Bridging Graduate Education in Public Health and the Liberal Arts

The University of Massachusetts Amherst is part of Five-Colleges Inc, a consortium that includes the university and four liberal arts colleges. Consortium faculty from the School of Public Health and Health Sciences at the university and from the colleges are working to bridge liberal arts with public health graduate education.

We outline four key themes guiding this effort and exemplary curricular tools for innovative community-based and multidisciplinary academic and research programs. The structure of the consortium has created a novel trajectory for student learning and engagement, with important ramifications for pedagogy and professional practice in public health.

We show how graduate public health education and liberal arts can, and must, work in tandem to transform public health practice in the 21st century. (Am J Public Health. 2015;105:S78–S82. doi: 10.2105/AJPH.2014.302467)

IN RECENT YEARS, THERE HAS been a surge of student interest in global health, public health, and health disparities. Universities are responding with an increase in the number of accredited schools of public health, and universities and colleges, including liberal arts colleges, are creating new undergraduate majors and minors in public health. Recognizing the importance of culture, social structure, and politics to health issues, major research entities such as the National Institutes of Health, graduate programs in public health, and new undergraduate programs are seeking integrative and multidisciplinary approaches to research and education that take into account the social and behavioral sciences and the humanities.

The School of Public Health and Health Sciences at the University of Massachusetts Amherst (UMass) has actively taken up the challenge to create vital links between the liberal arts and public health graduate education and practice. The School of Public Health and Health Sciences offers a Bachelor of Science degree in public health in addition to Master of Public Health, Master of Science, and doctorate degrees. UMass is also part of the Five Colleges Inc (Five Colleges), a consortium that includes four liberal arts colleges: Amherst, Hampshire, Mount Holyoke, and Smith. Consortium faculty based in the undergraduate Five College Culture, Health, and Science (CHS) Program received Mellon Foundation support to further develop and promote an innovative academic and research program that bridges liberal arts and professional and graduate public health education. Consortium bridging efforts are an exemplary platform for innovation at all levels of higher education and practice. We articulate core themes and provide examples of curricular tools that substantiate linkages between public health and the liberal arts.

CULTURE, HEALTH, AND SCIENCE

The CHS certificate program began in 1999 to create a foundation for students to explore health, disease, and healing from an interdisciplinary perspective. The program was a harbinger of the Institute of Medicine’s report “Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century,” which recommends establishing partnerships between schools of public health and other academic disciplines, and the Association of American Colleges and Universities’ LEAP (Liberal Education and America’s Promise) initiative that calls for building public health education into undergraduate programs. The CHS program leaders have long recognized that the study of any aspect of health requires theoretical frameworks and research strategies that bridge disciplines to integrate physical, political, psychological, and sociocultural elements of human experience. Key pedagogical themes within CHS curricula include:

1. Critical social theory for illuminating root causes of illness and disease, and developing context-specific health interventions;
2. A biocultural approach that demonstrates the interdependence of biology and culture, and traces how social experience is embodied;
3. Community engagement as a central element in health education and professional training; and
4. The study of the humanities as a vital complement to science, using creative expression to explore the meaning of health and disease and the experience of illness and suffering.

These themes undergird the CHS program, and also apply to graduate training and professional practice needed to address the public health demands of the 21st century. This educational platform supports ways for public health practitioners, researchers, and policy analysts to understand how behavior influences disease distribution; how biomedical categories shift across time, place, and culture; and how political, historical, and socioeconomic factors are integral to both intervention protocols and the manifestation of disease. It also supports the development of skills necessary to interpret and communicate these understandings with and to audiences of policymakers and the general public.

The CHS Mellon bridging grant seeks to foster curricular development and collaboration between graduate public health programs and the liberal arts by developing new initiatives and supporting
existing faculty collaborations that blend humanities, social science, and public health research and outreach. Three major components of the grant include a scholar–practitioner seminar that focuses on bridging curricula and pedagogy, research symposia that develop courses and teaching modules modeling interdisciplinary biocultural approaches to health, and workshops strengthening faculty and student engagement in community-based research, exemplified in the digital storytelling pedagogical and research approach presented in the “Narrative Public Health” and “Hear Our Stories” sections that follow.

Innovative interdisciplinary approaches to public health training and research based on the four themes listed previously can help operationalize public health’s commitment to social justice and the elimination of health inequities, and strengthen the connection between individual health behaviors and their social and institutional contexts. One tool to effect this bridging is the use of narrative and participatory visual and digital methods, which are rapidly growing as effective instruments for community-based and engaged learning, professional training and practice, and applied health research.

NARRATIVE PUBLIC HEALTH

Understanding the importance of reaching and partnering with communities and identifying appropriate sites of intervention and evaluation are integral to public health education. Integrative education is best illustrated through the method of digital storytelling, a narrative approach to public health deployed in the School of Public Health and Health Sciences at UMass. Digital stories are two-to five-minute personal narratives that synthesize image, audio, and text, and serve as new media products of sociocultural understanding. Although some special equipment may be used, storytellers can produce simple versions with basic digital editing software on standard equipment generally available on university campuses and personal computers. Description of the digital storytelling process is available in several publications. Digital storytelling increases student and community members’ participation in research, policymaking, and practice around health issues. Digital stories reveal the ways that individuals negotiate local and mainstream views about health and well-being, provide a window onto lived experience, and add a much-needed humanistic perspective to the field of public health. Beyond being mere points of data, digital stories put a human face on policies. They enliven statistics and position researchers to define relevant issues, broaden the evidence base, and create a viscerally captivating product that can influence policymakers and the public at large.

As an educational tool, digital storytelling projects address the CHS essentials. In terms of social theory, they sensitize students to the complexities of lived experience. Digital storytelling often illustrates structural factors that limit individual agency and affect human health, and is a materialization of the social theory of structural violence. As Quesada et al. have attested, there is a growing recognition in the field of public health and medicine of the ways social inequality imposes “risk” on subordinated population groups.

Digital storytelling allows individuals to narrate the connection between the structural and the individual, giving a sense of the lived experience of the larger “risk environment.” It encourages a holistic, biocultural perspective, one that includes consideration of local cultural contexts, institutional structures and global systems, intergenerational histories, and everyday practices.

Digital storytelling is an exemplary method of a broader “narrative” approach in public health. Taking the lead from narrative medicine and the medical humanities, narrative public health attunes students, scholars, and practitioners to the structural vulnerabilities of constituent populations by bringing the arts and humanities into public health, a key theme for CHHS. Charon has argued that medical students can be “equipped” with narrative aptitude and can use storytelling as a therapeutic mechanism. Likewise, digital storytelling, and narrative approaches more generally, can be used for health promotion purposes and to enrich public health and service provider sensibilities:

The point of such teaching is . . . to equip [students, practitioners, researchers] with the skills to follow a narrative thread, to adopt multiple and contradictory points of view, to enter into the teller’s narrative world and see how that teller makes sense of it. . . .

The results are that the messiness of lives—the visible and silenced dimensions of lived experience—are brought to bear on public health practitioners as they construct more mindful responses for intervention.

In addition to using social theory and the humanities, narrative public health provides a platform for community engagement to teaching and practice, another key theme for CHS. Narrative methods are being used by “bridging” faculty in community settings as part of engaged scholarship projects, and have formed the basis of collaborative projects that cross disciplines at UMass and across the Five Colleges. By inviting collaborative investigation of the complexities of health and well-being, threads from such divergent fields as biology, epidemiology, anthropology, and literary theory can be woven together to provide a fuller picture of the social experience of disease and the health effects of structural vulnerabilities. In the classroom and as part of engaged scholarship projects, students and community members use these methods together to shift public health practice from standardized, one-size-fits-all strategies to more contextualized interventions. In the next section, we present the Ford Foundation-sponsored “Hear Our Stories: Diasporic Youth for Sexual Rights and Justice” project to illustrate possibilities for narrative public health by using digital storytelling as a primary method.

HEAR OUR STORIES

The “Hear Our Stories” project based at UMass is led by one researcher from public health and one from anthropology. Digital storytelling is used as a mechanism for researching and recalibrating conversations on sexuality, health, and rights across generations. Understandings produced in the project upend the dominant—often racist, classist, and sexist—narratives that have come to dominate public debate on youth sexuality and family making, with the goal to shift public conversations and produce more sensitive interventions and policy focused on young parenting women.
The project is based in a post-industrial city in Western Massachusetts. The former mill town experienced considerable economic depression with the decline of manufacturing in the early- to mid-20th century. Several waves of immigrants and migrants arrived during its rapid deindustrialization. Today nearly half of the population is Latino or Latina, the majority Puerto Rican with Spanish as its first language. Nearly one third of the population lives below the federal poverty level, unemployment is almost two times higher than the rest of the state, and the high-school graduation rate is 53%. Moreover, the city has the third highest age-adjusted mortality rate in the state, influenced by a disproportionate burden of diabetes, heart disease, cancer, and HIV/AIDS, and the highest adolescent birth rate in the state (83.6 per 1000 in 2010). Holyoke 2010 Latina adolescent birth rates (99.3 per 1000) are above the national Latina average (55.7 per 1000) and more than four times higher than White adolescent birth rates (23.5 per 1000).

Leading health indicators often overshadow considerations of structurally produced inequity and local context, as public health practitioners and policymakers highlight the need for adolescent pregnancy prevention as a first-line solution. Digital storytelling is used to engage with constituent community members, in this case young pregnant and parenting Latinas. They are often targeted for intervention but silenced in the efforts to bring forward deeper dimensions of their lives and the ways those so often targeted for intervention make sense of, and respond to, their experiences.

The project has three components—research, training, and strategic communications—which reflect key themes of the CHS program. Digital storytelling is used to illuminate root causes of early family making and trace the embodiment of structural vulnerabilities over generations. Students witness first-hand how structural violence influences dominant cultural depictions of young women. The narrative-based research process, conducted in collaboration with young parenting women, makes not only visible but also visceral, the often invisible reverberations of structural vulnerabilities, such as inter-generational poverty, systematic dispossession through interactions with state assistance and social service programs, and a persistent sense of surveillance. Close attention is given to how these conditions are embodied and their effects on families and intimate partner relationships with the intention to develop health promotion programs that are respectful of and in sync with participants’ lives.

A customized bridging curriculum was designed as part of the project to develop sensitive orientations in graduate students for exploring meanings and experiences of health, well-being, illness, and suffering. All graduate student assistants on the project were encouraged to follow the curriculum, which engages ethnographic, narrative, and participatory research methods, with a topical emphasis on critical public health and embodiment (Table 1). A semester-long graduate-level public health communication seminar with no more than 15 students includes an examination of structural factors and local cultural contexts of health and human conditions, and prioritizes community member agency through storytelling and movement. Graduate students engage with relevant social science methods and theories and produce a final public health communication program by using digital storytelling. The “Hear Our Stories” graduate student assistants who took part in this class constructed digital stories around how they personally learned about sexuality while growing up. Together they constructed a Web-based module around these materials that was later incorporated into workshops and presentations used to support youths in the project community. As opposed to a more common approach to communication about sexuality, which foregrounds interpersonal communication and the power of persuasion to change people’s behaviors, the graduate student storytellers incorporated critical theory to digital stories to narrate and visualize the linkages between individual or personal narratives and the social, cultural, and political-economic dimensions of experience that result in silences about reproductive health and sexuality in their communities.

For the research component of the project, graduate students received training in human participants’ protocols attendant to ethical issues inherent to participatory visual and digital methods. They were also trained in community-based participatory research, with a special emphasis on ethical approaches to gaining entry to a vulnerable research site and how to position themselves in this multi-purposed (research, training, strategic communications) project. In addition, they all produced digital stories as part of a digital storytelling training workshop, with several of their stories later used to orient research participants to the project. Along with learning how to use computer editing software to assemble their stories, the graduate students participated in a group reflection centered on key topics (i.e., sexuality, home, family), wrote and shared their scripts with others in a story circle, and considered ways of thinking about imagery and sound as key narrative components. The training attuned the students to the project process, as vulnerable observers of their own lives, and prepared them to assist research participants as they created their own stories.

The “Hear Our Stories” project has produced a cohort of graduate students and community members (young parenting women) who have developed their capacity as public health advocates through participation in project-sponsored trainings, workshops, meetings, and conferences and through data-driven engagement with multiple stakeholders. The project team also worked with a cadre of research participant storytellers to organize the Women Organizing Across Ages, a group that has designed and implemented a digital storytelling screening in Western Massachusetts and in Boston, to launch broader conversations based on project findings and their own lived experiences. One student researcher noted that she has witnessed the creation of a “counterpublic” through these activities, in which young parenting women are empowered through reflection and dialogue on issues that are often silenced, or quieted, in their everyday lives. Exposure to CHS themes in the classroom, from theories of embodiment to tenets of community engagement, is thus invigorated through engagement in the project activities, forming a strong basis for professional public health practice in the future.

**CONCLUSIONS**

We have developed an innovative way to bridge professional
graduate education in public health and the liberal arts through a critical, biocultural, and engaged narrative approach that provides a multidisciplinary model for future curricular development in public health. The narrative approach heightens awareness of the interconnections among culture, health, and science, and catalyzes public conversations-as-interventions, centered on lived experience and social justice. Students learn and apply innovative participatory visual and digital methods such as digital storytelling that stimulates conversations about health and well-being among students, researchers, vulnerable populations, and policymakers. We strongly advocate bridging programs that provide students with a strong foundation in social and behavioral sciences, natural sciences, and humanities; that reflect the importance of culture, societal structures, and politics in health issues; and that create a novel trajectory of public health education to address the challenges of the 21st century.

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Contributors
C. M. Aelion suggested the development of the article and wrote sections of the commentary. A. C. Gabriam, F. Aulino, and E. L. Krause wrote sections of the commentary. T. L. Leatherman suggested the initial outline of the article and wrote sections of the commentary. All authors approved the final draft as submitted.

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References

TABLE 1—Customized Graduate Public Health and the Liberal Arts Bridging Curriculum at the University of Massachusetts Amherst: 2013–2014

<table>
<thead>
<tr>
<th>Course</th>
<th>Description</th>
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<tr>
<td>Sexuality, Health, and Well-Being (PH582)</td>
<td>Provides broad exposure to sexuality studies through the interdisciplinary theorizing of gender studies, social science, and public health scholars.</td>
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<tr>
<td>Independent Study: Theory and Ethnographic Method (PH/ANTH696)</td>
<td>Guides literature reviews on specific communities and methodologies, and uses grant writing to emphasize capacity building for the project.</td>
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<tr>
<td>Health Communication (PH608)</td>
<td>Presents emerging perspectives in health communication, including culture-centered, narrative, new media advocacy, and health policy approaches.</td>
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<td>Participatory Digital and Visual Methodologies (PH702)</td>
<td>Provides critical knowledge and experience in digital and visual methods for research, evaluation, and strategic communication.</td>
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<td>Writing Ethnography (ANTH697)</td>
<td>Views ethnography as an object of analysis and subject of practice. Students analyze and practice ethnographic writing, exploring various forms of representation.</td>
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<tr>
<td>Public Health and Social Justice (PH690)</td>
<td>Examines social determinants of health. Students learn theoretical principles, methods, and skills to plan, implement, and evaluate participatory action research.</td>
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<tr>
<td>Social Memory and Historical Anthropology (ANTH797)</td>
<td>Examines how individuals and groups construct versions of the past, and role of social memory in relation to cultural and political forces.</td>
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<tr>
<td>Global Bodies (ANTH597)</td>
<td>Uses case studies to explore issues surrounding the body, such as personhood, natural versus artificial bodies, identity, domination, and marginalization.</td>
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