The following are goals of this educational program:

- Provide the knowledge and skills necessary to implement a COPC program.
- Provide an analytical framework for evaluating community-based interventions using the principles and methods of COPC as a reference.
- Provide opportunities for COPC practice, especially within vulnerable communities.
- Create health and public health practitioners with skills necessary to excel in the following positions:
  - Clinic Quality Improvement Specialist (clinic setting)
  - Patient Centered Medical Home team leader (clinic setting)
  - Supervisor of patient care coordination (clinic or MCO setting)
  - Community health specialist (community, clinic or public health setting)
  - Health promotion specialist (community or clinic setting)
  - Supervisor of Community Health Worker program (community or clinic setting)
  - Community Health Research coordinator (academic, clinic or community setting)
  - Director of community clinic or community health organization (With dual health and MPH degree)

Background
COPC provides the bridge between clinical medicine and public health, in which the community is the focal point in the delivery of health care. It provides a conceptual and methodological framework to rationalize, organize, and adapt available resources to the delivery of health services. The methods are essential to the organized delivery of health care in community based practices, organizations engaged in managed care, and responsive governmental health systems.

The basic concepts of COPC were initially implemented in South Africa during the early 1940’s by Sidney and Emily Kark with the creation of community health centers. These centers promoted a reorientation of health services at the community level through a unique linkage between individual clinical care and public health. They served as a laboratory for teaching and training health professionals.

Since that time, COPC has been taught and practiced in a number of settings around the world. Significantly, it has been an important element in the Community Health Center movement, the Indian Health Service, and a number of urban health departments in the United States as well as a variety of public health and primary care systems around the world. Developments in computer-based information management, mobile health, geographic information systems, and qualitative information gathering techniques have proved important assets to COPC practice.

The Concept of COPC
The essence of COPC is the planning and delivery of health care to a defined community in response to the defined needs of that community. To do this successfully requires the planned integration of the classical public health roles
of health promotion and disease prevention at population levels with the delivery of primary health care, which focuses on the clinical treatment of disease and its sequelae. COPC recognizes that, in line with the World Health Organization definition of health as being far more than the absence of disease, a clinical practice should be responsive to the broad health needs of the community and should be flexible enough to respond to changes in those needs. COPC can be defined as a continuous process by which primary care is provided to a defined community on the basis of its assessed health needs through the planned integration of public health with clinical practice. The COPC program curriculum teaches a six-step process as follows:

1. Community definition
2. Community characterization
3. Problem prioritization
4. Detailed assessment
5. Intervention
6. Evaluation

The overall curriculum is designed to give the learner the necessary public health tools to apply the principles of COPC in the context of community health practice and to be well educated in the disciplines of applied public health.

Specific admission requirements are shown on the Graduate Program Finder. (http://www.gwu.edu/all-graduate-programs)

Visit the program website (https://publichealth.gwu.edu/programs/community-oriented-primary-care-mph) for additional program information.

REQUIREMENTS

The following requirements must be fulfilled: 45 credits, including 15 credits in core courses, 6 credits in courses in the department, 14 credits in courses in the field, 6 credits in elective courses, and 4 credits in practicum and culminating experience courses.

Program Requirements

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<tr>
<th>Code</th>
<th>Title</th>
<th>Credits</th>
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<tr>
<td><strong>Required core courses:</strong></td>
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<tr>
<td>PUBH 6001</td>
<td>Biological Concepts in Public Health</td>
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<tr>
<td>or PUBH 6591</td>
<td>PA/MPH Clinical Leadership Seminar</td>
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<tr>
<td>PUBH 6002</td>
<td>Biostatistical Applications for Public Health</td>
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<tr>
<td>PUBH 6003</td>
<td>Principles and Practices of Epidemiology</td>
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<td>PUBH 6004</td>
<td>Environmental and Occupational Health in a Sustainable World</td>
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<td>PUBH 6005</td>
<td>Management and Policy Approaches to Public Health</td>
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<tr>
<td>PUBH 6007</td>
<td>Social and Behavioral Approaches to Public Health</td>
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**Courses in the department:**
- PUBH 6500 Planning and Implementing Health Promotion Programs
- PUBH 6501 Program Evaluation

**Courses in the field:**
- PUBH 6504 Social and Behavioral Science Research Methods
- PUBH 6510 Community-Oriented Primary Care Principles and Practice
- PUBH 6512 Community-Oriented Primary Care Policy and Issues
- PUBH 6514 Preventing Health Disparities
- PUBH 6513 Community Health Management
- PUBH 6516 Community Health Information Resources

**Elective course recommendations:**
- PUBH 6503 Introduction to Public Health Communication and Marketing
- PUBH 6534 Community-Based Participatory Research
- PUBH 6249 Use of Statistical Packages: Data Management and Data Analysis
- PUBH 6531 Health Promotion in Health Care Settings
- PUBH 6262 Introduction to Geographic Information Systems
- PUBH 6530 Qualitative Methods in Health Promotion
- PUBH 6532 Community Organization, Development, and Advocacy
- HSML 6204 Quality and Performance Improvement

**Other required courses:**
- PUBH 6014 Practicum
- PUBH 6015 Culminating Experience
Graduation Requirements
1. Graduate credit requirement: 45 graduate credits.
2. Course requirements: Successful completion of core and program-specific courses.
3. Minimum grade-point requirement: 3.0 (B average) overall grade-point average.
4. Time limit requirement: The degree must be completed within four years.
5. Transfer credit policy: Up to 12 graduate credits that have not been applied to a previous graduate degree may be transferred to the Master of Public Health program. External credits must have been earned from an accredited institution in the last three years with a minimum grade (or grade-point average) of B (3.0) or above. SPH graduate certificate students can transfer as many credits as meet program requirements—up to 18 credits—to the MPH degree. Graduate certificate students wishing to transfer to a degree program may apply to do so via the online change of concentration petition after completion of three or more courses and a cumulative GPA of 3.0 or above. A grade of B or above is required for a course to be eligible for transfer.