

# Public health education to change the global health conversation

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**Educación en salud pública para transformar la conversación sobre la salud global.**  
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## Abstract

Population health is driven by the forces in the world around us. Those forces, in turn, are determined by a national and global conversation about priorities and values. This highlights the challenges public health faces to achieve its broader aspirations. The long-drawn national and global debates about what to prioritize and how collective resources should be invested are influenced, both positively and negatively, by a wide variety of factors. Political considerations about where resources should be deployed and who benefits from them and who does not, are a central part of any national or global conversation. Similarly, commercial stakeholders have a particular and legitimate interest in a broader conversational environment, given the impact this topic can have on their commercial viability. Additionally, broader public conversations depend on the millions of small-scale conversations at the proverbial kitchen table that, together, lead to change and form the national and global consensus. This essay establishes the need to catalize, on small and large scales, the underpinnings of public health on an ongoing basis.

Keywords: public health; public health education; global health

## Resumen

La salud de las poblaciones se basa en las fuerzas del mundo que nos rodean. Esas fuerzas, a su vez, están determinadas por un consenso nacional y mundial sobre prioridades y valores que nos recuerda adecuadamente cuán difícil es para la salud pública lograr sus aspiraciones más amplias. Los extensos debates nacionales y mundiales sobre qué priorizar y cómo se deben invertir los recursos colectivos están influenciados, positiva y negativamente, por una gran variedad de factores internos y externos. Las consideraciones políticas sobre dónde deben desplegarse los recursos y quién se beneficia y quién no de ellos son una parte central de cualquier conversación nacional o global. De manera similar, los actores comerciales tienen un interés particular y legítimo en un entorno de conversación más amplio, dado el impacto que esta conversación puede tener en su viabilidad comercial. Adicionalmente, las conversaciones públicas más amplias dependen de las millones de conversaciones a pequeña escala en la mesa de la cocina proverbial que, juntas, se suman para cambiar y evolucionar el consenso nacional y global. En este ensayo se establece la necesidad de permear, a pequeña y gran escala, los fundamentos que sustentan la salud pública en forma permanente.

Palabras clave: salud pública; educación en salud pública; salud global

Public health education prepares the next generation of public health thinkers, leaders, and doers. It is therefore a critical part of national and global efforts to prepare the human infrastructure that can generate health in decades to come. As public health has gained

visibility, and more and more students are drawn to public health at a younger age, students trained in public health stand to have careers of 50 years or longer once they finish their graduate training. This points to the growing importance of formal public health in

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providing the formative foundation that will shape how coming generations will engage with the intellectual and practical work of public health. This means that undergraduate and graduate programs have an immense responsibility to ensure that the workforce they train is well-equipped, intellectually and practically, for the work they shall be doing over the coming decades. So equipping the workforce means both ensuring that students master the foundational technical skills needed for their future public health career, and also that they are provided the intellectual foundations on which to build as the world –and the world’s needs for public health– inevitably evolve over the ensuing decades.

A core function that our graduates will have to fill over their careers is engage in the shaping of the health conversation. The importance of the health conversation for the generation of the health of populations cannot be overstated. Health is ultimately a product of the world around us –of the places we live, work and play, of the conditions of our employment and of our housing. That means that to promote healthier, longer lives, we have to align the world’s commitment to creating livable wages and stable housing, among many other factors, that shape our day-to-day living. How does that alignment happen? It emerges from a national and global conversation that recognizes the importance of creating stable housing and livable wages to the end of creating a healthier world. That requires a health conversation, a national and global consensus that action on the forces that generate health is inextricable from the work of public health and that it is desirable –and non-ignorable– that we will want to create health-producing forces in the world around us. How then do we best prepare our graduates to be part of creating a national and global health conversation? What are the practical and intellectual tools with which we should be equipping our graduates as they prepare to emerge to a world where the public health conversation is more important and more formative than it has ever been? Below, I suggest three key elements that need to be part of public health education in order to create graduates that are ready to take their role in changing the health conversation.

### **The technical tools to create a national and global health conversation**

Recognizing that the health of populations is predicated on the forces in the world around us, and that those forces are in turn shaped by a national and global consensus about priorities and values, suitably reminds us of how challenging the task is for public health to

achieve its broader aspirations. Broad national and global discussions about what to prioritize and how we should invest our collective resources are influenced by a large array of factors. Political considerations about where resources should be deployed, and who benefits –and who does not– from such resources are a core part of any such national or global conversation. Similarly, commercial actors have particular and legitimate interest in broader conversation setting, given the impact that such conversation can have on their commercial viability. And, broader public conversations depend on the millions of small scale conversations at the proverbial kitchen table that together add up to shifting and evolving national and global consensus.

The complexity of these global understandings illustrates how challenging it is to shape them. Perhaps, given their pervasive influence, that is how it should be. It does, however, pose an important challenge for public health in its goal to create a health conversation that can create healthier populations. This points to the need for our graduates to be equipped with the technical skills that can help them participate in the public conversations, at all levels, that should be the remit of public health today and in coming decades. Those technical skills involve, at a simple level, a forward-looking conception of health communication that transcends historical understanding of the field as one that promotes health literacy, to one that sees its role of shaping a public conversation for health. This may require partnering, for example, with Schools of Communication that have much to teach us about how to engage the media in our efforts, and how best to productively engage with media outlets which can reach mass audiences, *a si ne qua non* for shaping the global health conversation. It would also behoove us to create educational opportunities for our students to engage in early efforts at shaping conversations through opportunities during their educational program. This can involve, for example, public facing digital efforts that aspire to translate the ideas and findings of public health scholarship to a larger audience, and where students can engage early and productively in learning how best to be effective in the digital marketplace of ideas. And finally, students can engage robustly with communication and conversation-changing opportunities during practice and other structured work and internship opportunities during their training. This can create opportunities for students to experience the work of changing public conversations first-hand during their education, elevating the task’s importance during their educational program, pointing to their life-long engagement with such efforts once they graduate from our programs.

## The intellectual tools to create a national and global health conversation

The scale of the task of changing the health conversation points to the need for a workforce that is both up to the challenge and is also prepared to grapple with the evolving contours of the public health conversation over the decades of their career. This suggests that we need to ensure that graduates are equipped with the intellectual tools to engage in creating a national and global health conversation in future decades. How do we create such a graduate body?

First, we need to ensure that we admit to and embrace in public health students with a breadth of experience. As public health professionalizes one of the dangers we face is that we will have more and more students who engage in formal, and narrow, public health training from an early educational stage. While this has potential for a rigorously trained workforce, it also runs the risk of overly narrowing the background of those engaged in public health and limiting the diversity of perspectives that creates a rich intellectual milieu for education, for training the next generation of graduates. This suggests therefore a need to remain open to students from a variety of backgrounds and perspectives, to create a pathway for all to understand public health, to enrich intra-public health conversation, and to propel into the world a richness of ideas that can only come from a breadth of intellectual and practical experience.

Second, we need to create a public health education that teaches students how to think in the moment, and in future decades, to evolve as ideas and practices evolve, and to be able to engage in a dynamic public health conversation that transcends what they may have learned decades before they started their career in the halls of their colleges and universities. This asks for a different way of teaching than a more didactic conveying of information, whereby we have a rigid set of material that we expect to impart to our students, and that if that is done our work is done. While recognizing the need for students to learn core technical skills, there is also the need for students to wrestle with difficult material, to develop the intellectual flexibility to debate and discuss ideas and to be prepared to take their place in the aforementioned marketplace of ideas, arguing for the priorities of promoting health over and above many other potential societal aspirations. This will require us to prepare an engaged graduate body, comfortable with nuance and complexity, and willing to risk ideas towards the end of achieving difficult conversational transformations.

Third, it is not sufficient to create a public health workforce with the intellectual tools to suitably inform

the public conversation simply through admitting students who are so inclined or training these students to then think freely, as a preparation for a world that requires them to do so. It is equally important that students are socialized in the thinking of public health from their earliest public health exposures through the modeling afforded by faculty they encounter, and through exposure to ideas in the form of writings, conversations, and presentations that should be a part of their foundational educational experience. This calls on schools and programs of public health to create in these programs a culture of ideas, one that encourages students to think ambitiously about the aspirations of public health towards shaping the national conversation, and one that shows students how such thinking can be applied in practice.

## Teaching public health as an aspiration

Creating the opportunity for students to acquire both the practical and the intellectual skills to be a part of shaping a health conversation in their decades-long career is necessary, but perhaps not sufficient, to prepare them in the best possible way to be a part of creating a public conversation around health. Rounding out this effort to create such students requires that we lean into the fundamental role that public health should play in our students', and in our, lives. Public health is an aspiration much more than it is any one state that is described by competencies and technical achievement. Fundamentally we are in the business of creating the conditions so that people can live healthier and longer lives. That is far more a journey than it is a destination, and it is a journey that must be embodied by public health practitioners and thinkers, leading the way for whole societies to also embody the journey. It means understanding that health is a means and not an end in and of itself, a means towards every individual having the opportunity for self-actualization and flourishing. This is built on a scaffolding of good health that is in turn built on a foundational world that prioritizes the conditions that allow health to flourish. There is little about these last few statements that is easily programmable. Rather this represents itself an aspiration, a determination to create in our students an appreciation of their engagement with a world that, daily, can make decisions that create health –or, conversely, choose not to. Seen in this light we, as a world, would benefit from more students learning public health, even if they have little to do with the business of health upon graduation. How much healthier would the world be if urban planners, financial officers, engineers, elected officials, all understood the principles of public health and if these principles then

informed decisions they made, in each of their domains, towards generating health? This suggests that we stand to contribute to healthier world through teaching public health as an aspiration and doing so broadly, attracting students who may go on to work in public health, and as many other students as possible, recognizing that a healthy public conversation is generated not only within public health, but in the world around us, every day.

## Conclusion

There is little that is as important for the health of the public than a global conversation that prioritizes health and wellness, that recognizes that we need to act on

the foundational world around us to generate healthier places to work, live, and play. It is with this in mind that we then need to ensure that we can create a future public health workforce that contributes to creating such a conversation. This will require a deliberate engagement by schools and programs of public health in coming decades, one that teaches students the technical and intellectual skills needed to be part of such global conversations, and one that imbues all students with an appreciation of the aspirations of public health, aspirations that will only be met when more and more of the world's populations understands the principles of a healthier, and better, world.

*Declaration of conflict of interests.* The author declares not to have conflict of interests.