

Towards a unified curriculum system based on a public health holistic approach. Renovation of the academic programs at the School of Public Health of Mexico

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Abstract

Public health training cannot be practiced in isolation, but rather within the framework of substantive conceptual visions, the organizational structure and teaching culture in a broad sense. The School of Public Health of Mexico (ESPM), in the mist of its 100th anniversary, is implementing an educational restructure with the guidance of conceptual and ethical principles. The restructure of the academic programs will follow a constructivist pedagogical model, based on renewed institutional practices that integrates research, teaching and community outreach, making for truly transformative learning. The new design of the whole structure of its academic programs has the objective of making them flexible, less technical-based but more practical, and a within an unified curricular system that articulates and allows continuity between master's degrees and doctorates programs. In the new structure, the curriculum will have a common core for all the academic programs, emerging from the study of the essential bases of public health, human rights, including

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Resumen

La capacitación en salud pública no puede practicarse de forma aislada, sino en el marco de visiones conceptuales sustantivas, estructura organizativa y cultura docente en un sentido amplio. La Escuela de Salud Pública de México (ESPM), en su 100 aniversario, está implementando una reestructuración educativa con la orientación de principios conceptuales y éticos. La reestructuración de los programas académicos seguirá un modelo pedagógico constructivista, basado en prácticas institucionales renovadas que integren la investigación, la docencia y la extensión comunitaria, haciendo que el aprendizaje sea verdaderamente transformador. El rediseño de toda la estructura de sus programas académicos tiene el objetivo de hacerlos flexibles, menos escolarizados, pero más prácticos y dentro de un sistema curricular unificado que articule y permita la continuidad entre maestrías y doctorados. En la nueva estructura, el plan de estudios tendrá un tronco común para todos los programas académicos, que surgirá del estudio de las funciones esenciales de la salud pública, con

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gender and social perspectives, principles of global health, ethics of public health practice, environmental and animal health inferences and community outreach in the form of social retribution. The Institute's research groups will be the functional units for investigation and teaching, thus students will be integrated into these at an early stage, under the guidance of a tutor. In this context, the requirements for a comprehensive, unifying and at the same time flexible curriculum will support training of Public Health with a holistic approach. The current programs were analyzed including the review of their courses, regarding the pertinence of their contents and proposed competencies. We present herein a description of these observations, and propose a new common core (conceptual-operative) with compulsory courses as the base for all programs. The participation of all academic bodies in reviewing the proposed new common core, as well as the syllabus and courses, identified those that are essential in each program's study concentration area, is indicated.

Keywords: education in public health; holistic approach to programs; educational innovation

una perspectiva de derechos humanos, incluyendo el género y perspectiva social, los principios de la salud global, la ética de la práctica de la salud pública, las inferencias ambientales y de salud animal, y el alcance comunitario en forma de retribución social ante las prioridades de salud poblacional. Los grupos de investigación del instituto serán las unidades funcionales de investigación y docencia, por lo que los estudiantes se integrarán en estos grupos desde una etapa temprana, bajo la guía de un tutor. En este contexto, se propone un currículo integral, unificador y al mismo tiempo flexible que apoye la formación en Salud Pública con un enfoque holístico. El análisis de los programas en curso incluyó la revisión de sus cursos, en términos de la pertinencia de sus contenidos y competencias propuestos. Presentamos aquí una descripción de estas observaciones, y proponemos un nuevo núcleo común (conceptual-operativo) con cursos obligatorios como base para todos los programas. Este diseño contó con la participación de todos los cuerpos académicos en la revisión del nuevo tronco común propuesto, así como del currículo y los cursos, para identificar aquellos que son esenciales en las áreas de concentración de estudio de cada programa.

Palabras clave: educación en salud pública; enfoque holístico de programas; innovación educativa

The School of Public Health of Mexico (ESPM, in Spanish) celebrates 100 years of training health professionals committed to improving the quality of life of the population. Currently, public health practice requires addressing social determinants at the global, regional and local levels and involving society, decision-makers and government. Even with advances in health care that improved the health status of populations in general, continuous evolution and changes of biological, social, economic and political interactions occurs and determines the risks and conditions that affect populations and hinder the achievement of goals and an adequate balance in human, animal and environmental health.

ESPM recognizes the need to adequate its vision regarding public health and therefore to update and innovate the training of future public health leaders. ESPM graduates should be agents of change with negotiation and leadership skills and with transdisciplinary and multi-professional experience. They should incorporate in their understanding of health problems and practices for their attendance elements for the engagement of communities and civil society, with a social and gender perspective and respect to human rights. These should incorporate a vision based on the understanding of interacting factors that conform the health status and wellbeing of humans and animals, within up numbering diverse stressed environments that configure local and global health situations (One Health/EcoHealth).

This vision demands academic modernization, making the most of new technologies and educational

tools, and new organizational interactions fostering synergy of the school's academic bodies such as the *Gabinetes Académicos de Docencia e Investigación* (GADI), institutional collegiate bodies (professors councils), program coordinators and research professors. The proposed modernization aims at, on the one hand strengthen the governance of academic programs and the link between teaching and research, but most important, reshape the school's program to improve teaching by a comprehensive, unifying, and flexible curriculum in master's and doctoral programs.

Based on the above, a multidisciplinary work group conducted an internal review of the programs that support the training of ESPM graduate students. An analysis of the academic programs for the master's and doctoral degrees, graduate student profiles, and the learning objectives, competencies, curriculum maps and contents of teaching units (TUs), and *primarily common core*, was carried out. For the analysis, the Essential Public Health Functions (EPHF) of the Pan American Health Organization (PAHO),¹ the Principles of the Ethical Practice of Public Health,² and the competencies adopted by the Council on Education for Public Health (CEPH)³ were considered, as well as aspects of curricular methodology as some experts on the topic recommend.^{4,5} The new vision of teaching in ESPM includes as fundamental elements the practice of public health, the inclusion of community participation from a context of social and gender equity framed in ethical principles, and the preservation of the environment, contextualizing the determinants of

local health with the interactions and influences of the changing conditions of global health.

With this vision, the content of the current programs, and how they align with the current public health needs, including human, animal and environmental health, and participative and collaborative work with communities were analyzed. Based on the analysis, learning objectives and the desired competencies of graduate students in each ESPM program are proposed.

This document describes the activities of the multidisciplinary group and the results obtained from the internal review, and proposes new definitions for the learning objectives of the academic programs and updated competencies for students upon graduation.

The analysis group considers that to achieve the proposed objectives, multilevel contribution among the various partners that compose the academic core of the *Instituto Nacional de Salud Pública* (INSP), including leaders, academic bodies and teachers-researchers in the master of science, doctoral, and other graduate programs, students, support personnel and academic advisors, is required.

Objective

To describe the current conditions of the academic programs at ESPM, identifying areas of opportunity and develop a unified comprehensive curriculum around a public health axis.

The activities that the multidisciplinary group carried out for the internal review are summarized in six stages:

- 1) Perform a SWOT analysis (strengths, weaknesses, opportunities, and threats)
- 2) Create a list of conceptual inputs
- 3) Analyze teaching TUs, hours and credits
- 4) Draft desired learning objectives and competencies
- 5) Map desired competencies and current TUs
- 6) Identify a conceptual-operational core

- 1) Perform a SWOT analysis

A discussion was carried out on the (internal) strengths and opportunities and the (external) weaknesses and threats. The discussion allowed assessing the relevance of the curriculum audit and seek alternatives to improve the academic programs (table I).

- 2) Create a list of conceptual inputs

For this stage, a review of conceptual inputs, such as the Essential Public Health Functions in the Ameri-

cas: A renewal for the 21st century;¹ the Principals of the Ethical Practice of Public Health² and the foundational competencies proposed by the CEPH³ (appendix 1),⁶ was conducted. In comparative tables, the EPHFs, principles of the ethical practice of public health, and the foundational competencies proposed by the CEPH (both for master's degree programs in public health and for doctoral degree programs in public health) were analyzed, identifying key words to establish relationships (appendix 2).⁶ In addition to this analysis, 12 knowledge and 22 foundational competencies were compared with the content and the activities and assessment in the TUs offered in the public health programs (appendix 3).⁶ After the analysis, a strong link was found between the aspects analyzed; however, when comparing the professional competencies required by ESPM programs, a clear correlation was not identified.

Main findings:

- Public health is not identified as the main axis of training, both in professional competencies and in specific competencies.
- TUs analysis is needed to identify opportunities that provide specific competencies common to more than one area and thus allow greater program flexibility.
- There is a lack of integration of public health into the specific competencies of study concentration areas.
- There is a lack of integration of the fundamental elements of the reformed vision of public health into competencies.
- Ambitious competencies covered in the TUs do not necessarily correspond to the content.
- The subject of some TUs do not contribute to the indicated competence.
- Lack of definition of admission and graduation profiles from the perspective of competencies related to the knowledge and practice of public health:
 - ambitious and difficult-to-obtain goals and profiles/competencies;
 - admission and graduation goals and profiles/competencies not very coherent with the objectives of the programs;
 - graduate profiles/competencies not very specific and clear, inconsistent with the academic activities of the programs;
 - lack of alignment and definition of admission and graduation profiles by program;

Table I
SWOT ANALYSIS, SCHOOL OF PUBLIC HEALTH OF MEXICO. DECEMBER, 2022

Strengths	Weaknesses	
<ul style="list-style-type: none"> Monitoring and evaluation of internal and external evaluators that allow identifying opportunities for program improvement. Consolidated lines of research that address priority issues of public health. Participation of a multidisciplinary team in the analysis of the current conditions of the academic programs at ESPM. 	<ul style="list-style-type: none"> Lack of a common core for all programs (master's and doctorate) that allows considering public health care at a population scale. Insufficient research-teaching ties Lack of definition in admission and graduation profiles that allow identifying the necessary skills and the developing or strengthening of those skills to ensure that graduates of ESPM are competitive and high-level professionals. Lack of a specific analysis of common core teaching unit content and a lack of specialized teaching unit content and alignment with the objectives and competencies of the programs. 	<ul style="list-style-type: none"> Lack of balance between the theoretical skills offered in the programs and the camp activities, primarily those of fieldwork. Inflexible, outdated and disaggregated curriculum between the different study concentration areas, causing the fragmentation of knowledge. Disconnection between the content in the master's and doctoral degree programs. Outdated view of public health. Lack of a network of ties and collaboration to strengthen the programs.
Opportunities	Threats	
<ul style="list-style-type: none"> Institutional interest to improve, analyze, modify and innovate academic programs. Inclusion of teachers in the curriculum audit exercise to improve and update academic programs. 	<ul style="list-style-type: none"> Monitoring and evaluation of internal and external evaluators that allow identifying opportunities for program improvement. Consolidated lines of research that address priority issues of public health, allowing students to have an integrated experience when working on their projects. Participation of a multidisciplinary team in the analysis of the current conditions of the academic programs at ESPM. 	

- lack of mechanisms for the ongoing review and assessment of programs and to achieve compliance or improvement; and
- need to increase awareness of programs in schools or institutions, national or foreign, with a greater emphasis on the admission and graduation profiles/competencies of the candidates and students of the different programs.

3) Analyze TUs, hours and credits

As part of the curriculum review exercise, the TUs, hours and credits within each program were quantified; the results are summarized in table II.

Following this, the TUs corresponding to the primarily common core, study concentration areas and integration axis were categorized along with their numbers, hours and credits (appendix 4).⁶ These were compared with the specifications for the procedures and processes relating to the recognition of the official validity of higher studies, specified by Agreement number 17/11/17 of the *Secretaría*

de Educación Pública (SEP),⁷ which indicates that a master's degree requires a minimum of 75 credits (beyond the bachelor's degree), and a doctoral degree requires a minimum of 75 credits (beyond the master's degree).

Main findings:

- The number of teaching hours, independent of credits, is very high in relation to the minimum criteria established by SEP.
- In doctoral programs, the excess credits is very clear because the number of TUs taught is similar to that for master's degree programs.
- There is a substantial difference between the structure of the primary common core of the different programs:
 - The master of public health degree has nine TUs totaling 53 credits, with areas of specialization adding up to four more TUs and up to 20 credits.
 - The master of science degree has a less primary robust common core and it varies

Table II
ANALYSIS OF TEACHING UNITS (TUs), HOURS AND CREDITS BY PROGRAM,
SCHOOL OF PUBLIC HEALTH OF MEXICO. DECEMBER, 2021

Program	Total TUs	Total hours	Credits
Master of Public Health			
Health administration	16	1 390	98
Biostatistics and information systems	17	1 430	100
Social and behavioral sciences	17	1 410	99
Infectious diseases	17	1 430	100
Aging	17	1 420	100
Epidemiology	17	1 430	100
Nutrition	17	1 430	100
Environmental health	17	1 430	100
Master of Science			
Epidemiology	16	1 440	95
Biostatistics	18	1 560	105
Health systems and policies	18	1 700	113
Environmental health	19	1 660	109
Health economics	20	2 060	138
Infectious diseases	15	1 450	97
Vector-borne diseases	15	1 490	104
Population nutrition	16	1 520	102
Doctor of Public Health			
Doctor of Science			
Epidemiology	17	1 290	107
Health systems	17	1 110	98
Infectious diseases	14	1 010	88
Population nutrition	17	1 390	109
Environmental health sciences	18	1 400	108

between 3 and 4 TUs, totaling 17 to 25 credits among study concentration areas, while the numbers of TU area-specific are very high (from 7 to 13 TUs) and is reflected in the number of credits (from 27 to 103). This leaves little room for flexibility.

- The doctor of public health degree has a total of 20 TUs that grant 109 credits.
- The doctor of science study concentration areas differs between 2 and 4 TUs in their primary common core, generating between 8 and 14 credits, while the areas of specialization have 3 to 8 TUs that contribute between 23 and 52 credits.
- Integration axis in the master's degree programs is balanced (between 3 and 5 TUs, equivalent to 17 and 21 credits). This is not the case for the doctor of science study concentration areas, which

have up to 7 and 8 TUs (totaling 26 to 34 credits), making it over-credited, limiting the time available for carrying out a thesis. To comply with SEP's specifications, if the desired number of TUs in the concentrations areas is reduced, it is evident that there is a need to establish criteria to grant credits for activities such as data collection, information analysis, and laboratory practices (where applicable) and thus direct academic training toward research.

- 4) Draft desired learning objectives and competencies To propose objectives and competencies to respond to the current public health problems, under a renewed approach in training that would unify knowledge among the programs, areas needing modifications were identified. The information was organized into comparative tables that allowed

analyzing the current competencies and redefining the desired learning objectives and competencies. This was conducted taking as reference the aforementioned conceptual inputs (namely, EPHFs, ethical principles of the practice of public health and foundational competencies of CEPH), including the vision of global health and the participation of communities in a holistic approach to public health. The exercise allowed comparing the relevance of learning objectives and competencies without losing the consistency and essence of the academic programs and to propose progressive advancements in the level of competencies acquired in the master's degree and doctoral degree programs (appendix 5).⁶

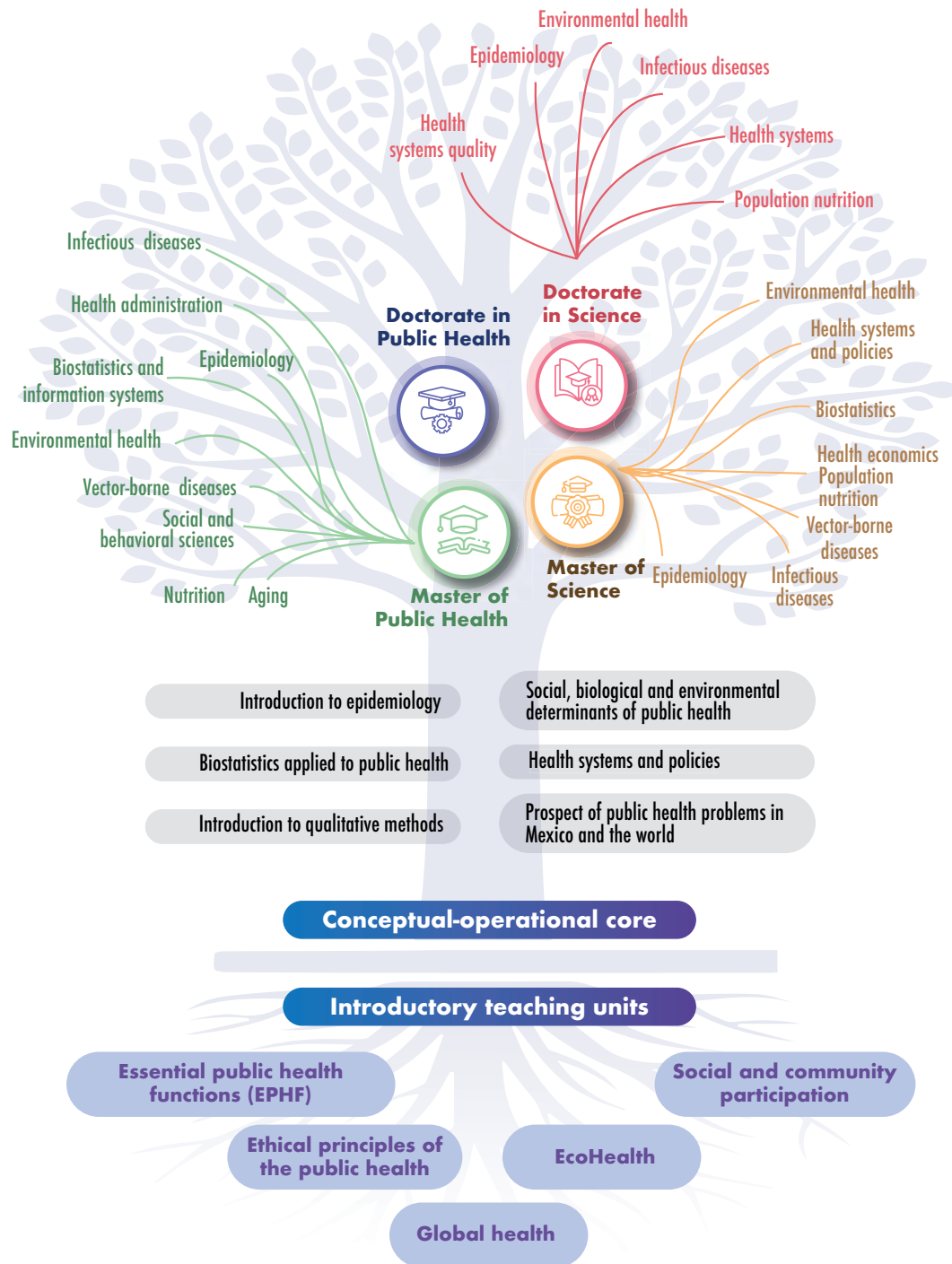
Main findings

- With the current objectives and competencies, there is no continuity between the master's and doctoral degree programs in relation to advancing the acquired knowledge; that is, the levels of knowledge were not well linked.
 - Current public health teaching does not possess a comprehensive vision of global health enriched with EPHFs and prioritizing work with communities.
 - For the proposed desired learning objectives and competencies, the construction of public health competencies is proposed as the guiding axis for an operational-conceptual core (in substitution of the actual primarily common core) for the master's degree programs. New common competencies to specific masters, study concentration areas are later added and subsequently common and specific competencies of the doctorate degrees and their study concentration areas (figure 1).
- 5) Map desired competencies and current TUs
Once the common desired competencies for the master's and doctoral degree programs were identified, they were mapped in the current TUs of the *primarily common core* for all programs. The analysis was based on overviews and lesson plans that teachers use for each TU. The topics were identified, as were the approaches to teaching-learning activities, to identify theoretical and practical aspects. In a matrix, the TUs were placed at the side of the columns, the desired competencies were placed in the rows, and the topics and teaching-learning activities were placed at the intersection (appendix 6).⁶ This allowed for the development of a "traffic light" code to categorize the "type" of approach: 1) green for practical activities, 2) orange for theoretical-practical

activities and 3) yellow for theoretical activities (appendix 7).⁶

Main findings:

- There are no elements of the renewed vision of public health in the current primarily common core TUs, for example, global health, social and gender perspectives, human rights, participation and community perspective, environmental health and ethical principles of public health were missing.
 - The academic programs in public health were over-credited and unbalanced. There is limited training in activities at the population level, little activity at the operational level, repeated topics, degree projects unrelated to the current needs of public health or health systems, and fragmented knowledge.
 - There was an absence of a community participation component in TUs as a solution for public health issues.
 - The curriculum maps were overloaded (in terms of teaching hours, independent hours and credits).
 - There was an imbalance between the number of credits between programs and study concentration areas.
 - The curriculum maps were not flexible enough to allow students the opportunity to study TUs from other programs to complete multidisciplinary training based on their academic and professional interests.
 - The TUs were very extensive, with topics that cannot be addressed.
 - There was no continuity in and levels of public health knowledge among TUs and less so in the continuity from the master's degree program to the doctoral degree program.
 - There was duplicated topics in some units.
 - The development of teaching skills was limited to the doctoral degree program.
 - The public health component was limited in both the master of science and doctor of science programs.
- 6) Identify TUs for the construction of a conceptual-operational core
After the analysis of the proposed desired competencies and the current TUs, it was possible to identify those TUs that contribute essential elements to the achievement of competencies as well as those that are fully consistent with the program direction (professional or science). The TUs were classified



The unified curriculum system as a tree, growing from roots based on conceptual inputs that build a renewed vision for teaching public health, using Essential Public Health Functions (EPHF) and the competencies proposed by Council on Education for Public Health (CEPH), the ethical principles of public health, global health and One Health/EcoHealth as tools for the analysis of health issues and the consideration of social and community participation. Following the metaphor of the tree, the conceptual-operational core creates a student profile, where the conceptual inputs strengthen the renewed vision of public health and are common to all programs. From this core, secondary branches emerge for each of program (Master of Public Health [MPH], Master of Science [MS], Doctor of Public Health [DrPH], and Doctor of Science [DS]), where the concepts and particular competencies related to public health must be deepened. From these branches, peripheral branches grow that represent study concentration areas, formed by specialization TUs, maintaining the perspective of public health.

FIGURE 1. PROPOSAL FOR THE INTEGRATION OF PROGRAMS AT THE SCHOOL OF PUBLIC HEALTH OF MEXICO. DECEMBER, 2021

as core, complementary, area of specialization and elective. This classification allowed proposing TUs to achieve the desired competencies and to achieve optimal public health knowledge. This starts with introductory TUs that set the basis of a renovated holistic vision of public health and allowing the formation of a common conceptual-operational core (for all the programs), starting in the master's degree setting and building competence toward a doctoral degree. This proposal would allow for units that provide flexibility in the comprehensive and individual training of any ESPM student (appendix 8).⁶ The proposed TUs and the competencies they will provide are presented in table III.

Besides the TUs comprising the Conceptual Operational Core, TUs specific for specific concentration areas of the masters and doctoral programs can also be optional in the training, on the basis of individual needs, of students in other programs. The appendix 6 provides

the mapping that corroborate the congruence between TUs and desired competencies, subject to redefining some issues to be addressed in each TU.⁶

In the context of academic restructuring, INSP/ESPM must transition to an educational model where the nature of learning is not only formative, but also transformative and academically innovative, where a pedagogical model of tutoring focused on problem-solving practice predominates, and where the nature of teaching is based on a competency-based educational model based on teaching and research. Where students, starting from the admission process, are integrated early into research and teaching groups (GID), benefit from group tutoring and take advantage of the academic leadership that various GIDs have achieved in topics such as environmental health,⁸ reproductive health,⁹ addictions,¹⁰ health systems,¹¹ social sciences,¹² indigenous peoples,¹³ quality of care,¹⁴ national surveys,¹⁵ infectious diseases,¹⁶ burden of disease,¹⁷ nutrition,^{18,19} cancer epidemiology,²⁰ children's wellbeing,^{21,22} among others.

Table III
THE PROPOSED TEACHING UNITS

INTRODUCTORY COURSES		CONCEPTUAL- OPERATIVE COMMON CORE	
Teaching unit	Competencies	Teaching unit	Competencies
Practice of Essential Public Health Functions	Recognize the application of the Essential Public Health Functions in the management, decision making and care of human, animal, and environmental health situations.	Public Health in Mexico and the World	Analyze the different approaches, currents of thought and main models that have been developed for the study of public health. Address population health priorities from the perspective of the conceptual, technical and operational challenges of public health policies and programs.
Global health	Understand how the interdependence of political, social, economic and environmental conditions, as well as the interaction of organisms at a global level, affect public health problems and their management.	Social, Biological, and Environmental Determinants of Public Health	Approach public health problems comprehensively, through the analysis and interaction of social, biological and environmental determinants.
Ecosystems and human health	Understand the need for a holistic approach in the design, operation and evaluation of public health research and interventions.	Introduction to Qualitative Methods applied in Public Health	Identify the fundamentals of qualitative methodology in health research.
Ethics in the practice of public health and research	Understand the different approaches, currents of thought and main conceptual models that have been developed for the study of public health.	Introduction to Epidemiology	Apply the epidemiological method and tools to describe and analyze the factors that determine health problems at the population level.
		Biostatistics Applied to Public Health I	Interpret the role of biostatistics, in inferential terms, for public health practice and research.
		Biostatistics Applied to Public Health II	Apply linear, logistic and Poisson regression models to infer associations between relevant variables in public health practice and research.
		Health systems and policies	Analyze the constituent components of health systems, organizational and application scope factors, as well as health policy models that affect the organization and performance of health systems and services.

Conclusions

Restructuring proposal: new challenges, new paths

The present analysis and evaluation shows that ESPM has had significant growth in its academic offerings and therefore in the creation of a greater number of TUs. In addition, it has programs certified by CEPH and Mexican National Council of Science and Technology (Conacyt by its acronym in Spanish). However, it is pertinent to periodically carry out analyses that allow progress and ensure accordance with the changes and current health needs of the population. It is necessary to collectively review the number of programs and areas of specialization offered considering the new criteria, challenges and obstacles of public health. Currently, we are at a crucial moment in which the latest generation of change efforts have arisen from the need for a more comprehensive public health vision to face the challenges of the 21st century and for innovative responses to a situation of prevalent inequity and low social protection.

The main objective of the analysis and design of the proposed restructuring of academic programs at ESPM is the implementation of programs based on the discipline of public health, developing a comprehensive unified curriculum, ranging from master's degree programs to doctoral degree programs, and remedying the excessive number of credits within academic programs.

One of the fundamental bases for the restructuring of academic programs, in addition to excessive number of credits, was the analysis of the professional competencies currently established. In addition to the traditional areas, such as epidemiology, community work, and health education, a need was identified to address the current public health issues, reinforcing desired competencies and skills related to the renewed vision of public health, for example, public policy analysis, communication, ethical principles in public health, human rights monitoring and evaluation, a deeper understanding of social determinants and the association with sectors other than health.

For the development of a comprehensive curriculum, we propose coordination among ESPM, the GADI, and institutional collegiate bodies (professor councils) and the coordination of programs among research professors, seeking to integrate an internal collaboration network that facilitates debates, the exchange of information, and other strategic training and research products for the development of a new academic program to face new challenges in public health.

Conceptual-operational core

The unified curriculum system proposes addressing public health issues from a theoretical-practical approach, based on the principles of the ethical practice of public health that foster social and community participation, the worldview of One Health/EcoHealth and its study of global health and EPHFs. This will create a comprehensive student profile through a conceptual-operational core, common to all training programs without losing sight of the specialization that is desired, whether public health practice or science. This conceptual-operational core is the basis for a continuous training, which will open up an "earned path" to more advanced degrees, making the curriculum more efficient and facilitating the training of public health specialists.

The results of this work and the proposals presented here should be discussed by the collegiate and faculty groups of INSP, who can contribute their experience, deepen the analysis and help shape each of the new academic programs at the ESPM.

Final reflection

ESPM must renew its strategies if it is to improve its teaching methods and allow students to develop problem-solving skills rather than theoretical knowledge. To this end, their individual training curricula should be tailored according to their public health and academic interests, within the scope of the academic requirements of each of the School's graduate programs. By integrating research and teaching, we will emphasize the study and solution of problems. The possibility of formative curricula of individual interest would be provided by a unified and flexible curricular system that allows interaction between the programs' specialization areas, but with a common core made up of learning units, which would instill all students with an approach centered on the basic functions of public health. To acquire a global and environmental perspective, the school must take advantage of its strengths and resources, as well as the availability of inter-institutional and intersectorial links. Restructuring academic programs will equip leaders in public health to face new challenges and will redefine ESPM as a national and international standard in the training of high-level human resources.

Declaration of conflict of interests. The authors declare having participated in the restructuring of the academic program of ESPM. Eduardo Lazcano was the director of ESPM during 2021 and the beginning of 2022 and is the current director-general of INSP.

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