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>> MICHAEL STEIN: Good afternoon. My name is Michael Stein, and I currently serve as Dean of Boston University School of Public Health. On behalf of our school, welcome to this Public Health Conversation. Today's event is part of the seventh installment of our Teaching Public Health series Which began in 2018. The series reflects on how public health pedagogy can evolve And adapt to help the next generation shape a healthier world. Thank you to everyone Who has made today's conversation possible, including the Dean's Office and the Marketing and Communications team.

Over the summer, we've hosted several Teaching Public Health sessions focusing on Themes from volume two of the book Teaching Public Health, which is set to be Released this fall. Session one focused on promoting learning, session two focused on Building community, and today, our third final session will focus on how to ensure our Teaching remains current and meet the needs of the times. I look forward to learning from all of today's speakers, as they share their insights on: Promoting accessibility to public health education across the life course, keeping Public health training current and relevant, and lifelong learning for a competent and Resilient public health workforce.

I will now turn things over to today's moderator, Lisa Sullivan, our Associate Dean for Education. Dean Sullivan is the

Intellectual architect of this Event and is co-editor of Teaching Public Health volumes One and two. Lisa, over to you.

>> LISA SULLIVAN: Thank you, Dean Stein.

It is truly a pleasure to be part of this webinar to highlight three more of our chapter Authors from Teaching Public Health, volume 2. The second volume builds on the first, which was published in 2019, adding topics That are now relevant, having learned from the past 6 years and months of change in higher education and social upheaval, and continuing to learn as the forces that shape Teaching and learning, particularly in public health, evolve.

In this session, we will hear from our esteemed presenters on ways to ensure that Public health education is accessible to all learners and some strategies to adapt public Health training in formal degree programs and in new, more fluid pathways over the Life course as challenges Continue to mount while the need for a well-trained public Health workforce continue to Increase.

I now have the pleasure to Introduce today's speakers... First, we will hear from Emily Goldmann. Emily Goldmann is a Psychiatric Epidemiologist and Clinical Associate Professor in the Department of Epidemiology at Boston University School of Public Health. She also serves As the director of the online MPH program. Dr Goldmann's Research focuses on the social Determinants of common Mental disorders, population Mental health surveillance, and Physical-mental health Comorbidity. She is also Interested in the development of Pedagogical approaches for Teaching epidemiology and public Health to diverse audiences.

Then, we will turn to Viviana Horigian. Dr. Horigian is currently serving as the Vice Chair for Education in the Department of Public Health Sciences at the University of Miami Miller School of Medicine. She is also the Executive Director of the Florida Node Alliance of the National Drug Abuse Treatment Clinical Trials Network (CTN), housed at The University of Miami. Dr. Horigian's career has been committed to improving Practice through the implementation of clinical trials in real-world settings, and in Creating the local capacities that would allow the implementation of such trials. Third, we will hear from Laura Magaña.

Dr. Magaña is a globally recognized academic Public health leader known for her commitment to transformation, innovation, and Social justice. She was appointed the President and Chief Executive Officer of The Association of Schools and Programs of Public Health (ASPPH) in August 2017. Before Joining ASPPH, Dr. Magaña spent over 35 years transforming public and private Universities in Mexico and leading educational, multilateral, and nonprofit organizations Across the United States, Central

America, and Europe.

Most recently, she served as Dean of the School of Public Health at the National Institute of Public Health in Mexico. As a reminder for our audience, following individual presentations, we will turn to a Moderated group discussion. When we have about twenty minutes left in the program I will turn to audience questions. Please submit questions using Zoom's Q&A function and not the chat. Located in the bottom middle of your screen. Dr Goldmann, I will now turn things over to you.

>> EMILY GOLDMANN: Thank you so much. I will quickly share my screen.

>> LISA SULLIVAN: We can see it, but it's not in presenter mode.

>> EMILY GOLDMANN: We just tested this, so a apologize. Just struggling to get it. Please forgive me. I think we should be set now. I'm sorry about that.

Thank you all so much and thank you, Dr. Stein and Dr. Sullivan for having me here today. I'm so thrilled to have been part of the Teaching Public Health volume 2 as well as being part of this amazing panel today.

Today I'm going to talk about promoting accessibility through the life course of the learner. So what I would like to do is just start by talking about why we should promote access to public health education. It seems obvious I'm sure to everybody on the call, but I always love to just make a case for way we want to think about this.

So if the goal of public health is to promote equity and health equity by addressing health disparities, one of the key ways we can get there is by creating knowledgeable communities and diverse and prepared workforce, public health workforce. I think this was particularly apparent during the COVID-19 pandemic, and continues to be now in our current political environment.

So how do we then do this? In an increasing access to public health education seems to be a key strategy for creating these knowledgeable communities, the diverse, prepared public health workforce.

So today I want to talk about four particular mechanisms for promoting accessibility across the life course of the learner. These are not all of the places where there are these access points but I wanted to highlight key areas.

The first is early exposure in middle and high school. Let's go even earlier to starting to talk about public health and promoting accessibility to public health education to even younger students.

The next area is expanding undergraduate offerings followed by reducing barriers to public health graduate education and

finally increasing lifelong learning opportunities. What I would like to do today is go through each of these four what I sort of call access points to discuss why we might promote accessibility there, what some of our current challenges are, and then some potential solutions and I will wrap up with some future directions.

So starting with early exposure in public health, and just to step back for a second, I want to make one last comment that promoting accessibility at each of these stages, especially at the earlier stages, can really serve to have a snowball effect whereby increasing exposure to public health earlier just sparks lifelong learning and public health. So these aren't really these distinct areas but a place to get the ball rolling.

So starting with early exposure to public health, so public health education can really help students in this time of their lives build health literacy and some of those critical and problem solving skills that are so important and are built in other course work but can also be built through public health education.

It can also equip students not only to interpret and understand health information, but help to counter misinformation which I think is particularly important in the current context as well.

And then finally, this is an opportunity to early on spark lifelong interest in a public health career. This is time where kids are thinking about what they might want to be when they are older and thinking about what they might want to study and parking interest in public health is, this is a great opportunity to expose students at this time in their lives to public health and its function.

However, there are challenges. This is something that people have started to do, but there are remaining challenges. There is limited curriculum space. Some of curriculum in middle and high school is structured. It's hard to find a place to build in public health curricula.

Instructors also need expertise in these areas and this may not be something that is part of training for all different types of teachers, having experience with public health education. And then, of course, there are funding and time constraints in terms of building that curricula.

So what can we do to increase accessibility in this context? One is to provide free teaching resources and flexible frameworks for middle and high school teachers.

The CDC offers some of these, and there are some other published articles that talk through frameworks in teaching things like epidemiology and global health in this context.

The idea is to help create that curricula and take some of

the time and cost out of doing so. Additionally, we can continue to expand and strengthen pipeline and pathway programs. So there are already some great programs that target middle school, mostly high school students to introduce them to public health concepts. They may spend a summer doing course work at a public health school or through public health classes.

But really trying to expand some of those pipeline or pathway programs. And through particularly targeted outreach. So as I said, these exist, but they may not be as accessible to, say, certain underserved communities and what we want to make sure is that we are including students who may be first generation college, middle school and high school students, students in communities that are historically underserved or underrepresented in public health, and making sure we are targeting that outreach to encourage participation and also provide some financial support for doing so.

Then we move onto undergraduate public health education. So there has been a rapid growth in undergraduate public health education over the years. I believe it's a 12% increase in bachelor level conferrals in public health over the past 30 years so we have seen great growth in the availability of these programs but there still remains some disparities. For instance, one article by Karen, et al in Frontiers of Public Health a couple of years ago noted that in four-year schools, undergraduate schools, about 84% of them offer a degree or a course, even just a course in public health. And this is compared to about 26% at historically black colleges or universities or HBCUs and 30% at Community College. So you can see the availability of degrees and course work in public health is unequal.

So some solutions here is that we can add public health to general health requirements to make it part of the general education program. Secondly, we can promote and strengthen those ties to four plus one or three plus two master of public health programs. So this would save some time and some cost for public health undergraduate public health education and get students involved in public health education earlier.

Also to expand Community College offerings, bringing in community members and public health practitioners, instructors from other universities to make sure that community colleges have this offering and there is a cool project happening in Community Colleges and public health to increase these offerings. Additionally, students in Community Colleges may go on to four-year institutions and making sure you have these agreements between these universities so that the course work counts those courses count towards the four-year education would be really important and would be a real drive to build some of

that public health education.

And then finally similarly, to build and strengthen pipeline and pathway programs from undergraduate programs as well, and really thinking about some of those programs being targeted towards institutions that don't have public health degrees or course work like we talked about.

Additionally, just something funny wanted to add, another way we are trying to increase accessibility and awareness of public health education here at BUSPH, and our epidemiology department we are starting to run hackathons with health equity with undergraduate students trying to get them interested in public health.

Moving onto graduate and postgraduate education. Obviously there are prohibitive costs and limited scholarships. We need to strengthen financial supports, child care supports, care giving supports and having flexible programs so students have availability. Additionally accessibility priced online programs could help in this regard.

Students once you are in the classrooms, students have different backgrounds and learning styles so making sure you are assessing students pre class to meet them where they are, as well as using frameworks like Universal Design for learning to make sure that your teaching and learning is inclusive. There is also barriers to experiential learning so outside the classroom in terms of paid opportunities. We can work to build stronger practice offices or strengthen them further. Faculty mentoring networks, scholarships and cost share relationships between organizations and institutions so that students can be provided with paid opportunities.

And then finally, and my panelists, my fellow panelists will talk about this much more is the responsibility and opportunity to provide continuing education both the current practitioners and community members. And some ideas are online certificate programs, online alumnae outreach, and partnerships in settings without established programs. And we will hear more about this, I think, and, well, I'm sure, for the rest of the time here.

Just to finish up with future directions, we need to really continue to evaluate this. So to understand where there may be barriers and facilitators to public health education to further promote accessibility they need to know where they are, so we need to continue to evaluate them, monitor course enrollment, identify groups who may be under represented who are facing at additional barriers evaluating pedagogical strategies that promote accessibility and implement and scale evidence-based approaches so there is a wonderful opportunity for some additional work in the scholarship of teaching and learning

here.

That's all for today. I just wanted to thank you for your attention. I am looking forward to engaging with you more on this topic and here is my information if you would like to reach out. Thank you.

>> LISA SULLIVAN: Thank you. I'm trying to get my camera going. Thank you Emily. That was fantastic. Thank you so much. I'm sorry, my screen was frozen for a moment. The and now it is my pleasure to turn things over to Dr. Viviana Horigian.

>> VIVIANA HORIGIAN: Good afternoon, and thank you so very much. Doctors Stein and Sullivan for inviting me to present today. It's an honor to be part of the panel and to have contributed a chapter to the book. My name is Viviana Horigian, and a little bit about my background. I was trained as a psychiatrist in Buenos Aires and I'm the granddaughter of four Armenian genocide survivors and an immigrant in the United States. I say this because this experience has shaped my perspective, so expect intensity, survivorship and provocation in my presentation.

So I want to start with a quote from Paulo Freire, he shaped pretty much my teaching philosophy, that states that teaching demands a critical reflection of its practice. So if we want to engage in thinking about how do we keep current and relevant, we need to start thinking about how do we practice public health teaching.

And we really recognize that current public health challenges are several and can anticipate probably future ones in an interconnected world. This included the coalition of epidemics, the social and structural and commercial determinants of health that can synergistically determine health outcomes, and the threats of climate change.

I used an AI image generator to represent this immediate challenges, but some really remain unknown. And this leads me to a real key point of my presentation, which is that we really need to train students to a very adaptable environment, and our students would have to be ready for really jobs that have not yet been created, technologies that have probably not been yet invented and problems that have not yet been anticipated and this is not my quote, but a part of the future of education.

So how do we do this? We have to shift from a static approach to public health teaching to a dynamic approach to public health training, which is really fostering a culture of critical thinking, innovation, and collaboration that goes across borders and disciplines that is intersectoral, cross sectoral, interprofessional, while at the same time we embrace continuous learning and adaptation.

This will require us to integrate really current real world scenarios, practice-based teaching, project-based learning, emerging technologies and data-driven decision making. Our goal will have to be developing a dynamic and adaptable public health workforce that is prepared for lifelong learning and self-discovery, and that it's empowered to think critically, analyze complex information, and make informed decisions in the face of uncertainty.

Now, to do this, to fully embrace the fast pace of change, our core courses and our curriculum must be living documents, not monuments. I think that the second important shift that we should embrace in public health education is moving from aspirational to intentional.

And this is, this exemplar approach is embodied by the framing the future 2030 initiative, which is a visionary intentional multipronged and multilevel roadmap that's aimed at preparing future public health professionals for a world of complex health challenges.

I, if you have not had the chance to read this phenomenal report and each of the three reports are here focused on inclusive excellence, transformative educational models and building and fostering community partnerships to expand reach, I really invite you to do so because there is many guiding questions that can help any program or school chart a map forward, and being really intentional about it.

So I want to now focus on lifelong learning. I know that Emily made a reference to this, but this is the really continuous collaborative self-directed approach to learning across various domains, but what's important is that this becomes sustained throughout life, and that this I see as an essential approach for public health professionals. Now, the challenge for public health education is really to nurture early on the development of skills and traits that are required in engaging in lifelong learning.

This will really require redirecting the investment in learning from one that's focused on outcomes, grades and other, to one that's focused on process and process driven. Our approach should also be fostering, rewarding motivation, curiosity, creativity. We should be promoting reflectiveness and self-awareness. We should be nurturing the willingness to bounce back from mistakes, help students make mistakes but learn from themselves and others.

And important to this approach is also being able to exercise flexibility in thinking. And Meta cognition, which is really to think about how you are thinking. I think that we can only do this if we embrace a cycle that goes from learning to applying to adapting to unlearning and relearning.



I wanted to share with you a framework which is more a holistic approach in human development that was conceptualized by Frank and other faculty of the University of Miami and beyond which is really embracing lifelong learning, but it's called education for life.

And this is a lifelong journey of acquiring knowledge, skills and attitudes that are going to be necessary to navigate life's complexity, driving all aspects of lives and contribute meaning fully to society. This was part of a conceptual model envisioning what is the future of health profession education.

There are three areas and I'm bringing down these areas to public health education. So learning throughout life I covered through lifelong learning and this will require really critical thinking and curiosity.

The second point is learning to live life, to give life, and this is our commitment to promoting and restoring healthy communities. So our goal here for public health is going and moving beyond the understanding of the social determinants of health, and all determinants of health to one that it's a commitment to community engagement and a commitment to civic engagement.

The third point of this holistic approach is learning to live our own lives. And this emphasize the importance of self-knowledge, self-awareness, and self-discovery and personal development. And I cannot underscore how important this is in our profession. We have seen burnout during the pandemic and this is prevalent in all health professions, but this will require that we embrace an approach that invites individuals to self-reflection, to understanding their beliefs, their values, their strengths, their weaknesses, and they chart a road for their own human development.

The next shift is really moving from our foundational competencies to integrative competencies. In this ladder you see as the first ladder the C foundational competencies so this can no longer be the ceiling for us or accreditation being the destination, but really our launch pad.

And what I would like to advocate is that we embrace competencies that go beyond this foundational competencies that are integrative, and this included systems thinking for an interconnected world, the development of emotional intelligence, creativity and team work. So this can happen through role playing exercises and interdisciplinary approaches. So we can discuss probably in the moderated panel in which ways we can address this, but I want to make sure that we think on other competencies.

So like the ability of developing an inspiring capacity, a visioning, of creating, navigating uncertainty, building trust,

taking risks, and definitely being AI competent.

We can talk about how can we do this and what are the things that we can incorporate in our classrooms to start navigating this shift from foundational to integrative competencies.

So there are several ways in which we can cultivate emotional intelligence. I want to underscore how important this is, particularly also in this third domain that I shared with you on learning to live our own lives.

We can teach fundamentals, we can embed self-reflection and help students through journaling, self-assessment, mindfulness to develop self-awareness, we can promote experiential learning in multiple ways, develop and model really interpersonal skills by demonstrating empathy and giving constructive feedback, foster cultural humility, creating inclusive classrooms, but what's most important is really that we assess this growth, that we assess and evaluate self-regulation and interpersonal skills in assignments and feedback, and that we support this emotional intelligence development over time.

So this is across these five domains, self-awareness, self-regulation, motivation, empathy and social skills these are going to be critical for students in the future. I think Emily good a phenomenal point on the importance of how technology and innovation has helped us or will be critical in creating access and expanding access, and it has helped us in so many ways. There is no doubt that these are going to be important and there might be technologies that we don't know of today, and they have helped us disseminate information and enhance the learning experience, expand access, supported collaborative learning. In the past I would say year we have been talking about if we should integrate AI, that's not an if anymore. There is multiple ways in which we can integrate Artificial Intelligence in our teaching.

The question from to deliver content, to enhance and optimize the learning environment, the challenge probably will be on making sure that we understand what's the framework that's guiding the technology and the innovation integration in our classrooms, and most importantly the ethical considerations around it.

And I would like to finish with one progressive approach probably to training which is the importance of collaborative approaches which really enhances and emphasize the importance of interactive learning. This is collaboration between students, education, educators and practitioners while at the same time putting the learner and integrating that individual as student experience and need as part of the approach.

So this really covers two aspects, the learner centered

education which is how do we meet the needs, the unique needs, interests and goals of each learner but really empowers them to provide input on what they want to see as the offerings, and it requires a shift where we can see educators as facilitators, guiding students in their learning.

And this will probably require us to move from a culture that promotes hierarchy to one that is a pedagogy of vulnerability and stance of humility. The second important point on collaborative approaches to teaching is really how do we invite partners, the ones that we know today, and those that we might know and discover in the future, but today definitely academia, government and industry, and not only in the offering of practical experiences, but really on cocurricular and co-construction of the curriculum.

So this would be a win/win for both the academic institution and for the industry and government. I want to close with another quote which intends to be provocative but also offers some hope that from Paolo Freire, that states that teaching demands a conviction that change is possible. And I believe it is. With that, I would like to thank you and turn it back to you, Lisa.

>> LISA SULLIVAN: Thank you. That was excellent! Thank you so much. Very inspiring.

And so now I would like to turn things over to Dr. Laura Magana. Viviana Horigian can you stop sharing. I think it's coming up now. We see it. Dr. Laura Magana, you are on mute still. Still cannot hear.

>> LAURA MAGAÑA: Can you hear me now?

>> LISA SULLIVAN: Yes.

>> LAURA MAGAÑA: Perfect. Thank you so much. Good afternoon, everyone, it's a privilege to be with you today and honor to join the BU teaching public health conversation once again. I have enjoyed the two presentations. Thank you my colleagues for being so brilliant in your presentations and thank you for really talking about the foundation of something that I'm going to be concentrating, which is the lifelong learning.

So today I really want to issue a call to action after just hearing my two dear colleagues, but also my own presentation. A call for a fundamental shift in how we approach public health education. We must move beyond outdated, one-time models of learning and embrace lifelong learning as a structural unwavering commitment, as my previous, the previous presenters talked about it.

Because the challenges we face, pandemics, climate change, misinformation, technological disruption, are not one-time events. They are constant. Complex and evolving. To meet

them, we need a public health workforce that is prepared, not just for one job, but for a lifetime of leadership, adaptation and impact.

This moment our goal is bold, to shape a public health workforce that is not only skilled, but also resilient, agile and future ready in a world of accelerating change, lifelong learning is no longer optional. It is essential.

It empowers professionals to stay sharp, stay relevant, stay energized across decades of service. It transforms education from a one-time phase into a continuous journey of growth. We talk about in public health education it's going to start in higher education and earlier than that, hopefully earlier than that, like K-12.

So it transforms education from a one-time to now a life, continuous journey. So this mindset aligns with the digital age when knowledge is abundant, careers are non-linear, and our greatest asset is the ability to learn, unlearn, and relearn.

But before we build forward, we must confront a sobering reality, the World Health Organization warns of a shortage of 10 million health workers by 2030. Especially in low and middle income countries. COVID-19 exposed the cracks in our systems.

Burnout, politicization and insufficient support. We lost far too many public health professionals. If we don't act with urgency, the erosion will continue and our ability to respond to the next crisis will be even weaker.

We must not only rebuild our workforce, but we must reimagine it. This moment demands a cultural shift. The learners of today will navigate careers we can't yet name. Static education will not prepare them for a dynamic world. We must build educational environments that are flexible in design, experiential in practice and personalized to each learner's life stage and pathway. This is not a tweak to our systems, it is a real transformation.

According to the future skills report, higher education must be guided by four key pillars. Personalized learning tailored to learner's strengths, needs and aspirations, future focused skills, prioritizing adaptability, empathy and systems thinking. Multi-institutional pathways, building bridges between academia, employers and sectors. Lifelong access, offering learning not just in youth, but across entire life span.

There are not just trends, they are the new pillars of the 21<sup>st</sup> century public health education. So to make this vision real, we need a new social contract between institutions and learners. Gone are the days when a degree was meant to last a lifetime. Today, we must commit to flexible, stackable and accessible pathways as my colleagues have mentioned, recognizing

informal and prior learning, designing curricula in deep collaboration with the workforce and supporting learners at every stage of life.

And above all, this must be built on a foundation of equity, inclusion, and solidarity. This isn't just education reform. It's really a social justice action.

Consider the idea of the 60-year curriculum, a bold reframe of lifelong learning. People are living and working longer. Careers span decades. Roles evolve constantly.

Instead of front loading education in our 20's, we need a system that sustains learning through a lifetime. In public health this is critical. We must keep pace with new diseases, new data, new technologies, new social political demands. Lifelong learning isn't just nice to have. It's the only way we remain prepared, purposeful and powerful over time.

To make lifelong learning work, we also need to rethink how we structure and access learning. The traditional hour model is a fit for people who learn on the job, pursue micro credentials or return to school mid-career. Instead, competency-based learning allows people to progress based on what they can do, not how they will be, how much time they will be sitting in a class.

Combined with learner-centered methodologies as my colleagues have referred to, this approach empowers people to take ownership of their learning, work at their own pace, and focus on skills they need now.

In public health, this might mean mastering outbreak responses, data visualizations or health equity principles exactly when those skills are needed the most.

This transformation redefines the role of faculty. Educators are no longer just transmitters of content. They are mentors. They are designers. They are facilitators. Lifelong learning coaches. Faculty must be supportive to teach across platforms, meet learners where they are, and continually hone their craft.

They are the heartbeat of this shift, and the architects of this success. And the good news, this revolution is already under way in many schools and programs of public health.

I will just mention here on the screen a few examples of the type of initiatives our community is undertaking that already we are seeing in our community institutions that are offering micro credentials and rapid upskilling, that are leading workforce development with really a practitioner focus. They are already tailoring programs, but these are not just pilots, these are models that we need to learn, to scale and replicate.

So let me end where I began, with urgency and hope.

Lifelong learning is not a "Buzz" word, it is an imperative for the future of public health. It requires courage to rethink, redesign, and recommit.

If we rise to this challenge, we will strengthen our workforce, empower our communities and build a more resilient, healthier world together. Now is the time we need to lead this transformation. So thank you, and I'm grateful for your partnership and I look forward to continuing our journey ahead together.

Building the educational system our communities deserve. Thank you and looking forward to the discussion right now. Thank you.

>> LISA SULLIVAN: Thank you so much, Dr. Magana and all of the speakers. Those were excellent presentations. What we will do now is turn to a moderated discussion as a reminder to our audience, please enter any questions that you might have into the Q and A and we will try to get to as many as we possibly can.

And let me kick it off a little bit, I love the -- I wrote it down, faculty are the heartbeat of this shift because as all of you were talking, I was think feeling so hopeful about all of the things that you are describing.

We want to make education accessible. We want faculty to take care of themselves, their students, their communities, and we want to make these changes.

How do we support faculty in this? And I'm thinking of that both individually, I think Viviana, you talked about that, but I wonder from an institutional perspective or a, as a field, how do we support our faculty? I think we all may believe that teaching public health is a little different than teaching in other areas and what might our institutions in public health do differently to support our faculty?

>> LAURA MAGAÑA: If I may start, I think first of all, recognizing the importance of faculty in the whole transformation because sometimes it's very easy to talk about the new competencies, the structural changes, the new scholarship for students and all of that is great. We need all of that.

But if we don't change, if we don't support our faculty, if we don't recognize that faculty is in the center of all of this change, then anything that we do, it will be just a lack of really vision or strategy about what we can do. We can't transform the structural, we can open more things but at the center faculty has to be taking into account that we need to pay attention to support our faculty, to train our faculty, to give them time to change and to transform and to study and to really take good care of themselves, and this is key to the success of

any transformation.

So I just want to say that should be really front and center of any transformation that we envision.

>> LISA SULLIVAN: Thank you. Others?

>> VIVIANA HORIGIAN: Yes, so you started from the most important point, right, is recognize, reward, validate. We cannot move without that. I do know for a fact that the University of Miami has an entire initiative focused on mindfulness and mindfulness practices that cut across the different, that bring together different schools, and there is a calendar of events, but I think that beyond the institutional offering, how do you create spaces where you can allow reflection? Because, and how do we shift to that approach as administrators in health education where you, where you nurture the opportunity to reflect on our own practice as I started.

And I think that that can move forward. Some institutions are doing work on this, particularly like we are at the Miller School of Medicine so there is an important focus on how to support wellbeing of faculty through different initiatives, but I don't know if your point was really going to that this doesn't only limit to chairs of departments or program directors or Deans of schools. This has to be cutting across all levels as it goes to the school, to the culture of probably the institution.

So it's not just at a unit level. It's embracing a different culture of how to see this holistic human development. And I think that as part of it, and I referenced it in terms of students only, but it's also moving to from outcomes, you know, how much in a school that is clinically focused and research focused, is quite focused on how much you produce, but also how to be helpful. How do we help you to grow in your own life.

And I think that that is important. The commitment is important across all levels of the institution.

>> LISA SULLIVAN: I would just add there, and staff. We have so many staff involved in our educational programs and we could not run them without our fantastic staff, so I didn't mean to omit them from the question.

>> EMILY GOLDMANN: These are amazing points that my panelists are speaking. Just to add something a tiny bit is thinking about lifelong learning of the faculty member and parts of the training.

So really prioritizing training in public health education in doctoral training. Some programs do more than others, and I think that that's not just about how to teach and pedagogical approaches, but different ways to engage and make education accessible to students, but also really understanding the public health education system and the competencies themselves and why

we are teaching what they are teaching and what students are going to be doing and what they need training on, not just what you need training on to do what you are doing.

So in your own doctoral or even master's level training for those thinking about faculty level positions and this lifelong learning this wish for continuing public health education credits or whatever the equivalent would be to CME, and almost wanting someone to require it. I hope people don't get mad at me for saying that, but just stay current, it's so easy to prioritize everything you have to do, but to stay current, to understand what the needs are for students is essential, so that continuing lifelong learning just as my panelists were talking about so important for faculty as well. Thanks.

>> LISA SULLIVAN: And just on that point, as we aim to make public health education more accessible, how and what strategies might we use to support non-traditional students, students that have never been in the public health education system who we invite in? How do we support them?

>> LAURA MAGAÑA: I can start. One of the things, the key discussions that we are taking at ASPPH, which is next, what should be we doing better for the future. One of the things we are talking about a lot is we need new messengers and new messages.

Meaning that we have been a very traditional field in terms of how we talk about public health and who do we involve in public health. And we need to continue doing that because that's needed, but how about the new people that we need to be talking in the community, like the churches or the coaches, the training coaches, or maybe the media, the influencers, and what are the other messengers that could be really talking about public health, so people, so students even before like Emily was talking about, when they were in high school or even in primary, they know they start talking about public health.

So what are the other non-traditional audiences that we need to be engaged in sending the message so then hopefully all of these communities are also going to be knowing about public health way before they are actually starting to think about careers.

So that's just one way of talking about one of the new things that we need to be doing going forward.

>> LISA SULLIVAN: Right. Others want to add anything there?

>> EMILY GOLDMANN: I will just say that for students coming from different backgrounds, non-traditional public health backgrounds, there is a great opportunity to understand what drove them to public health, what's important to them. I think making it relevant is one of the key aspects of accessibility,



so that when you are providing that training, you are incorporating examples and opportunities that are really engaging and feel authentic to the learner.

And then additionally I think really breaking down public health, I really think of it as a professional skill base degree, not just what public health does, but what are the skills that you will get and how are they linked to the skills that you have foundation for? I think that that's nice to see the connection, but to make students feel more confident that they have these skills to succeed. These are just continuations of skills you have the foundation for or thinking about it from different perspective. So I think highlighting the skills and making it relevant can be helpful.

>> VIVIANA HORIGIAN: I love that you brought, both of you brought the point of the new messengers and the new messages and the role of community. So probably we have to broaden our concept of community, but this can only happen if we are close to the ground and if we are active listening.

And so the change on the messages, I'm saying this particularly because of the messages, we need to be able to train our students in active listening, but we also need to actively listen to really discover who are the other individuals that should be engaged, that can be engaged, that want to be engaged and for whom it's relevant to be engaged.

>> LISA SULLIVAN: Excellent. There is a question that's related to this thread, how do involve industries and communities in the development of programs that stand the test of time and that we might be able to adapt to the changing landscapes and if the questioner doesn't mind, I might add to that, and what might those industries be? Are there industries that we haven't yet intersected with that we should?

>> VIVIANA HORIGIAN: Yes, so I think the issue of the test of time. Right now we know which are our industries, but, again, it's like if we are very narrow in our approach to what we define as our collaborators or our sectors or our the disciplines that are in our field, we will not be able to do this, but to address the test of time, I want to highlight again that this cannot be one time and that's it.

A static approach will not make it. So engaging all stakeholders and maybe asking your stakeholders to help you identify additional stakeholders. Maybe we don't know who they are. And this will change. Probably it will change.

But so the point is not embracing any of this in a very rigid and static approach, rather in a very flexible approach of discovering like it might be different, and remaining open to learn who else needs to be brought to the table? Who didn't we know about?

And that cannot happen in the walls of the institution. That has to be outside of our walls.

>> LISA SULLIVAN: Excellent point. Others?

>> LAURA MAGAÑA: I want to add that since the very beginning, I mean, we cannot develop curriculum competencies on the university. We need to have on the table and implement people from the community, the employers and when I say employers, it's everyone, all of the sectors have to be represented not just the governmental public health, but also the private sector, the for-profit sector. We need to know that our students now more than ever are actually working in a non-governmental setting but it's more in the industry, more in the for-profit area, and what were we talking to them in terms of what they do need and our graduates are working more with. So we have to engage them since the very beginning and we have to really make an effort to have a strong relationship with all of the sectors that are currently and in the future. And this has to be evolving. We need to always keep an eye on what are the new industries, what are the new areas, what are the new jobs and just bringing them to our educational setting or to the platforms in order to really have that conversation is key for the success of our programs.

>> LISA SULLIVAN: Emily, did you want to add anything?

>> EMILY GOLDMANN: Just as a final point and I absolutely agree and thinking about non-adjacent fields, anything with our students can use their skills in places they didn't think they could use them and I'm actually looking at if I may call out the first Q and A question about jobs in this current context. The.

Just thinking about the ways you can apply skills in different places, but any industry or organization that has anything to do with health or social determinants of health, these are the people we need to hear from, and bringing them in potentially to talk about how concepts or methods are applied in that context would be incredibly useful for students.

>> LISA SULLIVAN: Thank you for connecting that question. It was related. You sort of answered it on the fly. Dean Stein, do we have time for one more question before you jump in.

>> MICHAEL STEIN: One more for you, Lisa.

>> LISA SULLIVAN: I just wanted to link back to the ASPPH framing the future 2030. Viviana shared it and this was Dr. Magana's initiative. Many of us had the privilege to be part of it. It was a call to action.

I wonder if I could ask each of you to give us one thing that we should be trying to do related to your presentation. You have the platform to call us to action. What are you calling us to do? Emily looks in deep thought. So maybe we will go in reverse order. Dr. Magana, can we start with you?

>> LAURA MAGAÑA: Well, maybe emphasizing any presentation with one statement that when we think about education, when we think about public health education, we shouldn't think anymore of graduate program, one time, two years, one year. We have to, have to think about the whole life span, all the way, as Emily was saying from high school or even before that until retirement. That's our student is there, all the way of life long. So we need to transform our institutions, our structures in order to allow for education to happen everywhere and along the life span.

>> VIVIANA HORIGIAN: Yes, and I think that this brings me, one thing is on the stance of that teaching really demands to think education as something that's unfinished. It's an unfinishedness of it.

But from the, I mean, the reports are so phenomenal, but I think that one of the things that it's most relevant or one thing as you asked us is I think the way we embrace community and bring partners into, to the table. It's not just only on, like, to make sure that this becomes our future employers, but in the curricular design. So I think that this is something, and broaden our view of partners in a way that is more strategic.

So there is every single report has so many gems that it's very difficult to focus on one.

>> MICHAEL STEIN: Last word to Emily.

>> EMILY GOLDMANN: Oh, my goodness. No pressure. I would just say particularly in this context the way we communicate what public health is and what we do and what you could do and how you could make public health part of your life and your career is really important to get people excited to but also to meet people where they are as well as community members who could be involved as well.

So I will leave it at that. Thank you.

>> MICHAEL STEIN: Great place to leave it. Thank you. Super inspiring conversation. Thanks to everyone for joining in the discussion. Thanks to Dean Sullivan for leading us, and thank you to the speakers and especially you the audience. We hope you will join us this fall for upcoming programs which you can learn more about by visiting [WWW public health conversation.org](http://WWWpublichealthconversation.org). Thank you and have a good day, everybody!

(Concluded at 2:00 p.m. ET)

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