

**PUB HLTH 415**  
**Health Promotion**  
**1.0 Credit**  
**Fall 2006 (September 20 – December 6, 2006)**

**Day and Time:**

Wednesdays at 6:00-9:00PM

**Location:**

680 N. Lake Shore Drive, Suite 1220 conference room

**Faculty**

Arthur Elster, MD

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**Course Description:**

The purpose of this course is to help prepare health professionals as leaders in the field of disease prevention and health promotion (DP/HP). Students will learn the value of and barriers to DP/HP, how to identify and use federal public health data sets, factors that influence personal health decisions, preventive interventions directed at individuals (clinical settings) and populations (community settings), strategies for using population health principles to integrate DP/HP into routine clinical and public health practice, and the organization of federal agencies that fund DP/HP activities. Class work will involve readings from the print and Web-based literature, interactive discussions, and exercises involving data gathering and analysis from federal web sites. Student responsibilities will include leading a weekly topical discussion, preparing 1 brief paper during the semester, and presenting a final paper synthesizing and applying information learned during the course. Class size will be limited to 7-9 students.

**Prerequisites:**

None

**Objectives:**

By the end of the course, students will be expected to:

1. Demonstrate an ability to evaluate research literature in disease prevention and health by both actively participating in class discussions and effectively leading a class discussion on one of the course topics
2. Understand the continuum of health and use this information to describe the different levels of preventive interventions
3. Conduct a critical analysis of recommendations and guidelines for clinical and community preventive health practices
4. Describe the role of federal agencies in disease prevention and health promotion and know how to access data sets and funding opportunities produced by these agencies
5. Develop a community-based preventive intervention strategic plan to address a major health problem

**Course Evaluation:**

1. Course grades will be based upon: class preparedness, leadership, and participation (50%); brief paper (15%), final paper/presentation (35%)

2. The Programs in Public Health administer web-based course evaluations to students for each course near the end of the quarter. Your completion of both the Unit (course) and Faculty evaluations is required; failure to complete the evaluations will result in an incomplete grade until the evaluations are submitted. You will be sent the web link and instructions via e-mail later in the quarter. You will have about 2 weeks time to complete the evaluations before grades are submitted.

## Study Outline

### I. Disease Prevention and Health Promotion: Overview and Strategies

"Weary the path that does not challenge. Doubt is an incentive to truth and patient inquiry leadeth the way." (Hosea Ballou, 1771-1852)

#### Key Points:

- Review the continuum of health and the role of prevention
- Discuss the varying concepts of levels of prevention
- Understand how primary prevention may, or may not fit in medical practice

#### Class Preparation:

- Review: Presentation to the Clinical Prevention Collaborative Summit: [http://www.cars-rp.org/IOM\\_CPC\\_042506.ppt#296](http://www.cars-rp.org/IOM_CPC_042506.ppt#296)
- Read: New directions in definitions. In, *Reducing Risks for Mental Disorders: Frontiers for Preventive Intervention Research*. Institute of Medicine, 1994 pgs 19-29.
- Read: Mirand AL, Beehler GP, Kuo CL, Mahone MC. Physician perspectives of primary prevention: qualitative base for the conceptual shaping of a practice intervention tool. *BMC Public Health* 2002;2:1623.

### II. Disease Prevention and Health Promotion in Medicine and Public Health

"The essence of wisdom is the ability to make the right decision on the basis of inadequate evidence" (Alan Gregg, 1890-1957)

#### Key Points:

- Describe the achievements and deficiencies of our nation's health status and reasons for these findings
- Know the social and environmental determinants of health and how to apply these principles to selected health issues
- Be able to discuss the various partners and their roles in creating and ensuring a healthy society

#### Class Preparation:

- Read: Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual cause of death in the United States, 2000. *JAMA*. 2004;291:1238-1245.
- Read: Green L, et al. The ecology of medical care revisited. *N Engl J Med* 2001; 344:2021-2025.
- Read Cohen DA, Scribner RA, Farley TA. A structural model of health behavior: A pragmatic approach to explain and influence health behaviors at the population level. *Prev Med* 2000; 30: 146-154.
- Review the 10 Leading Health Indicators and objectives for each that come from Healthy People 2010  
[http://www.healthypeople.gov/Document/HTML/uih/uih\\_4.htm](http://www.healthypeople.gov/Document/HTML/uih/uih_4.htm)

### III. Population Health and Chronic Disease Management

“A historian is a prophet facing backward” Karl Krauss (circa 1900)

#### Key Points:

- Describe the concept of “population health” and how this applies to both clinical and community settings
- Know the steps for integrating population-based medicine into health care
- Know the principles of the chronic disease management and, specifically, the chronic care model
- Understand the barriers to applying a population-based approach to managing patients with a diabetes mellitus

#### Class Preparation:

- *Roadmaps for Clinical Practice: A Primer on Population-Based Medicine*, Chapter II. Peters K, Elster A. American Medical Association, 2001.
- Ostbye T, Yarnall KS, et al. Is there time for management of patients with chronic diseases in primary care? *Ann Fam Med*, 2005; 3:209-214.
- Wagner EH, Austin BT, et al. Improving chronic illness care: translating evidence into action. *Health Aff*, 2001; 20:64-78.
- Casalino LP. Disease management and the organization of physician practice. *JAMA*, 2005; 293: 485-488.

### IV. Clinical Preventive Services

“No man ever became wise by chance.” Lucius Seneca (4BC-AD 65)

#### Key Points:

- Know the history of the US Preventive Services Task, the range of preventive recommendations that they address, and how recommendations are developed.
- Understand how to apply find the recommendations for selected conditions.

#### Class Preparation:

- Read: Harris RP, Helfand M, et al. Current methods of the US Preventive Services Task Force: A review of the process. *Am J Prev Med* 2001; 20 (3s):21-35.
- Read material from the US Preventive Services Task Force web site (<http://www.ahrq.gov/clinic/uspstfix.htm>) and be prepared to discuss the range of topics and types of recommendations addressed by the Task Force.
- From the US Preventive Services web site, review the recommendations for:
  1. Chlamydia screening (<http://www.ahrq.gov/clinic/uspstf/uspstfuschlm.htm>)
  2. Screening for HIV infection (<http://www.ahrq.gov/clinic/uspstf/uspstfshivi.htm>)
  3. Counseling for tobacco use (<http://www.ahrq.gov/clinic/uspstf/uspstfbac.htm>)
- Be prepared to discuss the results for each.

## V. Community Preventive Services

“Sit down before fact as a little child, be prepared to give up every preconceived notion, follow humbly wherever and whatever abysses nature leads, or you shall learn nothing”. Thomas Huxley (1825-1895)

### Key Points

- Know the range topics and recommendations addressed by the CDC's Guidelines for Community Preventive Services and how they are developed
- Apply the recommendations for selected topics to community and clinical circumstances

### Class Preparation:

- Read: Briss PA, Zaza S, et al. Developing an evidence-based Guide to Community Preventive Services-methods. *Am J Prev Med* 2000;18 (1S):35-43, Be prepared to discuss:
  1. What is the process for gathering information
  2. How is the strength of evidence assessed
  3. How are recommendations developed based on the strength of evidence
- Review the Web site for the Task Force on Community Preventive Services web site (<http://www.thecommunityguide.org>) and then look over the slide set, *Community Guide Overview* to better understand the types of issues addressed by the Task Force
- Read the following 2 reports and be prepared to discussed the results:
  1. Recommendations for healthcare system and self-management education interventions to reduce morbidity and mortality from diabetes. *Am J Prev Med* 2002; 22 (4s):10-14
  2. Increasing physical activity (*MMWR* Oct 26, 2001)

## VI. Special Issues I: Physical Activity, Diet, and Health

### Key Points:

- Learn the relation between physical fitness, obesity, and morbidity
- Know the value and limitations of using the Body Mass Index (BMI) for children, adolescents, and adults

### Class Preparation:

- Read: Blair SN, Church TS. The fitness, obesity, and health equation: Is physical activity the common denominator? *JAMA* 2004; 292:1232-1234.
- Read: Wessel TR, et al. Relationship of physical fitness vs body mass index with coronary artery disease and cardiovascular events in women.. *JAMA* 2004;292:1179-1187.
- Read: Weinstein AR, et al. Relationship of physical activity vs body mass index with type 2 diabetes in women. *JAMA* 2004;292:1188-1194.
- Recommendation Statement: Screening and interventions for overweight in children and adolescents (US Preventive Services Task Force)
- Recommendations and Rationale: Screening for obesity in adults (US Preventive Services Task Force)

- Be prepared to discuss the following:
  1. What is the relation between physical activity, fitness, weight, and health?
  2. What is the BMI, how is it measured, how is it useful, and what are the limitations?
  3. Why do the recommendations from the US Preventive Services Task Force for BMI differ between children/youth and adults?

## **VII Special issues II: Prevention of Stroke and Heart Disease**

### **Key Points:**

- Learn the preventive factors causing cardiovascular disease
- Understand the role that salt intake plays in cardiovascular disease

### **Class Preparation:**

- Read: Promotion of Healthy Lifestyles: Reducing the Population Burden of Cardiovascular Disease by Reducing Sodium Intake. AMA Council on Science and Public Health

## **VIII. Behavior Change**

“It is much more important to know what sort of a patient has a disease, than what sort of disease a patient has” William Osler

### **Key Points**

- Explain clinical strategies for promoting behavioral change
- Know the barriers for implementing behavioral change into clinical practice
- Know the principles of motivational interviewing as it applies to stages of change
- Apply the 5A model for behavioral change to clinical and community settings

### **Class Preparation:**

- Read: Woolf SH, Krist A, et al. Putting it together: Finding success in behavioral change through integration of services. *Ann Fam Med* 2005; 3: S20-S27
- Read: Cifuentes M, et al. Prescription for health: Changing primary care practice to foster healthy behaviors. *Ann Fam Med* 2005; 3: S4-S11.
- Resnicow K, Dilorio C. Motivational interviewing in health promotion: It sounds like something is changing. *Health Psychol* 2002; 21: 444-451.
- Be prepared to discuss:
  1. Describe how clinic and community resources can be integrated to encourage health promotion.
  2. What are some of the theories and approaches to health counseling for behavioral change? Give some specific examples.
  3. What are the advantages and disadvantages of providing office counseling for behavioral change?

## VIII Organization of Federal Agencies, Grant Makers, Data Sets

“Plural of anecdote is data”

### Key Points

- Know how the US Department of Health and Human Services is organized and relevant organizational units of CDC, AHRQ, and HRSA

### Class Preparation:

Review the following organizational charts and be prepared to discuss

- The US Department of Health and Human Services  
<http://www.hhs.gov/about/orgchart.html>
- Health Resources and Services Administration  
<http://www.hrsa.gov/orgchart.htm>
- Centers for Disease Control and Prevention  
<http://www.cdc.gov/od/cdcchart.htm>
- Grants.gov  
<http://www.grants.gov/Find>
- The Robert Wood Johnson Foundation  
<http://www.rwjf.org/index.jsp>
- From the CDC Wonder web site <http://wonder.cdc.gov/> review the description of each data set as listed in the “Summary” option. You can logon as an “anonymous user”.
- Go to WISQARS web site <http://www.cdc.gov/ncipc/wisqars/> and be prepared to discuss how these data can be used in strategic planning:

## IX Final Presentations

“The pleasure and delight of knowledge and learning, it far surpasseth all other in nature....we see in all other pleasures there is satiety, and after they are used their verdure departeth; which showeth well they be but the deceits of pleasure, and not pleasure: and that it was the novelty that pleased, not the quality.”

(Francis Bacon, 1561-1626)