Introduction to Community Health Sciences

Class time: Tuesday & Thursday, 8-11 am
Room: CHS 51-279

Instructor:
Name: Jennifer García, PhD, MPH
Email: jennifergarcia@ucla.edu
Office Hours: Tuesday 11:00 am-12:00 pm or by appt.

Moodle site: https://ccle.ucla.edu/course/view/151A-COMHLT100-1
- Log-in using BOL userid and password
- Readings
- Power point for lecture
- Postings to class for questions and discussions

Course Description
This introductory course is intended to provide non-CHS MPH students and qualified undergraduates 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 qualified undergraduates by permission of the instructor with preference given to students in the public health minor program.

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<th>Learning Objectives</th>
<th>ASPH Competencies</th>
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<td><strong>Upon completion of this course, students should be able to:</strong></td>
<td><strong>Social and Behavioral Sciences</strong></td>
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| 1. To identify key cultural, social, political, economic, and psychological determinants of health and health-related behaviors. | E2. Identify the causes of social and behavioral factors that affect health of individuals and populations.  
E6. Describe the role of social and community factors in both the onset and solution of public health problems. |
| 2. To describe how health and health-related behavior are conceptualized and measured at the individual, community, and societal levels. | E2. Identify the causes of social and behavioral factors that affect health of individuals and populations.  
E6. Describe the role of social and community factors in both the onset and solution of public health problems.  
E8. Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions. |
| 3. To explain theories of health-related behavior and behavior change. | E1. Identify basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health research and practice. |
| 4. To define the basic elements of program planning and intervention. | E3. Identify individual, organizational and community concerns, assets, resources and deficits for social and behavioral science interventions.  
E4. Identify critical stakeholders for the planning, implementation and evaluation of public health programs, policies and interventions. |
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<td><strong>5.</strong> To give examples of types of health promotion activities in the community, worksites, schools, and clinics.</td>
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<tr>
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<td>E3. Identify individual, organizational and community concerns, assets, resources and deficits for social and behavioral science interventions.</td>
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<td>E4. Identify critical stakeholders for the planning, implementation and evaluation of public health programs, policies and interventions.</td>
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<td>E5. Describe steps and procedures for the planning, implementation and evaluation of public health programs, policies and interventions.</td>
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<td>E7. Describe the merits of social and behavioral science interventions and policies.</td>
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<td>E8. Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions.</td>
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<td>E9. Apply ethical principles to public health program planning, implementation and evaluation.</td>
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<td>E10. Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies.</td>
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<td><strong>6.</strong> To describe community organizing and community-based participatory research, as well as societal level initiatives.</td>
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<td>E6. Describe the role of social and community factors in both the onset and solution of public health problems.</td>
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<td>E7. Describe the merits of social and behavioral science interventions and policies.</td>
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<td><strong>7.</strong> To identify the major modes of advocacy for changing health policy pertaining to populations.</td>
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<td>E4. Identify critical stakeholders for the planning, implementation and evaluation of public health programs.</td>
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**Statement of Academic Integrity**

Please see, UCLA Office Dean of Students: [http://www.deanofstudents.ucla.edu/integrity.html](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: 15% 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 questions during lecture and ask questions
2. First exam: 40% of grade
   a. **Week 3: Tuesday, 7/5/2016**
   b. Covers first half of quarter
   c. The exam will be partially open-note.
   d. Multiple choice, fill in the blank, short essay, and 1-2 longer essays.
3. Second exam: 45% of grade
   a. **Week 6: Thursday, 7/28/2016**
   b. Covers second half of quarter
   c. The exam will be partially open-note.
   d. Multiple choice, fill in the blank, short essay, and 1-2 longer essays.

Summary of graded elements:

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<th>Component</th>
<th>Percentage</th>
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<tr>
<td>Attendance and participation:</td>
<td>15%</td>
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<tr>
<td>Exam 1:</td>
<td>40%</td>
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<td>Exam 2:</td>
<td>45%</td>
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<td><strong>Total:</strong></td>
<td><strong>100%</strong></td>
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**Grading Policy:** Grades on exams, participation, and course are final and not open to discussion.

**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.

**Please complete all readings before the lecture.**
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<tr>
<th>Class/week</th>
<th>Date</th>
<th>Topics and Readings</th>
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<tr>
<td>UNIT 1: INTRODUCTION: WHAT IS COMMUNITY HEALTH?</td>
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| 1 (1)      | 6/21   | Overview: What is Community Health?  
Contrasts community health sciences approach with other areas of public health (epidemiology, biostatistics, health services, and environmental health sciences) and medicine. Specifically, CHS focuses on: (1) populations (not only patients, clinical populations, or people who are sick), (2) prevention (rather than solely treatment) of health problems and promotion of healthy behaviors, and (3) the cultural, social, economic, and psychological determinants of health and health-related behavior.  
Readings  
Defining Health and Illness  
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, how to determine whether someone is healthy or ill, and the obligations of people perceived as ill.  
Readings  
Declaration of Alma-Ata http://www.who.int/hpr/NPH/docs/declaration_almaata.pdf  
Ottawa Charter https://www.who.int/healthpromotion/conferences/previous/ottawa/en/  
| 2 (1)      | 6/23   | Indicators of Health Status  
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.  
Readings  
| 3 (1)      | 6/26   | Measuring Health Status: Surveys and Qualitative Methods  
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.  
Readings  
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| 3 (2)       | 6/28  | **Heath Disparities: Basic Concepts**<br>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.  
| **Socioeconomic Status (SES)**<br>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.<br>**Video:** Unnatural Causes: Is Inequality Making us Sick? PBS, 2008.  
| 4 (2)       | 6/30  | **Race, Ethnicity and Immigration Status**<br>Definitions of race, ethnicity & culture; race, ethnic, immigrant status differentials in health outcomes; the role of group differences in SES, in health-related behaviors & access to care; cultural influences; measurement issues related to acculturation; promotion of cultural competency.  
| **Gender Across the Life Course**<br>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.  
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<br>[http://www.cdc.gov/men/](http://www.cdc.gov/men/)</a>  
Explore the CDC Website on Women’s Health<br>[http://www.cdc.gov/women/](http://www.cdc.gov/women/)|
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| 6 (3)       | 7/7  | **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**  
Small group exercises: explore/discuss the CDC websites:  
Adult overweight and obesity: [http://www.cdc.gov/obesity/adult/index.html](http://www.cdc.gov/obesity/adult/index.html)  
| 7 (4)       | 7/12 | **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**  

**To be assigned to smaller groups:**  
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| 8 (4)       | 7/14  | **Health Policy and Advocacy (Materials from Professor Paula Tavrow)**  
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.  
**Readings**  
| 9 (5)       | 7/19  | **Community Organizing and Community-Based Participatory Research (Materials from Professor Mike Prelip)**  
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.  
**Readings**  
| 10 (5)      | 7/21  | **Intervention Planning and Evaluation: General Principles**  
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.  
**Readings**  
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<tr>
<td>11 (6)</td>
<td>7/26</td>
<td><strong>Guest Lecture: Professor Deborah Glik</strong></td>
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<td><strong>Health Communication Interventions</strong></td>
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<td>Basic strategies used to communicate with public and professionals, including social marketing and health campaigns, media interventions, and risk communications.</td>
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<td><strong>Readings</strong></td>
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| Course Overview |

| 12 (6) | 7/28 | **EXAM 2** |