

## CHS 100, Spring 2016 Introduction to Community Health Sciences

**Class time:** Tuesday, Thursday 3-4:50

**Room:** 33-105A

**Format:** 4 hours lecture

**Instructor:** Anne R. Pebley, PhD

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**Special Reader:** TBD

Email: TBD

Office Hours: TBD

**Moodle site:** <https://ccle.ucla.edu/course/view/16S-COMHLT100-1>

Log-in using BOL userid and password

- View course syllabus and schedule
- Access course readings
- Get and hand in assignments
- View lecture presentations
- Read and submit postings to course discussion board

### Course Description

This introductory course is intended to provide non-CHS MPH students and public health minors with a broad and comprehensive overview of concepts, empirical research, and public health practice in community health sciences with an emphasis on: (1) social context and determinants of population health and (2) principles of planning interventions to protect and improve public health. The first half of the course describes ways to define and measure health and illness, the social construction of illness, social and behavioral determinants of health, and health disparities, including socioeconomic status (SES), race/ethnicity, gender, and age. In the second half of the course, students will learn about social and behavioral theories of health-related behavior change, health promotion strategies and methods, and public policy. The course provides case studies of evidence-based health promotion programs. It includes lectures, assigned readings, and in-class discussions.

### Course Prerequisites

The course is open to graduate students in the School of Public Health (outside of CHS) and in other disciplines and to undergraduates in the public health minor program. A limited number of other qualified undergraduate students may be admitted if there is adequate room in the course by permission of the instructor.

<b>Learning Objectives</b>	<b>ASPH Competencies</b>
<i>Upon completion of this course, students should be able to:</i>	<b>Social and Behavioral Sciences</b> <i>(Core MPH Competencies in CHS – Domain B)</i>
1. To identify key cultural, social, political, economic, and psychological determinants of health and health-related behaviors.	B2. Identify the causes of social and behavioral factors that affect health of individuals and populations. B6. Describe the role of social and community factors in both the onset and solution of public health problems.

<p>2. To describe how health and health-related behavior are conceptualized and measured at the individual, community, and societal levels.</p>	<p>B2. Identify the causes of social and behavioral factors that affect health of individuals and populations. B6. Describe the role of social and community factors in both the onset and solution of public health problems.</p>
	<p>B8. Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions.</p>
<p>3. To explain theories of health-related behavior and behavior change</p>	<p>B1. Identify basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health</p>
<p>4. To define the basic elements of program planning and intervention.</p>	<p>B3. Identify individual, organizational and community concerns, assets, resources and deficits for social and behavioral science interventions. B4. Identify critical stakeholders for the planning, implementation and evaluation of public health programs, policies and interventions. B5. Describe steps and procedures for the planning, implementation and evaluation of public health programs, policies and interventions. B7. Describe the merits of social and behavioral science interventions and policies. B8. Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions. B9. Apply ethical principles to public health program planning, implementation and evaluation. B10. Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies.</p>
<p>6. To describe community organizing and community-based participatory research, as well as societal level initiatives.</p>	<p>B6. Describe the role of social and community factors in both the onset and solution of public health problems. B7. Describe the merits of social and behavioral science interventions and policies.</p>
<p>7. To identify the major modes of advocacy for changing health policy pertaining to populations.</p>	<p>B4. Identify critical stakeholders for the planning, implementation and evaluation of public health programs B5. Describe steps and procedures for the planning, implementation and evaluation of public health programs, policies and interventions. B6. Describe the role of social and community factors in both the onset and solution of public health problems. B7. Describe the merits of social and behavioral science interventions and policies. B10. Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies.</p>

**Statement of Academic Integrity**

Please see, UCLA Office Dean of Students: <http://www.deanofstudents.ucla.edu/integrity.html>

**Students with Disabilities**

If you wish to request an accommodation due to a suspected or documented disability, please inform your instructor and contact the Office for Students with Disabilities as soon as possible at A255 Murphy Hall, (310) 825-1501, (310) 206-6083 (telephone device for the deaf). Website: [www.osd.ucla.edu](http://www.osd.ucla.edu). This information will be treated as confidential.

### Grading (Important Dates)

1. Class attendance and participation: 10% of grade
  - a. Maximum 2 missed classes. Minus 1 point each additional class missed without a valid excuse
  - b. Participate in class discussion and activities, respond to and ask questions during lecture
2. First exam: 25% of grade
  - a. **On 5/3/2016**
  - b. Covers first half of quarter
  - c. The exam will be partially open-notes.
  - d. Multiple choice, fill in the blank, short essay.
3. Op-Ed Essay 1: 15% of grade
  - a. Assignment handed out week 3
  - b. **Due 5/10/2016**
  - c. 500-800 word essay written in op-ed style addressing a community health issue in response to a recent news story.
4. Group Assignment: Planning a Community Health Intervention: 25% of grade
  - a. Assignment handed out week 6
  - b. **Due 6/3/2016**
  - c. 8-10 page description of analysis of the ethical issues in selected articles.
5. Second exam: 25% of grade
  - a. **During Exam Week**
  - b. Covers second half of quarter
  - c. The exam will be partially open-note.
  - d. Multiple choice, fill-in-the-blank, short essay.

### Summary of graded elements:

Attendance/participation:	10%
Op-ed Essay:	15%
Group Assignment:	25%
Exam 1:	25%
Exam 2:	25%
<b>Total:</b>	<b>100%</b>

**Grading Policy:** Grades on exams, essay, participation, and course are generally final and not open to discussion. Corrections will be made, however if a response is clearly and unambiguously incorrectly marked wrong or points have been totaled incorrectly.

**Classroom Atmosphere:** Students are expected to behave like professionals who come to class to learn. The most important part of each class is to make sure you and all other students get as much out of the course material as possible. Therefore, anyone using laptops, phones, or other electronics during class in a way that detracts from participation or distracts other students will be required to sit in the front row and refrain from using all electronics for the remainder of the quarter.

### READINGS

#### Access to Readings

You may access one personal use copy of each article from the password protected website for the class. Use your BOL username and password to log on. **All readings must be completed before coming to class – you will be asked in class about issues in the readings.**

Class(week)	Date	Topics and Readings
1 (1)	3/29	<p><b>Overview: What is Community Health?</b></p> <p>Contrasts community health sciences approach with other areas of public health (epidemiology, biostatistics, health services, environmental health sciences) and medicine. Specifically, CHS focuses on: (1) <i>populations</i> (not only patients, clinical populations, or people who are sick), (2) <i>prevention</i> (rather than solely treatment) of health problems and <i>promotion</i> of healthy behaviors, and (3) the cultural, social, economic, and psychological determinants of health and health-related behavior.</p> <p><b>Readings</b></p> <p>Hemenway, D. 2010. Why We Don't Spend Enough on Public Health. <i>New England Journal of Medicine</i>. 362:1657-1658.</p> <p>Koh, H. K. 2010. A 2020 Vision for Healthy People. <i>New England Journal of Medicine</i>. 362:1653-1656.</p> <p>McKinlay, J.B., McKinlay, S.M. 1977. The questionable contribution of medical measures to the decline of mortality in the United States in the twentieth century. <i>The Milbank Memorial Fund Quarterly. Health and Society</i>. 55(3):405-28.</p> <p>(NO CLASS ON 3/31)</p>
2 (2)	4/5	<p><b>Defining Health and Illness</b></p> <p>The WHO definition of health, which is not limited to absence of disease. Contrasts "differential diagnosis" used in clinical medical practice to diagnose and define illness with the social construction of health and illness: how health/illness is defined in each paradigm, determining whether someone is healthy or ill, and the obligations of people perceived as ill.</p> <p><b>Readings</b></p> <p>Alma-Ata Declaration <a href="http://www.who.int/publications/almaata_declaration_en.pdf">http://www.who.int/publications/almaata_declaration_en.pdf</a></p> <p>Ottawa Charter <a href="http://www.who.int/healthpromotion/conferences/previous/ottawa/en/">http://www.who.int/healthpromotion/conferences/previous/ottawa/en/</a></p> <p>Kleinman, A., Eisenberg, L., and Good, B. 2006. Culture, Illness, and Care: Clinical Lessons from Anthropologic and Cross-Cultural Research. <i>Focus</i>. 4:140-149.</p>
<b>UNIT 2: METHODS OF STUDYING HEALTH AND ILLNESS</b>		
3 (2)	4/7	<p><b>Indicators of Health Status</b></p> <p>Measures of the health status and health-related behaviors of a population (as distinct from an individual): mortality rates, morbidity rates (disease registries or survey data), and DALYs and disability-free life expectancy types of measures. Sources of data such as: vital registration system, population registers in other countries, censuses, disease registries, and surveys.</p> <p><b>Readings</b></p> <p>McFall, J.A. 2003. <i>Population: A Lively Introduction</i>. Washington, DC: Population Reference Bureau. 58:3-40.</p> <p>Jylhä, M. 2009. What is Self-Rated Health and Why Does and Why Does it Predict Mortality? Towards a Unified Conceptual Model. <i>Social Science &amp; Medicine</i>. 69:307-316.</p>
4 (3)	4/12	<p><b>Measuring Health Status: Surveys and Qualitative Methods</b></p> <p>Key aspects of quantitative and qualitative methods used in community health research, including: quantitative surveys and qualitative methods based on focus group and interview data collection.</p> <p><b>Readings</b></p> <p>Scheuren, F. What Is a survey? 2004. American Statistical Association. Chapters 1-6. <a href="http://www.amstat.org/sections/srms/pamphlet.pdf?q=error10">http://www.amstat.org/sections/srms/pamphlet.pdf?q=error10</a></p> <p>Blum, L.S., et al. 2009. Childhood Drowning in Matlab, Bangladesh: An in-depth Exploration</p>

of Community Perceptions and Practices. *Social Science & Medicine*. 68:1720-1727.

Wang, C., & Burris, M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health education & behavior*, 24(3), 369-387.

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**UNIT 3: SOCIAL DETERMINANTS OF HEALTH AND HEALTH-RELATED BEHAVIOR**

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**5 (3) 4/14 Health Disparities: Basic Concepts**

Social stratification of society by gender, age, race/ethnicity, immigrant status, socioeconomic status (SES), and other categories; defining health disparity; examples by national income (GDP), race/ethnicity, gender, age, and SES; measurement of health disparities; main hypotheses for the relationship between SES and health.

**Readings**

Braveman, P. 2006. Health Disparities and Health Equity: Concepts and Measurement. *Annual Review of Public Health*. 27:167-194.

Phelan, J.C., Link, B.G., and Tehranifar, P. 2010. Social Conditions as Fundamental Causes of Health Inequalities: Theory, Evidence, and Policy Implications. *Journal of Health and Social Behavior*. 51:S28-S40.

Smedley BD. 2012. The lived experience of race and its health consequences. *American Journal of Public Health*. 102(5):933-935.

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**6 (4) 4/19 Socioeconomic Status (SES)**

The social gradient between SES and health; main hypotheses about the reasons for this relationship: SES differences in health care; health-related behavior; stressful occupations, home lives, environments; and discrimination.

*Video: Unnatural Causes: Is Inequality Making us Sick? PBS, 2008.*

**Readings**

Williams, D.R., et al. 2008. Moving Upstream: How Interventions that Address the Social Determinants of Health Can Improve Health and Reduce Disparities. *Journal of Public Health Management & Practice*. 14:S8-S17.

Woolf, S.H., Johnson, R.E., Phillips, R.L., and Philipsen, M. 2007. Giving Everyone the Health of the Educated: An Examination of Whether Social Change Would Save More Lives Than Medical Advances. *American Journal of Public Health*. 97:679-683.

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**7 (4) 4/21 Race, Ethnicity and Immigration Status**

Definitions of race, ethnicity and culture; race, ethnic, and immigrant status differentials in health outcomes; the role of group differences in SES; group differences in health-related behaviors and access to care; cultural influences; measurement issues related to acculturation and promotion of cultural competency.

**Readings**

Lee, S.S-J., Mountain, J., and Koenig, B. 2001. The Meanings of "Race" in the New Genomics: Implications for Health Disparities Research. *Yale Journal of Health Policy, Law, and Ethics*. 1:33-75.

Singh, G.K. and Hiatt, R.A. 2006. Trends and Disparities in Socioeconomic and Behavioural Characteristics, Life Expectancy, and Cause-specific Mortality of Native-born and Foreign-born Populations in the United States, 1979-2003. *International Journal of Epidemiology*. 35:903-919.

Braveman PA, Kumanyika S, Fielding J, et al. 2011. Health disparities and health equity: the issue is justice. *American Journal of Public Health*. 101 Suppl 1:S149-155.

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**8 (5) 4/26 Gender Across the Life Course**

Gender differences in health and mortality across the life course including, fetal survival to birth and sex ratios at birth, childhood, adolescents and young adults, middle adulthood, and old age; and, reasons for differentials, including biological differences in survival (e.g., survival in prenatal period), risk taking, reproductive, sexual, and maternal health, health-related behaviors.

**Readings**

Murtagh, K.N., & Hubert, H. B. 2004. Gender differences in physical disability among an elderly cohort. *American Journal of Public Health*, 94, 1406-1411.

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Rieker, P.P. and Bird, C.E. 2005. Rethinking Gender Differences in Health: Why We Need to Integrate Social and Biological Perspectives. *Journals of Gerontology*. 60B:40-47.

Explore the CDC Website on Men's Health <http://www.cdc.gov/men/>

Explore the CDC Website on Women's Health <http://www.cdc.gov/women/>

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#### UNIT 4: CHANGING HEALTH-RELATED BEHAVIOR AND OUTCOMES

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9 (5) 4/28 **Health outcome case study: Obesity, Diet, and Physical Activity**

Prevalence and trends in overweight and obesity, association with health status, costs to the healthcare system, measurement issues. Prevention strategies.

**Readings**

Swinburn, B. A., et al. 2011. The Global Obesity Pandemic: Shaped by Global Drivers and Local Environments. *Lancet*, 378, 804-814.

Wang Y, et al. 2008. Will all Americans become overweight or obese? Estimating the progression and cost of the US obesity epidemic. *Obesity (Silver Spring)*. 16:2323-30.

Explore the CDC websites

Adult overweight and obesity: <http://www.cdc.gov/obesity/adult/index.html>

Childhood overweight and obesity: <http://www.cdc.gov/obesity/childhood/index.html>

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10 (6) 5/3 **Exam 1**

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11(6), 5/5, **ESSAY #1 DUE on 5/10**

12 (7) 5/10 **Theories of Health-Related Behavior and Change**

Intrapersonal and interpersonal theories that explain behavior change, including: (1) Health Belief Model, (2) the Trans-theoretical Model, (3) the Theory of Reasoned Action/Theory of Planned Behavior (5) Precaution Adoption Process Model, and (6) Social Cognitive Theory. Theories of behavior change that take a larger frame, including social ecological theory, organizational theories, social networks effects and the diffusion of innovations.

**Everyone reads**

National Cancer Institute 2005. Theory at a Glance: A Guide for Health Promotion Practice. Part 1 and Part 2, Pp. 3-31. Available at:

<http://www.cdph.ca.gov/programs/cpns/Documents/SNAP-Ed%20FFY%2015%20Att%2015%20Theory%20at%20a%20Glance.pdf>

Burke, N. J., Joseph, G., Pasick, R. J., & Barker, J. C. 2009. Theorizing social context: Rethinking behavioral theory. *Health Education & Behavior*, 36(5 suppl), 55S-70S.

Stokols, D. 1996. Translating Social Ecological Theory into Guidelines for Community Health Promotion. *American Journal of Health Promotion*. 10:282-298.

**To be assigned to smaller groups:**

James, D.C.S et al. 2012. Using the Health Belief Model to Develop Culturally Appropriate Weight-Management Materials for African-American Women. *Journal of the Academy of Nutrition and Dietetics*. 112(5): 664-670.

Johnson S.S. et al. 2008. Transtheoretical Model-based multiple behavior intervention for weight management: Effectiveness on a population basis. *Preventive Medicine*. 46:238-246.

Wammes B. et al. 2005. Correlates of motivation to prevent weight gain: a cross-sectional survey. *International Journal of Behavioral Nutrition and physical Activity*. 2:1

Kelley, K. and Abraham, C. 2003. RCT of a theory-based intervention promoting healthy eating and physical activity amongst out-patients older than 65 years. *Social Science and Medicine*. 59:787-797.

Anderson E, et al. 2007. Self-regulation, self-efficacy, outcome expectations, and social support: social cognitive theory and nutrition behavior. *Ann Behav Med*, 34:304-312.

Schwartz, L., et al. 2010. The Central California Regional Obesity Prevention Program: Changing Nutrition and Physical Activity Environments in California's Heartland. *American Journal of Public Health*. 100:2124-2128.

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13 (7)	5/12	<b>Intervention Planning and Evaluation: General Principles</b>	Basic steps in planning for community or organization-based interventions, including: (1) needs assessments, (2) formative research, (3) creating objectives, (4) picking a strategy and implementation plan, (5) monitoring implementation, and (6) understanding outcomes.
		<b>Readings</b>	Glasgow, R.E., Vogt, T.M. and Boles, S.M. 1999. Evaluating the Public Health Impact of Health Promotion Interventions: The RE-AIM Framework. <i>American Journal of Public Health</i> . 89:1322-1327.
			Layde, P.M., Christiansen A.L., Petersdon, D.J. 2012. A Model to Translate Evidence-Based Interventions Into Community Practice <i>Am J Public Health</i> . 2012;102:617–624.
			Fagen, M. C., Redman, S. D., Stacks, J., Barrett, V., Thullen, B., Altenor, S., & Neiger, B. L. 2011. Developmental evaluation: Building innovations in complex environments. <i>Health Promotion Practice</i> , 1524839911412596.
14 (8)	5/17	<b>Neighborhood Health Effects</b>	Theories and hypotheses about the relationship between neighborhood characteristics and health. Methods and issues in measuring neighborhoods.
		<b>Readings</b>	Brody, H. et al. 2000. Map-making and myth-making in Broad Street: the London Cholera epidemic, 1854. <i>The Lancet</i> . 356: 64-68.
			Diez-Roux, A.V. 2007. Neighborhoods and Health: Where are we and where do we go from here? <i>Rev Epidemiol Sante Publique</i> . 55:13-21.
			Johnson R. 2011. Health dynamics and the evolution of health inequality over the life course: the importance of neighborhood and family background <i>The B.E. Journal of Economic Analysis &amp; Policy</i> . 11(3):1-66.
15 (8)	5/19	<b>Health Policy and Advocacy</b>	Health promotion through changing the policy environment in which people live; major modes of advocacy/affecting policy: (1) changing the law through legislation (Congress or legislatures), (2) changing regulations or enforcement (Administrative branch), (3) changing the law through law suits (Judicial system), and (4) changing public opinion (mass media campaigns); major elements of advocacy.
		Guest Lecturer: Dr. Paula Tavrow	
		<b>Readings</b>	Christoffel, K.K. 2000. Public Health Advocacy: Process and Product. <i>American Journal of Public Health</i> . 90:722-726.
			Freudenberg, N. 2005. Public Health Advocacy to Change Corporate Practices: Implications for Health Education Practice and Research. <i>Health Education and Behavior</i> . 32:2998-319.
16 (9)	5/24	<b>Health Communication Interventions</b>	Basic strategies used to communicate with public and professionals, including social marketing and health campaigns, media interventions, and risk communications.
		<b>Readings</b>	Maibach, E.W., Abrams, L.C., and Marosits, M. 2007. Communication and Marketing as Tools to Cultivate the Public's Health: A Proposed "People and Places" Framework. <i>BMC Public Health</i> . 7:1-15.
			Kahle, E.M. 2009. Evaluation of the Impact of News Coverage of an HIV Multiclass Drug-resistant Cluster in Seattle, Washington. <i>American Journal of Public Health</i> . 99:S131-S136.
			Evans, W.D., et al. 2012. Mobile Health Evaluation Methods: The Text4baby case study. <i>Journal of Health Communications</i> . 17:22-29.
17 (9)	5/26	<b>Health Promotion in Schools, Worksites and Clinics</b>	



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**Guest Lecture: Linda Delp, UCLA Labor Occupational and Safety Program**  
“Promoting worker health and safety: The challenges of worksite-based interventions”

**Readings**

Beresford, S. A. A., et al. 2001. Seattle 5-a-Day Worksite Program to Increase Fruit and Vegetable Consumption. *Preventive Medicine*. 32: 230–238.

Veugeliers, P. J. and Fitzgerald, A. L. 2005. Effectiveness of school programs in preventing childhood obesity: A multilevel comparison. *American Journal of Public Health*. 95:432-435.

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18 (10) 5/31 **Group Assignment Due June 3, 2016**

**Chronic stress: How disadvantage gets under the skin?**

Basic principles and hypothesis of the stress process model. Types of stressors, measurement of stress, stressors versus stress experience. Allostatic load. Disparities in outcomes associated with chronic stress exposure.

*Video: Unnatural Causes: When the Bough Breaks. PBS, 2008*

**Readings**

Evans, G.W. and Kim, P. 2012. Childhood poverty and young adults' allostatic load: the mediating role of childhood cumulative risk exposure. *Psychological Science*. 23:979-983.

McEwen, B.S. and Gianaros, P.J. 2010. Central role of the brain in stress and adaptation: Links to socioeconomic status, health, and disease. *Annals of the New York Academy of Sciences*. 1186: 190-222.

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19 (10) 6/2 **Community Organizing and Community-Based Participatory Research**

Different models for organization of communities from social planning or community mobilization through Freire's conceptualization to today's community-based participatory research and coalition building.

**Guest Lecture: TBN**

**Readings**

Minkler, M., Wallerstein, N., and Wilson, N. 2002. Improving Health Through Community Organization and Community Building. Pp. 287-312. In Glanz, K, Rimer, B. K., Lewis, F. M. (Eds.). *Health Behavior and Health Education: Theory, Research, and Practice*. Jossey-Bass. (Link provided in class.)

Schulz, A.J., et al. 2002. Addressing Social Determinants of Health through Community-Based Participatory Research: The East Side Village Health Worker Partnership. *Health Education and Behavior*. 29:326-341.

Goulet, D. 1986. Three rationalities in development decision-making. *World Development*, 14(2), 301-317.

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TBD

**Exam #2**

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