

University of New Mexico

UNM Digital Repository

Principles of Public Health 2010-2017

MPH

8-22-2013

MPH Principles of Public Health: Fall 2013 Syllabus

Nina Wallerstein

Robert Rhyne

Jonathan Eldredge

Follow this and additional works at: https://digitalrepository.unm.edu/hsc_inst_coph_mph_pph

PRINCIPLES OF PUBLIC HEALTH

PH 501 Sec 001
Thursdays 4:00 – 6:30
Domenici 116
School of Medicine
Fall 2013
3 Credit Hours
August 22 – December 12, 2013

FACULTY

Nina Wallerstein, Dr. P.H. (nwallerstein@salud.unm.edu)
Robert Rhyne, M.D. (rrhyne@salud.unm.edu)
Jon Eldredge, PhD (jeldredge@salud.unm.edu)

Public Health Program Office: (505) 272-4173

OVERVIEW

"Principles of Public Health" focuses on the public health concepts related to determinants of health status and health disparities; behavioral, cultural, social, and political theories of disease and health inequities; prevention and health promotion; community-based interventions; and health policy. It includes a historical, theoretical and practical approach, using case examples drawn from major health and health disparities problems in New Mexico and the United States.

PURPOSE

The purpose is to: (a) provide fundamental knowledge and understanding of public health and health disparities concepts, tools, and approaches; and (b) provide a critical examination of health and disease within social and health systems.

OBJECTIVES

By the conclusion of this course, students will be able to understand and critically discuss key concepts relating to the mission and core functions of public health and the importance of history for understanding contemporary public health issues relating to the;

- Determinants of health status in New Mexico and the United States;
- Determinants and definitions of health disparities, health inequities and social determinants
- Definitions of health promotion/disease prevention/health protection;
- Role of social and behavioral sciences in addressing key public health problems;
- Basic elements of theories of behavior change;
- Importance of community level approaches to public health problems;
- Importance of evaluation of interventions to address public health problems;
- Cultural, social, and economic variables related to disease and community well-being;
- Role of power, race, class, and gender in understanding health problems; and
- Importance of communication skills in public health.

Public Health Informatics Objectives: *By completion of this course, learners will be able to:*

- Formulate effective public health information questions and search strategies;

- Retrieve high-quality statistical and non-statistical information resources relevant to public health practice.
- Develop and utilize the above mentioned information search skills and strategies to find appropriate information resources for the final paper due December 2nd, 2013.
- Demonstrate skills in searching in PubMed, PsycINFO, and other databases relevant to public health.
- Communicate effectively and clearly in writing and orally for an audience ranging in education level from 8th grade to healthcare professionals.
- Describe the library and informatics skills competencies for public health practitioners as defined by major professional and accrediting organizations.

COURSE STRUCTURE

The course will meet for 3 hours, once a week. Learning will be through discussion of readings and critical analysis of experiences and public health problems. Students will read the articles before class and come prepared to discuss how theory relates to the public health problems and to students' own experiences in the health field. There will also be two additional sessions with Dr. Eldredge (three hours total) to provide informatics skills for the development of your paper.

OPTIONAL TEXT:

Lewis, S. (2006). *Race Against Time*. Berkeley, CA: Publishers West Group.

Nutbeam, D., Harris, E., Wise, M. (2010). *Theory in a Nutshell: A Practical Guide to Health Promotion Theories*. Australia: McGraw-Hill, Edition 3.

COURSE REQUIREMENTS AND GRADING

The class, conducted as a seminar and involving real public health challenges, will require students to develop their own analyses and strategies for addressing these problems. Students will integrate the readings into class discussion.

1. Course participation (15% of grade). This includes attendance, active interaction in class discussions and small group discussions, and contributions when requested. Active participation means offering to contribute your ideas in class or responding when requested. If you miss more than two sessions, to make up class participation, please submit a written discussion (up to one page) of one of the required articles of the session missed.
2. The public health informatics replicable search strategy description due on September 26th and one paragraph summary of search strategy in final paper (5%). Public health informatics required sessions in the Med 2 Classroom: September 5th: 6-7:30 pm; September 19th: 6:00 – 7:30 pm. These sessions will involve some brief exercises and assignments. Optional project consultation dates: October 3rd and 17th: 6:30-7:30 in HSLIC 226 Classroom.
3. Mid-term exam (25%). This will be a take home exam that includes students' ability to integrate public health principles into several scenarios of public health problems. Students may discuss questions together, but each exam must be individually written in their own words. Handed out Oct. 17th, Due Oct. 24th.

4. Formal oral professional presentation with graphics: 10 minutes (10%): Nov. 21st
5. Final Paper: 15-20 page paper that includes (40%):
 - Proposal of topic: Feasibility of Topic (3/4 to 1 page): Sept. 5th
 - Condensed Search Methods: (one paragraph due with paper)
 - Part One: Introduction/Background and Significance of the Problem: Oct. 14th in slot outside Nina Wallerstein office, 149 Family Practice (Monday): two copies
 - Completed Paper (with revised Part One): Dec. 2nd (Monday) in slot outside Nina Wallerstein office, 149 Family Practice Center): Two copies
 (Failure to turn in paper on time results in a lower grade).
6. Brief presentation to a policy body (2 minutes) AND a one-page (double-spaced) press release on major findings or one page policy brief (see below) (5%): Dec. 5th

Write your paper as if for a professional audience (possibly for publication). Dr. Scott Sanders (PH511) will review APA and other writer guidelines with you. Your grade will be based on overall coherence, analysis, quality, and a conclusion that builds upon paper content. Make sure to choose a topic or question that has clear applicability to public health with intervention and/or policy implications. Is this an issue that has real meaning to a real population?

Further guidelines for the paper and presentations include:

1. *Proposal*: (Due Sept. 5). This will be a ¾- 1 page feasibility assessment of your topic and the research question(s) you will explore. Faculty will be available to help with the formulation of your health problem and research question. This proposal is not graded. Your feasibility assessment should address these issues (could be in sections or one paragraph for each):
 - a. *Topic*: State your public health topic
 - b. *Background*: Is the literature available to explore your topic?(no citations necessary at this point)
 - c. *Scope/ Public Health Question*: What is(are) your public health question(s) for this topic: How broadly or narrowly are you defining it? (i.e., what are your boundaries? geographic? by population? ...)
2. *Search Method*: replicable search strategy description (Due Week 5, Sept. 26th)
 - a. *Search Methods*: Descriptive narrative text, possibly supplemented with a table, which allows the reader to accurately *replicate* your successful search strategies to secure relevant references to support your final paper on your chosen topic. Document your literature search strategy clearly and completely enough so that the reader could replicate it to obtain identical results. Students need to provide a detailed description of their literature search(es) including what databases they used, for what years, and their search strategies.
 - b. This search methods section will be condensed for your final paper to one paragraph which contains a concise description of the databases searched and the most productive search strategies that yielded relevant references for the paper. For each database, the student should include the subject terms (example: MeSH), Boolean logic (AND, OR) and the limits applied for the successful searches.

3. *Part One: Introduction with Background and Significance of Problem: (Due October 14th: Monday)*

PART ONE:

Introduction: The introduction presents your public health topic and the question(s) you will explore. (*Write a preliminary introduction for week 8 (Oct. 14th), and rewrite for the final paper*)

Section A: Introduction to topic and questions (2-4 paragraphs)

Section B: Condensed Search Methods/Key Words (1 paragraph)

Background and Significance:

The background and significance section is an opportunity to conduct a literature review on the extent, rationale and context for this problem in terms of population prevalence and public health impact (i.e., who cares and why care about this topic), and on the determinants or risk factors of the problem, based in a socio-ecologic framework. (If your topic does not lend itself to this format, please talk to faculty).

Section C: Descriptive Epidemiology and Prevalence of Problem, including trends:

National statistics (or international if appropriate)

New Mexico statistics (if appropriate and available)

Your population statistics (if available)

Section D: Determinants or Risk Factors of the Problem:

Use a socio-ecologic framework (individual through policy/community)

Can consider protective factors in addition to risk factors.

Can include other cultural considerations which might not be in literature.

Can include history of policy context if needed.

Section E: Transition Statement: Brief summary and statement discussing your next steps: **so what** are your questions now or interventions/practices/policies you will now explore? (1-2 paragraphs)

Document all statements with references. Use either APA style (alphabetical references) or biomedical style (numerical references), with an average of **15-20** references for this section. In general, there should be very few direct quotes, but this background synthesis should be written in your own words. (If you take direct language from an article, put these statements in quotes) The Introduction and Background and Significance section will be 10% of your final paper grade, though revisions will be taken under consideration with the submission of your revised paper. At the end of the background and significance section, make a transition statement to your next section: could be specific research questions and methods; or interventions that you will explore.

4. *PART TWO: Interventions/Practices/Policy Section or Analysis:* Part II of your paper is more open depending on the topic. Most students use this half of the paper to conduct a **second literature review** of state of the art strategies for intervention about the problem, which have evaluation data to support their effectiveness. Average number of references for Part II may be **12-15 or more**. A search for national interventions (even those less evaluated) can often give sufficient information to assess whether (or what components) of these interventions could be applied to your special population or to New Mexico (if appropriate). If you are looking at policy analysis and interventions, for example, then you could look for national literature on the effectiveness of these policy changes in other places and then extrapolate to your population.

Some students may use this section to write up data from an existing study, yet this data still needs to be placed in a larger framework of addressing the problem as defined in literature review. A discussion section should follow the analysis.

PART TWO:

Section A: State of the art literature on interventions conducted nationally or internationally

Section B: What are your recommendations for interventions for your population (with an assessment of strengths and weaknesses of your proposal).

Section C: Conclusion of whole paper and implications for further research, practice and policy.

5. *Professional oral presentation:* (Due November 21st) This should be a ten minute power point presentation (8-10 slides) that you would give at a public health meeting to your peers or professional colleagues. It should be a persuasive argument that presents the scientific basis and public health context of your problem, and then shows how your strategies/interventions could address the problem.
6. *Completed paper:* (Due December 2nd Monday, 5 pm to PHP Office, in Nina Wallerstein's box outside FPC 149). The completed paper should include:
 - a. AbstractPart One:
 - b. Introduction (2-4 paragraphs) /Condensed Search Methods (one paragraph)
 - c. Background and Significance (revised, based on faculty comments)
 - d. Transition ParagraphPart Two:
 - e. Intervention strategy/ policy/analysis section that potentially contains state of the art intervention models, and recommendations (with strengths and weaknesses) and/or policies to address the problem for your population; and
 - f. Conclusion and implications section that summarizes paper and recommends further research, practice and policy. Policy implications should be considered in every paper. Papers must be an individual product.
 - g. References
7. *Policy or community meeting presentation:* (Due December 5th last class) This should be a brief (2-minute) presentation of the major findings in your course paper proposing why a policy-maker or community group should take immediate action. Includes one-page press release or one-page policy brief on major findings. If you do a policy brief, include: brief statement of problem, scope of problem, need for action, and specific requests of policy makers.

Further guidelines for class discussion in teams:

1. Provide your critical assessment of the articles: what are their strengths and weaknesses?
2. Answer what the implications for public health practice would be if the argument presented in the articles were followed.
3. Case-based analyses or public health exercises will be used in many of the class sessions.
4. Group learning and sharing of information will be emphasized.

Questions we will be asking throughout the course include:

- Given this situation or program, what issue of public health is being discussed?
- What are the assumptions, values, and power issues underlying this issue?
- As a professional, how would you want to change the assumptions or conceptual base?
- What are the implications for public health practice and policy?

READING ASSIGNMENTS (TO BE READ EACH TIME PRIOR TO CLASS)

1. August 22nd– Introduction: Population Health and Models of Disease:

Students will understand the course directions, objectives and expectations. Students will distinguish and understand the difference between the individual as the unit of analysis in health care versus the population as the unit of analysis in public health. Students will define risk and risk factor.

Universal Declaration of Human Rights, United Nations, 1948.

WHO Constitution, 1948

World Health Organization, September 6-12, 1978, *Declaration of Alma-Ata*, International Conference on Primary Health Care

Centers for Disease Control and Prevention, Ten great public health achievements, United States, 2001-2010, *Journal of American Medical Association*, July 6, 2011, 306 (1): 36-38.

Kids Count 2013 News Release on New Mexico. <http://www.nmvoices.org/wp-content/uploads/2013/06/Natl-KidsCount-Press-Release-6-24-13.pdf>

2. August 29th –Language and Values of Public Health:

Students will distinguish between market and social justice/human rights definitions of public health. Students will distinguish between an individual versus an environmental perspective.

<http://www.youtube.com/watch?v=sXmm0MZLGxY>

**Wallack, L. & Lawrence, R. (2005). Talking About Public Health: Developing America’s “Second Language.” *American Journal of Public Health*, 95(4), pp. 567-570.

Politzer, R., Davis, C. H., Yesalis, C. E., Segarra, M. D. (1992). Commentary: The Traditional Public Health Approach to Prevention and Risk Reduction - Can We Raise the Titanic? *American Journal of Preventive Medicine*, 8(6), pp. 395-398.

Future of the Public’s Health in the 21st Century, Institute of Medicine, Washington, D.C. Nov., 2002. **Read pp 1-3, Skim 4-8.** (Socio-ecologic framework)

United States, Department of Health and Human Services. Public Health in America: Vision, Mission. Retrieved August 16, 2007 from the World Wide Web:

<http://web.health.gov/phfunctions/public.htm>

Brownson, R.C., Fielding, J., Maylahn, C., Evidence-Based Public Health: A Fundamental Concept for Public Health Practice, *Annual Review Public Health* 2009. 30:175–201 (Read **175-182, skim rest**).

Optional:

Kotlowitz, Alex, Blocking the Transmission of Violence, *New York Times Magazine*, Published: May 4, 2008. (Read up to first five pages at minimum).

**3. September 5th – Overview of Determinants of Health and Disease: (1 page proposal due)
Informatics: 6:00-7:30**

Students will identify the role of behavioral risk factors in disease. Students will explain why attention to individuals with moderate risk as a public health strategy would be given priority over individuals at high risk.

Mokdad, A. H., Marks, J. S., Stroup, D. F., & Gerberding, J. L. (2004). Actual causes of death in the United States, 2000. *The Journal of the American Medical Association*, 291(10), pp. 1238-1245. (Read ABSTRACT, Tables 1 and 2, and comments, 1242-43, skim rest)

Rust, G., Satcher, D., Fryer, G.E. Levine, R.S., Blumental, D.S., Triangulating on success: Innovation, public health, medical care and cause-specific U.S. mortality rates over a half century (1950-2000), *American Journal of Public Health*, 100, (S1), 2010, S95-S104.

**McKinlay, J. & Marcenn, L. (1999). A Tale of 3 Tails. *American Journal of Public Health*, 89(3), pp. 295-298.

**Rose, G. (2001). Sick Individuals and Sick Populations. *International Journal of Epidemiology*, 30(3), pp. 427-432.

4. September 12th – Determinants of Health & Disease: Disparities:

Students will understand the role of social determinants in contributing to disease and mortality disparities within the population (Unnatural Causes)

P Braveman and S Gruskin, Defining Equity in Health, *J. Epidemiol. Community Health* 2003; 57; 254-258

Braveman, P., Egerter, S., Williams, D., The social determinants of health: Coming of age, *Annual Review of Public Health*, 2011, 12: 381-98.

Galea, S. Tracy, M., Hoggatt, K., DiMaggio, C., Karpati, A. Estimated deaths attributable to social factors in the U.S., *American Journal of Public Health*, July, 2011. (Read Abstract, Tables 2 and 3, and discussion; see Figure 1 for search strategy).

Banks, J., Marmot, M., Oldfield, Z., & Smith, J. P. (2006). Disease and disadvantage in the United States and in England. *Journal of the American Medical Association*, 295(17), pp. 2037-2045.

**5. September 19th – Determinants of Health: Disparities II: Race and Racism/Sexism
Informatics: 6:00-7:30**

Jones, Camara Phyllis, Confronting Institutionalized Racism. *Phylon (1960-)*, Vol. 50, No. 1/2 (2002), pp. 7-22.

Green, TL and Darity, WA, Under the skin: using theories from biology and the social sciences to explore the mechanisms behind the black-white health gap. *American Journal of Public Health*, 2010 Apr 1; 100 Suppl 1:S36-40.

King, Malcolm., Smith, A., Gracey, M. (2009). Where are we now with Indigenous health?: Indigenous Health Part 2: The Underlying Causes of The Health Gap. *Lancet* 2009; Vol. 374: July 4, 2009, pp. 76–85.

Rees, S., Chavkin, W., Women, in Levy, B and Sidel, V., *Social Injustice and Public Health*, Oxford Univ. Press, 2006, pg. 69-87.

Optional:

Williams, D. (2001). Race and Health: Trends and Policy Implications. In Auerbach, J. A., & Krimgold, B. K. (Ed.), *Income, Socioeconomic Status, and Health: Exploring the Relationships* (pp. 67-85). Washington, DC: National Policy Association: Academy for Health Services Research and Health Policy. Read/Skim pp. 67- 77.

6. September 26th– Determinants of Health: Disparities III: Issues of Stigma as a Fundamental Cause: (Replicable Search Strategy Due)

Hatzenbuehler et al. Stigma as a Fundamental Cause of Population Health Inequalities. *American Journal of Public Health*, 2013 May; Vol 103, No. 5: 813-821.

Caine, E. Forging an Agenda for Suicide Prevention in the United States. *American Journal of Public Health*, 2013, May; Vol 103, No.5: 822-829.

Pescosolido, et al. The “Backbone” of Stigma: Identifying the Global Core of Public Prejudice Associated With Mental Illness. *American Journal of Public Health*, 2013, May; Vol 103, No. 5: 853-860.

Rio Political Declaration on Social Determinants of Health, Rio de Janeiro/Brazil 21, Oct 2011.

7. October 3rd: Concepts of Prevention, Health Promotion, Disease Prevention, Health Protection, Harm Reduction – Different Paradigms: Optional Informatics Session)

Gordon, R. (1987). An operational classification of disease prevention. In Steinberg, J. A. and Silverman, M. M. (eds.), *Preventing Mental Disorders*, Rockville, MD: U.S. Department of Health and Human Services, 1987.

US Department of Health and Human Services. *Healthy People 2020 (look website)*.

Freudenberg, N., Olden, K. Finding Synergy: Reducing Disparities in Health by Modifying Multiple Determinants, *American Journal of Public Health*.2010;100: S25–S30.

Ottawa Charter for Health Promotion, from the First International Conference on Health Promotion on November 17-21, 1986, in Ottawa, Ontario, Canada, the First International Conference on Health Promotion, jointly organized by the World Health Organization, Health and Welfare Canada and the Canadian Public Health Association.

Nutbeam, D. What would the Ottawa Charter look like if it were written today?, *Critical Public Health*, 18:4, 435-44.

Krasnow, B., State program provides drug users with clean needles, tools to reverse overdoses, *Santa Fe New Mexican*, 7/18/2010

FALL BREAK: October 10th

Monday October 14th: (Introduction, Background & Significance Due): Drop in Nina Wallerstein box by 5 pm. 149 Family Practice Center , two copies

- 8. October 17th: Community Strategies for Behavior Change:** Students will understand community-based intervention strategies, history and issues of translation to diverse populations. Optional Informatics Section, **Mid-term handed out.**

National Cancer Institute. *Theory at a Glance: A guide for health promotion practice*. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, pp. 3-22, Spring 2005. Retrieved August 8, 2007, from National Cancer Institute:

<http://www.nci.nih.gov/PDF/481f5d53-63df-41bc-bfaf-5aa48ee1da4d/TAAG3.pdf>

Perry CL, Williams CL, Komro KA, Veblen-Mortenson S, Stigler MH, Munson KA, Farbakhsh K, Jones RM, Forster JL. Project Northland: long-term outcomes of community action to reduce adolescent alcohol use. *Health Educ Res.* 2002 Feb;17(1):117-32.

Elder, R., Nichols, J., Shults, R., Sleet, DA, Barrios, LC. Compton, R., (2005). Effectiveness of School-Based Programs for Reducing Drinking and Driving and Riding with Drinking Drivers: A Systematic Review, *American Journal of Preventive Medicine*, 28 (5S): 288-304. From, Centers for Disease Control and Prevention. Task Force on Community Preventive Services.

- 9. October 24th – Affordable Care Act/Health Care Reform (Media Advocacy) (MID - TERM Due, two copies) Guest Lecturers: Harris Silver/Catie Willing**

Williams, D., McClellan, M.B., Rivlin, A.M., Beyond the Affordable Care Act: Achieving Real Improvements In Americans' Health, *Health Affairs*, 29, No. 8 (2010): 1481–1488.

Shaffer, ER. The Affordable Care Act: The Value of Systemic Disruption. *American Journal of Public Health*, 2013, June; Vol 103, No. 6: 969-972. (in my office; download from pubmed)

- 10. October 31st – Community-Driven and Partnered Interventions.**

Chapter 14: Chang, C., Salvatore, AL, Lee, PT., Liu, SS, Minkler, M. Popular Education, Participatory Research, and Community Organizing With Immigrant Restaurant Workers in San Francisco's Chinatown: A Case Study in *Community Organizing and Community Building*, 3rd edition, Minkler (editor), New Jersey, Rutgers University Press, 2012.

Wing, S., Avery Horton, R., Muhammad, N., et. al. (2008). Integrating Epidemiology, Education, and Organizing for Environmental Justice: Community Health Effects of Industrial Hog Operations. *American Journal of Public Health*, 98(8), pp. 1390-1397.

Nance Wilson, Stefan Dasho, Anna C. Martin, Nina Wallerstein, Caroline C. Wang and Meredith Minkler, Engaging Young Adolescents in Social Action Through Photovoice: The Youth Empowerment Strategies (YES!) Project *The Journal of Early Adolescence* 2007; 27; 241-261.

11. November 7th – Policy Level

Gonzalez, P., Minkler, M., Garcia, A., Gordon, M., Garzón, C., Palaniappan, M., Prakash, S., Beveridge, B. (2011) Community-Based Participatory Research and Policy Advocacy to Reduce Diesel Exposure in West Oakland, California. *American Journal of Public Health*, pp. e1-e10.

Hardy, J., Getrich, C., Quezada, J., Guay, A., Michalowski, R., Henley, E. (2012). A Call for Further Research on the Impact of State-level Immigration Policies on Public Health. *American Journal of Public Health*, 102(7), pg. 1250-1253

Dorfman, L., Wallack, L., Woodruff, L., More Than a Message: Framing Public Health Advocacy to Change Corporate Practices, *Health Educ Behav* 2005; 32; 320-336.

12. November 14th: Global Perspectives:

Annas, G., Health and Human Rights in the Continuing Global Economic Crisis. *American Journal of Public Health*, June 2013. Vol 103: No.6., pp 967.

Labonte, R., & Schrecker, T. (2007). Globalization and social determinants of health: Introduction and methodological background (part 1 of 3). *Globalization and Health*, 3(5), 1-10.

Lewis, S. (2006) Context: It shames and diminishes us all. In S. Lewis (Ed.), *Race Against Time* (pps. 1-36; 143-189; 191-206). Berkeley, CA: Publishers West Group.

Kondilis, E., et al. Economic Crisis, Restrictive Policies, and the Population's Health and Health Care: The Greek Case. *American Journal of Public Health*, June 2013. Vol 103: No. 6. pp 973-980.

13. November 21st: Power Point Presentations

14. December 2nd: Paper Due: Monday at 5 pm (2 hard copies at Nina's office and email)

Links for the 10 Promising Practices Fact Sheets:

1. Targeting With Universalism - <http://bit.ly/OXBqsq>
2. Purposeful Reporting - <http://bit.ly/OSPYMm>
3. Social Marketing - <http://bit.ly/O6Pf8T>
4. Health Equity Target Setting - <http://bit.ly/Ml0s7m>
5. Equity-Focused Health Impact Assessment - <http://bit.ly/ONRCfq>
6. Competencies/Organizational Standards - <http://bit.ly/PHgx2Q>
7. Contribution to the Evidence Base - <http://bit.ly/P7KpuM>
8. Early Childhood Development - <http://bit.ly/Nq1Xgz>
9. Community Engagement - <http://bit.ly/NgalCF>
10. Intersectoral Action - <http://bit.ly/MBQPwB>

15. December 5th –Policy Presentations (Brief presentations and course evaluation).

Students with Disabilities:

If you are an MPH student, have a disability and need accommodations, please contact Cheri Koinis, M.A., M.Ed., Office of Academic Support and Information Systems (OASIS) located in the Basic Medical Sciences Building, rm B-80, (505) 272-5042; FAX: 272-9012, ckoinis@salud.unm.edu. On the first day of class, students should inform the professors of the necessary accommodations needed to meet the requirements of the class. Handouts will be available on alternative accessible formats upon request. If however, you have already sought accommodation from main campus student services, please present the appropriate documentation to your professor.

For further information from main campus, please contact: Office of Equal Opportunity, ph: (505) 277-5251. The Masters in Public Health Program follows University policy and guidance as described in Access to Education: A Guide to Accommodating Students with Disabilities published by the UNM Committee for Students with Disabilities. This publication is available to Student Support Services, 2021 Mesa Vista Hall, ph: 277-3506.

Non-Degree Students

Please be aware that all non-degree students who intend to seek eventual admission to the MPH program must schedule a time to meet with a core faculty member before they complete 6 credit hours of MPH classes. Although taking MPH courses as a non-degree student is encouraged and students may find that taking classes as part of a cohort is a richer experience than taking them piecemeal, no more than 17 credit hours can be transferred into the degree program. There is also no guarantee that students who are taking courses will be accepted into the program. Therefore, setting up a meeting with a core faculty member is critical. If you currently have more than 6 credits, please call Gayle Garcia at 505 272-3982 to make an appointment with an advisor as soon as possible.

OPTIONAL READINGS:

Braveman, P., Cubbin, C., Egerter, S., Williams, D., Pamuk, E., Socioeconomic disparities in health in the United States: What the patterns tell us. *American Journal of Public Health, Supplement 1, 2010*, 100 (S1): S186-196.

Syme, S.L. & Balfour, J.L. (1998). Social Determinants of Disease. In Maxcy, Rosenau, Last, & Wallace (Ed.), *Public Health and Preventative Medicine*, (pp795-810). McGraw-Hill Professional.

Marmot, M. G. (2006). Status Syndrome: A challenge to medicine. *Journal of the American Medical Association*, 295(11), pp. 1304-1307.

Hofrichter, R., The politics of health inequities: Contested Terrain, in *Health and Social Justice: Politics, Ideology, and Inequity in the Distribution of Disease: A Public Health Reader*, San Francisco, Jossey- Bass, 2003, **Read pg. 1-15**.

Kickbusch, I. (2003). The contribution of the World Health Organization to a new public health and health promotion. *American Journal of Public Health*, (pp. 383-388).

Wallack, L. (1993). Improving Health Prevention: Media Advocacy and Social Marketing Approaches. In Wallack, Dorfman, Jernigan, Themba (Eds.) *Media Advocacy and Public Health* (pp. 147-163). Thousand Oaks, CA: Sage Publications.

Wallerstein, N. and Duran, B., CBPR Contributions to Intervention Research: The Intersection of Science and Practice to Improve Health Equity, *American Journal of Public Health*, Supplement 1, 2010, 100 (S1), S40-S46.

Chavez, V., Minkler, M., Wallerstein, N., & Spencer, M. S. (2007). Community Organizing for Health and Social Justice. In L. Cohen, V. Chavez, & S. Chehimi (Eds.), *Prevention is Primary* (pp. 95-119). San Francisco, CA: Jossey-Bass.

Steckler, A. & McLeroy, K.R. (2008). The Importance of External Validity. *American Journal of Public Health*, 98(1), 9-10.

Themba, M. N., & Minkler, M. Influencing Policy Through Community Based Participatory Research. In Minkler & Wallerstein (Eds), *Community-Based Participatory Research for Health* (pp. 349-370). San Francisco, CA: Jossey-Bass.

Duran, B., Walters, K.L., HIV/AIDS Prevention in “Indian Country”: Current Practice, Indigenist Etiology Models, and Postcolonial Approaches to Change, *AIDS Education and Prevention*, 16(3), 187–201, 2004.

El-Askari, G., Freestone, J., Irizarry, C., Kraut, K. L., Mashiyama, S. T., Morgan, M. A., & Walton, S. (1998). The healthy neighborhoods project: a local health department’s role of catalyzing community development. *Health Education & Behavior*, 25(2), pp. 146-159.

Garrett, L. (2007). The challenge of global health. *Foreign Affairs*, 86(1), 14-38.

File: MphPrinciples2013syllabus