

*“My first thought was, will we actually cause more harm?” Professor Melissa Clark*

Melissa Clark, an associate professor in Community Health, teaches BC32: a required, introductory course about public health. In the fall of 2006, Professor Clark initiated into BC32 an extensive community component – not an easy task, as the class routinely enrolls over 100 students, most of them in their first and second years at Brown. BC32 students were responsible for collaborating with students from the Metropolitan Regional Career and Technical Center High School, also known as the Met, to research community health concerns familiar to high school students. Research teams addressed topics such as: reducing the stigma attached to accessing mental health services; improving access to healthy foods; reducing community violence; improving adolescent sexual health; assessing marijuana use; and reducing childhood obesity. The challenge of coordinating seven distinct teams was daunting; however, Professor Clark and her teaching assistants persevered, believing that the opportunity to address students assumptions about the application of public health in a community context was just too good to pass up.

The results of this experiment were mixed. The Brown students often struggled within their teams to come to consensus, the Met students struggled with the culture of Brown, and both groups of students were challenged by the course material and the socio-economic class distinctions. In the end however, Professor Clark offered that the experience was invaluable. Clark was awarded a grant in the spring of 2007 from National Campus Compact to run the class again this fall.

I recently sat down with Professor Clark to ask her about the course:

*What makes a good community health concentrator? What does your department consider to be characteristic of a good community health concentrator?*

Community Health is a very diverse department and our students represent that diversity. Students must be interested in health at a population level and the various social, cultural, political, economic, and environmental factors that affect the health and well-being of individuals.

*How does the academic culture at Brown support good community health work?*

Brown students generally are very interested in the communities in which they live and study and therefore are engaged in the issues that affect public health. Students challenge themselves to obtain experiences that are outside the traditional academic environment. They also are willing to challenge the 'status quo' to envision communities that foster better health.

*How does the academic/student culture undermine good practice?*

Many Brown students have an "entrepreneurial" spirit and want to develop and start new things. Because they usually only remain at Brown for four years, the programs that they start often are not sustainable. Good public health practice requires activities that are sustainable and "wanted" by the communities being served. Students who do not

recognize the barriers and needs faced by the communities they are trying to serve often develop programs that are not "wanted" and therefore are not sustained long-term.

*What prompted you to reconsider the standard method of teaching BC32? What 'utopian' goals do you hope this community-based approach reaches? What will you settle for?*

Public health requires interaction with the "public". Therefore, I do not believe that public health can be taught well unless students have an opportunity to get outside the classroom and experience the factors that affect the health of populations. Therefore, when the Swearer Center approached me about collaborating with the Met High School, I thought this would be a way for students to integrate what we discuss in class with "real world" experiences of high school students living and studying in an urban neighborhood.

My goals for the community-based collaboration are for Brown students to experience the realities of working in public health. I hope that the experience helps students to determine if they want to pursue a career in public health. I hope that the community-based experiences will help to solidify the concepts and skills taught in the lectures.

*How has your course organization/syllabus changed as a result of this experience?*

Because of the logistics and extra coordination involved, more class time and discussion sections are spent on maintaining the campus-community partnership. I have had to reduce the number of topics covered in the course so that sufficient time is spent on the experiences involving the Met.

*What overt and covert skills can students develop/hone using community-based learning?*

The community-based experiences require students to improve their listening and communication skills. A good experience will also require students to consider their own biases and prejudices and how these may impact on their interaction with community members. Finally, with how BC32 is designed, the community-based experiences require students to test some of the information and skills that they hopefully gained in the classroom.

*What do you need as a faculty member to sustain this approach?*

The community-campus partnership requires significant amounts of time in terms of logistics, communications, etc. To sustain this work over time, I need additional teaching assistant help. The TA help is necessary both for the day-to-day operation of the course but also all the additional logistics required when there are 100 students working in the community.

-- Kerri Heffernan