

A new health curriculum: social determinants of health and advocacy model

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Session

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10:30 – 12:00 pm

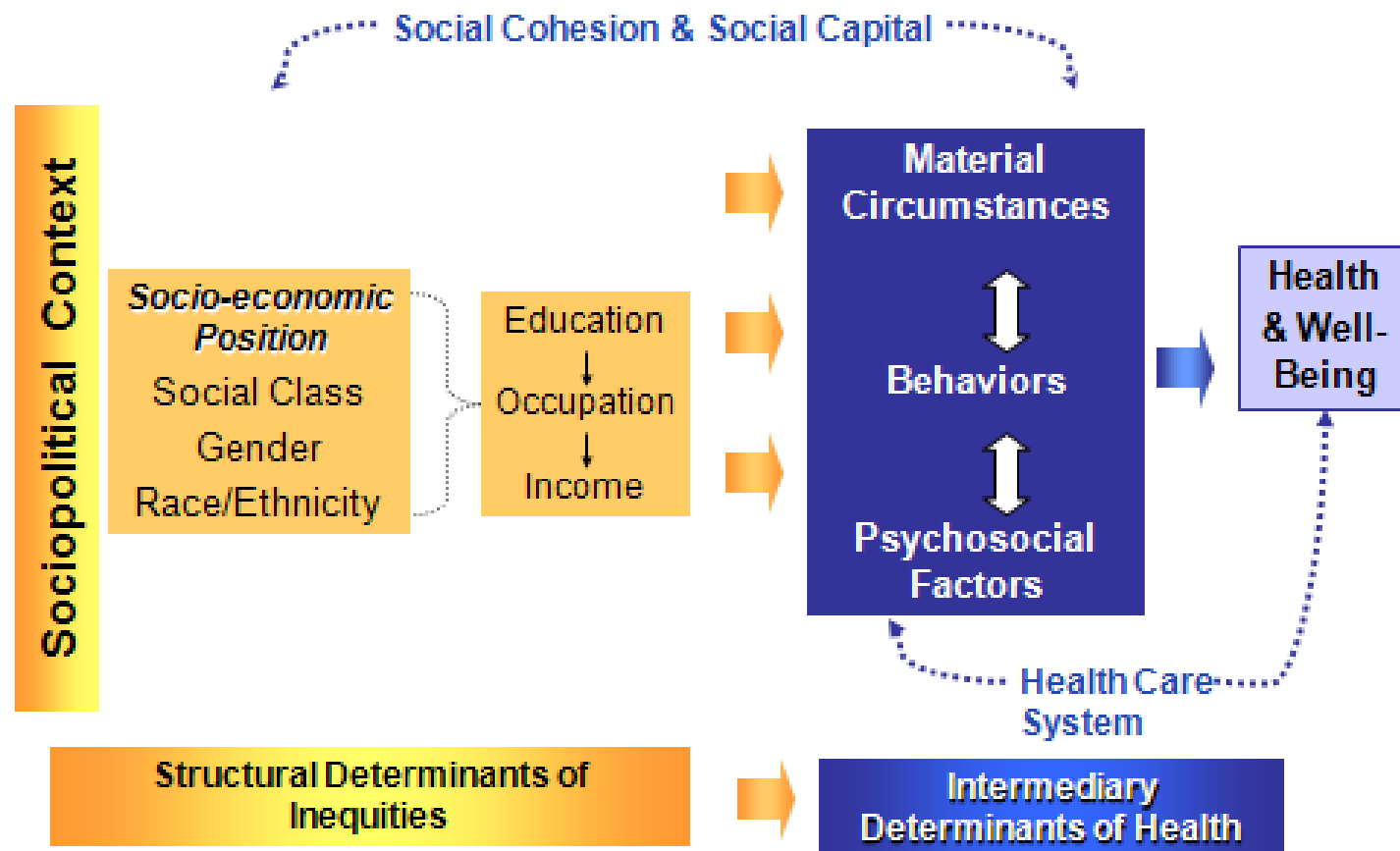
outline for today



- social determinants of health & critical health literacy
- *Just Health Action's* curriculum
- 2 case study examples
- success and challenges teaching the SDOH in schools
- recommendations

what are the SDOH?

World Health Organization Model



case for teaching social-economic determinants of health in the secondary school setting

1. individual behavioral factors explain **small** proportion of disease compared to societal factors
2. individual health behavior approach - limited effect in disadvantaged pops because fails to address issues of **why** behaviors are adopted
3. “blame the victim” – disadvantaged blamed for illness when responsible factors are **outside their control**



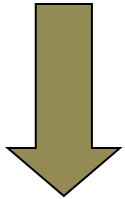
three levels of health literacy

1. functional



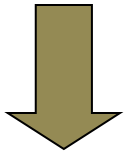
transmission of factual information (e.g. AIDS, drugs, tobacco)

2. interactive



develop personal skills – problem solving, communication, decision making, act independently on advice received (e.g. refusal skills)

3. critical



Individual's understanding of the SDOH combined with the skills to take action at both the individual and community level (e.g. taking action on teen violence in the community)

Just Health Action



Through a social justice lens, we teach workshops and classes that review the evidence and facilitate discussion and consensus on how individuals and communities can take action on these root causes.

- developed & taught secondary school curriculum from 2004-2008
- pedagogy: youth empowerment model

empowerment model; critical health literacy approach

extend traditional model

- ecological: focus on “upstream” circumstances that affect health

empowerment

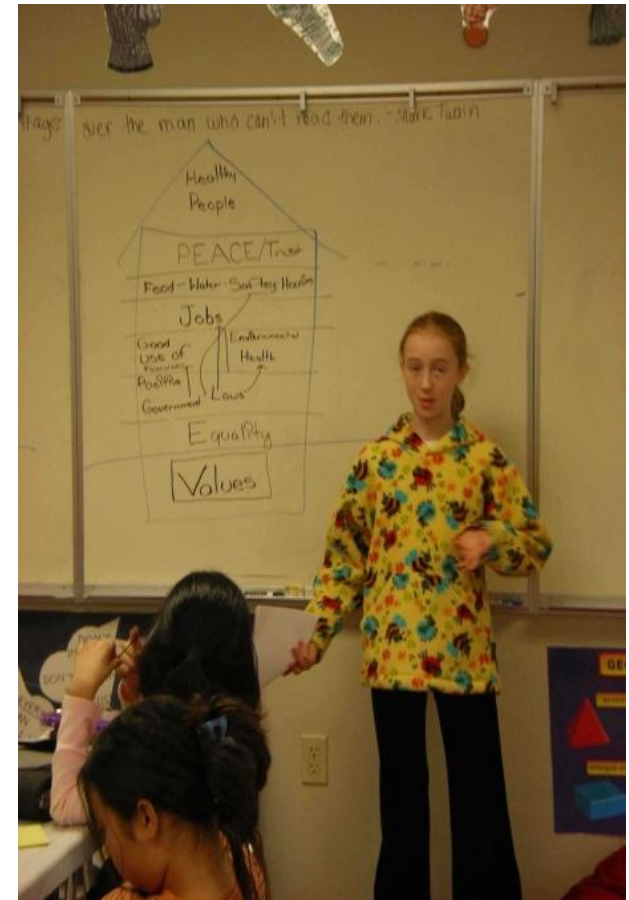
- empower to improve health of entire population or sub-population (beyond individuals)

praxis: action and reflection

- a means to understand root causes and strategize taking action on them

JHA curriculum venues

- middle school
 - Seattle Girls School, Evergreen School, Harbor School
- high school
 - Puget Sound Early College, Everett Community College, DRCC Environmental Justice Youth Corps afterschool program
- university
 - University of Washington, Western Washington University, Antioch University
- health centers
 - Sea Mar Community Health Centers



school collaboration

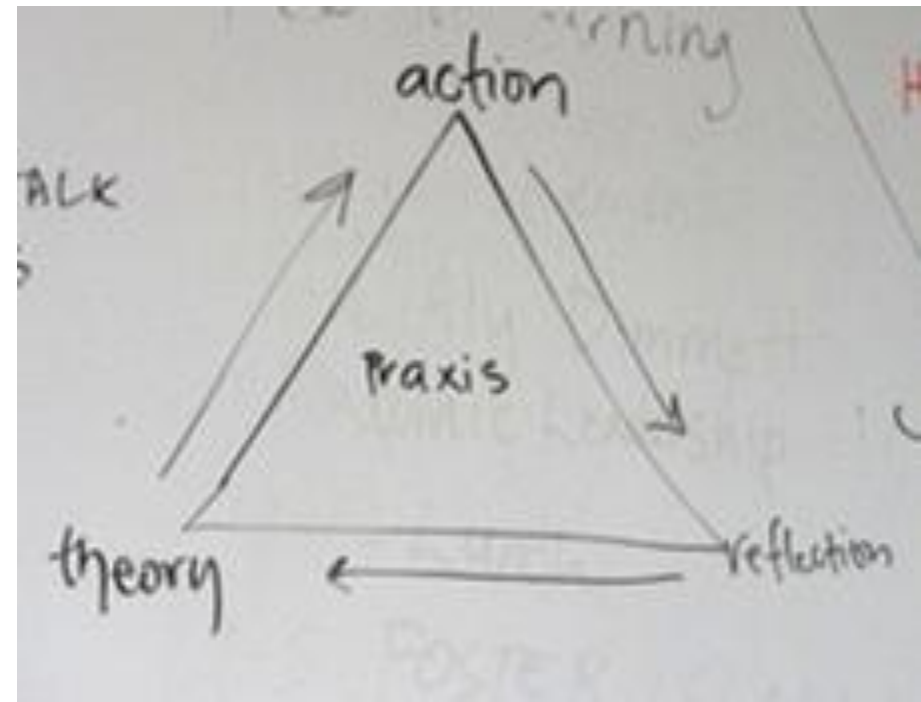
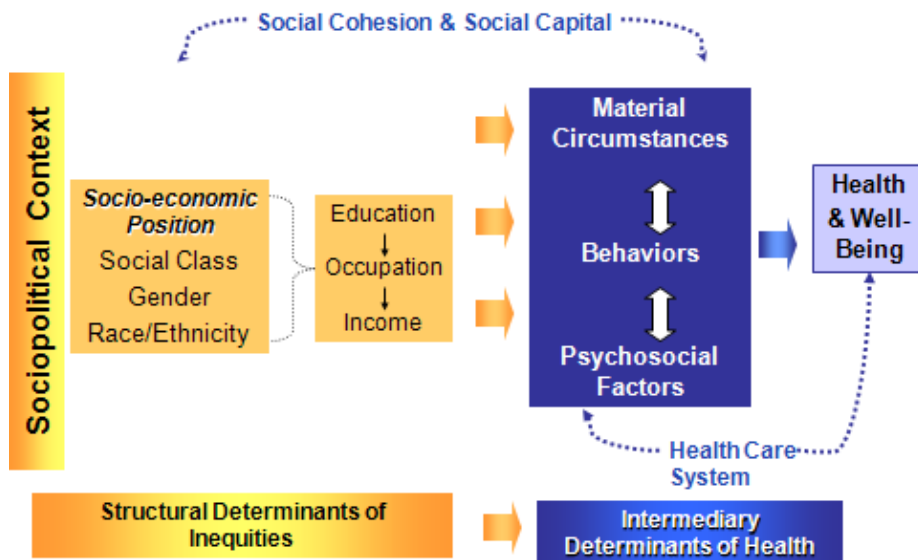


- JHA and school develop theme together
- co-teach; teacher feed-back
- length of program varies
 - from a 2-hour intro to a 12 week, 100 hour course
- flexible
 - integrate into health, social studies, history, government, etc.
- pre and post tests for evaluation

JHA secondary school curricular model

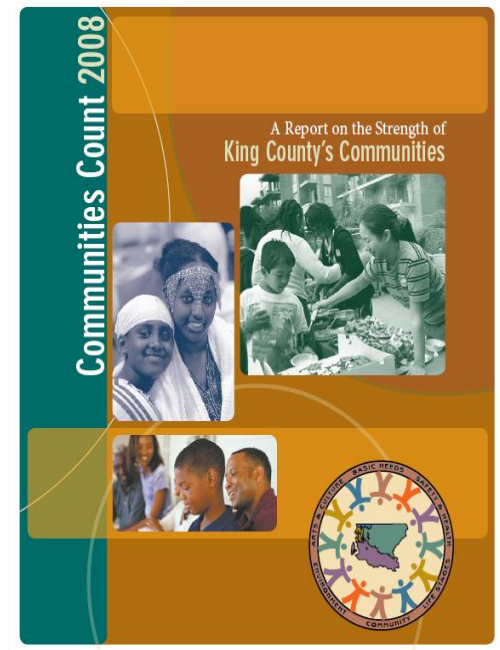
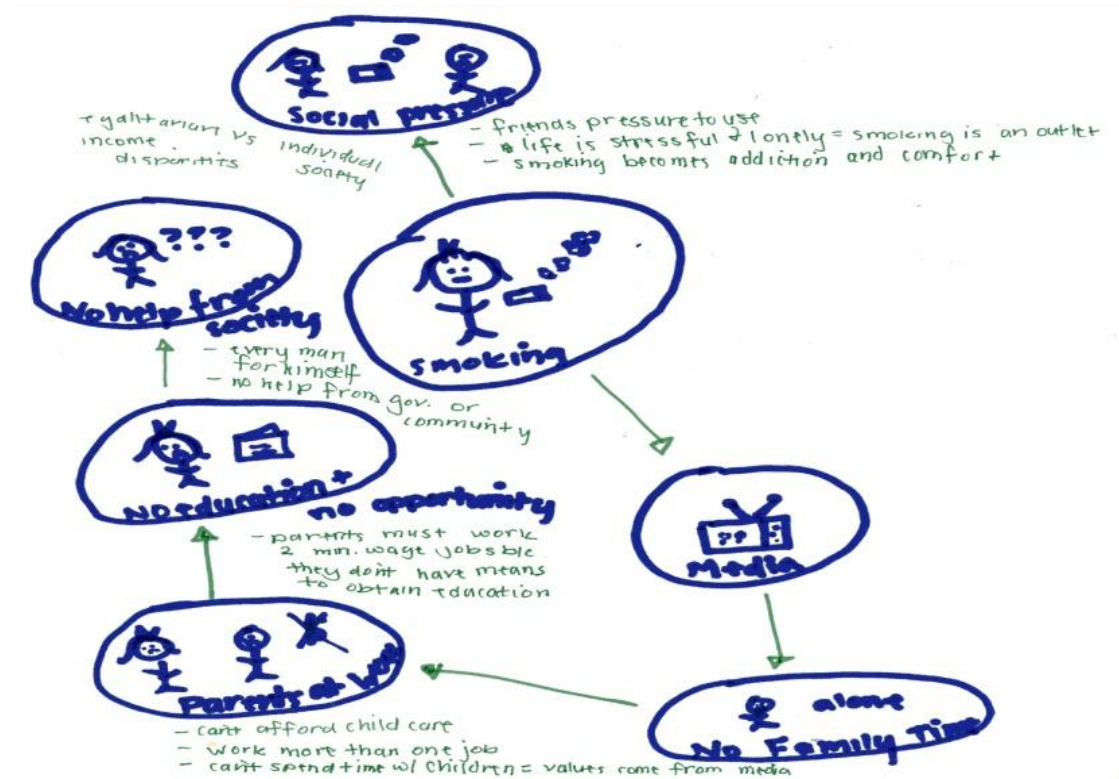
- part 1: teaching the SDOH
- part 2: taking action on the SDOH

World Health Organization Model



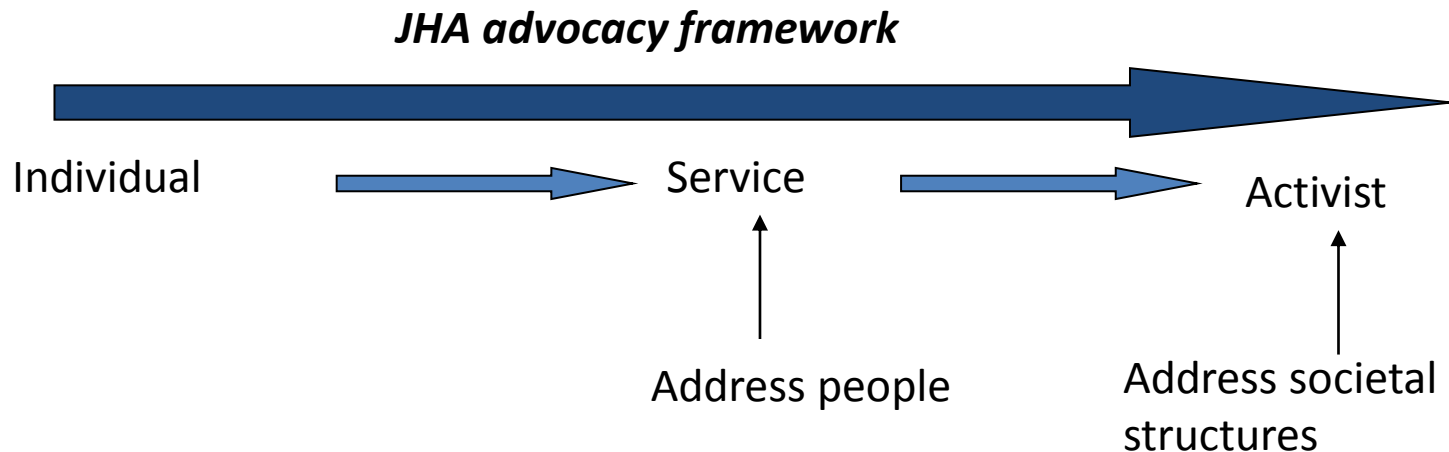
Part 1: teaching the SDOH

- “what is health?”
- “health disparities”
- “causes-of-the-causes”



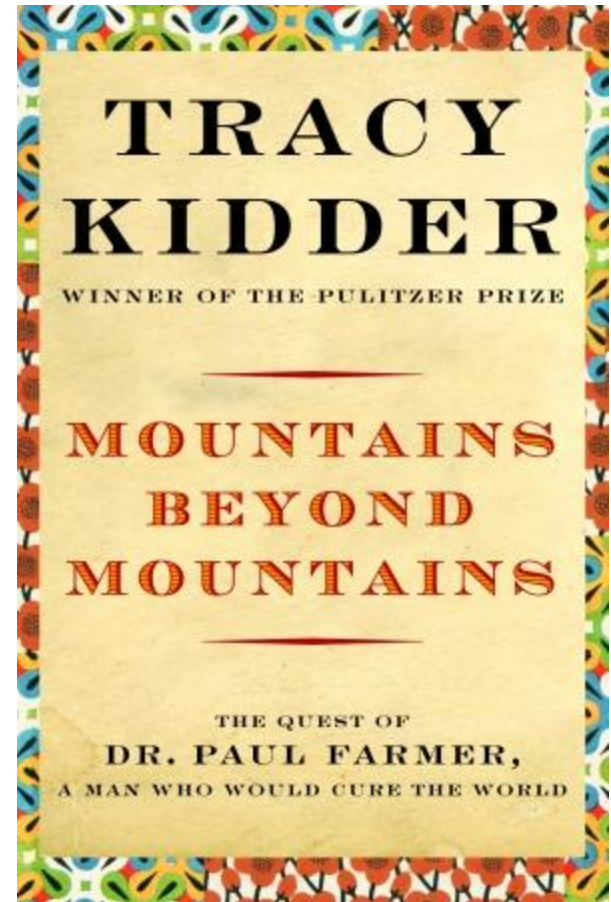
Part 2: taking action on the SDOH

- introduction to advocacy
- choice an SDOH topic & research
- develop & implement SDOH action

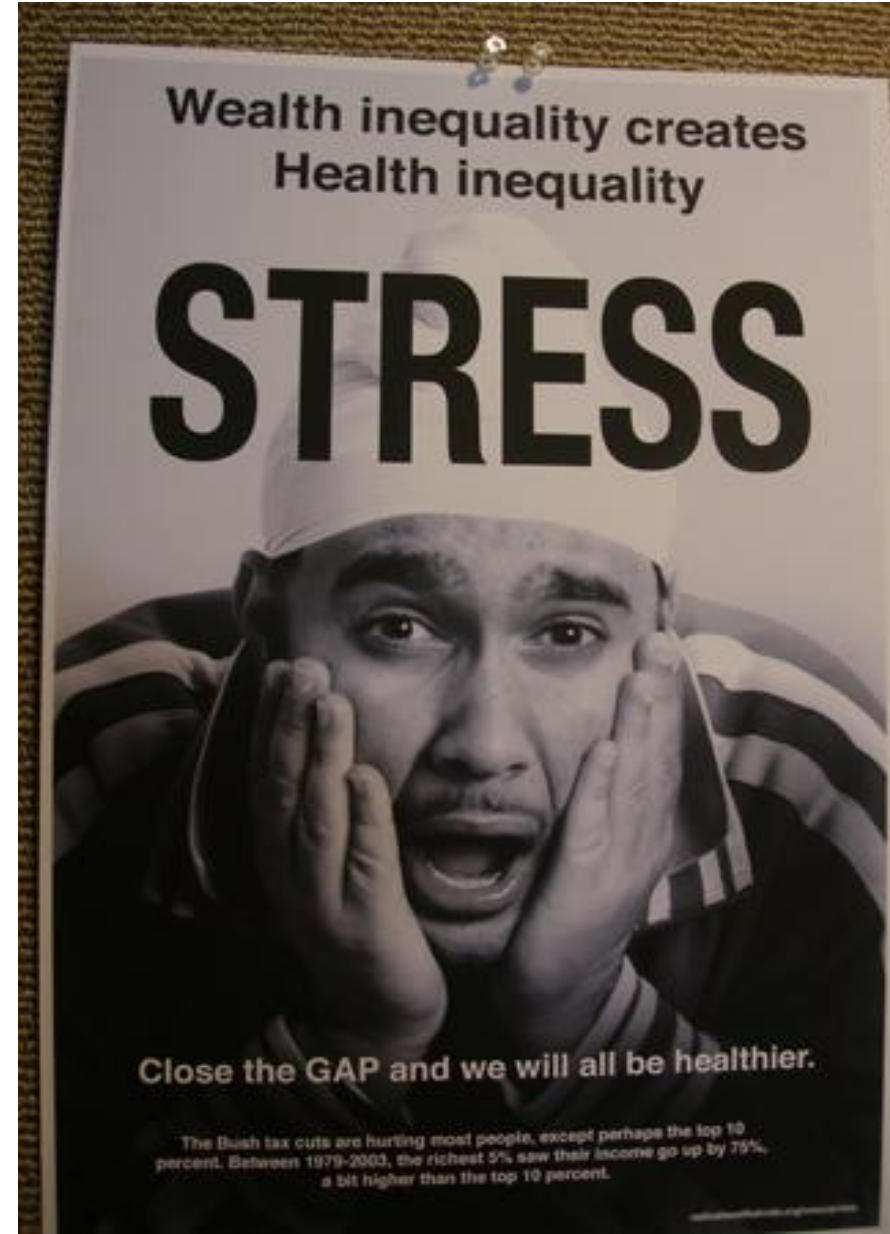


Case 1: World Health and Art Activism: Puget Sound Early College

- “Running Start”
- taught in 2006 & 2007
- world health thru SDOH lens & apply art activism to an issue



Global Health & Art Activism, year 1 project

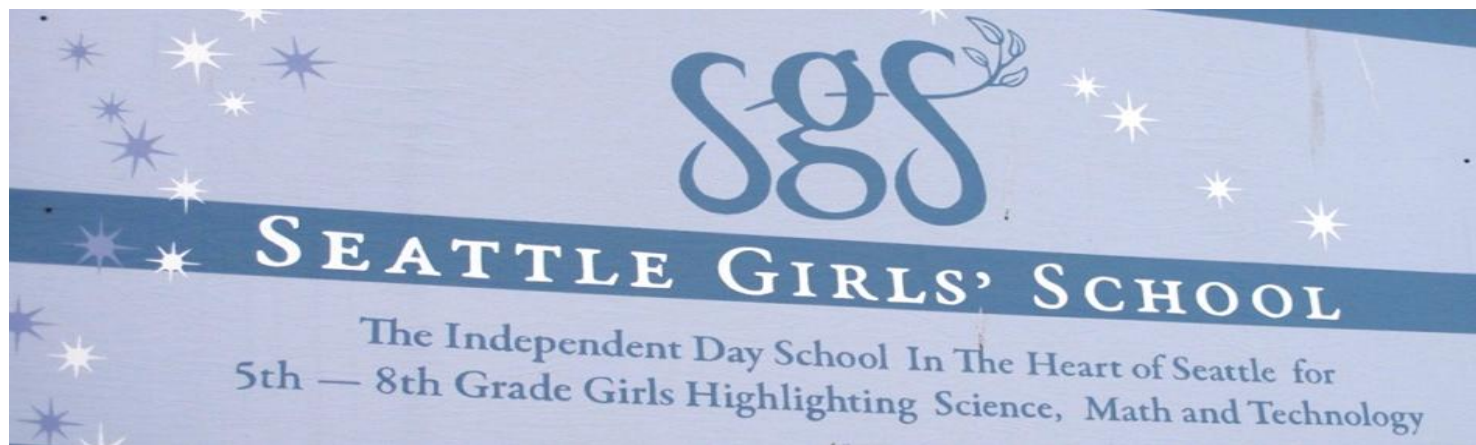


Global Health & Art Activism, year 2 street theater



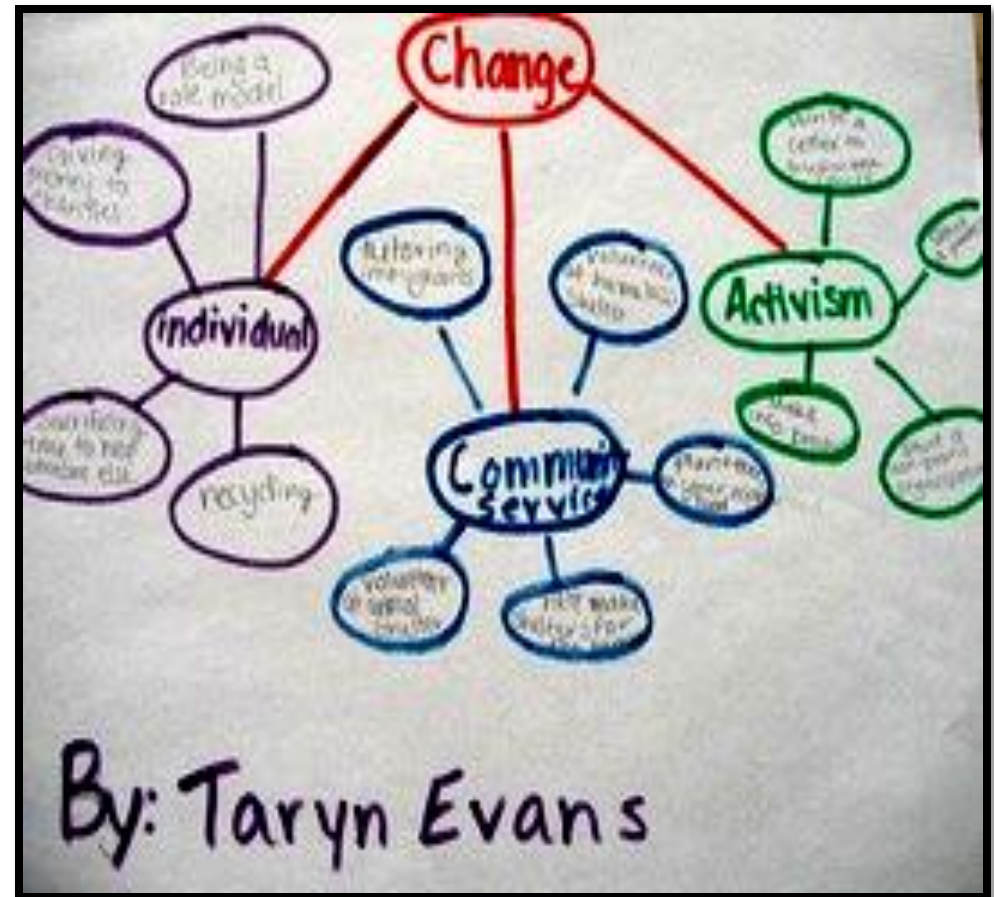
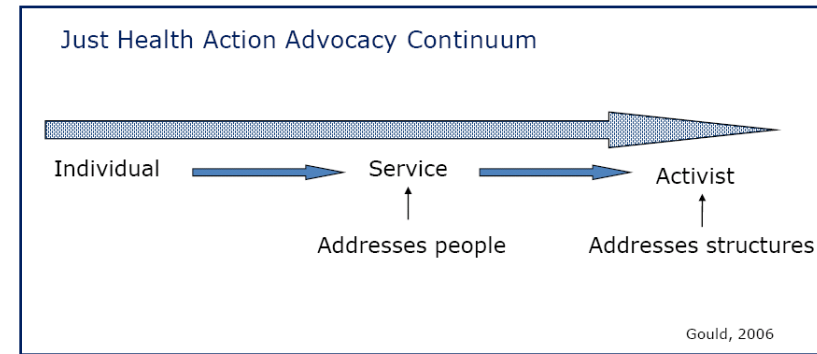
raising awareness of teen
violence and teen
pregnancy





- collaborating since 2004
- adding SDOH action component to preexisting “Pay It Forward” project
 - differentiating community service from activism
- school-wide action project (math, science, art, English)

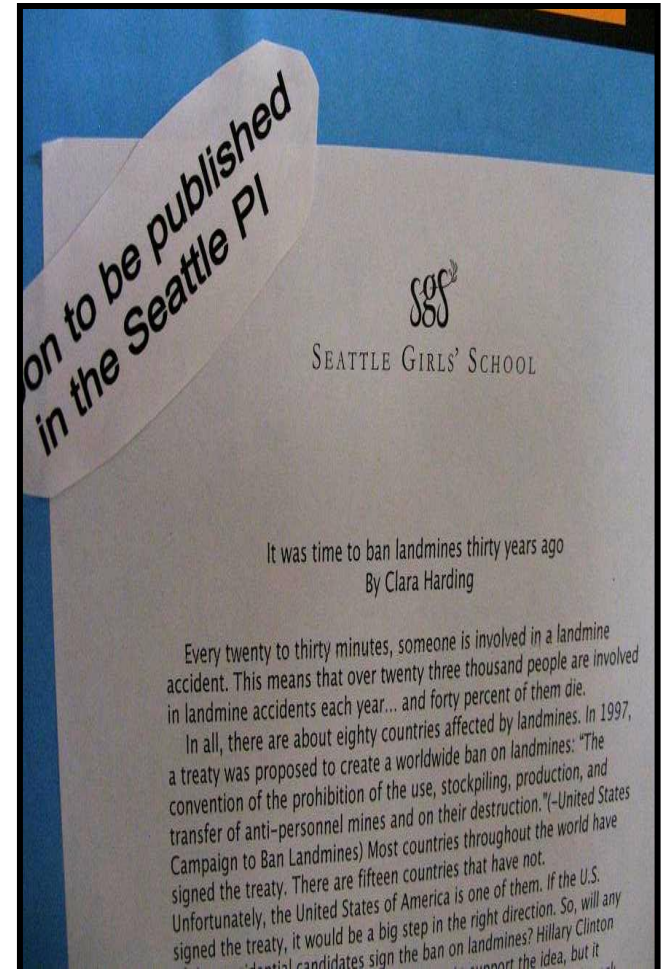
example advocacy frameworks: Seattle Girls' School, 2007



SGS: Root causes to advocacy



Land mines -root causes



Land mines – action letter to editor

Deforestation



Action: collecting donations to send to Wangari Maathai's Green Belt Movement

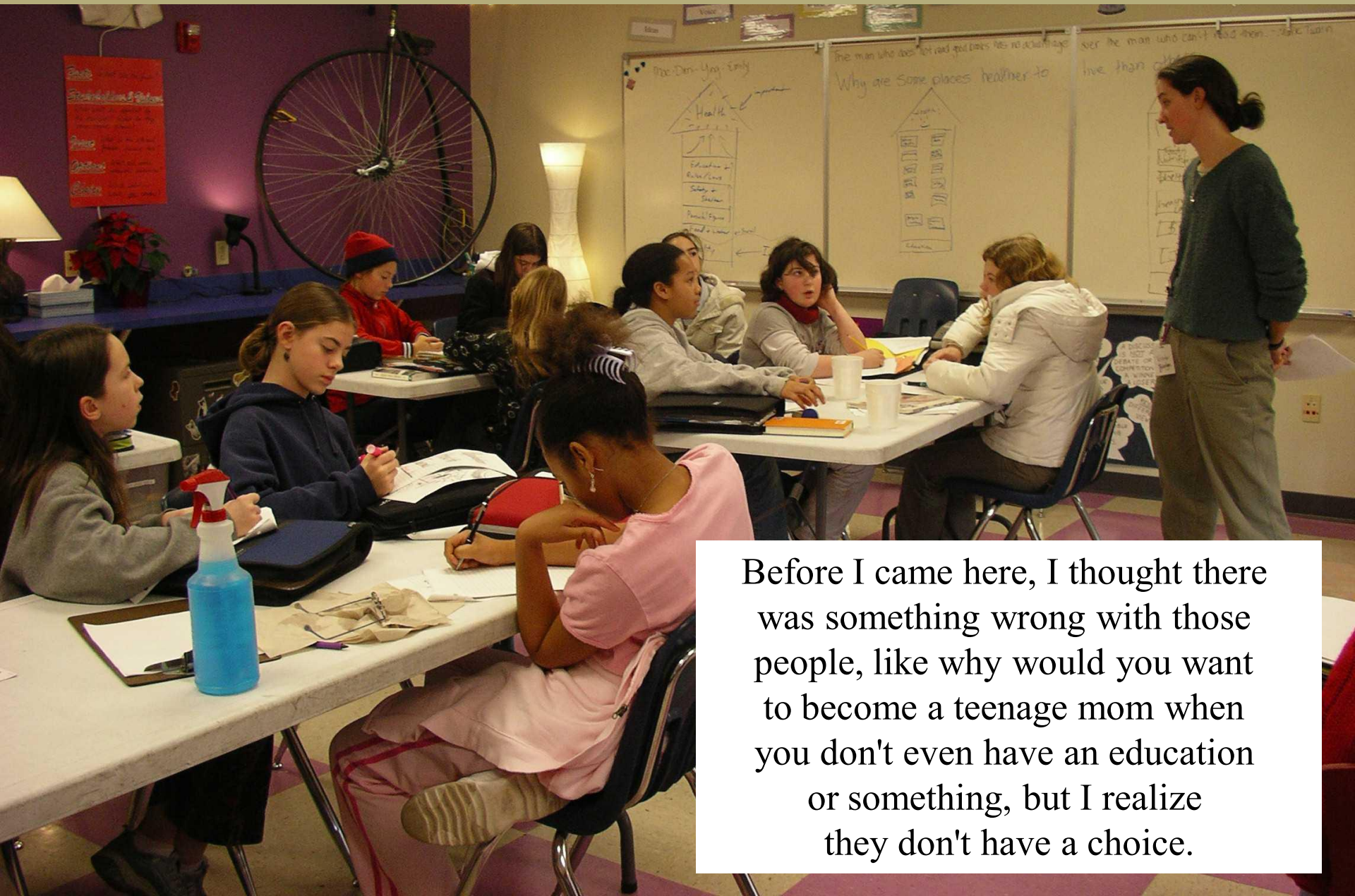


student/parent reactions: challenges

- broad topic / limited time frame
- race issues
- aversion to the term “activism”
- parent’s concern about overlooking value of medical care in favor of pop health approach



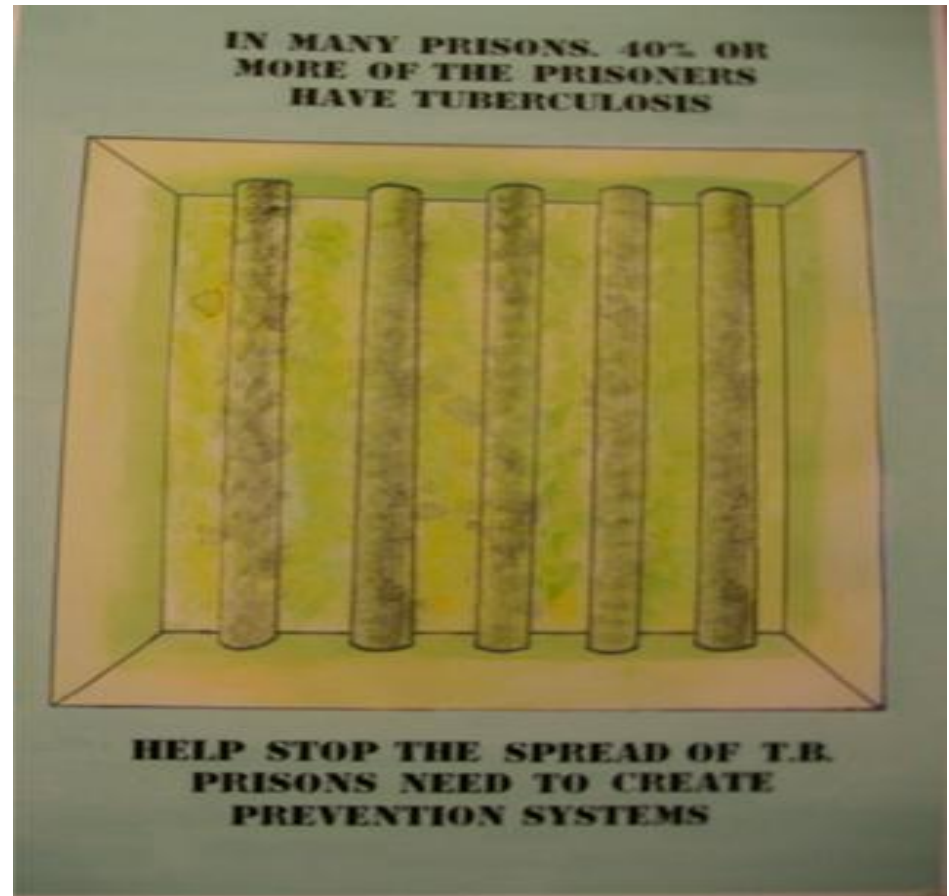
student reflections



Before I came here, I thought there was something wrong with those people, like why would you want to become a teenage mom when you don't even have an education or something, but I realize they don't have a choice.

student reflections

- “I came to learn that in some cases good health is not a choice.”
- “I only thought that health was about body parts but it’s not.”



Prisons and TB

teaching our model in secondary schools.... *successes*



- great age to teach SDOH – students enthusiastic, open-minded
- great response from health professionals, educators, public
- Preliminary evaluations are promising

teaching our model in secondary schools.... *challenges*



1. lack of overarching institutional support
 - no explicit mention in NHES
2. integrating into public schools more difficult than private
3. societal belief that individual behavior change is dominant pathway to good health

teaching our model in secondary schools.... *limitations*

- easier fit in social sciences and other “non-health” courses
- exploratory curriculum development
- developing evaluation instruments to measure critical health literacy took time
- current refocus to university and health professional settings



teaching action on SDOH in secondary schools: *how to get there*



1. teach the SDOH as a part of continuing education to public health professionals
2. require SDOH courses in schools of public health
3. explicitly include SDOH in current expansion of undergraduate public health courses

thank you!

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- JHA students!
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*"Be the change you want to see
in the world." MLK*