



FOSTERING COMMUNITY PARTNERSHIPS FOR A HEALTHIER WORLD: A CALL TO ACTION AND FRAMEWORK

MARCH 2024

ASPPH
FRAMING THE FUTURE 2030
EDUCATION FOR PUBLIC HEALTH



A close-up photograph of several hands holding up small, colorful paper cutouts of human figures in purple, yellow, and green. The figures are holding hands, symbolizing unity and community.

PREFACE

The *Fostering Community Partnerships for a Healthier World* expert panel is part of the "Framing the Future 2030: Education for Public Health" (FTF 2030) project, initiated by the Association of Schools and Programs of Public Health (ASPPH) in 2020, which represents a pivotal shift in learning and teaching public health. Acknowledging the rapidly evolving global health landscape, marked by challenges like the COVID-19 pandemic, eroding public trust in health authorities, and persistent upstream social determinants of health such as racial and social inequalities, FTF 2030 aims to redefine and enhance education for public health. This initiative builds upon the earlier "Framing the Future" efforts (2011-2015), continuing the commitment to anticipate and meet emerging public health needs.

Central to FTF 2030 are the following three expert panel reports and **executive summary**



**Building Inclusive
Excellence through an
Anti-racism Lens**



**Transformative Approaches
to Teaching and Learning**



**Fostering Community
Partnerships for a Healthier
World**

The panels' reports propose aspirational recommendations and questions intended to stimulate reflective dialogues among university leaders, faculty, staff, students, and partners. The initiative recognizes the diverse nature of ASPPH member institutions and seeks to offer broadly applicable recommendations to members and to all schools and programs of public health for their consideration in transforming education for influencing better health outcomes. The goal is to ensure that future public health professionals are equipped - not only with knowledge - but with future-ready competencies, including a sense of civic responsibility and adaptability to navigate the complexities of the public health landscape with a wide array of partners. The success of FTF 2030 is envisioned to reflect in the health and well-being of the communities served by these graduates, assisting in co-creating a healthier, more equitable and resilient world.



INTRODUCTION

“ Education for public health is at a critical inflection point, and either transforms for success or fails to remain relevant ”

(Sullivan, et. al., 2023, Paragraph 1).

In recognition of the responsibility of academic public health to support “what we, as a society, do collectively to assure the conditions in which people can be healthy” (Institute of Medicine, 1988, p. 1), the Association of Schools and Programs of Public Health’s (ASPPH) Framing the Future 2030 (FTF 2030) *Fostering Community Partnerships for a Healthier World* expert panel (see the panel roster in [Appendix A](#)) issues a call to action. This call and accompanying framework seek an intentional, strategic repositioning of schools and programs of public health as an “essential component of a complex socio-political system” (Sullivan, et. al., 2023) for delivering on the promise of robust public health teaching and learning to benefit society.

The present erosion of trust in both public health and higher education and increasing questions about their value, trustworthiness, and cost (Brenan, 2023; Galea, 2023(a), pp. 1-2; Commonwealth Fund Commission on a National Public Health System, 2022) highlight the need to transform how academic public health approaches and engages with all [partners](#). This shift involves proactive engagement with a broad range of actors and with special attention to supporting [community](#) partners and community-focused organizations, aligning priorities with theirs while remaining focused on our role as conveners, collaborators, scholars, scientists, innovators, and change agents - not only in society - but within the higher education system.

This call underscores the necessity for ongoing curriculum and faculty development and bolstering the academic public health infrastructure to equip a wide-angle view of **learners** with enhanced abilities to engage in authentic, equitable, and impactful partnerships. The panel asserts the urgency of academic public health to seize this moment to redefine its role, influence the upstream **social determinants of health**, advance evidence-based **public health practice**, and contribute more impactfully to achieving co-creating a healthier and more equitable world.

Thus, the panel provides three overarching recommendations with corresponding strategies to enable schools and programs to collaborate more effectively with partners in response to current and future challenges. Done consistently over time, this collaboration can increase trust between academic public health and willing partners within a larger ecosystem of change, build public understanding of - and support for - the value proposition of public health, shore up public health organizations for improving the health and well-being of individuals and communities, and help ensure the necessary conditions for healthy living.

The recommendations follow:

1 POSITION
academic public health in partnership with communities.

2 DEPLOY
strategies to support and sustain successful partnerships.

3 DEVELOP
curricula to prepare learners with knowledge, skills, and mindsets for more effective partnering.

Schools and programs of public health (hereafter, schools and programs) strive for “excellence in practice, research and service, through collaboration with organizational and community partners” (Council on Education for Public Health, n.d., Mission). However, individual schools and programs are at different places and on varied trajectories towards this outcome and all can strive for improvement. Accordingly, a necessary first step in responding to this call to action is an examination of the school’s or program’s mission, unique strategic objectives, and current initiatives in light of the panel’s recommendations. Schools’ and programs’ response to this call is relevant not only to their institutional capacity and vision for fostering community engagement but also to partners’ health and development priorities.



The panel’s recommendations and corresponding strategies focus on partnerships with communities and community-focused organizations. In the context of the call to action and recommendations, community refers to a defined group of people with which a school or program engages or could engage towards the goal of jointly working to “assure the conditions in which” that group “can be healthy” (Institute of Medicine, 1988, p. 1). In many cases, the community will be geographically close to the school or program, but it may also be anywhere in the world given the global health focus and reach of some schools and programs. In addition to geographically defined communities, schools and programs can engage communities whose “space” is virtual or whose identity is based on shared social and demographic characteristics, interests, values, beliefs, and goals.

Our focus on communities and community-focused organizations in no way implies a lack of importance on partnerships with public health practice organizations, health systems, businesses, and organizations in domains both within and beyond health, professionals from other disciplines, and countless other possible collaborators. Many of the recommendations and strategies presented below are applicable across all kinds of partnerships. The panel asserts that a central focus on community-centered partnerships is critical for building, maintaining, and restoring trust between public health and the broader world and for achieving the overall FTF 2030 vision.





A MINDSET AND APPROACH TO RELATIONSHIP-FOCUSED COMMUNITY PARTNERSHIPS

Adopting an overarching mindset and approach to community partnerships, regardless of the domain of engagement or desired outcome, is critical in responding to this call to action. This mindset and approach include core beliefs about the characteristics of healthy, sustained, and effective community-academic engagements.

Key components of this mindset and approach include:

- **Community focus:** Partnerships that meet the needs of the community while addressing the needs of schools and programs normalize **co-equal relationships** resulting in: mutual collaborations; the building, sustaining, and repairing of trust; engaging without judgment; and establishing the ongoing relevance and value of public health for communities. This mindset is important given that historical relations between some academic institutions and their communities have been hindered by unequal power dynamics.
- **Co-equal partnerships and leading with humility:** Community-academic partnerships that are co-equal on all dimensions – including power, decision-making, and input on resource allocation – facilitate developing and sustaining the deep relationships and mutual trust needed to co-build a healthier world. In addition to demonstrating humility and respect throughout the partnership, co-equal partnerships lead to authentic, positive relationships with open, bidirectional communication that allow for understanding and appreciation of the thoughts, feelings, needs, and assets that all participants bring to the table.

A close-up photograph of two hands holding several white puzzle pieces together. The hands are positioned at the top of the page, with the puzzle pieces forming a horizontal line across the upper portion of the image. The background is a soft, out-of-focus blue and white.

A MINDSET AND APPROACH TO RELATIONSHIP-FOCUSED COMMUNITY PARTNERSHIPS

- **Recognition that all partners have a wealth of expertise and skills:** Faculty, staff, and academic leaders in schools and programs bring essential knowledge of public health research, intervention, and other skills (content expertise) to partnerships (Attygalle, 2017). It is critically important to acknowledge, celebrate, and incorporate the equally, if not more important, real-world insights (context expertise) that community partners contribute (Attygalle, 2017). This approach involves remaining mindful of the professional and personal lived experiences of community partners and how those experiences provide knowledge, skills, and mindsets that academic partners may lack. This appreciation of expertise and a co-learning mindset is equally important when engaging with student learners, as students bring their unique professional and personal lived experiences to their work in schools and programs. This approach can recognize, incorporate, and honor in a special way students' unique experiences and knowledge. This co-learning approach acknowledges that all players, whether faculty, staff, academic leaders, community partners, or students, grow together in collaboration and partnering to improve the **vital conditions for health and well-being**.
- **Urgency of action:** Taking immediate action is essential, even if the available actions appear insignificant relative to the scale of the challenges faced. This is especially important given the ongoing erosion of public trust in higher education and public health. Although the actions of any single student, faculty, staff, academic leader, or community member may feel small, systems change can result from the accumulation of these small actions over time (Robert Wood Johnson Foundation, 2015). Given the urgency of these needs, all are encouraged to take actions that can be immediately implemented, remaining mindful of the problematic consequences of inaction.
- **Trust is a process, not a goal:** It is crucial to understand that some communities place little faith in academia, science, or public health authorities. The root causes of such distrust or mistrust may vary. Some communities may exhibit distrust toward any establishment or institution because of historical and political oppression. In other instances, mistrust may be created and amplified by a politicized social atmosphere, social media, and attitudes of social groups. Finally, one's social status in terms of immigration status, religious affiliation, social and economic deprivation, and geographic isolation can shape experiences in ways that incite distrust of institutions including public health and academia. Establishing, maintaining, and (when needed) restoring trust between public health and communities is critical for the long-term goal of co-building a healthier world. An important mindset is that trust is earned and then maintained through transparent, community-focused engagement done consistently over time by way of respectful, equitable, and bidirectional relationships. Growing and sustaining long-term collaborations; acting with honesty, transparency, and humility; and giving constant attention to how the relationship is meeting community needs and improving health will, over time, reinvigorate academic public health as a trusted collaborative partner.



RESPONDING TO THE CALL TO ACTION

RECOMMENDATIONS, STRATEGIES, DELIBERATIVE QUESTIONS, AND IMPLEMENTATION EXAMPLES

The three overarching recommendations to enable schools and programs and their partners to collaborate in responding to the call to transform schools and programs as conveners, collaborators, and change agents - not only within the higher education system but in society - are repeated below:

- 1 POSITION**
academic public health in partnership with communities.
- 2 DEPLOY**
strategies to support and sustain successful partnerships.
- 3 DEVELOP**
curricula to prepare learners with knowledge, skills, and mindsets for more effective partnering.

Each recommendation is detailed below and accompanied by suggested implementation strategies and deliberative questions that schools and programs can use to stimulate reflection and collaborative conversations about community partnerships and engagement within and among their unique constituencies. The questions are a reflective starting point for schools and programs to assess their current efforts and readiness to transform approaches to community partnerships, for planning and implementing change efforts, and focusing on understanding how schools and programs' local environments, culture, strategic objectives, and institutional missions affect responses to the call to action.

Since ASPPH members, as well as other schools and programs of public health, reflect remarkable heterogeneity in size, mode, kind of unit, and setting[1], these recommendations are suggested to apply broadly to the academic public health enterprise and are relevant across baccalaureate, master's-level, and doctoral degree programs. Schools' and programs' diverse missions and constituencies, as well as differing business models, fiscal challenges, academic disciplinarys, and other priorities, will influence the relevance, feasibility, and ability to transform and shape how they interpret and respond to various elements of the call to action.

Supplementary material includes:

- **Appendix A: Framing the Future 2030: Fostering Community Partnerships for a Healthier World Expert Panel Members**
- **Appendix B: Glossary of Terms**
- **Appendix C: Essential, Cross-Cutting Competency Domains for Working in Communities**
- **Appendix D: Internal Vetting Process and Acknowledgement of Participants**
- Implementation examples demonstrating how these recommendations are already translating into localized action in an **online resource**.



[1] Heterogeneity related to size of ASPPH-member schools and programs, by student enrollment, an indicator of institutional size, varied significantly during the 2022-2023 fall term, ranging from a low of 11 to a high of 4,929 students across all ASPPH-members' bachelor's, master's, and doctoral degree programs (Association of Schools and Programs of Public Health, 2023a). Faculty composition also exhibited a wide range, from a low of three to a high of 2,058 (Association of Schools and Programs of Public Health, 2023a). Relating to mode, 30% of MPH enrollments are in online-based degree programs (Association of Schools and Programs of Public Health, 2022a). Regarding kind, 44% represent schools of public health, while 56% represent programs of public health, and 40% belong to private institutions, while 60% are affiliated with public institutions (Association of Schools and Programs of Public Health, 2023a). In terms of setting, 75% of ASPPH members are situated in urban areas, 10% in suburban areas, 4% have unknown locations, 3% are in towns, and none are in rural areas (Indiana University Center for Postsecondary Research (n.d.).

POSITION ACADEMIC PUBLIC HEALTH IN PARTNERSHIP WITH COMMUNITIES

The seven strategies that follow for positioning academic public health in partnership with communities focus on how schools and programs can engage more effectively in authentic community-focused scholarship and outreach to promote health and well-being with community partners. Consistent with the mindset and approach above, these strategies focus on ensuring that partners' needs are addressed and that relationships are co-equal, healthy, and sustainable over time.



1.1 Engage using relationship-first, scalable, sustainable, and agreed-upon principles across the lifecycle of the partnership.

The effective, co-equal creation of healthier communities requires thoughtful attention to all phases of community partnership, not just the excitement of the initial kickoff period. This starts by viewing the partnership first and foremost as a relationship. Only once the relationship is established and communication is open and transparent, with trust established, can planning work begin. An approach grounded in regular interactions among partners sets the stage for all to voice their needs and articulate assets available for addressing the desired health outcomes. It is important that care be taken to ensure that the partnership can sustain itself through inevitable periods of change, challenge, or conflict. Community-academic partnerships could be paced to start with smaller steps (Robert Wood Johnson Foundation, 2015), or radical incrementalism (Galea, 2023b), and progress slowly with a phased scaling up of engagement and activity. Low-cost solutions could be considered before medium- and high-cost solutions, especially where funding is limited. Finally, care is necessary from the beginning to plan for transitions and reassessments at agreed-upon milestones, such as when the community partners are willing and able to take over sole responsibility for the ongoing public health work.

1.2 Take steps to learn the history and elicit the ethics, values, dynamics, and issues of all involved in the partnership.

Setting the stage for honest conversations about assumptions, values, objectives, constraints, and expectations for interactions is an important starting point. Spending time in community partners' settings with primary attention to building friendships versus focusing on "business" (Backer & Rinaudo, 2019) establishes a foundation for cultivating a true, sustainable relationship, necessary for trust building. Moreover, this foundation is critical for community members' informed decisions about whether to partner with a school or program, allowing assessment of how relevant the proposed work is to the community's needs and how much risk appears to be involved relative to the potential benefits (Hyder et al., 2012).

Key points during this phase include learning about community members' ethics, values, dynamics, and issues, along with sharing preferred ways to interact (Association of Schools and Programs of Public Health, 2022b). This takes time and is only achieved through consistent, open dialogue and transparency. Without such steps, there is enormous potential for miscommunication and misunderstanding. In addition, this relationship-building process could take time to include understanding the community's history and past experiences with and level of trust in both public health and academic institutions (see strategies 1.3 and 1.4 below).

1.3 Attend to the community's experience with and level of trust in public health and formal institutions, including academic institutions.

To build effective, sustainable relationships, it is crucial to understand that communities and the individuals within them have varied experiences with and, therefore, varying levels of trust in public health and academic institutions. This encompasses a broad spectrum, including those who feel disconnected from public health strategies that do not fit their culture or political and social views, as well as those who face unique challenges due to social, economic, and other barriers. Acknowledging these experiences and concerns and engaging in proactive, culturally sensitive, and tailored approaches to addressing the life experiences and levels of trust of individuals and communities are important to rebuild confidence in academic public health and the public health system. "Showing up, over and over again" (Cohen, 2023) is one means of grounding effective, long-term community partnerships and creating a foundation for trust.

1.4 Pay special attention to the needs and perspectives of individuals and communities whose lack of trust in public health is based on historical and systemic oppression.

Although considering past experiences and levels of trust is important to all partnerships, schools and programs need to take special care to acknowledge that past actions on the part of the public health community harmed some populations – especially individuals and communities of color (Jones, 1993; Rodriguez & García, 2013). In addition, many academic institutions also harmed these same groups through past actions (Blackford, 2019; Kellam & Hansen, 2023), including profiting

from enslaved people of color (Wilder, 2013). As discussed in the FTF 2030 *Inclusive Excellence through an Anti-racism Lens* expert panel report, the social construction of race is associated with both oppression and health outcomes. This oppression created and still serves to sustain substantial health inequities (Brown et al., 2012; Clayton & Byrd, 2001; Williams et al., 2016). Therefore, the individuals who most require effective and continuous engagement to tackle critical public health issues are also those who might reasonably harbor mistrust and skepticism towards the intentions and activities of public health and academic institutions. In addition to necessary steps to acknowledge, apologize for, and repair past harms, the community-focused approach and leading with humility can contribute to rebuilding trust that was understandably lost. This outcome can be met only if the needs, perspectives, and rightful skepticism about public health and medical interventions among these individuals and groups are acknowledged and respectfully addressed.

1.5 Pursue partnerships where schools and programs simultaneously elevate the expertise of all partners and work to build community partner capacity.

Schools and programs can position themselves for successful, co-equal partnerships with communities by identifying and pursuing areas where faculty, staff, and student abilities can complement and extend existing community strengths. As Lichtveld and Cioffi stated, the “capacity and readiness of a public health system is defined, in part, by ... the community partners” (2003, p. 443). Schools and programs can strive to respect the unique aspects that community partners bring to the table, beginning by identifying the on-the-ground doers, leaders, and experts; observing how they act; what they care about; and what means they use in inspiring and mobilizing their constituents and fellow partners. These observations position schools and programs to learn from partners’ unique capacities and current resource limitations (Potter et al., 2009). They also provide rich information such as identifying key first points of contact, becoming educated about those who have influence in a community, and discerning issues that matter to the community. Such an environmental scan also involves careful consideration of groups and potential partners who may be left out. Through all aspects of the partnership lifecycle, identifying and contributing to community partner capacity to advance and sustain success is an important part of the partnership strategy.

1.6 Co-develop a strategy to measure progress in reaching the community’s health objectives.

Partnerships benefit from co-developed strategies for goal setting, planning, management, data collection, monitoring, and evaluation of effectiveness and outcomes. Schools and programs can direct resources, including grant funding, for such assessments. The development of an effective assessment plan is enhanced through active co-creation with partners. Such an approach enables partners to see themselves in the effort and to document, analyze, and translate findings into informed decisions about meeting their community health objectives. A vibrant example of this kind of partnership can be found in Centers for Disease Control and Prevention-funded Prevention Research Centers (PRCs), located in university settings. PRCs are academic-community networks that produce metrics documenting a strong return on investment in community health and well-being (Ammerman et al., 2011; Katz, 2009; Waddell et al., 2017).

1.7 Incubate and nurture community partners with ongoing development, recognition, and celebration.

Academic reward structures are often focused on products such as peer-reviewed journal publications and conference presentations. At a minimum, schools and programs can consider how to use these scholarly products in a way to honor and highlight the work of partners. This can include inviting partners as co-authors, involving them in advocacy, and engaging them in presentations and fundraising for joint work. Beyond this, schools and programs can collaborate with partners to identify products of value to the community. This action may include training and skill-building for more effectively promoting public health where community members live, work, play, and worship. Successful partnerships can incorporate touchpoints that recognize and celebrate community activity, leadership, and reaching interim goals; honor members' special accomplishments on behalf of the group; and acknowledge new directions for the partnership to help individuals and groups maintain momentum, motivation, and passion.





DELIBERATIVE QUESTIONS

When considering how to position academic public health in partnership with communities, schools and programs are encouraged to consider:

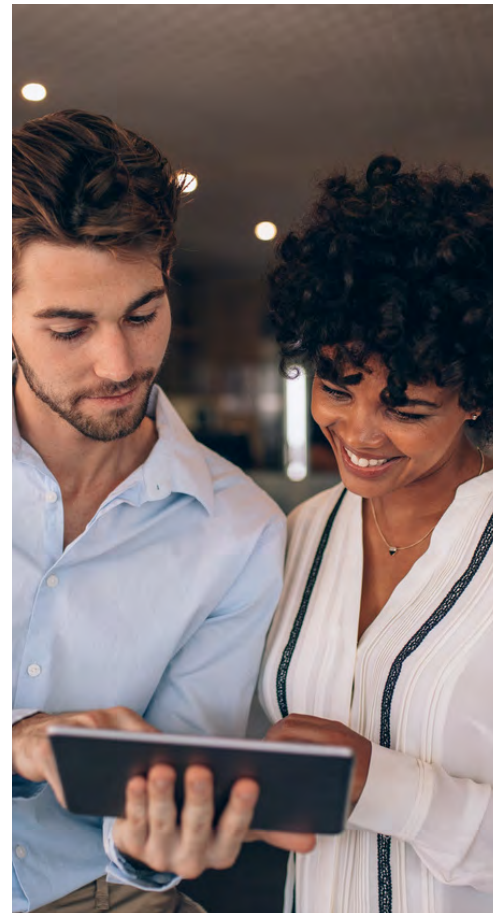
- How does our university support addressing the community's priority needs and interests starting from the community's perspective?
- What are the goals of the partnership from the community partner's point of view?
- How does our school or program scan the environment and identify doers, leaders, and experts in communities with whom to potentially engage?
- Who are the faces of our school or program to the community? How does the community know whom to contact when they need help? Conversely, how does our school or program identify and meaningfully engage with community partners and leaders?
- How does our school or program begin its work with community partners? How are ground rules established that consider the community partners' goals, values, and ethics? How is a shared vision established?
- How could our school or program model partnering by identifying doers, leaders, and experts within our academic community to guide on health interventions?
- How does our school or program strengthen and/or increase community capacity?
- How will we know our partnering is equitable? How will we hold ourselves accountable for these processes?
- What means are used to support the community in their ability to check, recalibrate, and advance progress towards their health objectives?
- How could communities and our school or program build, monitor, and sustain long-term collaboration based on shared principles in support of public health?
- How will our school or program hold ourselves accountable to these processes? What metrics will we collect to monitor for accountability?

DEPLOY STRATEGIES TO SUPPORT AND SUSTAIN SUCCESSFUL PARTNERSHIPS

Supporting and sustaining the types of community-academic partnerships discussed above requires intentional investment and infrastructural support, with ongoing action and vigilance on the part of schools and programs. Infusing partnering and collaboration into the life of schools and programs does not mean that every faculty, staff, or student must engage in this work, but it does require an institutional commitment of resources, staffing, strategic positioning, and measurable standards in a sustainable infrastructure with related incentives (Grimm & Vinson, 2022). This commitment can shift the academic culture to inspire more and improved outreach to partners for improving health. The following five strategies focus on the systems, structures, and spaces that schools and programs could develop and maintain to further ensure the success of academic-community partnership efforts.

2.1 Integrate comprehensive, community-oriented engagement across the education, research, and practice activity of schools and programs.

Sustained engagement across the missions of schools and programs is a prerequisite for situating academic public health to successfully partner with communities to ensure that the vital conditions for health and well-being are met. Community engagement is sometimes conducted by a few individuals and in a small subset of school or program activities, suggesting a missed opportunity to infuse engagement across the full spectrum of academic public health efforts. Embedding community-oriented partnership and engagement into schools and programs positions them not only to provide concrete value to community partners' health efforts but to anchor student learning about community' assets, needs, and interests for building partners' capacity. Schools and programs are encouraged to formally document community partnerships (beyond requirements for one's accreditation self-study), including measures of progress, and regularly share documentation and assessment of progress with the community. Financial compensation for partners' work, where feasible, is encouraged (see strategy 3.2).



DEPLOY STRATEGIES TO SUPPORT AND SUSTAIN SUCCESSFUL PARTNERSHIPS

2.2 Invest in and maintain the infrastructure to support a school or program's engagement and partnerships.

A commitment to community partnerships as a foundational component of schools and programs' missions requires that institutions create, maintain, and adequately resource the internal infrastructure necessary to successfully support partnerships. Without dedicated infrastructure, leadership, and accountability for performance outcomes of partnerships, the desired transformation for academic public health is unlikely. Dedicated units, such as an Office of Public Health Practice, is fundamental to forming an environment that supports a culture of faculty, staff, and student engagement with community partners, scholarship in practice-based service, and community-oriented collaboration. Academic Health Departments, a formal affiliation between academic institutions and departments of health, represent another strong example of institutionalizing such partnerships for greater impact and long-term sustainability (Conte et al., 2006).

Schools and programs can carefully consider how to ensure necessary levels of leadership buy-in, well-resourced organizational structures, policies and expectations for engagement, faculty/staff development, student learning, and recognition when community collaboration is done well. This includes investing in teams led by one or more senior leaders to manage community partnerships. Because effective engagement takes time and requires resources, these teams benefit from meaningful protected time to develop and manage partnerships, serving as both points of contact and a focal point for accountability to partners. In addition to an identified leader(s) for partnership efforts, schools and programs could consider and provide sufficient staff and financial resources to manage the partnership. In addition, a well-resourced operation often serves as a hub for leveraging contributions from other university players and, if desired by the partners, seeking support from funders.

2.3 Develop faculty, staff, and school and program leadership with the ability to engage in and support community partner engagement.

To establish and maintain successful partnerships, it is essential to cultivate bidirectional relationships, foster trust, and align goals with the needs of partners. This approach demands particular expertise, abilities, and mindsets from faculty, staff, and leaders in schools and programs. Such attributes are crucial for their active involvement in partnership initiatives and to ensure that graduates are fully prepared for practice. Ensuring that faculty, staff, students, and school or program leadership have the necessary knowledge, skills, and mindsets for partner engagement starts with cultural humility and an attitude of lifelong learning. Developing peer learning groups among community-engaged faculty serves to build connections and expertise among those seeking to improve their partner engagement abilities. Including partner engagement in evaluating job candidates and assessing partner engagement in performance evaluations, furthermore, can serve to advance this objective. See [Appendix C: Essential, Cross-Cutting Competency Domains for Working in Communities](#).

DEPLOY STRATEGIES TO SUPPORT AND SUSTAIN SUCCESSFUL PARTNERSHIPS

2.4 Provide strong incentives for faculty and staff to engage with communities.

The rewards structure for faculty scholarship prioritizes research and scientific publications, but often “gives little credit for the practical application of knowledge” (Fee & Acheson, 1991, p. 6) or for time and effort spent in community interactions (Gelmon et al., 1998). This mismatch of reward structure to community partnership efforts is seen in many institutions’ faculty promotion and tenure evaluation (Alperin et al., 2019; Sobrero & Jayaratne, 2014). Given this disincentive, faculty who want to engage in community-based activity may struggle to balance standards for their career advancement with serving community interests. Drawing fuller attention and scholarship towards serving community interests requires a supportive academic culture (Potter et al., 2009). Schools and programs can carefully consider if and how their existing promotion and tenure systems, periodic evaluation processes, and criteria for merit raises may communicate a lack of value for partnerships and for scholarship resulting from those partnerships. Successfully incentivizing engagement with community partners requires conversations at multiple levels within the school, program, and university for changing promotion and tenure expectations. Such incentives are needed for all faculty, but especially critical for new and early career faculty who have not achieved tenure and for faculty in non-tenure-eligible positions (Potter et al., 2009).

2.5 Extend academic public health into the preparedness and response activity of the community.

The entire community could stand ready to become involved in an integrated, systems-based approach to protect themselves from harm associated with natural disasters, unintentional accidents and incidents, intentional acts of terrorism, pandemics, and other health emergencies (Federal Emergency Management Agency, 2022). ASPPH’s *Responding to the Climate Change and Health Crisis: A Framework for Academic Public Health* offers suggestions for schools and programs to communicate climate health threats to community partners who may not clearly understand the risks (2022c). Many schools and programs already contribute to effective preparedness and response activities through their capacity and expertise in data analytics and forecasting, advocacy, education and training, community support, focus on evidence-based research and practice, and other critical areas (Association of Schools and Programs of Public Health, 2022d). These existing contributions can be leveraged to provide on-going and “just in time” training and education with and for the community as well as the public health workforce. Preparedness and response outreach contributes to the overall strength and resiliency of a community’s public health infrastructure and represents an opportunity for schools and programs to support the community not only during disasters but most importantly before they happen. These partnerships provide bidirectional benefits, including increased personal and professional competence, enhanced institutional capacity, joint research, and applied practice activities.



DELIBERATIVE QUESTIONS

In considering actions to deploy strategies that support and sustain successful partnerships, schools and programs could raise these questions:

- How does our school or program integrate partner engagement across our mission areas?
- How does our institution leverage resources for community engagement and partnerships? How can it become part of annual budgeting and strategic planning?
- Recognizing that university indirect costs can make collaboration unaffordable for community-based organizations, what are some creative ways for our school or program to fund partnerships?
- How does our school or program track resource flows into partnerships and the benefits accrued to building partner capacity?
- How can our community partners sustain community-academic partnerships, especially after the funding runs out? How does our school or program help our community partners connect with other sources of support?
- When individual faculty members are the point of contact for community relationships, how should our school or program enforce and support sustaining partnerships so that both the mutual activity is of high quality and the needs of our community partners are respected?



- What kind of supports could our school or program implement to provide protected time to assist our faculty to pursue community-engaged activities? What structural or budgetary factors obstruct providing this protected time?
- What financial and human resources do our school or program require to effectively support these efforts?
- What opportunities do our school or program offer for faculty, staff, leadership, and student development in partner engagement?
- How does our school or program prioritize creating an environment for faculty and staff to engage with communities? How is community-engaged scholarship incentivized and rewarded?
- “What is the exchange factor for practice-based scholarly service; that is, how does the scholar learn from practice and apply that learning to teaching and research?” (Potter et al., 2009, p. 10)
- How could our school or program establish stronger, long-term connections among community-engaged scholars? How can we link efforts and initiatives across our teaching, learning, research, and practice activities?
- How can scholarly products such as journal articles and conference presentations be shaped to become a win-win for our school or program’s academic-practice partnerships?
- How is community brought into the life of our school or program and the broader university?
- How does our school or program act as a change agent within larger systems to meet the needs of community partners?
- What metrics will our school or program use to hold ourselves accountable for implementing these strategies?



DEVELOP CURRICULA TO PREPARE LEARNERS WITH KNOWLEDGE, SKILLS, AND MINDSETS FOR MORE EFFECTIVE PARTNERING

Ensuring that graduates of schools and programs are pivotal players in partnering with communities and community-focused organizations requires more than their becoming clearly recognizable for their population health perspectives, knowledge, and practices. Graduates are increasingly required to engage effectively and thoughtfully with a range of community and organizational partners to accomplish shared public health goals. Moreover, because many students are already actively engaged in their communities – through work, participation in social justice movements, volunteerism, social networks, or other activities – these skills are applicable immediately, not just post-graduation. The panel offers the following eight strategies for developing curricula for more effective partnering and community engagement, critical for delivering graduates who are work-ready. As schools and programs consider transforming curriculum to center community health outcomes, integrating concepts and methods across the curricula, as opposed to stand-alone or silo-oriented approaches, and linking didactic instruction to experiential and practice opportunities are encouraged.



3.1 Develop innovative courses beyond an “Introduction to Public Health” for undergraduate and graduate students.

Develop innovative courses beyond an “Introduction to Public Health” to infuse public health concepts in general education and campus-wide curricula. Additionally, collaborate with faculty and staff on innovative courses that meet undergraduate and/or graduate requirements while providing exposure to public health content and ways of thinking (Association of Schools and Programs of Public Health, 2011). These efforts can introduce public health principles to all learners, thus enhancing their ability to make healthy choices, stimulating their understanding of and influence on the upstream social determinants of health, and creating an interest in contributing their talents to the public health workforce.

DEVELOP CURRICULA TO PREPARE LEARNERS WITH KNOWLEDGE, SKILLS, AND MINDSETS FOR MORE EFFECTIVE PARTNERING

3.2 Co-design curricula and projects that include public health teaching and learning *with* community partners.

Engaging and, where feasible, remunerating community lecturers from diverse perspectives enhances efforts to integrate community- and practice-based approaches in the curriculum. Intentional co-design of curricula and projects include such opportunities as: apprenticeships, practica, health department placements, preparedness simulations for emergency/crisis response, and simulation labs engaging health and non-health students and partners around public health concepts.

3.3 Thread diversity, equity, inclusion, and social justice throughout the curriculum.

Weaving diversity, equity, inclusion, and social justice (DEIJ) throughout the curriculum is necessary to ensure that public health training addresses and prepares students to take meaningful action to dismantle the structural and systemic oppression that perpetuates health inequities and affects the lives of our community partners. While specific courses focused on DEIJ and social determinants of health provide needed depth of exploration of root causes and equity topics, these critical topics can be incorporated throughout the curriculum, thus reinforcing a systematic and integrated approach to preparing learners to advance equitable health outcomes. Practica and field experiences are important, not only for encouraging critical thinking and skill building in applying DEIJ learning, but for their global pedagogical value across the curriculum. Full curricular integration of DEIJ content and methods optimally applies to the core public health disciplines (e.g., biostatistics, epidemiology, etc.) as well as areas of concentration (e.g., nutrition, global health, maternal and child health, etc.).



DEVELOP CURRICULA TO PREPARE LEARNERS WITH KNOWLEDGE, SKILLS, AND MINDSETS FOR MORE EFFECTIVE PARTNERING

3.4 Incorporate interprofessional and cross-sectoral teaching and learning across the curriculum.

Protecting the health of the public and effectively addressing public health problems requires expertise and abilities that span professions, disciplines, sectors, and settings, as well as an understanding of the diverse partners necessary for success in complex systems. Providing these skills and knowledge requires innovative curricula and targeted skill building, especially given that most science and health sciences programs are already curriculum heavy (Train & Miyamoto, 2017). Integrating interprofessional learning through the existing courses in a curriculum can support this learning given the curricular constraints (Brownell et al., 2013). Such assignments can prepare public health students, and learners from other disciplines, for interprofessional engagement using team science principles (Interprofessional Education Collaborative, 2023) and with scenarios that engage learning teams within communities. In addition to existing courses, interprofessional learning is well suited to be addressed through practica, internships, and capstone experiences.

3.5 Engage K-12 schools and students to increase awareness of public health and encourage the next generation of public health professionals.

To promote public health awareness and cultivate the next generation of professionals, schools and programs can consider a multifaceted approach to engage K-12 schools and students. This approach could begin by exploring collaboration with K-12 systems within the school or programs' geographic region. An effective next step involves collaborating with teachers and staff to create and implement public health course content and activities while exposing students to health profession pathways. Further engagement could involve undergraduate or graduate-level public health students leading lectures and workshops for K-12 students and engaging parents and communities in public health information and education sessions.

3.6 Transform schools and programs to serve as educational, scientific, cultural, and social centers for learning *in* and *with* communities.

Schools and programs can leverage their expertise and capacities to extend the educational, scientific, cultural, and social opportunities provided for students, faculty, and staff into neighboring communities. This approach not only enables public health to engage their neighbors but also to benefit from community wisdom that might otherwise be silenced. Schools and programs also have the capacity to offer more upskilling and personal and professional development for communities. These efforts could also include leveraging important school or program capacities to further develop and disseminate virtual programs, especially into rural or isolated communities. In addition to the benefits for communities, this approach offers the potential for: expanding higher education's relevance and value to people's lived experiences; increasing efficiencies in the use of schools and programs physical, human, and learning resources; accessing new pools of nontraditional adult learners (Chen, 2017); and preparing learners to become potential future practitioners who are especially needed to advance health equity as they join and replenish the **public health workforce** (Halkitis & Magaña, 2023).

DEVELOP CURRICULA TO PREPARE LEARNERS WITH KNOWLEDGE, SKILLS, AND MINDSETS FOR MORE EFFECTIVE PARTNERING

3.7 Prepare learners with partnership and collaboration abilities for community health improvement and workforce development.

In addition to discipline-specific learning, developing curricula to meet the needs and priorities of communities and to partner more effectively with them can be enhanced by including the following abilities (see [Appendix C: Essential, Cross-Cutting Competency Domains for Working in Communities](#) for detail) that cross-cut the following areas of specialization:

Advocacy	Business principles, health economics, and financing	Communication	Data collection, analytics, and insight from practice settings	Dissemination and implementation
Diversity, equity, inclusion, and social justice (DEIJ)	Leadership	Relationship and partnership building	Social determinants of health	Team management and project management

In some cases, these abilities, at least in part, are captured by existing [Council on Education for Public Health \(CEPH\) competency requirements](#) at one or more levels from the baccalaureate to the doctorate. Some also align with CEPH's requirements for Community Involvement in School or Program Evaluation & Assessment (Council on Education for Public Health, 2016, Requirement F1). In other instances, today's evolving public health practice environments require stronger community-oriented, partnering abilities (Bashkin et al., 2022; Gelmon et al., 1998) that are not systematically included in the curricula of most schools and programs.

3.8 Train students to understand and address their positionality, including examining their relative power and privilege.

Learning to understand one's **positionality** (Duarte, 2017, p. 135) prior to working with and in communities supports efforts to espouse an equity lens in public health practice. This approach is common in social work and other areas of social science. Crafting social location statements is a related useful practice along with encouraging ongoing reflection, or reflexivity, for fostering greater self-awareness (Alexander et al., 2020) prior to addressing public health issues in and with communities. Learning to understand one's values, assumptions, experiences, and grasp of place in the context of the issues studied and addressed facilitates attention to one's beliefs and implicit biases. Addressing these preconceptions affects the relationships formed in partnerships and contributes to how one understands and addresses systemic oppression and disparities.



DELIBERATE QUESTIONS

In order to explore ways to integrate engagement with partners across the curricula as relevant to one's educational objectives, schools and programs could ask themselves the following questions:

- How are our students prepared to engage respectfully and humbly with local communities?
- How can our school or program ensure that activities such as enabling experiential learning opportunities for students are not disruptive or overly burdensome to community partners?
- How do we balance an already full curriculum with the critical need to address partnership building and workforce training and support needs?
- What components of partnership work are truly “core knowledge” for all school or program’s graduates and which components are more applicable to specific areas of specialization?
- What disciplines and professions could be included in our interprofessional education efforts? Are there disciplines not currently included (e.g., urban planning, political science) that might have as much or more relevance than some current health science partners?
- What does “work-ready” truly mean in the context of the diverse employment settings and outcomes for graduates of our degree programs?
- What public health knowledge and “ways of thinking” are core and central to our institution’s general education goals of creating well-rounded, educated graduates?
- How do we prepare community partners to engage effectively with students in our public health courses and, at the same time, facilitate faculty and staff learning to collaborate with community partners in co-creating educational offerings?
- How do we both encourage and incentivize faculty and staff to weave practice approaches throughout our curricula?
- How can we manage our time- and resource-challenges to increase bandwidth to engage with K-12 education?
- How do we engage with K-12 partners in sustainable ways that honor the capacities and needs of public school educators?
- How could our school or program encourage and incentivize faculty and staff to contribute to the process of becoming a scientific, cultural, and/or social learning center?



REPRISE AND NEXT ACTIONS

Although the path to transformation is complex and involves a systems-level approach to change, mindfulness of the urgency of action and the power of small, consistent steps can guide schools and programs to plan for responding to this call to action. Many starting points are possible. The panel offers the following suggestions as a potential approach:

1. **Share the *mindset and approach description*** with diverse constituencies within the school or program and with existing community and other partners. Engage in honest, open reflection and discussion about reactions to it including ways in which the school or program currently embodies some aspects in its current activities as well as how the school or program may currently act in ways that are inconsistent with those aspects. Based on this assessment, consider potential shifts or starting points for transformation.
2. **Read and discuss the *three recommendations*** and accompanying strategies. Consider and discuss how each resonates with both the school or program as a whole and with specific community and other partners:
 - a. Drawing on the strategies under **Recommendation #1**, consider how to begin building coalitions in the school or program to respond to the call for action.
 - b. Focusing on **Recommendation #2**, conduct an honest assessment of the status of school or program resources and infrastructure devoted to partnership and determine needed elements to support the response to the call for action. Given that organizational change is often slow and time intensive, consider what immediate, small scale action steps could build a foundation for successful future partnerships.
 - c. Considering the curricular strategies for more effective partnering in **Recommendation #3**, explore the relevance, advantages, and feasibility of partnering content and activities in specific courses and educational programs. Test various methods to implement partnering content and activities in applicable curricula.
 - d. Explore the online implementation examples [here](#) to spark creative thinking about possible actions.
3. **Use the *deliberative questions***, adapted as needed, as well as other questions generated by participants in the process, to promote honest reflection and to ignite creative solutions.
4. **Engage a broad spectrum of partners** in all exploration, planning, and action steps. Various community-based participatory research models could be used to collaborate on needs and assets assessments. One way to start is to identify working groups to explore and support conversations on collaboration and partnering in one's specific environment. Alternatively, a retreat involving key players is another effective approach to create space necessary for honest and in-depth exploration. It is important to match engagement processes to one's context.



CONCLUSION

“Universities must be felt by their communities”

(Omaswa, F., 2022)

Schools and programs of public health are encouraged to transform for delivering on the promise of academic public health to society. Returning to the call to action that began this document, schools and programs stand at a critical turning point for change to address the health concerns and priorities of communities while more effectively preparing graduates for community engagement. This need for change is not new, but the urgency and importance of this call to action is heightened by the increasing trend among the general public of doubting the value, relevance, and trustworthiness of academic public health and of higher education. At the same time, many in the general public suffer from negative influences of upstream social determinants of health and entire communities are beset by complex health challenges that call for innovative solutions.

Adopting a mindset and approach to culturally humble, relationship-focused community partnerships represents the foundation for breaking down silos, building up academic public health infrastructures, and stimulating bridge-building to establish and sustain authentic, equitable, and impactful collaboration for promoting and protecting the vital conditions for health and well-being. This approach requires the joining of both campus and community expertise, creative curricular change, and improved teaching and learning to **ensure graduates emerge into the workforce with cross-cutting abilities to become "curators of health, a reliable source, not telling people what to do"** (Crisp, N., 2022).

This transformation is critical to enhance and help ensure everyday support for community health with an eye on preparing for the next public health emergency. The panel recognizes that each school and program is different and has unique strengths, areas of expertise, and challenges. The abundant strategies suggested in this report may appear as an attractive aspiration to some while seemingly unreachable to others. It is important to keep in mind that not all strategies are recommended for all institutions but, rather, that each school and program carefully considers what it is they can do to contribute more impactfully to community partners and community-focused organizations.

Schools and programs of public health sit at the nexus of higher education and the health of the public. As such, they are uniquely positioned to explore the recommendations and strategies offered in this report for doing the work with partners to rebuild trust, grow relationships, and deliver comprehensive, community-oriented engagement across their education, research, and practice activities for contributing more successfully to co-building a healthier and more equitable world.

APPENDIX A:

FRAMING THE FUTURE 2030: FOSTERING COMMUNITY PARTNERSHIPS FOR A HEALTHIER WORLD EXPERT PANEL MEMBERS

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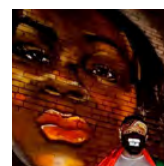
Special acknowledgements go to two members of ASPPH's Framing the Future 2030 expert panel on *Inclusive Excellence through an Anti-racism Lens* for their expertise, time, and energy supporting the DEIJ sections of this report.



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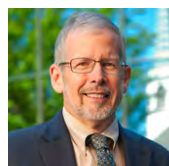


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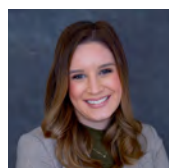
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APPENDIX B:

GLOSSARY OF TERMS

The following terms support this report and are not meant to represent a taxonomy of terms for adoption by the field:

Co-equal relationships are ones in which all parties in the affiliation have comparable standing, with no partner having greater power, status, or influence than the others.

Community is a broadly and often loosely defined term referring to a group of people linked by geographical proximity, common perspectives, interests or affiliations, or other factors that lead to identity as a distinct group.

Dissemination and implementation of public health interventions focuses on: a) ensuring broad adoption of evidence-based interventions by public health practitioners and b) on how to modify and conduct interventions across populations and delivery settings.

Leadership sets the vision and mobilizes managers and others to accomplish goals including the “courage to push for change...and the skills to move political, organizational, and individual behavior” (Yphantides et al., 2015, p. 3). Leadership also applies to caring for our colleagues, our team members, and ourselves (Moodie, 2016).

Learners encompass not only students in formal degree programs but all individuals pursuing professional development, lifelong learning, and non-degree credentials, including academic faculty and staff, members of the public health workforce, and community partners. Students comprise a central position in the academic public health learning community.

Managing up is the ability to interact effectively with one’s supervisor (and/or other superiors), which requires knowing the critical information to share and how to convey it impactfully (Gallo, 2022); it enables one to build a productive working relationship with one’s boss and can contribute to better workplace satisfaction.

Partners are both existing and potential health and non-health collaborators across disciplines, professions, sectors, and settings whose missions or activities assure, support, or otherwise affect “what we, as a society, do collectively to assure the conditions in which people can be healthy” (Institute of Medicine, 1988, p. 1). Non-health partners include but are not limited to areas such as insurance, technology, agriculture, aerospace, transportation, and housing.



APPENDIX B: GLOSSARY OF TERMS

Positionality is a methodology that “requires researchers to identify their own degrees of privilege through factors of race, class, educational attainment, income, ability, gender, and citizenship, among others” for the purpose of analyzing and acting from one’s social position “in an unjust world” (Duarte, 2017, p. 135).

Public health practice is “broad in scope, often employs multidisciplinary teams, and employs personnel in diverse settings with varied training and educational backgrounds. Activities might be performed by personnel employed by other public health system members outside of governmental public health agencies” (Center of Excellence in Public Health Workforce Studies, School of Public Health, University of Michigan, and the Center of Excellence in Public Health Workforce Research and Policy, College of Public Health, University of Kentucky, 2012, p. 8). Public health practice aims to “prevent disease or injury and to improve the health of communities through such activities as disease surveillance, program evaluation, and outbreak investigation” (Otto et al., 2014, p. 596).

Public health workforce is defined as those people who provide essential public health services, regardless of the nature of the employing agency (Beck & Boulton, 2012).

Social determinants of health are “the conditions and environments in which people are born, live, work, play, worship, and age [that represent]...nonmedical factors affect[ing] a wide-range of health and quality-of-life outcomes and risks” (National Institutes of Health, 2023a, Paragraph 2). A related term, vital conditions of health and well-being (see definition below), refers to a similar but broader set of factors that influence people’s ability to not only achieve optimal health but more broadly reach their goals and full potential (Rippel Foundation, 2023).

Structural racism and discrimination refers to “macro-level conditions (e.g. residential segregation and institutional policies) that limit opportunities, resources, power, and well-being of individuals and populations based on race/ethnicity and other statuses” (National Institutes of Health, 2023b, Paragraph 1).

Vital conditions for health and well-being are “the properties of places and institutions that we all need all the time to reach our full potential. They include physical necessities like food, water, and humane housing, but also include things that are harder to quantify, like a sense of belonging and agency or civic muscle” (Rippel Foundation, 2023, Paragraph 2).



APPENDIX C:

ESSENTIAL, CROSS-CUTTING COMPETENCY DOMAINS FOR WORKING IN COMMUNITIES

As outlined in [strategy 3.7](#), the process of preparing [learners](#) with the necessary skills for fostering community health improvement and workforce development through partnership and collaboration entails enhancing their capabilities, particularly among students in schools and programs. The aim is to ensure graduates who are prepared to engage in practical endeavors aimed at cultivating community partnerships, ultimately contributing to the creation of a healthier society. These proficiencies, which span various areas of expertise, are outlined in the essential cross-cutting competency domains below. This compilation is not exhaustive, and effectively engaging with these domains requires an assessment of one's institutional education, research, and practice objectives, aligned with the institution's mission of collaborating with partners to enhance the conditions conducive to public health. It is important to recognize that the Council on Education for Public Health (CEPH) requires competencies that overlap with some of the abilities delineated in the competency domains below.

Advocacy - Public health professionals are increasingly charged to advocate for the public health value proposition in terms that resonate with their audiences. Advocating for needed funding at the state level, or how to make the case for a change in federal statutes and what the process is to do so, requires preparation to navigate the realities of the political process. Bidirectional engagement with the public and policymakers requires tailored messaging and advocacy as advanced in ASPPH's [Empowering Policymakers to Become Supporters of and Invest in Public Health Resource Guide](#) (Association of Schools and Programs of Public Health, 2023b). There are pitfalls in this arena in the academic public health-practice relationship and confusion among governmental public health professionals about the difference between education of elected officials (allowed) and advocacy for specific legislative initiatives (disallowed). Consequently, students would benefit from how to traverse the sensitivities of the different players with partners across professions, disciplines, and sectors both inside and out of the health system for effective advocacy.

Business principles, health economics, and financing - As the COVID-19 pandemic demonstrated, public health and the economy are inextricably intertwined. The Surgeon General's report on Community Health and Economic Prosperity made the case for how business should engage to share the vital conditions that influence individual, family, and community health (Bauer, 2019). Just as business needs to understand public health, our public health students need to grasp business principles such as how markets and capital investments work (de Soysa & Vadlamannati, 2021), health economics (Moreland, Foley, & Morris, 2019), and financing (Hayes et al., 2023). They also require preparation to engage in legislative and administrative processes like budgeting and rulemaking (Rubin, 2019) because they are likely to partake in, or at the least be influenced by, these processes in their careers.

APPENDIX C: ESSENTIAL, CROSS-CUTTING COMPETENCY DOMAINS FOR WORKING IN COMMUNITIES

Communication - Public health work requires effective communication from the scientific and public health communities when disseminating information to the public. Given the poorly communicated, inaccurate, and at times deliberately misleading information permeating society, the burden often falls on the public health community to help audiences make sense of public health information. Thus, students need skills to break down the nuance and complexity of public health science and practice and communicate it in ways relevant to the intended audiences (Jamieson, Kahan, & Scheufele, 2017). These include audience-centered communications focused on the intended audience's interests, concerns, and perceptions (Rogers, 2000); communicating the relevance of information and assisting communities in assigning personal meaning to it (Cook & Artino Jr, 2016; MacArthur et al., 2020); and ensuring that the community perceives and responds to a “call to action” based on the information presented. To engage all community members and approach community engagement with humility, students need empathetic communications skills to connect those who have less scientific and public health knowledge (Lidenfeld & MacArthur, 2017), as well as the ability to communicate with different kinds of audiences and in a variety of venues and sectors (Galea, 2023c; Matthews et al., 2017). Finally, given the importance of both verbal and written communication to the work of public health professionals, these skills could equip students to communicate in a variety of formats to a range of audiences.

Data collection, analytics, and insight from practice settings - Engaging in evidence-based public health with community partners requires comfort and facility with complex and diverse types of data sources, such as electronic health records, social media posts, and insurance claims data (Kjelvik & Schultheis, 2019; U.S. Food and Drug Administration, 2023). These data sources are inherently more difficult to work with than, for example, a “clean,” curated clinical trial data set. As important is the ability to connect various, complex data sources at scale (Arora et al., 2022) and to grasp their possibilities, limitations, and methods for decision making in public health research, practice, and policy development.

Dissemination and Implementation - As defined in the glossary, dissemination and implementation of public health interventions focuses on: a) ensuring broad adoption of evidence-based interventions by public health practitioners and b) how to modify and conduct interventions across populations and delivery settings. Skills in dissemination and implementation of evidence-based intervention strategies are often overlooked in preparing learners for the workforce. Graduates are needed who can translate public health knowledge to public health practice, such as the ability to identify and address the contextual barriers and facilitators that impede or enhance uptake of evidence-based practices (Bauer & Kirchner, 2020).

Diversity, equity, inclusion, and social justice (DEIJ) - Integrating principles of diversity, equity, inclusion, and social justice in a clear, coherent, and consistent manner throughout the curriculum is critical for building and sustaining effective partnerships. In addition to the educational recommendations made in the Framing the Future 2030 *Inclusive Excellence through an Anti-racism Lens expert panel's report*, which were grounded in ASPPH's *Dismantling Racism and Structural Racism in Academic Public Health: A Framework* (2021), of particular importance for relationship-focused community partnerships is for learners to become competent in collaborating with partners to address both the social determinants of health and to dismantle systemic bias and **structural racism and discrimination**. Skills include organizational change management, cultural humility, and community-based, participatory approaches such as mobilizing, organizing, and building coalitions, in particular with those most marginalized.

APPENDIX C: ESSENTIAL, CROSS-CUTTING COMPETENCY DOMAINS FOR WORKING IN COMMUNITIES

Leadership - As explained in the glossary, leadership sets the vision and mobilizes managers and others to accomplish goals including the “courage to push for change...and the skills to move political, organizational, and individual behavior” (Yphantides et al., 2015, p. 3). Leadership also applies to caring for our colleagues, our team members, and ourselves (Moodie, 2016). While leadership has been asserted as a competency area to strengthen among public health learners and practitioners since the late 20th century, important voices are calling for improving leadership competencies as essential for successful contemporary and future practice (Czabanowska et al., 2014; Koh & Jacobson, 2009). Stronger public health voices are needed both for assuring public health seats at decision making tables and for incorporating public health interests across clinical and non-clinical settings.

Relationship and partnership building - As stated in the prior mindset and approach section, a culturally-humble orientation with an eye toward establishing co-equal community partnerships requires a recognition that all partners have a wealth of expertise and skills to advance the mutual collaboration towards healthful outcomes. Situational awareness, environmental scans, and identification of community assets and resource constraints at all levels of public health preparation is needed. Equally important is respecting equal power among various partners and recognizing how one’s own positionality, experience, and biases affect work in partnership.

Social determinants of health - The **social determinants of health** represent important upstream factors that affect community and practice engagement with systems, structures, and root causes that shape and influence health and well-being. Public health is an important player with clinical and other partners for addressing these determinants. Teaching and learning how to clearly identify public health problems is critical to determining complex causation and for accurate framing that helps determine the best courses of action (U.S. Centers for Disease Control and Prevention, 2019). Addressing the wide variety of interdependent factors that facilitate or inhibit health (Silva et al., 2018), supports learners in applying systems thinking to meet complex public health challenges.

Team management and project management - Specific abilities for managing teams and projects include emotional intelligence, organization, delegation, openness, problem-solving, **managing up**, and decision-making (Gallo, 2022; Stobierski, 2020). Given the weaving of DEIJ through the curriculum, this approach also includes incorporating trauma-informed practices, including stress and burnout, and other skills needed to manage diverse teams (Lawson, 2023). These skills are important for effective collaboration with all colleagues and partners, and especially critical given the need to promote full inclusion of those who are currently and have historically been historically marginalized, as well as those who may have experienced trauma (Doyle, 2020).



APPENDIX D:

INTERNAL VETTING PROCESS AND ACKNOWLEDGEMENT OF PARTICIPANTS

The *Fostering Community Partnerships for a Healthier World* expert panel undertook an internal ASPPH vetting of a pre-final draft of this report between December 4-19, 2023.

Deidentified respondents included members of important ASPPH constituent groups, practice partner members of key ASPPH entities, and senior ASPPH staff. One hundred and seven (107) individuals were invited to participate and 48% (51/107) responded to the survey, including 12/18 (67%) members of ASPPH’s Education Advisory Committee, which has advisory oversight for this work. The completion rate was 100% for the first three required questions.

Acknowledgement and gratitude go to the respondents for the time they took to complete the survey and the valuable insights gained from their substantive comments.

Table 1: Summary of Responses to the Three Required Questions (without detailed, open-ended comments, which numbered 362)

#	Question: To what degree do you support Recommendation #_...?	Strongly Support	Support	Neutral	Do Not Support	Combined Strongly Support + Support
1	Position academic public health in service to communities and public health organizations?	68%	26%	N/A	6%	94%
2	Deploy strategies to support and sustain successful partnerships?	76%	22%	2%	N/A	98%
3	Integrate engagement with partners across curricula?	62%	32%	6%	N/A	94%

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