

PUBH 5630
FOUNDATIONS OF MCH LEADERSHIP
Fall 2003 2 credits

INSTRUCTOR

Joan Patterson, PhD
Associate Professor
Office: 491 WBOB
Phone: (612) 624-1394; FAX: 624-0315
E-Mail: joan.patterson@epi.umn.edu
Office Hours: By appointment

COURSE DESCRIPTION

Welcome to Foundations of MCH Leadership. This course is designed specifically for MCH majors in their first year in the MPH program. The purpose of the course is two-fold.

➤ First, it is designed to orient you to a maternal and child *public health* perspective for meeting the health needs of women, children, adolescents and families by examining the historical and current principles, programs, policies, and practices related to these populations. Historically, MCH has focused on children and their mothers; however, today MCH emphasizes women's health beyond their reproductive and parenting roles, and it also emphasizes families (and other family members such as fathers and grandparents) as the critical social context influencing children's health and development.

➤ Second, it is designed to guide you in articulating a *personal leadership style* and plan for development of leadership competencies by examining leadership principles, skills and models (particularly as these have been applied to improving the health of MCH populations).

COURSE OBJECTIVES

Successful completion of this course will increase your ability to:

1. Describe the history and organization of MCH-related activities and legislation in the U.S.
2. Describe the core functions and essential services of public health as they apply to MCH populations.
3. Describe the importance of and process for developing specific objectives related to the current health needs of MCH populations, including MCHB performance indicators, Minnesota Health Improvement goals, and the *Healthy People 2010 National Health Promotion and Disease Prevention Objectives*.
4. Analyze programs and policies for addressing the health needs of MCH populations using human development and ecosystemic principles. These analyses will include current *knowledge* of the health issue; current *social strategies* (programs and policies) used to address the issue; and the impact of the prevailing *political climate/context* on how needs are addressed.

5. Communicate effectively to diverse audiences scientific information and strategies for improving the health of MCH populations. This includes oral and written communication.
6. Examine strategies and styles of leadership that have been and could be applied to improve the health and well being of MCH populations.
7. Consider your personal leadership style and develop a plan for continued growth based on observation, reading and reflection.

GUIDING PRINCIPLES FOR CLASS STRUCTURE AND PARTICIPATION

This course will be conducted in a seminar style with the expectation that we all will be active participants in study, thought, discussion and reflection on current MCH-related health needs and what it means to be a leader to effect change and improve the health and well-being of children, youth and families in the U.S. today. While we have some things in common as practicing and aspiring public health professionals, there will be many more ways that we are diverse – in terms of our experiences, values, and perspectives. This diversity is a great strength and affords an opportunity for us to learn from each other. Therefore, it is important that we maintain an open mind and respect for differences; that our classroom environment be a safe place to express our views, however tentative or divergent; and that we accept and engage controversy as a vehicle for our continuous, personal transformation as leaders.

It is my expectation that you will read all of the required readings *prior* to each class and be prepared to discuss them. You should also pay attention to current issues related to MCH populations that appear in the media (newspapers, magazines, T.V.), on e-mail or the internet, that are being debated in the State or in Congress, or that emerge from personal observations and discussions in your community and among your colleagues. These contemporary issues will become “grist for the mill” as we consider our roles as MCH leaders relative to these issues.

COURSE WEBSITE

A website for this course has been established where the syllabus, assignments and other resources are posted. It includes a **discussion board** for you to post and respond to comments/questions from class members. Since it is important for you to express your viewpoints in this class, the discussion board provides another venue to do so. It is my expectation that you will check the course website at least once a week for new information and dialogue. I *strongly* encourage you to post your comments, observations and questions here and to respond to those of other class members. Directions for accessing the website will be handed out on September 10th.

MENTORS

As part of the SPH Mentor Program, each of you will be paired with a community MCH leader who will serve as your mentor throughout this course and during your first year in the MCH program. The mentors will provide opportunities to observe and consider different styles and examples of leadership relative to contemporary MCH work going on in our community/state/nation. They have agreed to meet with you a minimum of three times during each semester. It will be up to you to negotiate the times and places for these meetings with your mentor based on your mutual interests and schedules. Please complete the SPH Mentorship application form available online <http://www.sph.umn.edu/mentor>. In addition to submitting it electronically, print a copy and give it to me at class on September 10th. I will personally identify a mentor for you based on your interests. You will receive the name of your mentor by September 24th.

REQUIRED READINGS:

MCH Reading Packet: Readings listed on this syllabus (and marked with an *) can be purchased at the U of M Bookstore in Coffman Union. Alternatively, they are available through e-reserve at <http://reserve.lib.umn.edu/cgi-bin/eres/>

Several of the required readings can be downloaded from the web. I have provided you with the URL on this syllabus, and I have NOT included these readings in the MCH Reading Packet.

In addition to the required readings, I have noted web links for most of the topics and have specified how you should use these to expand your understanding of a topic.

EVALUATION COMPONENTS FOR DETERMINING YOUR GRADE

20% Participation in Discussion. Active, thoughtful participation is critical to receiving an "A" in this course. Even though your written work may be exemplary, you must have quality participation, defined as:

- *thoughtful* comments and questions that are *relevant* to the topics being discussed (3 points);
- that show reflection on and integration of course readings, learning activities, and current events (4 points); and
- that demonstrate attentiveness to issues and perspectives of other students, the instructor, and guests in this class (3 points).

There are two venues for you to participate in discussion: in class and at the course website Discussion Board. I expect you to contribute to discussion at least once each week. I will evaluate your participation in class sessions and at the website Discussion Board using the above criteria (maximum of 10 points per week).

20% MCH Site Visits: Each of you will pair up with another student and sign up to visit an MCH program relevant to one of the age groups/health issues covered in this course (e.g., family planning clinic, WIC clinic, Head Start program, teen clinic, childbirth education class, program for CSHCN, etc.). Together, you should schedule your visit with the Program Director (or someone else knowledgeable about the program). During your visit, find out about at least one health issue addressed by the program, target population served, services provided, rationale for program, funding sources, staffing, and evaluation data. Following your structured observation, prepare a brief presentation with your team member (no more than 10 minutes total) to be given in class describing and critiquing the program. You should prepare powerpoint slides for the presentation and as a class handout. I plan to coordinate your presentations with the focus of class sessions. Identify your chosen program by *September 27th*; I will provide the schedule of presentations on *October 1st*. In addition to increasing awareness of the multitude of MCH programs, the intent of this assignment is to apply evaluative skills, and practice presentation skills.

60% Written Papers: Select a relevant MCH health-related topic you wish to explore in depth. The topic needs to be amendable to the following three analysis steps, each of which will involve writing a short paper (5 pages double-spaced).

Paper 1 - Knowledge about the Issue: Present what is currently known about your topic including: 1) a definition and description of the problem/issue, 2) its causes, scope and consequences, 3) major data sources, 4) gaps in available knowledge, and 5) your critical assessment of the "state of knowledge" on the topic. The assessment should include a

critique of how the knowledge fits with current popular beliefs about it and the strengths and limitations of the existing knowledge base for program and policy planning purposes.

Draft of 5-page paper due October 1st.

Paper 2 – Social Strategies: Describe the major social strategies (programs and policies) that have been utilized for addressing this issue in the U.S. (or specified other country). If many strategies have been tried, choose one or two from your list and provide an in-depth critique based on available research and evaluation data. The discussion should focus on strengths and limitations of the existing approaches and set the stage for the third paper .

Draft of 5-page paper due November 5th.

Paper 3 – Action Plan: Develop a proposal for a program or policy to address the problem. It should include 1) a description of the proposed policy or program, 2) discussion of the political context in which the issue and your solution exist, emphasizing the major arguments for and against it (including counterarguments in support of the proposal), and 3) the major constituencies who will be affected by the program or policy and those who will be engaged in implementing it. *5-page paper due December 10th. When you submit this final paper, you may include any revisions you wish to make on your other two draft papers.*

The three papers should meld together, each one building on the prior. Together, they constitute the foundation for future steps, e.g., development of a grant proposal or written testimony to a policy-making body. I will give you feedback on the first two papers so you can make revisions if you desire. All three papers require that you are well-organized and concise in your writing. To the extent possible, use data sources that are comprehensive and seminal, primarily from the peer-reviewed literature. Submit a reference list for each paper. Use the American Psychological Association style guide for your paper and references.

COURSE GRADE

20% - Participation in discussion – in class and on website discussion board

20% - Site visit and class presentation/slides

60% - 3 written papers (20 points for each one)

GRADING CRITERIA – <http://www.umn.edu/usenate/policies/uniformgrading.html> :

Letter grades and associated points will be determined as follows, and will appear on your official transcript.

A	93-100	Represents achievement that is outstanding relative to the course requirements.
A-	90-92	
B+	87-89	
B	83-86	Represents achievement that is significantly above the course requirements.
B-	80-82	
C+	77-79	
C	73-76	Represents achievement that meets the course requirements in every respect.
C-	70-72	
D+	67-69	
D	63-66	Represents achievement worthy of credit even though failing to meet requirements
D-	60-62	
F or N	<60	Represents failure and signifies that the work was either (a) completed but not at level of achievement worthy of credit, or (b) was not completed and there was no agreement between the instructor and the student that the student would be awarded an I.

- S Achievement that is satisfactory. Student will be expected to complete all assignments and receive a minimum of 70% to receive a passing score.

INCOMPLETES. An incomplete grade is permitted only in cases of extraordinary circumstances and following consultation with the instructor. In such cases an "I" grade will require a specific written agreement between the instructor and student specifying the time and manner in which the student will complete the course requirements. Extension for completion of the work will not exceed one year.

CHANGING GRADING OPTIONS. Students may change grading options without written permission as specified by the University and without penalty during the initial registration period or during the first two weeks of the semester. The grading option may not be changed after the second week of the term.

WITHDRAWAL. School of Public Health students may withdraw from a course through the second week of the semester without permission. No "W" will appear on the transcript.

After the second week students are required to do the following:

1. The student must contact and notify their advisor and course instructor informing them of the decision to withdraw from the course.
2. The student must send an e-mail to the SPH Student Services Center (SSC). The email must provide the student name, ID#, course number, section number, semester and year with instructions to withdraw the student from the course, and acknowledgement that the instructor and advisor have been contacted.
3. The advisor and instructor must email the SSC acknowledging the student is canceling the course. All parties must be notified of the student's intent.
4. The SSC will complete the process by withdrawing the student from the course after receiving all emails (student, advisor, and instructor). A "W" will be placed and remain on the student transcript for the course.

After discussion with their advisor and notification to the instructor, students may withdraw up until the eighth week of the semester. There is no appeal process.

SCHOLASTIC DISHONESTY AND PLAGIARISM

Students are responsible for knowing the University of Minnesota Board of Regents' policy on student conduct and scholastic dishonesty:

<http://www.umn.edu/regents/policies/academic/StudentConduct.html>

Scholastic dishonesty as defined in the policy and will be reported to the Office of Student Judicial Affairs: <http://www.sja.umn.edu/> and will result in a grade of "F" or "N" for the entire course.

Plagiarism is an important element of this policy. It is defined as the presentation of another's writing or ideas as your own. Serious, intentional plagiarism will result in a grade of "F" or "N" for the entire course. For more information on this policy and for a helpful discussion of preventing plagiarism, please consult University policies and procedures regarding academic integrity: <http://cisw.cla.umn.edu/plagiarism/uofmpolicies.html>.

Students are urged to be careful that they properly attribute and cite others' work in their own writing. For guidelines for correctly citing sources, go to <http://tutorial.lib.umn.edu/> and click on "Citing Sources".

In addition, original work is expected in this course. It is unacceptable to hand in assignments for this course for which you receive credit in another course unless by prior agreement with the instructor. Building on a line of work begun in another course or leading to a thesis, dissertation, or final project is acceptable.

If you have any questions, consult the instructor.

DISABILITIES

Any student with a documented disability (e.g., physical, learning, psychiatric, vision, hearing, etc.) who needs to arrange reasonable accommodations must contact the instructor and Disability Services at the

beginning of the semester. All discussions will remain confidential. For further information contact the University of Minnesota Disability Services website at <http://ds.umn.edu/> or call 612/626-1333 (V/TTY).

COURSE OUTLINE

Sept. 3 Introduction to Course and Field of MCH

- Conceptual framework for course
- Overview of field of MCH

Sept. 10 History and Structure of MCH in the U.S.

- Historical overview of federal MCH legislation
- Title V and MCH Block grant
- Overview of core public health functions and essential services

Readings Dievler, A. et al. (1997). MCH functions framework: A guide to the role of government in MCH in the 21st century. *Maternal & Child Health Journal*, 1(1):5-13.
Understanding Title V of the Social Security Act. Download at:
<ftp://ftp.hrsa.gov/mchb/titlevtoday/UnderstandingTitleV.pdf>

Web Links Peruse MCHB website, <http://www.mchb.hrsa.gov/>
Peruse MN Department of Health Family Health Division website for mission, organizational structure <http://www.health.state.mn.us/divs/fh/fh.html>
MCHB History: <http://main.uab.edu/show.asp?durki=45534> View at least three of the powerpoint presentations, including the last one – the most recent history.

Sept. 17 Data, Goal Setting, Accountability

- National and State health objectives
- Importance of data in assuring population health
- Key issues in measuring health, sources of health information, doing surveillance

Speaker John Oswald, Director of Division of Health Statistics, MN Department of Health

Readings *MacDorman MF, Minino AM, Strobino DM, Guyer B. (2002). Annual summary of vital statistics – 2001. *Pediatrics* 110(6):1037-52.
CDC (1994) *From Data to Action CDC's Public Health Surveillance for Women, Infants, and Children*. Overview
<http://www.cdc.gov/nccdphp/drh/datoact/pdf/overview.pdf>

Web Links Scan: Overview of *Healthy People 2010* Objectives for MCH
<http://www.health.gov/healthypeople/Document/HTML/Volume2/16MICH.htm>
Scan: Minnesota health improvement goals, go to
<http://www.health.state.mn.us/divs/chs/phg/goals.html>
Scan one or two of following websites for stats on children's health
<http://www.childstats.gov/>
http://mchb.hrsa.gov/chusa02/main_pages/page_03.htm
<http://www.aecf.org/kidscount>
<http://www.childtrendsdatabank.org/>
Morbidity and Mortality Weekly Report: <http://www.cdc.gov/mmwr/index.html>

* Articles marked with * are included in the Reading Packet at the Bookstore and are on Electronic Reserve

Sept. 24 Leadership in MCH

- Public sector versus private sector leadership
- Leadership ethics, values and competencies
- Self-assessment of relationship style - implications for leadership

Readings *Guyer, B. (2001). The embarrassment of riches; an historical theme for a children's health agenda in 21st century America. *Maternal Child Health Journal*. 5(3):207-13.
*Bryson J, Crosby B. (1992). *Leadership for the common good: Tackling public problems in a shared-power world*. San Francisco: Jossey-Bass. Chapters 1 & 2, pp 3-56.
Kouzes JM, Posner BZ. (2002). *The Leadership Challenge*. San Francisco: Jossey-Bass. Read Chapter 1: The five practices of exemplary leadership. This reading is only available at the WebCT site. [Also complete the Leadership Practices Inventory available at the WebCT site and bring to class.](#) While only this first chapter is required, you may want to read other chapters in this book (Amazon.com \$13.97).
Review Myers Briggs Personality Type Indicator (to be handed out in class on 9/10 and **returned for scoring on 9/17**)

Oct. 1 From Needs Assessment to Outcome Measures

- Title V performance measurement system
- MCHB performance measures

Speaker Linda Olson Keller, Coordinator, Center for Public Health Nursing, MDH

Readings *Keller LO, Schaffer MA, Lia-Hoagberg B, Strohschein S. (2002). Assessment, program planning, and evaluation in population-based public health practice. *J Public Health Management Practice*, 8(5), 30-43.
Paper 1 due Peoples-Sheps MD. (1997). Planning and monitoring maternal and child health programs. Pp 423-460 in J Kotch (ed). *Maternal and Child Health. Programs, Problems and Policy in Public Health*. Gaithersburg: Aspen Publishers. Only available on e-reserve <http://reserve.lib.umn.edu/cgi-bin/eres/>

Web Links Go to <https://performance.hrsa.gov/mchb/mchreports/search/core/cormenu.asp> and click on MCHB core performance and outcome indicators; do 2-state comparison on at least one indicator

Oct. 8 Health and Social Disparities

- Impact of race and SES on health status
- Social determinants of health

Speaker Jan Jernell, Director of Family Health Division, MN Department of Health

Readings *Adler NE, Newman K. (2002). Socioeconomic disparities in health: Pathways and policies. *Health Affairs*, 2(2), 60-76.
*Garbarino J. (1998). The stress of being a poor child in America. *Child and Adolescent Psychiatric Clinics of North America*, 7(1), 105-119.
*Williams DR, Collins C. (2001). Racial residential segregation: A fundamental cause of racial disparities in health. *Public Health Reports*, 116, 404-116

Web Links Peruse: http://www.mchlibrary.info/KnowledgePaths/kp_race.html

Oct. 15 Family Health

- Demographic trends in family structure (KB)[†]
- Functions and functioning of families (KB)
- The politics of marriage family (PC)

Readings Patterson JM. (1999). Healthy families in a postmodern society: An ecological perspective Pp. 31-52 in H. Wallace et al. (eds) *Health and Welfare for Families in the 21st Century*. Toronto: Jones & Bartlett. Available at WebCt course website.
Kumpher K & Alvarado R. (1998). Effective family strengthening interventions. U.S. Department of Justice. Download at: <http://www.ncjrs.org/pdffiles/171121.pdf>
Moore KA, Chalk R, Scarpa J, Vandivere S. (2002). Family strengths: Often overlooked, but real. *Child Trends Research Brief*. Download at <http://www.childtrends.org/PDF/FamilyStrengths.pdf>

Web Links Review at least two articles from this issue in preparation for an in-class discussion on the current controversy about the government's role in promoting marriage. *The American Prospect*, April 2002, Issue focused on "The Politics of Family" http://www.prospect.org/issue_pages/children/

Oct. 22 Women's Health

- Variability in health status and access to care (KB)
- Social, political, economic, cultural factors (PC)
- Violence against women (KB)

Readings *Satcher D. (2001). American women and health disparities. *JAMWA* 56(4):131-133.
*Schulz A et al. (2001). Social context, stressors, and disparities in women's health. *JAMWA* 56(4): 143-149.
*Misra DP, Grason H, Weisman C. (2000). An intersection of women's and perinatal health: The role of chronic conditions. *Women's Health Issues*, 10(5), 256-267.

Web Links Peruse MCH Library http://mchlibrary.info/KnowledgePaths/kp_domviolence.html#fvpf
Read: Commonwealth Fund 1998 Survey of Women's Health Fact Sheet on Violence and Abuse http://www.cmwf.org/programs/women/ksc_who_survey99_fact4_332.asp
Several summaries of women's health issues can be found at : <http://www.jhsph.edu/wchpc/pub/pubs.html> Review 2 -3, including Grason H, Silver G. (1998). Public health roles promoting the health and well-being of women. <http://www.jhsph.edu/wchpc/pub/Mch-s~13.pdf>

Oct. 29 Reproductive Health

- Family planning and preconceptional care (SS)
- Low birthweight, prematurity, neonatal mortality (KB)

[†] KB = knowledge base SS = social strategies PC = political context

- Speaker** Erica Fishman, Coordinator of Community Outreach, MCH Program, U of MN
- Readings** *Branum A, Schoendorf K (2002). Changing patterns of low birthweight and preterm birth in the United States, 1981-98. *Paediatric and Perinatal Epidemiology*, 16, 8-15.
*Hogue CJ, Vasquez C (2002). Toward a strategic approach for reducing disparities in infant mortality. *Am J Public Health*, 92(4), 552-556.
*Lu MC, Halfon N. (2003). Racial and ethnic disparities in birth outcomes: A life-course perspective. *Maternal and Child Health Journal*, 7, 13-30.

Nov. 5 Health of Infants and Young Children

- Environmental exposures (KB)
- Early childhood education (SS)
- EPSDT (SS)

Speaker Penny Hatcher, Supervisor of Child and Teen Checkups, MDH

- Readings** Centers for Disease Control (2002). Community interventions to promote healthy social environments: Early childhood development and family housing. *MMWR* <http://www.cdc.gov/mmwr/PDF/RR/RR5101.pdf>
- Paper 2 due** Halfon N et al. (2002) Building a Bridge from Birth to School: Improving Developmental and Behavioral Health Services for Young Children, Executive Summary (pp 1-10). The Commonwealth Fund http://www.cmwf.org/programs/child/halfon_bridge_564.pdf
- Rolnick A, Grunewald R. (2003). Early child development: Economic development with a high public return. *FedGazette*. <http://minneapolisfed.org/pubs/fedgaz/03-03/earlychild.cfm>

- Web Links** NIEHS Children's Environmental Health. Review at least two of the articles at this website <http://www.niehs.nih.gov/oc/factsheets/ceh/home.htm>
Peruse the MCH Library on EPSDT: http://www.mchlibrary.info/KnowledgePaths/kp_EPSDT.html

Nov. 12 Health of School-Age Children

- Mental health (KB)
- Children's health insurance (SS)
- Impact of the media on child development (PC)

- Readings** *Kolbe LJ, Kann L, Brener ND. (2001). Overview and summary of findings: School health policies and programs study. *J of School Health*, 71(7), 253-259.
*Earls F, Crison M. (2001). The social ecology of child health and well-being. *Annual Review of Public Health*, 22:143-66.

- Web Links** 1999 Report of the Surgeon General on Mental Health. Read pp. 123-136 of chapter on children and mental health. <http://www.surgeongeneral.gov/Library/MentalHealth/pdfs/C3.pdf>
Read: Health insurance for children. Executive summary. (2003) *The Future of Children* 13(1). http://www.futureofchildren.org/usr_doc/tfoc13-1_exsum.pdf
Scan at least one article from the website of National Institute on Media and the Family <http://www.mediafamily.org/research/index.shtml>

Nov. 19 Nutrition and Physical Activity

- Breastfeeding
- WIC program (SS)
- Obesity (KB)

Speaker Patricia Faulkner, Supervisor of WIC, MDH

Readings *Alaimo K et al. (2001). Food insufficiency, family income, and health in US preschool and school-aged children. *Am J Public Health*, 91, 781-786.
*Forste R, Weiss J, Lippincot E. (2001). The decision to breastfeed in the United States: Does race matter? *Pediatrics*, 108(2), 291-296.

Web Links Review the links and information at APHA Food and Nutrition Section. Childhood Obesity: <http://www.aphafoodandnutrition.org/overwt.html>

Nov. 26 Adolescent Health

- Risk taking: substance use, sexual behaviors (KB)
- School-based health services (SS)
- Suicide and violence (KB)

Speaker Kristin Teipel, Konopka Institute, U of M Adolescent Health Program

Readings *Barkin S, Smith K, DuRant R. (2002). Social skills and attitudes associated with substance use behaviors among young adolescents. *J Adolescent Health*, 30(1), 35-45.
CDC (2002). Trends in cigarette smoking among high school students – US, 1991-2001. *MMWR* 51(19), 409-412. <http://www.cdc.gov/mmwr/PDF/wk/mm5119.pdf>
*Santelli J et al. (2000). Adolescent sexual behavior: estimates and trends from four nationally representative surveys. *Family Planning Perspectives* 32(4), 156-165.

Dec. 3 Children and Adolescents with Special Health Care Needs

- Example of asthma (KB)
- Epidemiology and definitions (KB)
- Advocacy and legislation (PC)
- SLAITS (KB)

Speaker John Hurley, Director of MN Children with Special Health Needs, MDH

Readings *Newacheck P et al. (1998). An epidemiologic profile of children with special health care needs. *Pediatrics* 102(1), 117-123
*VanDyck P, et al. (2002). The national survey of children with special health care needs. *Ambulatory Pediatrics*, 2(1), 29-37.

Web Links Scan: Public Health Policy Advisory Board (2002). *Asthma: Epidemic Increase – Cause Unknown*. http://www.phpub.org/asthma_report/asthma_web_version5.htm

Dec. 10 **MCH Leadership**

Paper
3 due

- Systems change efforts
- On being a visionary leader
- Inter-sectoral collaboration

Readings Hutchins, V. (1999). Steps for the future. Pp 606-616 in H Wallace et al. (eds) *Health and Welfare for Families in the 21st Century*. Toronto: Jones & Bartlett. Only available on e-reserve <http://reserve.lib.umn.edu/cgi-bin/eres/>
