

Intro: Hi there. I'm Haley. And I'm Sophie. And we are your Perspectives podcast host. The Perspectives Podcast is a graduate run program exploring various public health topics in an effort to learn from experts in the field and the community from varied backgrounds and areas of inquiry. We explore topics within and outside of a standard public health discourse, but our conversations relate to subjects that impact all of us on various levels of wellbeing. We're glad you're here, and we're excited to learn alongside you.

Haley: As Sophie and I near the end of our Masters of Public Health Degrees, we're starting to look forward into our futures in the field as public health professionals. And as we've been doing so, we've been reflecting a lot on both the public health education that we've received and also what public health education will look like as our world continues evolving. With that, we figured we would wrap up this season of perspectives with a discussion about the future of public health education. We're excited to be joined by Dr. Rebecca Wurtz, an associate professor here at the University of Minnesota. She's also the director of the Executive Public Health Administration Policy Program, and she's one of the faculty that helped found the Public health review. Dr. Wurtz incorporates her real world experience into her classes, guiding students to bring meaning to their work as public health practitioners. She was also recently given the Distinguished University Teaching Professor Award. So with all of that, we're really honored and excited to absorb and also share with you some of her knowledge today. So let's get started!

Hi, Dr. Wurtz, thank you so much for joining us today. Can you tell us a little bit about yourself?

Dr. Wurtz: Sure. Thank you for having me. First of all. Let's see. I'm an infectious disease doctor by training. I actually saw patients and, and took care of people for the first 15 years or so of my career. But as an infectious disease doctor, you automatically get interested in public health, and I, you know, realized how much I didn't know beyond just taking care of the patient about how to make the world a better place. So I actually got an MPH and then I was so frustrated with my ability to get data to answer big questions about, you know, why was this happening in this population of patients that I decided I'd take a couple years out and study informatics. And thought, you know, I'd be back to the practice of medicine in five years because it would be easy to figure out how to use computers to gather data. And that was about 20 years ago. I never went back to the practice of medicine because there were so many interesting problems related to data and population health and computers. And so I actually worked for a while then in governmental public health for the county level, at the city level, at the state level, and then as a contractor for the federal levels and communicable diseases is really interesting because it's one of the rare places where we as a society agree that we have a right to know if not the individual who has a communicable disease right, to be protected from our neighbor and they have the right to be protected from us. And so we're, we're actually, there are, there are exemptions in HIPAA that say that all patient and private health information is protected except for data around communicable disease report. So it should be the easiest area in which to gather data from electronic health records, individual health records in order to, you know, make protections at the population level. Uh, and it was far harder than I expected. So I actually then spent several years working for some startups, some IT startups, trying to solve some of the technical computer issues around gathering information and defining core data sets and that

sort of thing. And then about 10 years ago started, I got more involved in teaching public health to public health students, realizing that I wasn't gonna be able to solve my problems in these problems in my lifetime, but maybe students could go on and solve them after me. So, uh, I've been at University of Minnesota now for about 10 years in the directing the Public Health Administration and Policy Program.

Haley: And do you plan on staying in that role as a professor?

Dr. Wurtz: Well, not forever. Um, you know, I, I've been doing it for 10 years and to be honest, I really feel that people, that 10 years is the right amount of time to do something, that you need fresh ideas and you need fresh people. And, and so in fact, you know, Stuart Grande is, is now the director of the Public Health Administration and Policy program for the traditional student, like Sophie, and I'm still the director for the executive program, but I do think, you know, over the next several years, it's gonna be time for to have new people in those roles just because it's important to have new, new voices and new ideas.

Sophie: Thank you, Dr. Wurtz. Your background is so impressive.

Dr. Wurtz: I'm not sure if it's impressive. It's definitely varied. I've done a lot of different things, which has been, I feel very lucky to have been in the clinical practice of medicine, to have worked in government, to have worked in for-profit companies and then in academia, I really had a chance to see almost everything.

Haley: Yeah. It's kind of cool for us to see, you know, how many possibilities we have going forward.

Dr. Wurtz: And, and one thing I would say, and I say this to students in my class, is that you think that there's a pathway and there's not, and you make choices. And, and those choices may take you along detours that end up being your, you know, your life's profession. And if they're not, if it's not right, you can always, you know, come back to find the pathway. But I, I would never have thought, you know, starting out that this would be what. My life would look like my professional life. And, uh, and yet it's been very rewarding and, and a great opportunity to see so many different aspects of, of communicable disease and, and public health.

Sophie: Thank you. So, jumping in a little bit more about public health education, what does public health education mean to you?

Dr. Wurtz: And that's a great question, Sophie. It's something I think about almost literally every day. What are the things that people going out in the world and spending their careers in public health, what are the the things that people should know and have? What should they acquire in the course of their degree? And I think that most knowledge can be obtained from a book. You don't need, you don't need to pay, you know, 48 thousand dollars to read books that you could read on your own. I think really what the purpose of being in an academic setting to get a public health degree is, is to, to have, um, the synergy and the, the passion and the experience of your

classmates and your faculty to talk about, you know, thinking about how to think about these problems differently. You know, certainly from a PHAP point of view, we try really hard to teach skills. I think one of the things I saw over and over again in my career in all these different settings was how often great ideas failed due to poor management and poor leadership. And that's partly why I've ended up landing in that teaching management and leadership space, and not management leadership theory, but rather management and leadership skills, because I really think, think how much better the world would be if all the managers that were out there actually were able to do a good job and could actually bring a project from ideation through to, to implementation and assessment, and do that in a way such that the people who work in the organization felt inspired and felt like work was worth going to and making change, and actually seeing the consequences of that change and doing that in a cost effective and resource sparing way. Think how much better the world would be if everybody was a good manager. So, when I think about education, I think about, you know, the energy and the passion and problem solving skills more than, you know, you need to know what this microbe is and how to control it.

Haley: So you kind of just answered our next question, which is how you think the, how you would describe the current public health education and you know, the understanding how all the different gears are connected and how they impact one another, that kind of more holistic lens. Even though we each have our own path, we're taught how to see the bigger picture. How do you think the nature of public health education has evolved over the years?

Dr. Wurtz: You know, it hasn't evolved as much as I would hope. Uh, it still is very much classroom based and very much book and, you know, literature, kind of traditional resource based. I would love, for years I've talked about the idea of having a. Uh, educate, uh, an MPH model that's more of an app apprenticeship model. So maybe for the first year you do the, you know, the core required courses that are a little bit more, uh, related to a teacher standing in front of the classroom with a chalkboard, you know, the epidemiology and biostatistics. But then in the second year, I have this vision in the second year of a student who rotates for maybe three months at a time through four different sites, maybe Minnesota Department of Minneapolis Department of Health, uh, a community based healthcare organization and a community nonprofit. And in each place there, it's not just, it's not just an extended applied practice experience, there's actually syllabus. You know, a syllabus in the sense of, here are the things we want you to look into and to learn, here are the things we want you to read and talk to your supervisor about, here are the specific exercises we would like you to do, here's a data set at MDH and, you know, analyze it for us. But have it be structured, not have it be just show up and everybody ignores you and puts you in a cubicle, but rather a real, a real structured framework for learning in that context. And with reflection with a local supervisor and reflection with a mentor back on campus. And so, you know, more of an apprenticeship model. That to me would be a, great way to learn real life skills.

Sophie: Thank you, Dr. Ws. I couldn't agree more. I think they applied practice experience and then also this year I've had the gift of doing a practicum. So I'm working for a local nursing home in their administrative department, And every day I go into work, it's like a new challenge, a new

lesson learned. That's so much more of like boots on the ground than in a classroom necessarily. So that's been a great experience of learning in action

Dr. Wurtz: And that's a great way to put it, Sophie, learning in action and, you know, yes there's a, there's something to be learned from books, but there's so much more to be learned by interdigitating the book and the experience and talking to somebody about it.

Sophie: So how has your method of teaching public health leadership specifically evolved over the years as well?

Dr. Wurtz: I've benefited from some really good teachers about teaching and so at all the universities I've been at, they, they have had something called like a Center for Educational Innovation, like they have here, where they're just so smart and thoughtful about how to be a good teacher, and I've just learned enormously from those settings and from my peers who are great teachers. And I shamelessly steal ideas from my peers who are great teachers to emulate in the classroom. No one, I, I would say no one graduates from college, or unless they're in a teaching degree or a master's public health program, or a medical school program, as a good teacher, it's, it's really a skill like any else to be learned. And there are lots of resources at, at most universities, certainly including the University of Minnesota, that where they actually, you know, you learn how to be a better teacher. Every time I teach, every, every session, literally I learn something better about how to do it better next time. So.

Haley: It's, it's kind of fun to know that it's a lifelong process. You know, none of us are like, will ever truly be experts and we learn from and rely on each other all along the way. So going forward, you kind of mentioned how in the future, in an ideal sense, we would have this more engaged program where we would work with various organizations, be it public health departments or what have you. I guess how would we, how would we get there? If we were to take it away from just hypothetical and actually turn this into a public health program, do you think that's possible?

Dr. Wurtz: I think it's possible. I will say, you know, almost always when something doesn't seem to make sense, it's because of dollars, it's because of financing. And so, you know, right now the higher education model, especially for master's degrees, is that a student pays money, often borrows that money to, to pay for a degree. And the university actually relies on those, that tuition revenue to run part many parts of its operations. And so it would be, you know, it would be shameful if we asked the Minnesota Department of Health to actually do the bulk of our teaching and we didn't give them the tuition revenue that the university was collecting. Or even better, make it free to the students, so there is no tuition at all. And so, you know, I, I do think we are actually in a somewhat sweet spot right now with regard to public health funding and a willingness to think differently about, I, I would, you know, I would say being a public health person, that I think public health failed pretty spectacularly during covid. And what is it about how we taught all those people who are, were out doing public health, what is it about how we taught them that wasn't right? I think there is an opportunity to say, how could we teach differently? And there is a, a funding for public health right now, and I think that the ideal would

be to use some of that funding to test an apprenticeship approach. You know, providing funding to the sites where the students were spending time, not expecting those sites to do the-- because we're not talking about just parking, again, the person in a, in a cubicle. We're talking about actually actively walking that person day by day through the different offices at MDH and saying, here's what this office does, let's sit down and talk about it, here's what this office does. How do those two offices work together? How do they not work together? You know, a very active approach to learning and we can't expect MDH or a partner like that to do that out of the kindness of their heart. So is there a chance that this kind of model might be implemented? I think there's a better chance now than there has been in the past, but whether it's enough, better, I don't know.

Sophie: Yeah, that's a very informative answer. Kind of going back to your point about. How has the pandemic revealed ways that public health education maybe should change or evolve?

Dr. Wurtz: I think it gets to some extent at what I said early on, which was that we've stuffed people's heads full of book knowledge, that maybe they could have quickly Googled it when the issue came up and learned it and didn't need to spend a whole class learning it, and meanwhile didn't teach people how to problem solve, how to communicate effectively under circumstances of uncertainty. I, I feel strongly that we haven't brought our students along in terms of data systems. You know, we, we can hand a student a database and they can analyze it, but they can't figure out how do we claw that data out from a organization that maybe doesn't, isn't effectively set up to provide it? How do we get that data out and learn the lessons we can from that data in a hurry? So I think data, data structures, data analytics, problem solving, communications, managing people effectively, defining the work, figuring out the resources that you've got to solve that work problem, and then applying it effectively. I think those are the skills we need to teach people more than, what's the incidence of cancer in a population in the 1950s, say.

Haley: It's kind of crazy to think about how many things we fit into just a short amount of time. The standard track is only two years, and I, sometimes when I stop and think about it, I'm just so overwhelmed by the amount of information that I'm taking in. And I'm managing it, but I've also thought a lot about, you know, it would be actually kind of nice and perhaps I would absorb it more if it were to be spread out a little bit more. At the same time, I'm kind of getting to the point where I just, I really wanna start doing the work. I have loved learning and loved being a part of this school, and I also know that there's so much really wonderful work and really wonderful opportunities out there. So it's kind of this tricky balance, you know, of time is also an issue too.

Dr. Wurtz: I so wish you know that you could do both, that you could work and get paid for it, but also actually reflect on what you were seeing at work and reflect on what you were learning at work in a structured, critical thinking kind of way with people interested in your professional development. And maybe you do that for three years and then you get a degree. You don't sit in a classroom for two years and write a big check and then get a degree. I think there are better ways to do the work, learn from the work, get paid while you're doing the work. And that is the

beginning of that path, not, not this kind of odd, discreet thing where you sit in a classroom for two years and then we call you ready.

Sophie: For sure. Well, thank you Dr. Wurtz so much. This was such a great episode with so much information. Is there anything else that you'd like to add?

Dr. Wurtz: I think creativity is going to be an important skill for going forward too. Being able to look at a problem completely differently and be willing to test different solutions. You've heard of this I'm sure before, rapid prototyping, the idea of testing a solution and if it fails, then moving on from that in a quick way rather than investing, you know, years and millions of dollars in systems that then fail. So I, I think rapid prototyping, creativity, especially around data management and communication skills, are just gonna be really important for people going forward.

Haley: All good things to know. Thank you so much, Dr. Wurtz. This was very insightful and it makes me, and I'm sure Sophie is well, very excited to keep doing this work.

Dr. Wurtz: My pleasure. Thanks for organizing this podcast.

Outro: If you would like to learn more about this topic, we've attached resources for you in the description of this episode. Thank you again for joining us today. We hope we'll see you next time.