The University of Washington’s Community-Oriented Public Health Practice Program and Public Health–Seattle & King County Partnership

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The Community-Oriented Public Health Practice (COPHP) program, a 2-year in-residence MPH degree program in the University of Washington School of Public Health, has partnered with Public Health–Seattle & King County (PHSKC) since 2002 to create a mutually beneficial set of programs to improve teaching and address community-based public health problems in a practice setting. The COPHP program uses a problem-based learning approach that puts students in small groups to work on public health problems. Both University of Washington–based and PHSKC-based faculty facilitate the classroom work. In the first year for students, COPHP, in concert with PHSKC, places students in practicum assignments at PHSKC; in the second year, students undertake a master’s project (capstone) in a community or public health agency. The capstone project entails taking on a problem in a community-based agency to improve either the health of a population or the capacity of the agency to improve population health. Both the practicum and the capstone projects emphasize applying classroom learning in actual public health practice work for community-based organizations. This partnership brings PHSKC and COPHP together in every aspect of teaching. In essence, PHSKC acts as the “academic health department” for COPHP. There are detailed agreements and contracts that guide all aspects of the partnership. Both the practicum and capstone projects require written contracts. The arrangements for getting non–University of Washington faculty paid for teaching and advising also include formal contracts.

KEY WORDS: academic health departments, graduate education in public health, problem-based learning, public health practice

Background and History

In 1988, the Institute of Medicine challenged the academic and practice communities to develop active learning methods for students to get out of the classroom and into the real world.1 The 21st-century public health practice workforce demands an increased scope of knowledge and practice skills for MPH graduates. In 2001, however, the University of Washington (UW) did not have a degree program specifically aimed at teaching public health practice, nor were there very many academic opportunities for students who had strong interests in working with communities and community-based organizations. In response to these challenges, a small group of faculty met over many months to flesh out a new way of teaching public health practice. All
along the way, leadership at the highest levels in the school encouraged development of the program and school funds helped to launch the program. A key part of development of the program was the creation of the partnership between the COPHP MPH program and PHSKC. (By way of background, in 2012, a total of 1109 students were enrolled in the School of Public Health at the UW and were served by 902 faculty members. The school conferred 264 MPH degrees and 41 PhD degrees. The COPHP program admits 16 students per year. PHSKC is one of the largest metropolitan health departments in the United States with 1500 employees at 40 sites. The annual budget is $318 million, and the department’s service area contains 1.9 million people.)

Program principles

Once the UW decided to move ahead with creating the COPHP program, the founding faculty agreed on a few tenets. Faculty aimed to create change agents and leaders in public health practice. Many students seek MPH degrees either to learn research methods or to work in the biomedical or health services side of public health practice; however, others, particularly ones who have worked in community-based organizations, seek public health skills that can equip them to meet the challenges of improving health within communities. Faculty wanted to produce graduates who would go out in the world and run things; that is, they would become leaders in health departments and social services agencies.

Faculty wanted to bring joy into graduate education. For many students, graduate school is oversteeped in classroom learning and incessant hours in front of a computer screen. The experience can be stressful and stultifying, and faculty sensed that too many graduates left school less interested in public health practice than when they matriculated. Faculty deliberately wanted to mix things up, get students out in the community for learning, and put them in charge of many aspects of their learning.

Faculty would need a community-based public health partner to make all this happen. Ideally, the partner would benefit as much from the relationship as students would. By dint of the size of the UW School of Public Health and PHSKC, there were already many partnerships to leverage. Graduates of the UW work at PHSKC. Researchers at the UW partner with colleagues at PHSKC. The UW relies on PHSKC to advise students on projects, and PHSKC staff come to the campus to give guest lectures and lead panel discussions and seminars. Similarly, UW faculty offer their expertise and time to help PHSKC with issues it faces. So, the experience of working together afforded an opportunity to work in a measured and planned way to design a partnership for a comprehensive, well-rounded practice-based education.

Content and Pedagogy

The COPHP program confers an MPH degree. Over 2 academic years (6 quarters), students address required competencies in blocks of cases in the following:

- Population health and the social determinants of health
- Community development for health
- Epidemiology
- Biostatistics
- Environmental health
- Health behavior and promotion
- Health policy
- Program evaluation
- Management and leadership

Pedagogy

Faculty teach these courses using a problem-based learning (PBL) pedagogy coupled with a weekly seminar. Problem-based learning is an exciting, and demanding, way to learn and teach and requires some training of faculty in the teaching method. In 2002, faculty interested in the COPHP program participated in a 2-day training in the PBL pedagogy. In contrast to teaching in a traditional lecture-based format, COPHP faculty are trained as moderators; they work to enable students to take a more active role in their learning. At the beginning of the COPHP program, faculty train students to facilitate the PBL sessions. Faculty see this skill (leading a small group through a complicated task informed by outside research) as one of the most important things graduates leave school knowing how to do. Faculty are, however, not purists when it comes to PBL, and they often find ways (in class and between classes) to make focused didactic presentations.

Program structure

The UW admits 16 students each year and splits them into 2 groups of 8. Each group has 1 faculty member to facilitate. The 2 groups work on the same (or very similar cases) during the blocks. Students spend 6 hours per week in class over 2 sessions. They read cases, talk about what they already know about the public health issues at hand, and what they think is going on. Then, they develop a list of learning objectives (LOs). Each student takes an LO, researches the LO, and then submits a 5-page referenced paper to a Web-based instructional technology site using the Canvas program.
(Examples of LOs include the following: “Population Health: Critique Public Health’s Role in Producing a Healthy Nation,” and “Policy: What Is a Superfund Site? What Are the Clean-up Issues at Hanford and How Do They Fit Under the Superfund Law?”) The faculty facilitator for the groups reads each of the papers before the next class and offers written feedback to the students. The students in the groups read and critique each other’s papers, creating strong and healthy peer pressure to do good work. On the second day of the case, the students start by rereading the case and then discussing the key learning from their independent work. At this point, students typically receive a next section of the case or a group assignment that builds on their collective research. Faculty members participate in class sessions by asking questions in a moderator role, rather than by lecturing. This is a fairly standard approach to PBL, and the reader will find much written about this pedagogy. (See references.)

● Practicum Experience

A key focal point of the academic department partnership is the practicum experience. This part of the partnership benefits the UW in teaching the students, while providing a valuable resource to PHSKC practitioners. The UW contracts with PHSKC to assign a PHSKC staff professional (with a regular faculty appointment at the UW) to teach on campus in the COPHP program and to manage the practicum experience. COPHP students do not have to go out and find practicum assignments; rather, faculty provide them with substantive, faculty-reviewed experiences. Students spend a minimum of 6 hours per week over 2 quarters working on projects within work teams at PHSKC. Examples of projects include the following:

- Development and implementation of a sexuality education curriculum for youth in juvenile detention
- Evaluation of an HIV prevention media campaign
- Coordination of a community kitchens program to address obesity
- Development of tuberculosis education materials for Marshallese populations
- Legislative bill review addressing injury prevention and health care reform

When the partnership started in 2002, the PHSKC staff had to work hard to find projects and assignments for the students. Both faculty and PHSKC staff recognize that the workplace mentor must devote significant time to the student in order to guide the student in getting started. In the early days of the partnership, there was some concern on the part of health department staff about taking on 16 practicum students. Now, 10 years into the partnership, the tables have turned: there are more projects proposed by PHSKC staff than there are students. The COPHP students perform at a very high level, so PHSKC staff compete to have a student assigned to them. The PBL pedagogy attracts hardworking students and creates self-starting students with strong research and small-group skills. They are ideally suited to getting things done on a part-time basis with a quick turnaround.

Practicum assignments span many content and skill areas. Over the years, we have placed students in diverse public health programs, including jail health services, family planning, communicable disease epidemiology, chronic disease prevention, HIV/STD (sexually transmitted disease) control, and maternal and child health services. Projects are designed to increase student skills in epidemiological analysis, report writing, curriculum development, coalition development and maintenance, and public presentations. Students, public health mentors, and faculty advisors develop a service learning contract that articulates LOs and deliverables. This contract forms the basis of student evaluation and is essential to ensuring that students complete a substantive body of work. The culminating experience is an oral presentation to public health staff and faculty advisors.

● Capstone Projects

COPHP students complete a capstone project in partial fulfillment of the requirements of their MPH degree. In contrast to a more typical thesis project, where students endeavor to create “new knowledge,” COPHP students find an agency in the community that has a specific, public health project need. While the goal of the capstone is to address a current, real-world public health problem, there is an academic component to the capstone project and COPHP requires a thesis-quality written report (that includes a thorough literature review) and several professional presentations of the findings and recommendations. A detailed guide supports the capstone experience. The guide can be viewed at http://depts.washington.edu/cophp/resources.

Students often use their practicum experiences to craft relationships at PHSKC to complete the capstone requirement. This is another place where both sides of the partnership benefit. Examples of PHSKC-based projects include an evaluation of a screen time reduction project for childcare workers; incorporating chronic disease management into the Harborview Medical Center’s Community House Call program; and tracking the compliance with restaurant and bar smoking restrictions.
Examples of other capstone projects include an analysis of pesticide poisoning data in agricultural workers from multiple agencies resulting in major changes in agricultural and pesticide application practices; performing a community needs assessment of school policies promoting nutrition and physical activity in Snohomish County, Washington; program evaluations of clinical/outreach projects in developing countries; and an assessment of family planning needs in communities in Côte d’Ivoire.

**Strengths of the Academic Health Department Partnership**

**Benefiting practitioners at PHSKC**

While most of the COPHP faculty members have primary appointments at the School of Public Health, some classroom faculty members primarily work as staff at PHSKC. (Faculty from PHSKC have official, yearly reviewed clinical faculty appointments in the School of Public Health. PBL facilitators are paid for the teaching they do. PHSKC faculty who mentor only practicum students do not get paid.) The partnership brings public health practitioners right into the classroom. It also affords the PHSKC-based faculty the opportunity to have a teaching/intellectual component to their work. When faculty craft cases based on the problems they have faced in their work, the students usually come up with new perspectives on the problems and they back up their work with scholarly searches of the literature and explorations of how the problems have been addressed by other health departments in other parts of the country and the world.

**Access to new faculty**

Several of the UW-based COPHP faculty members are approaching retirement age. The partnership described here is a natural source of younger faculty. Many COPHP graduates work at PHSKC and they represent a pool for finding new faculty. Already COPHP graduates are taking practicum students and gaining valuable experience as public health practice educators. One PHSKC-employed COPHP graduate teaches in the community development block, and many more of her colleagues at PHSKC are ready, willing, and able to step in as UW-based faculty retire. In a word, PHSKC is the “bench” for COPHP.

**Relevant public health content**

The contents of the blocks and the cases concern contemporary public health problems that reflect the interests and experiences of faculty members, both those from the UW and those from PHSKC. All faculty members have public health practice experience, and they bring that into all of the activities of the partnership. Most of the case content is domestic, but there are several cases set in the developing world.

Some of the cases used in the PBL part of the program entail having the students work on actual problems facing PHSKC. For example, in the policy block of cases, the students work in teams on a policy issue requiring quick, real-time research. In recent years, they developed policy analysis (and presentations) concerning regulating sugar-loaded beverages, grocery store marketing of healthy foods, and the Medicaid expansion and how it will affect jailhouse health services under the Affordable Care Act. PHSKC needed all of this work to be done but could not have done it as quickly without the assets of the partnership. First-year students recently designed a methodology to evaluate the city of Seattle’s new paid sick leave ordinance. The city will likely use the approach in its evaluation. In the second-year community development block, students work in teams for 4 to 5 weeks to tackle real issues of community engagement. Students have helped local food banks make the case for their connection to public health; worked with low-literacy English-speaking populations on preparedness communications; and engaged communities in thinking about and creating stronger community and a sense of place. In 2013, as part of their case work, students worked on transportation access as a way to strengthen community tied in a low-income, highly diverse community in north Seattle. Again, these projects entailed doing actual work for PHSKC and its partners. And, while the work can be difficult and the time too short, the fact that the students are working on real problems is energizing.

The practicum experience is managed by a senior staffer at PHSKC. PHSKC staff prepare practicum project descriptions, students decide which projects they would like to work on, and the PHSKC staff match projects with the students. Capstone projects often grow out of the practicum projects. Many capstone projects have a site supervisor from PHSKC or an affiliated organization. An example of a recent capstone project is the work a student has done to test the promotora approach to engaging with an underserved, hard-to-reach community (in a Seattle neighborhood) on preventing lead poisoning.

**Challenges for the Partnership**

The number 1 challenge to both education and public health practice is diminishing funding. Many in America have come to see funding for education as benefiting
primarily the students rather than to appreciate educational funding as an investment in human capital that benefits the entire country. COPHP now operates on a “fee-based” system, which means that the costs of the program are borne entirely by the students through tuition payments. There is no public money in the program. At the same time, PHSKC flexible funding is declining and the workforce is often time-poor, which can inhibit thinking about new ways to expand and strengthen our partnership.

● Lessons Learned

- It is crucial to have a PHSKC professional staff person managing the practicum experience. This allows the partnership to build experience and a reputation within the health department. The PHSKC staffer knows the practicum supervisors and has easy access to information to evaluate the progress of the students.
- It is important to be thorough in managing the documentation of the partnership. The contracts that allow the UW to pay PHSKC-based faculty ensure that all understand the costs and obligations of the partnership. Similarly, the practicum contracts and the capstone contracts ensure that students have clear expectations of their deliverables and supervisors understand their responsibilities for mentoring students effectively. At times, the documentation can seem overly bureaucratic, but in the end, it makes for a better partnership.
- Many student projects benefit from having oversight and mentoring from both PHSKC and the UW. The primary mentoring comes from the PHSKC partner, but the UW faculty ensure that all project work is backed with a solid academic and theoretical component: Students must know the literature behind their work, and they must gain skills in communicating with PHSKC staff who will find their work useful.
- On-site presence: UW staff travel to the PHSKC offices for practicum presentations in the spring. This makes it as easy as possible for the site supervisors to attend the presentations. This small courtesy has gone a long way toward strengthen the partnership.

● Conclusion and Next Steps

Both the UW and PHSKC find continuing benefits in the creation of an academic health department partnership. The 2 institutions will continue to work together on the practicum experience, the capstone projects, and the in-class case studies based on actual problems that need addressing at PHSKC. In the future, the COPHP program plans on bringing in more PHSKC practitioners to serve as faculty facilitators for the program.

REFERENCES

Queries to Author

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