



MPH@SIMMONS

Health Equity
Change Project
Guidebook

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(A) DEPARTMENT OF PUBLIC HEALTH

MPH@Simmons is part of the Simmons University Department of Public Health, which also offers Bachelor of Art and Bachelor of Science degrees in Public Health. MPH@Simmons, the online Master of Public Health from Simmons University, prepares students to address health inequities and positively impact public health at the local, national, and global level. Delivered through a blend of online courses, self-paced content and live sessions, as well as in-person immersion experiences and a culminating practice experience, our program's curriculum provides students with real-world skills to ensure that they graduate ready to serve as effective public health practitioners.

The MPH@Simmons program explores the core areas of public health: epidemiology, biostatistics, health policy/health services, environmental health, and social/behavioral health. Additionally, our practice-based curriculum incorporates courses specifically designed to develop students' leadership, management, advocacy and organizing skills. The culminating Health Equity Change Project prepares students to graduate from the program with on-ground public health experience as well as a portfolio that demonstrates their ability to create, implement, and evaluate projects, programs, and/or campaigns targeted at improving health equity across populations.

(B) MISSION

Simmons Public Health trains public health practitioners to advance population health and health equity through innovative education, transdisciplinary collaboration, applied research and practice, community organizing and engagement, and health advocacy for systems change. Our program prepares students in the general principles and practices of public health, and to address structural determinants of health often situated in historical systems of racism and other forms of oppression.

(C) VISION

Simmons Public Health advances a vision where all individuals and communities are assured fair and equitable opportunity to achieve optimal health and well-being, ensuring inclusivity across identities, locations and circumstances.

(D) VALUES

- **Social Justice**
We value social justice as a core concept of health equity, which embraces the uniqueness, dignity, and inherent value of all individuals and communities and challenges power differentials and structures that preclude fair opportunity for optimal health for all.
- **Community Partnership**
We strive always to work *with*, rather than work on behalf of, the communities whose health we aim to enhance through genuine partnership and engaged collaboration.

- **Scientific Rigor and Integrity**

We advance evidence-based public health practice that is built on both scientifically rigorous research and personal and professional integrity and ethics.

- **Critical Systems Thinking**

In order to assess and address health inequities, we employ a critical lens to understand broad systems and structures that produce and reproduce disparities and injustices in health.

- **Innovative Leadership**

Taking inspiration from past innovation, and challenging existing paradigms, we advance a model of leadership that imagines new systems and structures to improve public health and create sustainable, transformative impact.

(E) OVERVIEW OF THE HEALTH EQUITY CHANGE PROJECT

The Health Equity Change Project (HECP) is the culminating academic and applied experience that satisfies the Applied Practice Experience and the Integrative Learning Experience required of Master of Public Health Programs. The HECP is the culminating learning experience of the MPH in Health Equity Program, where students synthesize their prior learning across the curriculum and put their acquired skills into practice. Students work with a trained professional at an established organization to develop, implement, and evaluate an innovative project that proactively addresses a health inequity. Students are required to complete a minimum of 150 hours with the organization during Terms 6 and 7. Students must demonstrate attainment of selected MPH competencies, evidenced through a digital portfolio and Integrative Learning Experience (ILE) report.

This project evolves over the final year of the MPH program. During Terms 4 and 5, students take two preparatory courses where they select their organizational partner and design their Health Equity Change Project proposal, Public Health Project Planning I (MHEO 473) and Public Health Project Planning II (MHEO 474). During Terms 6 and 7, students take two courses that support them during the implementation and evaluation of their project, Health Equity Change Project I (MHEO 475) and Health Equity Change Project II (MHEO 476). This course sequence is different for the students of the MPH@Simmons Accelerated course track. For these students, HECP planning begins in term 2, where they take MHEO 490. MHEO 490 combines MHEO 473 & 474, meets weekly and provides an accelerated course for students to select their placement and project. More information on the Accelerated sequence is below on page 5.

Preparation Across the Curriculum

Students should refer to the MPH Academic Policy Handbook for guidance on course prerequisites. Several MPH core courses provide critical preparation for the HECP. Leading up to the final terms of the program, students will complete several key course assignments, which build important groundwork toward, and may inform the direction of the HECP. Students are not required to apply these prior assignments to their HECP; however, doing so provides important preparation and background for students to succeed in this culminating project.

- **Social Determinants of Health (MHEO 420):** Students complete a root cause analysis of a particular health inequity, relevant in their local community, which includes a literature review and summarizes current knowledge about the inequity, the contributing determinants, and opportunities for intervention.
- **Community-Based Research for Health Equity (MHEO 435):** Students practice research skills and complete a Community Needs Assessment, which allows them to explore a health inequity in their local context through participatory methods.
- **Health Advocacy, Community Organizing, and Innovation (MHEO 465):** Students identify organizations in their local context that are active in health advocacy and community organizing and innovation, and complete a comparative organizational analysis and critical review of key strategies. Students may include their HECP partner organization as one organization in this analysis.

Students are encouraged to use the above course products to inform the planning and development of their HECP. If students choose *not* to target their project around these past areas of study/course products, an important first step in preparing for the HECP will be to identify and study a key health inequity that they would like to take action on, and to consider current relevant strategies in place. Note that this will therefore require additional student work and time, most often outside of the scope of HECP-related course assignments. Please also note that this sequence differs for students on the Accelerated MPH@Simmons course sequence.

Accelerated MPH@Simmons Course Sequence

The HECP course sequence for Accelerated Students is modified offering the Project Planning I & II class as a combined experience over 1 term as MHEO 490. Over the course of 1 term, Accelerated students will meet weekly as a class and individually with their faculty member for support during this term. Accelerated students should have a few health equity

areas of interest and are strongly encouraged to reach out to HECP faculty in advance of starting the course to get additional support. Due to the nature of the accelerated program, MHEO 490 will meet weekly to provide peer support, feedback and guidance on securing a project placement and preceptor. Further, students will go through the IRB process to ensure the project meets all of the requirements of the IRB process. In order to advance to MHEO 475 (HECP Implementation), Accelerated students must 1.) Have a preceptor and project placement site approved on Chalk and Wire (digital software) 2.) Have completed the IRB process. If these requirements are not met, the student will need to meet with the Academic Advisor and program leadership in order to decelerate from the Accelerated Course sequence and come up with a Custom Plan of Study (CPOS).

General Criteria for the Health Equity Change Project

Below are the general criteria for the Applied Practice Experience and the Integrative Learning Experience components of the HECP. All students are required to meet the following minimum requirements.

Applied Practice Experience (APE)

- 1. Must apply public health skills and competencies to a health equity issue, the health equity can be local, statewide, national or global.** During the HECP, students will identify and apply a set of skills and competencies based on their interests and future career goals to address a health equity challenge in a local community setting. In partnership with their chosen “Preceptor” (supervisor at the placement organization) and relevant community partners, students identify a health inequity that they will address through their HECP. In most cases, this will be a local health inequity, but it may be national or even global in scope, if that is an area of population health focus for the organization. The HECP should be useful and responsive to the needs and programming of the practicum organization, and must be ‘right-sized’ to be achievable within the confines of this two-term applied experience. The project may take many forms, and students are encouraged to be creative and innovative in their design. Examples may include policy analysis and advocacy, community organizing and/or empowerment education, health equity campaign design and implementation, people’s budgeting, creation of an innovative program or technological application, and others. The project may also involve community-based research, though this option will require advanced planning to allow time for IRB approval (please see further guidance below). As such, human subject research is generally discouraged as a component of the HECP. In all cases, the project should address a well-defined health inequity in a way that is responsive to, and respectful of, community context, input, and needs.
- 2. Must be conducted within an established organization.** Students must identify an established local community organization (“Practicum Site”) to conduct the HECP. During

Term 4, students will research potential organizations and select their final practicum site (Term 2 for Accelerated students). Students will be required to gain an understanding of the organizational mission, structure and practices, and how that aligns with their learning and competency goals. During Term 5, in preparation for the HECP, students will work closely with the organization and their preceptor to develop a detailed project proposal, which must align with the goals and priorities of the organization and the population that it serves (Term 2 for Accelerated students). During Terms 6 and 7, students implement and evaluate their HECP in collaboration with their preceptor and the organization. All practicum sites must be approved by the program. Practicum sites may include (but are not limited to) the following:

- Community and/or non-profit organizations
- Local health departments
- State or federal health agencies
- Voluntary health agencies
- International health organizations
- Healthcare service delivery organizations (e.g. hospitals, community health centers)

3. Must be supervised by a qualified supervisor. Students must identify a qualified supervisor (“Preceptor”) within the chosen organization for the HECP. The Preceptor will be responsible for providing guidance and supervision to the student throughout the HECP and will be required to provide written evaluations of the student’s performance (i.e. professionalism, completion of project, fulfillment of competency-based learning objectives, etc.). Preceptors should have sufficient relevant public health and/or health equity experience and provide a strong learning environment that enables students to meet their objectives and demonstrate competencies. Preceptors are not required to have an MPH; however, they must have substantial educational and practice experience in a field closely related to public health and/or health equity. For any specific sector of public health practice, we expect a preceptor to have one of the following:

- A terminal degree (e.g., PhD or DrPH) and current, professional experience in public health;
- At least three (3) years of full-time, professional experience in public health and/or health equity in addition to a graduate degree in public health (MPH);
- At least five (5) years of full-time, professional experience in public health and/or health equity in addition to a graduate degree (MS or MA);
- At least ten (10) years of full-time, professional public health and/or health equity experience in addition to a bachelor’s degree.

4. Must be evaluated by a qualified supervisor and faculty. Students will receive written feedback from the Preceptor and Faculty during the duration of the HECP applied

experience to ensure established competency-based learning objectives are fulfilled. In addition, a series of course assignments, including the HECP digital portfolio (see details below) and the final Integrative Learning Experience report will be evaluated by the faculty.

5. Must be a significant experience (minimum of 150 hours). The HECP Implementation course sequence spans 22 weeks (approximately 6 months). Students are required to complete a minimum of **150 hours** for the Applied Practice component of the HECP. Activities completed prior to the initiation of the HECP cannot be counted toward the HECP Applied Practice requirement. Students are asked to complete 90-100 hours in Term 6 (MHEO 475) and complete the remaining hours in the first 5 weeks of Term 7 (MHEO 476). Students will be required to report on the hours and their preceptor will be required to sign off on them. Hours that cannot be used toward the practicum include commuting time, regular meetings with preceptor and any time used for classroom assignments.

Integrative Learning Experience (ILE)

The Integrative Learning Experience component of the HECP involves the completion of a detailed policy statement, following the guidelines of the American Public Health Association, to advocate for change related to the health inequity addressed through the HECP. Several course assignments, including a scholarly literature review, prepare students for producing this culminating, high-quality written product. The policy statement, and recommendations therein, should reflect learning garnered through careful research and through the HECP implementation and evaluation experience, and should be crafted in a way that is beneficial to the partner organization. Students will be expected to outline how this policy statement might serve the needs of the organization and its community partners in advancing health equity in the local context.

(F) HEALTH EQUITY CHANGE PROJECT EXAMPLES

For the HECP, students are encouraged to pay particular attention to ‘upstream’ factors, or determinants, revealing the systems and structures that create disadvantages in health. Once students determine their health equity of interest, they must carefully analyze its precipitating determinants to identify points of intervention appropriate for advancing health equity. The following are examples of projects that students might undertake if they wanted to focus on racialized inequities in obesity; specifically, higher incidence and prevalence rates among African Americans as compared with whites in a local urban community.

- Complete a GIS mapping analysis of fast food versus fresh food accessibility across the city to reveal dynamics of structural racism, and prepare a stakeholder report and/or policy advocacy plan targeting City Council.

- Complete a needs and assets assessment focused on access to green space, walking paths, and low-cost exercise opportunities, including focus groups and community surveys.
- Engage in community organizing, collaboratively preparing and delivering popular education modules focused on land policy, imminent domain, and other advocacy levers for reclaiming abandoned lots to create urban gardens.
- Analyze federal food policies subsidizing obesogenic food products and create an app to facilitate national policy advocacy in the lead up to federal hearings on such policies.
- Complete a policy analysis of school district lunch and vending machine policies and create a policy advocacy campaign in collaboration with the parent teacher organization.
- Create and implement a health advocacy and communication plan during the mayoral election, focused on transportation and food issues, including organizing stakeholder meetings with candidates and writing a series of opinion editorials and press releases on the health equity issues and existing data.

(G) COMPETENCY-BASED LEARNING GOALS AND OBJECTIVES FOR THE HECP

Applied Practice Experience (APE) Competencies

Students will be required to identify a set of competency-based learning goals and objectives for the HECP Applied Practice Experience. These goals and objectives must include learning and skill application from MPH competencies reflected in the Program Learning Framework (see Appendix). Students are required to **select FIVE** total competencies for the HECP, as follows:

- As all students are designing a population-based project for their HECP, which they will implement and evaluate, *all students must select, as one of their five competencies, MPH Foundational Competency #9* (“Design a population-based policy, program, project or intervention”).
- Students will select the remaining four competencies based on a careful fit with their proposed project for the HECP.
- In total, at least three of the five selected competencies must be MPH Foundational Competencies (meaning that up to two competencies may be MPH Concentration Competencies)

The following additional examples may serve as a guide in developing learning goals and

objectives for the Applied Practice Experience:

Health Equity through Education of Medical Students

The purpose of this project was to promote cultural humility, understanding of structural inequities and strategies to address the inequities, through service learning. With the understanding that service learning provides first hand experiential learning to address health inequities, this project is the development of the service learning curriculum. This project required collaborative effort from the Community Health centers where the students will be placed in to develop a relevant and meaningful experience that address the community's needs. The end product was an integrated, innovative curriculum that optimizes the assets and resources of the medical school and community sites and provides opportunities for all participating parties.

Food is Medicine for Adults with Disabilities

This Health Equity Change Project (HECP), Food is Medicine for Adults with Disabilities, is a support project for the Food and Health Policy group of Community Servings. The project delivered work products that contribute to the Food and Health Policy group's effort to obtain sustainable funding for Community Servings' Food Is Medicine food intervention services for the adults with disabilities population.

Narcan Educational Training: A Health Equity Intervention to Reduce Opioid Overdoses

The purpose of this Health Equity Change Project (HECP) was to address the opioid crisis and the disproportionate impact on historically oppressed communities. This project examined the determinants and differences between racial and ethnic groups related to higher risk for opioid overdose. The analysis included, but was not limited to, access to mental health, addiction services, and Naloxone (Narcan) prescriptions at the primary care level. This project was developed in collaboration with Beth Israel Lahey Health Primary Care and the Addiction Medicine division. Throughout this project, educational tools were developed to help reduce racial and ethnic inequities impacting opioid interventions.

Reframing How We Report and Improve Weight Status in Somerville, MA

This project examined inequities in childhood obesity between communities of color and white communities. This project used quantitative survey results, reviewed previous programs aimed at addressing childhood obesity, and created an array of deliverables that discuss the structural determinants of health and offer policy and programmatic recommendations based on its findings.

Sample Competency-Based Practicum Learning Objectives

MPH Competency	Learning Goal and/or Objective
Analyze systems of oppression and structural-level determinants of health, including racism and other forms of marginalization, drawing parallels to patterns of health disparities.	Critically analyze the root causes of racial inequities in childhood asthma rates across neighborhoods.
Communicate audience-appropriate public health content, both in writing and through oral presentation	Present and discuss root-cause analysis of racial inequities in childhood obesity rates to local community members and advocacy organizations.
Assess population needs, assets and capacities that affect communities' health	Utilize capacity mapping to evaluate the assets present in a local community to address racial and geographic inequalities in childhood obesity.
Employ skills of community organizing, advocacy, and participatory methods to engage community members in assessing and/or addressing community health issues.	Utilize participatory facilitation techniques (e.g. ORID or SHOWED) to engage community members and stakeholders in group discussions about policy solutions to address local police brutality.
Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes	Identify and analyze the interests of key stakeholders needed to address inequalities in recreational facilities in a local community.
Evaluate policies for their impact on public health and health equity	Compile and critique a list of local policies designed to address inequalities in exposure to childhood trauma.

Integrative Learning Experience (ILE) Competencies

As part of the HECP, students also complete the Integrative Learning Experience report, in the form of a policy statement/proposal. Herein, students must evidence *synthesis* of MPH Foundational and Concentration Competencies. The policy statement structure of the ILE report includes a careful literature review of the health inequity that is the focus of the HECP. Students analyze multiple determinants surrounding this health inequity, review existing strategies, and advance a proposal to change policy, using guidelines advanced by the

American Public Health Association.

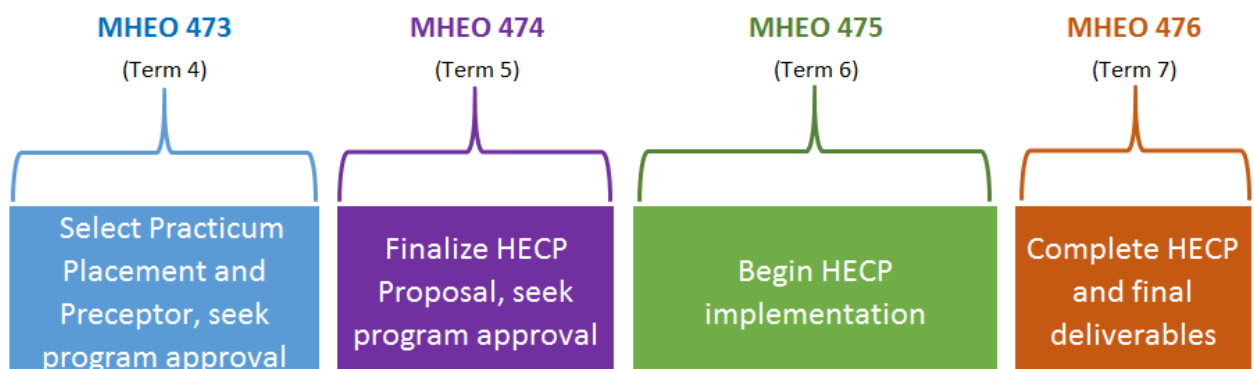
Based on the structure of the ILE assignments, students will be able to demonstrate synthesis of the following Foundational and Concentration Competencies, and they may select others as appropriate to their ILE policy statement:

- Foundational Competency #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
- Foundational Competency #13: Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes
- Foundational Competency #15: Evaluate policies for their impact on public health and health equity
- Concentration Competency #2: Analyze systems of oppression and structural-level determinants of health, including racism and other forms of marginalization, drawing parallels to patterns of health disparities.

(H) HEALTH EQUITY CHANGE PROJECT TIMELINE

The HECP sequence (MHEO 473, MHEO 474, MHEO 475 and MHEO 476) spans four terms of the MPH program (Terms 4, 5, 6, and 7). While individual timelines may vary somewhat depending on the nature of the student's project, the following timeline provides general guidance for successful completion of this culminating experience. During Terms 4 and 5, as part of the two-course preparatory work, students are required to satisfy a series of key benchmark requirements that must receive program approval. These benchmarks will be supported through a series of course assignments and required program forms. If students fail to complete the prerequisite benchmarks within the specified timeline, they will be unable to register the Term 6 and 7 HECP course sequence, and may not begin their 150-hour placement.

Traditional Course Sequence Road Map Part I:



Traditional Course Sequence: Public Health Project Planning I & II (Terms 4 & 5)

Term 4 - Project Planning and Placement Selection

- Identify and select practicum placement and preceptor for the development of the HECP, and receive final program approval of the Practicum Placement Form.
 - Note: The Practicum Placement form, while not graded, is considered a prerequisite for coursework in the Public Health Project Planning II course.
- Develop career skills in writing a professional resume and cover letter, and seeking a placement site.
- Select five (5) competencies for the HECP from the Program Learning Framework; up to 2 of these may be Health Equity Concentration Competencies, and the remaining will be MPH Foundational Competencies.
- Define and develop professional goals and objectives for the HECP.
- Discuss ethical implications of potential HECP plans.
- Attend a total of six live sessions.

Term 5 - Finalization of Project Planning

- Discuss ethical implications of the HECP plan, specific to the selected practicum site.
- Complete and submit the IRB Performance Improvement Form (aka "Quality Improvement").
- Develop a timeline for project implementation and success.
- Apply a logic model for the development of the practicum plan.
- Develop HECP Proposal, and, following preceptor review and approval, submit for final program approval.
 - Note: The approved Final HECP Proposal is considered the student's *final plan and contract* for the practicum placement for the remainder of the HECP experience. Should the student propose substantive changes to the plan, this may require the student to withdraw from and/or repeat a course in the HECP sequence.
- Attend a total of six live sessions.

Health Equity Change Project I & II (Term 6 & 7)

Term 6 - HECP Implementation

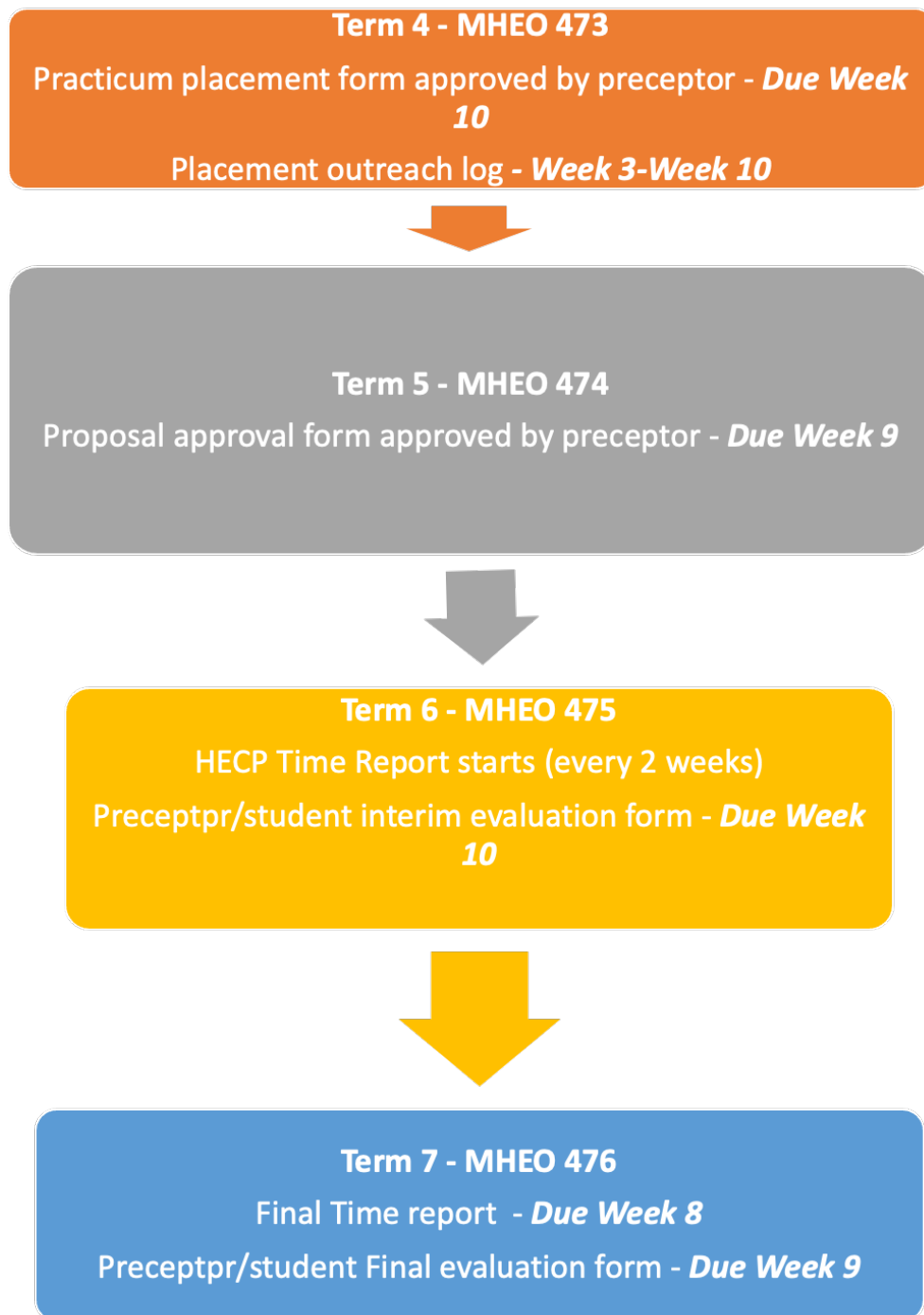
- Initiate implementation of the HECP.
- Submit time reports according to course deadlines.
- Submit the Preceptor/Student interim Evaluation Form

- Complete a series of critical reflection papers, and a self-assessment of competency demonstration.
- Assemble a Literature Review as a foundational component of the ILE, and complete a Literature Review Presentation.
- Attend a total of five live sessions.

Term 7 - HECP Completion

- Complete implementation of HECP, and evaluate outcomes.
- Submit a critical reflection of the HECP completion.
- Submit the Preceptor/Student Final Evaluation Form (Complete ILE project focused on the health inequity selected by the student for the HECP, following American Public Health Association guidelines and key assignment instructions.
- Complete HECP final report and digital portfolio including project materials and assignments and short Change Project video.
- Complete HECP Oral Presentation
- Attend a total of five live sessions.

Traditional Course Sequence Road Map Part II:



Accelerated Course Sequence Road Map:

Term 2	Term 3	Term 4
MHEO 490 (Project Planning I & II)	MHEO 475 (HECP Implementation I)	MHEO 476 (HECP Implementation II)
<i>Due on Chalk and Wire:</i>	<i>(Student & Preceptor)</i>	<i>(Student & Preceptor)</i>

MHEO 490 (Project Planning I & II) - Term 2

- Identify and select practicum placement and preceptor for the development of the HECP, and receive final program approval of the Practicum Placement Form.
 - Note: The Practicum Placement form, while not graded, is considered a prerequisite to proceed in the course.
- Develop career skills in writing a professional resume and cover letter, and seeking a placement site.
- Select five (5) competencies for the HECP from the Program Learning Framework; up to 2 of these may be Health Equity Concentration Competencies, and the remaining will be MPH Foundational Competencies.
- Define and develop professional goals and objectives for the HECP.
- Discuss ethical implications of the HECP plan, specific to the selected practicum site.
- Complete and submit the IRB Performance Improvement Form (aka "Quality Improvement").
- Develop a timeline for project implementation and success.
- Apply a logic model for the development of the practicum plan.
- Develop HECP Proposal, and, following preceptor review and approval, submit for final program approval.
 - Note: The approved Final HECP Proposal is considered the student's *final plan and contract* for the practicum placement for the remainder of the HECP experience. Should the student propose substantive changes to the plan, this may require the student to withdraw from and/or repeat a course in the HECP sequence.
- MHEO 490 meets weekly. Students are required to attend all sessions as per the MPH@Simmons attendance policy.

Health Equity Change Project I & II (Term 3 & 4)

Term 3 - HECP Implementation

- Initiate implementation of the HECP.
- Submit time reports according to course deadlines.

- Submit the Preceptor/Student interim Evaluation Form
- Complete a series of critical reflection papers, and a self-assessment of competency demonstration.
- Assemble a Literature Review as a foundational component of the ILE, and complete a Literature Review Presentation.
- Attend a total of five live sessions.

Term 4 - HECP Completion

- Complete implementation of HECP, and evaluate outcomes.
- Submit a critical reflection of the HECP completion.
- Submit the Preceptor/Student Final Evaluation Form (Complete ILE project focused on the health inequity selected by the student for the HECP, following American Public Health Association guidelines and key assignment instructions.
- Complete HECP final report and digital portfolio including project materials and assignments and short Change Project video.
- Complete HECP Oral Presentation
- Attend a total of five live sessions.

(I) ROLES AND RESPONSIBILITIES

Students

Before and during the development of their Health Equity Change Project, students are required to complete a number of important tasks toward their success with this culminating experience. While they will have support of their program faculty and preceptor, students are ultimately responsible for the following tasks:

- Research and select a practicum placement on their own initiative. This practicum placement will be with an established organization to develop, implement, and evaluate an innovative project that proactively addresses a health inequity (see above).
- Select a preceptor within the organization they chose for their HECP (see above).
- Access the Chalk & Wire digital portfolio site and complete registration and required forms and coursework using this software.
- Complete the **Practicum Placement Site Approval Form** and submit for program approval.
- Draft and finalize the HECP Proposal. Students must have this plan approved and signed by the preceptor, and must submit it with the **HECP Proposal Approval Form** by the required deadline for program approval.
- Submit all course assignments associated with the HECP 4-course sequence on time to the instructor.

- Build a digital portfolio using Chalk & Wire, where they will upload key assignments and forms.
- Students are required to log 150 practicum hours. These hours will be submitted periodically through the digital portfolio portal and must be approved by the preceptor before instructor review.
- Students are required to submit a total of two **Preceptor/Student Evaluation Forms** during term 6 and 7. These forms require preceptor signature before submission to the instructor through the digital portfolio portal.
- Behave professionally at all times, in representing themselves and the university throughout the practicum and community-engaged experiences.
- As with all MPH courses, students must attend all live sessions and complete any required asynchronous content.

IMPORTANT NOTE ON STUDENT PROGRESS:

The Final HECP Proposal developed through the MHEO 473 and MHEO 474 (and MHEO 490 for Accelerated Course Sequence) courses will be graded by the Section Instructor and also reviewed by a MPH Faculty Committee for program approval. The student must develop the Proposal in careful consultation with the Practicum Preceptor throughout the term to assure that the project plan aligns with organizational needs/interests and with the student's learning goals.

In order for a student to pass this course, all of the following conditions must be met:

- You must receive a passing grade of 80 or greater on the Final HECP Proposal
- You must submit the Proposal Approval Form, signed and approved by your Preceptor
- The Final HECP Proposal must be reviewed and approved by the MPH Faculty Committee

Should a student's proposal not be approved, according to the steps above, the student will be required to repeat MHEO 474. Therefore, the student will not be approved for registration for MHEO 475, and the student will not be allowed to begin the practicum in the subsequent term. In the Accelerated Course Sequence, the student must complete all the requirements of MHEO 490 to advance to MHEO 475.

The approved Final HECP Proposal is considered the student's *final plan and contract* for the practicum placement for the remainder of the HECP experience (completed through MHEO 475 and MHEO 476). Should the student propose substantive changes to the plan, this may require the student to withdraw from and/or repeat a course in the HECP sequence. Likewise, should the student be delayed in beginning their practicum placement in MHEO 475, they may be required to withdraw and/or repeat the course.

Preceptors

Preceptors support students by supervising them in their community practicum placement as part of the Applied Practice Experience. Preceptors are responsible for the following tasks:

- Access the Chalk & Wire and complete registration.
- Approve and sign student's **Practicum Placement Site Approval Form**.
- Review and approve student's **HECP Proposal Approval Form**.
- Review and approve hours submitted by the student.
- Assist and supervise the student during their practicum.
- Submit three (3) **Preceptor/Student Evaluation Forms** to the course instructor.
- Review, approve, and sign off on the final HECP Digital Portfolio.
- Attend a student's online final presentation of the HECP (based on availability)

Faculty

Instructors will guide students throughout the 4-course HECP sequence (3 courses for Accelerated Course Sequence), providing structure and support for successful completion of this culminating program experience. In addition to their typical responsibilities as MPH faculty, instructors are responsible for the following tasks:

- Review and approve the **Practicum Placement Site Approval Form**.
- Review and approve the **HECP Proposal Approval Form**.
- Review practicum hours submitted by the student.
- Assist and provide guidance to students through the development and implementation of their HECP and related assignments (through live sessions and individual office hours).
- Assist and provide guidance to students through the development of the Integrative Learning Experience assignments and final report (through live sessions and individual office hours).
- Review and approve **Preceptor/Student Evaluation Forms**.

(J) IDENTIFYING HECP OPPORTUNITIES

It is ultimately the student's responsibility to seek and secure their practicum placement site. Faculty will mentor and support students through this experience, providing them career advice and preparatory resources. It will be important that the student is proactive in networking and researching local opportunities within their community context. The following resources may be helpful as a starting place to identify potential organizations and resources.

- [Idealist](#) is a helpful website for identifying organizations working on key issues in your local context. Use the search engine functions to designate your city or community

and key topic(s) of interest. You can select the “organization” tab to identify organizations whether or not they are offering current opportunities.

- [The American Public Health Association](#) (APHA) is an organization whose mission is to improve the health of the public and achieve equity in health status. When you access their website, click on the *Careers* tab and then look for internships/fellowships on the left side of the page.
- [NonprofitJobs.org](#) is a website where you can find not-for-profit employers and their job openings. By clicking on the *Search Job Postings* tab you can access to a search engine where you can specify your city, job type, and other information that can help you to make a more specific search.
- [Internships.com](#) is a helpful website to identify internships in different areas. To navigate this page you can type the area of interest and your city in order to make the search more specific.
- [Public Health Jobs](#) is a useful website where you can find jobs, internships, volunteer, and fellowship opportunities in the field of public health. Once you access the website you can specify your search by area of interest and your city to find potential opportunities in your local area.
- [The Hunger Center](#) is a non-profit organization that “works to make issues of domestic and international hunger a priority to policymakers in the U.S. government, and to raise a new generation of leaders to fight against hunger and poverty.” On the website you can find different options for fellowships that address issues related to hunger, poverty, social inequality, and racism.
- Beyond these types of clearing house websites, be sure to access local resources focused on non-profit and government opportunities related to public health. This may include the Chamber of Commerce, local Health and Human Services offices, and other public or private organizations networking coalitions of community organizations.

Employment and Financial Compensation

Financial compensation for the HECP, if available, is a matter to be negotiated between students and the preceptor and sponsoring practicum site organization. The possibility of payment is not a consideration in the approval of the practicum. In most cases, because of the limited duration and nature of practicum placements, they are unpaid. Furthermore, it is the student’s responsibility to cover any fees that may be associated with the site. If required, the student will cover expenses related to traveling, immunizations (if needed), and any other type of expense related to their project, unless the employer agrees to cover such expenses. We recognize that ultimately this is an inequity perpetuated by a systemic structure.

Some students may wish to complete the HECP practicum placement at their current site of employment. Generally speaking, we strongly encourage students to complete the practicum

at a new site, outside of their current employment, so that they can expand their community-based experiences and networking opportunities, all the while building their resume in public health and health equity. If a student hopes to develop the HECF in their current employment site, they will need to carefully outline how this project represents an entirely new body of work, rather than work that is already incorporated into their professional role. The student also must justify how and why this placement site is the most optimal site for addressing the health inequity on which the HECF will focus. Students hoping to pursue this option should contact their faculty member as soon as possible during Public Health Project Planning I (Term 4) or MHEO 490 (Accelerated, Term 2) to consider this, and other opportunities.

International Placements

Students may wish to consider completing the HECF practicum placement internationally, and while this may be possible with advanced and careful planning, we generally encourage students to complete the HECF experience in their local community to optimize their likelihood of successful completion of all required components. The HECF is sequenced and supported to allow students to select their placement and develop their proposal over six months in close partnership with the program's Faculty and the selected Preceptor, and to implement and evaluate their project and their progress over the subsequent six months. As students implement their HECF over the final two terms of the program, they are required to complete a series of assignments and requirements to build their final digital portfolio and Integrative Learning Experience products, while also typically completing two elective courses. A departure from this plan based on planned travel and stay in a country outside of the United States, or the student's home community, would require careful, advanced planning in collaboration with the Faculty and Preceptor. The Student must also work to guarantee connectivity and strong communication through the experience to meet required interim evaluations, assignment deadlines, and other HECF requirements, and must be responsible for any costs associated with travel or arrangements necessary to meet program requirements.

Students wishing to pursue this option must understand that there is inherent risk that international placements may introduce unpredictable or unforeseen obstacles or challenges which may result in course failure and/or delayed graduation. This is not the responsibility of the MPH Faculty or program, in such cases.

(K) HECF DIGITAL PORTFOLIO

Students are required to complete a **HECF Digital Portfolio** using the Chalk & Wire software to evidence demonstration of competencies associated with the Applied Practice Experience. The final portfolio is meant to document and catalog the products of the student's project and to be used as a useful tool as the student seeks out future employment opportunities. Along with the HECF Integrative Learning Experience, the portfolio should also serve as instructive

material for others interested in undertaking a Health Equity Change Project. Students will organize artifacts from the HECF, which will vary according to the plan each student creates, and may include:

- Policy Briefs
- Advocacy plans
- Campaign materials
- Lesson plans
- Multimedia, including photos, websites, posters
- Communications plans and outreach materials
- Media coverage (news articles, press releases, Op Eds, radio transcripts)
- Stakeholder planning materials

Each portfolio will also include an analysis of students' competency attainment in the context of their practicum placement. Finally, students will complete a brief Change Project video, oriented to social media platforms, that features their project and their outcomes.

HECF Digital Portfolio Software: Chalk & Wire

In addition to using 2SC as a site of communication and organization for the four courses associated with the HECF, the HECF requires use of Chalk & Wire for important project-related work, course requirements, and program forms. Students will be responsible for setting up their Chalk & Wire account according to course instructions, and will upload key forms, course materials, and practicum hours to this site. Preceptors will review and approve student materials and practicum hours through this platform, and both students and preceptors will submit performance evaluation forms here as well. Faculty will review and approve all student work submitted through this platform. Detailed instructions will be provided to both students and preceptors to navigate Chalk & Wire.

If students experience difficulty setting up or navigating the Chalk & Wire software, they should first direct their questions to the Chalk & Wire support team, which can be reached by email, support@chalkandwire.com or phone, 716-270-0000. Specific questions regarding course material should be directed to the faculty or Simmons support staff.

(L) IRB AND ETHICAL IMPLICATIONS OF THE HECF

As part of the planning of the HECF, all students are expected to complete a review of the ethical implications of their project, and must visit the Simmons University Institutional Review Board (IRB). All students must complete the IRB Performance Improvement Form (aka Quality Improvement). If, after completing this form, it is determined that the project will engage human subjects research, the student is required to complete a full review through the Simmons University IRB. According to the University's IRB a human subject is defined as

“any living person. Research involving laboratory animals is approved and monitored by the University's Animal Care and Use Committee.”

Students are strongly encouraged to craft their Health Equity Change Project in such a manner that it does not classify as human subjects research, as a full IRB review will require extra time to complete and may invite unforeseen obstacles. Should students have an interest in pursuing human subjects research for the HECP, they must identify this interest early in Public Health Project Planning I (Term 4), and meet with their instructor to explore the possibilities and implications. These discussions should consider whether this may delay their course and project completion and, therefore, their expected graduation date.

There are many project possibilities that students may pursue that are *not* considered human subjects research. According to the University's IRB guidelines, performance improvement projects are conducted solely for the purpose of improving quality. As the guidelines state:

- The purpose of this type of project is to improve the quality of our practices, and will not result in generalizable knowledge.
- These projects are done under the supervision of faculty or staff.
- The findings from these projects will not be of interest to a larger audience outside of the specific organization or setting in which they take place.

All students are required to have a Cayuse account to submit their protocol to the IRB Committee for review.

IRB and HECP Guidelines

1. Types of Projects:

1.1 Quality Improvement Projects (QI): These projects are also known as Performance Improvement. The goal of a QI project is to improve care, processes, or outcomes in an organization (Ochsner, 2020). If the student is conducting an investigation solely to evaluate whether putting research evidence into practice improves quality measures the project will qualify as QI. It is important to clarify that QI projects are not research projects. **A student who has submitted a QI for review cannot state that "IRB approval was obtained" because the IRB does not approve PI projects. Instead, it should be said that "the IRB determined this activity did not constitute human subjects research." (IRB Simmons University)**

Examples of quality improvement projects may include:

- The implementation of a curriculum to address institutional racism within a healthcare organization.

- Evaluation of the effects of a policy implementation on access to healthcare in a historically marginalized community.

It is important to highlight that the focus of these projects is not to explore or identify the lived experiences, emotions, and perceptions of the participants. The purpose is to examine the existing processes in order to make measurable improvements.

1.2 Human Subject Research Projects (HSRP): In the case the student is systematically and purposefully obtaining information by asking questions of and/or observing people in order to gather data for the purpose of generating knowledge, and if this work will be disseminated outside the classroom, then this project qualifies as HRP.

During the design and planning of the HECP students are encouraged to avoid projects that will require a full IRB review due to the timelines for the HECP courses and the IRB committee reviews. Full review projects/nonexempt projects are highly not recommended to be conducted as a HECP.

In order to prevent falling into a full review one recommendation is to avoid the use of vulnerable populations: Children under 8 years of age, Children 8-17 (under 18 years of age), Prisoners, Economically disadvantaged, Educationally disadvantaged, Individuals with impaired decision-making ability.

With the purpose of facilitating the design of the HECP the instructor/faculty should navigate the [Human Subject Regulation Decision Charts](#) by the Department of Health & Human Services – Office for Human Research Protection.

The instructor should also get familiar with Regulation [45 CFR Part 46](#)

One initial useful tool is to navigate chart 2 of the above mentioned regulation.

Chart 02: Is the Research Involving Human Subjects Eligible for Exemption Under 45 CFR 46.104(d)?

By following this chart the instructor will help the student to fall into an exempt project. Another important resource for faculty to identify the differences between a QI and a HSRP are described in the following table:

Comparison of Human Subjects Research and Quality Improvement Projects

Study Design Element	Human Subjects Research Project	Quality Improvement Project
Purpose	Gather facts to test a hypothesis and develop or contribute to generalizable knowledge.	Improve and understand specific, local processes or practices commonly related to cost, productivity, operations, quality, or patient experience.
Starting point	Answer a question or test a hypothesis that can be applied to a more general population.	Improve performance in a specific unit or population (patient or provider) in an organization.
Design	Systematic design with strict adherence to a protocol that does not change throughout the process. May involve randomization.	Iterative and adaptive design that may or may not be systematic. Usually does not involve randomization.
Beneficiaries	Clinician, researcher, scientific community, and occasionally the subject benefit. Results do not directly benefit institutional practice or programs.	Patients, staff, providers, and institutions benefit.
Mandate	Institutions do not mandate research activities or programs.	Activities are usually mandated by institutions or clinics as part of clinical operations.

Impact	Designed to contribute to generalizable knowledge and may or may not benefit subjects.	Findings are expected to directly impact institutional processes or practices.
Measures	Measurement instruments must have estimates of reliability, validity, specificity, and sensitivity. Instruments are often complex and have a significant time burden. Protocols are followed closely, and confounding variables are measured or controlled for. Studies may occur over long periods of time (years).	Measurement instruments are generally limited, simple, easy to administer, and not overburdensome to the provision of care. Iterative, rapid cycles are followed, and confounding variables are acknowledged but not measured. Timeline is commonly weeks to months.
Adoption of results	Little urgency to disseminate results quickly.	Results rapidly adopted into local care delivery.
Participants	Subset of a population without an obligation to participate. Participants must meet strict inclusion and exclusion criteria. Investigator will calculate a sample size to determine how many participants are needed.	Most or all of the population involved in the process or practice. The responsibility to participate is a component of care, and the expectation is that most individuals participate.
Benefits	Participants may or may not benefit directly.	Direct benefit to system, program, or process is expected although participants may not receive direct benefit.
Risks	Subjects may be placed at risk, and risks are stated in the informed consent document.	By design, does not increase patients' risk, with the exception of possible

		privacy/confidentiality concerns. Consent is implied as part of care.
Analysis	An a priori hypothesis is developed by the researcher to be statistically proved or disproved.	A program, process, or system is compared to an established set of standards, outcomes, or targets.
Outcome	Answer a research question and statistically prove or disprove a hypothesis. Significant scientific rigor is applied.	Promptly improve a program/process/system after comparison with an established set of standards. Process validity is sought.
Dissemination of results	Intent to disseminate assumed at the outset of the project with results expected to develop or contribute to generalizable knowledge by filling a gap in the scientific literature.	Intent to disseminate is not assumed at the outset of the project and often does not occur beyond the institution; when results are published, the intent is to suggest potentially effective models and strategies rather than generalizable knowledge.
Use of placebo	Use of placebo may be planned.	Comparison of standard treatments, practices, techniques, or processes. Placebo is not used.
Deviation from standard practice	May involve significant deviation from standard practice.	Unlikely to involve significant deviation from standard practice.

Retrieved from: Ochsner (2020)

1.3 Secondary Data Projects: If the student is designing their HECP based on the use of secondary data the following items are important to be highlighted for an easy IRB review:

- **Data Availability:** Please specify in your protocol if your data is publicly available or if permission from a specific organization is required. Make sure to specify the procedure and to attach to the IRB protocol a letter/email from the organization granting you access to this data
- **Identifiable information:** if your data regardless of its availability contains private or identifiable information about any subject, please specify and make clear to the reviewer that all data will be de-identified for the purpose of the project. If the data does not contain any private or identifiable information, make sure to notify this during the IRB protocol.

2. Timelines: All projects need to be submitted to the IRB for review at **least three weeks** before the expected date of starting the implementation (Beginning of MHEO 475).

The IRB at Simmons takes 5 working days to return or approve protocols. Students and faculty need to be aware that submitting the protocol does not mean approval and that the reviewer may return the protocol with comments that need to be addressed before resubmitting the protocol.

3. Moving to MHEO475 and starting the implementation of the HECP: Students who failed to get their project approved by the IRB by the end of MHEO474 but that has submitted the protocol and have both the placement approval form and the proposal approval form signed by their preceptors will be giving an **Incomplete** grade. **Students with an IRB protocol approved but that failed to provide both or one of the placement approval forms and the proposal approval will fail the course.**

Important note: Students are NOT allowed to start their HECP without an IRB approval. Hours towards the HECP can only be counted once the student has all three requirements approved by the instructor (IRB approval, placement approval form and the proposal approval)

(M) COLLEGE POLICY STATEMENTS

Please visit <http://www.simmons.edu/student-life/handbook/> for College Policies on the following topics and more:

- [Honor System](#)
- [Prohibited Conduct](#)
- [Notice of Non-Discrimination and Grievance Procedures](#)
- [Accessibility Services](#)
- [Hazing Policy](#)

- [Gender-based Misconduct Policy](#)
- [Student Rights and Responsibilities Statement](#)
- [Policy on Valuing Diversity](#)

(N) APPENDIX AND FORMS

- Program Learning Framework
- Simmons University Institutional Review Board
- HECF Proposal Approval Form
- Interim Student/Preceptor Evaluation
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Program Learning Framework

MPH Foundational Competencies ¹	
<i>Evidence-Based Approaches to Public Health</i>	
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
<i>Public Health & Health Care Systems</i>	
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
<i>Planning & Management to Promote Health</i>	
7.	Assess population needs, assets and capacities that affect communities' health

8. Apply awareness of cultural values and practices to the design or implementation 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
<i>Policy in Public Health</i>
12. Discuss multiple dimensions of 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 equity within public health programs, policies and systems for diverse populations
15. Evaluate policies for their impact on public health and health equity
<i>Leadership</i>
16. Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making
17. Apply negotiation and mediation skills to address organizational or community challenges
<i>Communication</i>
18. Select communication strategies for different audiences and sectors
19. Communicate audience-appropriate public health content, both in writing and through oral presentation
20. Describe the importance of cultural competence in communicating public health content
<i>Interprofessional Practice</i>
21. Perform effectively on inter-professional teams
<i>Systems Thinking</i>
22. Apply systems thinking tools to a public health issue

MPH Concentration Competencies: Health Equity
1. Analyze the history and principles of health equity, human rights, and social justice and apply to the discipline and practice of public health
2. Analyze systems of oppression and structural-level determinants of health, including racism and other forms of marginalization, drawing parallels to patterns of health disparities
3. Appraise one's own position, values, and biases, within the systems and structures that shape population health
4. Employ skills of community organizing, advocacy, and participatory methods to engage community members in assessing and/or addressing community health issues
5. Appraise public health as a vehicle for transformative change by analyzing an existing health equity initiative as a model of social innovation.

¹ Council on Education for Public Health. 2016. Accreditation Criteria: Schools of Public Health and Public Health Programs, Amended October 2016. Available at: <http://ceph.org/assets/2016.Criteria.pdf>

REFERENCES

Ochsner J. 2020. How to Determine if a Project Is Human Subjects Research, a Quality Improvement Project, or Both Spring;20(1):56-61. doi: 10.31486/toj.19.0087