

# **Special Topics in Maternal & Child Health: Systems Integration and Adaptive Leadership in Women's Health**

## **MHCH 890: Spring Semester 2014**

### Course Syllabus

Class Lectures: Weekly, Fridays, 9:00-11:00 AM (McGavran-Greenberg, rm. 1304)

2-credits

### **Instructor**

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### **COURSE DESCRIPTION**

This course is designed to integrate the theory, research literature, and evidence-supported practices that promote integrated systems of care for women across the life course from early adolescence into adulthood. Starting from a broad framework of public health systems development, this course will focus specifically on policies, programs and clinical service opportunities that can result in improved integration of public health, mental health and behavioral health services for women.

This seminar course will serve as a bridge between the academic and practice communities, exposing learners to contemporary tools, techniques and leadership approaches designed to better address the needs of women at-risk for or having mental health and behavioral health disorders, whether served in specialty behavioral health, primary care, or public health settings. Students will examine ways to improve the effectiveness, efficiency, and sustainability of integrated services, with the vision toward ultimately improving the health and wellness of women living with mental and/or behavioral health disorders, or at risk for developing longterm chronic health conditions related to their mental health and behavioral disorders. Implications of federal policy shifts to move mental health and behavioral health treatment under the auspices of primary care and the relevant provisions of the Affordable Care Act also will be discussed.

### **PREREQUISITES**

There are no course prerequisites.

## COURSE OBJECTIVES

At the conclusion of this course, students should be able to:

1. Describe determinants of mental health and illness including biological, behavioral, socio-economic, demographic, cultural and health care systems influences;
2. Identify the uses and limitations of epidemiology for informing assessment, assurance and policy development in the areas of mental, physical and behavioral health for women;
3. Discuss the philosophy, values, and social justice concepts associated with consumer-focused, family-centered, comprehensive, community-based, and culturally competent public health and mental health programs and services;
4. Integrate the application of public health principles and techniques across disciplines to address priority issues within the context of consumer-focused, family centered, comprehensive, culturally competent, community based mental and behavioral health services, programs and systems; and
5. Apply emerging research to improve impact of integrated systems of care

## 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. This course will focus predominantly on the sub-population of women during the reproductive years, in a domestic setting.

**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.

**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, disability, sexual orientation, nationality, and geographic location (rural/urban).

**Consumer-focused/Family-centered.** Consumer-focused/Family-centered care assures the health and well-being of individuals and their families through a respectful consumer/family-professional partnership. It honors the strengths, cultures, traditions and expertise that everyone brings to this relationship. Within MCH, family-centered care is the standard of practice which results in high quality services. Collaboration among clients/patients, family members and providers occur 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.

## **CROSS-CUTTING COMPETENCIES**

This course addresses the integration of public health and mental health with a specific focus on the needs and experiences of women of reproductive age in the United States. In recognizing the breadth of topics that can be covered through this course, the faculty has selected those areas that facilitate the exploration of the 3 core functions of public health: assessment; assurance; and policy development – as they apply to mental health and behavioral health services, programs, and systems for women. Students will be able to gain greater proficiency in the following cross-cutting competency areas of public health.

- Systems Thinking
  - Respond to identified public health needs within their appropriate contextual setting
- Communication and Informatics
  - Use information technology tools effectively in core public health functions such as retrieval of institutional and online public health data and dissemination of public health information
  - Engage in collective information sharing, discussion and problem solving
- Diversity and Cultural Competency
  - Demonstrate awareness of and sensitivity to the varied perspectives, norms and values of others based on individual and ethnic/cultural differences (e.g., age, disability, gender, race, religion, sexual orientation, region and social class)

- Develop, implement, and/or contribute to effective public health programming and conduct research that integrates: (1) knowledge levels of health access among individuals and within communities, and (2) culturally-appropriate methods for conducting practice or research
- Leadership
  - Demonstrate basic team building, negotiation, and conflict management skills
  - Create a climate of trust, transparency, mutual cooperation, continuous learning, and openness for suggestion and input with co-workers, partners, other stakeholders, and/or clients
- Professionalism and Ethics
  - Consider the effect of public health decisions on social justice and equity
  - Apply evidence-based concepts in public health decision-making

**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 an MCH course that addresses significant topics and concepts in the field of women's health 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 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.

**Required readings** will be made available through Sakai. Recommended reading 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.** The purpose of this seminar course is to expose students to the range of opportunities for research, policy, and program development in the area of women's health systems integration.

Course requirements include: 1) a reflective paper on culturally competent approaches with a focus on health disparities; 2) a reflective paper on application of the integrated care approach; 3) a reflective paper on the experience of leadership; and 4) a written summary of 2-3 evidence-based models for integrated care and attributes of these models.

### ***Course Schedule and Readings***

**Week 1, Jan. 10:      Introduction**

Approach: Review syllabus and requirements for course. Discuss rationale for integrated approach to women's health and wellness. Share personal vision statements for what you hope to achieve through this course, including description of experiences and interests.

**Week 2, Jan 17: Describing and Defining the Integrative Issue**

Approach: Lecture and discussion

Readings:

Giles WH, Collins JL. A shared worldview: mental health and public health at a crossroads. *Prev Chronic Dis* 2010; 7(3)

Satcher D, Druss BG. Bridging mental health and public health. *Prev Chronic Dis* 2010; 7(1).

Women's Health Prevention Brief; Women's Mental Health Issue 1 published by AMCHP/CityMatch Women's Health Partnership 2009

Action Steps for Improving Women's Mental Health at <http://www.dhcs.ca.gov/services/owh/Documents2/Articles/MentalHealthActionSteps.pdf>

Assignment: Complete WISH Orientation Module 1: An Introduction to an Integrated Approach Link available on SAKAI course site

**Week 3, Jan. 24: Analyzing and Understanding the Challenges**

Approach: Discuss case studies in order to provide opportunity for students to think about the nature of the problems, including underlying issues and application of the public health approach.

Readings:

Freeman EJ, et al. Public health surveillance for mental health. *Prev Chronic Dis* 2010 2010 Jan; 7(1): 1-7.

Assignment: Complete WISH Orientation Module 2: Defining the Challenge Link available on the SAKAI course site

**Week 4, Jan. 31: Disparities and Implications for Cultural Competency**

Approach: Students will give short presentations on health disparities including implications for cultural competency in practice.

Readings:

Primm AB, et al. The Role of Public Health in Addressing Racial and Ethnic Disparities in Mental Health and Mental Illness. *Prev Chronic Dis* 2010; 7(1)  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2811515/>

Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations; conceptual issues and research evidence  
<http://www.ncbi.nlm.nih.gov/sites/>

Williams DR. Racial/ethnic variations in women's health: the social embeddedness of health. *Am J Public Health* 2008; 98(supplement 1): S38-S47.

View video on Cultural Humility by Dr. Vivian Chavez (link to video on Sakai course site)

Assignments: Prepare a 1-2 page reflection paper describing how cultural competence and cultural humility might inform the approaches of practitioners and policymakers committed to systems integration for women of reproductive age. Use the social ecological model in your analysis.

### **Week 5, Feb. 7: Health and Psychosocial Support Needs of Women In Prison**

Approach: View Mothers of Bedford. Facilitated discussion by Melissa Radcliff, CEO of Our Children's Place.

Readings:

Staton-Tindall M, Duvall JL, Leukefeld C, Oser, CB. Health, mental health, substance use, and service utilization among rural and urban incarcerated women. *Women's Health Issues*. 2007; 17(4); 183-192.

Kane M, DiBartolo M. Complex physical and mental health needs of rural incarcerated women. *Issues in Mental Health Nursing* (2002); 23: 209-229.

Lorenzen D, Bracy K. MOMS Plus: A public health program for substance using pregnant inmates in an urban jail. *J Correct Health Care* (2011) 17 (3): 233-240.

Assignment: Visit [www.mothersofbedford.com](http://www.mothersofbedford.com) website and learn more about the documentary and resources available.

### **Week 6, Feb. 14: State and National Policy Trends for Integrated Care**

**Approach: Guest Speaker with class discussion (TBD)**

Readings:

Behavioral Health: Public Health Challenge, Public Health Opportunity. Presentation by Administrator Hyde, APHA Oct 30, 2011 <http://store.samhsa.gov/product/Behavioral-Health-Public-Health-Challenge-Public-Health-Opportunity/SMA11-PHYDE10302011>

Integrating Behavioral Health in Community and Migrant Health Centers: Motivation, Readiness, and Cultural Challenges  
<http://www.integration.samhsa.gov/about-us/webinars>

Centers for Disease Control and Prevention. Public Health Action Plan to Integrate Mental Health Promotion and Mental Illness Prevention with Chronic Disease Prevention, 2011-2015  
Atlanta: US DHHS, 2011

Druss BG, Mays RAJ, Edwards VJ, Chapman DP. Primary care, public health, and mental health. *Prev Chronic Dis* 2010; 7(1)

Other Resources:

SAMHSA-HRSA Center for Integrated Health Solutions  
<http://www.integration.samhsa.gov/health-wellness>

Dickens RS, Lancaster MS, Crosbie K. Primary Care/Behavioral Health Integration Efforts in North Carolina. *NC Medical Journal* 2012; 73(3): 204-208

Collins C. Integrating Behavioral and Mental Health Services into the Primary Care Setting. *NC Medical Journal* 2012; 73(3): 248-252

Assignments: Complete WISH Orientation Module 3: Principles and Frameworks Guiding the Integrative Approach. Link available on SAKAI course site

Prepare a reflection paper describing how the issues raised in the Women of Bedford documentary might be more effectively addressed using an integrated care approach.

## **Week 7, Feb. 21: System Gaps and Opportunities through the Affordable Care Act**

Approach: Students will discuss federal and state government role to reform healthcare and respond to system gaps. Students should be prepared to identify integration opportunities through implementation of the ACA with a focus on case studies as appropriate.

Readings:

Silberman P, Liao CE, Ricketts TC. Understanding Health Reform: A Work in Progress NC Med J May/June 2010; 71(3): 215-231.

Health Care Reform, What's in It? Rural Communities and Rural Medical Care  
<http://www.cfra.org/pdf/Rural-Communities-and-Medical-Care-brief.pdf>

Koh, HK and Sebelius, KG. Promoting Prevention through the Affordable Care Act 2010. N Engl J Med 363; 14 p 1296-1299

Thomas KC, Ellis AR, Konrad TR, Morrissey JP. North Carolina's Mental Health Workforce: Unmet Need, Maldistribution, and No Quick Fixes. NCMJ 2012; 73(3): 161-168.

Affordable Care Act Implementation: How is it affecting the healthcare workforce?  
<http://www.rwjf.org/pr/product.jsp?id=72179>

Other Resources at [www.apha.org/advocacy/Health+Reform](http://www.apha.org/advocacy/Health+Reform)

[www.kff.org/healthreform/upload/8061.pdf](http://www.kff.org/healthreform/upload/8061.pdf)

Health Reform: Implications for Women's Access to Coverage and Care August 2013  
<http://kff.org/womens-health-policy/issue-brief/health-reform-implications-for-womens-access-to/>

## **Week 8, Feb. 28: Leading Across Boundaries**

**Approach: Guest speaker with facilitated discussion (Sarah Verbiest, DrPH)**

Readings:

Heifetz RA and Laurie DL. The Work of Leadership. Harvard Business Review December 2001

Lichtenstein, B., Uhl-Bien, M., et al. Complexity Leadership Theory: An interactive perspective on leading complex adaptive systems.

<http://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1007&context+managementfacpub>

Weberg D. Complexity Leadership: A Healthcare Imperative. Nursing Forum (2012); 47(4); 268-277.

Assignment: Prepare a reflective paper describing a person who you think exhibits strong leadership skills. In your opinion, what traits or skills do they have that make them good leaders? Include steps that you want to take to learn more about your leadership style and to identify opportunities for you to practice leadership.

### **Week 9, March 7: Community Engagement**

**Approach: Students will share their experiences engaging community stakeholders and how they addressed resistance.**

Readings:

Freeman E, et al. Garnering partnerships to bridge gaps among mental health, health, care and public health Prev Chronic Disease 2010; 7(1)

Green LW. Caveats on Coalitions: In Praise of Partnerships. Health Promot Pract 2000 1:64-65.

Evaluating Community-Based Collaborative Mechanisms: Implications for Practitioners. Health Promot Pract 2000 1. 49-63.

Assignment: Complete WISH Orientation Module 5: Building and Supporting Community Engagement and Partnerships. Link available on SAKAI course site.

Identify the types of agencies and groups who are engaged on the front line in integrated services for women of reproductive age. Consider their perspectives and how they may be similar or different from other disciplines on the team. Who are potential allies and resisters? Who is most important to engage?

### **Week 10, Mar. 14: Spring Break**

### **Week 11, March 21: Collective Impact**

**Approach: Students will share application of the collective impact framework to current events. They should assess the status of the community with respect to the phases of collective impact, and determine whether the five conditions for collective impact are in place.**

Readings:

Collective Impact by John Kania and Mark Kramer Stanford Social Innovation Review Winter 2011

[http://www.ssireview.org/articles/entry/collective\\_impact](http://www.ssireview.org/articles/entry/collective_impact)

Channeling Change: Making Collective Impact Work by Fay Hamleybrown, John Kania and Mark Kramer. Stanford Social Innovation Review Jan 26, 2012

Assignments: View Collective Impact archived webinar by Liz Weaver. Apply the collective impact framework to a selected current event and discuss how it can drive change in the community context.

### **Week 12, March 28: Learning from Models that Work**

**Approach: Panel of Guest Speakers describing promising or best practice innovations**

Readings:

CIHS Issue Brief “Health Promotion Programs for People with Serious Mental Illness” at <http://www.integration.samsha.gov/Health-promotion-issue-brief.pdf>

Other resources:

See SAMSHA National Registry of Evidence-based Programs and Practices

Assignment: Complete WISH Orientation Module 4: Developing Evidence-Based Programs  
Link available on SAKAI course site

### **Week 13, Apr. 4: Planning for Change and Measuring Impact**

**Approach: Lecture and discussion**

Readings:

Morrissey JP, Domino M, Wicher C, Kilany M, Gaynes B. Integrating Primary Care and Mental Health Services: Final Evaluation Report on the ICARE Integration Pilot Sites (2009).  
[http://www.icarenc.org/images/pdf/Sheps\\_Center\\_ICARE\\_Revised\\_Final\\_Report\\_112009.pdf](http://www.icarenc.org/images/pdf/Sheps_Center_ICARE_Revised_Final_Report_112009.pdf)

Assignment: Using various resources, including the WISH Knowledge Pathway, identify evidence-based approaches for integrated, community-based women’s health policies, programs and services. Prepare a 2-3 page paper summarizing common and unique attributes of 2-3 identified models and describe impact.

## **Week 14, Apr. 11: Emerging Research in Trauma-Informed Care for Improved Adolescent and Women's Health Programs and Systems**

Approach: Lecture by Dr. Sandra Martin, PhD with facilitated discussion

Readings:

Morrissey JP, et al. Outcomes for women with co-occurring disorders and trauma: Program and person-level effects. *Journal of Substance Abuse Treatment* 28 (2005)121-133.

Morrissey JP, et al. Twelve-Month Outcomes of Trauma-Informed Interventions for Women with Co-occurring Disorders. *Psychiatric Services* (2005) 56:10; 1213-1222

Harner H and Burgess, AW. Using a Trauma-Informed Framework to Care for Incarcerated Women. *JOGNN* (2011); 40: 469-476.

Grubaugh AL, Slagle DM, Long M, Frueh BC, Magruder KM. Racial disparities in trauma exposure, psychiatric symptoms, and service use among female patients in Veterans Affairs primary care clinics. *Women's Health Issues* 2008; 18 (6): 433-441

Other Resources: National Center for Trauma-Informed Care <http://www.samhsa.gov/nctic/>  
Women and Trauma: Report of the Federal Partners Committee on Women and Trauma, A Federal Intergovernmental Partnership on Mental Health (June 2011)  
[http://www.vawnet.org/Assoc\\_Files\\_VAWnet/WOMenAndTrauma.pdf](http://www.vawnet.org/Assoc_Files_VAWnet/WOMenAndTrauma.pdf)

## **Week 15, Apr. 18: Holiday**

**Grading:** The instructors and TA will use a point system to determine student grades

**Course Evaluation:** There will be three 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. Third, we encourage a group of student volunteers to meet regularly with the teaching assistant 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.

An online introduction to the honor code for UNC SPH students can be accessed at [http://www.sph.unc.edu/nciph/core\\_certificate\\_program\\_policies\\_966\\_8041.html](http://www.sph.unc.edu/nciph/core_certificate_program_policies_966_8041.html)

## COURSE STRUCTURE

The course is organized into 15 weekly units. Weekly lectures will consist of a mix of residential, in-class presentations, supplemented by online readings and resource materials.

## COURSE REQUIREMENTS

Students are expected to attend all residential class sessions, participate actively in group discussion and perform satisfactorily on written assignments. The course requires a desire to grapple with complex interdisciplinary concepts and their application – particularly at the systems/policy level.

## COURSE EVALUATION

As part of your professional responsibility, all students are expected to complete an online course evaluation at the end of the semester.

## GRADING

Grades will be earned based on the following scale

92-100: H

75-91: P

<75: L

Your individual course grade will be based on the following components

Cultural Competence reflection paper	20%
Integrated Approach reflection paper	20%
Leadership reflection paper	20%
Evidence-based models paper	30%
Class Participation	10%

## SPRING SEMESTER 2014 COURSE CALENDAR

Week	Unit Dates	Class*	Title	Assignment	Due
1		Fri., 1/10 9:00-11:00	Introduction		
2		1/17	Describing and Defining the Integrative Issue	WISH Module 1	1/17/2014
3		1/24	Analyzing and Understanding the Challenges	WISH Module 2	1/24/2014

<b>4</b>		1/31	Disparities and Implications for Cultural Competency	Reflection paper	1/31/2014
<b>5</b>		2/7	Health and Psychosocial Support Needs of Women in Prison		
<b>6</b>		2/14	State and National Policy Trends for Integrated Care	WISH Module 3 and Reflection paper	2/14/2014
<b>7</b>		2/21	System Gaps and Opportunities through the Affordable Care Act		
<b>8</b>		2/28	Leading Across Boundaries	Reflection paper	2/28/2014
<b>9</b>		3/7	Community Engagement	WISH Module 5	3/7/2014
<b>10</b>		3/14	Spring Break		
<b>11</b>		3/21	Collective Impact	Collective Impact webinar	3/21/2014
<b>12</b>		3/28	Learning from Models that Work	WISH Module 4	3/28/2014
<b>13</b>		4/4	Planning for Change and Measuring Impact	Paper	4/4/2014
<b>14</b>		4/11	Emerging Research in Trauma-Informed Care		

\*Weekly class sessions will meet in the McGavran-Greenberg, Room 1304