

MATERNAL AND CHILD HEALTH  
Preventive Medicine 6621  
University of Colorado Health Sciences Center

Fall quarter, August 29 to November 7, 2001. From 12:30 to 2:20 p.m., room 1601, School of Medicine. Two credits. Instructor: Peter Dawson, M.D., M.P.H., Clinical Professor of Preventive Medicine and Pediatrics, Peter\_Dawson1@yahoo.com.

**Overall Goals:**

The course is intended for graduate students interested in community-oriented careers that could include epidemiologic research, community needs assessment, public health practice, health promotion and disease prevention planning, and evaluation. It will introduce them to the issues and programs of the field of maternal and child health.

At the end of the course, students should be able to describe nine major health problems of women and children, primarily in the U.S. They should be able to describe the problems and available solutions to them at the levels of personal health services, community programs and policy.

**August 29: Introduction and Disparities in MCH**

Guest: Virgilio Licona, M.D., Associate Medical Director, Plan de Salud del Valle, Fort Lupton

**Objectives:**

Name three racial and ethnic disparities in maternal and child health.

Describe ways of addressing a problem at the levels of direct personal services, enabling services, population-based services, and infrastructure-building services from the MCH Pyramid of the MCH Bureau.

**Readings:**

Berglas, N., and J.J. Lim. (1998). Racial and ethnic disparities in maternal and child health. Arlington, VA: National Center for Education in Maternal and Child Health.

Institute of Medicine (1988). *The Future of Public Health*. Washington, DC: National Academy Press. Pages 7-8.

Van Dyck, P. (1998). Maternal & Child Health Services: Synopsis of Background and Framework of Title V Block Grant Guidance & Performance Measures. Training materials. Three pages.

Glossary of MCH terms

## September 5: Domestic Violence

Guest: Anne Tapp, M.T.S, Executive Director, Boulder County Safehouse

### Objectives:

- Describe the dynamics, characteristics and physical indicators of domestic violence.
- Describe appropriate documentation, referral and interventions for domestic violence within public-health settings.
- Describe community-wide approaches that could help treat or prevent domestic violence.

### References:

- O'Campo, P., & Baldwin, K. (1999). Abuse against women by their intimate partners. In Grason, H., Hutchins, J., & Silver, G. (Eds.). *Charting A Course for the Future of Women's and Perinatal Health: Vol. 2. Reviews of Key Issues.*
- Colorado Department of Public Health and Environment (2001). *Suggested Protocols for Victims of Spousal and Elder Abuse.* Pages 1-14, 20.
- Elliott, B.A. (1993). Community responses to violence. *Primary Care 20:* 495-502.

## September 12: Unintended Pregnancy

Alison Smith, M.P.H., Coordinator, Unintended Pregnancy Project, Boulder County Health Department

### Objectives:

- Give at least two reasons for inadequate use of contraception.
- Name at least two consequences of unintended pregnancy to society and the individual.
- Identify at least one public-policy challenge faced by family-planning programs.
- Describe an example of local efforts to reduce unintended pregnancy.

### Readings:

- Poole, V., & Hawkins, M. (1999). Pregnancy planning and unintended pregnancy. In Grason, H., Hutchins, J., & Silver, G. (Eds.). *Charting A Course for the Future of Women's and Perinatal Health: Vol. 2. Reviews of Key Issues.*
- Institute of Medicine, National Academy of Sciences. (1995). *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families.* Summary and Introduction, pp. 1-10.

## September 19: Health Behavior

Guest: Lori Crane, Ph.D., Associate Professor of Preventive Medicine

### Objectives:

- Describe how elements of the PRECEDE-PROCEED model help you understand a particular health behavior.
- List five areas within MCH in which it might be desirable to help people change their health behavior.

**Readings:**

- Gielen, A.C., & McDonald, E.M. (1997). The Precede-Proceed planning model. In K. Glanz, F.M. Lewis, and B.K. Rimer (Eds.), *Health Behavior and Health Education: Theory, Research and Practice*, 2<sup>nd</sup> edition. San Francisco: Jossey-Bass. Pages 359-71.
- Green, L.W., and Kreuter, M.W. (1991). Educational and organizational diagnosis: Factors affecting health-related behavior and environments. Chapter 5 in *Health Promotion Planning: An Educational and Environmental Approach*, 2<sup>nd</sup> edition. Read pages 150-167; pages 167-177 are optional.
- Klerman, L.V. (1991). The personal health care patterns of families in poverty. In *Alive and Well?* New York: National Center for Children in Poverty, Columbia University School of Public Health.

**September 26: Childhood Obesity**

Guest: Bruce Rengers, Ph.D., Nutrition Consultant, WIC Program, Colorado Department of Public Health and Environment

**Objectives:**

- Name four reasons for the increase in the prevalence of childhood obesity in the U.S.  
Give reasons for alleviating obesity in childhood.  
Describe interventions that could be effective at the levels of personal services and public policies.

**Readings:**

- Dietz, W.H., and Gortmaker, S.L. (2001). Preventing obesity in children and adolescents. *Annual Reviews of Public Health 22*: 337-53.
- Nestle, M., and Jackson, M.F. (2000). Halting the obesity epidemic: A public-health-policy approach. *Public Health Reports 115*: 12-24.
- National Institute of Diabetes and Digestive and Kidney Diseases (1998). Helping Your Overweight Child. Available at [www.niddk.nih.gov/health/nutrit/pubs](http://www.niddk.nih.gov/health/nutrit/pubs).
- Patrick, P., B. Spear, K. Holt, and D. Sofka (eds.). (2001). *Bright Futures in Practice: Physical Activity*. Arlington, VA: National Center for Education in Maternal and Child Health. Pages 49-52.

**October 3: Child Care**

Guest: Bruce Atchison, Vice President, Colorado Children's Campaign

**Objectives:**

- Describe the difficulties of availability, cost and quality of child care in the U.S.  
List three areas in which child-care providers can influence child health and safety.  
Describe three ways in which a child advocacy group can influence maternal and child health.

**Readings:**

- Zigler, E.F., and E. Gilman (1996). Not just any care: Shaping a coherent child-care policy. In Zigler, E.R., S.L. Kagan, and N.W. Hall (eds.), *Children, Families, and Government*. Cambridge: Cambridge University Press. Pages 94-116.
- Cryer, D. (2000). The whole child: Transdisciplinary implications for infant and toddler care. In Cryer, D., and T. Harms (eds.), *Infants and Toddlers in Out-of-Home Care*. Baltimore: Paul H. Brookes Publishing Company. Pages 351-64.
- Lally, J.R., et al. (1995). Caring for Infants and Toddlers in Groups: Developmentally Appropriate Practice. Arlington, VA: ZERO TO THREE. Pages 59-60, 74-76.
- U.S. Department of Health and Human Services. *Healthy Child Care America: Blueprint for Action*. Arlington, VA: National Center for Education in Maternal and Child Health. Selected pages.

### **October 10: Children's Health Insurance**

Guest: Donald Schiff, M.D., Professor of Pediatrics and past President of the American Academy of Pediatrics

#### **Objectives:**

Describe the adequacy of children's health-insurance coverage in the U.S.  
List four provisions you would support in further extensions of health insurance for children.

#### **Readings:**

- Stein, R.E.K. (1997). Changing the lens: Why focus on children's health? In Stein, R.E.K. (Ed.) *Health Care for Children: What's Right, What's Wrong, What's Next*. New York: United Hospital Fund of New York.
- Schiff, D. (1999). Quality health insurance for all our children. In Wallace, H.M., et al. (Eds.). *Health and Welfare for Families in the 21<sup>st</sup> Century*. Sudbury, Massachusetts: Jones and Bartlett Publishers.
- McCormick, M.C., et al. (2001). Annual report on access to and utilization of health care for children and youth in the United States—2000. *Ambulatory Pediatrics 1*: 3-15.
- Fox, H.B., and McManus, M.A. (2001). A national study of commercial health insurance and Medicaid definitions of medical necessity: What do they mean for children? *Ambulatory Pediatrics 1*: 16-22.
- American Academy of Pediatrics (2001). Bill Summary: "The MediKids Health Insurance Act of 2001." Three pages.

## October 17: Childhood Injury Prevention

Guest: Carolyn DiGuseppi, M.D., M.P.H., Associate Professor of Preventive Medicine  
Turn in outline for term paper today.

### Objectives:

Describe the effect of injury on health status in the child population.  
Identify the major causes of and risk factors for child injury.  
Identify the major forms of prevention (including education, engineering, enforcement, and economics) and explain why multiple strategies are needed to prevent unintentional injuries in children.

### Readings:

Unintentional Injuries in Childhood: Analysis and Recommendations. *Future of Children* 2000;10(1): 4-22 (see <http://www.futureofchildren.org/uic/index.htm> for additional chapters on unintentional injuries in childhood).  
Thompson RS, Sacks JJ. Evaluating an injury intervention or program. In, Rivara FP, et al. *Injury Control: A Guide to Research and Program Evaluation*. Cambridge: Cambridge University Press, 2001:196-216.

## October 24: Women's Health

Guest: Karen Trierweiler, M.S., C.N.M., Director, Women's Health Section, Colorado Dept. of Public Health and Environment

### Objectives:

List five important issues in women's health.  
Set priorities among women's health issues.

### Readings:

Key topics in women's and perinatal health—findings from the literature. In Grason, H., Hutchins, J., & Silver, G. (Eds.). *Charting A Course for the Future of Women's and Perinatal Health: Vol. 1: Concepts, Findings, and Recommendations*. Baltimore: Women's and Children's Health Policy Center, Johns Hopkins School of Public Health. Pages 9-45.  
“Prioritizing Health Issues,” one page

## October 31: Advocacy for Children and Families

Guest: Todd Saliman, Colorado House of Representatives

### Objectives:

Describe ways in which one can influence the state legislative process 1) as an individual and 2) as a member of a coalition.  
Describe case advocacy, administrative advocacy, legislative advocacy, media advocacy, and public education.  
Give two examples of values in MCH.

**Readings:**

Kirwan, A. (2001). The art of the possible: Getting involved in policy change. *Zero to Three*, June-July, pp. 9-15.

American Public Health Association. *APHA Advocates' Handbook: A Guide for Effective Public Health Advocacy*. Washington, DC: Author. Selected pages.

Minority chapter on health care. In *Beyond Rhetoric: A New American Agenda for Children and Families*. Washington, DC: National Commission on Children, 1991, pp. 159-166.

Heclo, H.H. (1997). Values underpinning poverty programs for children. *The Future of Children* 7: 141 (summer).

**November 7: Sharing of Papers**

Students will verbally present to one another the proposals they have written. The purpose is to enable them to learn from one another's work. They will turn in their papers at this session.

**REVIEW QUESTIONS**

For each session except the introduction, there will be a review question. Its purpose is to help you master the material by drawing on readings and classes. I'll give it to you at the end of class; you'll write a page or two and turn it in one week later. Each review question counts 5% of the course grade.

**TERM PAPER**

The purpose of the paper is to give students an opportunity to assess the importance of a problem in a population and write up ways of organizing community efforts to alleviate it. Papers will be like grant applications, in which one requests funding in order to carry out a plan. The sections of your paper should be: problem, goals and objectives, methods, and evaluation.

**Problem.** Choose a problem to address. It may have been discussed in class or it may be something else. For example, previous students have written about adolescent suicide in Colorado, postpartum depression at Poudre Valley Hospital, reducing low birth weight in Denver and Alamosa, school-based clinics and sexuality education to reduce sexually transmitted diseases in Colorado, and reducing obesity in Denver schools.

Define the problem. For example, with adolescent pregnancy, what ages are included? With injuries, what types? Show why the problem is important. Is it serious? Common? Easy to address?

Estimate its incidence or prevalence in a defined population (for example, city, county or state; school district; those attending a particular clinic). Get local data to the extent possible, or make estimates based on data from a larger area.

**State goals or objectives.** State the purpose of your program. Make clear the difference between what is and what ought to be. What are you going to accomplish? To what

extent? Project what you think would happen if your proposal were put into effect. Will the incidence or prevalence be reduced? Will cases be found and brought to treatment? Will complications of the condition be prevented?

State goals or objectives as clearly as possible. Goals are broad, like “to improve the immunization of children at People’s Clinic;” objectives are specific and measurable; the clearer and more specific your statement, the better. Objectives may be of four types:

*Performance objectives* measure the desired change in health status or treatment: for example, “by June 30, 2002, to increase to 90% the proportion of two-year-old children who have been fully immunized.”

*Behavioral objectives* measure changes in knowledge, attitudes, beliefs, or behaviors: for example, “85% of the parents surveyed after the parent-education program will be able to name three strategies to reduce childhood injuries in their homes.”

*Process objectives* refer to the procedures and tasks that one does during the project, in hope that they will be beneficial: “To distribute to people living in 250 mobile homes information about the health centers available in the community.”

*Product objectives* refer to tangible items produced during a project: “to produce a flier giving the locations of health centers available in the community.”

Your goals and objectives should be close to the activities being conducted: for example, if you’re setting up a program for prenatal care, it’s more realistic to say you’ll take care of 500 women a year rather than that you’ll reduce the incidence of low birth weight in the community. Goals and objectives should be set low enough to be realistic but high enough to be worthwhile; try to base them on something, perhaps someone’s previous experience.

**Discuss methods.** Propose what you think should be done. Interventions may be at the levels of services, coordination of services, education, or policy. You may propose multiple interventions. Describe and evaluate already existing efforts, if any, and say how they should be improved. If you wish, consider speaking to someone in a similar program and try out your ideas.

**Describe the expected results (evaluation).** Describe the methods which will be used to measure the outcomes of the project. What will you measure? How will you obtain, analyze, and interpret the data?

**Papers will be judged** by the degree to which they fulfill these expectations. Facts and data are important; so are thoughtful interpretation and your own thinking. Most papers will be 10-15 pages long, doubled-spaced, plus references.

Please submit a one-page outline, with a few references, by October 17. (Sooner is OK.) I’ll make comments for you by October 24. I’ll be glad to consult with you as needed, before or after class or by e-mail. Papers will be due at the last class, on November 7.

**To get a better idea about this project:** Look at sample papers from previous years, which will be in Annette Hays’s office.

Look at these items in Denison Library:

American Academy of Pediatrics (2000). *A Pediatrician's Guide to Proposal Writing*. A short, practical guide for someone already working in a community.

Wallace, H.M., Nelson, R.P., & Sweeney, P.J. (1994). *Maternal and Child Health Practices*, fourth edition. Oakland, CA: Third Party Publishing Company.

Kotch, J.B. (ed). (1997). *Maternal and Child Health: Programs, Problems, and Policy in Public Health*. Gaithersburg, MD: Aspen Publishers.

“Planning and monitoring maternal and child health programs,” by Mary Peoples-Sheps. Chapter 15 in the Kotch book. A more elaborate description.

U.S. Dept. of Health and Human Services (January, 2000). *Healthy People 2010* (conference edition, in two volumes, volume ii). Washington, DC: Author. The November, 2000 version is available at <http://web.health.gov/healthypeople>.

Web sites:

[www.mchdata.net](http://www.mchdata.net), the Maternal and Child Health Bureau, through its Title V information system, provides: data for Colorado on 36 needs, goals and objectives, and a list 25 pages long of organizations in MCH that provide information, with links to their web sites. To use it, you have to download a program 4.5 MB long.

[www.ncemch.org](http://www.ncemch.org), the National Center for Education in Maternal and Child Health, provides information about many topics.

## EVALUATION OF STUDENTS

The course grade will be based on the paper (55%) and review questions (45%).