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Principles of Public Health 2010-2017

MPH

Fall 2015

MPH Principles of Public Health: Fall 2015 Syllabus

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PRINCIPLES OF PUBLIC HEALTH

PH 501 Sec 001
Thursdays 4:00 – 6:30
Domenici 2112
School of Medicine
Fall 2015
3 Credit Hours

FACULTY

Nina Wallerstein, Dr. P.H. (nwallerstein@salud.unm.edu)
Jon Eldredge, PhD (jeldredge@salud.unm.edu), 272-0654
Morgan Sims, Public Health Writing Faculty (jsims@unm.edu)

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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; and

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.
- Demonstrate skepticism about the comprehensiveness, veracity, units of measurement, and inferences derived from statistics and other information at certain health related websites.

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 TEXTS:

Freudenberg, Nicholas, (2014). *Manufacturing Disease*, in Lethal but Legal: Corporations, Consumption, and Protecting Public Health Full book available at HSLIC/Library:

<https://hslic-unm.on.worldcat.org/courseReserves/course/id/10005238>

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 one session, to make up class participation, please submit a written discussion (up to one page) of two of the required articles of the session missed.
1. The public health informatics replicable search strategy description due on September 24th and one paragraph summary of search strategy due on Nov. 12th and inserted in final paper (5%).

Public health informatics required sessions in the Med 2 Classroom: August 27th: 5:30 – 7 pm; September 10th: 5:30 – 6:30 pm. These sessions will involve some brief exercises and assignments. Optional project consultation dates: October 1st and 15th: Optional Informatics Sections, 6:30-7:30 in HSLIC 226 Classroom.

2. 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. 15th, Due Oct. 22nd.
3. Formal oral professional presentation with graphics: 10 minutes (10%): Nov. 20th
4. Final Paper: 15-20 page paper that includes several pre-materials: (40%):
 - Proposal of topic: Feasibility of Topic (3/4 to 1 page): Sept. 10th
 - Elaborated Replicable Search Methods (due Sept. 24th): (condense to one short summary search methods paragraph due on Nov. 12th and with final paper on: Dec. 1st)
 - Part One: Introduction/Background and Significance of the Problem: Oct. 12th in slot outside Nina Wallerstein office, 149 Family Practice (Monday): two copies
 - Short summary search methods paragraph: Due Nov. 12th
 - Completed Paper (with revised Part One and short summary of search methods and Part Two): Nov. 30th (Monday) in slot outside Nina Wallerstein office, 149 Family Practice Center): Two copies. Turn in first version of Part One with our comments when you turn in final paper.
(Failure to turn in paper on time results in a lower grade).
5. Brief presentation to a policy body (2 minutes) AND a one-page (double-spaced) press release on major findings or one page policy factsheet (see below) (5%): Dec. 3rd

Write your paper as if for a professional audience (possibly for publication). Morgan Sims (PH511) will review APA or Biomedical/Vancouver style citation 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. 10th). 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? ...) Think about the criteria (discussed in class) about what makes your topic a public health problem.

2. *Search Method*: Elaborated Replicable search strategy description (Due Sept. 24th)
 - 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 (due Nov. 12th) and then inserted into your final paper 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 12th: Monday). Headings that are underlined would be useful to use in your final paper. Papers must be an individual product.

Introduction: The introduction presents your public health topic and the question(s) you will explore. (*Write a preliminary introduction for Oct. 12th, and rewrite introduction for the final paper, due Nov. 30th*)

- Introduction to topic and questions (2-4 paragraphs)
- Condensed Search Methods/Key Words (1 paragraph)

Background and Significance of Public Health Problem:

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 your population, i.e., prevalence and public health impact, 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).

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)

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.

Transition Statement: Brief summary and statement discussing your next steps: **so what** are your questions now or interventions/practices/policies you will now explore? (up to 1 paragraph)

Document all statements with references. Use either APA style (alphabetical references) or biomedical style (numerical references), with an average of **12-18** 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:***

Part Two of your paper is more open depending on the topic. Most students use this half of the paper to conduct a **second literature review** and **background of existing** strategies for interventions (including policies) about the problem, which have evaluation data to support their effectiveness. The final search strategy should reflect these intervention or policy articles. Average number of references for Part Two 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.

Background Literature on intervention or policy strategies conducted nationally or internationally

Discussion: Includes recommendations for interventions or policies for your population (with an assessment of strengths and weaknesses of your proposal).

Conclusion of paper and implications for further research, practice and policy.

OUTLINE OF COMPLETED PAPER: (Due November 30th, Monday, 5 pm to PHP Office, in Nina Wallerstein's box outside FPC 149). The completed paper should include:

- a. Abstract
- b. Introduction (**2-4 paragraphs**) /Condensed Search Methods (one paragraph)
- c. Background and Significance of Problem for your Population (includes epidemiology and risk factors) (revised, based on faculty comments)
- d. Background to Interventions or Policy Strategies (state of the art intervention programs or policies with evaluation data)
- e. Discussion (can include recommendations from the national literature for programs or policies for your population);
- f. Conclusion: includes implications for further research, practice and policy. Policy implications should be considered in every paper.
- g. References

5. ***Professional oral presentation:*** (Due November 19th) This should be a ten minute power point presentation (8 slides recommended) 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. *Policy or community meeting presentation:* (Due Dec. 3rd 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 factsheet on major findings. If you do a policy factsheet, include: brief statement of problem, scope of problem, need for action, and specific requests of policy makers.

Further guidelines for class discussion in teams:

2. Provide your critical assessment of the articles: what are their strengths and weaknesses?
3. Answer what the implications for public health practice would be if the argument presented in the articles were followed.
4. Case-based analyses or public health exercises will be used in many of the class sessions.
5. 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 20th: Introduction: History, Language and Values of Public Health:** Students will understand the course directions, objectives and expectations. Handouts: APA and Vancouver Biomedical Style citation guidelines; writing suggestions.

Questions for the Session: How do you define public health (what are its most salient characteristics)? How do these articles add to your definition(s) of public health? Which of the clauses of these core UN and WHO Documents most represents to you definitions, values, or strategies of public health? What clauses surprised you the most? What is the difference between market and social justice frameworks?

Tavernise, S. Colorado Finds Startling Success in Effort to Curb Teenage Births, *New York Times*, July 5, 2015.

Mozzafarian, D., Ludwig, D. Stop Fearing Fat, Op-Ed, *New York Times*, July 9, 2015.

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.

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

Kotlowitz, Alex, Blocking the Transmission of Violence, *New York Times Magazine*, Published: May 4, 2008. (**Read up to first five pages at minimum; rest is optional**).
<http://www.youtube.com/watch?v=sXmm0MZLGxY>

2. **August 27th –: Population Health and Models of Disease:**

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 factors within a socio-ecologic framework.

Questions for the Session: What distinguishes a population approach vs an individual approach? How is the socio-ecologic framework useful for understanding public health priorities and problems, federal missions, and methodologies? What are different levels of evidence to assess and solve public health problems?

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)

Kids Count 2014 News Release on New Mexico.

http://www.aecf.org/m/databook/2014KC_newsrelease_NM.pdf

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>

"Choosing a Future for Epidemiology," *American Journal of Public Health*, 105 (7), 1313-1315.

Frank, A., Welcome to the Age of Denial, Op-Ed, *New York Times*, August 22, 2013.

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).

Informatics: Preparing for your Two Literature Reviews: 5:30-7:00 pm: MED II.

3. **September 3rd:– Overview of Determinants of Health and Disease:**

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. Slideshow of behavioral risk factor/obesity/diabetes trends.

Questions: What are the trends over time of actual causes of disease and behavioral risk factors in the US? What is the prevention paradox and why is it important? What is Rose's theorem and why is it important?

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 10th – Social Determinants of Health & Disease: Disparities/Inequities: 4-5:30

Also: Informatics: 5:30-6:30, Med II Classroom (1 page proposal due):

(Bring two copies to class and also email copies to Nina and Jon)

Students will understand the role of social determinants in contributing to disease and mortality disparities within the population. Powerpoint.

Questions: What is the range and history of the study of social determinants; and definitions of health equity, health disparity, and health inequalities. What hypotheses do you have for the differences between the US and Britain?

Before class, review video of Unnatural Causes: Is Inequality Making us Sick:

<https://www.academicvideostore.com/video/unnatural-causes-inequality-making-us-sick>

To access link:

<http://hslic.unm.edu/>

Search: Unnatural Causes: Is Inequality Making us Sick

Braveman, P., Gottlieb., L. The Social Determinants of Health: It's Time to Consider the Causes of the Causes, *Public Health Reports*, 2014, Sup. 2, 129, 19-31.

Krieger, N, Embodiment: a conceptual glossary for epidemiology, *Journal Epidemiol Community Health* 2005;59:350–355.

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.

6. September 17th – Determinants of Health: Discrimination: Race and Racism

Questions: How does racism operate (what are the differences between internalized, interpersonal and structural racism?) How does racism contribute to health outcomes, ie., how does racism get into the body to make people sick? What additional insights do you have on minority health from reading about risk factors of indigenous peoples?

Williams, DR, and Mohammed, Selina, Racism and Health I: Pathways and Scientific Evidence, *American Behavioral Scientist*, 57(8), 1152-1173.

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.

7. September 24th– Determinants of Health: Structural Causes Elaborated Replicable Search Strategy Due for Dr. Eldredge

Alexander, Michelle, The New Jim Crow, *OHIO STATE JOURNAL OF CRIMINAL LAW*. Vol. 9.1, pp. 7-21.

Alexander, M., The New Jim Crow, Chapter 3: The Color of Justice, Read: 97-119; skim 120-139.

Freudenberg, Nicholas, (2014). Manufacturing Disease, in Lethal but Legal: Corporations, Consumption, and Protecting Public Health, Oxford Press, 3-36. Full book available at HSLIC/Library: <https://hslicunm.on.worldcat.org/courseReserves/course/id/10005238>

Freudenberg, Nicholas, (2014). The Public Health Evidence, in Lethal but Legal: Corporations, Consumption, and Protecting Public Health, Oxford Press, 37-69.

Scheiber, N., To Fight Income Inequality, Lifting the Poor Isn't Enough, *New York Times*, July 7, 2015.

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

8. October 1st: Concepts of Prevention, Health Promotion, Disease Prevention, Health Protection, Harm Reduction – Different Paradigms. Optional Informatics Lab: 6:30-7:30, HSLIC 226 Classroom.

Questions: Define the differences between primary, secondary, and tertiary prevention; and harm reduction. Define US-based health promotion, disease prevention, and health protection. How is health promotion defined through the World Health Organization Ottawa Charter (and how does this definition encompass the US-based differences)? How do these articles represent the different definitions and prevention strategies?

US Department of Health and Human Services. *Healthy People 2020* (<http://www.healthypeople.gov/2020/topicsobjectives2020/>) Skim Objectives for level of prevention strategies.

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

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.

Drucker, E., Restoring Justice: From Punishment to Public Health, *American Journal of Public Health*, 104 (3), 2014, 388.

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

FALL BREAK: October 8th

Monday October 12th: (Introduction, Background & Significance Due): Drop in Dr. Wallerstein's box outside her door by 5 pm. 149 Family Practice Center , two copies; mail to Dr. Eldredge

- 9. October 15th: Community Strategies for Behavior Change:** Students will understand community-based intervention strategies, history and issues of translation to diverse populations. **Optional Informatics Section, 6:30-7:30 in HSLIC 226 Classroom. 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. 9-25

Perry CL, Williams CL, Komro KA, Veblen-Mortenson S, Stigler MH, Munson KA, Farbaksh 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.

Komro, K.A., Perry, C.L., Veblen-Mortenson, S., Farbaksh, K., et. al. (2008). Outcomes from a Randomized Controlled Trial of a Multi-Component Alcohol Use Preventive Intervention for Urban Youth: Project Northland Chicago. *Society for the Study of Addiction*, 103, pp. 606-618.

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.

10. October 22nd –Organizational Theory and Practice (MID-TERM Due, two copies)

Questions: How can change be brought about within organizations? What are the most effective strategies and challenges for building coalitions and for creating interorganizational collaborations?

Nutbeam, D., & Harris, E. (2004). *Theory in a Nutshell: A Practical Guide to Health Promotion Theories*. Australia: McGraw-Hill. (Chapter on *Organizational Change Theories*)

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, Spring 2005. Retrieved August 8, 2007, from National Cancer Institute, pp. 22-33; 43-46.
<http://www.cancer.gov/cancertopics/cancerlibrary/theory.pdf>

Becker, A., Christoffel, KK, Lopez, J., Rodriguez, "Ch. 18 - Community Organizing for Obesity Prevention in Humboldt Park, Chicago: The Challenges and Successes of Coalition Building Across Two Organizing Traditions." *Community organizing and community building for health and welfare*. 3rd ed. (Minkler, editor), New Brunswick, N.J.: Rutgers University Press, 2012.

11. October 29th – Community-Driven and Partnered Interventions.

Questions: What is the difference between interventions that take place within community settings and interventions that are driven by community advocates and with community decision-making? What are effective community organizing strategies for advocating for policy change? What is a community based participatory research approach?

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.

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.

Gavin, V. et al., If We Build It, We Will Come: A Model for Community-Led Change to Transform Neighborhood Conditions to Support Health Eating and Active Living. *American Journal of Public Health*, 105(6), 1072-1077.

Dorfman, L., and. "Ch. 22 – Media Advocacy: A Strategy for Helping Communities Change Policy." *Community organizing and community building for health and welfare*. 3rd ed. (Minkler, editor), New Brunswick, N.J.: Rutgers University Press, 2012.

12. November 5th – Policy Level

Questions: Discuss the role of policy for promoting health status changes. (What is the difference between a universal policy approach and an approach based on individual actions)? What are potential structural and policy changes to mitigate or confront racism? What is the role of scientific evidence in policy change? For the policy changes advocated in these articles, discuss the challenges of evaluating and understanding policy impacts.

Williams, DR, and Mohammed, Selina, Racism and Health II: A Needed Research Agenda for Effective Interventions, *American Behavioral Scientist*, 57(8) 1200–1226.

Toobin, J., The Milwaukee Experiment, *The New Yorker*, May 11, 2015, 24-32.

Eckholm, E., ACLU in \$50 Million Push to Reduce Jail Sentences, *New York Times*, Nov. 7, 2014.

Sommers, BD, Long, SK, Baicker, K., Changes in mortality after Massachusetts health care reform: a quasi-experimental study, 2014. *Annals of Internal Medicine*, May 6;160(9):585-93. doi: 10.7326/M13-2275. <http://www.ncbi.nlm.nih.gov/pubmed/24798521>

Freudenberg, Nicholas, (2014). Optimism, Past, Present, and Future, the Building Blocks for a Movement, Chapter 7, in *Lethal but Legal: Corporations, Consumption, and Protecting Public Health*, Oxford Press, 181-216.

- 13. November 12th: Global Perspectives: Turn in your short (paragraph to half page) replicable search strategy** (not elaborated) for final paper. Be sure it includes the intervention/policy search criteria. Bring two copies to class; send one electronic version to Dr. Eldredge.

Questions: What are the major global health issues that we are confronting today? How do they relate to human rights issues? What are the contributions of Millennium goals? What frame do you think is important for us to have on global public policy?

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.

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.

Baum, F., The Commission on the Social Determinants of Health: Reinventing Health Promotion for the 21st Century, *Critical Public Health*, 18 (4), 2008, 457-466.

de Leeuw E, Clavier C, Breton E. Health policy--why research it and how: health political science. *Health Res Policy Syst*. 2014 Sep 23;12:55. doi: 10.1186/1478-4505-12-55. PubMed PMID: 25248956; PubMed Central PMCID: PMC42, <http://www.ncbi.nlm.nih.gov/pubmed/25248956>

UN Millenium Goals. (n.d.). . Retrieved from <http://www.un.org/millenniumgoals/pdf/MDGsataGlanceSEPT2010.pdf>

Links for the 10 Promising Practices Fact Sheets:

1. Targeting With Universalism - <http://bit.ly/OXBqsq>
2. Purposeful Reporting - <http://bit.ly/OSPYYMm>
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>

14. November 19th: Power Point Presentations (8 slides recommended)

THANKSGIVING

15. November 30th: Paper Due: Monday at 5 pm (2 hard copies at Nina's office and email)

16. December 3rd –Policy Presentations (Brief 2 minute 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:

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

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.

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

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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.

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).

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.

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.

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

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.

Franck, C., Grandi, S., Eisenberg, M., Taxing Junk Food to Counter Obesity, *American Journal of Public Health*, 103 (11), 2013, 1949-1953.

Labonte, R, Global Health in Public Policy: Finding the Right Frame, *Critical Public Health*, 18 (4), 2008,467-482 (includes Millenium Goals).

