evaluate the proposed program’s educational effectiveness, including assessments of student learning outcomes, student retention, student and faculty satisfaction, and cost effectiveness

Educational effectiveness (e.g., student learning outcomes, student retention, satisfaction, and cost effectiveness) and performance will be routinely monitored by the DrPH Program Chair, the DrPH Program Deputy Chair (who leads the DrPH Curriculum Subcommittee), and the Executive Vice Dean for Academic Affairs. The procedures that will be used to evaluate these matters are noted above, in Section M 1. The DrPH Program Chair and Executive Vice Dean for Academic Affairs share regular reports of program performance with the BSPH Dean and other leaders at BSPH. As appropriate, corrective action plans will be initiated by the DrPH Program Chair, with support from the DrPH Program Deputy Chair and the DrPH Curriculum Subcommittee. The procedures that will be used to evaluate these matters are noted in section M.1. The department Chair, working closely with administrative staff and the BSPH Associate Dean for Education, will routinely evaluate performance and initiate corrective action plans, if necessary.

N. Consistency with the State’s Minority Student Achievement Goals (as outlined in COMAR13B.02.03.05).

1. Discuss how the proposed program addresses minority student access & success, and the institution’s cultural diversity goals and initiatives.

Any student meeting the DrPH admissions requirements can apply to the Concentration in Indigenous Health. The Concentration and Program will work to help all accepted students improve their competitiveness in their workplace and reach their professional goals. Consistent with the State’s minority student achievement goals, the planned concentration emphasizes training of Indigenous students and faculty have expertise in that cultural diversity as well as a high degree of cultural competence.

As stated in the “IDARE Action Plan,” BSPH has a goal to “ensure the curriculum across all departments and programs is representative and inclusive of diverse populations, especially those who have been traditionally excluded or marginalized.” The proposed concentration is well-aligned with that goal. Additionally, BSPH endeavors to: [1] Ensure a sense of belonging for all students and reduce the threat of stereotyping by developing and widely disseminating a guide to increase diversity, inclusivity, and anti-racism in the classroom, [2] Incorporate in course evaluations questions regarding attention paid to diversity, inclusivity, anti-racism, and equity in the classroom climate and curriculum, and [3] Ensure all courses created meet the University guidelines for accessibility. Responsibility for these endeavors is shared across BSPH, with specific units taking a lead role (i.e., the IDARE Committee, the IDARE Subcommittee on Education, and the Office of Academic Affairs).

O. Relationship to Low Productivity Programs Identified by the Commission:

1. If the proposed program is directly related to an identified low productivity program, discuss how the fiscal resources (including faculty, administration, library resources and general operating expenses) may be redistributed to this program.

Not applicable. The proposed concentration is the first of its kind and does not significantly overlap with the curriculum, student population, or intended outcomes of a previously identified low productivity program.

P. Adequacy of Distance Education Programs (as outlined in COMAR 13B.02.03.22)

1. Provide affirmation and any appropriate evidence that the institution is eligible to provide Distance Education.

The institution is approved by its institutional accreditor to offer distance education programs. (Please see Statement of Accreditation Status at <https://www.msche.org/institution/0168/>). BSPH has decades of experience administering successful online courses and programs. This program will be supported in the same way our other programs are supported. BSPH's Center for Teaching and Learning (CTL) has the instructional knowledge and staff to support our faculty and successful student learning. CTL has a history of developing the highest-quality multimedia learning content thanks to the exemplary communication that comes from a close relationship with faculty and other subject matter experts, as well as a finely honed production process. Services include project management that extends to audio and video producers, audio editors, technical writers, medical illustrators, and quality control specialists. Our "recording talent" coaching, creativity and artistry, technical writing and audio editing, plus other masteries result in elegant, accessible, and meaningful communications that are an essential part of the rich and inspiring learning environment at BSPH.

2. Provide assurance and any appropriate evidence that the institution complies with C-RAC guidelines, particularly as it relates to the proposed program:

a) Online learning is appropriate to the institution's mission and purposes:

The mission of Johns Hopkins University is to "educate its students and cultivate their capacity for life-long learning, to foster independent and original research, and to bring the benefits of discovery to the world." An online delivery format is not just appropriate, but truly a critical requirement of disseminating knowledge to students who are unable to travel to the Baltimore campus. Also refer to Section A.1 of this proposal.

b) The institution's plans for developing, sustaining, and if appropriate, expanding online offerings are integrated into its regular planning and evaluation processes.

BSPH has fully embraced online education and plans for developing, sustaining, and expanding online offerings are fully integrated into the academic operations of BSPH. All academic programs, both online and residential, report to the Executive Vice Dean for Academic Affairs. Maintenance and growth of online education at BSPH is part of our strategic plan.

BSPH has a commitment to online teaching as demonstrated by the resources of its Center for Teaching and Learning (CTL), which provides course development, instructional, and technical support to new and current faculty. Their instructional design (ID) team collaborates with faculty and subject matter experts in designing world-class courses and other educational opportunities built to reach and engage learners. The team also works with other course facilitators, content editors, and teaching assistants in the pedagogical and technological aspects of delivering this education primarily through CoursePlus. Collaborating with our faculty, program and department staff, BSPH administration, and the other teaching and learning centers at Johns Hopkins University, BSPH IDs provide professional development while keeping abreast of evidence-based evolutions in teaching and learning, including instructional technology advancements, accreditation requirements, and the changing student population.

c) Online learning is incorporated into the institution's systems of governance and academic oversight.

At BSPH, any new proposed academic program is subjected to a review by the BSPH Committee on Academic Standards, a faculty body with representation from all departments and schoolwide

programs. If approved by the Committee on Academic Standards, the proposal is then forwarded to the BSPH Advisory Council, comprised of BSPH leadership and Department Chairs, for review and approval. Once approved at the School level, new programs must be approved by Johns Hopkins University, which reviews new online program proposals using the same systems of governance and academic oversight as for new on-site programs. Before being shared with the deans of all JHU academic divisions, all proposals must first undergo a review by internal academic bodies, including discussions of fit with the BSPH mission, program viability, program rigor, instructor quality, and redundancy with existing programs. Once a program is launched, its courses will enter the course evaluation system. Students in all BSPH courses complete a course evaluation. These evaluations ask students to reflect on the course structure, the course content, and the instructor's performance. Summary reports are reviewed by the instructor, the DrPH Curriculum Subcommittee, and the Chair of the academic department that offers the course to determine whether changes are necessary.

d) Curricula for the institution's online learning offerings are coherent, cohesive, and comparable in academic rigor to programs offered in traditional instructional formats.

The courses in the DrPH foundational curriculum and the proposed curriculum for Indigenous Health are coherent, cohesive, and comparable in academic rigor to programs offered in traditional instructional formats. All online courses adhere to CTL's course development process with support from experienced instructional designers. Online coursework follows well-established curriculum development standards, tailoring delivery methods, content, and assessments to learning objectives.

The concentration courses are appropriately sequenced to ensure students have an adequate background to be successful in courses that are required later in the program. New courses are evaluated for academic rigor, with the same standards applied to online and traditional courses. Faculty teaching in online courses are required to follow the same guidelines for instructional time per credit as for in-person courses.

The courses for this program may be taken in traditional format or online. The program is composed of courses that are appropriately sequenced to ensure students have adequate background for courses that are required later in the program.

All online courses adhere to CTL's course development process with support from experienced instructional designers. Online coursework follows well-established curriculum development standards, tailoring delivery methods, content, and assessments to learning objectives. The electronic portfolio will be used to assess students' achievement of program competencies.

e) The institution evaluates the effectiveness of its online learning offerings, including the extent to which the online learning goals are achieved, and uses the results of its evaluations to enhance the attainment of the goals.

As part of the online course design process, course assessments are required to be aligned with stated courses learning objectives. The proposed program will incorporate authentic assessments that demonstrate students' application of learned skills. Program faculty have experience with developing individual and collaborative assessments for measuring the acquisition of relevant knowledge and skills through online learning.

BSPH evaluates the quality of all academic programs, including online offerings. Oversight for courses in the DrPH foundational and concentration curricula is coordinated by the Executive Vice Dean for Academic Affairs in collaboration with the chair of the academic department that offers the course, the Committee on Academic Standards, the DrPH Curriculum Subcommittee, and course instructors. Each course is evaluated by students at the end of the course, and results of course evaluations are reviewed by course faculty and the DrPH Curriculum Subcommittee.

f) Faculty responsible for delivering the online learning curricula and evaluating the students' success in achieving the online learning goals are appropriately qualified and effectively supported.

Online programs are supported by CTL, which offers a number of opportunities and resources for faculty instructors and teaching assistants to become more familiar with online teaching and best pedagogical practices. In addition to maintaining an extensive catalog of resources on teaching and learning via an online Teaching Toolkit, CTL regularly offers events, workshops, and one-on-one office hours to introduce and provide updates on the latest advances in teaching technology and pedagogy. Prior to teaching their first courses, all new online instructors are required to participate in training that conveys, among other things, principles of best practices for online education.

The Bloomberg School of Public Health, through CTL, maintains an innovative learning management system (Course Plus) and provides faculty support and training for online education through a staff of more than 30 individuals who specialize in instructional design, audio production, technical writing, web development, production management and quality control. The DrPH Program has a dedicated CTL member, Kathy Gresh, who supports courses in the DrPH foundational and concentration curricula.

g) The institution provides effective student and academic services to support students enrolled in online learning offerings.

BSPH maintains numerous web-based resources to inform prospective students on the information they may need as an online student. These resources include the BSPH website (publichealth.jhu.edu) and the Course Catalog (publichealth.jhu.edu/courses). These resources offer detailed programmatic information, academic support services, financial aid, costs, policies, etc. and specific information for online learning. As new online students are admitted and enrolled, they receive timely emails with important information to help them prepare to become an online student. These emails include information on technical requirements, available academic support services, and a required preparatory course (Introduction to Online Learning) for new online students. Students at BSPH who are in distance-based programs have full access to academic support services, as summarized below.

Advising from faculty and program staff. All students are assigned a faculty advisor when accepted. Students work individually with the faculty advisor to develop a course of study that meets the requirements of the program and the career goals of the student. Faculty advisors play a critical role in supporting students in their practica and dissertation research. Additionally, students work with a designated program advisor from admission to graduation. The program advisor is the student's primary point of contact for the program and tracks the student's completion of program require milestones. The program advisor regularly contacts the students to check progress and answer questions.

Library access. Students have online access to all University library services, including the William H. Welch Medical Library and the Milton S. Eisenhower Library. The interlibrary loan department allows students access to resources at any other university in the nation. The University's library system provides easy access to a wide selection of electronic information resources, including an online catalog, and numerous electronic abstracting and indexing tools. Many of the databases are accessible remotely. Librarians are available to assist students remotely and the library maintains an extensive web site to take visitors through all its services and materials.

Offices at Johns Hopkins University and BSPH. The Office of Student Disability Services (SDS) at Johns Hopkins University is committed to making all academic programs, support services, and facilities accessible to qualified individuals. Students who require accommodations have access to a BSPH SDS staff member who can support them. The Office of Career Services at BSPH helps students, alumni, faculty, staff, and employers navigate the world of public health jobs. Through the University Office of Student Enrollment and Account Management, students register for courses, view grades, and access unofficial transcripts. Official transcripts will be mailed upon request of the student at minimal charge.

Student IDs. The University issues each student a Johns Hopkins Enterprise ID (JHED ID) and the School issues a BSPH ID. The JHED ID grants students a JHU email address and secure access to many online services including course registration, bill payment, official grades, library services, and the online learning management system, CoursePlus. Students are also issued a BSPH ID that provides access to the School's intranet (my.publichealth.jhu), where students can locate additional resources including research and administrative tools as well as the BSPH policy and procedures manual.

h) The institution provides sufficient resources to support and, if appropriate, expand its online learning offerings.

BSPH has a commitment to online teaching as demonstrated by the resources of its Center for Teaching and Learning, which provides course development, instructional, and technical support to new and current faculty. See Appendix C for detailed financial information regarding the proposed program. If additional sections of a courses are needed to support the program, the department will offer an additional section.

Each year during the budget development period, additional resources such as faculty, staffing, teachings assistants and other instructional needs are taken into consideration with program growth. In turn, the CTL will devise budgets to increase personnel for the following fiscal year if needed to support the online course growth.

i) The institution assures the integrity of its online offerings.

The Higher Education Opportunity Act (HEOA) enacted in 2008 requires that an academic institution that offers distance education opportunities to students 1) has a process established to verify that the student who registers is the same student who participates in and completes the offering and receives academic credit for it, 2) has a process established to verify that student privacy rights are protected, and 3) has a process established that notifies the student about any additional costs or charges that are associated with verification of student identity. In BSPH programs, the following actions have been taken to satisfy these requirements: 1) students may only enter the academic website for the online courses they take by providing the unique student ID and password assigned after admission, 2) all FERPA privacy rights are preserved by limiting access very specifically in the University student information system to only those permitted by law to have access to restricted student information, and 3) there are no additional costs assessed to the student for the measures we use to verify student identity. Email communications to students from BSPH faculty and staff use only the University-assigned email address, which requires login and multi-factor authentication.

As referenced, all new BSPH students are enrolled in a mandatory Academic Ethics and Research course -- a zero-credit, zero-tuition course that is geared towards helping students avoid behaviors linked to plagiarism, cheating and other violations of academic integrity.

Appendix A

Course List and Descriptions DrPH Concentration in Indigenous Health

224.605 Indigenous Health I (2 credits)

Examines Indigenous Health through a public health lens. Critically evaluates the historical, social, cultural, and political determinants of Indigenous health utilizing various Indigenous theoretical frameworks. Provide students with an understanding of Indigenous research methodologies and prevention/interventions programs employed to promote and strengthen the overall health status of Indigenous populations globally.

Prerequisite: None

224.705 Indigenous Health II (3 credits)

Indigenous Health II applies epistemologies introduced in Indigenous Health I toward solving current public health challenges. This course provides opportunities to practice critical thinking about interdisciplinary Indigenous models relating the social, economic, and environmental determinants of health. By the end of this class students will develop skills in writing, literature analysis of the contemporary Indigenous health landscape, presenting on context-specific solutions (wise practices), and a planetary health perspective. This course prepares students to lead in public health spaces with Indigenous approaches to resolving and improving health outcomes globally.

Prerequisite: Indigenous Health I (224.605)

224.642 Indigenous Leadership & Ethics (2 credits)

This course introduces students to the principles of public health leadership. Specific areas include the historic and evolving relationships among diversity, culture, and leadership through an Indigenous lens. Various materials including chapters from the text “Restoring Indigenous Leadership” will be explored to provide students with real cases and solutions. Lectures, media, and readings from Indigenous leaders working in the field provide students with access to experts in areas of healthcare administration, health policy, and other spaces. Students interact with literature, tools, and frameworks that provide practical skills and knowledge for ethical leadership in Indigenous and mainstream arenas.

Prerequisite: None

221.669 American Indian Health Policy (2 credits)

Examines the historical, social, political, legal and economic factors and values that have influenced the development and implementation of health policy pertaining to American Indian and Alaska Natives. Focuses on the four substantive areas that form the analytic basis for many of the issues in health policy and management: economics and financing; need and demand; politics/ethics/law; and quality/effectiveness. Discusses the unique relationship between the U.S. federal government and American Indian tribes. Addresses key policy and advocacy issues impacting Tribal communities.

Prerequisite: None

318.623 Social Policy for Vulnerable Populations in the United States (3 credits)

Explores the social determinants underlying poor health outcomes among vulnerable populations in the U.S. and considers policy approaches to address those determinants. Explores examples of vulnerable populations including but not limited to groups facing extreme poverty, homelessness, serious mental illness, addiction, and disability. Examines definitions of vulnerability; the array of social determinants contributing to poor health outcomes among vulnerable populations in the U.S.; current U.S. social

policy approaches for vulnerable populations in the areas of healthcare, disability, poverty, housing, and criminal justice policy; and the politics of social policy in the US. Provides students with opportunities for integrating social policy concepts, theories, and frameworks through an in-depth analysis of the sources of vulnerability and related policy approaches to improve health and social outcomes in specific vulnerable populations.

Prerequisite: None

224.641 Legal and Historical Basis of American Indian Health Policy (2 credits)

This course provides a detailed overview of the unique policy issues that form the legal basis for provision of public health and healthcare services to American Indians and Alaska Natives (AI/ AN). In this course we explore the legal and historical basis for the provision of health services by examining laws, policies, and rights that impact AI/AN healthcare and develop policy solutions to improve outcomes.

Prerequisite: None

224.643 Case Studies in Indigenous Health (3 credits)

This course reviews case examples from Indigenous communities that are working effectively to overcome health inequities. These cases demonstrate unique approaches to exercising Tribal sovereignty and promotion of cultural strengths-based solutions by and for Indigenous Peoples. A key focus will be on analysis of how and why programs or interventions are working, and examples of how this knowledge has been shared to empower other communities. The case studies will cover topics such as model programs to address mental and behavioral health, infectious and chronic disease, economic empowerment, environmental advocacy, and tribal self-determination in health systems. By the end of this course students will gain critical perspective and case model analysis skills that can transfer to similar community contexts.

Prerequisite: None

221.665 Early Childhood Intervention in Tribal Communities (2 credits)

Examines a constellation of economic, social, historical and cultural challenges to American Indian families that potentially compromise optimal early child development. Reviews opportunities for tribal grantees to assess needs and develop early childhood intervention strategies funded through the Affordable Health Care Act. Explores methods and theoretical approaches to early childhood development and intervention research in tribal contexts. Considers optimal systems of early childhood care in low resource settings. Examines unique aspects of tribal research and culture, emphasizing the importance of community-based and community-engaged approaches.

Prerequisite: None

224.706 Indigenous Health Program Design (3 credits)

This course provides practical skills for community health program design in Indigenous populations. This course walks students through the process of developing a public health program from design to implementation, beginning with a proposal and ending with outcome measures and reporting. We will review applications of implementation science through an Indigenous lens. By the end of this class students will be able to organize the steps of program design, implementation, and evaluation through Indigenous worldview and for the unique needs of these populations.

Prerequisite: None

221.664 Prevention of Unintentional Injuries in American Indian Communities (2 credits)

Introduces the basic skills and knowledge required to address the injury burden in the Native American Community. Provides students with opportunities to practice these skills through application sessions, based upon the nine Core Competencies for Injury and Violence Prevention. Prepares students to enter a network of injury prevention colleagues with a specific interest in the prevention of injuries in the Native American community.

Prerequisite: None

224.640 Indigenous Evaluation Frameworks (2 credits)

Focuses primarily on Indigenous public health evaluation principles utilizing the American Indian Higher Education Consortium's Indigenous Evaluation Framework. The Indigenous Evaluation Framework utilizes both qualitative and quantitative methods, measuring experiences over time, and looks at what Indigenous communities have done and are doing from multiple perspectives including individual and communal experiences. The Indigenous evaluation process will be guided by key principles in the framework.

Prerequisite: None

224.708 Indigenous Research Methods (3 credits)

This course introduces Indigenous Research Methods utilizing seminal readings, case studies and investigations from around the world to demonstrate the specific methodologies that are appropriate for the transformative paradigm of research and the historical and cultural traditions of Indigenous populations. This course will provide preparation for public health leadership and research based in wise practices (evidence-based). Students develop their own positionality within the health research landscape and explore Indigenous conceptual frameworks from Indigenous epistemologies and ontologies. By the end of this course students will be able to recognize culturally responsive research agendas that prioritize community engagement, Indigenous knowledge systems and incorporating cultural protocols into research.

Prerequisite: None

224.707 Tribally Driven Research Frameworks (3 credits)

This course examines Tribally Driven Research Frameworks, which are generated through participatory research approaches. Community-Based Participatory Research (CBPR), community-engaged research (CEnR), Participatory Action Research (PAR), Collaborative Inquiry, and Practice-Based Research Networks are of interdisciplinary value both in scholarship and practice of public health, social work, community development, urban planning, education, nursing, sociology, anthropology. Increasingly, academic-community partnerships are at the forefront of improving health for vulnerable populations. It is an orientation to research and leadership, which transfers power, voice, and agency to the community. Students will be able to critically examine participatory approaches to research that generate Tribally driven knowledge and frameworks for research.

Prerequisite: None

221.672 Introduction to Data Management Using American Indian Health Data (2 credits)

Introduces Native American tribal health leaders, health professionals, health paraprofessionals, and others interested in Native American health concerns to the basic concepts of data management. Introduces students to basic principles and methods of data management using examples pertinent to American Indian health.

Prerequisite: None

221.670 Collecting, Analyzing, and Using Public Health Data in Native American Communities (3 credits)

Introduces Native American (NA) tribal health leaders, health professionals, health paraprofessionals and others interested in public health to the basic concepts of epidemiology and biostatistics. Designed for those who may not have previous formal training in epidemiology or biostatistics, but may be working or address tribal priorities for health care, or working/interested in clinical research or public health within tribal communities. Teaches participants how to collect, analyze and use community data to address public health problems. Participants are asked to work on datasets from tribal communities to apply the principles taught during the course. Individuals do not have to be Native American or work with NA communities to participate in the course since the concepts can be translated to many public health settings.

Prerequisite: None

221.666 Introduction to American Indian Health Research Ethics (2 credits)

Introduces students to the ethics of human subject research specific to working with American Indian communities. Also introduces ethical theory and principles, followed by a brief history of research ethics in Indian Country. Topics covered in lectures and moderated discussions include the importance of health research in Indian Country, informed consent for research participation, role and function of institutional and ethic review.

Prerequisite: None

221.671 Introduction to Quantitative and Qualitative Research for American Indian Health (2 credits)

Acquaints students with Indigenous research concepts and issues. Provides a basic overview of Indigenous research, community-based participatory research (CBPR), and quantitative and qualitative research methodologies and their application to research in Native communities. Examines practical issues in study design, conduct and analysis. Applies these methodologies in designing research studies to address health concerns in Native communities. Draws examples and assignments from indigenous community settings.

Prerequisite: None

221.667 An Interdisciplinary Approach to Understanding the Health of Native Americans (3 credits)

Explains different aspects of Indigenous health by exploring health and illness perceptions of Native American communities and considers approaches that are grounded in Traditional and Contemporary Indigenous Knowledge and supported by Western Research Methodology. Analyzes key health issues from the perspective of Native communities, and through the lens of various public health disciplines such as epidemiology, mental health, environmental health, policy, and sociology. Emphasizes serving Indigenous populations and empowering community-driven, culturally sensitive public health interventions.

Prerequisite: None

221.673 Mental Health in American Indian Communities (2 credits)

Focuses on 1) the history of mental health service delivery 2) current status of mental health problems, and 3) strategies for treatment and prevention interventions in American Indian (AI) communities. Examines differences between western and traditional AI approaches to mental health. Highlights public health concepts for the development and/or replication of successful treatment and prevention interventions. Explores ideas for long-term promotion of community mental wellness among reservation communities. Includes lectures from a variety of mental health experts with direct experience in Indian communities from a wide variety of disciplines and cultural orientations. Uses lectures, followed by class

discussions, to explore potential cultural, tribal-specific, regional, or universal approaches to address specific mental health disparities, mental health care delivery, and more general prevention.

Prerequisite: None

185.600 One Health Tools to Promote and Evaluate Healthy and Sustainable Communities (3 credits)

Teaches and applies tools and principles of One Health, which is the interface of human health, animal health and environmental health, to promote and evaluate healthy and sustainable communities. Covers methods central to the conduct of One Health research or programs, which includes study design, stakeholder participation, community engagement and program evaluation, and will cover topics of high relevance to One Health in a way that uses systems approaches and synthesis to join perspectives from the multiple disciplines. Includes drivers—such as the food system and antimicrobial resistance—that can contribute to or detract from the health and sustainability of communities. Presents methods in the context of applications such as policy, regulation, and economics and will connect One Health techniques for knowledge integration and other approaches to the design of healthy communities.

Prerequisite: Principles of Epidemiology (340.601) or Epidemiologic Methods 1 (340.751) or Epidemiologic Inference in Public Health (340.721) or equivalent course in epidemiology

180.600 Public Health Implications of Health as a Human Right (2 credits)

Explores the evolution and application of policy and legal remedies that promote respect for and protection of -internationally recognized- human rights in general and the protection & fulfillment offered through public health and health care access as a human right. Explores the creation of a culture of human rights and its application to health as a human right, focusing broadly on health as a human right using: a) human rights law & policy to enhance health programs, b. the impact of public health policies, programs and practices on human rights; and c. the health impacts of human rights violations. Discusses gross violations during conflict and insidious violations associated with the mistreatment of marginalized groups and individuals, including violence (broadly interpreted) may be included based on the stated interests of class participants.

Prerequisite: None

312.603 Fundamentals of Budgeting and Financial Management (3 credits)

Provides students with an understanding of budgeting as an important management tool. Focuses on budget development, evaluation of the financial status of a department or operating unit and the ability to determine what, if any, corrective actions need to be taken. Includes strategies for measuring and reporting skills. Considers the analytical tools used to support evaluation and decision-making including; volume adjusted variance analysis, benefit-cost ratio analysis, breakeven analysis, process flow analysis, benchmarking, and methods for building cost standards.

Prerequisite: None

380.611 Fundamentals of Program Evaluation (4 credits)

Familiarizes students with different types of program evaluation, including formative research, process evaluation, impact assessment, cost analysis, and theory-based evaluations. Gains practical experience through a series of exercises involving the design of a logic model, selection of indicators and data sources, and the design of an evaluation plan to measure both a process and impact evaluation. Covers experimental, quasi-experimental, and non-experimental study designs, including the strengths and limitations of each.

Prerequisite: None

410.671 Introduction to Qualitative Research Methods (3 credits)

Introduces students to qualitative research methods applied to the investigation of public health issues. Explores the theoretical underpinnings of qualitative research, factors that influence the utility of a qualitative approach, and ethical considerations in qualitative research. Focuses on the qualitative interview and provides an overview of the practical skills and tools required for conducting qualitative interviews and analyzing qualitative data.

Prerequisite: None

410.673 Introduction to Qualitative Data Analysis for Public Health (2 credits)

Introduces students to the analysis of interview and focus group data collected as part of qualitative public health research. Explores distinct analytic approaches and traditions, and compares the strengths and weaknesses of different analytic paradigms for different research questions. Introduces computer software for coding and managing data using freely available online demonstration of various software packages. Presents both theoretical and practical dimensions of qualitative data analysis. Emphasizes hands-on learning activities within the classroom to practice and apply concepts learned through readings, lectures, and discussion. Develops skills to conceptualize an analytic plan for qualitative data for future research.

Prerequisite: Introduction to Qualitative Research Methods (410.671) or instructor consent

410.618 Using Software in Qualitative Research and Analysis (1 credit)

Introduces students to several qualitative data analysis software (QDAS) programs, including MAXQDA, Atlas.ti, NVivo, and Dedoose. Discusses the functions and limitations of qualitative data analysis software. Explores how QDAS can be used throughout a qualitative research project. Explains how to use QDAS for multi-media analysis, including images, video, and audio. Demonstrates how to use QDAS to organize data, produce reports, make comparisons, detect patterns, and facilitate analysis. Demonstrates how to use QDAS in team-based research projects for data coding and analysis. Prepares students to use QDAS to develop deeper insights into their data through visualization and mapping. Complements qualitative research methods and data analysis courses.

Prerequisite: None

224.690 Qualitative Research Theory and Methods (3 credits)

Introduces practical skills for conducting qualitative research in domestic and international settings. Provides an overview of theoretical foundations of qualitative research and different methodologies for qualitative inquiry, including programmatic qualitative research, grounded theory, ethnography, phenomenology, narrative analysis, and case studies. Enables students to develop, interpret, and evaluate three common qualitative data collection methods: in-depth interviews, focus groups, and observation. Emphasizes understanding the basic principles and techniques critical for conduct, including question formation, tool design, sampling, data generation, ethics, and quality. Assesses the use of qualitative methods in the published health literature.

Prerequisite: None

224.691 Qualitative Data Analysis (3 credits)

Combines lectures, hands-on exercises, and work with individual datasets to guide students through several approaches to managing and analyzing qualitative data in the context of both international and domestic public health research. Offers instruction in how to create efficient and accessible qualitative databases, apply different coding and other analytic strategies to different types of qualitative data, write analytical memos, and present qualitative results in forms appropriate for different target

audiences, both academic and programmatic. Provides a brief introduction to the use of computer-aided qualitative data analysis software (CAQDAS).

Prerequisite: Qualitative Research Theory and Methods (224.690) highly recommended

330.650 Methods in Implementation Science (3 credits)

Introduces methods, research designs and evaluation approaches that can be used to study implementation science questions. Includes an introduction of methods such as mixed-methods, measurement validity and reliability, randomized and non-randomized designs, and simulation studies using examples from mental and behavioral health settings.

Prerequisite: Implementation Research and Practice (550.601)

380.663 Gender-Based Violence Research, Practice and Policy: Issues and Current Controversies (3 credits)

Explores gender-based violence (GBV), including intimate partner violence, sexual violence, and sex trafficking. Topics include the following as they relate to GBV: epidemiology, theoretical frameworks, structural risks and gender equity, policy, prevention and intervention, perpetrators, populations with unique needs, and health consequences spanning sexual and reproductive health, STI, and HIV. Prepares students to undertake meaningful scholarly, community-based, programmatic or policy work in the field. Emphasizes active learning and facilitates application of knowledge and skills gained to real world issues.

Prerequisite: None

700.622 Bioethics, Human Rights, and Global Health (3 credits)

Explores the theoretical justifications of human rights and their relationship to the contemporary human rights movement based in positive law and how human rights are operationalized. Reviews theories of human rights, evolution of human rights as law, and common ground and tensions between bioethics and legal approaches to human rights. Illustrates how bioethics and human rights concepts apply to key public health issues of our time, particularly as they relate to problems of inequality and inequity.

Discuss issues including access to essential medicines, women's health, disease surveillance and response to pandemics, and health claims of immigrants, refugees and prisoners.

Prerequisite: None

380.604 Life Course Perspectives on Health (4 credits)

Teaches students to frame public health issues using a multilevel, life course perspective. Provides a conceptual framework with which to understand the development of health over time and the interrelated effects of biological, psychological, and social factors on health. Elaborates and illustrates the framework by considering health in specific life stages, highlighting multilevel, life course influences on health, processes by which social influences "get under the skin", and multilevel, life course approaches to research and practice. Creates a conceptual framework illustrating the application of the framework to a public health outcome of the student's choice.

Prerequisite: None

410.683 Global Perspectives on LGBT Health (3 credits)

Provides knowledge and skills to understand multi-level factors that influence health and well-being among LGBTQ populations globally. Develops an appreciation for various forms of sexual and gender identities, including how culture shapes such identities, and the roles of minority stress, stigma, and discrimination in health disparities. Includes a strengths-based approach to understand how global LGBTQ communities are coping and often thriving through resilience, social support, community action,

and positive policy environments. Applies learning into the context of public health research and practice. Features expert guest speakers with firsthand and/or lived experience working in the field of global LGBTQ health and human rights as well as didactic presentations from the instructors and student-facilitated group discussions.

Prerequisite: Introduction to Epidemiology course, or higher

410.605 Fundamental Tools for Promoting Health Equity (3 credits)

Prepares DrPH students to apply health equity frameworks and measurement tools in their everyday functions; includes four components: definitions and historical perspectives of health equity, health disparity, and social justice; common theoretical frameworks and their applications to different aspects of health equity, health disparities, and social justice; measurement tools used for health equity and health disparities in context; strategies and policies to reduce health disparities and promote health equity. Students complete a final project in which they must propose a program based in theory and proven need within their professional capacity.

Prerequisite: None

180.625 Community-Driven Epidemiology and Environmental Justice (3 credits)

Introduces principles, concepts, and methods in community-driven environmental justice research. Presents current environmental justice research and future research needs. Offers practice opportunities for active involvement in problem-solving in environmental justice research. Provides students an opportunity to develop facility with analytic methods needed to conduct research into community environmental justice concerns.

Prerequisite: Completion of Responsible Conduct of Research (550.600), Principles of Environmental Health (180.609) OR Environmental Health (180.601).

Appendix B-

Faculty Affiliated with the DrPH Program's Concentration in Indigenous Health

Faculty Lead	Rank	Discipline (Department)	Status	Degrees	Courses/Number
Allison-Burbank, Joshua	Asst. Scientist	IH	Full-Time	PhD, MA	224.667: An Interdisciplinary Approach to Understanding the Health of American Indians
Barlow, Allison	Research Prof.	IH	Full-Time	PhD, MPH, MA	224.605: Indigenous Health I; 221.665: Early Childhood Intervention in Tribal Communities; 221.673: Mental Health in American Indian Communities
Cooper, Lisa	Prof.	HBS	Full-Time	MD, MPH	410.635: Applications of Innovative Methods in Health Equity Research
Cwik, Mary	Senior Scientist	IH	Full-Time	PhD, MA	221.673: Mental Health in American Indian Communities
Decker, Michele	Prof.	PFRH	Full-Time	ScD, MPH	380.663: Gender-Based Violence Research, Practice and Policy: Issues and Current Controversies
Gaskin, Darrell	Prof.	HPM	Full-Time	PhD, MS	410.605: Fundamental Tools for Promoting Health Equity
Haroz, Emily	Assoc. Prof.	IH	Full-Time	PhD, MHS, MA	330.650: Methods in Implementation Science
Harvey, Steve	Assoc. Prof.	IH	Full-Time	PhD, MHS	224. 691: Qualitative Data Analysis
Hasan, Md Zabir	Asst. Scientist	IH	Full-Time	PhD, MPH, MBBS	221.654: Systems Thinking in Public Health: Applications of Key Methods and Approaches
Heaney, Christopher	Assoc. Prof.	EHE	Full-Time	PhD, MS	180.625: Community-Driven Epidemiology and Environmental Justice
Hughes, Mary Elizabeth	Assoc. Scientist	PFRH	Full-Time	PhD, MA	380.604: Life Course Perspectives on Health
Ivanich, Jerreed	Adjunct Asst. Prof.	IH	Part-Time	PhD, MS	224.667: An Interdisciplinary Approach to Understanding the Health of American Indians
Kemp, Christopher	Asst. Scientist	IH	Full-Time	PhD, MPH	221.670: Collecting, Analyzing, and Using Public Health Data in Native American Communities; 221.671: Introduction to Quantitative and

					Qualitative Research for American Indian Health; 330.650: Methods in Implementation Science
Kennedy, Caitlin	Prof.	IH	Full-Time	PhD, MPH	224.690: Qualitative Research Theory and Methods
Kennedy-Hendricks, Alene	Assoc. Prof.	HPM	Full-Time	PhD	318.623: Social Policy for Marginalized and Disenfranchised Populations in the U.S.
Knoll, Maria	Research Prof.	IH	Full-Time	PhD	221.672: Introduction to Data Management Using American Indian Health Data
Limaye, Rupali	Assoc. Prof.	IH	Full-Time	PhD, MPH, MA	223.680: Global Disease Control Programs and Policies
Lilly, Anne	Senior Research Assoc.	PFRH	Full-Time	MSPH	380.611: Fundamentals of Program Evaluation
McMillan, Faye	Assoc. Teaching Prof.	IH	Full-Time	DHS	224.705: Indigenous Health II; 224.708: Indigenous Research Methods; 220.865: Concentration Seminar in Indigenous Health
Minkovitz, Cynthia	Prof.	PFRH	Full-Time	MD, MPP	380.604: Life Course Perspectives on Health
Mmari, Kristin	Prof.	PFRH	Full-Time	DrPH, MA	380.611: Fundamentals of Program Evaluation
Navarro, Vicente	Prof. Emeritus	HPM	Part-Time	MD, DrPH	308.610: The Political Economy of Social Inequalities and its Consequences for Health and Quality of Life
O'Keefe, Victoria	Assoc. Prof.	IH	Full-Time	PhD, MS	224.605: Indigenous Health I
Paina, Ligia	Asst. Prof.	IH	Full-Time	PhD, MHS	221.654: Systems Thinking in Public Health: Applications of Key Methods and Approaches
Parker, Lauren	Assoc. Scientist	HBS	Full-Time	PhD, MPH	410.619: Social Justice: Policy, Practice and Research
Purnell, Tanjala	Assoc. Prof.	EPI	Full-Time	PhD, MPH	340.667: Health Equity Research Methods to Address Social Determinants of Health
Richards, Jennifer	Asst. Prof.	IH	Full-Time	PhD, MPH	221.671: Introduction to Quantitative and Qualitative Research for American Indian Health

Rubenstein, Leonard	Distinguished Prof. of the Practice	EPI	Full-Time	JD	700.622: Bioethics, Human Rights, and Global Health
Shelton, Brett	Senior Assoc.	HPM	Part-Time	JD, MA	221.669: American Indian Health Policy; 224.641: Legal and Historical Basis of American Indian Health Policy
Shields, Wendy	Senior Scientist	HPM	Full-Time	PhD, MPH	221.664: Prevention of Unintentional Injuries in American Indian Communities
Smith, Genee	Asst. Prof.	EHE	Full-Time	PhD, MSPH	180.626: Environmental Justice and Public Health
Speakman, Kristen	Senior Research Assoc.	IH	Full-Time	MPH, MA	221.667: An Interdisciplinary Approach to Understanding the Health of American Indians; 221.666: Introduction to American Indian Research Ethics; 224.612: Indigenous Perspectives on Environmental Health
Stein, David	Asst. Prof.	SOM	Full-Time	MD	180.600: Public Health Implications of Health as a Human Right
Tanana, Heather	Associate	IH	Part-Time	JD, MPH	224.612: Indigenous Perspectives on Environmental Health; 221.669: American Indian Health Policy
Thorpe, Roland	Prof.	HBS	Full-Time	PhD, MS	410.864: Critical Issues in Health Disparities; 410.605: Fundamental Tools for Promoting Health Equity
Truelove, Shaun	Asst. Scientist	IH	Full-time	PhD, MPH	223.680: Global Disease Control Programs and Policies
Trujillo, Antonio	Prof.	IH	Full-Time	PhD, MPP	221.617: Behavioral Economics in Health Decision Making
Vecino-Ortiz, Andres	Assoc. Research Prof.	IH	Full-Time	PhD, MSc, MD	221.663: Globalization and Health: Framework for Analysis
Walls, Melissa	Prof.	IH	Full-Time	PhD, MA	224.630: Food Systems for Health Problem Solving Seminar: Lessons from American Indian Communities, 224.620: Grant Writing for Public Health Practice
Ward, William	Assoc. Prof.	HPM	Full-Time	MBA	312.603: Fundamentals of Budgeting and Financial Management
Warne, Donald	Prof.	IH	Full-Time	MD, MPH	224.642: Indigenous Leadership & Ethics; 221.669: American Indian Health Policy; 224.706: Indigenous Health Program Design; 224.643: Case Studies in Indigenous Health; 224.640: Indigenous Evaluation Frameworks

Note: HPM = Health Policy & Management; PFRH = Population, Family, and Reproductive Health; HBS = Health Behavior & Society; MH= Mental Health; EPI = Epidemiology; IH = International Health; EHE = Environmental Health & Engineering; SOM = School of Medicine.

DrPH Executive Committee

Name & Degrees	Rank (Academic Department)	Role with the DrPH Program
<i>DrPH Program Office</i>		
Mark J. Bittle, DrPH, MBA	Teaching Prof. (HPM)	Chair
Renee M. Johnson, PhD, MPH	Prof. (MH)	Deputy Chair
Katie Cruit, MS	Staff	Academic Program Manager
Janet Carn, MEd	Staff	Program Advisor
Ashley Conroy-Tabrizi, MAT	Staff	Program Advisor
Sheryl Flythe, BS	Staff	Program Advisor
Madison Nuzzo, BS	Staff	Senior Academic Program Coordinator
Katie Herbst, BS	Staff	Administrative Coordinator
<i>BSPH Leadership</i>		
David Dowdy, MD, PhD	Prof. (EPI)	Executive Vice Dean of Academic Affairs
Joshua Sharfstein, MD	Prof. of the Practice (HPM)	Vice Dean for Public Health Practice & Community Engagement
Beth Resnick, DrPH	Senior Scientist (HPM)	Assistant Dean for Practice and Training
<i>Concentration & Track Directors</i>		
Sean Allen, DrPH, MPH	Associate Prof. (HBS)	Customized Program of Study
Stefan Baral, MD, MPH, MBA	Prof. (EPI)	Implementation Science Concentration
Daniel Barnett, MD, MPH	Prof. (EHE)	Environmental Health Track
Melissa Davey-Rothwell, PhD, MPH	Research Prof. (HBS)	Implementation Science Concentration
Lilly Engineer, MBBS, DrPH, MHA	Assistant Prof. (HPM)	Healthcare Management & Leadership Track
Shannon Frattaroli, PhD, MPH	Prof. (HPM)	Health Policy Track
Christine Marie George, PhD	Prof. (IH)	Health Equity & Social Justice Concentration
Diwakar Mohan, MD, DrPH, MBBS	Associate Research Prof. (IH)	Global Health: Policy & Evaluation Concentration

Miranda R. Jones, PhD	Associate Prof. (EPI)	Health Equity & Social Justice Concentration
Hadi Kharrazi, MD, PhD, MHI	Prof. (HPM)	Public Health Informatics Track
Jill Marsteller, PhD, MPP	Prof. (HPM)	Quality & Patient Safety Track
Faye McMillan, DHSc, AM, FPS	Associate Teaching Prof. (IH)	Indigenous Health Concentration
Lauren J. Parker, PhD	Associate Scientist (HBS)	Customized Program of Study
Ligia Paina, PhD, MHS	Assistant Prof. (IH)	Global Health: Policy & Evaluation Concentration
Alexandra Phelan, SJD, LLM, LLB	Associate Prof. (EHE)	Health Security Track
Sally Safi, PhD, MSPH	Assistant Scientist (PFRH)	Women's & Reproductive Health Concentration
Ian Salas, PhD, MA	Assistant Scientist (PFRH)	Women's & Reproductive Health Concentration
Donald Warne, MD, MPH	Prof. (IH)	Indigenous Health Concentration
Crystal Watson, DrPH, MPH	Associate Prof. (EHE)	Health Security Track

Note. All faculty have full-time status as Bloomberg School of Public Health. HPM = Health Policy & Management; PFRH = Population, Family, and Reproductive Health; HBS = Health Behavior & Society; MH= Mental Health; EPI = Epidemiology; IH = International Health; EHE = Environmental Health & Engineering.

Proposal to Substantially Modify BSPH DrPH Program to Add an AOC in Indigenous Health Appendix C

The total tuition revenue for the concentration. Tuition income is the only source of revenue. Based on average of 17 part time students a year averaging six credits a year. Tuition rate is presented per credit and subject to 3% increase each year.

TABLE 1: RESOURCES					
Fill in items highlighted in blue only					
Resources Categories	(Year 1)	(Year 2)	(Year 3)	(Year 4)	(Year 5)
1. Reallocated Funds ¹	0	0	0	0	0
2. Tuition/Fee Revenue ²	144,330	148,614	153,102	157,692	162,486
a. Annual Full-time Revenue of New Students					
Number of Full-time Students	0	0	0	0	0
Annual Tuition Rate	\$84,913	\$87,640	\$90,084	\$92,787	\$95,570
Subtotal Tuition	\$0	\$0	\$0	\$0	\$0
Annual Fees					
Subtotal Fees	\$0	\$0	\$0	\$0	\$0
Full-time Revenue of New Students	\$0	\$0	\$0	\$0	\$0
b. Annual Part-time Revenue					
Number of Part-Time Students	17	17	17	17	17
Credit Hour Tuition Rate	\$1,415	\$1,457	\$1,501	\$1,546	\$1,593
Annual Fees Per Credit Hour	\$0	\$0	\$0	\$0	\$0
Annual Credit Hours Per Student	6	6	6	6	6
Subtotal Tuition	\$144,330	\$148,614	\$153,102	\$157,692	\$162,486
Subtotal Fees	\$0	\$0	\$0	\$0	\$0
Total Part Time Revenue	\$144,330	\$148,614	\$153,102	\$157,692	\$162,486
3. Grants, Contracts & Other Source	\$0	\$0	\$0	\$0	\$0
4. Other Sources	\$0	\$0	\$0	\$0	\$0
TOTAL (Add 1 - 4)	\$144,330	\$148,614	\$153,102	\$157,692	\$162,486

Faculty Concentration director receives 20% effort for role. Salary increase of 3% each year. Fringe Benefit rate based on 34%. Two Admin staff's support (manager and adviser) efforts equal 50% towards supporting concentration. Salary increase of 3% each year. Fringe Benefit rate is based on 34% . Support staff effort is 10% and subject to 3% salary

increase each year. Fringe Benefit rate is based on 34%.

TABLE 2: EXPENDITURES

Fill in blue shaded areas only.

Expenditure Categories	(Year 1)	(Year 2)	(Year 3)	(Year 4)	(Year 5)
1. Total Faculty Expenses	\$33,250	\$34,248	\$35,276	\$36,333	\$37,424
(b + c below)					
a. #FTE	0.2	0.2	0.2	0.2	0.2
b. Total Salary	25,000	25,750	26,523	27,318	28,138
c. Total Benefits	8,250	8,498	8,753	9,015	9,286
2. Total Administrative Staff Expenses	97,980	100,919	103,947	107,066	110,277
(b + c below)					
a. #FTE	0.5	0.5	0.5	0.5	0.5
b. Total Salary	71,000	73,130	75,324	77,584	79,911
c. Total Benefits	26,980	27,789	28,623	29,482	30,366
3. Total Support Staff Expenses	5,500	7,818	8,052	8,294	8,542
(b + c below)					
a. #FTE	0.1	0.1	0.1	0.1	0.1
b. Total Salary	5,500	5,665	5,835	6,010	6,190
c. Total Benefits	0	2,153	2,217	2,284	2,352
4. Equipment	0	0	0	0	0
5. Library	0	0	0	0	0
6. New or Renovated Space	0	0	0	0	0
7. Other Expenses	0	0	0	0	0
TOTAL (1-7)	\$136,730	\$142,985	\$147,275	\$151,693	\$156,243

Proposal to Substantially Modify BSPH DrPH Program to Add an AOC in Indigenous Health Appendix C

The total tuition revenue for the concentration. Tuition income is the only source of revenue. Based on average of 17 part time students a year averaging six credits a year. Tuition rate is presented per credit and subject to 3% increase each year.

TABLE 1: RESOURCES					
Fill in items highlighted in blue only					
Resources Categories	(Year 1)	(Year 2)	(Year 3)	(Year 4)	(Year 5)
1. Reallocated Funds ¹	0	0	0	0	0
2. Tuition/Fee Revenue ²	144,330	148,614	153,102	157,692	162,486
a. Annual Full-time Revenue of New Students					
Number of Full-time Students	0	0	0	0	0
Annual Tuition Rate	\$84,913	\$87,640	\$90,084	\$92,787	\$95,570
Subtotal Tuition	\$0	\$0	\$0	\$0	\$0
Annual Fees					
Subtotal Fees	\$0	\$0	\$0	\$0	\$0
Full-time Revenue of New Students	\$0	\$0	\$0	\$0	\$0
b. Annual Part-time Revenue					
Number of Part-Time Students	17	17	17	17	17
Credit Hour Tuition Rate	\$1,415	\$1,457	\$1,501	\$1,546	\$1,593
Annual Fees Per Credit Hour	\$0	\$0	\$0	\$0	\$0
Annual Credit Hours Per Student	6	6	6	6	6
Subtotal Tuition	\$144,330	\$148,614	\$153,102	\$157,692	\$162,486
Subtotal Fees	\$0	\$0	\$0	\$0	\$0
Total Part Time Revenue	\$144,330	\$148,614	\$153,102	\$157,692	\$162,486
3. Grants, Contracts & Other Source	\$0	\$0	\$0	\$0	\$0
4. Other Sources	\$0	\$0	\$0	\$0	\$0
TOTAL (Add 1 - 4)	\$144,330	\$148,614	\$153,102	\$157,692	\$162,486

Faculty Concentration director receives 20% effort for role. Salary increase of 3% each year. Fringe Benefit rate based on 34%. Two Admin staff's support (manager and adviser) efforts equal 50% towards supporting concentration. Salary increase of 3% each year. Fringe Benefit rate is based on 34% . Support staff effort is 10% and subject to 3% salary

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(b + c below)					
a. #FTE	0.5	0.5	0.5	0.5	0.5
b. Total Salary	71,000	73,130	75,324	77,584	79,911
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3. Total Support Staff Expenses	5,500	7,818	8,052	8,294	8,542
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5. Library	0	0	0	0	0
6. New or Renovated Space	0	0	0	0	0
7. Other Expenses	0	0	0	0	0
TOTAL (1-7)	\$136,730	\$142,985	\$147,275	\$151,693	\$156,243