BOSTON UNIVERSITY SCHOOL OF PUBLIC HEALTH
TEACHING PUBLIC HEALTH (PART 2): BUILDING COMMUNITY
JULY 30, 2025
1:00 P.M. ET

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>> CRAIG ANDRADE: Good afternoon. My name is Craig Andrade,
and I have the privilege of serving as the Associate Dean for
Practice at Boston University's School of Public Health. On
behalf of our school, welcome to this Public Health
Conversation.
Today's event is a part of the seventh installment of our
Teaching Public Health series, which began in 2018, and reflects
on how public health pedagogy can evolve and adapt to help the
next generation shape a healthier world. This year, we're
hosting three Teaching Public Health sessions over the course of
the summer. Each session will convene contributing authors from
the second volume of the book "Teaching Public Health," which is
set to be released this fall.
Special thanks to the intellectual architect of these
conversations, Lisa Sullivan, our Associate Dean for Education
and co-editor of volumes 1 and 2 of "Teaching Public Health."
Thanks also to the Dean's Office and the Marketing and
Communications team for making these events possible.
Today's discussion will focus on building community. Before
turning things over to our speakers, I'd like to frame our
conversation with a quote from BUSPH's 2025 Convocation Speaker,
Congresswoman Ayanna Pressley, who often says "the people
closest to the pain should be closest to the power." I turn to
this quote to emphasize the central role of community in public
health. The practice of public health is a practice of engaging
with the communities we serve. As public health professionals,
our task is to use our knowledge, skill, and passion to ensure
all people, especially those who are marginalized, can live
healthy, fulfilled lives. As public health educators, our job is
to prepare our students to advance this work.
Now, more than ever, we need to prepare our students to
engage with broad spectrums of people -- from peers to the
public to policymakers -- especially those who may hold
different perspectives and values. These are the skills that
will help move meaningful change forward in the weeks, months,
and years ahead.
I look forward to learning from all of today's speakers as

they share their insights from Teaching Public Health volume 2 chapters, including: Fostering Mutually Beneficial Community Partnerships; Structures, Strategies, and Tensions for Graduate Student Training; Teaching by Example: Community Engaged Research and Organizing; and Re-examining Practice-Based Education: Considerations for 21st Century Graduate Public Health Education.

I now have the privilege of introducing today's moderator, Marc Kiviniemi. Dr. Kiviniemi is a Development Dimensions International Endowed Professor of Health, Behavior and Society in the College of Public Health at the University of Kentucky. In addition, Dr. Kiviniemi is a member of the Cancer Prevention Program at the Markey Cancer Center, and Faculty Affiliate at the Center for Health Equity Transformation. Dr. Kiviniemi's research focuses on understanding how people make decisions about engaging in health-related behaviors, how individuals process and respond to health risk communications and other information about their health and how to communicate that information most effectively. Dr. Kiviniemi, over to you.

>> MARC KIVINIEMI: Thank you, Dean Andrade, and thank you to BU for the privilege of moderating today's session. I'm very much looking forward to learning from all of today's speakers.

Building community, in all of its facets, in all of its meanings, is a perennially central topic for public health education, given that our communities are the public, you know, and the title of what we do all day. Weaving community into the fabric of our educational mission and co-creating with our community, students, professional staff, and faculty, has the potential to impact many, if not all aspects of the academic public health mission.

When done well and done consistently, the interplay of communities and public health educational programs has the potential for synergies that create increasingly positive outcomes for both our schools and programs and our communities. Before I introduce our speakers, let me tell you a few key things about today's webinar. After each speaker shares their individual presentation, all of the speakers will join me for a moderated group discussion. Following that, I'll turn to questions from the audience. You can submit your questions at any time during the presentations or the group discussion. Please do submit your questions using the Zoom app's Q&A function, which you should see in the bottom middle of your screen -- a little box with a question mark in the middle of it.

With respect to doing community-engaged public health education well and doing it consistently, we couldn't ask for anything better than the opportunity to learn from today's speakers. We will first hear from Dane Emmerling and Meg Landfried. Professor Emmerling is an Assistant Professor in the Department of Health Behavior at the UNC Gillings school of Global Public Health. His pedagogy is centered on the process of sociopolitical development through which individuals increase their analytic skills and capacity to build a healthier and more just world. He researches and evaluates critical consciousness raising interventions, experiences and programs, that shift individuals' and institutions' attitudes and behaviors about the way they participate in systems.

Professor Landfried is an Associate Professor in the Department of Health Behavior and the Practicum Director for the UNC Gillings School of Global Public Health. In these roles, she designs, implements, evaluates and IT rates experiential

education components of the Gillings MPH program. In partnership with over 350 governmental, non-governmental, nonprofit, industrial and for profit and university affiliated organizations, she engages students in applied practice and focused reflection to increase their knowledge, enhance their skills, help clarify their values, and augment their capacity to contribute to a collective good of society.

Next, we turn to Dr. Leah Neubauer. Dr. Neubauer is the Clinical Professor of Health Behavior and Health Equity in the School of Public Health at the University of Michigan. She serves as the inaugural Senior Director of Integrated Education and Accreditation. She is a proud alum and is focused on development, accreditation, strategy and corresponding program and policies in the health-related professions and sciences.

And finally, we will hear from Madeleine Scammell. Dr. Scammell is an Associate Professor of Environmental Health at Boston University's School of Public Health and a JPB Environmental Health Fellow at the Harvard School of Public Health. Her expertise is in the area of community-driven and community-based participatory research and includes the use of qualitative methods for environmental health and epidemiologic studies. And with that, I will turn things over to Professor Emmerling and Professor land fried. I'll now turn it over to the two of you. Thank you.

>> DANE EMMERLING: Thanks so much, Marc. We're very excited to be here today. We're presenting on behalf of our three other co-authors of this chapter, which we hope you'll enjoy reading when the book comes out in a couple months. Today, we're going to touch on the content of our chapter, but we're also going to situate this work within the current challenges that public health is facing.

So, when we collected data on our last cohort of MPH students, we found what we've been hearing from other institutions nationally, that our students are arriving at UNC with limited practice and limited training on what ethical community engagement looks like. And when students haven't had a chance to work in the field or to really think through how to do this ethical community engagement, we know that the possibilities of harm occurring within community increases. And despite these risks, Meg and I are huge believers in the transformative potential of community engagement for creating the public health workforce that we want and for creating beneficial impacts within community, which feels especially important in the context of declining perceptions of higher education.

And so, our chapter really focuses on four strategies for creating community-engaged learning of really high quality and of positive impacts. We know that beyond good intentions, students need both knowledge and skills, knowledge in understanding how we got to the systems and the current realities that they're experiencing when they enter community, and skills and collaboration. We know that community-engaged learning requires a robust infrastructure to handle all the planning and reflection and logistics of ongoing community-engaged learning.

Additionally, we know if we are inviting them in as educators, we have to prepare them to be successful, both as mentors and to ensure that we're not asking too much, that we're getting the feedback from the partners that we need, and that necessitates continuous quality improvement and listening and

willingness to try out new strategies within community-engaged learning.

>> MEG LANDFRIED: Thanks, Dane. Realizing the benefits, structures, and strategies Dane just described requires significant resources. For example, community and academic partners alike need time to build trust, co-design, coordinate, communicate, reflect, and evaluate. Dedicated personnel is needed to prepare students, community partners, and other program participants, as well as supporting program logistics and managing relationships.

As Dane shared, students enter with variable levels of community engagement, knowledge, skills, and expertise. Meeting these students where they are while also honoring community needs and ensuring consistent standards requires tailored supports, such as flexible programming, individualized advising, and adaptable teaching strategies.

Funding is essential for administering this type of programming, as well as recognizing, if not compensating, community partners for their time, expertise, and contributions to student learning. All these resources must exist within an infrastructure that's designed to uphold ethical standards and promote a collective impact approach. Without significant investment in these resources, programs risk creating ineffective or even extractive partnerships that can harm both students and communities.

The resources I described are threatened by our landscape in several interconnected ways. A few examples include that some institutions are being scrutinized for equity, diversity, inclusion and justice-related curricula in practices which compromises their ability for the skills that students need to ethically engage with communities. In addition, uncertainty in staffing restrictions and reductions impacts the capacity of both community and academic partners to collaborate. We've seen this play out firsthand in the context of our applied practice experience, which we call a practicum. Just this past spring, as students were securing summer practicum, we tracked the number of canceled practicum opportunities, canceled practicum funding, receptors who lost employment, and longstanding partnerships who indicated they wouldn't be able to work with our students this year due to federal policy changes.

Finally, budget cuts and shifting institutional priorities often mean that community-engaged learning is deprioritized in favor of less costly approaches. Together, these political pressures reinforce pre-existing challenges, such as institutional mistrust, and create an environment in which community-engaged learning is both harder to resource and more vulnerable to being scaled back or removed entirely.

As a way forward, we see opportunities to help protect community-engaged learning at the instructor, program, institution, and accreditation levels. In the interest of time and because our accreditors are in the process of updating their material, we want to show the role they play in ensuring this continues to be a part of public health training. For example, they can help ensure the knowledge and skills needed to engage are explicit within competency frameworks. They can continue to require applied practice experiences, emphasizing the importance of those being community engaged, and they can hold programs accountable for supporting mutually beneficial partnerships by requiring them to demonstrate investment in infrastructure and resources needed to sustain them. These kinds of supports and

requirements would help give public health training programs leverage to maintain community-engaged learning in their curricula, advocate for necessary resources, and resist pressure to scale it back.

As we've seen, community-engaged learning is not just a teaching method, it is a critical strategy for preparing public health professionals who are accountable to the communities they work with. Producing community benefit during public health training programs and working to repair trust between institutions and communities.

Speaking from 17 years of experience, this work is not easy. It is resource intensive and requires sustained investment. In today's political climate, where public health and higher education are under increased scrutiny, community-engaged is more vulnerable than ever. That's why it is so important for instructors and programs to advocate for protected resources, for institutions to recognize the strategic value of this work, and for accreditors to ensure that community-engaged learning remains a foundational component of public health training. If we want a public health workforce that is prepared to advance health equity, disrupt systems of oppression, and work in partnership with communities, then community-engaged learning is not just valuable, but it's essential. We urge you to think about how you and your institution can work to promote and protect community-engaged learning. Thank you.

We would like to give a shout-out to our co-authors and our contact information was shared and these are our references. We look forward to the discussion.

>> MARC KIVINIEMI: Thank you very much, Professors Emmerling and Landfried for the presentation. Really engaging work and I look forward to discussing it more. As we transition between speakers, let me remind everyone, one more time, we will have a Q&A with audience questions at the end of this session. If you would, please, put your questions in the Q&A app down at the bottom of your screen on Zoom. You'll see a small box with a question mark in it. Amongst other things, that will help your moderator's limited brainpower, if all of the questions are there. With that, I will turn to our next speaker, who is Dr. Leah Neubauer. So, Dr. Neubauer, the floor is yours. Thank you.

>> LEAH NEUBAUER: I believe I'm not in the mode I need to be, correct? Here we go again. Am I good, Marc? Yes?

>> MARC KIVINIEMI: Yes, perfect!

>> LEAH NEUBAUER: Thanks, Marc. Hi, everyone. Such a pleasure to be here with you today, and also, a wonderful opening presentation and a real pleasure to follow Dane and Meg here. I'll be speaking from a chapter on practice-based education. My comments for today are, are we getting it right? All right.

I'll cover three areas here. Very briefly, I want to offer some framing, both in terms of thoughts on education, but also our guiding definition for this chapter. I'm going to share three examples and then offer four questions. All right.

I'm a critical adult educator. I often share those three words, and folks are, you know, it's a pause. And you wonder, well, what does that mean? In practice, it means I don't think of the adult learner or the practice of adult education in isolation. I think really similar to the slides we saw before, I think of education in a socioecological way, and I also think of

the individual learner or educator in concert with multiple systems and influences. That means I think of education more than just the design and management of learning; I think about the ways in which we're supporting learners and faculty members in their full lives.

Also, I think about the process of education quite a bit in terms of power. This is a model Gary Harper and I developed through a paper we wrote in April 2020, what we called "Teaching During a Pandemic." What I want to call attention to in this framing is really to consider that the decisions we make as instructors and professors are very much in service of our students, and they're often in concert or resulting from the decisions made by academic administrators. I think about the topic of practice-based education very much in that way, and also, in a larger sphere of being of service, support, and solidarity to the communities that we serve.

Our chapter covers practice-based education as a large field, and the focus of the chapter really draws from multiple disciplines. For purposes of today's discussion, I want to highlight, certainly, its relevance. Next, as we just heard from the previous presentation, criteria guidance has evolved on practice-based education across all degrees, in all the years I've been working in academic public health. For me, that meant beginning with CEPH's 2006 criteria. We think also that doing practice-based education good, meaningful, and effective means consideration of larger political, social, and economic forces.

Our working definition is this. I'll read it directly here: We suggest that practice-based education in public health is both the management of interactions -- between and among the teacher and what they know, the practice partners and organization and what they know, the students and what they know and can do, and the content being taught.

It's that management of interactions coupled with keen attention to the social function of education and its potential in practice to replicate existing patterns of inequity.

As a co-author group, myself, with Robles-Schrader, Fagen and Harper, this is our chapter and I can say very much our current thinking in how we approach this, all as instructors, as educators, and some of us as administrators.

I'll now move to share three examples, three brief examples to talk through how I've thought and practiced in this space. The first is an immersion approach. Now, this is not from academic public health. In fact, this is part of a required first-year experience at DePaul University, a place where I received a bachelors and a master's degree, and a place I also had the opportunity to be my first ever faculty instructor.

In this scenario, this required of course, bring students to campus. A week before the fall quarter begins, students immerse themselves for a full week in field-based observational participation, discussion, guest lecture activities. They are, as the title conveys, discovering Chicago. That immersion week is then followed by eight classroom-based weeks of learning. And the approach to practice-based education isn't led by one person, it's led by a three-person teaching team -- an appointed faculty, staff, and student core team.

The next example I'll share is from an MPH approach. Examples 2 and 3 fit under the umbrella of curricular integration, the way to and towards honoring practice-based education in this case is by integrating it into a curriculum. The guiding question here is a brand-new MPH, and what happens

if we want to link the practicum with courses? So, it's not a free-standing something a student does in the summer; it happens during the course experience. In this case, it was piloted with a small cohort approach, admitting 20 to 25 students annually.

Practice-based education was conceptualized this way. What you see on the right side is an adaptation of Habermas's approach to participator education. For folks familiar with this literature, this would be an extension of Huall from University of Chicago's examination of practice-based education through lenses of technical work.

In this case, the practicum was integrated with three courses and across three quarters. So, in total, students had a nine-month practicum experience. So, that's example 2. And this would have been around 2012 and 2013. This date is important to the setup for my third example.

Curricular integration in an MPH. What you'll notice, the guiding question is different. I will fast-forward to say this is really circa 2017-2018, but that guiding question is essentially the 2016 criteria, while they're here, the practicum requirements look different. What are we going to do? And in this case, what do our community partners think about a practicum?

At this point in time, Mike Fagen, Robles-Schrader, and myself were at the university in a program of just under 200 students, and our answer to this question was what you see here, that practice-based education -- in this case meeting the CEPH requirements of D5, the applied practice experience -- would be met both with a practicum and the addition of some integrated course work. In this case, it was 40 hours of integrated course work and a placement with a partner that was defined by ours, not necessarily a quarter or academic period.

The addition here is certainly the products, the assignments, the reflections, but also a comprehensive approach to supervision, mentorship, and support. So, the first example was undergraduate. The second two examples, MPH, both reflections of interpretations of D5 applied practice experience.

As a four-person author team -- and certainly, our chapter talks quite a bit about our positionality in this work, how we've approached this, how we think about it -- what we offered also -- and how I'll close this session -- is we have many examples to draw from. We also know our best answers often don't lie within us. They lie in the experiences of our students, our alumni, and most importantly, our practice partners.

For you all here today, the four questions I will close with are, at a big level, what are the essential characteristics of practice-based education? Design, dosage, duration, supervision, mentorship, leadership. I direct accreditation. I remember the big questions post-2016 criteria -- wait, so, we don't have to have a practicum? How many hours do we need? What's the minimum?

I love question 1. I'd argue that it elevates our discussions and our thoughts on attaching real meaning and service to practice-based education.

Number 2. I think a lot about the kind of show me the money question. So, there's what you said in number 1. How does it show up? How does your unit define it? How does it source it, both in resources and personnel, but other supports for practice-based education?

Number 3 is the decision question. Also, how is this

operationalized and honored? What drives the decisions you -- maybe these are decisions you just make at your classroom level. Maybe your department, or ultimately, your unit. How are decisions made about practice-based education?

And last, and never least, how do we know if we are quote/unquote effective in the practice of practice-based education? And what would you add? I look forward to hearing and seeing the questions that emerge. Thank you.

>> MARC KIVINIEMI: Thank you, Dr. Neubauer. So, two amazing presentations, weaving together ways of engaging community and doing practice-based education. Before we move on to our discussion and question-and-answer period, our final presenter is Madeleine Scammell from the Boston University School of Public Health. And I, unfortunately, cannot see when the slides come up, as we talked about at the beginning. A little inside baseball from the moderator perspective. So, Dr. Scammell, I will turn things over to you.

>> MADELEINE SCAMMELL: Thank you very much. I think my slides are up, I hope. Someone will tell me if they're not. I'm really glad to be here. I think our talks complement each other, and I'm really looking forward to the discussion.

I teach a course at the BU School of Public Health called Community-Engaged Research. I recently came to 16 community-based participatory research. And I want to acknowledge my co-authors, Dr. Alina McIntyre, who PA'd for me twice as a student and is now a Postdoctoral Fellow at Northeastern University and Silent Spring Institute, and CiCi Yu was a student in the course and is now going into her fifth year in the mathematics education doctoral program at BU's College of Education and Human Development.

And this is a photo from the class in 2023 when we were all together. I've got to say, there are students from across the university in the course, and that is a really great thing about it -- we learn a ton from each other and the experience we bring. But the reason I'm showing you the photo is that we sit in a circle, and that is because we're very oriented toward each other, and it's inspired by the Highlander Research and Education Center. This is in Newmarket, Tennessee. It's one of the country's oldest folk school.

It's a place where unemployed and working people organized in the 1930s and '40s, where labor leaders received training and classes were racially integrated before it was legal in this country. And the main meeting room in this photograph is octagonal and people sit in a circle in rocking chairs. They have rebranded a bit. The current name is the Highlander Movement School. But you can see they have maintained their rocking chairs. And ideally, in my dream future, in a class on community-based participatory research or community-engaged research, we would sit in a circle in rocking chairs. Because someone once said to me, "how angry can you get when you're in a rocking chair?" There's something really great about it. And we do have difficult conversations.

So, there are three pedagogical principles that frame our course, and I'll talk about very briefly here. These are directly related to the practice of CBPR, the roots of which are found in efforts to disrupt power relations in oppressive social, political, and economic contexts.

So, the first principle is to disrupt entrenched hierarchy and instructor-student power dynamics. The second: Engage students in hands-on application-based activities, which I'll

talk about a little bit. And the third: Amplify voices of community partners in academic partnerships. And that's done mostly through our readings, but also in our guests, and by "community," it can mean very inclusive, communities of disease, geographic communities, and also it could be government, NGOs.

I start off early talking about some history that frames my lens as an environmental health scientist. I won't talk about all of the content on the slide as it relates to the environmental justice movement, but I will focus on the first National People of Color Leadership Summit on the steps of the Capitol in 1991, where 17 principles of environmental justice were articulated, including what Dr. Robert Bullard summarized -- "Nothing about us without us." That's how he would summarize all 17 of the principles, but specifically, that research not be conducted about us without us.

And additionally, in 1994, President Clinton signs an executive order on environmental justice. At the time, I was not that familiar with executive orders as I have become today. But this specifically addressed research as well, health research, suggesting that low-income populations, workers, people most likely to be exposed to hazards, be at the table when research is conducted.

So, in the early 2000s, we saw several textbooks published on the topic of research that links academics and communities specifically with the goal of health equity, and I'm just highlighting three of these textbooks and their authors, which I refer to.

So, the topics that we touched on in the class include the fact that CBPR is an approach to collaboration and partnership. It is not a research method. There is no recipe. It's very context specific. And it's a mindset. It's an approach.

Learning from social movements and organizers is key in this course, and I talk about people with AIDS, disabilities, with breast cancer, the breast cancer movement, and students identify movements themselves that they relate to or that have informed their thinking. This is all about how these movements have informed science as we know it today.

And then, establishing intentional relationships is a topic. We draw on all relationships, and we do our best to model relationships in the classroom that we would want to see in our partnerships as academics or researchers.

So, specific tools that we use in the classroom to do this include one-on-one speed meeting interviews. In the first class, every single student in the class interviews every single student in the class, including myself. The questions are preassigned, and some are very deep and some are more shallow and fun, but we do really get to know each other as it results to content in the course.

At the beginning of each session, we have regular check-ins, and that's an opportunity to transition from the outside world to the classroom and bring our whole selves. But this is also a trust-building routine that, again, relates to the practices we suggest as partners in research. A lot of student-led discussions, hands-on activities, I mentioned before. I'll just highlight a couple. Spatial mapping and power mapping. There's great literature on these topics, as they are tools for engaging non-scientists or people in their context in asking questions and collecting data.

We also do a grant budget role play. So, back to relationships. The number one reason for divorce in this country

has to do with finances, and it's a really tough topic to address in a partnership between academics and non-scientists. So, we work through that and we have a lot of guest speakers.

So, my last slide is kind of a final thought of the course as well, but we looked at history. We talked about today and schools and practices. But our goal really in teaching is to create a future that honors the past with remembrance and not repetition, we hope. And I really hope to encourage students to think about what that future in science may look like. And I'm sharing the cover of a book by Max Liboiron, which us as co-authors appreciated. I want to stop there and thank Lisa Sullivan for inviting me to be part of this book.

>> MARC KIVINIEMI: Thank you, Dr. Scammell, for rounding us out with another excellent presentation and activities that I think all of us can incorporate in our work. And thank you to all of our speakers. The down side of the Zoom environment is you don't get the satisfying applause at the end, but I hope you all are hearing the conceptual sound of the 200 people who are listening and learning from you, doing that.

We will now turn to discussion and questions. And I'm going to take the moderator's prerogative to call a little bit of an audible, given the time that we're at. So, I'll start asking some questions and the discussion with the members of the panel, and I would invite all members of the panel to both unmute their video and their microphones so you'll all appear on screen with me. And then, as more questions come in from the audience, I'll just sort of transition into working more of those into our discussion, rather than keeping the two very separate. So, for those of you in the audience, please do keep submitting questions using the Q&A link down at the bottom. And the incentive for doing so, in addition to learning, is the more questions you ask, the less questions you just have to hear people talk about what I'm interested in. So, please do give your questions about these presentations, and I will start asking them as we go along.

So, if the members of the panel can join me -- and again, I think you need to unmute both your video and your audio, in order to appear on the screen. I wanted to start with an observation that I noticed through the talks and then that one of our participants also asked a variant on.

So, across the talks, community was used in a variety of ways. So, Dr. Neubauer talked about an experiential activity that was very much focused on the city where the university is located. And we go from there to the word global being in the very title of the Gillings School of Global Public Health. And then, in Dr. Scammell's presentation, a lot of focus on communities in terms of historically marginalized and oppressed groups. One of our attendees then brought in the additional very interesting piece of us talking about the public health community as those who work in NGOs and other public health practice in other ways.

So, I was wondering, as a starting point, if each of you would perhaps say a few words about how you think about and define community within your work, and also how you talk to your students about that very potentially slippery word and what community means in the context of the work they're doing.

>> MADELEINE SCAMMELL: I'll start. I guess I would just say, yes, we definitely talk about what is community, and that's one of the first topics. It's one of the questions in the speed interviewing. Do people identify as a member of a community?

What kind of communities? And then, as I mentioned, we're very inclusive in our examples in the literature.

>> MARC KIVINIEMI: Would others like to comment?

>> DANE EMMERLING: One thing I appreciated about Madeleine's presentation was the attention to how power sort of moves through relationships. And so, I think there's a lot of different ways to draw the lines around what you think a community is and a lot of our conversations in the school focus on attending to the way that those relationships are structured. And so, we read a little bit about what is community, but we're less invested in one definition as we are in the skills that Madeleine was talking about, of sort of attending to how the relationships get structured.

>> MARC KIVINIEMI: Thanks. Leah, do you have thoughts?

>> LEAH NEUBAUER: I would say yes and yes. I think what I would add is probably to clarify. Also, when I think of the skills, I think of two things, first being the thinking and what a role and gift it is to work with students around their own original thinking and honoring their lived and lived experiences -- lived and living. What we're also learning. So, that's the first piece.

And the second, I think, is also some frankness around who we are as an institution, where we're located. I think for some of us, our work has been dictated by ZIP Codes. State bounds. For those of us that work globally, right, very specific kind of orientations on where we work and why. I love the idea of the definition and framing, and really the starting point with our students to ask those questions.

>> MARC KIVINIEMI: Thank you. And I think a lot of what we've heard across speakers -- and I very much appreciate the input on definitions and thoughts -- is a framework that can be used for community in a variety of different terms. And so, I think a very good conversation to have with students, but also with faculty, with professional staff, with the variety of communities, is how each individual school or program defines things and whether that's the same across classes, across research programs, whatever aspect it happens to be.

A second thing that I would be interested in hearing about, and I think our audience would be as well, is that all of you described and have done amazing work building programs and educational experiences that are very different than the kind of traditional sit in a classroom approach. And Professors Landfried and Emmerling, you specifically spoke about needing resources and time and energy and all those sorts of things to do the work. So, I'm wondering if each of you could speak a little bit about how you went about building that support and building those needs within your school. You know, who were your champions? Who were the people that you, perhaps, had to work a little bit harder to convince that the program was worthwhile? And what advice would you give to folks who are listening and would like to build things like all of y'all have done so well?

>> MEG LANDFRIED: I think Dane and I are really, really fortunate to come from a department that has its roots in community engagement. We have this 80 -- I cannot do the math this morning, but over 80-year legacy of community-engaged scholarship. So, we are really standing on the shoulders of legends who have been doing this work. And fact that my position exists at all is a reflection of our department's investment in this type of work.

About five years ago, the MPH degree that was previously at

the department level moved up to the school level, and it's been really wonderful to see that same sort of investment. It has taken some time to get everybody on the same page, to recognize the value of this work, but we have a unit of practice now and a practice advisory board, consisting of external partners that are huge champions for our work. Dane, what would you add?

>> DANE EMMERLING: I think a neat part of the model is that a part of faculty service is advising our team-based projects every other year, and that really helps faculty continue to see how much our students are getting out of it and to build relationships with our partners sort of across the scope of potential partners. And so, that keeps sort of it on everybody's front of mind and gets people excited about investing in the work.

>> MARC KIVINIEMI: Thank you. And please do feel free, if folks want to jump in. And I'm not attending. Please, feel free to.

Let me turn to another question, and I'm actually going to pull from one of the questions at the end of Dr. Neubauer's talk, the question of are we doing it right? So, I'm curious how each of you think about and evaluate the success of your programs. And then, also, to whom communicate that success. How do you share that with community partners and build support? A lot was said about the current environment in which this is working. Is there evidence for which the effectiveness of your programs might help in that environment?

>> LEAH NEUBAUER: I mean, I'm happy to start, since it was my question. I just started here at U of M, at the School of Public Health in January. So, I guess initially, I could say stay tuned.

Laughs aside and really into my thinking, there's lots to say about the quality, the effectiveness, what we might think about this over time. I'm sure for many of you in spaces of measurement, but also in spaces of reality, you can imagine how this shows up.

I would say across my previous CEPH-accredited institutions and being in a community-accredited psych program, my metrics were many, and they were really centered in the communities that we were serving. And really, this was operationalized into established, nurtured, and longstanding relationships with preceptors and community organizations to really -- and also those who were supported to do this work -- to be right there at the table with us, thinking through all aspects of what we were designing. And so, I would say that is what comes to mind first and foremost.

I think where I have had challenges -- and I would love to think over time -- is also the relationship of the voices of our alumni really looking back and thinking about this and thinking about that more prominently in concert with the centering of the partners that we serve. I think in academic -- I think in many disciplines, evaluative data from our alumni -- I mean, getting any data from our alumni can be really challenging, but the evaluator in me really thinks about some of the -- not some -- the value in gathering some data around long-term evaluation. You know, what can you really attribute today's learning to and back towards reflecting on your education. And in this case, practice or community-engaged approaches.

>> MEG LANDFRIED: I can speak to what we do at Gillings in sort of two buckets. One is for the applied practice experience, which again, we call a practicum. We do a lot of monitoring and

evaluation in that. We have a model where the practicum hours themselves have no credits tied to them as a cost savings to students, and those hours are sandwiched by a pre-practicum and a post-practicum course. And so, we are monitoring throughout that experience. That's why I have the data on how many students lost practicum students, lost practicum funding, et cetera, is because we have this course in which we can embed evaluation tools.

During the practicum itself, we have a mid-practicum survey that we administer with those students and community partners to see how things are going in the moment. And then at the end, we have an evaluation for both our community partners and students. And as part of the community partner evaluation, we ask, what is it in our curriculum that we can expand on or enhance to better prepare our students for applied practice? And so, we get really valuable feedback from that each year. And it's interesting to see how things change.

Leah, to your point, my other hat is with the year-long community-led, group-based critical service learning course that serves as a culminating experience for some of our students. And that program has been in existence for 16 years, and we just surveyed and conducted focus groups with the past 15 years of alumni, preceptors, and faculty members that have participated in the program. And we were in the process of analyzing all that data, but initial findings are just some of the most rewarding work I've seen, because we're hearing of products that were developed ten years ago that are still being used by community partners. We're hearing of relationships that were formed 15 years ago that are still in place between student members that are part of each other's weddings, and then between students and faculty and students and community partners and all of the above, and just seeing the legacy of that work and its influence on students' preparedness for their careers and also the careers that they pursue as a result of it has been really rewarding. And resource intensive.

>> MARC KIVINIEMI: Thanks. So, then, I can turn to a question from one of our attendees that I think it would be good to get everybody's perspective on. So, the attendee asked about harms that come to communities from work done in public health. And from the context of the question, it's not clear whether the questioner is asking specifically about things we're doing in public health or acknowledging the broader fact that public health does not have a rosy history with many of the communities that we serve. But by whichever of those you want to address, how do you, in your work with the community and also in educating students, call out and address and repair those kinds of harms when they happen or when they have historically occurred and we are still working with those communities today?

>> MADELEINE SCAMMELL: Maybe I could just start by --

>> MARC KIVINIEMI: Please.

>> MADELEINE SCAMMELL: Thank you. Talking about some of those harms is, again, part of the beginning of the course for me because I have to say, why are we even talking about community-based participatory research or community engagement?

And then, looking at our regulatory framework for doing research, so much of what we have to keep us ethical is relatively recent, and we're still really a work in progress. So, we can't relax and think we're all covered, but this constantly has to be asking tough questions and examining our actions and behaviors in this context.

>> LEAH NEUBAUER: I had said earlier, the "show me the money" comment, you know, reference to the Jerry Maguire movie. And it answers the question, but it's a little more upstream, which is, my genuine wonder, concern, plea to my academic peers -- myself with an administrator title -- to really examine how we're sourcing and supporting this work. I mean, this is the irony for us administrators in academic public health. We really are in the position -- granted, within a larger university context -- we are in the position to design and employ or advocate for some of the ultimate acts of primary prevention in this space, which is, if it's designed right, if we have the right people, who might not even be in our walls, who exist in spaces across our communities to be supported and funded -- if that design and structure is adequately there, in my mind, that investment, meaningful investment, should be the first pass protection against this. And I recognize, I think in many ways, I am preaching to the choir.

I'll close by saying, I was really struck by Dane and Meg's opening comments. And on the CEPH accreditation criteria. It begs this question of what drives decisions and change. And I very intentionally used examples today, pre and post 2016 from my lived experiences in MPH, and I wonder, you know, have offices of field-based education or practice or community engagement -- did they dwindle when the D5 criteria looked a little different? Maybe, maybe not. I don't mean that to be a provocative question. What I do mean it to be is really a solid in support to Dane and Meg's comments on the power of design and criteria in helping to prevent and support in meaningful ways.

>> DANE EMMERLING: I can build a little bit more on the topic of sort of contemporary harms. And the thing that Meg and I got to collaborate on was, as the program went to school-wide, the concentrations were created, we got to help design the leadership course that all students go through before their summer experiences. And we used our listening to community partners over the past years and years to really guide the topics that were covered, and that doesn't eliminate harm. You know, Meg's really on the receiving end of all the emails, whenever there is a bump in the road where a community partner and student expectations are misaligned, but it does feel really important that there is that sort of loop between community experiences and curriculum to try to do everything we can to minimize those going forward.

>> MARC KIVINIEMI: Thank you. So, I think we have time for one more question. And so, I'm going to try to close with one that weaves together a few things that are still hanging from the audience. And I apologize if we didn't have time to get to a specific question that someone asked.

But we've talked a fair amount about the current environment, and we can all do a good job of talking about the ways in which higher education is challenged right now, but our community partners are as well. And so, what can we do in this idea of, you know, co-creating community-based work and weaving together community and academic public health to engage with and support our partners during this challenging time? And maybe are there ways in which we could work across schools and programs to be more effective together? So, I'd welcome thoughts on that. And again, I will call this the last question, because it's been an excellent discussion, but we are winding down on time.

>> MADELEINE SCAMMELL: Anybody else want to go first? Just, yes, yes, yes. Working across schools and programs and

universities, even, in solidarity to support this work. I love the idea of the CEPH accreditation piece, and I also found the first slide really important. But even at the university, we learn a lot from each other across schools, and requiring or offering courses that are not taught in-house is essential.

>> MARC KIVINIEMI: Other comments?

>> DANE EMMERLING: I think we can also work to tell stories of this work in compelling ways. That's a part of why I love coming to spaces like this and hearing about other people's work. But if we want to shift the narrative around higher education in substantive ways, I think a lot of how that might happen is from stories of deep, long-term engagement that involve faculty and staff and students and partners all together.

>> LEAH NEUBAUER: I'll just ditto and add. On some level, I think it's stepping back and getting out of the way. I think in other levels, it's redistribution and shifting the narrative. And I think specifically for me is think of reinvestment in practice-based education in higher ed that really hires the right people. And I think to be frank, I think we really have to be honest on who is best equipped to lead and teach practice-based education. And more often than not, we have not made that meaningful recruitment and those hires yet.

>> MARC KIVINIEMI: Thank you. And unfortunately, at this point we have to bring the conversation and the discussion to a close because time does tick. Before I turn things back over to Dean Andrade, I'll just mention, there were several specific questions about concrete things, about activities or exercises that particular speakers talked about. I'd refer you to the book chapters in the Teaching Public Health series, and perhaps the moderators could put that information in the chat for folks who are interested in more specifics. But thank you very much for joining us, and I'll turn it back over to Dean Andrade.

>> CRAIG ANDRADE: Thank you, Dr. Kiviniemi. And I'd like to just thank everybody today for this really rich discussion. I learned so much, and it's wonderful to hear all these different perspectives. Thanks to you, Dr. Kiviniemi, and all of our speakers, for all you brought today. Special thanks to you, our audience. We hope that you'll join us for the third and final webinar in this series, which will focus on ensuring currency. That session will be Thursday, August 14th at 1:00 p.m. Eastern Standard Time. To all of you, thank you again and take good care.

(Session concluded at 2:00 p.m. ET)

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