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Teaching Public Health
Transforming Education for Public Health
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>> Recording in progress.

>> SANDRO GALEA: Okay. Why don't I convene us. Let me bring us all to the center.

So, good morning to everybody in the room. Good afternoon, good evening, people who are watching on Zoom, wherever you are. Welcome.

My name is Sandro Galea. I have the privilege of serving as Dean of the Boston University School of Public Health where this event is physically being hosted. Welcome. Thank you for joining us.

This event is both part of our regular public health conversation series that we host on a fairly regular basis where we bring people who are experts in the field to talk about key issues in public health, but also the sixth in our series now of teaching public health gatherings that we have been doing for the past six years, highlighting key aspects that we think are relevant to the teaching of public health.

There is, perhaps, no more important time to be talking about teaching public health than it is now. We have just been through the sentinel public health crisis of our generation, hopefully, which was challenging. It was public health's finest moment and also a moment when public health struggled. And I think we all feel and we are all imbued with a sense of responsibility to think about how do we prepare the next generation to handle such future crises and handle them better than we handled this one and how do we prepare ourselves to

think about what comes in the next couple of decades as we emerge from this moment.

And I think gatherings like this, gatherings of people who are committed to teaching public health, to preparing the next generation are exactly what's right in terms of focusing our thinking on how do we teach ever better.

Another element of this is that this coincides with the release of the Framing the Future effort which ASPPH spearheaded, which really pushed us to think about what our priorities in terms of teaching of public health and how should we make sure those priorities infuse what we teach our students, how we prepare the next generation. All of this is going to be subject of the conversation today and the panels that we are going to be hosting here.

Before I turn it over, I want to say a few thank yous. I would like, first of all, to thank our dean's office, our communications team and the ASPPH staff. I would like to thank Dean LaVeist, who is with us, Laura Magana, President of ASPPH, all of ASPPH board, and all of you involved in ASPPH for all you do.

I would like to thank Lisa Sullivan, who is our Dean of Education, who has been the intellectual architect of our educational program, but also of this event. Thank you. And thank you to everybody for everything that you do for teaching in public health.

And now it's my great privilege to turn this over to Laura Magana, President and CEO of ASPPH, who I think has led the organization with vision and fearlessness over the past 10 years with the importance of focus on teaching. Laura, over to you.

>> LAURA MAGANA: Thank you, Dean Galea, for your kind introduction and for your outstanding leadership.

Good morning, colleagues and friends. I am thrilled to welcome you all to today's teaching in Public Health conversations where we gather to discuss transforming education for public health. ASPPH, we are very excited to co-sponsor this event with one of our member schools, the Boston University School of Public Health, and to engage with all of you in meaningful conversations of today.

Central to today's discussion is ASPPH'S Framing the Future 2030 Initiative. This initiative supported three expert panels, each of which covered distinct but interrelated aspects to manifest our vision. These panels dedicating themselves to, number one, promoting inclusive excellence through an anti-racism lens; number two, embracing transformative pedagogical approaches; and number 3, nurturing robust community partnerships for the betterment of our global health landscape.

The Framing the Future 2030 call to action inspires us to waive anti-racism principles into the very fabric of our educational framework, catalyze a paradigm shift in teaching and learning, and establish profound connections with communities.

The knowledge that these transformative journey transcends the decision of technical abilities, it encompasses. The development of human, social and professional competencies including nurturing civic responsibility, cultivating empathy and compassion and fortifying resilience. Our vision aims to equip future public health professionals to lead and collaborate within an increasingly intricate and interconnected global landscape.

Transforming education for Public Health cannot be achieved in isolation. We eagerly anticipate collaborating with local, regional and global partners from diverse disciplines, professions and sectors. Together we can adapt and evolve in tandem with the ever shifting landscape of public health.

Through this collective effort we aspire to create a future where the health and well-being of communities takes center stage in health professionals' education and practice.

For those of you who are speaking in panel number 1, we welcome your expertise from government, community, and industry, to inspire all of us on deeper collaboration with academia. To the section leaders speaking in panel number 2, your pivotal in shaping the future of your own schools and programs and beyond and inspire all of us in our ASPPH community.

Let's make every interaction today count as we strive to be the environments where everyone's voice is heard and valued.

To all attendees, each of you plays an integral part of this change. Your passion, your insights, and your commitment full our collective journey towards a better tomorrow. Let's seize this opportunity to connect, to learn, and to inspire action. Together we can turn our aspirations into reality.

In closing, I wish to express my profound gratitude to all those who have contributed to Framing the Future 2030 Initiative. In particular, Lisa Sullivan, Chair of the Steering Committee, the Steering Committee, and all the members of the expert panels.

It is now my pleasure to introduce our moderators for this event, for the two panels. Our first panel will be moderated by Lisa Sullivan. Dr. Sullivan is Associate Dean for Education and Professor of Biostatistics at Boston University School of Public Health. In addition to being the chair of the ASPPH Framing the Future 2030 student committee, she was co-chair of the expert panel that created the foundational report building inclusive excellence through an anti-racism lens.

Our second panel will be moderated by Shan Mohammed. Dr. Mohammed is a clinical professor in the Department of Health science and is the Assistant Dean for Diversity, Equity and Inclusion in Student Initiatives at Northeastern University. He currently serves as the Chair of Education Advisor Committee with ASPPH and is the National Co-Chair of the Expert Panel on Transformative Approaches to Teaching and Learning with Framing the Future 2030 Initiative.

I look forward to both panels and will now turn things over to Lisa Sullivan. So, please join me in welcoming Dr. Lisa Sullivan to the stage. Thank you.

(Applause)

>> LISA SULLIVAN: Thank you, Dr. Magana, for that introduction. It was and continues to be a privilege to work with you, ASPPH, and all our partners within and outside of academic public health. As Sandro noted, this is the sixth in this series and I am pleased to report that these conversations are very well attended, attesting to our shared commitment to excellence in teaching.

We started these conversations in 2018 with a series of presentations on unique challenges faced by teachers of public health, followed by new innovations in public health teaching.

In 2020 we focused on diversity, equity, inclusion and justice in teaching public health, with discussions on inclusive pedagogy and best practices for inclusive teaching.

In 2021, we focused on transformative educational models. And in 2022 we discussed teaching public health writing and communication, skills that are more important than ever today.

Last year, similar to this, the conversation was co-sponsored by ASPPH and we focused on health, equity and well-being for all and specifically on issues that the three Framing the Future 2030 expert panels were grappling with as they prepared their final reports.

And at the 2024 ASPPH annual meeting the reports of the three expert panels were released and taken together the Framing the Future 2030 recommendations call for us collectively to create and sustain diverse and inclusive teaching and learning communities, to optimize systems and resources to prepare graduates who are clearly recognizable for their population in public health knowledge, skills, attitudes and practices. And to promote partnering and collaboration across disciplines, Professions and sectors.

It is my distinct pleasure to be moderating our first panel where we will focus on extending our reach, collaborating across sectors and disciplines to support our vision of equitable, innovative, adaptive, and sustainable educational systems for public health.

I would now like to introduce all of our panel 1 speakers. First, we will hear from Kristle Hodges Johnson. Dr. Hodges Johnson is the Executive Director of University High School, a laboratory school on the campus of the University of Memphis, which launched in the fall of 2022.

She has over 10 years of experience in education, beginning in the classroom as a high school English teacher, serving as a department chair and literacy coach, and transitioning into a principal role at Freedom Preparatory Academy High School.

She completed her BA in English from St. Mary's College, her MEd from Christian Brothers University, and her EdD from Vanderbilt University.

Then we will turn to Deirdre Calvert, who has been the Director of the Massachusetts Bureau of Substance Addiction Services since April 2019. Previous to that, Director Calvert worked for more than 25 years as a clinical director and social worker in the Massachusetts substance use disorder system, including Opiate Treatment Programs, Residential Treatment Programs, and office-based opiate treatment programs.

Director Calvert is also a Teaching Associate at Boston University School of Social Work and School of Public Health. Director Calvert holds a Masters in Social Work from Boston University, and is a Licensed Independent Clinical Social Worker.

Then we will hear from James Stark, who works in Global Medical Development and Scientific Affairs, Vaccines, Pfizer. In his tenth year at Pfizer, Mr. Stark, employs his creative mindset, industry experience, and epidemiology expertise to drive the medical and scientific affairs strategy for vaccine assets. He earned his PhD in Epidemiology from the University of Pittsburgh Graduate School of Public Health and holds Master of Science Degrees in Epidemiology from the Harvard T.H. Chan School of Public Health and in Molecular Microbiology and immunology from Johns Hopkins School of Public Health.

Finally, we will turn to Howard K. Koh. Dr. Koh is the Harvey V. Fineberg Professor of the Practice of Public Health Leadership at the Harvard T.H. Chan School of Public Health as well as Faculty Co-Chair of the Harvard Advanced Leadership Initiative.

At Harvard Chan, he is the inaugural Chair of the Initiative on Health and Homelessness and formerly headed the Center for Public Health Preparedness.

Dr. Koh served as the 14th Assistant Secretary for Health for the U.S. Department of Health and Human Services from 2009 to 2014, and as Commissioner of Public Health for the Commonwealth of Massachusetts from 1997 to 2003. Dr. Koh is a graduate of Yale College and the Yale University School of

Medicine. He earned his MPH here at Boston City Hospital and Massachusetts General Hospital, earned board certifications in four medical fields, served as Principal Investigator of research grants totaling $27 million and published more than 300 articles in the medical and public health literature.

We are delighted to have these distinguished guests with us today. I will now turn things over to Dr. Hodges.

>> KRISTLE HODGES JOHNSON: Good morning. I think I am the only K-12 educator in today's space today, and honored to share with you all. My name is Dr. Kristle Hodges Johnson, and I'm the Executive Director of University High School, which is a public lab school on the campus of the University of Memphis.

So, University High School does not stand alone. We are a compendium of schools that encompasses six schools. When we started the University in 1912, that is when our first school started, because we were a normal school, and so that is where young educators were being trained on how to be teachers, and we started off with our flagship campus school, which is an elementary campus and have grown to now host three early learning centers, one elementary school, and in the past six years, our past university's president decided to add on a middle and a high school campus in order for students to start at the University in the earliest ages from birth all the way through graduation, hopefully from the University of Memphis. So, I have the pleasure of serving in our newest campus, which is the University High School.

Our schools are actually situated on the campus of the University of Memphis, in Memphis, Tennessee, and that allows us direct access to the resources, to the professors, to the buildings and all of the tools that are present on campus for our students at very early ages to begin engaging with what's happening on the college campus.

A little bit about our schools. We actually serve a little over 1000 students from birth all the way through currently in the fall I will be welcoming our first junior class of 11th graders.

With the students that we currently have, we are very diverse by design, half of our student population identifies as white students, and the other half of our students do identify as students of color, and that allows us to directly reflect the diversity that is in the city of Memphis.

Our student body comes from every single zip code in and around Shelby County. We intentionally do not just serve the families who work on campus at the university, which a lot of lab schools do. And we also are not a private institution where money and finances become a barrier for access for our students. So, we are serving students from every zip code which means the

most under-resourced schools as well as the most resourced schools are being represented when students matriculate to our high school campus. That also means that students who are living in low socioeconomic status environment have an opportunity to be on the campus of a university learning.

So the high school we opened two years ago, and we started that work, before I was actually on the team, I spent a lot of time on our planning teams thinking about what would be the core competencies that would drive some of the work that we are doing and we sold on very early on the fact that our school would be an inclusive as well as an innovative space for students to learn.

So, in the high school, no different from the rest of our campuses, we have very small schools, and so about 100 students per grade levels means that we have small class sizes which allows our teachers to have a very direct impact on what's happening in the classroom with students.

And so now I will jump in, after laying some context, to talk a little bit about what does this have to do with public health and why am I even here today.

The dual enrollment pathways that we offer to our students allow them in the high school arena to be able to access college classes before they go to college officially as college students. That is not a new concept for schools to offer dual enrollment. But for us, specifically in this context, we offer one particular pathway that is a public health pathway, meaning that as early as sophomore year in high school, our students began to take courses alongside undergraduate students of the campus of the University of Memphis to learn more about what public health is.

Oftentimes students don't even know what it means to study public health, to want to go into a career that is aligned with what is called public health. So for us, we know that early engagement with what that is is very important, and so I am going to actually go backwards to go forward to explain to you all how does a student even come to their sophomore year saying, I want to take those classes.

So, it was a pleasure of mine to, one, get the invitation to be here with you all today, but, two, to be able to read about the great work that's happening around some of the recommendations as it relates to Framing the Future for public health and how our work is supporting some of those recommendations.

And so the first recommendation was around building inclusive excellence through an anti-racism lens.

The fact that our school populates students from all over the city of Memphis means that there's intentional diversity in

how we have students come to our school, as well as the educators who are working with the students.

We also have experiential learning where students have to have hands-on experience, they are not just sitting in classrooms all day. They are on campus. They are also out in the community doing work. And they are doing that alongside community partners who may not look like them, may not sound like them, and definitely have a wealth of knowledge that our students don't have yet.

And the third thing that really shapes this is that volunteerism and service learning is a core part of the way that our students operate. Starting their ninth grade year, students are a part of service, whether giving back to an organization or actually going into different communities around the city to serve. 10th grade year, students actually choose a service site where they go twice a month to serve in that particular community. And that then builds up to their 11th grade year when they start to choose where am I serving but also where am I doing my work-based learning and how does the work that I am doing align with the service that I am committing to the community that I am a part of.

This second recommendation was around transformative approaches to teaching and learning. So, we know that a student would never go into public health if they don't know what it is. So, starting our ninth grade year, we do have a public health club. My esteemed colleague, Dean Joshi, who is over our School of Public Health, has worked hand in hand with us to create not only the dual enrollment courses and pathway, but we specifically talked about if a ninth grader is not exposed early, does not get to work with undergraduate and graduate students on campus, they would never be as excited to begin a part of the club, but then even taking the courses and so the club starts very early on where they are working on campus with students who are engaged in that work.

The second thing is, those students get to take the dual enrollment course pathways and they are earning college credit alongside academic peers on campus. And then we also have the opportunity at this stage as we are building out year 3 to go to the state of Tennessee and say, we want our classes for public health to be deemed as CTE courses. So, for people who are not in the K-12 world, that means that those are career and technical education courses. That means they are coded differently when students take those courses. It means that those students are going to get different funding. Our schools get different funding when we make those a priority.

So, though we have some pilots happening around the State of Tennessee for students to be able to take those courses, they

are not currently designated and our school is doing that work at the state level to make that a priority.

And the last thing I want to say around the last recommendation, fostering community partnerships for a healthier world, well, one, we participate in this international competition that our School of Public Health hosts, and those are graduate and undergraduate students participating, but our high school students are participating and we have had high schoolers as finalists in that competition the past two years. So, being a part of something like a hackathon for public health and thinking about what are the disparities that exist and how do we start to solve them is very critical to the work that we are doing.

The second thing is students cannot go into public health without understanding that research is a priority, and so our students start to do research very early in some of their core classes in the high school, but then starting their 10th grade year, they can do research with professors on campus. And that's invaluable because not only is a student going to write that on their application when applying to school, but having the expertise level means they can more easily transition if they desire to major in public health.

And lastly, we do have a workforce advisory board and the advisory board that we have, consists of folks like you, people who are practitioners in the field, who are clinicians, as well as people who have a deep understanding far beyond what my understanding is of what students need to know to exercise in the world of public health. So, those people advise us on which courses we are offering, what types of programs that we are offering, as well as hands-on experience students need before they graduate from our high school.

I would love the opportunity to answer more questions about some of the work that we are doing at University High School, but my time is up. Please feel free to engage me today while I am here or connect with me online. Would love to talk more about the work we are doing. Thank you.

(Applause)

>> Wow, that's going to be tough to follow. So, thank you, thank you. So, this is the equivalent of talking and chewing gum at the same time for me.

So, pushing my own slides. Hi. Good morning. My name is Deirdre Calvert, and I am the Director of the Bureau of Substance Addiction Services at the Massachusetts Department of Public Health. And I am really honored to be here today at the School of Public Health discussing transforming education through public health. I'm an MSW, which is a Master's of Social Work, but I have had the privilege of teaching here at BU

for the last three years focusing on mental health and addictions.

When asked to speak at this forum, I thought hard about what I could offer and what I could talk about transforming education when I had only been at it for a few years. I then realized I could use my almost 30 years as a clinician, as supervisor to talk about how to engage students and professionals in advocacy issues.

I approached my teaching in much the same way. I discuss advocacy through my courses, looking at harm reduction, prevention, access to naloxone, medications for opiate use disorder and many other initiatives.

Today I'm going to focus on how to engage in advocacy when looking at the failed policy on the war on drugs and what we can do to resolve this issue.

So, what is the issue? The failed war on drugs is truly a war on people in communities specifically people in communities of color. The war on drugs began in the 1970s as an effort to combat illegal drug use by increasing penalties, enforcement, and incarceration of drug offenders. The war on drugs exasperates many of the factors that negatively impact public health, health and well-being. Disproportionately affecting low-income communities and people of color who have already experienced structural challenges including dis investment, discrimination and racism.

Drug offenses still remain one of the causes of arrests in our nation. Vast majority for personal possession. Black individuals comprise just 13% of the U.S. population, but make up for 24% of all of the arrests in 2020 despite the fact that we have data that shows that all races use and sell drugs at the same amount.

This framework helps set up the stage for students as we begin to look at our advocacy and policy work. So, the drug supply remains unpredictable and toxic due to fentanyl and xylazine, among other contaminates, in Massachusetts. In 2022, we experienced 2357 deaths due to overdose. It's important to remember that this data represents people.

When we look at the numbers that were released just a few weeks ago by the Department of Public Health that we have up here, we see some tentative relief. Massachusetts saw 10% decrease in overall opioid deaths in 2023. That's the largest decrease that we have seen in more than a decade.

But when we dive into the data and we look at opioid-related overdose deaths by race and ethnicity we see concerning data that underscore the ongoing obligation to address the root causes of disparity, including systemic racism.

So, this includes addressing access to treatment and social determinants of health. Black, Hispanic and American Indian populations continue to share a disproportionate burden of overdose deaths.

So, in this slide further just underscores the racial inequities that we see in the data.

I swear it's all going to tie into public health in a minute.

So, I'm just going to read this quote from Ehrlichman. You want to know what the war on drugs was really about? The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: The antiwar left and black people. Do you understand what I'm saying?

We knew that we couldn't make it illegal to be either against the war or against blacks, but we knew by getting the public to associate the hippies with marijuana, blacks with heroin, and then criminalizing both heavy, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night in the evening news. Did we know that we were lying about drugs? Of course we did.

So, I added this quote to illustrate how misinformation from those who are considered the top authority. This is equal to the authority that we hold as teachers and educators and the importance of holding that authority gently and collaboratively and looking at all sides.

So, policies that affect the issue. So, as we address inequities and overdose rates we also are called as policy leaders and teachers to recognize and address the ongoing harms of racial injustice in the war on drugs. The data above that we just showed further emphasizes the impact of decades of state and federal decision making led by policy and public health that criminalizes and please substance use within communities of color. The resulting stigma of discrimination and surveillance continues today in housing, in employment, treatment, healthcare, the legal system involvement, and it perpetuates the mistrust that we have in public health.

It will only be through meaningful change in concert with systems across the educational spectrum including in creating meaningful advocacy with our students that we can begin to root out the racist laws, policies and procedures that continue to criminalize substance use and to start to build that trust.

So the U.S.'s drug war front line enforcers are no longer just the police. It now includes physicians, nurses, teachers, neighbors, social workers, public health workers, landlords and employers of many who hold the belief that we need to have a war on drugs.

So, as the future public health workers, excuse me as future public health workers, our students play a pivotal and significant role in changing this narrative by working within affected communities and those with lived and living experience. Excuse me.

So, how do we help students better understand the community engagement and coalition building is what is needed to reach policy consensus? No good policy is created in a vacuum. Relational organizing, especially in -- an especially important tool for historically and neglected communities and advocacy is just as important as subject matter expertise.

We have to remember that people with lived and living experience, they are the reason that we work in public health. And this cannot be replicated exclusively in the classroom. But we as teachers are responsible for ensuring students are interested in policy advocacy. Our students are good stewards of progress and understand how to engage without creating harm and seeking common ground.

So, that's it. So, thank you so much. And I appreciate you letting me talk about the war on drugs and be here today. So, thank you.

>> JAMES STARK: Can you put the slide up, please? Perfect.

All right. Thank you very much for the organizers for providing the opportunity to share my thoughts on the public health conversation, as Dr. Sullivan noted, my name is James Stark, and I work at Pfizer in the vaccines medical affairs in epidemiology scientific affairs group.

I'm going to take a little bit different tact because I'm going to provide perspectives on the opportunities within the pharmaceutical industry for public health graduates and able to have an impact on developing medicine and vaccines.

Because you are all the schools of public health represented, I am going to speak directly to you about ways in which I think the graduates should be trained so that they can than work in the pharmaceutical industry.

There's many pharmaceutical industry roles, as -- I will start with my own, for example, medical affairs in epidemiology within vaccines, we are responsible for developing the research that can support how this vaccine can be used for the various stakeholders. And so that means we are trying to do epidemiology research to inform the burden of disease and also vaccine effectiveness studies and things like that and we translate that and disseminate that to healthcare -- healthcare professionals and also policymakers like the ACIP.

There's many roles in pharmaceutical industry that can support graduates of schools of public health, outcomes research, health economics, clinical trials, statistics, even

regulatory and public affairs, all typically have masters of public health or Ph.D.s.

So, just getting directly into it, I'm going to argue now what I believe are the drivers of success for these new graduates within these roles, because I think there's a lot of opportunity for public health graduates to consider pharma as a career option.

So, first it begins with expertise. A colleague hired as we all know this, must be able to do the job that they are being hired to do. You have to have expertise in whether it's epidemiology, statistics or anything else to do that. The expectation by the hiring manager is you are able to do this.

And communicate that within the functional line of the program team. The way that pharma is structured, not just Pfizer, but there's a program team for all of the different roles here. There is one person, that is the person who is hired. You are required to be that person. Your manager is your back stop. You must have expertise to be the epidemiologist to be the statistician.

Second, communication is everything. You have to be able to then communicate your functional line, your thoughts on the product strategically and with clarity to your program team. And I think it goes without saying that every person in this room at some point in their professional career has miscommunicated at least once. And it's a constant and continual improvement that we all have. This is something that needs to be done with graduate students. And I will explain more in a moment.

Finally, perspective. It's not enough to just be an expert in your training, even though I told you you have to be an expert. You need to be more than that. You actually have to have a broad perspective on all the issues that are listed here in this program team. And so the goal when you are on the program team and what your role is, you have to build consensus. You have to be able to say from an epidemiology perspective or from a regulatory perspective, this is what you need to do.

If you want to get buy-in, if you want other colleagues to say, I understand why you are saying that because that's from an implementation standpoint, you need to do that, you have to understand where others are coming from. So, it's very helpful if in your training to, sort of, try to get as much perspective as you can to, sort of, be more strategically and better communicate within this program team.

So, how do you get there? What are the tools? You know, the bread and butter of schools of public health is coursework, right, everything that Dr. Hodges said is all coursework and experiential learning. All sorts of coursework. At a minimum

you take your EPI series, stats series and policy series and become an expert.

The next level of coursework needs to be things, cost disciplinary that is more solution oriented. The courses I would like to take if I could come back, you know, years later, after all my training, I would take the EPI series, status series and spend all my time taking classes that were co-developed by five departments, for example. Five departments came together, tried to co-develop a class that was solution oriented that that enabled you to see all the different perspectives, and I'm not meaning just like a co-listing, social behavioral sciences, co-list a course with EPI because it meets most requirements. It's about five professors coming together developing a class that teaches all the perspective.

Second, deliverables. Students need opportunities to deliver product, and most likely that is going to be abstracts, posters, presentations, things like that. And so it's very nice to be able to have internal research days every semester at schools of public health. I did that when I was a student, have a lot of opportunity for external presentations at conferences, which is, obviously, expensive, but I'm sure there's opportunity for, you know, grants and funds like that. Because those opportunities force interaction. It interaction with the students with different populations. Some of the people you are speaking to are going to be more informed, some of the people will be less informed. And you have to learn to have different conversations with those people because when you're on the program team, I can tell you the commercial colleague doesn't quite understand the clinical trial aspect or the epidemiology aspect, the medical aspect as well as someone else in that expertise and you have to be able to have that conversation with that person to build consensus and to drive the asset in what you're trying to do forward. And there's some who have more experience and that's a different conversation.

And then finally, leadership, which I think is -- obviously given about what we are talking about here today. But communicating through manuscripts and posters, it's beneficial, but that is the outcome of everything. Leadership, in my opinion, particularly at Pfizer, it's developed through the process. You develop leadership through the process of actually what you are doing, bringing people along, getting there, getting them somewhere, that is influence, that is what leadership is about, at least how I see things.

So, students need the opportunity to drive projects. They need the opportunity to set the agenda with their professors, with their groups of individuals who are working on projects. They need to be able to lead the meeting. And at worst, they

make a mistake, and the professor pulls them aside and explains it to them. At best, they develop confidence that they learn how to develop and move forward in that area.

So, I think I have a minute left or something? Okay. I will end with a brief anecdote, and I will say early in my career I was a very junior colleague and I had an idea, proposal for this initiative. And I pitched it to the Senior Vice Presidents, and they all thought it was great. They said go for it. You should do this.

So, I had to pull this team together of all these vice presidents, and I was many, many, many layers below that. And getting to this meeting, starting kicking this off, it was absolutely terrifying. And but you know what? It was okay. Once I got my footing, it was okay, because I realized I was actually the expert in the particular area that I was doing, I was the expert. I had the credibility to do the epidemiology and they knew that. That allowed me to then start building that consensus and the conversation.

I also had amazing training when I was a graduate student, and in this training I had a lot of opportunity to develop posters, not just manuscripts, posters, a lot of product, a lot of things that I could do. And that enabled me to have these conversations and to learn and to be able to have with more senior individuals to explain to them where we needed to go.

And in addition to that, through my training, I had a lot of leadership opportunities. I was sent places to have meetings and my advisors and my faculty, they were like, we are not coming. You are just going to have to go do this yourself. And you just figure it out. And no one died, no one went to jail.

So, I will just say that I think there's a lot of opportunity, I think the schools of public health are doing great. I'm a product of it. I'm happy. Very content. But I think there's lots of different ways that we can continue to build, particularly in the pharmaceutical industry where I think there's a lot of great career opportunities for recent graduates. Thank you.

(Applause)

>> HOWARD KOH: Good morning, everyone. It's great to see you, this great audience in person and online. And I'm Howard Koh, and I'm very, very grateful to be here and thankful for this national conversation on the future of public health education.

I want to start by extending my gratitude to ASPPH, Dr. Laura Magana, and Emily Burke and Liz Weist and all the leaders have that brought us together. And it's very special to me personally to have this conversation on this campus at BU because this is where, if I can say, my medical and public

health education began. I'm a graduate of this school, and getting to be a student and professor at BU School of Public Health was a pivotal moment for me.

So, if you don't mind, this presentation will be very personal about what's happened since then and how it shaped my thoughts and hopefully our thoughts on the future of public health leadership education.

It was great to have Dr. Stark finish his comments about leadership because, in my view, this is a theme that every School of Public Health should be addressing strongly and explicitly right now. And for me, the journey started only a couple years ago when I was chief resident in medicine here at the old Boston City Hospital. Back then I was trained as all clinicians were trained, which is to be the best clinician possible. So I took that on.

But during those years, I saw a lot of what I now recognize in hindsight as the social determinants of health that my patients were living there, poverty, discrimination, lack of insurance, lack of education. They were all impacting on my patients' lives and their livelihood, and I felt so powerless to do anything about that and relatively uninformed.

And then I had the incredible pleasure of and privilege of being appointed the state health commissioner by former governor William wells. It's great to meet Deirdre Calvert here from DPH, we just met half an hour ago but now she is my best friend. Anyone who serves in state, federal, local government is a friend of mine, is a hero to me. So, Deirdre, thank you.

(Applause)

>> HOWARD KOH: And it was great to see my good friend Sophie Godley again. Where is Sophie, who is a professor here and was at DPH when I was commissioner. A round of applause for Sophie, too.

So people often do not understand how hard these jobs are, how pressure they are, particularly through crises like COVID, which I will be talking about in just a second. This all became even more clear to me when I went to Joe Biden/Obama Administration, served under Former Secretary of Health and Human Services Kathleen Sebelius, start of the Affordable Care Act and pandemic. To support the then Vice President and now President in their priorities during that time was an incredible privilege. To serve on the top right as part of the World Health Assembly team that was in Geneva, to sit behind a placard that says United States of America as a Korean-American is an incredible privilege.

And I want to honor my colleague and friend Dr. Tony Fauci, who we know so much about, who is such an incredible leader in public health history.

But those memories are all in my head as we now face educating public health students and leaders for the future, because we are in a very difficult time.

Last year in the journal health affairs I had the incredible honor of being senior author on this paper entitled, as you see here, "The Exodus of State and Local Public Health Employees. Separations Started Before and Continued Throughout COVID-19."

Our analyses, which was led by Dr. JP Leider of University of Minnesota, also involved Brian Castrucci of the De Beaumont Foundation, Mike Fraser of ASTHO, and other colleagues, found that through COVID half, half of state and local public officials, left. They either resigned, they were fired, they were having real struggles going through very, very difficult pressures. And we all understand why, and that's what's driving us to have a meeting like course to prepare what's going to come next.

In my view, we need more attention to what I call crucibles of leadership, supporting people as they address public health as a career, understand leadership as a critical important challenge and opportunity. Teaching our students there are going to be many moments of adversity about helping leaders reframe to create new meaning so they can keep going. And if you do this right, you see leaders who emerge stronger and more committed than ever before.

And so during my time in government, particularly at the state and federal level, I started thinking a lot about leadership topics that I hadn't heard very much in my medical and Public Health Education. Don't get me wrong, I love this school, but back then especially, I did not hear much about that and in my view right now, in 2024 all schools of public health and medicine should have dedicated curricula and programs on leadership.

When you start teaching this area, it gets very fascinating because there is no one definition of leadership. So, you can start any course or class by saying to the students, hey, what is your one line definition of leadership? Let's put it together and discuss it and debate it. So, that's how I start my leadership course every year.

I collect several dozen of my favorites so here are just a couple to put before you for discussion and debate, if you will. The job of the leader is to speak to the possibility. That's proposed by Benjamin Zander, a world famous conductor and musician, not a public health guy, but a leadership figure, undoubtedly.

Steve Covey, the leadership guru who wrote the book. Leadership is a choice, not a position. More on that later.

Here's one of my favorite definitions of leadership from Kouzes and Posner, who have written the classic book on leadership. Leadership is the art of mobilizing others who want to struggle for shared aspirations. It's an art. It's definitely not a science. And you want to support people to struggle for higher aspirations. It's about inspiration, it's about aspiration, it's about perspiration.

And then tough stuff. Here's this wonderful quote that my great colleague, Mike McCormack, once gave me and I never forgot. Leaders are called to stand this that lonely place between the no longer and the not yet. That's where we are right now with COVID, with 1.2 million deaths and counting. What's going to come next? We are in that lonely place. We have an opportunity right now with the leadership of ASPPH to try to plan this together going forward.

What is leadership all about? Let me show you in one slide, one slide what I think it's all about. Because our field is infinitely broad, it's infinitely complex, it's infinitely interdisciplinary. The more you can get out of health and medical world and reach out to social workers and high school educators and business leaders and faith-based leaders and on and on, I think the better off you are going to be. When you bring people together to face a tough problem like the overdose crisis, like Deirdre just summarized, everyone comes in with their own view of where true north is, where we should be going and your job as a leader who can't be an expert in all this, to align people, to do that. Did you like that?

I'm going to show you that again. I'm so proud of that.

(Applause)

>> HOWARD KOH: Thank you. By the way, I work with a wonderful deputy, Kirk Vanda, who does all my slides. He has another continuum coming up I will show you in just a second.

And then some basic concepts. When you do this work, you start studying what other colleagues in leadership teach, and if it resonates with you and your students, I have a wonderful colleague at the Harvard Kennedy School, Marshall Ganz, who has written that leadership requires head, heart and hands. That is fascinating.

When you think about it, if you get involved in leadership education, we often talk about the head and the hands, and the how and the what. But we talk less often about the heart, the why of why people would even want to get involved in this stuff at the beginning when it's so, so hard.

So, over time, I have gotten fascinated, along with my colleagues at Harvard, I'm going to be bragging about them in a second, about the heart, the why people get involved. And relevant to that is a fascinating book in leadership in the

business world by Simon Sinek, and the book is entitled "Start With Why."

So, this is very simple. In this picture on the right, he writes that when people are thinking about leadership in business or education or the military or other areas, they often start with what or how. But if you go deeper, the why is in the middle of it. And he suggests that we should start with why, start from the inside out.

So, the more I do public health leadership teaching, I want to know why the students are there, why they want to commit to getting involved in such a tough area and such a tough time. And it opens up conversations and builds connections, I think in fascinating ways, and it gets people in touch with what brings meaning and purpose into their lives.

So, I have come to the conclusion in my career that public health is basically a career that involves vocation and calling. And I have gotten fascinated with that theme. There's an author named Parker Palmer who has written a book called "Let Your Own Life Speak." He says vocation does not mean a goal that I pursue. It means a calling that I hear. If I can say that's the only way I can explain my career right now. I never dreamed I would be in public health. I never dreamed I would be in leadership positions at the state and federal level. I never dreamed I would be a professor of public health back when I was training on this campus. Back then I just wanted to be the best clinician I would possibly be and that's fine. But I always felt there was something else, and looking back now, I was answering a call.

And this is reinforced for me every year when I have incredible honor of speaking on the first day of orientation to 500 new students who come to our school, Harvard A Khan School of Public Health from around the world. And I put up a poll everywhere questions and I ask them to choose by taking out their cell phones, between, one, I always knew I wanted to go to a School of Public Health, or, two, I never imagined I would attend a School of Public Health but here I am.

So, the first -- I made this up, by the way. The first time I put it up, I held my breath, okay, how is this going to be? Now I have done this four or five times, the answer comes out always the say, it's about two to one, B, I never imagined I would attend a School of Public Health but here I am.

I tell you what, at your next public health party, ask that question. It's fascinating. And then when they answer B, like I did, and I do, you ask them why. How did this happen? What drew you? And they will often say something like, oh, you know, there's this issue and it spoke to me and I couldn't let it go and I was trying to do this but I felt called to do that. To

me, that is vocation calling spirituality and a theme that I am now absolutely fascinated by.

And by the way, the best quote about vocational and calling I have ever heard is from Oprah Winfrey, okay? She spoke at a graduation a number of years ago and this jumped out at me, so I am going to read it to you. There is a sacred calling in your life and the question is, will you spend your life flittering and fluttering about, or take the time and really heed that call and create your own path to your highest good. I think that's what we are trying to do in public health.

And then in classic Oprah style, she is a fantastic leader and communicator of course, real power is when you are doing exactly what you are supposed to be doing. There's a kind of energy field that says I'm in my groove, I'm in my groove and nobody has to tell you, you go girl, because you know you are already gone. How does it get better than that, right?

Okay, so since coming back from D.C. to Harvard, I have gotten fascinated with the concepts of vocation, calling, leadership, spirituality and how it all intersects with public health. We have a Harvard initiative on health spirituality and religion, and I show my great colleagues who I have had the honor of working with since I came back nine years ago. And this is interdisciplinary group from the Public Health School, the medical school, the divinity school, from the McLean Hospital, from the Brigham and Women's Hospital. We have a chaplain here, we have an epidemiologist, biostatistician, we have a psychologist from McLean. So, we have written a couple articles on very, very -- I am very, very proud of about the overlap between spirituality and health. There is a consensus conference on how to define spirituality, by the way if you are thinking about it, and the key phrases are in bold. It what has to do with ultimate meaning, purpose and the significant or sacred. What's your connection to something bigger than yourself?

I believe that we are all in public health because we just have that strong call that there's something bigger and we want to be part of it. And we want to contribute to it.

I am particularly proud to mention this group because just a week ago in health affairs, in their issue on reimagining the future of public health, we wrote an article, again, I had the honor of serving as senior author and Kate Long, who is pictured here was the first officer, entitled spirituality as a determinant of health, emerging policies, practices and systems. So if you have time, please look it up. Kate is right in the middle of the pictures here. You will be very proud to know that Kate got her DRPH from the Boston University School of Public Health. Okay?

And then as I kept thinking about this, I said, boy, this really ties in with public health leadership. So, last year in Frontiers in Public Health, I and my great college Fawn Phelps wrote this article that was published in Frontiers in Public Health. So, we are very, very proud of that. It's gotten a very privy exception so far. I think we were the first to address the intersection of all those themes so more on that later.

So, right now, as I wrap up at the Harvard Chan School of Public Health, I have the incredible honor of working with a number of extremely dedicated colleagues who are teaching and coaching on public health leadership. There are pictures of three down at the bottom, Fawn Phelps, who is Director of Public Health Leadership Education; Bill Bean, who is one of most revered teachers and coaches; Ted Witherell, who does a lot of teaching on public health leadership at our school.

Fawn and Bill are here. Can you raise your hands and get a round of applause from everybody. And I think Ted might be on his way. Maybe not. But he does a lot of work for us.

In anticipation of today, we just summarized for you one slide, the many things we are trying to do at our school, the required MPH course on leadership and communication. A public health leadership lab, which is extracurricular, involves students of all concentrations, lots of emphasis on coaching. Fawn heads this. Over on the right is a celebration picture of about 50 people in that lab going through a team-based exercise.

We have a Doctor of Public Health program, as you do, lots of emphasis on coaching. We have a Menschel Fellowship program that brings in governors and mayors from the outside, we ask them to teach leadership and ask them to share their why and move into executive leadership coaching and teaching as well. We can talk more about that later.

For all of these reasons, I was invited, Emily Burke of ASPPH asked me to chair last year a new public health workforce task force to talk about the future of leadership education in public health. We are going through a framework and competency mapping effort around a framework on the right -- about leadership being about person, problem, pathway, and also purpose. And we have our goals to put this down on paper and try to start a national discussion among all the schools of public health.

And then by the way, we are happy to announce that through our collaboration, the journal of Frontiers in Public Health will soon be asked for dedicated articles on public health leadership. And Emily and I and Professor Lewis-Reese and Fawn will be co-editing that going forward to stay tuned for that.

As I close, how do we get our students to start thinking about these themes about resiliency, flexibility, perseverance and how do they keep that in perspective as they are going through schools like this one? Here's more incredible quotes, I won't share all of them. Here are a couple of ones I love. One by my mentor Reverend William Sloane Coffin from Yale. He used to say, blessed are the flexible so that ye shall not be bent out of shape. I can't think of a more appropriate comment for public health leaders for the future.

And Bill also used to say, giant obstacles are brilliant opportunities, brilliantly disguised as giant obstacles. When you get people together and you're trying to face some really tough challenge, climate change or COVID or opioids or whatever, how can you find those brilliant opportunities inside?

And then to all the students, I often hear, oh, Dr. Koh, this is interesting but I don't have a fancy position and I don't have money. I don't have budgets. I don't have any power, you know, I got to wait for 10, 20 years to even start thinking about this.

And I said absolutely not because all of us have a circle of concern, which is broad, and then a much smaller circle of influence. And if you focus on your circle of influence and be effective, guess what happens to your circle of influence? You ready? You like that? That's from habits of highly effective people. Again, thank my deputy Kirk Vanda for creating that. I like that so much I'm going to do it one more time.

I think we are nearing the end. Here's my last slide. Of all the leadership teachings I share with my students, I think this is the most important one, and this comes from Maya Angelou, a brilliant, brilliant author. I have learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel. Think about that for a second. In my view, that's what public health leadership is all about. So, thank you very much for your time and attention.

(Applause)

>> LISA SULLIVAN: Thank you. We have a short time for some questions. So I would like to ask all the speakers to come up to the stage. I will start with a question, and then we will turn to the audience. And for people joining virtually, we ask that you submit questions using the Q&A function at the bottom of your screen.

So, I will kick off with one question. As Dr. Magana started us off, the Framing the Future initiative is a call to action. It's bold and complex. And the landscape within which we are working is changing.

Do you have advice for academic institutions as they plan to implement significant transformation, particularly related to the communities they serve?

>> DEIRDRE CALVERT: One of the things I mentioned briefly was getting people with lived and living experience have to help us develop policy and procedure. And I was listening to all of my co-presenters today, I remembered something that happens quite frequently in addiction is that we build policy based on I know a guy, you know, that's the only -- it's the only field, basically. It's like, well, my family member went to AA so now everybody has to go to AA or my family didn't get sober through medications. But we have to have people with lived and living experience help us guide the way and I think that that's one of the things that we have to bring to the classroom.

>> LISA SULLIVAN: Thank you.

>> HOWARD KOH: I can say I support that 1000%. One of the new efforts we have in our school is an initiative on health and homelessness, one of the toughest public health challenges out there. We are across from Lewis Cass and the Boston Healthcare for the Homeless program that we are partnering with very closely. And if you start by working with people who have lived experience and learn from them and respect them, that is a major, major step forward.

And then just to repeat some of the themes I think we have heard already, to make such efforts as interdisciplinary as possible and try to align people is hugely important. So, those are some of the things that go through my head as I hear your question.

>> LISA SULLIVAN: Thank you. Thank you. Audience question. Go right ahead.

>> I'm Janice Gibber for the University of -- I have a question I think for Dr. Koh. We started introducing leadership programming into our DRPH program. We have great coaches and they are doing a wonderful job. But the feedback from our students is this is all fluff. This is nice. But we need to do our coursework.

So, I appreciate your message about the circle of influence. But I wonder how we get across to our DRPH students who are already leaders in their own field and they are back for a leadership degree. How do we convince them that there's more than coursework to their degree? I know it will be one of those situations where they will thank us later. But as we navigate this feedback, how do we answer that fluff question?

>> HOWARD KOH: Thanks for your question. I'm going to embarrass and thank my wonderful colleague, Fawn Phelps because she leads our public education efforts at Harvard and she and I insisted when our DRPH program was started a decade ago that

coaching be integral from day one. And in the now 10 years of our DRPH program which I can't believe and actually Dean Julio Frank asked me to come back and start that. When we survey our graduates, they point to the coaching as, perhaps, the number one thing they are most grateful for about our program, that somebody is caring about them, listening, is being a mirror and reflection to them.

And if you tackle leadership, this is a lifelong endeavor and it's almost impossible to have perspective on it. This is where a beloved family member, a spouse, somebody who loves you and cares about you, somebody who is willing to coach you makes all the difference in the world. By the way, this is the time that I thank my incredible wife, Dr. Claudia Eric who I met on the campus, by the way. Another reason I am grateful to be here.

What she has lived through, listening to my stories at night in my various capacities and just trying to give me some objective feedback is just invaluable.

So, I would be happy to hear how it goes going forward.

I'm going to guess that if I talk to you in a couple of years, your students may be telling you a different theme. And if you don't know more, please talk to Fawn, who is right here.

>> LISA SULLIVAN: There's a question.

>> AUDIENCE: My intake is Zach Orlov. My studies were done at the University of Rochester. And my question is identifying the beginning and drivers of homelessness in your examination, does that, perhaps, reveal what solutions might look like?

>> HOWARD KOH: Yeah, absolutely. So, that's a simple question and a very hard answer to deliver. And it's so complex. A major fundamental driver is lack of affordable housing, of course. And it's been explained to me that this crisis, which is affecting all parts of the country. By the way, we got involved in this because this was in the news every week, every part of the country, and I said to myself, this is a public health crisis. How come public health schools and medical schools aren't talking about this?

So, we started several years ago. But one of the major drivers is lack of affordable housing. It's like a game of musical chairs where, you know, every once in a while another chair gets taken away, so somebody is left without a chair, i.e., a house or a home. And then as the gap gets worse, more and more people are left to fend for themselves often on the street. And you can imagine the people who are most vulnerable, those wrestling with substance use or who have disabilities, are the ones more likely to fail in the musical chairs of housing.

Then it's complicated by disabilities, physical and mental, the lack of social supports.

The other thing I'm learning by working with my colleagues on this is that when you see people who are wrestling with homelessness, a lot of them have endured childhood trauma. They have incredible stories of adverse childhood experiences. That's the tough news.

But the inspiring news is they are still getting up every day, trying to get back on their feet. You know, they need some support. They need some understanding. They need people not to walk by them when they are out on the street, literally on their last legs. And they represent, in my view, a lot of systems' failures in our society, all converging on these vulnerable people.

Those are some of the discussions we are having and doing our initiative and would be happy to talk to you more about that.

>> DEIRDRE CALVERT: Can I add something on that? I'm sorry. From substance use perspective, housing is seen as a reward. You stop using, you act behaviorally well, you are then rewarded with housing. And that is in our federal government, in our HUD housing that if you relapse or you transiently use, then you lose this very basic right.

So, we have these, it's the only disease in the world where we think that you have to have perfection. We wouldn't do that if you stopped taking your blood pressure medicine, if you stopped taking your diabetic medicine. But we have to stop looking as a reward, but as an actual human right and we can't say when you are sober, when you reach the recovery that I have decided that you can have, then you may know have access to this fundamental, you know, thing that's going to help you.

So, I want to say from our -- we have federal laws and state laws that still discriminate against people to access the very limited housing that we are talking about. And so our bureau took it upon ourselves in 2021 to start housing people regardless of whether or not they could sustain their sobriety. Yeah. And we have housed, permanently housed the people that you see outside, permanently housed 600 people in the State of Massachusetts permanently where sobriety is not a requirement and they do not have to reach this level of perfection, but they are all deserving of a place to live.

>> LISA SULLIVAN: Thank you. Thank you. Next, yes.

>> AUDIENCE: Thank you. I am Elizabeth Baker from East Carolina University. And I have a question. I am very interested in this intersection between the pharmaceutical industry and public health. My experience throughout the years is that there's a diversity of perspectives on, in some ways, how they either contradict or complement each other.

And one of the examples from my own work is while I was at USF talking about the feminization of the HPV vaccine and how that communication was really detrimental in terms of continuing to roll it out as we develop new technologies.

What I am curious about, and I appreciate how you laid out the different ways that public health can get involved. But what is your recommendation for maybe smaller programs, for example, who maybe don't have strong connections with someone in the pharmaceutical industry and how to start networking and making those connections to help bring about those opportunities to better understand how they can participate?

>> JAMES STARK: Great. Thank you for the question. So, I will start by saying, directly answer your question, but here in Boston at the BU School of Public Health, this year we started an inaugural cohort of seven graduate students who are completing their practicums this summer with Pfizer scientific affairs and we are hoping to extend that for the next several years made by a grant from Pfizer to BU School of Public Health. That gives them an opportunity to have a paid practicum get real hands-on experience and give them an opportunity to learn some of the things, take the coursework, translate it to what the real world is.

I think there is a gap in the relationship between universities and pharma, as you say, even the bigger schools, but also certainly the smaller schools because I do think it's a rewarding path. For some people it's a calling.

(Laughter)

>> JAMES STARK: So I think, you know, obviously, you know, for schools that are, you know, you are locally based, there may not be a pharmaceutical or bio tech company that is nearby. I think one way to meet those connections would potentially be to attend the conferences in the places where pharma goes. And rightly or wrongly, my group does this, we don't necessarily present at APHA, for example. Some of our things need to be a little bit tailored, little bit less broad and diverse.

We typically go to conferences like IDASs, IDWeek conferences that are more tailored for where or ASCO for oncology products, tailored for where our products will be, our medicines and vaccines would need to be showcased, if you will, and I think there's a lot of opportunity there. We send massive contingents of colleagues to those and I think that's where you can start making some discussions. I am happy to discuss that afterwards as well.

>> LISA SULLIVAN: I'm sorry to do this, Lea, last question. Yes, you will have the last question and then we have to move to a break. So go ahead. And hopefully the conversation can continue during the break. Go right ahead.

>> AUDIENCE: Hello, everyone. Leah Neubauer, Feinberg School of Medicine in Chicago. It's a reflection and a question on coaching. My reflection is very shared, I think, with the comment shared earlier, DR PH, did the coaching feel less than or we should spend our time in courses. I have been across 3EC for credited institutions and have heard similar things from our MPH students when we try to integrate a professional practice seminar. Something that's integrated and nested with a practicum experience serving some clear supervision focus or focal areas but also mentoring advising.

We have heard the same. Then we have made it zero credit hour and then it wasn't worth it. All the things. I came -- I coach, right? I coach youth. I came to coaching as an athlete, positive youth development, pipeline and pathway programming, boys and girls club.

So, my reflection is that experience, my own, and so my question to you all here is, is there thought to a more educational lifespan approach so by the time I might receive, right, my students at the master's or doctoral level, there could be more integration, perhaps, in high school. Although, I sense it already is. Which makes me wonder, what are we doing at the bachelor's level or should we be doing something at the bachelor's level to integrate that same type of thinking, just as I learned from my educators or my auntie or my grandmother or my sports coach, it's happening at that level as well.

So, I just wondered if there were any reflections or if that might be what the task force is looking at. But, again, what might we do more so it feels normal to learn with others, perhaps, and to see critical feedback.

>> HOWARD KOH: Thank you. I am delighted this topic is getting so much attention. Under Fawn's leadership we have a lot of attention to first of all peer coaching, so if you have never been a student to try to coach a peer, you get taught that and then engaged in that immediately. You got to show your leadership skills immediately to be an empathic and compassionate and effective peer coach.

And then newer Fawn's leadership she has recruited wonderful coaches like Bill Bean and Ted Witherell and many others. I'm hoping there will be a lifelong source of reflection and inspiration because, let's face it, if you do public health, you're going to face all of these decision points over many decades, if you have the privilege of living that long, and you try to make critically important decisions based on what you think your values are and what gives you sense of meaning and purpose. Having a good coach, somebody who cares about you, whether it's a family member or spouse or somebody

you met in school who is a lifelong friend, can be just as invaluable resource.

So, you can tell I'm a big proponent of it. At the break, please talk to Fawn Phelps. She is the expert on all of this. So, thank you.

>> LISA SULLIVAN: Is anything happening at the high school level with coaching?

>> KRISTLE HODGES JOHNSON: Yes, our students start in the 11th grade year, in that phase they have mentors, mentors that hopefully would connect with them based on the career field they are interested in going into, but some students don't know yet. And I think to the question that was asked, what I know to be true of working with younger students is that you can't teach people to value humanity. Sometimes people just need to live long enough to understand that their humanity matters. And then how it shows up in the work that they do will look different over time.

And I know that that is not a sure-fire way to get students excited about being in particular classes or programs. But from the high school lens, I have had students to sometimes come back to me two years after graduating and sometimes 10 years after graduating when they eventually understand why having that particular mentor was important or what some formative teacher told them was going to now have a deeper impact on the work that they were doing or career changes that they have made.

So, I think that make people have the mentor, have the coaching, and stick with it. But if we are waiting for a survey to tell us that people appreciated it in the moment, I don't think that that will always happen, especially, I think, with this particular generation that we are serving and have the opportunity to lead. People want to move faster to higher paying positions, to things that look meaningful to them on paper in terms of titles and positions.

So, help them get there, I think that what James was saying is absolutely correct. Train people on how to do the things, get to the deliverables. But in the meantime, keep coaching them and mentoring them. And I think eventually they will get to understanding why other people being interconnected was so important to how they do work at some stage in their career.

>> LISA SULLIVAN: Thank you all. Thank you all for your presentations.

(Applause)

>> LISA SULLIVAN: We are going to take a very quick break and return in a few minutes for panel 2. Thank you, everybody.

>> Recording stopped.

(Break)

>> LISA SULLIVAN: Can I have this mic for a second? Could we return to our seats here in the room to get started?

All right. We are going to get panel 2 going. All right. Thank you, everybody. Okay.

>> Recording in progress.

>> LISA SULLIVAN: I would like to introduce our moderator for panel 2, Dr. Shan Mohammed.

Dr. Mohammed is a Clinical Professor in the Department of Health Sciences and is the Assistant Dean for Diversity, Equity and Inclusion Educational and Student Initiatives at Bouvé College of Health Sciences at Northeastern University.

He currently serves as the chair of the Education Advisory Committee with ASPPH and is the national co-chair of the Expert Panel on Transformative Approaches to Teaching and Learning with the ASPPH Framing the Future Education for Public Health 2030 initiative. Shan.

>> SHAN MOHAMMED: Thank you very much, Lisa. Hi, everyone. As we get started on this panel of thinking about how we each in our roles at our institutions think about how do we move forward in transforming academic public health, I would just like to take 30 seconds to pull everyone up to the balcony to think about who are we collectively as a profession and as a field and academic public health.

So, currently ASPPH membership includes 153 schools and programs of public health. We know that we are scattered around the country and the world, but when we think about here in the U.S., we have those that are located in more urban areas, more rural areas, more politically conservative areas, more liberal areas, we have institutions that are more well-resourced, right?

So, one thing to keep in mind as we look at the documents and we get to hear from our panelists, is just to think how diverse we are and how do we, sort of, capitalize on the diversity that we have in terms of meeting and promoting health equity in our local areas.

So, what I'd like you to do is think about a time when you were part of a transformative teaching or learning experience. Perhaps it was as a student or as a teacher or a participating staff or community member. And maybe it was an experience going back to some of the themes that we heard about, that could have taken place in a classroom or in the community. But, perhaps, it changed your preconceptions about life or it challenged your assumptions about key aspects of public health, or perhaps it actually changed your sense of meaning and purpose as an individual.

So, as you think about that, what made it transformational, how did it happen? Was it just by luck or was it by design? And if we want to have more of that, what would it take to have

that experience again and again, not only just for you, but for another learner or particularly for all learners as we think about who we have the opportunity to educate in academic public health.

The recent Framing the Future Report on Transformative Approaches to teaching and learning notes that transformative education involves critical exploration, questioning assumptions, and is achieved through teaching and learning that engages and empowers learners. Goal of transformative education in public health is to prepare learners to make informed decisions and drive meaningful actions both locally and globally at individual, institutional, and community levels.

So, I think to do this, we need to be having conversations about what's next, how do we respond to this period that we have weathered, that we have come through, what are the lessons to be learned.

In those reports are deliberative questions to help each of us think about what needs to happen within our institutions. And so it's an incredible honor to moderate this panel and I'm going to introduce all of our panelists who are going to get us going on that conversation about what's next.

1st we will hear from Marc Kiviniemi, he's a Development Dimensions International endowed professor of health, behavior and Society in the college of public health at the University of Kentucky. Dr. Kiviniemi has extensive experience in public health and social and behavioral sciences, teaching and curriculum development at both the undergrad and graduate level.

In 2018 to '20 he served as the chair of the teaching subgroup and as member of the scholarship of teaching and working learning group of ASPPH and from 2020 to 2024, he served as member of the Steering Committee and as co-chair of the fostering community partnerships for a healthier world expert panel for ASPPH Framing the Future education for public health 2030.

Then we will turn to Kimberly Krytus, the Assistant Dean and director of graduate public health programs in the University of Buffalo School of Public Health and health Professions and clinical Assistant Professor in the department of community health and health behavior.

Dr. Krytus oversees graduate public health curricular design, competency and assessment development and evaluation, applied practice experiences, program and student outcomes, and accreditation. Her research focuses on Public Health Education access and workforce development. She served as co-investigator and project director for two public health training programs funded by the Health Resources and Services Agency an item

writer for the certified and public health exam since 2019 and ASPPH Framing the Future 2030 panel member.

Third, we will hear from Tariem Burroughs, the Director of Career Services and Experiential Learning at Drexel University's Dornsife School of Public Health. Dr. Burroughs has worked at the intersection of health, education and community for much of his career.

He has always had the drive to make programs sustainable, yet innovative and fresh to provide communities with the resources that they need to thrive. He brings the same drive to this role and aims to empower and aid students who are pursuing careers in public health.

Then we will turn to Viviana Horigian, professor, educator in the Department of Public Health sciences at the University of Miami Miller School of Medicine. She is currently serving as the director of Public Health Education, director of the Americas initiative for Public Health Innovation and directs the master in public health and Master's of Science in public health. Dr. Horigian is also the Executive Director of the Florida node alliance of the national drug abuse treatment clinical trials network housed at the University of Miami. She serves in the scholarship of teaching and learning task force for ASPPH and represents the Miller School of Medicine in its academic affairs section.

And finally, we will hear from Antoniah Lewis-Reese, Senior Director of the strategic initiatives in the office of the dean at the University of Illinois, Chicago School of Public Health.

Ms. Lewis-Reese works across internal and external stakeholder groups to advance the priorities of the school by providing leadership and expertise on projects and programs focused on improving quality, culture, and effectiveness.

Specifically she is responsible for ensuring progress of strategic and compliance efforts, including those related to accreditation, identifying opportunities for strategic growth, leading institutional research and change initiatives, and providing vision for School of Public Health brand development and communication efforts in collaboration with the director of marketing and communications.

So, to kick things off, I will turn things over to Dr. Kiviniemi.

(Applause)

>> MARC KIVINIEMI: Thank you, and good morning, everybody, both in person and virtual. It's great to be here.

We heard a lot in our first session about the heart and vision and inspiration. And I think that's an exciting part of Framing the Future 2030. When we talk about preparing future public health professionals for the world of complex public

health challenges, when we talk about inculcating antiracist approaches through everything that we do, embracing transformation of old pedagogical opportunities and nurturing robust community partnerships, all of that is a vision that's exciting, that's inspirational, that's foundational and that I think as people in the public health vocation, we can all be behind.

And then we turn to the reality that inspiration and implementation are very different things. And some of that enthusiasm starts to wane, right?

Change is hard. Implementing that change is even harder. And we can spend a lot of time talking about those reasons. But one of the ones that we hear quite frequently is that all of us in academic public health have a fair amount on our plates already. And so as we have done these Framing the Future discussions, what we have heard is, yes, but, how do we fit that into the curriculum? Our students want that stuff that's in the coursework. There's already so much we have to cover. There are so many competencies.

So, my goal for the day is to talk through a blueprint that can potentially help us out of that problem. And I'm going to steal from Dr. Koh because it was awesome. I hope that we are all convinced that where we were in academic public health has to be the no longer. And that Framing the Future gives us a way to go to not yet. But how do we get there within the reality of our public health worlds.

For those of us who will be doing the curricular redesign and transformation that's called for by Framing the Future 2030, I think we can do that while not looking like this poor stock photo fellow. If we think about the importance of questions about what do we need to know, who needs to know it, and when and how do we teach it.

As we are building the future that we are looking for, for Framing the Future 2030, we need to think about what building means and what's involved. And we can do that by starting with the idea of foundations. There are a lot of specific recommendations across the Framing the Future 2030 reports.

I am going to focus my examples on the community partnerships of framing, because that's the one that I worked on and know the best. But it's equally applicable across the three.

Community partnerships for a changing world are critically important for the success of academic public health and for public health more broadly put. And not everybody has to do all of that work in the same way. It's absolutely, positively not the case that we need to teach every single public health student how to go through the process of doing an asset mapping

approach in collaboration with the community. And we will fail and public health will fail if we do not give all of our students the mindset shift from our typical default of thinking about weaknesses, limitations and what communities don't have, to shifting to thinking about strengths and assets and what communities do bring to the table.

I'm a kid from rural Appalachia. Massive mistrust of public healths. Lots of reasons but a major one for decades the United States of Public Health Service came into Appalachia and made clear their mindset was fixed on fixing the hillbillies and all the things problematic. That has shaped the world of public health. We have to teach all of our students, the mindset shift, the framing approach that's critically necessary to value what the community brings to the table regardless of what role they play in the public health enterprise. But we don't have to teach them all exactly how you do it, because that's a specialized framework.

So, if we start with foundations and we think about those core values and framings and approaches, we should keep in mind the part of taxonomy that nobody ever pays attention to, which is there's cognitive, there's action, but there's also feeling as an emotions researcher, it's a horrible label for effective really important concept. That it is absolutely educationally valid to teach students to appreciate a particular perspective, to have them adopt values and mindsets that are foundational to the work that we are doing, and to adopt attitudes and framings around the world that shape the way that they approach their work that is equally valid, equally important even within educational taxonomies and that's where we focus the foundational work.

Once we have done that, then the second question is, what kind of remodeling needs to happen. Existing public health specialties still need to be there, because all of that work needs to be done. Okay.

But we do need to think, if a core value is building in and infusing community partnership or the other Framing the Future goals, how do current programs need to change to make that happen? Arguably, biostatisticians should still spend most of their time learning statistics, and from a community-based perspective, we need to think very carefully about how you model those community-based assets and do it in a way more systematic than treating it as error variants.

What needs to change about the training and the modeling for those who are going to do the statistical work of program evaluation in communities. For example, to think about communities that don't have a primary care provider, something

we know within our work in Kentucky, or to think about the different kinds of assets.

In my specialty area in health behavior intervention, we need to continue to teach students about the importance of evidence-based practice and identifying known solutions. And we need to teach them how to deal with that tension when you honor the community, bring in their perspectives and they laugh at your evidence-based solution. How do you make both of those things happen? You cannot do engaged community partnerships and effective public health without both of those things.

So, first, again, foundations and remodeling, but then pushing past where we are already. I would argue that true work around developing community partnerships and infusing them throughout public health, and I would argue the same for anti-racism work and other parts of the framework, involves thinking in an avant-garde way. Community engagement is an incredibly specialized skill set. We think about team science approaches in our research work. We do team public health approaches in practice work, but we don't think about it nearly as much. So what new specialties need to exist for this transformation to take place? How do we think about a concentration in community engagement or in anti-racism and inclusive excellence in the same way that we honor epidemiology and environmental health and our existing concentrations and that, sort of, redesign of thinking about the building and thinking about the world in new and fundamental ways, I think is the third piece of the puzzle.

If we take that aspirational goal of moving towards what's not yet here, but which we firmly believe is necessary for public health in general, but especially academic public health to continue to be relevant and to continue to change the world, keeping it from being overwhelming can be done by breaking up the process into pieces just as we do when we build a house or build an Art Museum.

What needs to be the foundations? What do we change about what's already there as starting points? But then what then do we truly need to transform and create that does not yet exist?

With that I will turn it over to Dr. Krytus, our next panelist. And thank you so much.

>> KIMBERLY KRYTUS: Thank you Dr. Kiviniemi. Can you all hear me okay? Good. Okay. Thank you.

And thanks for inviting me here. I am just excited to be here. I always draw so much inspiration from the discussions, the presentations, and I just very grateful to be among so many esteemed educators and innovators in the room, as all of you are.

All right. Let me make sure I can work this thing.

All right. There we go.

So, for me, I have been working in my role or versions of it for about 10 years. And eight years ago things for me changed when the council on education for public health introduced competency-based education. And I thought that was a wonderful thing. I was new in my role at the time. I thought it was fantastic because there is now a set standard of skills that we are going to train our public health students on and they will take those skills to the workforce. These are skills that the workforce needs.

Competency-based education was welcomed by many, including many employers. It was scary for many, including me and other faculty. We maybe weren't trained ourselves on competencies -- on competency-based education. We weren't teaching to competencies in the classroom yet. We needed support to be able to do this.

But we have come a long way. And today in our institutions we have many champions and role models of teaching competencies, probably most of you in this room. We are all innovators. And with Framing the Future 2030, it gives us an opportunity to continue our innovations.

In 2020 I had a request from a county health director who -- and he said this among a group of other county health directors in New York State and they all agreed with him. They need our graduates to be practice ready on day one, as soon as they graduate, day one in their roles. Apply those skills, the knowledge and skills that they have gained in their program. Because often they are the only public health trained person among the staff. They need our graduates to apply those skills and role model them to benefit all staff in the organization.

I have been collecting employer survey data for many years and consistently the same set of skills come up, and interestingly, many of these are skills that we have already heard about today and that mirror job task analyses that have been done in recent years as well.

Employers need staff who can communicate across sectors and segments of society. Through things like policy briefs and town halls and increasingly so through social media. They need staff who can engage communities to co-design programming and create and strengthen trust in public health initiatives so that communities can adopt them.

They need staff who can lead and lead collaboratively. By its very nature, public health is not and cannot be an isolated practice. Staff need skills to work across sectors and segments of society in order to improve population. And data analyses always comes up as a key skill that employers are seeking.

Our grads have exceptional technical skills. We know that. We teach that. But can they apply them for impact? They can

design disease prevention programs, health policy programs, they can analyze data and conduct investigation outbreaks. These are the competencies and we have got these. Our graduates have these. But can they build trust in communities to implement these programs?

We are still in the midst of a workforce shortage, many pandemic -- or many triple pandemics, actually, with racial injustices, health inequities, COVID and we are still grappling with all of this. And Framing the Future provides us with the core propositions through engaged -- community engaged work through an anti-racism lens and transforming the way we teach learners to better meet society's needs.

Framing the Future 2030 for me is a call, a call to all of us as educators to teach learners in this way. In our experience with the community of distrust such as the COVID vaccines, vaccines in general, prevention mechanisms, prevention measures during the pandemic, they suggest that we still have a lot of work to do. And Framing the Future can help us align the will that we all have to train our students in this way with the way forward, Framing the Future to me is a roadmap for the way forward.

And as far as the public health landscaping changing, the educational landscape is changing just as fast. Not all of us might be equipped to apply different teaching and learning skills that will better engage students. But we can get there. We can get there together through things such as these events.

What I like to do is I like to identify activities where we are doing some of this in our institution. See if we can strengthen those activities in our courses, in our training. Can we replicate them, do more of them, collaborate, bring partners in, our community partners and have them help us so we can better help them when we prepare our graduates.

And I do have some examples to share of how we are specifically trying to ensure that Framing the Future propositions are throughout our curriculum.

So, one way that we are building inclusive excellence through an anti-racism lens is by integrating equity, diversity and inclusion competencies into the master of public health integrated learning experience. And this came about from student requests back in 2020. While students in their integrated learning experience have to address some of the EDI-related competencies. In addition, for MPH students in their applied practice experience, we have them now asking their community partner for the partner's antidiscrimination policy. And it's led some partners to realize, we don't really have a useful policy. Maybe we need to strengthen ours.

As far as fostering community partnerships, we have gone to our health directors, and we have asked them, what pressing issue do you have that our students can, perhaps, help you with? For example, one of our county health directors was getting pushback from community residents about windmills coming up in the community. They didn't know any of the health risks related to windmills. They didn't know any of the evidence so our students did a literature review, provided that to the director and he hosted a town hall to provide evidence-based information to the community.

We are trying to integrate transformative teaching and learning approaches, doing things like embedding community activities into our courses. One example here is one of our county health departments hosts many community Narcan trainings and what we have done is have students embed this as an assignment in their courses where they are hosting themselves, community-based Narcan trainings in collaboration with the county. For seven years running now every year we have got students hosting one of these events.

And here -- whoops, wrong way. Sorry.

And here's just one last example of how we are trying to integrate Framing the Future recommendations. Over the past four years we have seen that many students are coming into the program into their public health program without having a basic foundational set of professional skills. And, of course, that's understandable the past four years that we have been isolated quite a bit. High school students, Bachelor's Degree students coming into a graduate program maybe didn't have an opportunity for part-time jobs where they could have seen these skills being role modeled and emulate them. They weren't take in-person courses for many years, many semesters. So, they didn't have a chance to see these skills in practice.

So, we have reached out to our partners and our partners have told us, these are the skills that are missing. You need to train students to be able to do these. And sometimes they are called soft skills or durable skills or power skills. I call these skills for impact. And so we are taking two semesters prior to a student completing their applied practice experience and having them go through, we are building it now. We are going to launch it in the fall. But having them go through some activities that will help them. And you will notice some skills up here, such as recognizing other's lived experiences, being able to recognize bias and respond to it, how to effectively respond to it. These are the skills that maybe aren't part of the competencies but are necessary.

And we can also start to train people in spaces that public health already exists. We have got many more clinicians coming

into our program seeking public health trainings, dentists, physicians, dietitians. Many of us now have micro credentials and online courses and short courses. So maybe we can train other folks who are working in a public health space but don't have that public health training.

Last one. So, for me, what I love these events because there's so much inspiration, as I mentioned, so many big ideas are shared. And I try to take away one or two key things to go back to my institution and implement at my institution or even within my teaching, if that's what I can influence.

And for me, Framing the Future, starting with things like the deliberative questions. I am going to take those back and ask them in some of the meetings that I have with staff and other faculty.

The curricular information that's in Framing the Future, things like infusing social determinants of health throughout the curriculum and some of the examples that I shared with you are other ways that we are trying to try in curricularly Framing the Future recommendations and do more of them.

And try to identify processes that can flexor adapt. So, those are the things within my organization that I am doing and I thank you all. And I look forward to hearing what you are doing in your organizations. I will turn it over to Tariem Burroughs.

>> TARIEM BURROUGHS: Okay. It's slow click. Great.

So, thank you all again. My name is Dr. Tariem Burroughs ask and I'm here from Drexel's Dornsife School of Public Health and I'm talking about transformative approaches to teaching public health but also preparing our students for a dynamic and evolving field. I'm so happy that this conversation is happening because we are challenging entrenched ideas. We are challenging entrenched ideas related to how we teach our students, how the field is, as well as who we are as an organization, as well as schools.

So, we are moving beyond of asking so what. We are asking, why, how and for whom and these are important questions that our students should also be asking.

Because we have different learners at different points in our lives in their careers and we should take that into account when we go through our teaching process.

So, I am going to start off with some strategies. Because we came here and not only -- and I only have seven minutes left so I want to make sure we get something out of this.

So, for this, I want to really talk about building models built on science and learning because what we do is a science. It's an art. But at the end of the day, we are still learning.

So, I am going to talk about utilizing reflections, using rubrics, creation of professional portfolios and just preparing for a dynamic field.

You wonder why am I starting off with reflections? Because reflection always comes at the end. Have you ever been to a talk, we always use reflection at the end. It's a -- but the work that we do is really iterative process. It's always going, it's always changing. We should always be reflecting as we continue through our work.

Because so often when we are doing this work is a skill that we teach our student, you have to pivot and scale all the time. And it's such an important scale. And to do that, you have to reflect on the work that you are doing.

You have -- and we need to continue to encourage this type of critical thinking when we are talking to our students. And previous talk, talking about we are not just changing -- we are not just educating the epidemiologists, we are not just educating public health and policy people. We are educating public health professionals that can do these things.

And it's important to know, because our students have to be able to pivot. So, continue to bring that back into the core and the conversation has so many benefits for learning. It kind of enhances that learning retention. We always say we are trying to create these lifelong learners. But if we are really trying to create lifelong learners, we have to not just say it, we have to believe it and we have to also teach that to our students. Because we need to continue as my colleague said, foster it as growth mindset. You are not just in this place at this time. But that time will change.

Most recently it's really hard to have a public health conversation without talking about COVID. But most recently in our philosophy Department of Public Health a lot of those COVID positions went away. And so a lot of those people that were doing those COVID jobs as tracers, et cetera, had to move into different roles. That was really difficult for some of those individuals, even though they were trained with degrees in public health. But they didn't have that growth mindset to be able to change and do a different job in the same place, still in the Department of Public Health, because it was really hard for them to pivot.

So, I use it as an example. And I'm sure this has happened probably across the field and people switching these jobs. But really kind of driving home having that growth mindset for change.

So utilizing rubrics. How are we going to measure this? And I know, I always hate to put it down to these metrics. But we have to have some sort of metrics. And not just for having

metrics for metrics sakes, but also using as mechanisms for grounding.

So, if you are saying that I need to have the scale focus on communication. How are you measuring that I have the skill on communication? Is it through these presentations that I am doing? Is it through these talks or is it through how am I even being a TA thinking of our DRPH students, but how am I doing that. Having these mechanisms and artifacts to give a student and saying, I need you to, again, going back to reflection, to reflect on this. But able to ground it. Because like, well, you could do better by doing X, Y and Z. Okay, but what is that attached to? If it's not really attached to nothing, it's really hard to improve in something that's not attached to anything.

So, again, some of the advantages that is providing clear expectations. But not just providing clear expectations, but facilitating objective assessment and complex -- for complex tasks. But we are also really modeling this as well as they continue their profession. We are not doing this for motor vehicles or educational sake but we are also doing it for modeling for when they are out in the field talking to different communities.

And I'm going to use communities in a very broad way because communities are contextual. So, you could be in the pharma community, you can be in Appalachia or you can be here in Boston. But really kind of taking that into context when you are talking about these communities.

But we also need to design effectively rubrics as well. We can't just you need to be measured on X, Y and Z aspects, but they must align with the work that we are doing. But they also not just the work that we are doing in public health, but also the mission of our individual schools as well.

And I previously did my research and this is mostly focused on medical education. But really seeing, does the work that you want -- does the work that you want to do, what you want students to learn, really align with your mission?

So, really taking into account of all our stakeholders in that, and that means our students, our faculty, as well as our staff who have to initiate a lot of these aspects as well to make sure that's what we are learning. So, really thinking about when we are designing these rubrics, to make sure they are effective for all stakeholders in mind.

And also continue to the application. Again, going back to the why are we doing this? Because we want to be able to apply this. So really using aspects of case studies and research projects and presentations and just general practical skills

that they can do. Again, we are mirroring a lot of these things.

A lot of our students may not work in the academia. They may not work at a School of Public Health. They will probably be in the field. So, really thinking about that, that we are educating a body with very vast interest, especially in the past few years and there are way more markets opening up to people who get degrees in public health and really kind of keeping that in mind.

Because this is a really great time. It means our students have even more opportunities when they walk down that aisle, give that piece of paper, it's like the world is your oyster and lets continue to think about that. But to do that, they have to be able to think flexible.

So, one thing that we do, as soon as they answer door, start about creating the professional portfolios. Talking about from the applied practical experience, or Drexel, our integrated learning experience, these are all artifacts that they can take when they graduate. They are not just graduating with a piece of paper. They are graduating with this awesome portfolio of all the great work they have done along the way. But also leaving with this mindset of how to communicate that, how to talk about that, and it's like you can have the greatest resume in the world but if you can't communicate anything that's on that piece of paper then it's not as helpful. Again, having that resume and cover letter as we talked about, these samples are their work. Evidence of the competencies that they are able to -- that they have achieved. And also provide structured documentations and enhance their job application materials. I am also director of career services, too, so a word to that. I want them to learn but I also want them to get a job when they get out the door.

Actually having them being able to see the trends that are ahead of time. So important. Because we are not just teaching knowledge and skills, but dispositions about change. Organizational change, and changes in communities and changes in structures.

We are trying to change mindsets. We are trying to just go passed our students being just routine experts that know how to do one thing. You know how to do a lot of things and that's the great thing about public health. You can do a lot of things. And having deep knowledge of where you are working, where you are working to and be deliberate in your practice, as they are engaging.

And one thing that we can also teach them is to have passion with dealing with the ambiguity that goes in work. That's the fun part. Well, it's fun for me. But just dealing

with the ambiguity and being able to, like, go through their work.

And I will say, yeah, moving to a dynamic field, is keep your head on a swivel. Because this field keeps changing. And that is something that we can always take and drive home to our students, to keep their head on a swivel and remember that you have so much to offer this field. So, really driving that home. So, thank you.

(Applause)

>> VIVIAN HORIGIAN: Good morning. Can you hear me all right? Yes. Good morning and so thank you so very much, dean Galea, Dr. Sullivan, Dean Sullivan, Dr. Magana, ASPPH, Boston University for inviting me, us, to be here today. And most importantly, to the members of those expert panels that put together a titanic report and that are inspiring us to rethink on how are we going to frame the future towards 2030.

I think I want to start with a little bit on my background so that you can understand the perspective or the lens through which I see these problems.

I am the granddaughter of four survivors of the Armenian genocide of 1915. They fled and escaped and got to Buenos Aries when they were married. I was born in Buenos Aries Cantina and these stories, horrific events of fear and survival are those that shaped my upbringing, my family life, and my community life.

Thanks to my dad's hard work is that I was able to go to medical school. And it was emotional pain that I saw in home visiting on different neighborhoods in the city that drove me to psychiatry, to the practice, the research and education in psychiatry. And it was the family, the neighborhoods that drove me to public health.

I'm an immigrant in this country. I arrived one month after 9/11, at the age of 33. And I am the Director of Public Health program in a leading research private institution in the sunshine Florida state.

So, I thought that I want to start taking three quotations as guiding reflections, align them with the expert panel report, and help us further reflect on those guiding questions. These quotations come from pedagogy of freedom (speaking non-English) from Paulo Freire, and I would like to zoom in different aspects as I go through these quotations. Actually, this is the first reflection, and its teaching requires, demands awareness of unfinishedness. And I am going to take this through focusing through inclusive excellence through the anti-racism lens, but focusing on teachers as learners.

Change is NINM T32 training program housed at the Department of Public Health Sciences at the University of Miami,

which I have the privilege to co-direct with Dr. Sannisha Dale. Its aim is to develop the next generation of researchers that are going to have the expertise to combat disparities in HIV and mental health. And, of course, in metropolitan area in Miami, the populations that carry most of the burden of these problems are black, Hispanics and LGBTQ communities. So to engage in the program as a trainee, you have to be committed to dedicating your career to address these problems.

So, naturally, we recruit trainees that are representatives of these communities. The cornerstone of the training is community engaged research. And central to the training program are two hours weekly seminars that we cohost with the directors. We deploy these using trauma-informed teaching approach and rooted in principles of transparency of teaching and learning objectives where the trainees co-construct what they want to see in those seminars, and we constantly reflect what's happening and what they want to see next.

These two hours weekly seminars serve as a safe space where they can share their own histories of trauma, of discrimination, collaborate, and provide peer support. But they have been an amazing experience for us -- so why is it jumping to the next one? Okay.

For us as mentors. And here is where I say teachers as learners.

As I stepped into these two-hour seminars, we all co-directors and learners were ready to embrace the unknown. So as a teacher, you have to be ready to embrace the unknown. And know about what you don't know about yourself, about ourselves, and about others.

And most importantly, while we have a phenomenal network of mentors in the institution, we learn that matching by race, ethnicity or research interest is not sufficient, that many of the mentors that are struggling, that are representatives of this minoritized populations are struggling to advance in their own careers and are occurring their own histories of traumas. Here are semi questions, expanding on the panel expert questions, and it's how do we foster and nurture humility within mentors? How do we stimulate reflection to arrive to the acknowledgment and the acceptance of what we don't know, so that we foster growth and development?

And what are the best practices to expand awareness beyond implicit bias training? And how do we support healing spaces for faculty and mentors? And how do we staff these?

My second reflection is teaching demands requires curiosity. And I am going to focus on transformative educational models and pedagogy, focusing on who are the learners today.

I'm going to take two challenges we are observing in the classroom, the first one being the loss of sense of wonder and discovery. In our conversations with teachers and educators in the Department of Public Health sciences and beyond, we are seeing the shift in attitudes and behaviors of the learner to one that it's transactional, demanding, I gave this, you gave me that to one that it's also supported by the fact that we use student evaluations of teaching as one the measures to evaluate performance of the teachers. So, these are sometimes modified customer satisfaction reports.

So, the question here is, how we as institutions of higher education have facilitated this shift to the importance of grades as being the performance, what's driving the journey of learning. And here are my questions. How do we revert to a culture and practice that inspires our students?

How do we recognize and reward the learning process in a way that we promote and nurture the journey of discovery? How do we do this in a way that we recognize the unique needs of each learner, and how do we consider the process of learning in dynamic assessments?

And the second is conflict management and dissent, and our students are rooted in cancel culture. If you do -- you say something that it's perceived to be or deemed to be unacceptable, you are canceled.

So, the Framing the Future 2030 outlines important civic engagement competencies. And I would like to expand these on how important is emotional intelligence, creativity, visioning, inspiring capacity and team building and teamwork that's transcultural and transprofessional as essential to civic discourse.

Expanding on these questions are, how do we train our learners to bridge?

How does the client-based education facilitate or conflict with this premise?

Change can only be possible when there is appropriate emotional context, to listen, to embrace, so what are the tools our learners will need to facilitate dialogue when is canceled?

Should we be training our students with and in art as other forms of expression as public health communication?

Given those challenges, how do we train our students in negotiating skills?

How can we expand empathy and social empathy in our students?

Reflection number 3, teaching requires joy and hope. And this is on expanding the reach, visibility, and impact of the field of academic public health, focusing on authentic partnerships, authentic partnerships.

And these are two examples and that highlight how giving brings joy in the process of learning. The first one is community pilot awards as part of our center for mental health and HIV research. These are supporting our community partners to develop projects that then become platforms to collaborate with faculty, to then teach our students. And these have brought a lot of joy and reward to our partners.

And the second is an example of how do we use capstone projects, culminated experience as a question that will bring together community partners in a way that's meaningful to them.

And here are my last guiding questions. Are we honoring what matters most to the communities we are partner with?

Are we keeping in check a win-win scenario?

Do we have the interest of the communities they serve at heart?

How can we check and monitor for obstacles?

How do we make this work sustainable?

How do we revert to a practice-based education, inspired by community problems and need?

The Framing the Future 2030 report has been written from a stance that honors unfinishedness, one that is seeking perpetuate improvement and growth.

And here's my question. How can we all be aligned with this stance and be ready for it? Thank you.

(Applause)

>> ANTONIAH LEWIS-REESE: Hello, hello. My name is Antoniah Lewis-Reese. I am the Senior Director of Strategic Initiatives at the University of Illinois, at Chicago. And I just want to say first that I am honored and humbled to join you today. And as a former representative and former chair -- a representative of a former chair of the ASPPH data section, I am thankful to ASPPH and the BU School of Public Health for extending this invitation.

Today I'm going to share a few exemplars from the UIC School of Public Health, some of my reflections, as well as to keys to implementation that I believe are central to -- central across all of the domains of the Framing the Future report. My emphasis will be on concepts and themes that are of most importance to people who do work that I do, which is supporting strategic planning efforts, supporting implementation, also evaluation and identifying organizational requirements for advancing this work.

So, just a little bit of context. Our university is -- was founded in 1970 as part of a land grant university. That means that we are intended to serve the working class. We are located in the blue state of Illinois. We are a top 20 School of Public Health and a top 10 school among private -- public institutions.

We are at a one institution so we are trying to balance quite a few mission domains here. Our faculty are highly productive. We are second in sponsored awards, only to the College of Medicine for a number of years.

And we are a federally designated minority serving institution, institutionwide. So we actually are proud to say that we have one of the most diverse student bodies in the country where about 59% are nonwhite students, and about 40% are specifically from under-represented minority groups.

We were glad to see in the report that there were so many of our values that were already aligned with this, specifically community, justice, humility, diversity and respect.

All right. So I'm going to get into a few of the reflections that I took away from this report, as well as some of the examples of the work that we have done.

First and foremost, one of the themes that I took away was that establishing norms and values, this requires a setting standard definitions for the measures that we are going to take. In evaluation, I think that we often overlook the need for applying that. And so I wanted to make sure that I stated it. It's also key to strategic implementation because it helps stakeholders understand the need, the culture and institutional priorities.

Secondly, the theme of development and support. It makes me think of the need for creating instruments and tools that collect data to help us identify areas for improvement.

So, some of the examples that we have in terms of the antiracist -- antiracist work and inclusive excellence enhanced curricular content at all levels -- all degree levels. One specific example as related to our DRPH program which has done an extensive amount of work centering its curriculum on health equity and antiracist leadership.

Public health scholarship program, we offer to increase the student representation among folks who often go overlooked in our communities, as well as institutional investment in bringing in faculty with diverse backgrounds.

So, they have a program at the University where we have established advancing racial equity strategic plans for each of the academic units across the university. Each college has one and each academic unit has one.

These plans drive recruitment and retention efforts for staff, for faculty and students, from under-represented groups.

And then finally, we are leveraging the resources that the campus offers for improving the inclusive practices in the classroom. We are leveraging that as well as external educational opportunities for building a cadre of faculty who are able to train within the institution going forward.

With regard to approaches to teaching -- transformative teaching and learning, we -- let's see. The concept that I am most interested in here, the data professional, is micro credentials. We are looking to make public health knowledge more available, accessible, affordable, and more importantly, attractive to target audiences. And figuring that out is quite a challenge. So, we recently embarked on an environmental scan where we looked at the offerings of our competitors, of course. We looked at -- talked to internal and external stakeholders regarding our strengths and specific areas where we can -- specific strengths that we can leverage.

In terms of assessment, we have heard a couple of times today already, we have traditional course evaluations like anyone else. But identifying other opportunities to measure the degree to which our students are actually able to apply what they have learned will be especially important going forward. Grounding in social determinants of health as well.

So, some of the things that we have done, we have embarked on community engaged teaching efforts that are led by our collaboratory for health justice which I will talk about later. We have established student supports along the continuum why pre matriculation at the undergraduate and graduate level. We have student -- SPH success, which is an online, on-demand set of modules in quantitative skills and writing so that students have access to it from the time they enroll. It's a blackboard course.

We also use that data in order to inform early identification processes for students who might need remediation or support from our peer support team.

We also have established a committee on educational programs, accreditation review and learning. This group will go into effect this fall, and it is responsible for conducting evaluation processes every five years based on our -- based on our -- each of our degree programs.

The third area that I am looking at as well is bidirectional outcomes with regard to partnerships. So, establishing metrics for partnership beyond the number of partnerships or agreements that we have in place, which are often what we kind of rest on, finding out how we add value. Looking at external stakeholder feedback to understand what we look like, what our reputation and brand is as a partner.

And then finally, continuous improvement, evaluation practices, strategy development and implementation.

Some things that we have done which I am sure many of you have academic partnerships, external advisory boards from community and from industry, providing technical support to our partners, but more importantly, our collaboratory for health

justice was specifically launched to expand the capacity that we have to build partnerships and to incorporate community engagement across research teaching and practice.

One of the most impactful programs that we have are with regard to community course alignment. And so, essentially faculty will volunteer to receive support from our collaboratory for health justice to connect them with communities, identify a project that will help them advance their mission, and all of the deliverables go toward that.

We recently had an award-winning -- award from the delta Omega organization for innovative curriculum, our Dr. Alyssa Vilonnes, congratulations to her.

A few elements that are common are listed here. Two that I would like to point out, especially, in terms of accountability and culture. Accountability we often think of it as transparency of responsibilities and things like that. But really, this is, you know, thinking about the people who are accountable for these things are the ones that you will be collaborating with most closely to measure progress in decision making. If you have not established a culture of trust, collaboration, communication, safety, engagement, it will be difficult to establish, sustain, and support accountability.

Finally, some guiding principles for strategic planning. We are embarking on our strategic planning process this year. We have selected students success, research, promoting equity through engagement, and supportive culture and climate as our foci.

The guiding principles including diverse perspectives, sharing development, adopting a people-first mentality, meaning removing any barriers that people have to success and being able to do the best work that they can possibly do. That means streamlining processes, eliminating redundancies and building synergies. Thinking long term about sustainability from the outset. And then creating opportunities for dialogue and dissent.

Finally, these are some questions that I have posed, some of which have been spoken to already, that can be responded to through external stakeholder feedback collection, internal stakeholder collection feedback, evaluation practices, translation and storytelling, asset mapping, and improving the capacity for evaluation through dashboards, data collection processes, databases, and improving decision processes.

So, thank you so much.

(Applause)

>> SHAN MOHAMMED: Thank you all so much. We are going to move right into question and answers. So, if I can have all our panelists join us up on the stage here. And we have just about

15 minutes for questions. We will, obviously, take questions in the audience. Please, if you are joining us online, we would love to have questions from you.

One thing that I will say is this is what gives me such joy and confidence and hope, is listening to all the stories that you have shared, just absorbing your energy in terms of knowing that you are part of training the next generation of public health practitioners. So, thank you so much for all that you do.

I am going to kick us off with the first question, which is really reflecting how diverse we are as institutions. So, I mentioned that there are 153 member organizations, but I think one of the things that really brings this into focus is when we think about how many students are we talking about influencing in our program? So in 2022-'23, the range of enrolled students in our programs in schools of public health ranged from 11 students in a program to 4929. Okay?

Then we think about, well, who is going to do this? Who teaches this? So, our faculty complement at programs and at schools range from, we will go in the opposite direction. 2058 to 3, right?

So my question is, as you have shared so much great work, if anybody can share how you go about making a decision about what to do next. Like, what to pick up on, given the diversity, given that you may have individuals who are in our stages of change, model maybe precontemplative about this stuff or ready for action. How do you decide? We all get to choose, but how do you decide within your spheres of influence how to pick up and move the ball forward in terms of some of the items in transforming education?

>> KIMBERLY KRYTUS: I'm happy to start if that's okay. Yeah.

So, I am in a role that, and a lot in my role falls under my area. However, I don't ever make a decision, I don't make any decisions. I'm not a decision maker. I am a facilitator. That's what I call myself. Sometimes people call me a cat herder. Probably as are all of you in the room.

We go to our -- when a need is identified, whether it's from an employer, whether it's from the accrediting agency, whether it's from an organization like ASPPH, we go to our faculty, we bring that information forward and we bring those who kind of identify that need into chat with faculty and with staff as well. How can we collaboratively address this. What ideas do you all have to now deal with this. For example, I talked about students coming into our programs now, not having maybe the professional skills that they might have had five or 10 years ago. That was a need that was identified by our

faculty, actually, by several employers. So, we got everyone together and said what can we actually do about this, including our partners. And that's -- it took a while. It took many months. It took will from our dean and -- to be able to marshal some of the resources. But we are pretty far down the path of creating that curriculum. So, just bring everybody to the table. Get ideas out there. And usually through discussion we can get someone -- get the team on the same page to develop a move forward plan.

>> SHAN MOHAMMED: Thank you. Tariem.

>> TARIEM BURROUGHS: Two things I mentioned earlier in my talk was to pivot and scale. Oftentimes students and faculty come to us with amazingly large projects and you're like, okay, let's really think about this. And I think this is something that we all stew when we talk to our partners as well. I figure out what can we do based on the bandwidth and resources that we have. And what can we do well? And then how can we scale that up as we are working through the project. So really thinking through that.

But also taking into account as I heard from a colleague, don't always listen to the screams. Listen to the whispers. Those are the things that actually are impacting people and that need to be done.

And when you start listening to the whispers it helps when the scaling process and pivoting. This works for community members, works with faculty members when they come to you with amazing ideas and works when students when they come to you with everything.

>> SHAN MOHAMMED: Thank you.

>> MARC KIVINIEMI: I don't think we always realize the degree to which the skills we use in public health practice translate into the change that we need to create in the academy. So, I am still waiting for the leadership position that actually has power and not just facilitation and responsibility. If any of you all are hiring and have one of those, let's talk. So much of what we do in academia is exactly like what we do in public health practice. So you create the change by finding what individual faculty, individual staff, individual leaders are already interested in and grab that and think about how to make your initiative part of it.

I think second piece is to think about Jeffrey Rose. We don't need to make a large-scale change in everybody, right? We need some large-scale changes but we also need very small foundational changes that everybody in our programs do. And that's really critically important, especially when you are in one of the smaller programs where the FTC/student ratio doesn't work out so well.

And the third piece is not everybody has to come along. None of our interventions hit 100% of the population successfully. So accepting that there are going to be some people who are never going to listen to you and never going to make the change and that's okay, as long as you can make enough change with enough of your faculty and staff to make it effective.

>> ANTONIAH LEWIS-REESE: I would like to add one more point in terms of systematizing a path of feedback. We have our executive can committee which is the leading faculty governance body in our school has each of the committees come to report what's going on, each of those committees is made up of faculty members who are representative from each of the academic units so you have people who have boots on the ground, who have their it -- you know, because when you are in the dean's office or administration, it's not always easy to hear the whispers. And so those committees are where those whispers are culminating and bubbling.

So, we have the staff as well. They are a huge resource, if you are not tapping the expertise of your staff, you are really missing out. Our staff are staffing these committees and they are bringing their expertise from their administrative units.

So, they come -- those -- the chairs of those committees come and present the things that they are dealing with. There are challenges. They also submit an annual report at the end of the year where they share with us, you know, what were the challenges implementing some of these strategies. What were the challenges achieving the charge of your committee.

So, executive committee, which has responsibility for making sure that these committees are effective, they now take that information and, hey, we probably need to change this in the charge. We need to probably add this to the chart. Hey, we probably need to dissolve this committee altogether, just to save people some meeting time and all of that.

And also those touchpoints with our students, student town halls, one-on-ones with the dean. He has weekly open office hours. So -- and then at the end of the year, the executive committee, along with all of the chairs of the -- of those committees, as well as the administrators for each of the administrative units come together including the division directors. We go over the data from our strategic plan. We talk about key takeaways, and then in the summer, the administration, the dean's office gets together and says, okay, how can we implement this. Is this feasible, what they want, and when can we start to implement?

So, just kind of systematizing things. That has really worked wonders. In addition to that, when you have the documentation, it helps with accreditation. That's a huge thing. You know, all we had to do was keep our minutes, obviously, but those annual reports, it was simple, simple, straight to the point.

>> SHAN MOHAMMED: Great. And as Viviana speaks, if anybody from the audience has a question, okay, we will be ready.

>> VIVIAN HORIGIAN: So, I want to highlight the importance of creating spaces where you can hear the whispers or the communal voice, in the department we established teaching faculty retreats sometimes are just one hour. In December we held an entire day of a retreat.

I also want to highlight the importance of our staff, of our graduate program staff because sometimes these whispers are caught by our staff. So if we are not a holistic team, we can't have the pulse on what's going on and what worries. And with regard to faculty, one thing that I think it's important, as we do also with students is recognize and reward.

If we want to drive change, we have to be able to recognize and reward. We are a program, so sometimes that gives us, you know, the luxury of being able to do things, although very minimal scale. But control it better probably because there's not so much complexity.

But rewarding faculty and rewarding everyone, actually, along the way, it's important to reflect and celebrate on the process of change.

>> SHAN MOHAMMED: Thank you so much, Viviana. Great. First question.

>> AUDIENCE: Kirsten ACCOE School of Public Medicine in Tropical Medicine. Thank you for our speakers.

My question to you, overwhelming messages (?) and Framing the Future and what we have heard today from every single speaker is the importance of community partnerships in our education program. And what are some innovative ways that we can show appreciation and incentivize our community partners? Because we ask a lot of them. And I want to keep asking more of them.

So, would love to hear your ideas and what you are doing in your own schools.

>> VIVIAN HORIGIAN: Yeah. This past year, we took it in a deliberative way, because some of the relationships had -- are still there, but after COVID, the connection was not.

So, the Associate Director for career services and responsible for managing capstone has visited partner one by one or invited them to a launch where we recognized, again, recognized and reward, recognized their work and their

contributions, but also to get as an opportunity to listen and see what are the things that are working with our students and what are the challenges they see ahead.

So, rather than being driven by, you know, accreditation, needing to demonstrate that we can do it is what is it that they see that is critical. And this has been invaluable. And it's not only just creating the space, but also making sure, as I was referring to, is that you communicate that in the way that it's meaningful to the partner.

So, what is -- in which ways they would like to -- the communication to come about? Is it a publication? Is it newsletter? How is it?

So, staying attuned like that. And I can go on and on. But I will turn it to the --

>> SHAN MOHAMMED: I know we are never going to get to all the questions but I would say by virtue of accepting the responsibility of being a panelist, you welcome any and all contact email questions to follow up. Because there has been so much rich, you know, content shared. Tariem, I know you were going to say something.

>> TARIEM BURROUGHS: Two ways. One is that we constantly keep them involved in everything with we do. Let them know this person has this Ph.D. and may be faculty but you are the person out there educating our students. So, you are just as important.

So, making sure that we have that deep connection and always keeping them involved such as if we are our case competition, can you be a judge, can you just be that professional that's out there. And I think having that identity that you are on our -- we are all on the same level, we are all doing this work is really important, as well as even working with our high school students, because we started a public health institute for juniors and seniors in high school and keeping them involved and seeing that they are a part of nurturing the next generation of public health students.

And also we have an annual awards ceremony where we acknowledge the work that all our partners do. And not just one partner. But different aspects, how are you a first time partner, are you a long time partner. One student, this person has given me so much over my course of my experience of working with them. And not just doing it as separate ceremony but including it with our ceremony with everyone that is included. Just something that you, again, are a part of -- you are a part of our community and you are just as important as the faculty member in nurturing and making sure that everyone is taken care of.

>> MARC KIVINIEMI: I found it very important to articulate very specifically and very regularly what the partner contributed and how that made the work better. So, we were able to do this in our intervention because of the feedback that you gave and it wouldn't have happened otherwise. Or when we did the student learning assessment at the end of the program, they said that they learned these things from you. And making sure that you reflect back that that time that the partner is committing and everything that they are giving is leading to meaningful outcomes, right, that are important to them and also important to public health.

>> SHAN MOHAMMED: And not surprisingly, we are out of time. But I want to thank all of our panelists for sharing all your great insights and energy for all of us. So, please join me in thanking them.

(Applause)

>> SHAN MOHAMMED: And now to wrap things up, I would like to introduce Dr. Thomas LaVeist, Dean and Chair at Tulane University School of Public Health and Tropical Medicine and Chair of the ASPPH Board.

>> THOMAS LaVEIST: As the chair of the ASPPH Board of Directors, special thanks goes to Boston University School of Public Health for sponsoring this dynamic event.

As we wrap up these meaningful interactions, I encourage everyone to continue these dialogues within your respective public health schools and programs and with your community partners. Dr. Laura Magana's opening remarks emphasized Framing the Future 2030's call to action, integrating anti-racism principles into educational frameworks, catalyzing a shift in teaching methods, and fostering deeper community connections.

I am optimistic that akin to the original Framing of the Future initiatives that my Senior Associate Dean Christine Acari still refers to nearly a decade after it was released, the ASPPH Framing the Future 2030 has been more impactful and transformative for our field and public health at large.

Reflecting on ongoing teaching challenges from the shift to more online education and how to nurture student engagement in our teaching -- in our learning spaces, the declining trust in public health and ongoing racial disparities along with the rise of AI technologies and their impact on instructional methods and social justice values is clear that these themes come as just the right time.

Five years from now, it will be interesting to see how far we have come towards our desired outcomes. The promotion of civil discourse and the pursuit of scientific inquiry, the integration of education, research and practice for health equity, the sustenance of inclusive educational systems that

nurture diverse environments where all students can thrive and the practice of authentic, respectful and bidirectional collaborations with a wide array of partners, how could we work upstream to bolster the infrastructures, incentives and resources for academic public health to make these dreams a reality?

We have heard some powerful solutions and ideas today. And likely you have more to share and even more will be inspired undertaking in your next steps.

As we depart from this event, let's continue to build on the insights shared today. Working together so our graduates are distinguishable to employers and practice partners and their population health perspectives, knowledge, skills, attitudes and practices.

Thank you once again for your participation and dedication. Let's move forward with renewed purpose and determination. Our future is bright. And it's -- our future is bright and it's ours to shape. Safe travels. Until we meet again. Let's keep pushing forward towards on Framing the Future 2030 vision, equitable, quality education in public health for achieving the health equity and well-being for everyone, everywhere. Thank you.

(Applause)

>> Recording stopped.

(Session was concluded at 11:59 a.m. Eastern Time)