Journal of Participatory Research Methods

Pennel, C., Stalnaker, L., Farroni, J., & Peek, K. (2025). Redefining Scholarship: A Case Study Centering Public Health and Community-Engaged Practice in Academic Promotion and Tenure. *Journal of Participatory Research Methods*, *6*(5). https://doi.org/10.35844/001c.154101

FULL-LENGTH ARTICLES

Redefining Scholarship: A Case Study Centering Public Health and Community-Engaged Practice in Academic Promotion and Tenure

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Keywords: public health practice, community-engaged practice, faculty promotion and tenure

https://doi.org/10.35844/001c.154101

Journal of Participatory Research Methods

Vol. 6, Issue 5, 2025

Public health and community-engaged practice in schools of public health are important to support student learning, foster collaborative research, promote the use of evidence-informed policies and practices, and contribute to improved community and population health outcomes. However, academic reward systems, such as promotion and tenure, often dissuade faculty from participating in practice-based work. As a newly established school of public health within an academic health center, we sought to intentionally embed public health and community-engaged practice into our promotion and tenure guidelines. This paper documents the development process, including key discussions and decisions; presents a case example of the first faculty member reviewed for promotion under the practice area of excellence; and highlights ongoing questions and challenges related to recognizing practice within academic advancement structures.

Introduction

Since the 1980s, several national organizations and associations have made efforts to improve public health and community-engaged practice within schools of public health (Association of Schools of Public Health, 1999; Butler et al., 2008; Erwin et al., 2016; Foster et al., 2018; Institute of Medicine, 1988; Institute of Medicine, 2003; Petersen et al., 2015). Public health and community-engaged practice in schools of public health are important to train public health students to work collaboratively and respectfully with communities and on interprofessional teams (Comeau et al., 2019; Doubeni et al., 2022; Levin et al., 2021). Some would argue that schools also have an obligation to improve the health of communities and populations (CEPH, 2016; Institute of Medicine, 2003; Levin et al., 2021; Siddiqi et al., 2023). While the processes of this work are critical for relationship- and trust-building, it should also contribute to the betterment of the community's health or improvements to the public health system. Finally, participating in public health and community-engaged practices helps translate, facilitate, tailor, implement, and/or evaluate evidence-informed research in collaboration with governmental agencies, community-based

organizations, community coalitions, community members, and others (Brownson et al., 2009; Chambers & Norton, 2016; Glasgow & Emmons, 2007).

In academic settings, promotion and tenure policies and practices value faculty members' expertise in a given field of study. How that expertise is valued and measured may vary depending on the type of institution and discipline. Traditional methods for measuring faculty success in a given field include publications in a journal with a high impact factor, h-index, or citation index and a strong history of grant funding. Journal impact factors in medical journals vary greatly from public health and community-focused journals. For example, the 2023 impact factors for top medical journals such as Lancet and New England Journal of Medicine are 98.4 and 96.2, respectively (OOIR, n.d.). Whereas the impact factors for public health and community-engaged practice journals range from 1.5 to 2.2 (e.g., Journal of Community Practice, Journal of Public Health Management and Practice) (Taylor & Francis, n.d.; Wolters Kluwer, n.d.).

Prior research has found that practice-based work is often undervalued in promotion and tenure decisions. As part of a study on community-engaged research within a Clinical and Translation Science Award, Morrero et al (2013) found that only 36% of faculty agreed that community-engaged research, specifically, is valued in faculty promotion and tenure. Gittelsohn et al (2020) and Changfoot et al (2020) also discuss the challenges of faculty promotion and tenure for community-engaged and capacity-building work.

In 2022, the School of Public and Population Health (SPPH) became an independent, standalone school within the University of Texas Medical Branch. As faculty appointments moved from a school of medicine to a school of public health, questions arose about how to encourage faculty participation in public health and community-engaged practice, translate that work into broader societal benefits, and meet requirements for academic promotion and tenure.

The purpose of this article is to describe a new school's process, discussions, and outcomes for establishing public health and community-engaged practice as an area of excellence for promotion and tenure. We will also discuss ongoing challenges, including how quality is judged, who evaluates success and impact, and what community we aim to impact, i.e. professional/scientific community or broader population.

Institutional Context

The context of this descriptive case study is a new school of public health, as the unit of analysis, situated in an academic health center. The institution is part of a larger system that includes nine academic institutions and five academic health centers. The other schools in this academic health center include a school of medicine, school of nursing, school of health professions, and graduate school of biomedical sciences. Prior to becoming a new school,

the School of Public and Population Health (SPPH) was an accredited public health program for 20 years housed in a school of medicine department that originated in 1912.

With events such as the COVID-19 pandemic and broader recognition of health disparities, our department and program received system-level and institutional support to become a standalone school of public health. The school includes four departments, including Bioethics and Health Humanities, Biostatistics and Data Science, Epidemiology, and Population Health and Health Disparities. Our school had sufficient faculty and the educational infrastructure already in place to be a school, so efforts focused on establishing the school's guiding statements (vision, mission, values, and goals); evaluation plan; bylaws; academic policies; and appointment, promotion, and tenure (APT) guidelines.

Within the institution, faculty promotion requires two areas of excellence for tenure track faculty and one area of excellence for non-tenure track faculty. Conventional areas of excellence at the academic health center include teaching, research, and clinical practice. Given our school's non-clinical focus, areas of excellence have traditionally been limited to research and teaching.

The Council on Education for Public Health (CEPH) accreditation criteria for public health schools and programs require that faculty contribute their expertise in ways that benefit their community or society, "over and beyond what is accomplished through instruction and research" (CEPH, 2016). With this in mind, our school took a deliberate approach to incorporating public health and community-engaged practice into our values and set forth to develop promotion and tenure guidelines that would reward faculty for this work. From the beginning, there were fixed expectations that promotion and tenure guidelines for public health and community-engaged practice result in scholarship and dissemination and that the guidelines adhere to the university system and institution promotion and tenure policies and practices.

Methods and Development Process

The development process began with the school dean creating an ad hoc promotion and tenure committee composed of twelve faculty in the school and an external consultant, who acted as facilitator. With a short timeline to develop promotion and tenure guidelines for the new school, the committee met five times for 90-minute meetings over a six-week period, in March to April of 2022, to discuss and create new promotion and tenure guidelines.

The faculty composition of the ad hoc committee included seven professors with tenure, one associate professor with tenure, one tenure-track associate professor, two tenure-track assistant professors, and one non-tenure track associate professor. The committee nominated and elected a chair. Two tenured professors, including the ad hoc committee chair, had recently served as members on the school of medicine promotion and tenure committee. Table 1 provides characteristics of the ad hoc Committee's composition.

Table 1. Composition of Appointment, Promotion, and Tenure Ad Hoc Committee

Department	Tenured	Tenure Track	Non-Tenure Track	SOM APT Membership
Bioethics/Health Humanities	1	1	--	--
Biostatistics/Data Science	2	0	--	1
Epidemiology	3	0	--	1
Global Health*	1	--	--	--
Population Health/ Health Disparities	1	2	1	--

* Based on the institutional strategic direction, the Department of Global Health was dissolved in 2024 and became the Division of Global Partnerships.

Documents including ad hoc committee meeting minutes, virtual meeting chat files, emails, promotion and tenure documents from other institutions, and SPPH promotion and tenure documents served as data sources for this paper. Because the case was intended to inform changes to school policy and guidelines, it was considered a non-regulatory activity.

Key Changes to Promotion and Tenure Guidelines

Reimagining Advancement Through a Practice Lens

As a new school of public health, the ad hoc committee members generally agreed that practice was central to the mission of SPPH and should be an area of excellence in consideration for promotion to any rank and granting of tenure. Achievement in public health often involves shaping not only broad scholarly understandings of or approaches to the field, but also public health practice. As a field, public health is cross-disciplinary and calls for interprofessional collaboration to solve complex public health problems. The committee agreed that across the departments SPPH faculty have a broad range of research and expertise that should be recognized in the promotion and tenure guidelines. While there was general agreement that public health and community-engaged practice be included in tenure and promotion guidelines, the committee grappled with how to define practice, assess quality, and identify appropriate metrics. Prior service on the school of medicine promotion and tenure committee complicated some members' comfort with this shift, as adopting practice as an area of excellence departed from the research-centric model they were most familiar with. Much of the discussion therefore centered on ensuring that practice-based excellence would still yield scholarly products, particularly peer-reviewed outputs, which many viewed as the "gold standard" of academic contribution.

More Than Service: Faculty Reframing of Practice

The ad hoc committee discussed and, initially, struggled to distinguish between practice and service. Through discussions, committee members identified four categories of service and practice: 1) service to the academic institution, 2) service to the profession or scientific community, 3) community-engaged practice (early on, termed service to the community), and 4) public health practice. Faculty felt strongly that service, particularly

to the institution, be regarded as an expectation, and not an independent academic mission for promotion or tenure. Therefore, the service and practice distinctions were critical to the progress of including practice in promotion and tenure guidelines.

While service to the academic institution and profession are traditionally expected of faculty, community-engaged practice and public health practice are not. The committee separated service and practice in the promotion and tenure criteria, and the determining factor of practice was whether faculty members' expertise advanced the health of the community or society beyond their teaching, research, and service to the profession (CEPH, 2016).

Public Health Practice and Community Engagement as Distinct Domains

The committee discussed and agreed upon definitions of public health practice and community-engaged practice. Adopting the Association of Schools and Programs of Public Health definition, the committee defined public health practice as "the strategic, organized, interdisciplinary application of knowledge, skills, and competencies necessary to perform public health core functions" (ASPH, 1999). The Committee viewed community-engaged practice as activities that benefit the health and well-being of the community, state, and other constituents the institution serves.

Offering examples to improve faculty understanding was critical. Some examples included the following:

- Using expertise to provide technical assistance and consulting services
- Planning and implementing workforce development and training opportunities
- Collaborating with community to assess and identify needs
- Implementing evidence-informed strategies to meet needs
- Evaluating programs or interventions
- Participating in meaningful organized activities
- Participating in task forces or committees to set or guide standards of practice
- Assisting communities or health agencies to obtain funding

Expectations for Scholarship in Practice-Based Work

Definitions of research and scholarship. The committee strongly believed that both public health and community-engaged practice carry expectations of scholarship and dissemination for promotion and tenure. Given the breadth of faculty expertise and research in our school, the committee agreed

to expand beyond the word "research" and include the broader term "scholarship." The committee explored expanded definitions of scholarship, drawing on frameworks such as Boyer's Model to include the scholarship of application and engagement. We modeled our definition of scholarship on Boyer's Model of Scholarship to encompass discovery, integration, application, and teaching in any of the institution's main missions. It may include generating new knowledge; synthesizing and publishing existing evidence in new and innovative ways; generating and communicating new knowledge or evidence in peer reviewed publications or other documents that advance public health and community-engaged practice; integrating ideas and theories into research, teaching, and practice; and generating and communicating new knowledge or evidence in peer reviewed publications or other documents that directly impact pedagogy (Boyer, 1990).

Naming the Work: Faculty Struggles to Classify Scholarship in Practice. In defining research and scholarship, discussions among committee members highlighted tensions between conventional metrics of scholarship and the applied, collaborative nature of public health and community-engage practice. Committee members agreed that scholarship could be demonstrated through traditional methods, such as scholarly peer-reviewed publications, grant funding for public health and community-engaged practice, and scholarly presentations at regional or national professional conferences.

Other non-traditional scholarship activities met with some resistance. Ultimately, but with reluctance, the committee agreed recognition of expertise could be demonstrated through reports, guidelines, or protocols that have population health practice or policy implications; other documentation showing impact on a population or system; dissemination of scholarly findings beyond professional journals to include lay audiences, policy makers, and the media; and dissemination of findings to relevant community members in a form that is acceptable to them. Other evidence of expertise could be shown through commendations or awards from local, regional, statewide, or national practice entities or leadership in local, regional, national, or international organization. However, awards and commendations, in absence of evidence of scholarly dissemination, would be insufficient for promotion or tenure.

SPPH was compelled and allowed to include these non-traditional forms of scholarship due to its elevation as a standalone school. While agreed upon by the ad hoc committee as a whole, sidebar conversations expressing some concerns by more traditionalist faculty continued as to how this might look in practice. Support for these changes represented agreement in principle; however, questions remained until there was an opportunity to operationalize the change in a concrete context.

The Test Case

In April of 2024, the first SPPH faculty member went up for promotion from associate to full professor under the practice track (the faculty member provided permission to use their case and is a co-author on this paper).

Under the non-tenure track, they only required one area of excellence. The initial conceptualization of practice focused on external partners, such as communities, nonprofits, and governmental agencies, whereas this case reflected practice contributions primarily within the health system and secondarily in community settings.

While there was a breadth in this individual's area of expertise and practice, it primarily encompassed clinical ethics consultations with patients, families, physicians, other health providers, and community members in the health system and community settings. Their approach to work was that contributions to the program mission was the primary driver of activities rather than their identity as a scholar/educator. Program impact on the communities of interest then directed both scholarship and educational efforts, creating an alignment of priorities and outputs, while using their expertise in bioethics to inform their practice. In their application for promotion, they provided documentation to support their promotion through the traditional means of a CV, cover letter, and letters of evaluation and support. However, they also created and submitted a practice portfolio that highlights professional activities and outcomes: 1) developing programs, which included outcomes focused on increased utilization of the clinical ethics practice and increased capacity to carry out consultations; 2) integrating clinical and research ethics programs in the health system and research enterprise, which included clinical ethics programs and services, including integrated rounds in Surgical Intensive Care Unit, Medical Intensive Care Unit, Palliative Care, Neonatal Intensive Care Unit, Complex Care, and Inpatient Palliative Care; 3) providing applied ethics education and training across all schools to graduate students, medical students, medical residents, nursing students, nursing residents, other health professions students, and bioethics students and fellows, which included real-time, applied clinical ethics training; and 4) translating research into practice and creating scholarship from practice through publications and presentations.

In addition, this individual is recognized as a leader at the institutional, state, and national levels through a variety of activities, such as helping create ethics policies and practices related to in-patient DNRs, end of life decision-making, surrogacy, determination of death, and other practice issues that intersect public health and medicine; serving on the incident command team during the COVID-19 pandemic and consulting on ethics-related policies and practices; engaging in national working groups to set clinical ethics standards; and receiving recognition through the Governor's Award for Wellness Program Supporting Correctional Healthcare Heroes.

They expanded clinical ethics consultations to community-based settings including a volunteer clinic that largely serves under-resourced, unhoused, and uninsured patients and an organization that serves populations living with HIV and AIDS. Finally, they disseminated their work through traditional means, such as publications and conference presentations, as well as non-traditional modalities. These include creating and producing the

Resiliency in Stressful Events (RISE) outreach podcast and *Ethics Schmethics* podcast, a bioethics United Nations Educational, Scientific and Cultural Organization (UNESCO) art exhibit, and news media outlets.

This case illustrates the very qualities the school set forth in the promotion and tenure guidelines: a faculty member who has a distinctive area of expertise and practice who serves a broad audience, including those in health care and community-based settings; integrates their practice into education, teaching, and mentoring; translates research to practice; generates scholarship from their clinical ethics practice; is recognized for their expertise and practice at the institutional, community, state, and national levels; and disseminates their work to academic and non-academic audiences.

Discussion

Remaining Questions

With only one faculty member applying for and successfully achieving promotion, under the practice area of excellence, to date, there are still questions that remain. Some current and anticipated questions include which audiences are most valued in academic contexts; how quality is defined in public health and community-engaged practice; who is positioned to evaluate such work; and whether practice will be equitably valued across tenure-track and non-tenure-track faculty roles.

Audience and Outputs Matter: Who Do We Aim to Reach and How?

Academic dissemination remains the dominant expectation in faculty work, with research typically evaluated and shared within scholarly circles. While peer-reviewed publications are essential to academic advancement, this emphasis often sidelines broader dissemination efforts that could enhance real-world impact. Reaching non-academic audiences, such as policymakers, practitioners, and the public, can bridge the gap between research and practice, support evidence-informed policies, practices, and decision-making, and reduce the use of ineffective programs or policies. Yet, these audiences are undervalued in promotion and tenure processes.

In addition, there are questions about what forms of practice-based products 'count' for promotion and tenure and how to evaluate diverse deliverables (e.g., op-eds vs. policy briefs). Products such as policy briefs, community reports, legislative testimony, media appearances, infographics, podcasts, and social media engagement reflect critical efforts to translate research into action, but they may not carry the same institutional weight as traditional scholarly outputs. As a result, faculty may lack the incentive and institutional support to prioritize these forms of impact, even when they align closely with public health goals.

What constitutes quality public health and community-engaged practice?

While many faculty engage in applied work, the ability to do so in a way that reflects best practices, ethical standards, and meaningful outcomes varies widely. It is necessary that those participating in practice and those making decisions about promotion and tenure understand what constitutes quality. For promotion and tenure decisions to fairly evaluate such contributions, both practitioners and reviewers must have a shared understanding of what constitutes quality practice. Yet it is often unclear whether evaluators consider the quality of processes, outcomes, or impact beyond conventional academic measures.

Despite some differences, public health and community-engaged practice share several core characteristics that can inform quality benchmarks. These include:

- Setting clear goals and purpose
- Recognizing and respecting contexts (e.g., social, cultural, environmental, historical)
- Focusing on partner-identified issues and solutions
- Advancing health improvements
- Building community or system capacity
- Engaging in shared decision-making
- Disseminating information appropriate and accessible to the intended audience
- Adopting an ecological perspective (Agency for Toxic Substances and Disease Registry, 2025; Association of Schools of Public Health, 1999; Israel et al., 2003; Potter & Quill, 2006).

Clarifying and elevating these markers of quality can help ensure that practice-based work is assessed with the same rigor and respect afforded to more traditional forms of scholarship. Table 2 includes characteristics reflective of public health and community-engaged practice and research.

The quality of public health and community-engaged practice are particularly critical given histories of exploitational and marginalization by researchers in some communities and populations. Practices that prioritize academic gain over community benefit, have led to justified skepticism and reluctance to engage with academics. The processes of building and sustaining trust require long-term relationship-building, transparency,

Table 2. Common Practice and Research Characteristics

Characteristics	Public Health Practice & Research	Community-Engaged Practice & Research
Set & communicate clear purpose & goals	✔	✔
Recognize & respect contexts and experiences	✔	✔
Focus on partner-derived issues, solutions, & outputs	✔	✔
Advance health & create change	✔	✔
Build community or systems capacity	✔	✔
Participate in shared decision making	✔	✔
Foster and strengthen long-term commitments		✔
Shared power and leadership		✔
Build collaborative, trusting relationships	✔	✔
Use appropriate methods (quantitative &/or qualitative)	✔	✔
Is scholarly, using Boyer Model of Scholarship	✔	
Is evidence-informed	✔	
Disseminate findings and knowledge gained	✔	✔
Engage in reflective critique	✔	
Approach using an ecological perspective	✔	✔
Recognize & respect diversity		✔
Integrate knowledge and action for mutual benefit		✔

Agency for Toxic Substances and Disease Registry, 2025; Association of Schools of Public Health, 1999; Israel et al., 2003; Potter & Quill, 2006

accountability, and a genuine commitment to shared goals and mutual benefit. It is critical that evaluators of this work recognize the importance of these processes, which are as, if not more, important than outcomes.

The Question of Authority: Who Judges Practice?

A central concern in the context of recognizing public health and community-engaged practice in promotion and tenure processes is the question of who is best positioned to evaluate such work. In many academic institutions, promotion and tenure decisions are primarily made by tenured research faculty whose own scholarly trajectories have been shaped by traditional metrics, such as peer-reviewed publications, grant funding, and theoretical contributions. While these standards are important, they may not fully capture the rigor, relevance, or impact of practice-based scholarship, particularly when such work necessitates community and partner collaborations and non-traditional outputs. This raises questions about the appropriateness and fairness of relying solely on research-focused faculty to assess work that exists outside the boundaries of their expertise or experience. Without broader representation or training in evaluating practice-based contributions, there is a risk that valuable public health and community-engaged practice may be undervalued or misunderstood in advancement decisions.

For faculty engaged in practice work, letters of recommendation from community and practice partners and letters of evaluation from other academics who engage in public health and community-engaged practices can offer critical context, credibility, and insight into the significance, rigor, and impact of their contributions, particularly when those contributions fall outside traditional academic outputs.

However, promotion and tenure decision-makers may not weigh all input on quality equally. In the test case described in this article, several practitioner letters, supporting the promotion for the test case individual, came from health system physicians within the academic health center. Given their profession and leadership roles, support from them may carry more influence with faculty and other university leaders than a community member or leader from a governmental or non-governmental organization.

Will practice be valued equally across faculty tracks?

While public health and community-engaged practice are increasing, it is unclear whether they will be valued equally across faculty tracks and ranks. Non-tenure-track faculty, who may be hired explicitly for their practice expertise, may find their applied work more readily accepted within their role expectations, even if it is not consistently rewarded through promotion or recognition. In contrast, tenure-track faculty may face greater pressure to align with traditional research metrics, such as peer-reviewed publications and grant funding, leading to uncertainty about whether practice-based contributions will be equally supported and rewarded. This divergence creates a structural inconsistency: practice may be institutionally celebrated yet unequally weighted in promotion and tenure decisions depending on faculty appointment type. Such disparities raise concerns about academic equity and whether the value of practice is truly embedded in institutional reward systems or merely rhetorically endorsed. Similarly, assistant professors may feel pressure to focus on research with quick yields as independent researchers rather than work that involves significant time to build relationships and trust.

The test case in this article involved a non-tenure track faculty member seeking promotion from associate to full professor. The authors suspect that practice, as an area of excellence for tenure-track faculty seeking promotion and tenure, would be more difficult to establish, particularly if research was not the other area of excellence.

Limitations

As a single case study, this may not be generalizable to other institutions. Academic health centers are unique in providing medical and health professions education, conducting health-related research, and providing patient care. The focus on translating research to clinical practice and moving discoveries from "bench to bedside to community" may better support public health and community-engaged practice efforts. In addition, public health and community-engaged practice can be seen as analogous to clinical practice

in academic health centers. However, clinical practice generates revenue and is more readily recognized in promotion and tenure. Public health and community-engaged practice typically do not produce direct financial returns making their value less visible, though no less essential.

Terminology and definitions can vary significantly across disciplines and settings. Within an academic health center and school of public health, words like practice, translational, and non-clinical have their own meanings. It will be important for schools involved in this work to define for themselves what "practice" and other discipline-specific terms mean in their context to address some of these ambiguities.

Generalizability is not typically applied to single case studies. However, transferability, the parallel criterion to generalizability, can demonstrate application in different contexts (Guba & Lincoln, 1989). In describing the processes, participants, and situational factors of the case, we aim to provide sufficient detail for readers to assess the transferability of these findings to their own settings.

Conclusion

Our article seeks to encourage academic institutions to expand their lens of what qualifies faculty for promotion and tenure. However, institutions may approach this in different ways. One such approach might focus on how academic institutions can assess and recognize practice-based scholarship independent of conventional research benchmarks. Traditional, peer-reviewed scholarship is vital for advancing knowledge that often leads to long-term, societal impact. However, practice-based scholarship offers distinct and, sometimes, more immediate real-world application and results. Institutions could develop frameworks to value practice-based scholarship on its own terms, recognizing its unique contributions and impact.

Another approach is by supporting the integration of research, teaching, and practice. Traditional research and outputs, through peer-reviewed publications and grants, will continue to be a primary metric upon which research success is measured in academia. In addition, contributions that build community or public health system capacity, mobilize policy change, or improve the health or well-being of the community should *also* be valued and used in faculty promotion and tenure. One does not replace the other; in fact, research, teaching, and practice should be synergistic. When aligned, faculty can leverage insights from one domain to inform another. For example, practice-based problems can inspire research questions; research findings and applied practice can enrich classroom discussions; and classroom interactions can inspire practice activities. These areas of faculty focus can also create a cycle of continuous improvement where knowledge is produced, applied, and disseminated in ways that expand impact across academic and community settings. By shifting our perspective to view these categories as complementary, rather than a zero-sum game, schools can cultivate a more impactful environment that benefits both academia and the broader community.

Submitted: May 25, 2025 EST. Accepted: December 01, 2025 EST. Published: December 31, 2025 EST.

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