


Teaching Public Health Will Never Be the Same

 See also Morabia, p. 923, Tarantola et al., p. 925, and the *AJPH* COVID-19 section, pp. 939–977.

Students will likely be flocking to public health courses and programs in upcoming semesters. The coronavirus disease 2019 (COVID-19) pandemic has piqued the interest of many in society, among them college students. Students who have an interest in health, medicine, or science now may see public health as a viable career option, especially with numerous public health researchers being featured in stories and social media around the globe. Although this is an important moment for our field and discipline, universities training future public health professionals will need to recalibrate how they approach their teaching in the aftermath of the COVID-19 pandemic.

OUR PEDAGOGY MUST BE TRAUMA-INFORMED

The COVID-19 pandemic has shocked every facet of daily life, thus ensuring that public health concerns cannot be disregarded as peripheral to students. Many students will have been directly affected by the COVID-19 outbreak. Students may have experienced the illness themselves or find themselves grieving people who have died of complications of severe acute respiratory syndrome

coronavirus 2. Many of our students and their families may be affected economically because of the disruptions from the COVID-19 crisis. This will result in a change to our students' lives that we cannot ignore as teachers. As public health experts tasked with preparing a new generation of professionals in our field, we will need to ensure that our pedagogical approaches do not exacerbate the trauma from which students will be healing as they explore their vocation into our profession. Trauma-informed pedagogy ensures that students feel emotionally and physically safe in our classrooms and reduces the risks of retraumatization.¹ Adjacent disciplines, such as social work and psychology,² have long developed and practiced trauma-informed pedagogy, but public health professors must develop discipline-specific tools to make this a priority for all public health classrooms.

The call for trauma-informed pedagogy in public health is not a new one, especially among students and teachers of color. Our students of color and students from marginalized communities have, of course, always faced these traumas in our public health classrooms.³ Perhaps the COVID-19 pandemic will make trauma-informed pedagogy a priority for all teachers. The

benefits of adopting this practice will improve outcomes for all students in the classroom.

WE MUST PRIORITIZE SOCIAL DETERMINANTS

More than ever, we should not be tempted to reduce public health to infectious diseases and outbreak investigations. This pandemic has taught us that public health affects almost every aspect of society and our lives. The disruptions to our economy, to everyday activity, and to our interactions emphasize the need for an understanding of exposure to disease that foregrounds the interconnectedness of our social fabric. The social and structural determinants of health are therefore essential to the understanding of public health and its consequences. Social and structural determinants are also necessary to explain the disparities being reported in testing, morbidity, and mortality in populations of color. Exposing

students to these concepts with diverse examples will be important both to validate their lived experiences in the COVID-19 pandemic and to help students understand the potential effect of future epidemics.

WE MUST NOT SHY AWAY FROM POLITICS

The COVID-19 outbreak has exposed the political nature of medicine, public health, and health care. Although many instructors have shied away from political discussions within classroom settings, this crisis has reiterated the political nature of public health. Public health teachers must engage with politics intentionally in the classroom.⁴ Without a discussion of how funding is distributed to public health entities like the Centers for Disease Control and Prevention and local departments of public health, one would find it difficult to understand the delayed response to the threat of COVID-19 in the United States. Without a discussion of how insurance and health care management is a partisan issue, one would find it difficult to understand either why the president had to mandate free COVID-19 testing for all or why the

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disparities in testing availability persist. Without a discussion of politics, one would find it difficult to explain the varying degrees of social distancing measures taking place in red and blue states across the United States in early March 2020. These are all important aspects to understanding health, well-being, and opportunity in the United States in the time of coronavirus. Helping students understand the political nature of public health will make them better equipped to engage in the conversations when they enter the workforce.

PUBLIC HEALTH IS ABOUT “US” AND NOT “THEM”

Students who are drawn to public health are often drawn to it because they see it as a way to help others, and often this discussion, especially in global health classes, is related to “the other,” which may be geographically or socially distant from our classrooms. The rhetoric being used nationally to describe this virus (as an “invisible enemy” or “foreign”) reiterates this distancing and “othering” that can take place in the public health classroom. The COVID-19 outbreak has taught us that society is connected and all are susceptible to a viral particle. Ironically, it may be this period of social distancing that helps our students understand how closely tied they are to people and communities experiencing disease. We must make public health personal and avoid generalizations and preoccupation with “the other” in our discussions of health and well-being globally. Only by providing unifying and empathetic material will we create public health

workers who are able to respond appropriately to the needs of the communities they serve.

Equally important, the “us” versus “them” rhetorical divide also applies to the relationship between public health and medicine. This pandemic has unequivocally reminded us that public health and medicine are deeply complementary professional pathways for our students. COVID-19 has underscored that clinicians and public health professionals must work together to effectively treat and contain global pandemics. Without understanding the social and structural underpinnings of disease, our ability to leverage medical and clinical evidence would be limited.⁵ The pandemic may also, then, allow us to create conversation between the two disciplines in our classroom,⁶ allowing students to understand the potential individual and dual contributions of medicine and public health to future public health crises.

This crisis is likely to affect our public health teaching more than previous public health crises because COVID-19 will affect everyone in society—from every age group and from every walk of life (although not equally). HIV/AIDS raged in the late 1980s and early 1990s but did not directly affect all segments of society (at first). Even though the opioid crisis has been devastating, it has not affected all social groups. This pandemic has affected and will continue to affect every segment of our population, but emergent evidence already suggests that these effects are stratified by a host of social contexts. The real labor of educating the next generation of public health professionals will be to ensure that these health disparities are not erased; we can do so through intentional trauma-informed pedagogy.

COVID-19 must change the way that we teach public health. We cannot go on with our lives and our teaching as if this never happened. We must be agile in our pedagogy and respond to the needs of both students and society. After all, that is what we do as public health professionals. **AJPH**

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CONFLICTS OF INTEREST

The author has no conflicts of interest to disclose.

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