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Principles of Public Health 2010-2017

MPH

Fall 2017

MPH Principles of Public Health: Fall 2017 Syllabus

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PRINCIPLES OF PUBLIC HEALTH

PH 501 Sec 001
Thursdays 4:00 – 6:30
Health Science Library and Informatics Center, Classroom 428
School of Medicine
Fall 2017
3 Credit Hours

FACULTY

Nina Wallerstein, Dr. P.H. (nwallerstein@salud.unm.edu): 272-4173
Jon Eldredge, PhD (jeldredge@salud.unm.edu), 272-0654
With participation by: Anthony Fleg, MD, MPH (afleg@salud.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 historical, theoretical, skills-based, and practical approaches 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, skills, and approaches; (b) provide a critical examination of health and disease within social and health systems; and (c) to challenge students' existing beliefs, knowledge, and skills concerning the covered subjects.

COMPETENCIES:

By the conclusion of this course, students will be able to understand and critically discuss key concepts relating to the mission, core functions, and principles of public health practice, research, and policy. Students will be able to:

- Use the socio-ecologic framework to identify determinants of and interventions for health problems in New Mexico, and the U.S., as well as understand its application globally.
- Identify distinctions between definitions of health disparities, health inequalities, health inequities and social determinants;
- Apply critical thinking to analyze public health problems integrating social and behavioral sciences, socio-environmental knowledge, biostatistics and epidemiology for understanding causality and how to develop interventions based on determinants of health problems
- Define levels of prevention and the distinction between health promotion, disease prevention/and health protection
- Identify basic principles of developing and evaluating interventions, including participation of communities, and importance of context and culture

- Integrate issues of culture, race, class, power, and gender in understanding health problems and in interacting as a public health professional with people from diverse backgrounds; and
- Demonstrating leadership and communication skills in promoting public health issues.

Public Health Informatics Competencies: *By completion of this course, learners will be able to: demonstrate skills related to the access, evaluation, and communication of accurate demographic, statistical, programmatic and scientific information with more specific objectives outlined below:*

- 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.
 - 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 2.5 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 additional sessions with Dr. Eldredge to provide informatics skills for the development of your paper.

OPTIONAL TEXT:

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.

2. The first public health required informatics session is August 31st from 5:30-7:00 pm in the Med 2 Classroom. The first one-page informatics replicable search strategy description is due on September 21st. The second public health informatics required session is Sept. 7th, 6:00 – 7:00 p,m. The second informatics search strategy is due October 26th and the final one paragraph summary of both search strategies is due when you submit final paper December 11th (10% grade). Informatics sessions will involve some brief exercises and assignments. Optional informatics consultation labs: September 28th and October 19th: 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 October 5th, Due October 16th Monday, by 5 pm. Drop off outside of Nina Wallerstein office, at 149 Family Practice Center.
4. Formal oral professional presentation with 8-10 slides: 10 minutes (10%): November 30th.
5. Final Paper: 13-15 page paper, with additional title page and additional pages for references: (35%):
 - Proposal of topic: Feasibility of Topic (1/2 to 3/4 page): Sept. 14th
 - Condensed search methods into single paragraph only (based on shortening your two replicable search methods)
 - Part One: Introduction/Background and Significance of the Problem: Oct. 5th
 - Completed Paper (with revised Part One and short search methods paragraph and Part Two): Due Dec. 11th by 5 pm at Nina Wallerstein's office: Turn in two copies. ALSO 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).
6. Brief presentation to a policy body (2 minutes) (5%): Dec. 7th.

Write your final paper as if for a professional audience (possibly for publication). Your grade will be based on overall grasp of the research literature, 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. 14th). This will be a 1/2-3/4 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*: First replicable search strategy (due Sept. 21st); Second replicable search strategy (due October 26th).
 - a. *Search Methods*: One page descriptive narrative text for each search, 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 specific replicable search strategies.
 - b. Both your search methods strategies will be condensed for your final paper to **one** paragraph only (due with 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).

3. ***Part One: Background and Significance of Problem***: (Due October 5th). Headings that are underlined would be useful to use in your final paper. Papers must be an individual product.

Introduction: The short less than one-page introduction presents your public health topic and the question(s) you will explore. End the introduction with what the paper will cover, *ie., This paper will discuss the determinants of youth suicide, and the interventions and policies that have been shown to be effective. I will conclude with implications for strategies in New Mexico.* (Write a preliminary introduction for Oct. 5th, and rewrite introduction for the final paper, due Dec. 11th)

- Title page
- Introduction to topic and what paper will cover (~1-3 paragraphs)
- Condensed Search Methods (1 paragraph)

Background and Significance of Public Health Problem (4-6 pages)

Descriptive Epidemiology and Prevalence of Problem, including trends over time:

National statistics of your health problem (by population if you are being specific). Be sure to include data by **disparities by race/ethnicity, SES, gender, rural/urban or other appropriate characteristics** (or international if appropriate)

New Mexico statistics (if appropriate and available; also include disparities)

Determinants or Risk Factors of the Problem:

Use a socio-ecologic framework (Create subsections: individual; interpersonal/peer/family; organizational; community/cultural; policy levels)

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.

The intention of the Part One background and significance section is to conduct a literature review on the extent, rationale and context for this problem in terms of your population, *ie.*, prevalence and public health impact disparities by race/ethnicity, SES, etc), 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).

Document all statements with references. Use either APA style (alphabetical references) or biomedical style (numerical references), with an average of **12-14** 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, and add the page number of the article it comes from) 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, which could be specific research questions and methods; or interventions that you will explore.

4. ***Part Two: Interventions/Practices/Policy Section:***

The second half of the paper (~4-6 pages) requires a **second literature review** of existing interventions (including policies) about the health 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 **10-12** 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 (can be implications for New Mexico if you are focusing on New Mexico) (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 Dec. 11th by 5 pm with two copies at Nina Wallerstein's office.

- a. Title page
- b. Introduction (1~3 paragraphs)
- c. Condensed Search Methods (one paragraph)
- d. Background and Significance of Problem for your Population (includes epidemiology, disparities, and risk factors from a socio-ecologic framework) (revised, based on faculty comments) (~4-6 pages)
- e. Interventions or Policy Strategies (state of the art intervention programs or policies with evaluation data) (~4-6 pages)
- f. Discussion and Conclusion: (Can include recommendations from the national literature for programs or policies for your population, or for New Mexico populations) (~1 page). Policy implications should be considered in every paper.
- g. References (20-30 minimum)

5. *Professional oral presentation:* (Due November 30th) 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. Do **not** include a slide on your search methods. Slide of references not needed.
6. *Policy or community meeting presentation:* (Due Dec. 7th, 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. Optional: 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:

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 stakeholder 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)

Week 1 - August 24th: Introduction: Language and Values of Public Health

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 definitions, values, or strategies of public health? What clauses surprised you the most? What is the difference between market and social justice frameworks?

Writing style guidelines discussed:

ICMJE/Vancouver Biomedical Style citation guidelines
https://www.nlm.nih.gov/bsd/uniform_requirements.html

American Psychological Association APA citation guidelines
<https://owl.english.purdue.edu/owl/owlprint/560/>

Examples of Public Health Issues:

Piorkowski, K., Will New Mexicans support a soda tax to address obesity and diabetes? *The New Mexican*, Feb. 25, 2015, http://www.santafenewmexican.com/opinion/my_view/reader-view-will-new-mexicans-support-a-soda-tax-to/article_1d1d49ce-5f17-52fd-8161-62d7a9b95c5f.html?utm_medium=social&utm_source=email&utm_campaign=user-share

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

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

Park, H., Block, M., Epidemic of Drug Overdose Deaths Ripples Across America, *The New York Times*, Jan 20, 2016, A13.

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

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

Informatics Assignment Handed Out: Public Health Statistical Resources

Week 2 - August 31st: Public Health and Models of Disease/Introduction to Informatics 5:30 – 7:00 pm, Med II Lab

Students will 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. Slideshow of behavioral risk factor trends.

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?

Institute of Medicine Model

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.

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>

DeSalvo, K., Public Health 3.0: Time for an Upgrade. *American Journal of Public Health*, 2016, 106 (4): 621-622.

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.

New Mexico Kids Count Profile 2017

<http://www.nmvoices.org/wp-content/uploads/2017/06/NM-KC-profile-2017.pdf>

Brownson, R., Fielding, J. and Maylahn, C., Evidence-based public health: A fundamental concept for public health practice, *Annual Review of Public Health*, 2009, 30: 175-201.

Week 3 - September 7th: Overview of Determinants of Health and Disease/and Second Informatics lab on interventions (5:30-6:30)

Students will explain why attention to individuals with moderate risk as a public health strategy would be given priority over individuals at high risk.

Questions: What are objectives for the nation? 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?

Look on Healthy People 2020 Website: <https://www.healthypeople.gov/2020/topics-objectives>
In pairs, choose a topic, review objectives, and status of health indicators for this topic. Be prepared to discuss.

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.

Week 4 - September 14th: Social Determinants of Health & Disease: Disparities/Inequities

Students will understand the role of social determinants in contributing to disease and mortality disparities within the population. **(1/2- 3/4 page proposal due):**

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:

To access link: <http://hslic.unm.edu> Search: Unnatural Causes: Is Inequality Making us Sick

WHO Conceptual Framework for Action on the Social Determinants of Health: p. 1-9 and 20-25; Optional p. 26-50. http://www.who.int/social_determinants/corner/SDHDP2.pdf?ua=1

Braveman, P, Egerter, S., An, J., Barclay, C, 2011, Issue Brief #4: Income, Wealth, and Health, Robert Wood Johnson Foundation.

Egerter, S., Braveman, P., Sadegh-Nobari, T., Grossman-Kahn, R., Dekker, M., Issue Brief #5: Education and Health, Robert Wood Johnson Foundation.

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.

Week 5 - September 21st: Determinants of Health: Discrimination: Race and Racism

First replicable search strategy due on epidemiology and risk factors. (1 page preferred. Bring a copy to class and also email Jon Eldredge).

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?

Income Growth and Inequality: New Mexico Compared to U.S., *New York Times*, Feb. 2016
Can you find and upload?

Bailey, Z., Krieger, N., Agenor, M., Graves, J., Linos, N., Bassetet, M., America: Equity and Equality in Health 3 Structural racism and health inequities in the USA: evidence and interventions, *Lancet*, April 8, 2017, 1454-1463 (skim now, read in depth for next session)

Braveman, P, Egerter, S., An, J., Willams, D., 2011, Issue Brief #6, Race, Socioeconomic Factors and Health, Robert Wood Johnson Foundation.

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

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.

Week 6 - September 28th: Determinants of Health: Structural Causes: Optional Informatics Lab. 6:30

Bailey, Z., Krieger, N., Agenor, M., Graves, J., Linos, N., Bassetet, M., America: Equity and Equality in Health 3 Structural racism and health inequities in the USA: evidence and interventions, *Lancet*, April 8, 2017, 1454-1463.

Freudenberg, Nicholas, (2014). Manufacturing Disease, in Lethal but Legal: Corporations, Consumption, and Protecting Public Health, Oxford Press, 3-36.

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.

Week 7 - October 5th: Concepts of Prevention, Health Promotion, Disease Prevention, Health Protection, Harm Reduction – Different Paradigms.

Introduction/Background and Significance Due in class (2 copies)/Midterm Handed Out.

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?

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.

Week 8 - FALL BREAK: October 12th

Midterm Due Monday October 16th: Turn in two copies at Nina Wallerstein's office, 149 Family Practice Center by 5 pm.

Week 9 - October 19th: Community Strategies for Behavior Change: Students will understand community-based intervention strategies, history and issues of translation to diverse populations.
Optional Informatics Lab. 6:30-7:30

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.cancer.gov/cancertopics/cancerlibrary/theory.pdf>

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.

Week 10 - October 26th: Organizational Theory and Practice: Second replicable search strategy due, (1 page preferred. Bring a copy to class and also email to Jon Eldredge)

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.

Week 11 - Nov. 2nd: 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.

Marmot, M., Empowering Communities, *American Journal of Public Health*, 2016, 106(2), 230-231.

NASEM, Communities in Action: Pathways to Health Equity, Jan. 2017.

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.

Week 12 - November 9th: Policy Level (Optional Informatics Lab: 6:30-7:30 pm; HSLIC 226)

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.

Miller, C., Report: Improving well-being of kids lies on policy changes, The New Mexican.

Piorowski, K., Research Brief A Tricky, But Promising, Road Forward For Gaining Support for Soda Taxes in New Mexico, <http://healthpolicy.unm.edu/expanding sodataxinNM>, <http://healthpolicy.unm.edu/sites/default/files/Navajo%20Nation%20Soda%20Tax%20Expansion%20Brief%20-%20Final.pdf>

O'Connor, A., Setting Limits on Soda, *New York Times*, Nov. 8, 2016, D1.

Cacari-Stone, L., Wallerstein, N., Garcia, A., Minkler, M., The Promise of Community Based Participatory Research for Health Equity: A Conceptual Model for Bridging Evidence with Policy, American Journal of Public Health 2014;104(9):1615-23.

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.

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

Week 13 - November 16th: Global Perspectives Strategy

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.

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.
<http://www.ncbi.nlm.nih.gov/pubmed/25248956>

UN Sustainable Development Goals:

<https://sustainabledevelopment.un.org/sdgs>

<https://sustainabledevelopment.un.org/sdg3>

<https://sustainabledevelopment.un.org/sdg1>

Links for the 10 Promising Practices Fact Sheets:

<http://apsredes.org/site2012/wp-content/uploads/2012/08/The-10-Promising-Practices-Fact-Sheets-1.pdf>

1. Targeting With Universalism -
2. Purposeful Reporting –
3. Social Marketing –
4. Health Equity Target Setting –
5. Equity-Focused Health Impact Assessment –
6. Competencies/Organizational Standards -
7. Contribution to the Evidence Base -
8. Early Childhood Development -
9. Community Engagement -
10. Intersectoral Action -

Week 14 – THANKSGIVING BREAK

Week 15 - November 30th: Power Point Presentations (8 slides recommended)

Week 16 - December 7th: Policy Presentations (Brief 2 minute presentations and course evaluation).

Finals Week - December 11th: Paper due at 5 pm at Nina Wallerstein’s office: Two copies

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:

Kotlowitz, Alex, Blocking the Transmission of Violence, *New York Times Magazine*, Published: May 4, 2008. <http://www.youtube.com/watch?v=sXmm0MZLGxY>

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

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

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.

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

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).**

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.

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

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.**

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.

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.

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.

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>

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

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.

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).

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