

**Department of Maternal and Child Health
School of Public Health
The University of North Carolina at Chapel Hill**

**MHCH 702
Foundations of MCH
Spring 2009**

When: Monday and Wednesday, 1:00 PM – 2:15 PM

Where: Lectures: 235 Rosenau
Recitations: To be arranged for online meetings

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Credits: 4 credit hours each semester

Prerequisites: None. This is a core course required for MCH majors. Others require permission of instructor to enroll.

Format: Lectures, discussion, small group recitations (online and face to face)

Maternal and Child Health (MCH) is the professional and academic field that focuses on the determinants, mechanisms and systems that promote and maintain the health, safety, well-being, and appropriate development of children and their families in communities and societies, in order to enhance the future health and welfare of society and subsequent generations.¹

The purpose of this course is to develop critical thinking about the determinants of well-being of the MCH population. According to Kurfiss (1988), critical thinking is “a rational response to questions that cannot be answered definitively and for which all the relevant information may not be available. It is defined here as an investigation whose purpose is to explore a situation, phenomenon, question, or problem to arrive at a hypothesis or conclusion about it that integrates all available information and that therefore can be convincingly justified. In critical thinking, all assumptions are open to question, divergent views are aggressively sought, and the inquiry is not biased in favor of a particular outcome.”

¹ Alexander GR. Maternal and Child Health (MCH). *Encyclopedia of Health Care Management*. Thousand Oaks, CA: Sage Publications; 2004.

Major themes: This course is organized upon several major themes which reflect the following important principles from the field of MCH:

Population-based. Public health practice focuses on the health of aggregates or groups. The population base for MCH includes all women, infants, children, adolescents and their families, including fathers and children with special health care needs, both domestically and globally.

Levels of prevention. The classic definitions used in public health distinguish between primary prevention, secondary prevention, and tertiary prevention. Primary prevention is the prevention of a disease or condition before it occurs; secondary prevention is the prevention of the onset, recurrence or exacerbation of a disease or condition that already has been diagnosed or for which a population is at risk; and tertiary prevention is the reduction in the amount of disability caused by a disease or condition to achieve the highest level of function. While focusing on primary prevention, public health and maternal and child health practice are necessarily attentive to the tradeoffs among different levels of prevention.

Disparities. The Health Resources and Services Administration defines health disparities as population-specific differences in the presence of disease, health outcomes, or access to health care. Within the context of this course, the primary focus will be on disparities among groups defined by race/ethnicity, age, gender, socioeconomic status, nationality, and geographic location.

Life course perspective. In addition to the analysis of the relationship between concurrent exposure and health outcomes, a growing body of research highlights both the longitudinal and cumulative effects of these exposures. Fundamental research and policy questions flow from this perspective.

Family-centered. Family-centered care assures the health and well-being of children and their families through a respectful family-professional partnership. It honors the strengths, cultures, traditions and expertise that everyone brings to this relationship. Family-centered care is the standard of practice which results in high quality services. Collaboration among patients, family members and providers occurs in policy and program development and professional education, as well as in the delivery of care.

Interdisciplinary. Interdisciplinary approaches integrate the analytical strengths of two or more scientific disciplines to address a given problem. Engaging a range of disciplines in collaboration broadens the scope of investigation into complex public health problems and yields fresh and possibly unexpected insights.

Competencies:² This course addresses the interactions among economic, social, cultural, educational and health services factors that influence the health of population of women, children and families, with attention both to the United States and other global settings. In recognizing the immense number of particular topics that any core MCH course could address, the

² Based on ATMCH competencies

developers of this course have selected topics that utilize the strengths of our faculty to address the following competencies in the context of a global perspective.

At the conclusion of this course, students should be proficient in:

1. Describing determinants of health and illness including biological, behavioral, socio-economic, demographic, cultural and health care systems influences;
2. Analyzing the foundations of scientific inquiry including, but not limited to, epidemiology and the uses and limitations of conceptual frameworks;
3. Appraising the purpose, rationale, activities, and performance measures for existing major MCH programs in the U.S. and other countries;
4. Illustrating the historical development of MCH public policies and practices, including relevant legislation, in the U.S. and other countries;
5. Explaining the organization and financing of health services in the U.S. and other countries and the position of MCH within the system;
6. Identifying the philosophy, values, and social justice concepts associated with family-centered, comprehensive, community-based, and culturally competent MCH and public health programs and services, including recognition of community assets; and
7. Combining and applying Public Health principles and techniques across disciplines to solve multifaceted problems within the context of family centered, comprehensive, culturally competent, community based MCH programs and systems.

Requirements: Teaching and learning are interrelated. Both instructors and students are expected to be active participants in this course. The faculty responsibility has been to develop a core MCH course that addresses significant topics and concepts in the field and to prepare individual sessions, exercises and assignments that will facilitate student learning. The student's responsibility as a learner is to engage with the course ideas, to come to class prepared to participate in class discussions, recitations and exercises, and to learn to think critically as you listen, write and discuss.

Attendance. The Graduate School and the Department of Maternal and Child Health expect students to attend class on time and to stay until the end. To the extent possible, please inform the instructor or facilitator if you know ahead of time that you will be absent or late for a class or recitation.

Required readings will be made available through Blackboard. Recommended readings will be suggested from time to time for students who wish to pursue selected topics in depth. Students are encouraged to share other helpful resources with the class.

Written assignments. There will be four written assignments this semester, providing an opportunity to address a question by integrating lecture and readings. Papers may be up to 2000 words, double-spaced, with 1" margins, and left (as oppose to fully) justified. The font must be Times Roman, and the font size must be 12.

Papers are due at **4:30 pm** on the following dates. Papers submitted late will lose points:

February 6
March 6
April 3
April 29

Exact formats and citation styles for written assignments are based on “What AJPH Authors Should Know” from the *American Journal of Public Health*. In addition, information about Vancouver style, including citing electronic resources, is available at the following URL: <http://www.library.uq.edu.au/training/citation/vancouv.pdf> .

Recitation Groups:

Purpose: Recitation groups are designed to foster opportunities to explore in depth a topic of interest to group members, learn among a group of peers, and practice providing constructive feedback to peers.

Logistics: Groups will be organized to meet online and in class. Additional face to face meetings are optional.

Product: This semester groups will work on developing case studies. Students will receive a group grade based on the group’s final product. Groups will be supported by faculty and the TA.

Grading: The TAs and instructors will use the graduate school grading system, H, P, L, and F. Final grades will be calculated using the following proportions:

- Each of the four written assignments, 15 percent.
- Class participation, 20 percent,
- Recitation, 20 percent.

Course Evaluation: There will be four evaluation methods. One is a standard University evaluation form that is distributed electronically by the University. The second is a set of open-ended questions specifically addressing the form and content of this course that will be distributed at the end of the semester. The third is a form that students may use to comment on each individual class session. Fourth, we encourage a small group of student volunteers to meet regularly with the TA to think critically about the class and provide real-time feedback.

Student Honor Code: The UNC honor code (<http://honor.unc.edu/>) will be in effect in this class. In the case of specifically identified group assignments, students are encouraged to study together. If you have questions about appropriate behavior regarding the honor code, check with the instructors.

COURSE SCHEDULE AND SESSION OBJECTIVES

Spring 2009

Module 4: Women's and Infant's Health continued

January 12: Preconceptional Health (Merry-K Moos)

1. Identify potential benefits and limitations of preconceptional health care programs
2. Analyze feasibility of preconceptional health care in current US health care and financing system
3. Apply the principles of strategic planning and marketing to preconceptional health

January 14: Efficacy of Prenatal Care I (Merry-K Moos)

1. Review research-based evidence for efficacy of prenatal care
2. Identify trends over time in utilization and adequacy of care for US total population and subgroups
3. Examine the benefits of group care (Centering Program) and other innovative prenatal care models

January 19: Martin Luther King, Jr., Holiday

January 21: Cesarean Sections/Emergency Obstetric Care (Patsy Bailey)

1. Appreciate the wide variation in cesarean rates around the world
2. Increase awareness of the paradox of this life-saving intervention
3. Understand some of the measurement issues related to monitoring cesarean deliveries

January 26: Perinatal Substance Use (Connie Renz)

1. Distinguish between research-based knowledge and public understanding of prevalence and outcomes associated with perinatal substance use
2. Describe elements of the UNC Horizons program that account for successful outcomes

January 28: Neonatal Screening and SHCN (Meghan Shanahan)

1. Review the history of newborn screening
2. Discuss current newborn screening programs and practices, including expanded newborn screening
3. Examine the ethical, legal, and social implications of expanding newborn screening

February 2: Well Child Care (Ringel-Kulka)

February 4: Discussion

Feb. 6 – Paper 1 due

Module 5: Child and Adolescent Health Services

February 9: Alternative Child Health Care Delivery Systems (Kotch)

1. Describe alternative ways of delivering health services to children, including evidence for the efficacy of well child care
2. Appraise the strengths and weaknesses of alternative health care delivery systems
3. Use systems thinking to propose solutions to problems in the organization of child health services

February 11: Well Child Care/Immunizations (Cross)

February 16: Child Care Health and Safety (Kotch)

February 18: School Health (Paula Collins)

1. Define coordinated school health programs (CSHPs)
2. Recognize the links among CSHPs, child health and student learning

February 23: Oral Health (Jessica Lee)

1. Examine oral health issues in preschool aged children
2. Discuss prevalence of consequences of dental disease
3. Discuss issues regarding access to dental care for young children
4. Discuss reasons and issues that has contributed to the great disparities that exists in the oral health of young children in North Carolina and on the national level

February 25: School-Based Clinics (Carol Ford)

1. Examine the history of SBHCs in the U.S.
2. Assess facilitators and barriers confronting SBHCs using a local school district in NC as an example.

March 2: Children/Adolescents w/SHCN (Joseph Telfair)

1. Analyze the implications of different definitions of the CSHCN population
2. Assess the history of program development for CSHCN

March 4: Discussion

March 6 – Paper 2 due

March 7-15 Spring break

Children's Environmental/Behavioral Health

March 16: Children's Environmental Health Epidemiology (Leiss)

1. To gain an understanding of the importance of environmental exposures for MCH.
2. To gain an appreciation of the scope of the problem of children's environmental health.
3. To consider the relevance of children's environmental exposures for your public health career goals.

March 18: Global neonatal/infant health care (Cyril Engmann)

March 23: Adolescent Sexuality and Pregnancy (Carolyn Halpern)

1. Appraise historical trends, social attitudes, and related health outcomes for adolescent sexual behaviors, pregnancy, and childbearing in the US.
2. Analyze evidence of success among strategies to delay onset of sexual initiation and reduce teen pregnancy and childbearing.
3. Compare and contrast trends and interventions in the US and globally.

March 25: Tobacco, Alcohol Illicit Drugs (Jon Hussey)

1. Assess recent trends in prevalence of adolescent alcohol, tobacco, and other drug use
2. Identify key risk and protective factors for adolescent substance use.
3. Explain primary, secondary and tertiary prevention approaches to adolescent substance use, with emphasis on primary prevention interventions

March 30: Nutrition and Obesity Prevention (Alice Ammerman)

1. Understand the current rates and determinants of childhood obesity in NC
2. Explore intervention and policy options in North Carolina and elsewhere to address childhood obesity
3. Consider innovative community-based and research approaches to address this epidemic

April 1: Mental and Behavioral Health (Anna Scheyett)

1. Recognize the incidence and prevalence of child and adolescent mental health problems in the U.S.
2. Identify key risk and protective factors for child and adolescent mental health problems
3. Assess current primary, secondary and tertiary prevention efforts for child and adolescent mental health problems

April 3 – Paper 3 due

April 6: Discussion

Module 6: Injuries and Violence

April 8: Unintentional Injuries (Andres Villaveces)

1. Introduce and apply the epidemiologic model of injury prevention, including the Haddon matrix and the 10 countermeasures
2. Describe the magnitude of the unintentional injury problem among children and adolescents in the U.S. and around the world
3. Discuss policy-level interventions for selected unintentional injury problems of childhood and adolescence in the U.S. and around the world

April 13: Domestic Violence (Beth Moracco)

1. Discuss trends in intimate partner violence in the US and globally
2. Describe successful models of primary and secondary prevention of IPV
3. Analyze the role of men in IPV and potential for involving men in prevention and treatment

April 15: Child Maltreatment Epidemiology and Etiology (Adam Zolotor)

1. Examine the epidemiology of child maltreatment
2. Discuss research regarding the etiology of child maltreatment in an ecological context.

April 20: Child Maltreatment Services and Prevention (Michelle Hughes)

1. Describe the current approaches, programs, and public health policy with regard to the prevention of child abuse.
2. Discuss differences in needs and approach of preventive efforts according to primary, secondary, and tertiary prevention levels.
3. Summarize the strengths of and problems with current strategies and recognize areas for prevention efforts that are lacking.

April 22: Children Orphaned by Famine, War, and HIV/AIDS (Erin McClain)

1. To understand how children are affected by complex emergencies
2. To examine the varied roles children play in complex emergencies
3. To provide information on the special needs of girls in complex emergencies
4. To explore ways in which the needs of children in complex emergencies can be adequately met

April 27: Discussion

April 29 – Paper 4 due

Alternatives:

Infectious Disease (Malaria, TB, ARI, D&D) (Annelies Van Rie)

1. Examine the public health significance of childhood infectious diseases in the developing world, including incidence and prevalence in the major regions of the world
2. Analyze the existing strategies for prevention and treatment of these diseases

Intentional Injuries (Suzanne Maman)

1. Assess the magnitude of the intentional injury problem among women and children in the U.S. and around the world.
2. Discuss the relationship between intentional injuries among women and other health related outcomes, specifically HIV.
3. Discuss policy and community-based interventions for selected intentional injury problems of childhood and adolescence in the U.S. and around the world.