

DEMONSTRATING

EXCELLENCE IN THE SCHOLARSHIP OF PRACTICE-BASED SERVICE FOR PUBLIC HEALTH

Sponsored by

Association of Schools of Public Health,
Council of Public Health Practice
Coordinators and Centers for Disease
Control and Prevention

Spring 2009

Endorsed by the Association of Schools of Public Health, Academic Public Health Practice Committee

Core Writing Team	Margaret A. Potter, JD (Chair) James Burdine, DrPH Lynn Goldman, MD Debra Olson, DNP, MPH Gillian B. Silver, MPH Lillian U. Smith, MPH, DrPH Augusta M. Villanueva, PhD Kate Wright, EdD, MPH	
	University of Pittsburgh Graduate School of Public Health Texas A&M Health Science Center School of Rural Public Health Johns Hopkins Bloomberg School of Public Health University of Minnesota School of Public Health Association of Schools of Public Health University of South Carolina Arnold School of Public Health Drexel University School of Public Health St. Louis University School of Public Health	

This document was developed through the generous support of the Centers for Disease Control and Prevention and the Association of Schools of Public Health. Support from these organizations is gratefully acknowledged. The authors also are grateful for the leadership of Dr. Ciro Sumaya, former dean of the Texas A & M Health Science Center School of Rural Public Health, who served as chair of the ASPH Practice Committee while this document was in development.

The authors greatly appreciate the time taken and comments made by the individuals who reviewed this document. Reviewers were Ron Bialek (Public Health Foundation), Joan Coffi (Centers for Disease Control and Prevention), Claudia Coggins (University of North Texas Health Science Center School of Public Health), Jill Guernsey de Zapien (University of Arizona Mel and Enid Zuckerman College of Public Health), Virginia McCoy (Florida International University Robert Stempel School of Public Health), Marita Murrman (Columbia University Mailman School of Public Health), Elaine O'Keefe (Yale School of Public Health), Beth Quill (University of Texas School of Public Health), and Louis Rowitz (University of Illinois at Chicago School of Public Health).

Spring 2009

DEMONSTRATING EXCELLENCE IN THE SCHOLARSHIP OF PRACTICE-BASED SERVICE FOR PUBLIC HEALTH

Sponsored by

**Association of Schools of Public Health,
Council of Public Health Practice
Coordinators**

TABLE OF CONTENTS

<i>Foreword by Dean Patricia W. Wahl.....</i>	1
<i>Introduction</i>	2
<i>Defining the Scholarship of Service.....</i>	4
<i>Background and Framework.....</i>	8
<i>Practice-Based Service as Scholarship: Criteria, Principles, and Profiles.....</i>	11
<i>Academic Policies for Practice-Based Service.....</i>	14
<i>Conclusions and Recommendations.....</i>	17
<i>Endnote by Dean José F. Cordero.....</i>	19
<i>References.....</i>	20
<i>Appendices:</i>	
<i>A. Examples of Practice-Based Service in Schools of Public Health</i>	21
<i>B. Profiles of Excellence in Practice-Based Scholarly Service</i>	23

FOREWORD



By 2009, schools of public health have largely met the challenges raised by the 1988 and 2003 Institute of Medicine reports on enhancing academic-practice linkages.^{i,ii} The Association of Schools of Public Health continues to assist the schools in these efforts through the work of the ASPH Practice Council, comprised of practice coordinators from each school, and the work of the Academic Public Health Practice Committee, comprised of deans of schools of public health. However, there remains much work to be done to reach our teaching, research, and service goals, especially since the service component is frequently undervalued. Within academia, service often translates to faculty serving on a university or school committee. However, in this document the service being referred to is practice-based, addressing community health issues. The Council on Education for Public Health emphasizes that service must benefit “the greater society, over and beyond what is accomplished through teaching and research.”

This monograph is the culmination of a series begun a decade ago, in 1999. While bridging academia and practice has greatly improved in that time, it remains a challenge. Practice-based service for public health, the focus of this document, is probably the most challenging aspect. Faculty often provide service pro bono and in many cases do not receive “credit” when it comes to promotion and tenure.

As the authors note, Ernest L. Boyer articulated a vision of scholarship that assigned four “interlocking functions” to the professoriate: scholarship of discovery, scholarship of integration, scholarship of sharing knowledge (teaching), and scholarship of application. Boyer later expanded on his original model, arguing for a new commitment to service. According to the Boyer, “Scholarship of engagement means connecting the rich resources of the university to our most pressing social, civic, and ethical problems, to our children, to our schools, to our teachers, and to our cities.” The authors expand on this concept, making engagement a feature of research and teaching as well as of service. Service can stand alone, but it is a challenge to develop scholarship focused on service in and of itself. When service is integrated with teaching and research, it may be even more difficult to document.

Given the challenges faced in pursuing scholarly, practice-based service for public health, I urge all public health faculty to read this document—or better yet, the entire series. Public health is an applied field and thus most, if not all, faculty should be engaged in practice-based teaching, research, or service of some kind. This monograph provides readers with the tools necessary to make practice-based service scholarly and therefore a legitimate aspect or even a highlight of any faculty member’s portfolio for promotion and tenure consideration.

As the authors state, “Without rigorous standards of scholarship, service activities lack academic value. Without well established academic value, institutional support for service is weak.” This monograph serves as a guideline for establishing rigorous standards of scholarship for practice-based service for public health, a necessary first step toward achieving academic value and institutional support.

A handwritten signature in black ink that reads "Patricia W. Wahl".

Dean Patricia W. Wahl

Past President of ASPH, Founding Chair of the ASPH Practice Committee

ⁱ Institute of Medicine, *The Future of Public Health*. Washington, DC: National Academy Press (1988).

ⁱⁱ Institute of Medicine, *Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century*. Washington, DC: National Academies Press (2003).

INTRODUCTION

Practice-based scholarship in public health addresses community health issues. The accredited schools of public health have played a significant role in defining and implementing the multidisciplinary and inter-professional, ecological approach to improving the health and safety of communities through academic public health practice. These schools have addressed the challenges raised by the Institute of Medicine for enhancing academic-practice linkages.^{1,2} The Association of Schools of Public Health (ASPH) established the Council of Public Health Practice Coordinators (the Practice Council) whose members are delegates from each of the schools of public health accredited by the Council on Education for Public Health (CEPH; 41 as of 2009). The Practice Council's priority is to promote greater commitment to scholarship in public health practice-based research, teaching and service within schools of public health, and to facilitate the recognition and reward for practice-based scholarship in academic institutions. Extensive alignment of efforts by the Practice Council, schools of public health, federal agencies, private institutions and the practice sector have invigorated scholarship in academic public health practice.

The intent of the Practice Council in its *Demonstrating Excellence* series is to support the development of academic public health practice and thereby to increase its value and visibility. A decade ago, the first monograph in the series established definitions for public health practice and academic public health practice.³ The second and third monographs, focusing on excellence in practice-based teaching⁴ and research⁵ respectively, established guidelines, standards and evaluation criteria for practice-based scholarship specific to these activities.

Since 1999 when the publication series began, schools of public health have increasingly embraced practice-based public health scholarship. Many schools of public health have revised their faculty promotion and tenure guidelines to recognize practice-based scholarship. CEPH has added and revised accreditation criteria to emphasize practice activities in community-based research, experiential learning, and faculty credentials; CEPH has also revised its definition and criteria for service and established a complementary chapter on workforce development.⁶ Nevertheless, there remains much to be done to reinforce practice-based scholarship's equal footing with traditional theory-based scholarship in the public health field.

This fourth publication in the series addresses the scholarship of practice-based service. The previous *Demonstrating Excellence* monographs rested on the assumption that research and teaching were well articulated components of the academic mission. Consequently, those documents could focus narrowly on the practice-based dimensions, methods, and challenges of research and teaching. Academic service, whether practice-based or theory-based, does not warrant the same assumption. Notwithstanding the fact that schools of public health uniformly include service in their mission statements and strategic plans, this third leg of the academic stool remains shorter than the others in terms of scholarly criteria, policy foundations, and institutional commitments.

Thus, the purpose of this publication is to provide resources to enable continued progress of practice-based scholarship for public health with a focus on service. The task is twofold: first to explain the dimensions of scholarship as they pertain to academic service generally and second to amplify the definitions, criteria, and policies that apply specifically to service that is practice-based.

The audience for whom this publication is written includes faculty and administrators in schools of public health as well as the communities and organizations standing to benefit from scholarly service. Readers of this publication will become better prepared for advocacy and involvement in:

- Promotion of scholarly practice-based service in their institution;
- Support for a culture within academic and practice settings that nurtures and sustains excellence in practice-based service;
- Enhancement of faculty members' skills for scholarly practice-based service activities; and
- Identification of the range of models representing the best approaches to implementing practice-based service activities.

Demonstrating Excellence in the Scholarship of Practice-Based Service for Public Health includes guiding principles, examples, and policy recommendations to help meet the academic responsibilities and challenges of engaged scholarship. While students and staff in schools of public health certainly participate in service activities, this publication is focused on faculty members as agents of public health scholarship and as the primary actors within academia for translating knowledge into improvements in practice, policy and ultimately the health of populations.

DEFINING THE SCHOLARSHIP OF SERVICE

Unlike research and teaching, academic service lacks the benefit of clear definition. Without clarity of definition, evaluation of service performance is inadequate. Without rigorous standards of scholarship, service activities lack academic value. Without well established academic value, institutional support for service is weak.

There are inconsistencies in the use of the term service as defined within an academic environment. For example, CEPH has recently revised its service criterion; but within its context of accreditation for professional education, its definition and standards deemphasize other institutional and scientific aspects of academic service. CEPH excludes service through “participation in internal university committees,”^{6 at p.22} an activity that is certainly an expectation and a felt responsibility among faculty members. Although CEPH emphasizes only the benefit of service to “the greater society, over and beyond what is accomplished through teaching and research,”^{6 at p. 22} many faculty members dedicate service time also to scientific study sections and journal editorships that constitute a foundation of all scholarship. Thus, academic service takes many forms, all of which have value to the institution, the field of scholarship, or the community.

But not all forms of academic service are necessarily scholarly; and even if scholarly, not all are practice-based. Three factors help to distinguish among various kinds of academic service: the intended beneficiary, the knowledge base that informs the activity, and the context for problem-definition. Beneficiary refers to the individual or organization receiving a service who may be a unit or committee internal to the university or any external institution, organization, or population. The knowledge base that informs a service activity can be generalist, deriving from an interest or skill unrelated to the faculty member’s field of scholarship; or it can in fact be an application of the faculty member’s special scholarly knowledge within the science, policy, or professional competencies that characterize his or her teaching and research. The service activity’s focal problem can be defined with reference to a theoretical framework or a scientific hypothesis; or it can be defined with reference to a practical context.

Figure 1 shows how these three factors allow for clear distinctions between academic service that is scholarly from that which is not and between scholarly service that is theory-based from that which is practice-based. Here, academic service encompasses many activities both internal and external to the university, drawing upon faculty members’ knowledge both generalist and scholarly, and focusing on problems defined as (hypothetical or theoretical) and practical. As a conceptual illustration, this schematic is not meant to pose rigid boundaries. There are areas of overlap within and among all these distinctions: internal academic service might be considered scholarly if it draws on a faculty member’s particular expertise in organizational dynamics or academic policy; and some kinds of scholarly problem-solving can be driven by both hypothetical and practical concerns. Nevertheless, the categories and examples shown here suggest a common vocabulary for allocating faculty members’ time and effort, measuring the impacts of service activity, and establishing supportive institutional policies and procedures.

		External Beneficiaries				
		Department, School & University	Scholarly Community	Policy Makers & Public Officials	Agencies, Organizations, & Professionals	Society At-Large
Generalist Knowledge Base	Committee membership and leadership in governance, planning, evaluation, etc.	Public advocacy for interests related to the field of scholarship (such as research funding)	Office-holding, citizen board membership	Office-holding, citizen board membership	Civic participation; voluntary community activities & sports	(2)
	Departmental curriculum committee; thesis or dissertation committees	Hypothesis-Driven Problem	Practice-Driven Problem			
Scholarly Knowledge Base	(1)	Society leadership, committee service, study sections, journal reviewing & editorship (3)	Legislative testimony; public-issue advising	Technical advising, consultancy, continuing education & training; program evaluation	Consultation for civic organizations; community problem intervention	(4)

Figure 1. Academic Service Activities, as Distinguished by Knowledge Base, Beneficiary, and Problem Definition

Four categories of academic service emerge from the Figure 1 schematic, each of which has a different set of criteria for evaluation and different kinds of support from the academic institution.

- **Internal service to the department, school, and university** (①) may draw upon a faculty member's generalist or scholarly knowledge base. Generalist type activities include membership and leadership in committees such as governance, planning, programming, and other institutional concerns. Internally focused activities that draw on a faculty member's scholarly knowledge base might include service on a curriculum committee. Academic institutions typically require a certain or approximate time commitment for such service from faculty members. Although colleagues respect and appreciate such contributions from each other, rarely are such activities judged by academic criteria. In this sense, internal academic service for most faculty members represents an aspect of institutional citizenship rather than a form of scholarship.
- **External generalist service** (②) benefits the scholarly communities outside of the university as well as policy makers and public officials, agencies, organizations, professionals, and the at-large society. Such service activities are varied. On behalf of the scholarly community, a faculty member might advocate publicly for

support of research and education. For other external beneficiaries, generalist service can include many kinds of participation in boards, committees, and advisory groups whose membership is based on citizenship or other non-scholarly interests. Included are voluntary activities such as coaching sports for local schools and community groups, supporting youth groups, or assisting in human services. Faculty members providing generalist academic service often bring favorable regard to their schools and universities from the beneficiary communities; but these are not activities typically subject to academic evaluation.

- **External scholarly service addressing theoretical or hypothetical problems** (③) draws necessarily upon the faculty member's scientific and professional knowledge base. Its beneficiaries are other scholars and the field of scholarship. This kind of service includes leadership and committee service in scholarly societies, participation in research study sections, and editorship of peer-reviewed journals, among others. Academic policies governing faculty members' career progression recognize most explicitly the service of this kind. Because the selection of individuals for leadership and participation in these activities depends on scientific or professional merit, the stature of the beneficiary society, scientific panel, or journal is itself the performance standard by which faculty members may be evaluated.
- **External scholarly service addressing practical problems** (④) benefits constituencies external to the university, draws upon the faculty member's scientific or professional knowledge, and aims to solve problems driven by practice and constrained by practical contexts. An analogy to clinical practice by medical, nursing, and dental faculty members is useful. Instead of aiming to improve the health outcomes of individual patients as do clinical faculties, public health faculty seek to impact the health populations and communities. They contribute to the effectiveness and efficiency of public health programs; they draw upon relevant science to inform law and public policy; and they translate research-based evidence into practice. Such service activities may include legislative testimony, issue advocacy, technical advising, consultancy, program evaluation, and continuing education and training for professionals. This form of academic service typically lacks the explicit institutional support and the inherent performance metrics of other forms. Nonetheless, it is this practice-based scholarly service that most clearly bears responsibility for translating academic resources into useful tools for the benefit of communities and populations.

Academic Service Concerns

A critical concern is whether and to what extent each of these four types of academic service contributes to a faculty member's performance as evaluated for annual reviews and eventual promotion and/or award of tenure. Each school of public health has somewhat unique guidelines and requirements for faculty performance, but concerning service many schools have tendencies in common. First, in some schools any distinction among the four types tends to be vague, and criteria of scholarship among them tend to be unarticulated, which minimizes all types in the context of faculty performance. Second, some schools have explicit criteria for recognizing external scholarly service addressing theoretical or hypothetical problems, which lend weight to such service as scholarly performance. Third, many schools recognize minimally internal service (to the school or the university) but as "citizenship" rather than scholarship. Finally, few schools define external scholarly service addressing practical problems in terms that include explicit

criteria, which leads to disregarding such service as serious scholarly performance.

This publication addresses only the latter type of academic service. This “practice-based scholarly service” is defined as *the application of scientific or professional knowledge, derived from one’s field of scholarship and applied as consultant, expert, or technical advisor for the benefit of policy makers, public officials, agencies, organizations, professionals and the society at large to improve the health of populations*. The pages that follow will illustrate how well-established scholarship criteria apply to practice-based scholarly service, offer examples of its meaningful impact on population health, and recommend supportive policies within schools of public health. The authors intend to raise the profile of practice-based scholarly service as a critical component not only of institutional mission within schools of public health but also of formal performance evaluations within the context of faculty members’ career advancement.

BACKGROUND AND FRAMEWORK

This section begins with a brief summary of the four dimensions of practice-based scholarship in general, which give context to considering practice-based scholarly service in particular. Then, applying the concept of scholarship dimensions to service, a new dimension, called “engagement,” emerges to enrich our thinking about all forms of practice-based scholarship. Finally, within the new multi-dimensional framework, this section offers detailed examples of service that constitutes practice-based scholarship.

Dimensions of Scholarship

The first *Demonstrating Excellence* monograph³ defined the concepts of “public health practice” and “academic public health practice” in relation to each other. The practice of public health takes place outside of academia: *it is the strategic, organized, interdisciplinary application of knowledge, skills, and competencies necessary to perform public health core functions*. Academic public health practice is scholarship about public health practice: *it is the applied, interdisciplinary pursuit of scholarship in the field of public health*. The two concepts intersect where research, teaching and service are *applied* to public health problems in the context of public health practice.

In his Carnegie Foundation report titled *Scholarship Reconsidered*, Ernest Boyer articulated a new vision of scholarship that assigned four “interlocking functions” to the professoriate⁷. The first, *scholarship of discovery*, is based on research, pushing back the frontiers of human knowledge. The second, *scholarship of integration* involves placing discoveries within a larger context and initiating more interdisciplinary conversations leading to a new paradigm of knowledge. The third is teaching, the *scholarship of sharing knowledge*, which recognizes the communal nature of scholarship and also recognizes other audiences for scholarship than the scholar’s own peers. Finally, the report calls for the *application of knowledge* as a reflective practice in which theory and practice inform each other.

The *Demonstrating Excellence* series³⁻⁵ adapted Boyer’s ideas to practice-based public health scholarship;³ at p. 10

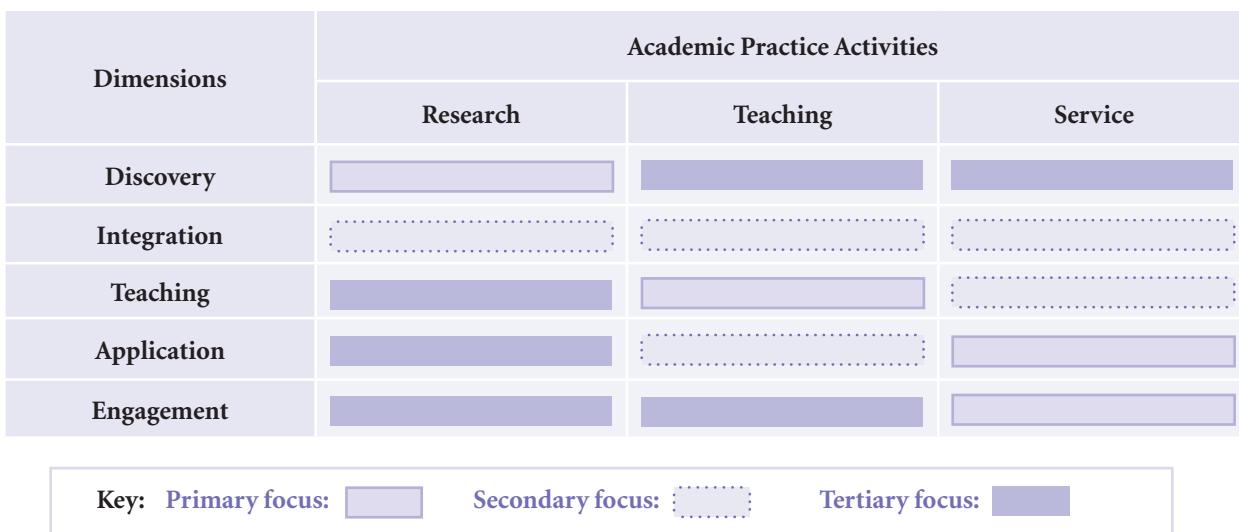
- The *scholarship of discovery* describes the generation of new knowledge for enhancing public health practice.
- The *scholarship of integration* describes research efforts that draw upon the methods, insights, perspectives and results from multiple disciplines to address problems of practice.
- The *scholarship of teaching* includes the transmission of knowledge. It is the translation of research-based and experience-based knowledge to learners.
- The *scholarship of application* emphasizes the two-way communication between researcher and practitioner through the implementation of results in the field; that is, within an interactive relationship of research and practice, each one informs, invigorates, and improves the other. Application is the translation of research into practice.

The Scholarship of Engagement

Writing in 1996, Boyer extended his vision of scholarship, suggesting that American education had moved away from its traditional commitment to public service. He argued for a new commitment to service and called it the *scholarship of engagement*.⁸ Our definition of practice-based scholarly service emphasizes this concept: the practice-based scholar is *engaged* with practitioners, policy makers, communities, and organizations. The *scholarship of engagement* recognizes interactive contact between faculty members inside the university and many constituencies outside of it. But our definition extends Boyer's concept by considering that in practice-based public health scholarship, engagement is a feature of not only service but research and teaching as well.

As seen in Figure 2, the five dimensions of scholarship – including engagement – pervade all three academic-practice activities, but the degree or intensity of each dimension varies among the activities. In research the primary dimension is discovery; but research dimensions also include secondarily the scholarship of integration and thirdly the scholarships of teaching, application and engagement. In the teaching activity, the teaching dimension of scholarship is primary; and the scholarships of integration and application are present at the secondary level, and the scholarships of discovery and engagement are present at the tertiary levels.

Figure 2. Dimensions of Scholarship within Research, Teaching and Service



In practice-based service, regular and interactive connections with communities and constituencies outside of the university reflect primarily the scholarship of engagement. Also primary for service is the dimension of application in ways that include setting measurable goals, selecting means and methods of intervention, applying means and methods collectively, reflecting on results that impact the health of the community, and disseminating results to interested parties. Service also features a secondary focus on integration since the scholar engaged in practical problem-solving must synthesize knowledge from a variety of sources and potentially employ a variety of disciplines to achieve results. Service features another secondary focus on the scholarship of teaching since service beneficiaries often gain knowledge and skill as results of interacting with the scholar. Finally, service may include the dimension of discovery when the faculty member gains new insight for systematic inquiries, methods, or analytical contexts that enrich the quality and relevance of subsequent research.

Illustrating Dimensions of Practice-Based Scholarly Service

The examples of activities in which public health faculty members are engaged in service with a variety of beneficiaries, using many fields of scholarship and addressing numerous practical problems are potentially endless. Appendix A presents a select few.

PRACTICE-BASED SERVICE AS SCHOLARSHIP: PRINCIPLES, CRITERIA, AND PROFILES

The preceding definitions and examples suggest principles that characterize practice-based service. These principles, in turn, provide a foundation for evaluating practice-based service as scholarship. Profiles of current and past public health faculty members illustrate the scholarship of practice-based service.

Principles of Practice-Based Scholarly Service

Five principles emerge from defining service as a form of scholarship. Figure 3 summarizes these principles: scholarly, engaged, transformational, inter-professional and multi-disciplinary, and impact-orientated.

Figure 3. Principles of Practice-Based Scholarly Service for Public Health

1. Scholarly	Practice-based service draws upon the faculty member's scientific or professional knowledge.
2. Engaged	Practice-based service is based on a foundation of partnership among academic and practice partners.
3. Transformational	Practice-based service gets things done by focusing on solutions instead of problems, guiding the team to come up with new answers, and keeping it focused on members' insights.
4. Inter-professional and multi-disciplinary	Practice-based service is an inter-professional and multidisciplinary activity where each discipline works with, and learns from and about one another to improve collaboration and the quality of public health programs.
5. Impact-oriented	Practice-based service is focused on improving health outcomes and the conditions that support the health of populations; utilizes principles and methods of the ecological approach to public health practice.

Criteria for Evaluation

Evaluating scholarship in any dimension rests on a common set of criteria, articulated by Glassic, Huber and Maeroff.⁹ Though easily recognizable in practice-based teaching⁴ and practice-based research,⁵ the criteria bear careful reconsideration in the context of practice-based service. Figure 4 restates the criteria with some new emphases.

Figure 4. Criteria for Evaluating Scholarship Adapted for Practice-Based Service

Standard or criterion*	Measures of Scholarship for Practice-Based Service
Are goals and objectives clear?	<ul style="list-style-type: none"> • Does the scholar state the basic purposes of the work clearly? • Does the scholar define objectives that are realistic and achievable? • Does the scholar identify an appropriate context for the questions to be addressed? • Do the scholar's goals and objectives align well with those of the service beneficiary?
Is there evidence of adequate preparation?	<ul style="list-style-type: none"> • Does the scholar show an understanding of existing scholarship in the relevant disciplinary fields? • Does the scholar bring the necessary skills to the work? • Does the scholar bring together the resources necessary to move the project forward?
Are methods appropriate?	<ul style="list-style-type: none"> • Does the scholar use methods appropriate to the goals? • Does the scholar apply effectively the methods selected? • Does the scholar modify procedures in response to changing circumstances?
Are results significant?	<ul style="list-style-type: none"> • Does the scholar achieve, or document progress toward achieving, the stated goals and/or objectives? • Does the scholar's work add consequentially to health outcomes and the conditions in which people can be healthy or to the processes and services that contribute to health? • Does the scholar's work open additional areas for further exploration and progress?
Is scholarship effectively presented?	<ul style="list-style-type: none"> • Does the scholar use a suitable style and effective organization to present the work? • Does the scholar use the appropriate forums for communicating work to its intended audiences? • Does the scholar present his or her message with clarity and integrity?
Is there evidence of reflective critique?	<ul style="list-style-type: none"> • Does the scholar critically evaluate the work? • Does the scholar bring an appropriate breadth of evidence to the critique? • Does the scholar use evaluation to improve the quality of future work?

* From: Glassick CE, Huber MT, Maeroff GI. Scholarship assessed: evaluation of the professoriate. San Francisco: Jossey-Bass Publishers; 1997.

Among the criteria stated in Figure 4, at least one is particularly challenging for evaluation of service as scholarship: “Are results significant?” Significance in the research context may be determined by analytic methods and peer reviewers and in the teaching context by peers as well as students. But in the service context, neither peers nor students are likely to bring the appropriate experience and background; but the understanding of significance belongs importantly to the beneficiary.

The fundamental premise for service as practice-based scholarship is its grounding in the practical outcome, which – whether directly or indirectly by improving the processes and services – is *impact on population health*. This means that the context for evaluating practice-based scholarly service exists outside of the academic environment. There may be circumstances in which a beneficiary’s evaluation might discount or disregard a scholar’s evidence-based

advice due to conflict with a political, financial or other interest. While rare, such a circumstance would require the scholar's explanation in an evaluation process. But most often, to answer the question whether scholarly service has had a direct or indirect impact on health improvement requires the inclusion of the service beneficiaries' perspectives.

As shown in Figure 5, adapted from the work of McCallum et al.¹⁰ and Kirkpatrick,¹¹ "levels" of impact evaluation are defined. Along with scholars and their peer evaluators, the service beneficiary belongs in this process, providing evidence of satisfaction, mutual learning and behavior change and attesting to the integration of results into practice or policy. The final level of impact evaluation is the scholar's "return on investment" of effort, measured as health impact by the beneficiary, the scholar's own reflective critique, and external data and evidence. Policy changes attributable to the service, as well as data evidencing health improvements or effectiveness of practice, are measures of return on investment.

Figure 5. Evaluation Levels, Indicators & Documentation for Practice-Based Service^{a,b}

Level	Indicators	Documentation
1: Reaction	Satisfaction with the service interaction	Letters, reports, feedback provided by the beneficiary
2: Learning	The extent to which all participants have gained knowledge through the interaction	Reflective critique by the scholar; reports from the beneficiary of program or policy changes resulting from the interaction.
3: Behavior change	The extent to which the transfer of knowledge to practice and/or policy has occurred	Observations by the scholar; reports from the beneficiary and other sources
4: Results	Ability of all participants to integrate the experience into routine practice and/or policy	Reflective critique by the scholar; reports from the beneficiary and other sources
5: Return- on-investment	The extent to which the desired direct or indirect impact on health of the community was achieved	Observations and reflective critique by the scholar; reports from the beneficiary and other sources

^a Kirkpatrick D. Techniques for evaluating training programs. J ASTD 1959; 13:3-9.

^b Mercer SL, Potter MA, Borwankar R, McWilliams J, Tedesco C. How does conduct of participatory research affect the career progression of academic researchers? Presentation at the 57th Annual meeting of the Society of Public Health Educators; 2006 Nov 2-4; Boston.

Profiles of Excellence in Practice-Based Scholarly Service

These evaluation criteria set a high bar for scholarship. Not all faculty members will possess the same degree of knowledge, interpersonal skills, and opportunities to apply their scholarship to practice – no more than faculty members are all equal masters of teaching or research. Still excellence in practice-based scholarly service – though uniquely challenging – nevertheless is easily recognized in the individual profiles that appear in Appendix B.

ACADEMIC POLICIES FOR PRACTICE-BASED SCHOLARLY SERVICE

The faculty member providing scholarly service to external beneficiaries fulfills a vital aspect of the academic mission. Moreover, engagement in practice-based problem-solving enhances faculty members' effectiveness both as teachers and researchers.¹¹ But, as stated earlier, this form of academic service typically lacks the explicit institutional support and the inherent performance metrics of other service forms.

Academic service appears as a strategic priority in the mission statement of every school of public health because it needs to articulate this aspect of its contribution to the society at large. In realms dominated by government, voluntary organizations, and business firms, scholars provide a unique perspective. Faculties represent a pool of intellectual talent and creativity to advance public health practice. Scholars' independent perspectives allow them to serve as honest-brokers among decision makers, advocates, and stakeholders with competing interests. As experts in touch with current research in their respective fields, scholars' judgments are likely to be grounded in evidence. As independent problem solvers, scholars can challenge the assumptions of the dominant population group, broadening its perspectives and replacing old paradigms.

Strategic priorities such as schools service commitments require resources and performance incentives. Research and teaching are strategic priorities with dedicated funding, personnel, and supportive policies, as are some forms of academic service. But scholarly practice-based service typically lacks such commitments. If and when beneficiaries pay for consultation, evaluation, or technical advice, a portion of resource needs may be met. Should faculty members find partnerships and opportunities to apply their skills and knowledge, some practical problems might be addressed. But mission-critical activities should not rest on uncertain foundations. *A school of public health that wants to invest its scholarship to address public health problems must commit resources and incentivize engagement.*

Institutional Resources

Practice-based scholarly service demands time and attention, both of which are costly to an academic institution, and which often lack dedicated revenue streams. This imbalance explains much of why academic service – particularly of the kind that serves beneficiaries outside of the institution and the scholarly disciplines – tends to suffer in priority. The core challenge is to find resources appropriate to support practical problem solving for health impact.

An open-ended goal to improve health for populations might suffice as a mission statement but fails to guide time-specific and measurable strategic objectives. Moreover, specificity of objectives sets a boundary on needed resources, which can be focused and concentrated. Therefore, to identify with specificity the health impacts that represent strategic priorities for the given school should be the starting point for finding resources. School-level service objectives should address high-priority health needs for the community, region, nation, or globe. Defining such specific health priorities requires ongoing consultation with health and human service providers, community organizations, policy makers, and health agencies. This is not to say that new challenges and opportunities might arise, to which individual faculty members might respond given interest and availability. Rather, the point is to call for deliberate institution-level commitments to impacting well defined population health problems.

With beneficiaries' involved and health priorities specified, the task of finding resources calls for both maintaining existing funds and developing new sources. Existing federal public health service agencies provide

direct support for continuing education and workforce development. Collectively through ASPH and other organizations, schools advocated for such programs as the Centers for Disease Control and Prevention's Centers for Public Health Preparedness, its leadership development institutes, and the Health Resources and Services Administration's Public Health Training Centers. These programs emerged from national policy priorities which designated schools of public health as contributors and allocated federal grants and cooperative agreements to assure funding. While the cost structure of such workforce development activities in many schools requires added institutional support, nevertheless the federal funding has supported a strategic priority and helped to fund the needed infrastructure of administrators, trainers, curriculum developers, and evaluators as well as distance learning technologies and support systems. This infrastructure built the foundation for attracting future revenues directly from organizations and professionals that benefit from workforce development services.¹³

Existing funds to support practice-based scholarly service include research programs that require community participation and teaching programs that use student services. Community-based participatory research overlaps with this kind of service by focusing the scholar on practical problems, engaging community beneficiaries in problem-definition and research process, and producing actionable results for health impact.¹⁴ Service-learning also engages the scholar with communities and practical problems as the intermediary and guide for the student's experience.⁴ Aligning a school's service objectives with its faculty members' participatory research topics and its students' service learning opportunities can help to assure an adequate resource base to address high-priority health needs.

Based on longstanding customs, state and local health agencies as well as community-based organizations frequently offer fee-for-service contracts to schools for training, program evaluation, and consultation. However, some schools of public health are developing innovative approaches to supporting service and outreach. Through a centralized unit to support fee-for-service contracting (*e.g.*, practice center or institute; or faculty practice plan), a school can market its expertise to selected clients and can capture overhead revenue to support administration and program development.¹⁵

Incentives for Engagement

Faculty service has greatest value when aligned with the school's mission and strategic priorities. Further, individual faculty members can and do derive motivation and insight from encounters with community-based and practice-oriented problems, and these in turn can enrich their teaching and can sharpen the focus of their research. Thus, schools benefit from supporting and incentivizing their faculties toward both strategic and opportunistic service endeavors.

The disparity in academic value credited to practice-based service compared to research and teaching has much to do with vagueness of definition and criteria. Attracting serious scholarship to practical public health priorities requires supportive academic policies. These should define what constitutes scholarly practice-based service, establish time and effort standards for it, and establish criteria, documentation¹⁶ and processes for evaluating it.

The skills required for excellence in practice-based scholarly service are different from those for research and teaching, and building such skills calls for mentoring. Junior faculty members would wisely be strategic in

building a service portfolio that is complementary to research priorities and teaching obligations. Often, a trust relationship - built over time and multiple interactions - has to be the foundation for problem intervention at the community level. New scholars need advice about how to adjust their disciplinary methods without loss of quality or rigor in light of practical constraints like performance deadlines, political priorities, or economic conditions. Just as schools and inter-school networks offer teaching workshops and research mentoring programs, so must they encourage successful practice-based scholars to mentor their colleagues in engagement with community public health problems.

In most schools of public health, faculty members pre-designate the relative priority for allocating their time among research, teaching, and service as the basis for subsequent performance evaluation. School-wide policies must encourage planning not only for time distribution but also for public health areas of focus across all areas of scholarship within a comprehensive framework. When junior faculty members are attracted to community-based problems in an unstructured academic environment, their attention to service activities might compete with and diminish productivity in research and teaching. When all three areas of academic activity address a public health problem or need in its practical context, the faculty member's concentrated attention and deepening understanding are likely to yield high-quality scholarship overall.

Compensation by or on Behalf of the Beneficiary

The Council on Education for Public Health considers that compensation of faculty members is irrelevant to the definition of its service criterion for accreditation.⁶ But compensation for practice-based scholarly service does indeed raise an issue in the context of faculty members' performance appraisals. If a service beneficiary makes payment directly to the individual faculty member, the service might arguably lie beyond the individual's scope of performance subject to institutional review. However, typical university policies permit – and in fact incentivize – faculty members to provide such service by permitting them to serve as consultants up to a certain percentage of their time and/or by establishing guidelines for accepting consultation fees. Under such policies, receiving compensation should not affect the inclusion of a service activity from performance appraisals.

CONCLUSIONS AND RECOMMENDATIONS

Defining academic public health practice is one step toward furthering the dialogue on two vital issues confronting academic public health: its relationship to the workforce engaging in the practice of public health and its mission to deliver scholarly research, teaching and service in collaboration with the practice sector. It is imperative that this dialogue crosses disciplines, involves school and university representatives, and includes multiple partners from the practice community.

The challenge to schools of public health is to create an environment that supports scholarship in all its mission-critical objectives. This environment needs to be supported by an incentive system that advances scholarship, addresses the needs of public health practice, and maintains rigorous standards of scholarship that are both applicable and discerning across traditional disciplinary boundaries.

Previous sections of this monograph, particularly Figures 1, 3, 4 and 5, provide a definition, guidelines and criteria for recognizing and evaluating practice-based scholarly service. Schools of public health should consider these for inclusion explicitly in academic policies for faculty career advancement.

Additionally, Figure 6 recommends approaches for enhancing institutional support of practice-based scholarly service at the level of schools of public health. Each school's university environment will uniquely constrain or facilitate these various approaches. Nevertheless, the list serves as a guide and a starting point for further dialogue and development by public health faculties.

Figure 6. Recommendations for Institutional Support of Practice-Based Scholarly Service

Strategic planning	<ul style="list-style-type: none">• School has a mission that includes practice-based scholarly service• School engages policy makers, public officials, agencies, organizations, professionals, and communities for the purpose of identifying public health needs, priorities and funding sources.• School sets strategic priorities for impacting health through service
Resource allocation	<ul style="list-style-type: none">• School establishes budget, assigns personnel, and designates facilities for addressing health priorities• School establishes governance and staffing for translating knowledge into policy and practice
Policy making	<ul style="list-style-type: none">• School defines practice-based service as clearly distinct from other kinds of academic service.• School incentivizes practice-based scholarly service with evaluation criteria• School recognizes outstanding service with special awards• School defines excellence in the scholarship of practice-based service with criteria and standards within the promotion and tenure processes
Faculty development	<ul style="list-style-type: none">• Faculty members have protected or designated time to conduct practice-based service at levels consistent with expertise and seniority• School encourages the integration of practice-based service with other areas of scholarship

Questions that will drive future academic policy innovations include:

- What discoveries or new knowledge come from practice-based service activities, and how can that knowledge best be used to complement hypothesis-driven research?
- 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?
- Since it takes years of persistent effort to impact populations' health, how should schools institutionalize and finance their long-term commitments to practice-based service?
- Since practice-based service requires seasoned judgment and specialized skills, how should the time of senior and junior faculty members best be allocated to maintain excellence in this work?

The pursuit of excellence in practice-based scholarly service will facilitate the translation of public health knowledge into practice and will bring positive change to the health of populations. Old strictures, such as the timeline over which to consider achievements toward promotion and tenure, might be reconsidered. This publication provides guidance for renewed attention to academic policies for the recognition and reward of practice-based service at schools of public health.

END NOTE



This excellent monograph documents the criteria for the scholarship of practice-based service for public health, discusses the importance of institutional commitment to this service, and describes ways for institutions to affirm scholarly-based practice. The scholarship of practice-based service has greatly evolved in the last decades and will continue to evolve. Doing so will strengthen its validity and presence, thus providing stronger arguments for a balanced commitment from academic institutions to faculty members' efforts in teaching, research and service.

Many schools of public health have revised their faculty promotion and tenure guidelines in recent years to recognize practice-based scholarship. Additionally, the Council on Education for Public Health (CEPH), the accrediting body for public health education, in recent years has added and revised accreditation criteria to emphasize practice activities in community-based research, experiential learning, and faculty credentials, revising its definition and criteria for serviceⁱ.

In conjunction with other existing resources, this monograph provides the rubrics and standards needed to explicitly and rigorously measure the impact of scholarly practice-based service. The authors provide suggested evaluation levels, indicators, and means for documenting the impact of practice-based service. I highly encourage public health faculty to make use of these measures.

We know that only 20-25% of the public health workforce is formally educated (i.e., having graduated from an accredited school of public health or program). Therefore, scholarly practice-based service can make a valuable contribution to health departments and other public health practice organizations by providing faculty members' academic expertise. By being scholarly, practice-based service becomes mutually beneficial, adding to the faculty member's portfolio in a way valued by the university and enhancing the institution's community links.

Universities have many ways to affirm scholarly practice-based service. As the authors state, institutional support can be shown through inclusion of scholarly practice-based service through the institution's strategic planning, resource allocation, policy-making, and faculty development. We need to ensure that our Schools of Public Health are models for universities in illustrating how scholarly practice-based service should work and its impact in enhancing academic life.

A handwritten signature in black ink that reads "José F. Cordero".

Dean José F. Cordero
Chair, ASPH Practice Committee

ⁱ Council on Education for Public Health, Accreditation Criteria, Schools of Public Health. Washington, DC.: CEPH (amended June 2005).

REF E R E N C E S

1. Institute of Medicine, The Future of Public Health. Washington: National Academy Press; 1988.
2. Institute of Medicine, Board on Health Promotion and Disease Prevention. Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century. Washington: National Academies Press; 2003.
3. Association of Schools of Public Health, Council of Public Health Practice Coordinators. Demonstrating Excellence in Academic Public Health Practice. Washington: ASPH; 1999. Also available from: URL: <http://www.asph.org/document.cfm?page=600#practice>.
4. Association of Schools of Public Health, Council of Public Health Practice Coordinators. Demonstrating Excellence in Practice-Based Teaching for Public Health. Washington: ASPH; 2004. Also available from: URL: <http://www.asph.org/document.cfm?page=600#practice>.
5. Association of Schools of Public Health, Council of Public Health Practice Coordinators. Demonstrating Excellence in Practice-Based Research for Public Health. Washington: ASPH; 2006. Also available from: URL: <http://www.asph.org/document.cfm?page=600#practice>.
6. Council on Education for Public Health, Accreditation Criteria, Schools of Public Health. Washington: CEPH; amended June 2005.
7. Boyer EL. Scholarship reconsidered: priorities of the professorate. Princeton (NJ): Carnegie Foundation for the Advancement of Teaching; 1990.
8. Boyer E. The Scholarship of Engagement. *J Public Outreach* 1996;1:11-20.
9. Glassick CE, Huber MT, Maeroff GI. Scholarship assessed: evaluation of the professoriate. San Francisco: Jossey-Bass Publishers; 1997.
10. McCallum M, Curran-Smith J, Wojnar D, Williamson S. Evaluating the impact of organizational learning initiatives. *J Nurses Staff Dev* 2002; 18:177-83.
11. Kirkpatrick D. Techniques for Evaluating Training Programs. *J ASTD* 1959;13:3-9.
12. Mercer SL, Potter MA, Borwankar R, McWilliams J, Tedesco C. How does conduct of participatory research affect the career progression of academic researchers? Presentation at the 57th Annual Meeting of the Society of Public Health Educators; 2006 Nov 2-4; Boston.
13. Potter MA, Fertman CI, Eggleston MM, Holtzhauer F, Pearsol J. The Public Health Training Center Experience: Professional Continuing Education at Schools of Public Health. *J Public Health Manag Pract* 2008; 14:E 10-6.
14. Green LW, Mercer SL. Can public health researchers and agencies reconcile the push from funding bodies and the pull from communities? *Am J Public Health* 2001; 91:1926-9.
15. Butler J, Quill B, Potter MA. Perspectives on the future of academic public health practice. *Public Health Rep* 2008;123:102-5
16. Peer Review Workgroup. Jordan C, editor. Community-engaged scholarship review, promotion & tenure package. Milwaukee: Community Campus Partnerships for Health; 2007.

APPENDIX - A

Examples of Practice-Based Service in Schools of Public Health

	1 – Legislative Testimony	2 – Issue Advocacy	3 – Technical Advising	4 – Continuing Education & Training
Activity Title:	Agent Orange health assessment and cleanup policies	National Health Policy Advisory Board	Children's Heath Assessment and Planning Survey	Summer Public Health Institute (PHI) Course: Community Health Data
Service Beneficiary(ies):	Legislators and legislative staff; Persons exposed to Agent Orange	National health-related organization and its membership (35 million)	Children, their families and health and human service providers addressing child health concerns	Employees of State Department of Health
Faculty Engagement (role/responsibility with respect to beneficiary):	Assess risk; Develop potential public health interventions; Communicate findings	Serve on national policy advisory board, providing policy analysis and recommendations for policy positions for organization	Provide technical assistance and consultation in planning and conducting comprehensive 7-county assessment of factors influencing child health	Design course, instruct and facilitate training/education
SPH Institutional Commitment (supportive policy; Incentives and/or recognition for faculty involvement):	Recognized work as contributing to both research and outreach/service components of faculty activities	Recognition of faculty participation as component of "service/outreach" criteria in annual evaluations	Recognized work as contributing to both research and outreach/service components of faculty activities	SPH's Commitment to improving the health of communities through Education and Outreach
Activity Evaluation Process (Participants & Documentation):	Use results to obtain research support; Conduct seminars, and lectures	Adoption of policy positions by sponsor	Validity and reliability of assessment instruments – quality of data available to planning committee. Students/health care professionals, community leaders	Follow-up at 6 and 12 months conducted with select group of students to identify if and how they applied learning
Indicators of Policy or Practice Impact:	Press coverage; Funding allocated	Intra-organizational distribution of policy analysis and position papers; Adoption by board	Presentations at APHA; peer-reviewed pubs; subsequent funding (successful locally written grants); Changes in clinical and public health practice activities resulting from assessment findings; development of local child health agenda & strengthened collaboration among service provider organizations	Change in program focus based on improved data collection and analysis abilities
How Financed/by Whom (e.g., school; beneficiary; 3rd party):	Cost of faculty time	Travel expenses covered by sponsoring organization	Contract from sponsor	Cost partially offset by participant fees.
Activity Facilitator(s):	Press, Scientists, NGOs, Congress	Full Professor	Faculty/Staff/doctoral students	Collaboration with colleagues at state department of health; PHI represents flexible approach to professional development for practicing professionals; as well as increases options for enrolled students.

5 – Civic Participation (Specialist)	6 – Board Service (Specialist)	7 – Problem Intervention	8 – Program Evaluation	9 – Community Activity (Specialist)
Feasibility study for creation of a local YMCA	Regional Health Promotion Partnership	County Health Resource Center	Legislatively mandated evaluation of privatizing clinical public health services	High School Public Health Club
Residents of local community	Other members of partnership and local community residents	Residents of rural county; service providers	State Legislature & Department of Health	High school students
Volunteer member of organizing committee	Volunteer member of partnership representing SPH; facilitation, strategic planning & data collection	Intervention designer; facilitator of community-driven process; evaluator of outcomes	Design study; contract with state health department for payment; collect & analyze data; prepare report	Provide guidance to graduate students in developing a “public health club” in a local high school;
Recognition of faculty involvement as “service/outreach” activity in annual evaluation	Recognition of faculty involvement as “service/outreach” activity in annual evaluation	Recognized work as contributing to both research and outreach/service components of faculty activities; financial support of graduate research assistant	Commitment of SPH to the translation of multi-disciplinary expertise (statistics; evaluation; economics; law) to state policy making	Partially fulfills SPH mission of encouraging interest in public health careers among high school students
Graduate student documented process as part of practicum requirements	Annual faculty report documents role and participation	Documentation of mentoring by student administrators/facilitators and community leaders. Meeting assessment forms; observation.	Examination of activities results for potential for publication in peer-reviewed literature	Student participants demonstrate understanding of public health through development of a public health intervention at their school or in their community
Completion of local feasibility study; decision by organizing committee and national YMCA whether to pursue establishing a Y at present time	Surveys on impact of organizations; inter-organizational network changes; strengthened leadership; allocation of funds to ongoing project from county budgets.	Students/Faculty/Staff and community members. Presentations at APHA; peer-reviewed pubs; subsequent funding (successful locally written grants); Initiative underwritten as line-item in county’s annual budget; new community leadership identified	State health department approves report; state legislature decides whether to act on recommendations; evaluation report shared as 1) poster presentation at academic conference; 2) panel presentation at policy conference; 3) article in peer-reviewed journal; further development of privatization policy within state government	Will be determined several years from now, as high school students make career and college choices
Cost of faculty time	County government, SPH	In-kind support of faculty through Prevention Research Center; county funds; in-kind from service providers	Contract with Health Department paid in part; in-kind support and additional faculty time contributed by the SPH	High School Faculty donation of time
Faculty/Graduate Student	Staff, faculty and graduate students	Faculty/Staff/masters and doctoral students	Existing relationship between SPH and state health department; existence of SPH’s Practice Center familiar to state legislative health committees; senior faculty with necessary expertise (i.e., no need to rely on tenure-stream junior faculty)	State public health association

APPENDIX - B

Profiles of Excellence in Practice-Based Scholarly Service

Public health challenges in the 21st century serve as reminders of the need for visionary and bold leadership. In fact, today it is even more important for public health leaders to exhibit inter-dependence as well as a willingness to innovate. Now more valuable than ever are the abilities of scholars to engage upon evidence of public health dilemmas requiring collaboration and to work in partnership with community residents. One only needs to reflect on lessons from the AIDS pandemic to realize how far the practice of public health still must reach in order to ensure “the conditions in which people can be healthy.”

Profiles of Excellence

Among models of leadership, a transformational style builds the bridge between community and academe. Transformational leaders get things done by focusing on solutions, guiding collaborators to develop new approaches, and always giving credence to their insights. This style is particularly well suited to excellence in the scholarship of practice-based service for public health.

Profiled below, are examples of public health leaders who stand out for their vision, boldness and commitment to transformational public health practice. Their accomplishments have advanced population health and enhanced the conditions in which people can be healthy. As exemplars of excellence, these profiles were drawn from the public health sciences literature and highlight role models across academic disciplines, gender, ethnicity, methods and approaches to affecting social and political change, and nature of contribution to the field.

Some of the characteristics exhibited by public health practice leaders from academic environments include:

- **Leadership** in bridging scientific knowledge with policy and practice in order to improve health:
 - . Promoted upstream approaches that rely first and foremost upon prevention in order to make a difference;
 - . Advanced equality across gender, class & race;
 - . Proposed and advocated in support of political & systems reform;
 - . Promoted innovation through scholarly documentation and dissemination of the methods, results, and replication potential of their efforts.
- **Vision**, which inspires a commitment to a healthy public, as well as to innovation, new knowledge and change in the physical, social and economic conditions that threaten or promote this ideal:
 - . Acknowledged the interconnectedness between individual dignity, human rights and public health – and thus advanced an ecological perspective;
 - . Defined public health broadly to ensure that the precursor conditions and/or social determinants of health and well-being are addressed;
 - . Embraced the role of socio-cultural context and ethnicity in public health practice toward the elimination of racism, gender inequality, and classism.

- **Boldness** and courage to challenge the status quo:
 - Exhibited a persistent willingness to advocate for new methods in response to crises of wide magnitude;
 - Challenged stigma, oppression, violence, and other barriers to health and well being.
- **Concern for and engagement in and with communities** in order to mobilize and empower even the most diverse communities to help identify and develop solutions to their public health problems:
 - Demonstrated respect for human dignity and the right to health for all;
 - Relied on grassroots strategies to ensure inclusion of the marginalized and poor in the priority-ranking of needs and potential solutions while ensuring capacity building;
 - Exhibited a capacity to listen and dialogue in a spirit of reciprocity;
 - Demonstrated perseverance and continued to move forward despite the many encountered barriers and challenges;
 - Worked across disciplines, professions, and societal domains in an inclusive, equitable and collaborative manner;
 - Acknowledged the value of community resources and assets in the context of developing interventions; and
 - Tempered their capacity to commit to an ideal with a capacity to accomplish the task at hand.
- **Demonstrable impact on community health**, as evidenced by their influence on those they have educated and mentored, as well as the indelible imprint they have made on public health practice, health policy and within the communities they have served:
 - Upheld the importance of integration and in doing so, have worked to link research and discovery with teaching and application as well as social action;
 - Rallied the efforts of local to national groups in order to develop effective partnerships for addressing public health priorities;
 - Sought to build a culture of inclusion, continuous participation, and sustainable change.

Margarita Alegria, serves as the Director of the Center for Multicultural Mental Health Research based at the Cambridge Health Alliance, and is also a professor of psychology in the Department of Psychiatry at Harvard Medical School. Dr. Alegria's work focuses on mental health services for Latinos and other ethnic populations. She is currently the Principal Investigator of the Advanced Center for Mental Health Disparities, and the Latino arm of the National Latino and Asian American Study, as well as the Co-Principal Investigator of the CHA-UPR Excellence in Partnerships for Community Outreach, Research on Health Disparities and Training Center. Her published works focus on mental health services research, conceptual and methodological issues with minority populations, risk behaviors, and disparities in service delivery. Among her most recent publications are an article in The International Journal of Eating Disorders on eating disorders among Latinos in the United States, and an article in Social Science and Medicine on differences in psychiatric disorders for Latinos in the United States.

Hector Balcazar, serves as the Regional Dean of Public Health at the University of Texas Health Science Center at Houston, School of Public Health, El Paso Regional Campus. He is also a professor of health promotion and behavioral sciences at the School. Prior to joining The University of Texas, he was a professor and Chair of the Department of Social and Behavioral Science, School of Public Health at University of North Texas Health Science Center at Fort Worth, Texas. He holds a Ph.D. and M.S. degree in International Nutrition from Cornell University, Ithaca, NY, and a B.S. degree in Nutrition and Food Science from Iberoamericana University, Mexico City. Dr. Balcazar serves as the Co-Director of the Hispanic Health Disparities Research Center, an NIH funded initiative in collaboration with the College of Health Sciences of the University of Texas at El Paso. Dr. Balcazar specializes in the study of public health problems of Latinos/Mexican Americans. Dr. Balcazar is a bilingual, bicultural family and public health scientist who has conducted numerous studies of Latino birth outcomes, acculturation and health related behaviors, cardiovascular disease prevention programs in Latinos, and border health issues. His most recent funded work includes: An NIH initiative to test the effects of promotoras de salud in changing clinical outcomes for chronic diseases in El Paso, Texas; a CDC/ASPH project on promotoras de salud and hypertension control; the North Texas Salud Para Su Corazon (Health For Your Heart) Community Health Initiative; a Hispanic diabetes clinical study; a Latino family caregiver educational program for individuals with Alzheimer's disease; the development of a strategic plan for a national Latino public health leadership collaborative, and a two-year study on the use of perinatal, infant, and childhood health services among high-risk Mexican American subgroups. As a Latino health specialist Dr. Balcazar provides consultation and leadership to local and national health organizations. Dr. Balcazar currently serves as a member of the Editorial Board of APHA (American Public Health Association) and as a member of the Board of Trustees of SOPHE (Society for Public Health Education).

Ronald Braithwaite, serves as professor of behavioral sciences and health education at the Rollins School of Public Health of Emory University. Currently he is principal investigator for a community-based public health practice partnership grant funded by the Health Resources and Services Administration, an HIV intervention grant project for juvenile detainees in the Georgia boot camps funded by the National Institute on Alcohol Abuse and Alcoholism, an HIV intervention project in adult correctional facilities funded by National Institute on Drug Abuse, and a HRSA/CDC-funded project to establish a Support and Program Evaluation Center to work with grantees for new services to HIV-positive individuals in correctional settings. Dr. Braithwaite was recently awarded a Soros Senior Justice Fellowship by the Center on Crime, Communities and Culture to conduct a national and international study on health care issues in correctional facilities.

Jason Corburn, is an assistant professor in the Department of City and Regional Planning and a member of the Global Metropolitan Studies initiative at the University of California, Berkeley. He co-directs the joint Master of City Planning and Master of Public Health degree program at the University of California, Berkeley. His research focuses on the links between environmental health and social justice in cities, notions of expertise in science-based policy making, and the role of local knowledge in addressing environmental and public health problems. Dr. Corburn's research and practice works to build partnerships between urban residents, professional scientists and decision-makers in order to collaboratively generate policy and planning solutions that improve the qualities of cities and the well-being of residents, particularly the poor and people of color. Dr. Corburn is currently working with the City of Richmond, California, the Contra Costa County Public Health Department, and a number of not-for-profit organizations to help implement a set of "healthy city planning" projects and develop a set of healthy city indicators, all aimed at reducing health inequities. He is also working in the South Bronx with a number of local organizations to stop the implementation of a jail in the community and to generate development alternatives that promote human health, job creation and environmental quality. Additionally, he is part of a participatory planning team working to improve the lives of residents in the Mathare slum of Nairobi, Kenya. Dr. Corburn is a 2007 recipient of an Investigator Award in Health Policy Research from the Robert Wood Johnson Foundation. His book, Street Science: Community Knowledge and Environmental Health Justice (2005), won the 2007 Paul Davidoff best book award from the Association of Collegiate Schools of Planning. Dr. Corburn is a member of the San Francisco Bay Area Health Impact Assessment Collaborative. He has received research support for his work from the National Institutes of Health, the Robert Wood Johnson Foundation, The California Endowment, and the US Environmental Protection Agency. He is a member of the National Academy of Sciences' Workgroup on Citizen Engagement in Health Emergency Planning and a recipient of the National Environmental Leadership Program Award. Professor Corburn has held academic appointments at Columbia University and Hunter College, was a fellow at Harvard Law School, and worked as a senior planner with the New York City Department of Environmental Protection.

Bonnie Duran, is an associate professor of public health at the University of New Mexico whose teaching focus is on public health social/behavioral theory and application of theory to practice. She has worked in conjunction with many public health professionals and other collaborators to establish forty training sites through the state of New Mexico at community based organizations, multiple offices of the State Department of Health, the Indian Health Service, public health voluntary organizations, and with urban and reservation based tribal health programs. In addition, while working with Nina Wallerstein and partners on the Navajo Nation, she was instrumental in the development of the new MPH distance program in Shiprock and Gallup New Mexico developed in 2003. Dr. Duran's service activities have focused on public health and research infrastructure development, community/university partnerships, and evaluation and training for tribes and the Indian Health Service. Her primary research content areas are mental health and illness including substance abuse, AIDS, intentional injuries and health services utilization. Her work applies poststructural and postcolonial theories to real world health problems among Native Americans and other colonized peoples; the outcome of that work is a book and a series of book chapters (the traditional venue for theoretical work) that have been influential in community based mental health and public health practice in "Indian Country". She has been the recipient of two NIMH grants, the Minority Research Infrastructure Support Program and the Mentorship Education Program. Along with departmental colleagues, Dr. Duran has been involved in planning primary care mental health pre-interventions research focusing on Latina women.

Eugenia Eng, serves as professor in the Department of Health Behavior and Health Education as well as director of the Community Health Scholars post-doctoral program within the Gillings School of Global Public Health at the University of North Carolina at Chapel Hill. She teaches community organization, cross-cultural aspects of health education practices, community diagnosis, and health issues relevant to women, ethnic minorities and developing nations. Dr. Eng's work has focused on the integration of community development and health education interventions in the rural United States and developing countries. Her research interests have related to issues around rural health, minority health, sexually transmitted diseases, women's health, reproductive health, global health, cancer, cardiovascular disease, diabetes, health behavior and public health practice. As a part of her work in these areas, Dr. Eng has successfully established academic partnerships with communities that have historically been denied resources with which to discover new knowledge about their strengths and assets; her goal has been to use these partnerships to further the development of interventions that promote individual wellness, community competence, and social change. The research projects in which Dr. Eng is currently involved apply community-based research principles to the design and evaluation of lay health advisor interventions and examine the influence of sociocultural factors on STD's and early detection of breast cancer. These interventions have addressed specific public health problems by increasing breast cancer screening, reducing the prevalence of sexually transmitted diseases, and curtailing pesticide exposure for vulnerable farmworkers.

Nicholas Freudenberg, holds the title of Distinguished Professor of Urban Public Health at Hunter College and of Social Psychology at the Graduate Center of the City University of New York. For more than 25 years, he has developed implemented and evaluated interventions to promote health and prevent disease in low income communities in New York City. His current research focuses on the health and social consequences of incarceration and jails; the pathways by which city living affects health; and the role of public health advocates in changing corporate practices that damage health. He is currently the President-elect of the Public Health Association of New York City, where he chairs the Agenda for a Healthy New York project, an effort to mobilize health professionals, advocates and researchers on a policy agenda to improve living conditions and health in New York City.

Barbara Israel, serves as Professor in the Department of Health Behavior and Health Education at the University of Michigan, School of Public Health. Dr. Israel has published widely in the areas of community-based participatory research (CBPR), community empowerment, evaluation, stress and health, and social networks. Many of her research investigations have examined the relationship among psychosocial and environmental stressors, social support, perceived control and physical and mental health status. Dr. Israel has extensive experience conducting CBPR in collaboration with partners in diverse ethnic communities aimed at understanding and addressing health disparities. She is Principal Investigator of the Detroit Community-Academic Urban Research Center, originally funded through the Centers for Disease Control and Prevention, in which she is involved in a number of CBPR efforts in Detroit, aimed at, for example, examining and addressing the social determinants of health, diabetes management and prevention, and increasing access to nutritious, affordable foods and safe places to exercise. She has also been the Principal Investigator of the Michigan Center for the Environment and Children's Health, with the overall goal to conduct collaborative community-based basic and intervention research that increases knowledge of the determinants of and strategies for reducing environmental factors associated with childhood asthma.

Marjorie Mau, serves as Professor and Chair of the Department of Native Hawaiian Health at the John A. Burns School of Medicine of the University of Hawaii. Dr. Mau has spent more than fifteen years of her professional career collaborating with several Native Hawaiian groups, organizations and communities to promote their own health and wellness. In this role, Dr. Mau has served as clinician, educator and researcher as well as mentor and advisor. As the inaugural chair of the Department of Native Hawaiian Health, Dr. Mau has provided leadership for developing the “first of its kind” department in an accredited US medical school that is dedicated to indigenous health. Central to Dr. Mau’s work is her ability to build and foster strong relationships through community engagement between academia and other diverse communities. A major focus of Dr. Mau’s career continues to be reducing and eliminating health disparities in Native Hawaiians and other Pacific Island Peoples with a special emphasis on cardiometabolic diseases, such as diabetes, heart disease and obesity. Dr. Mau is a strong advocate for conducting health research relevant to Native peoples and other populations facing health disparities, as well as training the next generation of diverse investigators to be health disparities researchers. She is currently Co-Director of the Center for Native and Pacific Health Disparities Research located in the Department of Native Hawaiian Health, which aims to confront and eliminate health disparities in Native Hawaiians, Alaska Natives and other Pacific Island Peoples. Dr. Mau has received numerous NIH-funded grants and has been continuously funded for the past fifteen years. Dr. Mau is currently a member of the NIH Director’s Council of Public Representatives and the Council of Councils. Dr. Mau is an active member of the Ahahui O Na Kauka (the Association of Native Hawaiian Physicians), the American Diabetes Association, the Endocrine Society, the Association of Public Health, and is a Fellow of the American College of Physicians – American Society of Internal Medicine.

Meredith Minkler, serves as Professor of Health and Social Behavior and Director of the DrPH Program at the School of Public Health, UC Berkeley. She has over 30 years experience in developing and implementing community partnerships, community organizing, community-based participatory research (CBPR) with the low-income elderly, people with disabilities, youth, and women of color. Dr. Minkler’s current research includes a national study documenting the impacts of CBPR on health-promoting public policy. She has published over 100 articles and seven books, including the co-edited volume, Community-Based Participatory Research for Health (with Nina Wallerstein; Jossey-Bass) and Community Organizing and Community Building for Health (2nd edition, 2004, Rutgers).

Patricia O’Campo, serves as professor in the Dalla Lana School of Public Health and is a full member of the School of Graduate Studies at the University of Toronto. As a social epidemiologist, Dr. O’Campo has conducted a number of longitudinal and cross-sectional studies in the areas of the social determinants of adult mental health, intimate partner violence, and children’s well-being (such as youth violence or school readiness and perinatal health) as well as clinic and community based evaluations of programs concerning smoking cessation, prevention of perinatal transmission of HIV, and prevention of infant mortality. She has also focused on methods development as part of her research, including application of multilevel modeling to understanding residential and workplace contexts on women’s and children’s health, the application of concept mapping to increase understanding of how residential neighborhoods influence well-being, and on the development of monitoring methods for rare health events in small geographic areas. Dr. O’Campo also serves as Director of the Centre for Research on Inner City Health at St. Michael’s Hospital as well as being a research scientist in the Hospital’s Keenan Research Centre of the Li Ka Shing Knowledge Institute. She additionally serves in the roles of Secretary for the International Society for Urban Health, Member for the Panel to review the US National Children’s Study Research Plan, Member for the Board on Children, Youth and Families at US National Academies, Member for the Committee on Depression, Parenting Practices and the Health Development of

Young Children at US National Academies, and Chair for the Institutes for Health Research, Public, Community and Population Health.

Scott Rodes, serves as an Assistant Professor in the Department of Public Health Science at Wake Forest University School of Medicine. His research interests include sexual health, HIV and sexually transmitted disease prevention, and health disparities among vulnerable communities. In his work with the Community Health Scholars Program, Dr. Rhodes worked on several projects including MAN (Men as Navigators) for Health, HoMBRes, and CyBER M4M. The objectives of the MAN for Health study was to address the priorities of three coalition partners to improve chronic disease and sexual health outcomes among African American and Latino men through multilevel interventions and alleviate gender and racial health disparities. The goal of Dr. Rodes work with HoMBRes was to reduce the risk of sexually transmitted disease infection among Latino seasonal farmworkers through the development, implementation, and evaluation of HoMBREeS: Hombres Manteniendo Bienestar y Relaciones Saludables (Men maintaining wellness and healthy relationships). By partnering with staff members, Dr. Rhodes collected evaluation data for a project done by a local AIDS Service Organization and then submitted a proposal to the UNC Center for AIDS Research entitled: "Developing and pilot-testing CyBer M4M: A chat-room-based lay health advisor intervention for men who have sex with men." The primary aim of this project was to develop and pilot-test an Internet-based lay health advisor HIV prevention intervention for men who have sex with men in partnership with the Triad Health Project in Greensboro, North Carolina.

Amy Schulz, serves as an Associate Professor in the Department of Health Behavior and Health Education at the University of Michigan School of Public Health, Associate Director of the Center for Research on Ethnicity, Culture and Health (CRECH), and Co-Director for the NIH funded "Promoting Ethnic Diversity in Public Health". At the University of Michigan, Dr. Schulz facilitates seminars on ethnicity, culture and health, and has taught courses on qualitative research methods and participatory action research. Her research focuses on the social factors that contribute to health, with a particular focus on health disparities and urban communities. Current research efforts focus on understanding social determinants of health in urban communities, the contributions of social and environmental factors to racial and socioeconomic disparities in cardiovascular disease, social aspects of community and their relationship to health, and interventions designed to increase access to healthy foods in urban areas. She is Principal Investigator for the Healthy Environments Partnership, a community-based participatory research partnership focused on social and physical environments and cardiovascular disease in Detroit, and is Co-Principal Investigator for Promoting Healthy Eating in Detroit, a community-based participatory research project to improve access to healthy foods and promote healthy eating in Detroit. Her co-edited book with Leith Mullings, Ph.D., is entitled Gender, Race, Class and Health: Intersectional Perspectives. In addition, Dr. Schulz has been involved in projects concerned with the effects of colonization on the health of Native Americans, community-based approaches to research and community change, the evaluation of community partnerships for health promotion, and the role of grassroots environmental groups in addressing issues of environmental degradation and economic development. Dr. Schulz's research appears in Social Problems, The Journal of Health and Social Behavior, Social Science and Medicine, American Journal of Public Health, Health Education and Behavior, The Annual Review of Public Health, and Health Education Research.

Nina Wallerstein, serves as Professor in the Department of Family and Community Medicine, and was the founding Director of the Master's in Public Health Program at the University of New Mexico until 2007. She currently is the Director of the Center for Participatory Research, Institute for Public Health, Department of Family and Community Medicine; the Director of the developing Community Engagement and Research component of the Clinical Translational Science Center; and a senior fellow for the UNM Robert Wood Johnson Health Policy Center. She received her DrPH and MPH in Community Health Education at the School of Public Health, University of California, Berkeley. For over 25 years, she has been involved in empowerment/popular education, and participatory research with youth, women, tribes, and community building efforts. She is the co-editor of Community Based Participatory Research for Health, 2nd edition, 2008 (with Meredith Minkler); co-author of Problem-Posing at Work: Popular Educator's Guide; and author of several health and adult education books and over 100 articles and book chapters on participatory intervention research, adolescent health promotion, alcohol and addictions prevention research, empowerment theory, and popular health education. Her current research interests focus on community capacity and health development in tribal communities, culturally appropriate translational intervention research, participatory evaluation, and community based participatory research processes and outcomes.

Steven Wing, serves as an associate professor of epidemiology at the University of North Carolina at Chapel Hill and conducts research on occupational and environmental health. Since 1988 he has collaborated on epidemiological studies of radiation exposures to workers at U.S. nuclear weapons plants. His 1997 and 2003 articles published in Environmental Health Perspectives describe impacts of radiation from the 1979 nuclear accident at Three Mile Island on cancer rates near the plant. Dr. Wing is a member of the American Public Health Association and is a founding member of the North Carolina Environmental Justice Network. His work has focused on health impacts of ionizing radiation, industrial animal production, and environmental injustice. Dr. Wing is currently involved in a number of projects, including investigations of the health effects of exposures to ionizing radiation in the nuclear industry, environmental justice in North Carolina, the health impacts of industrial animal agriculture, the health of women slaughterhouse workers, and environmental health research ethics.



For additional copies of this report, contact:

Association of Schools of Public Health
(202) 296-1099
www.asph.org