

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

**MHCH 701
Foundations of MCH
Fall 2016**

When: Monday and Wednesday, 8:00 – 9:45 am

Where: Lectures: Hooker 0001
Recitations: To be arranged

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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, recitations and small groups.

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 two-semester 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 (<http://www.citymatch.org/lifecoursetoolbox/>).

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 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.

Competencies:² Foundations (fall and spring) 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 developers of these courses 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 these two courses, 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. Please realize that not all significant topics and concepts can be addressed by a two semester core course. Topics and speakers have been chosen thoughtfully in order to give initial exposure to foundational concepts. 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. Laptops should be used only for class-related activities.

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.

² Based on ATMCH competencies

Required readings will be made available through Sakai. Recommended readings are also available 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 lectures and readings. Papers may be up to 1000 words (about four pages), double-spaced, with 1" margins, unjustified on the right, printed on one side of the paper. The font size must be 12.

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

September 21
October 25
November 22
December 12

Exact formats and citation styles for written assignments are based on What AJPH Authors Should Know from the *American Journal of Public Health*. BibWord (<http://bibword.codeplex.com/>) may be of assistance. I strongly encourage the adoption of an electronic citation system such as RefWorks, EndNote or others.

A Word on 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, and 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. Over the course of your public health studies, you are expected to develop appreciation for assessing the quality of evidence.

Recitation Groups:

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

Logistics: Groups will organize to meet either in person or online.

Product: This semester groups will explore topics to enhance development of course competencies, using questions and issues generated in class. Leadership of these discussions will be the responsibility of class members. Groups will submit a 2 page summary of their work for each assignment.

Grading: The TA and instructors will use a point system to determine student grades. Each of the four written assignments will be worth 15 points. Each recitation is worth 7.5 points. Class engagement will be worth 10 points. Engagement can include any of the following: participation in class discussion, interaction with the instructor/TA about relevant issues, postings on the discussion board, and involvement in course evaluation. The final grades will be based on the following scale: 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.

Course Evaluation: There will be three evaluation methods. One is a standardized 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 periodically. 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.

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 the instructor with an official letter.

Global Health Resources:

- Global Health: <http://guides.lib.unc.edu/globalhealthtoolkit>
- Global Health Data: http://guides.lib.unc.edu/global_health_data
- Global Health Internships: <http://guides.lib.unc.edu/GlobalOpportunities>

**Course Schedule and Session Objectives
Fall 2016**

Module 1: MCH and Public Health

August 24: Introduction (Lecture: Lew Margolis)

1. Review the mechanics of this course
2. Define critical thinking
3. Define Public Health

August 29: Introduction to Public Health (Exercise: Lew Margolis)

1. Define lifecourse theory and its role in the field of MCH
2. Participate in an exercise to demonstrate critical thinking skills.
3. Illustrate tensions between individual/private vs. community/public responsibility for health.

August 31: What Do We Measure? (Lew Margolis)

1. Explore criteria involved in selecting public health goals at the state, national, and global levels.
2. Identify critical stakeholders for the planning, implementation and evaluation of public health programs, policies and interventions.

September 5: *Labor Day*

September 7: Cultural Competence Exercise

September 12: Trends in Women's Reproductive Health (Lecture: Kashika Sahay)

1. Identify and justify appropriate outcome measures of women's reproductive health and predictors of those outcomes.
2. Review historical trends and differentials in RH risks and outcomes for US and global populations and sub-populations.

September 14: Trends in Child Health (Lecture: Kavita Singh and Anna Austin)

1. Recognize the leading causes of under-five mortality in developed and developing countries.
2. Recognize the importance of the epidemiologic shift from infectious disease causes of childhood morbidity and mortality to external causes, behavioral conditions and chronic disease in the U.S. and other developed countries.

September 19: Trends in Infant Health Outcomes (Lecture: Julie Daniels)

1. Define measures of infant health and determinants of outcomes (e.g., infant mortality, low birthweight, prematurity, SGA).
2. Explain the utility of different measures for various public health purposes
3. Review historical trends and differentials in infant health risks and outcomes for US and global populations and sub-populations.

September 21: Discussion

Module 2: Critical Thinking about Public Health

September 26: Evaluating the Evidence for Evidence-Based Practice (Lecture: Jon Hussey)

1. State criteria for evaluating the strength of scientific evidence related to MCH interventions and outcomes. What does it mean to have evidence? How does one assemble evidence?
2. Apply scientific criteria to MCH research studies.
3. Demonstrate the relevance of scientific evidence to planning of MCH policy and programs.

September 28: Social Determinants (Lecture: Christina Chauvenet and Yanica Faustin)

1. Describe social ecology and social determinants of health status.
2. Define social capital and describe its measurement.
3. Discuss the hypothesis that social capital may explain the observation that relative poverty is associated with adverse health status.

October 3: Policy Evaluative Criteria (Lecture: Lew Margolis)

1. Define key evaluative criteria for choosing among policy choices.
2. Employ criteria such as efficiency, equity, autonomy and others to policy choices.

October 5: Social and Health Disparities (Lecture: Diane Rowley)

1. Critique research on racial/ethnic and SES health disparities.
2. Critically assess criteria for measurement and conceptualization of race and ethnicity.
3. Propose and defend a conceptual framework for explaining disparities in one or more MCH outcomes.

October 10: Men's roles in MCH
Nominal Group Process

Module 3: Structures and Mechanisms

October 12: Global MCH (Lecture: Sian Curtis)

1. Understand the history and evolution of the U.S. role in international aid.
2. Understand the purpose and function of other major players in international aid (e.g., World Bank and IMF).
3. Recognize when MCH first appeared on the U.S. international aid agenda and the agendas of the other major players in international aid as well as a brief introduction to how the focus on MCH has changed for these organizations over time.

October 17: Origins of Government Roles in MCH in the U.S.: (Lecture: Lew Margolis)

1. Discuss the social, historical, political and economic conditions that contributed to calls for a governmental role in providing for the well-being of children and mothers.
2. Illustrate responsibilities of different levels of government.

October 19: Structure and Financing of Global Health Care (Lecture: Bruce Fried)

1. Identify the main components and issues of the organization, financing, and delivery of health services in international settings.

October 19-23 Fall Break begins at 5:00 P.M.

October 24: Governmental Roles and Dilemmas in MCH (Lecture: Lew Margolis)

1. Explain the development of categorical and non-categorical programs.
2. Define discretionary and entitlement programs.
3. Discuss the policy process of improving the health status of the MCH population.

October 26: Structure and Financing of U.S. Health Care (Lecture: Lew Margolis)

1. Identify the main components and issues of the organization, financing, and delivery of health services in the U.S.

October 31: Thinking about Helping People Who Are Poor (Lecture: Lew Margolis)

1. Describe the history of income support for children and families.
2. Discuss the costs and benefits of various income programs.

November 2: Medicaid/Medicare and the Entitlement Dilemma (Lecture: Lew Margolis)

1. Explain the key components of these two entitlement programs.
2. Compare and contrast the approaches of these two programs to health improvement.
3. Appraise current policy choices.

Module 4: Women's and Infant's Health

November 7: Contraception and Family Planning I (Lecture: Pouri Bhiwandi)

1. Describe the range of current contraceptive options in the U.S., comparing risks and benefits for different sub-populations (e.g., teenagers, older women).
2. Report on trends in utilization of family planning methods.
3. Identify changes in funding sources and delivery of family planning services in the U.S.

November 9: Contraception and Family Planning II (Lecture: Dorothy Cilenti)

1. Review the evidence for the link between population, family planning, and achievement of the Millennium and Sustainable Development Goals.
2. Review the history and current status of international family planning programs.
3. Compare and contrast family planning policies and programs in the U.S. and globally.

November 14: Discussion

November 16: WIC (Lecture: Josephine Cialone)

1. Describe WIC among food and nutrition programs
2. Analyze the relationship between these programs and other public health programs

November 21: Breastfeeding and Health (Lecture: Catherine Sullivan)

1. Present the rationale for breastfeeding as essential for normal immune system, GI, and brain maturation
2. Discuss global policies and US response
3. Analyze program planning based on the four pillars

November 23-27: Thanksgiving recess

November 28: Budget allocation (Exercise: Lew Margolis)

November 30: Nutrition during Pregnancy (Lecture: Rachel Bordogna)

1. Review nutritional recommendations during pregnancy and their scientific basis
2. Differentiate between benefits of recommended nutrition for mother's and infant's health.

December 5: HIV (Lecture: Jeff Stringer)

1. To understand the latest data on how to prevent MTCT of HIV
2. To understand how to implement a new program to prevent MTCT HIV in a resource poor setting

December 7: Class wrap-up