



APEX Competencies

Foundational Competencies

Evidence-based Approaches to Public Health

1. Apply epidemiological methods to the breadth of settings and situations in public health practice.
2. Select quantitative and qualitative data collection methods appropriate for a given public health context.
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming, and software, as appropriate.
4. Interpret results of data analysis for public health research, policy, or practice.

Public Health & Health Care Systems

5. Compare the organization, structure, and function of health care, public health, and regulatory systems across national and international settings.
6. Discuss the means by which structural bias, social inequities, and racism undermine health and create challenges to achieving health equity at organizational, community, and societal levels.

Planning & Management to Promote Health

7. Assess population needs, assets, and capacities that affect communities' health.
8. Apply awareness of cultural values and practices to the design, implementation, or critique of public health policies or programs.
9. Design a population-based policy, program, project, or intervention.
10. Explain basic principles and tools of budget and resource management.
11. Select methods to evaluate public health programs.

Policy in Public Health

12. Discuss the policy-making process, including the roles of ethics and evidence.
13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes.
14. Advocate for political, social, or economic policies and programs that will improve health in diverse populations.
15. Evaluate policies for their impact on public health and health equity.

Leadership

16. Apply leadership and/or management principles to address a relevant issue.
17. Apply negotiation and mediation skills to address organizational or community challenges.

Communication

18. Select communication strategies for different audiences and sectors.
19. Communicate audience-appropriate (i.e., non-academic, non-peer audience) public health content, both in writing and through oral presentation.
20. Describe the importance of cultural competence in communicating public health content.

Interprofessional Practice

21. Integrate perspectives from other sectors and/or professions to promote and advance population health.

Systems Thinking

22. Apply a systems thinking tool to visually represent a public health issue in a format other than standard narrative.

**These competencies are informed by the traditional public health core knowledge areas (biostatistics, epidemiology, social and behavioral sciences, health services administration and environmental health sciences) as well as cross-cutting and emerging public health areas. They are in compliance with the most recent criteria established by The Council on Education for Public Health (CEPH).*

MPH CONCENTRATION COMPETENCIES

| NUTRITION CONCENTRATION COMPETENCIES | |
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| NUTR 1 | Evaluate relationships between dietary patterns and chronic disease through the critical appraisal of nutritional epidemiological literature. |
| NUTR 2 | Assess the reliability, validity, and limitations of various approaches to the assessment of nutritional status as it relates to public health. |
| NUTR 3 | Explain complex relationships between obesity and the biological, psychological, social, and environmental influences that may contribute to its development. |
| NUTR 4 | Evaluate the merits and limitations of historical and contemporary governmental policies impacting public health from a nutrition perspective. |
| NUTR 5 | Communicate effectively with local, state, or national leadership to facilitate a positive contribution toward the reduction of hunger, food-insecurity, malnutrition, or chronic disease. |
| RURAL HEALTH CONCENTRATION COMPETENCIES | |
| RHC 1 | Appraise the complex social determinants of health that impact the individuals, systems, and organizations in rural communities. |
| RHC 2 | Develop skills needed to implement collective impact approach as an innovative and evidence-based solution for program planning and evaluation in rural public health practice. |
| RHC 3 | Apply policy, systems, and environmental change theory to advocate health promotion and disease prevention in rural health care settings. |
| RHC 4 | Demonstrate strategic management expertise in the areas of administration, personnel, ethics, and finance related to rural health practice and policy. |
| RHC 5 | Differentiate key public health laws, regulations, and policies affecting rural |

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| | health programs, the delivery of rural health services, and the health outcomes of rural populations. |
| INDIGENIOUS HEALTH CONCENTRATION COMPETENCIES | |
| IH 1 | Apply principles of tribal sovereignty, self-determination, and Indigenous governance to critically analyze health policies, programs, and research practices, ensuring they respect community authority and advance Indigenous-led health initiatives. |
| IH 2 | Evaluate the impact of colonization, forced assimilation, historical trauma, and ongoing structural racism on Indigenous health outcomes, and integrate this understanding into culturally responsive public health interventions and advocacy strategies. |
| IH 3 | Integrate Indigenous knowledge systems, traditional healing practices, and Western public health approaches using frameworks such as Two-Eyed Seeing to develop holistic, culturally grounded health promotion and disease prevention strategies. |
| IH 4 | Design and implement community-based participatory research that honors Indigenous research methodologies, data sovereignty principles, and community ownership while building equitable partnerships that prioritize community benefit and capacity building. |
| IH 5 | Assess the unique social, political, economic, and environmental determinants of health affecting Indigenous populations, including treaty rights, land dispossession, food sovereignty, and environmental justice, and develop multi-level interventions that address root causes of health inequities. |

DrPH competencies are being added in next year's revision.
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