

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

**MHCH 702
Foundations of MCH
Spring 2016**

When: Tuesday and Thursday, 8:00 AM – 09:45 AM
(Group work 8:00 AM-8:30 AM, Class begins at 8:30 AM)

Where: Lectures: Hooker Auditorium 0001

Faculty: **Tamar Ringel-Kulka, MD, MPH**
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Teaching Assistant:
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Credits: 4 credit hours

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,² 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.

² Kurfiss, J.G. 1988. Critical thinking: Theory, research, practice, and possibilities. Washington, DC: Association for the Study of Higher Education.

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 among 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 the 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. According to Michael Lu, Associate Administrator in charge of the Maternal and Child Health Bureau, the life course perspective is the, “conceptual framework...that recognizes that each stage of life is influenced by all the life stages that preceded it, and it in turn influences all the life stages that follow it.” 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:³ This course addresses the interactions among economic, social, cultural, educational and health services factors that influence the health of populations of women, children and families, with attention both to the U.S. and other global settings. In recognizing the immense number of particular topics that any core MCH course could address, the 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 she or he listens, writes and discusses.

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 if you know ahead of time that you will be absent or late for a class.

Class discussion leader. Over the course of the semester, many students will have the opportunity to introduce a class session. In this role, the student will be responsible for developing one discussion question based on that lecture's readings, posting it to Sakai by midnight the day before, then facilitating a 10 minute class discussion at the beginning of the class session. More information regarding this assignment will be made available on the Sakai site.

³ Based on ATMCH competencies

Required readings. Readings will be made available through Sakai. 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 three papers this semester, providing an opportunity to address a question by integrating lecture and readings. Papers may be up to 1,000 words, double-spaced, left (as opposed to fully) justified, and with 1" margins on all four sides. The font must be Times Roman, and the font size must be 12.

Papers are due on Friday, February 5 (by 4:30 pm), March 4 (by 4:30 pm), and April 8 (by 4:30 pm), and must be submitted as a Word attachment to an email sent to Dr. Ringel-Kulka. Papers submitted late will lose points.

Exact formats and citation styles for written assignments are based on the National Library of Medicine's *Citation Quick Guide*, which is available at: <http://www.wsulibs.wsu.edu/electric/quickguides/docs/nlm.html>. Papers that use the incorrect formatting style will be returned without a grade.

Evidence in written assignments. The evidence base for these assignments consists of peer-reviewed articles, official reports by governmental agencies such as the DHHS, MCHB, CDC, etc., and official reports by international organizations such as the WHO and UNICEF. Statistics and facts that appear in lay publications, even respected ones such as the New York Times, Wall Street Journal or their international equivalents, should be traced to their original sources and cited accordingly.

Case-Study Groups:

Purpose: Case-study groups are designed to foster opportunities to explore in depth a topic of interest, learn among a group of peers, and practice cooperation, negotiation, and delegation with peers.

Logistics: Groups will be organized by the instructor and will meet in person and/or online.

Product: This semester each group will work on developing their own case study. Students will receive a group grade for the final product. Groups will be supported by faculty and the TA. **The case study is due by 4:30pm on March 11th. Groups will be asked to implement their case study through an in-class exercise on April 12th, 19th, and 26nd.** The written case study is worth 70 points of your total grade for the case-study and the class presentation/implementation portion is worth 30 points.

Grading: The TA and instructor will use the point grading system, H \geq 95, P+ = 90-94, P = 75-89, L = 65-74, and F = < 65. Please note that the university registrar only accepts grades of H/P/L/F, so the P+ is solely for your information, but will not be reflected in official grades. Final grades will be calculated using the following proportions:

- Each of the three written assignments, 20 percent.

- Class participation, based on completion and submission of evaluations, and class engagement, 15 percent
- Case study, 25 percent

Course Evaluation: There will be two evaluation methods. One is the University's online course evaluation that all students are expected to complete during the two week window of time at the end of the course as listed on the UNC-CH Academic Calendar. The second is a form that students should use to comment on each individual class session. Your participation grade will depend in part upon your completing this evaluation form. Only the TA will see your name. She will aggregate the results and pass them anonymously to the instructor.

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

Important Note on Special Accommodations: If you need any special accommodation for an assignment or other course activity, you must be registered with UNC Accessibility Resources and Services (<http://accessibility.unc.edu/>), who will then provide me with an official letter.

Global Health Resources: The HSL public health resource librarian has assembled the following links for those who may be interested in global health:

- The Global Health guide <http://guides.lib.unc.edu/globalhealthtoolkit> offers quick and easy access to websites, journal articles, electronic books and other research materials on a wide range of global health topics.
- Global Health Data http://guides.lib.unc.edu/global_health_data helps you find data and statistics fast. They have compiled a list of reputable sources to help you add evidence to your global research.
- Global Health Internships and Service Opportunities <http://guides.lib.unc.edu/GlobalOpportunities> pulls together campus resources, directories of internships and specific programs for a full menu of global experiences.
- If you have additions or comments for these pages, please email hslglobal@unc.edu.

COURSE SCHEDULE AND SESSION OBJECTIVES
Spring 2016

Module 1: Perinatal, Child, and Adolescent Health Overview

January 12 (T): Course Introduction and Life Course Theory Exercise and Discussion (Ringel-Kulka)

January 14 (TH) **8:00AM-8:30AM**: Case study Q&A (Bailey, *The Center for Faculty Excellence*).

January 14 (TH): Racial Disparities in Birth Outcomes (Faustin)

1. Review Key Concepts in Health Disparities by Race in the US
2. Review the importance of birth outcomes for future health outcomes
3. Discuss the use of a racial equity framework to inform public health interventions

January 18: Martin Luther King Day

January 19 (T): Progress in Changing the Perinatal Prevention Paradigm (Moos)

1. Explain the rationale for and progress in changing the perinatal prevention paradigm
2. Discuss themes and concerns regarding development of the new prevention paradigm in the United States and in developing nations
3. Identify strategies for the future.

January 21 (TH): Prenatal Care: Traditions and Innovations (Moos)

1. Review the history and efficacy of prenatal care
2. Compare and contrast the dominant model of prenatal care in the US with other approaches nationally and internationally
3. Discuss challenges in altering standard approaches to prenatal care

January 26 (T): Emergency Obstetric Care: Accelerating Progress in Preventing Maternal and Newborn Deaths Globally (Ivester)

1. Describe the major causes of maternal and newborn deaths globally.
2. Describe the relative distribution in the occurrence of maternal and newborn deaths between developed and developing countries.
3. Describe the key components of emergency obstetric care.
4. Describe major challenges in providing high quality emergency obstetric care in low resource settings and approaches for addressing these challenges.

January 28 (TH): Newborn Screening (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 (T): Infectious Disease in Children Under-Five (Singh)

1. Understand the role of infectious diseases as contributors to global under-five mortality
2. Analyze trends in the contribution of infectious diseases to global under-five mortality
3. Gain knowledge of programmatic approaches to reduce the burden of infectious diseases for children under-five.

February 4 (TH): Women and Children and Health Care Reform (Kotch)

1. Describe the strengths and weaknesses of alternative ways of delivering health services to children in the context of health care reform
2. Use systems thinking to propose solutions to problems in the organization of child health services that are not addressed in current health care reform legislation

February 5 (F): *Paper 1 due by 4:30pm*

February 9 (T): CBPR in MCH (Ringel-Kulka)

1. Identify CBPR principles
2. Understand the process of CBPR in MCH with breastfeeding as an example
3. Recognize the strengths and challenges of CPBR as a tool to improve health disparity

February 11 (TH): Children and Youth with Special Health Care Needs, their Families and Title V (Farel, Margolis)

1. Examine different ways to measure the CYSHCN population and appreciate the complexity
2. Understand the potential impact of the Affordable Care Act (ACA) on the population of CYSHCN
3. Explore state/federal relationships with respect to where responsibility for this population resides

February 16 (T): Adolescent Sexuality and Pregnancy (Halpern)

1. Analyze the context and challenges of research on adolescence and adolescent sexuality
2. Appraise historical trends in adolescent sexual behavior, pregnancy, and childbearing in the US
3. Analyze factors contributing to patterns of sexual behavior and potential health implications

February 18 (TH): Adolescent Health (Ringel-Kulka)

1. Recognize the importance of adolescence and adolescents health
2. Get familiar with the guidelines for adolescents preventive services
3. Recognize and discuss public health services for adolescents

Module 2: Special Topics in MCH

February 23 (T): Women and Mental Health in a Global Context (Maselko)

1. Discuss maternal depression and its risk factors in LMIC vs HIC
2. Learn about links between maternal depression and child development
3. Learn about recent developments in intervention development.

February 25 (TH): Oral Health and Fluoride (White)

1. Describe the nature of dental caries, including risk factors.
2. Describe how fluoride works in preventing dental caries.
3. Describe innovative programs in North Carolina to prevent dental caries in children.
4. Describe the dental workforce in North Carolina and its relationship to oral health disparities.
5. Describe the use of fluoride in preventing caries in developing settings.

March 1 (T): The Special Sensitivity of Children to Environmental Exposures (Buckley)

1. Describe the reasons that fetuses, infants, and children are sensitive to environmental exposures, including physiology and routes of exposure
2. Provide examples of environmental exposures that impact children's health
3. Discuss the role of children's environmental health in environmental policy-making, environmental justice, and global environmental health

March 3 (TH): Early Childhood Obesity and Policy (Wasser)

1. Outline the determinants of childhood obesity using the socio-ecological framework
2. Present examples of evidence-based behavioral interventions and/or social policies occurring at different levels of the socio-ecological framework

March 4 (F): *Paper 2 due by 4:30pm*

March 8 (T) Under nutrition and Malnutrition (Flax)

1. To describe the extent of the problem of child undernutrition globally
2. To discuss the causes and consequences of child undernutrition
3. To review examples of interventions for reducing child undernutrition

Module 3: Injury and Violence in MCH

March 10 (TH): **8:00AM-9:00AM**: Unintentional Injury (Bangdiwala)

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

March 11 (F): *Case Study due by 4:30pm*

March 14 – 21 Spring Break

March 22 (T): Childcare Health and Safety (Kotch)

1. Describe the need for and use of child care in the US
2. Learn about the epidemiology of infectious disease and injury in child care

March 24 (TH): Child Maltreatment in Other Countries (Zolotor, Khan)

1. Define Child Maltreatment and Violent Discipline
2. Review issues in measuring Child Discipline
3. Review patterns of Child Disciplinary practices in 34 lower and middle-income countries
4. Describe the role of attitudes in predicting physical punishment
5. Review global recommendations

March 29 (T): Children in Complex Emergencies (McClain)

1. Understand how children are affected by complex emergencies
2. Examine the varied roles children play in complex emergencies
3. Provide information on the special needs of girls in complex emergencies
4. Explore ways in which the needs of children in complex emergencies can be adequately met

March 31 (TH): Class discussion

April 5 (T): Vaccination (Nemeyer)

April 7 (TH): mHealth (Agarwal)

April 8 (F): *Paper 3 due by 4:30pm*

April 12 (T): Case Study Exercise

April 14 (TH): Global Violence Against Women (Bloom)

April 19 (T): Case Study Exercise

April 21 (TH): Care of Orphans and Vulnerable Children (Gray)

1. Understand the basic epidemiology (prevalence and incidence) of trauma among orphaned children in low- and middle-income countries (LMIC)
2. Understand complexities of orphan well-being in different care settings in LMIC
3. Discuss the role of global health policy in orphan care

April 26 (T): Case Study Exercise and Course Wrap-Up

April 28 (TH): Office hours

May 3 (T): Office hours

May 5 (TH): Office hours