

Developing Reciprocal Academic & Community Partnerships for a Meaningful & Engaged Public Health Education

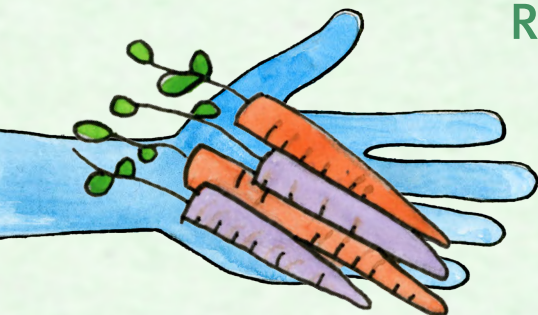
A Model from a Liberal Arts College

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Background



Fourteen years ago the Institute of Medicine (IOM) released a groundbreaking consensus report on undergraduate public health education. In “Who Will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century,” the IOM proposed that “public health is an essential part of the training of citizens,” and public health literacy at an undergraduate level can serve to introduce “persons to possible careers in public health and, in doing so, increase the cultural diversity of the future public health workforce.”¹

Although the IOM did not prescribe a single way for undergraduate programs to incorporate public health into their curriculum, it noted the importance of basing this education on the ecological model, which considers the collective impact of biological, behavioral, social, and environmental determinants on health. The report also highlighted the necessity of both research-oriented and practice-focused components as important and complementary aspects of a well-rounded public health education. Two such ways are through community based participatory research (CBPR) and supervised practice, as well as service opportunities for students.

CBPR is defined as, “a partnership approach to research that equitably involves community members, organizational representatives, and researchers in all aspects of the research process.”² Service learning shares the same

values by prioritizing reciprocal relationships between the academic institution and its community partners; service projects are developed, implemented and evaluated in collaboration, and responds to community identified needs and concerns. Students experience service learning as an extension of their academic coursework and are given the invaluable opportunity to apply these lessons to real-world situations.

As a liberal arts institution in Los Angeles, Occidental College is situated in a culturally populous and complex place with diverse assets and needs. The College emphasizes a strong interdisciplinary education with a multicultural focus and “seeks to foster both the fulfillment of individual aspirations and a deeply rooted commitment to the public good.”³ During the development and implementation years of the public health minor, the College’s 2012-2017 strategic plan prioritized community engagement through curricular and co-curricular research, projects and activities, which are primarily facilitated on campus through three departments: the Center for Community Based Learning (CCBL), Office of Community Engagement (OCE), and the Urban & Environmental Policy Institute (UEPI). This brief will primarily focus on how UEPI worked in partnership with curricular and co-curricular campus departments, students and community partners to develop the College’s Public Health minor and Public Health Practicum class.

1 <https://www.nap.edu/catalog/10542/who-will-keep-the-public-healthy-educating-public-health-professionals>

2 <http://www.wiley.com/WileyCDA/WileyTitle/>

[productCd-0787980064.html](https://www.oxy.edu/our-story/mission)

3 <https://www.oxy.edu/our-story/mission>

Urban & Environmental Policy Institute (UEPI)



Established in 1997 at Occidental College (after an earlier, five year history at the University of California, Los Angeles), UEPI is a social change organization which provides a place for faculty, students, organizers, community partners and researchers to collaborate on innovative projects that are designed to identify and develop solutions to cross-cutting issues to create a more just, livable, green and healthy society. UEPI operates in partnership with the Urban and Environmental Policy department, a parallel academic program at the college, and focuses its research and programs under the five interrelated areas of built environment, food, global trade, health, and transportation.

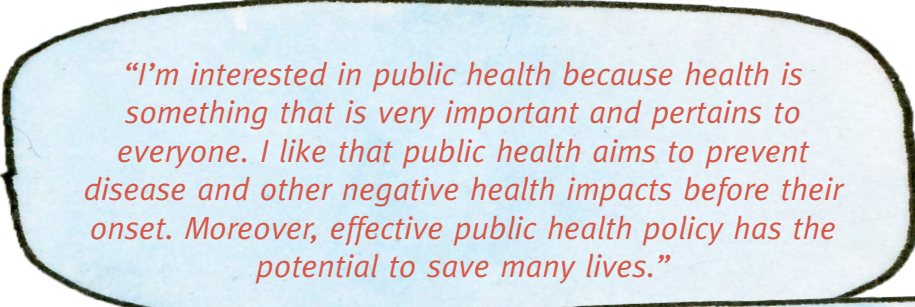
In July 2011, UEPI was awarded a planning grant by Kaiser Permanente Southern California Community Benefit to engage with new and existing community partners to develop a sustainable community engagement model, which will be incorporated into student course work, internship and independent study opportunities; this program was called Community Health Engagement (CHE). The Community Health Engagement program set out to accomplish three key goals: identify on-campus stakeholders who were interested in public health and service learning to guide and inform the planning process; research models of undergraduate community health engagement approaches; and identify community health partners who would be willing to provide feedback on these various models that could help to fulfill existing health related needs faced by the organization and target population.

To meet the first goal, the CHE program team, consisting of one full time staff person and a part time student (reporting to UEPI's Executive Director), began outreaching to, and building

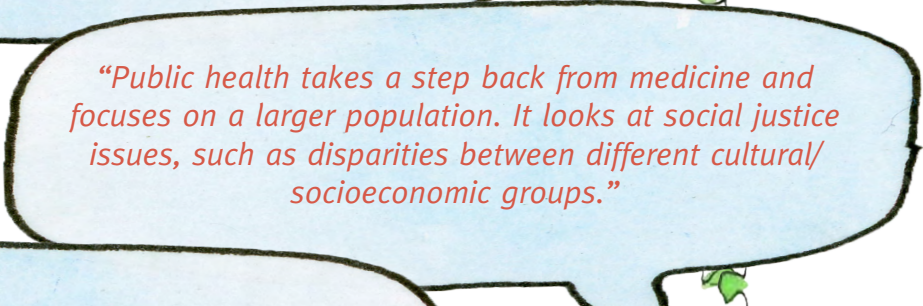
a coalition of students, staff and faculty who were interested in all things related to public health. The Planning Advisory Group (PAG) included representation from faculty from Biology, History, Kinesiology, Psychology, Sociology and Urban and Environmental Policy; staff from the Center for Community Based Learning, Office of Pre-Health Advising, Emmons Health Center, Career Development Center (now called Hameetman Career Center) and Office of Community Engagement; and students from across different academic disciplines. The program team also conducted key interviews with faculty and staff who wanted to contribute but could not consistently attend group meetings.

To better capture broad student input the CHE team designed an online student survey to assess existing interest in public health among all Occidental College students. Launched in November 2011, the 19-question survey received 86 responses over a period of seven days. Of the total 86 students 26.4% were Seniors; 29.9% Juniors; 21.8% Sophomores; and 21.8% First Years. Resounding responses from students conveyed the importance of the intersection of health/health care and community, and how public health was an opportunity to better understand ways to improve community well-being and address social justice. Students expressed interest in global/international public health, health policy, the history of public health, public health in modern times, nutrition and public health, food/food policy and public health, reproductive and maternal health, and the role of public health and medicine. Students wanted to hear from graduate students, professionals in the field, about graduate schools, and to identify internship and employment opportunities in public health.

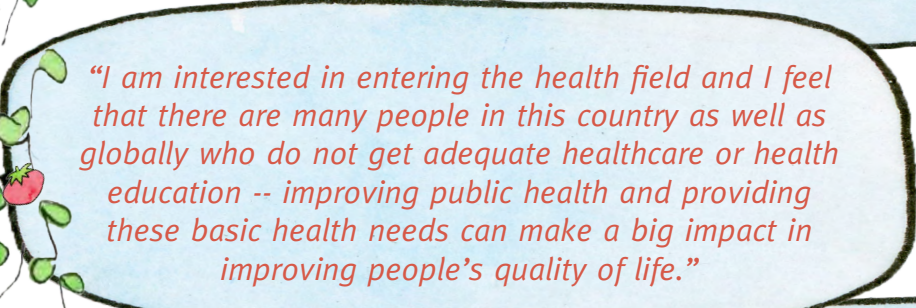
When asked why Occidental College students are interested in public health, students shared the following:



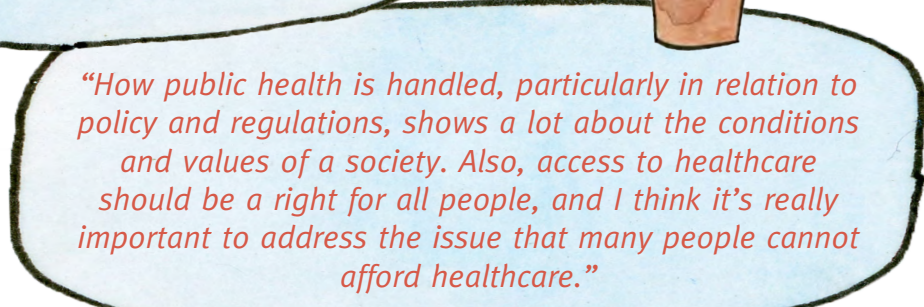
"I'm interested in public health because health is something that is very important and pertains to everyone. I like that public health aims to prevent disease and other negative health impacts before their onset. Moreover, effective public health policy has the potential to save many lives."




"Public health takes a step back from medicine and focuses on a larger population. It looks at social justice issues, such as disparities between different cultural/ socioeconomic groups."



"I am interested in entering the health field and I feel that there are many people in this country as well as globally who do not get adequate healthcare or health education -- improving public health and providing these basic health needs can make a big impact in improving people's quality of life."



"How public health is handled, particularly in relation to policy and regulations, shows a lot about the conditions and values of a society. Also, access to healthcare should be a right for all people, and I think it's really important to address the issue that many people cannot afford healthcare."



At the same time the CHE team researched community health engagement program models and identified two (2) national and two (2) local models: Health Leads, Albert Schweitzer Fellowship (ASF), University of Southern California's Joint Education Project (JEP), and California State University Los Angeles' Office of Community Engagement (now called the Center for Engagement, Service and the Public Good). The team contacted all four organizations to schedule site visits which were conducted between August and October 2011.



CHE was interested in Health Leads as a community engaged model where students are trained to support health care providers and patients, working as case managers to implement “social needs interventions that connect patients to community-based resources they need to be healthy.”⁴ Of particular interest was how students can actively contribute to the health outcomes of patients.

The Albert Schweitzer Fellowship (ASF) in Los Angeles, is a year-long program available to graduate and nursing students. ASF Fellows develop year-long projects with direct service in partnership with community based organizations to help address unmet health needs. Examples of past projects include a syringe exchange program and community based screenings for diabetes, hypertension and Hepatitis B.⁵

USC’s JEP program and Cal State LA’s Office of Community Engagement programs were implemented as semester or quarter based internships where undergraduate students were placed at community organizations to support a range of activities of varying lengths including developing mini-modules for classroom teaching, greeting and visiting with patients at local hospitals, and supporting event outreach as health fairs.

Upon conclusion of the four (4) site visits, the different models were summarized and presented to the Planning Advisory Group, and to students at three separate venues – at the Introduction to Public Health and Global Public Health classes and during a campus wide public health information session. As these report-back sessions marked the end of the on-campus planning phase we asked campus stakeholders to respond to three questions:

***On selecting a model:** Among the four community health engagement models presented at the meeting, which might be a possible model for Oxy to develop in order to provide students with meaningful insights/experiences in public health?*

***On identifying potential community partners:** If you currently have ongoing relationships with community organizations or health care organizations that might be appropriate learning sites for students interested in public health, will you be willing to introduce them to the Community Health Engagement program team?*

***On maintaining the public health interest on campus:** Over the last few months, the Community Health Engagement program team has developed a base of students, staff and faculty who are interested in furthering public health opportunities on and off campus. Please share any recommendations on how we can maintain and develop the growing interest in public health.*

⁴ <https://healthleadsusa.org/about-us/vision/>

⁵ <http://www.schweitzerfellowship.org/chapters/la/>



Responses favored a hybrid model of Health Leads/ASF, Health Leads/JEP, or ASF/JEP, and all respondents recommended that the Occidental College service learning program or community based learning class begin with a short list of community partners, to “help to ensure the depth of relationships for focused partnerships around what public health comes to be at Oxy rather than what could be a more random list of possible experiences.”

Consequently, a course proposal for a pilot 4-credit community engaged public health internship class was developed, submitted and approved by the College’s Academic Planning Committee. UEP 307 Public Health Practicum was taught by the CHE program staff person as an adjunct faculty starting in January 2013. Due to the growing interest in public health on campus, as well as the number of existing courses across multiple departments, the program team convened a faculty committee in the Fall of 2012 to begin developing a proposal for a Public Health minor at Occidental College.

The heightened student interest in public health surfaced at an opportune time. With the passage of the federal Patient Protection and Affordable Care Act (also referred to as



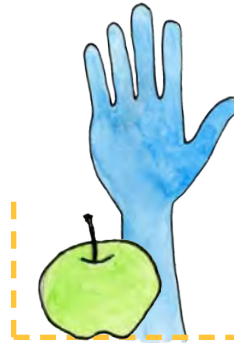
the ACA or Obamacare), the state of California sought to focus on four initial tasks, three of which address increasing access to insurance coverage, and one on improving health through prevention and wellness. The shift of focus to support wellness and prevent disease is necessary as the traditional health care delivery and chronic disease management model is expensive and not sustainable. More often than not, underinsured and uninsured patients who present themselves for treatment face myriad non-health related issues such as poor access to nutrition, lack of affordable housing, inadequate opportunities for physical activity, and other social determinants that exacerbate their medical condition. The recognition of these issues has led to a growing number of non-traditional partners from sectors such as public health, health care, urban planning, transportation, environment, affordable housing, and food justice – this provides an opportunity for the development of innovative ways for a Liberal Arts college such as Occidental College to be a part of an interdisciplinary movement which can simultaneously provide learning experiences for undergraduate students while providing necessary support to health serving community based organizations and their clients.



UEP 307: Public Health Practicum

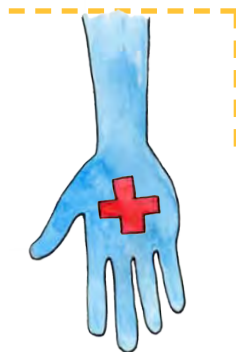
With a formally approved community engaged public health internship class, the CHE program team began meeting with potential community partners to learn more about their organizations and identify existing health related needs that Occidental College students could support as they learn about social determinants of health through these community engagement experiences.

Based on the hybrid model of Health Leads/ASF, the CHE team worked to identify community partners for internship projects that could be sustained, and where Occidental College could provide a pipeline of students to help fill an ongoing unmet need at the community health sites. Although open to all meaningful opportunities for students to learn by doing including through community outreach, health education, short term research or needs assessment projects, the team was interested in including the case management aspects of the Health Leads model believing that students will have invaluable opportunities to learn first-hand about the social determinants of health if they were assigned to helping clients to identify and connect to health and social service resources. In turn, students will also



provide a necessary service to health serving organizations especially community clinics who often have to rely on grant funding to pay for some of these costs or do their best to manage the social service needs of their clients/patients with limited staff and resources.⁶ Additionally, it has been found that the wraparound services such as housing, food access, transportation and interpretation/translation assistance can improve the quality of care but can be difficult to fully reimburse through capitation payments made by managed care organizations.

In total the CHE team partnered with 8 (eight) health focused community based organizations. Five pilot partners, Community Health Alliance of Pasadena (CHAP), Meet Each Need with Dignity (MEND), Foothill Unity Center, Cancer Legal Resource Center, and Esperanza Community Housing Corporation, hosted students in the inaugural class, while three additional partners Every Woman Counts, Recycled Resources for the Homeless, and Instituto de Educación Popular del Sur de California (IDEPSCA), joined the program the following years. The CHE team worked with the pilot partners for a full year to explore their unique organizational and community needs, and define activities that were relevant to them.



⁶ http://www.aapcho.org/wp/wp-content/uploads/2010/09/AAPCHO-ES_at_CHCs_Building_Sustainable_Health_Care_Homes-Sep2010.pdf

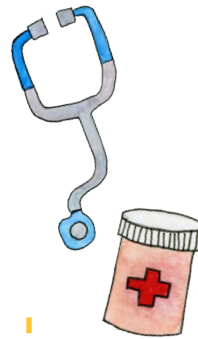
Community Partner Profiles

ChapCare

(previously known as Community Health Alliance of Pasadena or CHAP)

Established in 1998, ChapCare is a Federally Qualified Health Center (FQHC) serving the medical and dental needs of San Gabriel Valley residents. Its first clinic ChapCare/Fair Oaks Health Center helped to meet the needs of the medically underserved in Northwest Pasadena. ChapCare Lake Health Center and Del Mar Health Center followed in 2009 and 2010 respectively. With funding as a result of the Affordable Care Act, ChapCare consequently developed four additional clinics in San Gabriel Valley. Today, ChapCare serves 14,000 patients annually through contracts with health plans and also serves as a safety net clinic providing care to low income and uninsured patients.

In 2007, ChapCare became one of the first few clinics in Los Angeles to begin using electronic health records (EHR) and it was due to this process that Occidental College staff came upon the opportunity to meet ChapCare's Chief Executive Officer, Margaret Martinez. In 2012, Ms. Martinez and her staff presented on EHR at a community health conference in Cal State Los Angeles. When approached she graciously agreed to meet and over the process of one year worked with the CHE team to design the internship program for undergraduate public health students to understand the importance of wraparound services in clinical care and provide support to patients by locating and providing social service referrals.



Foothill Unity Center

Founded in 1980 by Josephine Anderson, Foothill Unity Center, Inc. started providing services to low-income families and people in crisis from a church closet in Monrovia, California. In 1991, it was incorporated as a 501(c)(3) non-profit organization and in 2008 it received the Federal designation as a Community Action Agency (CAA) for the Foothill Area of Los Angeles County. Today, Foothill Unity Center serves over 4,000 low-income families providing food, health services and crisis assistance to residents living in Pasadena, Altadena, South Pasadena, Arcadia, Sierra Madre, Monrovia, Duarte, Azusa, Baldwin Park and Irwindale.

Occidental College staff learned about Foothill Unity Center from ChapCare which provides basic health care at the Center's Monrovia office during food distribution on Wednesdays. The College's CHE team worked with Cathy Klose, FoothillUnityCenter's founding Health Programs Director to design the internship program for students interested in understanding the social determinants of health.



A health education board at the MEND clinic.

Meet Each Need with Dignity (MEND)

Meet Each Need with Dignity (MEND) was started in the 1970s by a group of volunteers in a garage in San Fernando Valley. Led by Carolyn and Ed Rose, who remain actively involved to this day, MEND is San Fernando Valley’s largest poverty relief agency which provides “emergency food, clothing, homeless services and medical care, as well as tools to achieve self-reliance through job skills training, computer classes, English as a Second Language classes and youth enrichment.”⁷ MEND is recognized for its large cadre of volunteers (it is 99% volunteer driven) who work alongside staff and a very involved board to “break the bonds of poverty by providing basic human needs and a pathway to self-reliance.”⁸

As the only free clinic in San Fernando Valley, the MEND Clinic serves the needs of low-income, under and uninsured adults by providing basic ambulatory, hypertension, diabetic, vision,

women’s acupuncture and chiropractic care. The Clinic also provides health education, weight management and exercise classes. Its service area includes the neighborhoods of Arleta, Lake View Terrace, Mission Hills, North Hills, Pacoima, San Fernando and Sylmar.


Occidental College’s CHE team had a prior relationship with MEND and reached out to its leadership team and Clinic staff to discuss a potential collaboration. MEND Clinic Manager, Victor Estrada and Assistant Manager, Andrea Bañuelos welcomed student support in the Clinic’s Diabetes Health Education Program designed to provide patients with culturally relevant knowledge and tools to help manage their disease. The clinic managers worked with CHE staff to develop an internship for public health students interested in health education, health care delivery and chronic disease management.

⁷ <https://mendpoverty.org/about-us/who-we-are>


⁸ <https://mendpoverty.org/>



Cancer Legal Resource Center



The Cancer Legal Resource Center (CLRC) “is a program of the Disability Rights Legal Center (DRLC), a 501(c)(3) non-profit, public interest advocacy organization that champions the civil rights of people with disabilities as well as those affected by cancer and other serious illness.”⁹ CLRC’s staff and interns provide support to cancer patients and their family members, health advocates and professionals on life issues that surface during the diagnosis and treatment of cancer such as health and other benefits, medical leave, employment, housing rights and more. It informs the public of its services through community outreach events and provides necessary information through its national telephone assistance line. The CLRC believes that “when information is readily and easily accessible, quality outcomes for patient survivorship improve as stress and anxiety decrease.”¹⁰



Occidental College’s CHE team met CLRC attorney, Laura Riley at a program evaluation workshop hosted by Orange County Alliance for Community Health Research, and followed up with several in-person meetings to develop an internship for undergraduate public health students interested in patient rights.

⁹ <http://cancerlegalresources.org/>
¹⁰ Ibid



Every Woman Counts

Every Woman Counts (EWC) is a statewide breast and cervical cancer prevention program that provides free health education, screening and diagnostic services, and case management to underserved populations. EWC operates under the auspices of the State of California’s Department of Health Care Services and the California Health Collaborative. It has programs in seven regions including the Bay Area, Central Valley, Desert Sierra, Los Angeles County and San Diego County.

Similar with MEND, Occidental College’s CHE team had a prior relationship with the Los Angeles County EWC staff and reached out to its Program Director, Jenifer Metz, first to present about the program to students in the UEP 307 Public Health Practicum, and then as an internship partner for students. The program was well suited for public health students interested in health education, community outreach and women’s health.

Instituto de Educación Popular del Sur de California (IDEPSCA)

Instituto de Educación Popular del Sur de California (IDEPSCA) is a 501(c)(3) non-profit, community based organization established in 1984 to “confront racism, educational inequalities, and the lack of affordable housing.”¹¹ Its mission is to create a more “democratic world through the use of popular education.”¹² IDEPSCA implements its work through community education and by organizing low-income community members to find solutions to problems in their own communities. It operates three primary programs which include the Day Labor Program, Household Workers or Mujeres en Accion, and the Workers Health Program.

Occidental College’s CHE team met one of IDEPSCA’s Day Labor Program Coordinators, Maria Aide Hernandez, while responding to a request for English language conversation classes at the Cypress Park Community Job Center, approximately three (3) miles from campus. Ms. Hernandez sought help from interested students to develop and lead functional English language conversations designed to improve the ability of workers to understand the parameters of a job including the equitable negotiation of work time and wages, and workplace safety issues such as tools and chemicals workers might have to use at job sites. Students who participated in this internship were introduced to the issues of workers’ rights, immigration and challenges faced by community members with limited English proficiency.

¹¹ <http://www.idepsca.org>

¹² Ibid

Recycled Resources for the Homeless

Recycled Resource for the Homeless (RRH) is a volunteer driven non-profit organization in Highland Park, one of the two neighborhoods in Northeast Los Angeles where Occidental College is located. Its name comes from the belief that “if everyone recycled resources they have but may not be using or they may not need, there would be enough for everyone to safely co-exist.”¹³ Established in 2008 by Rebecca Prine, RRH provides a “safety net and basic necessities to all people experiencing homelessness in Northeast Los Angeles.”¹⁴ RRH primarily conducts its outreach in Highland Park, Eagle Rock, Cypress Park, Glassell Park, Montecito Heights and along the Arroyo Seco River. RRH volunteers work with the goal of engaging people to create trust and establish relationships in order to eventually link them with services. RRH also operates a year-long, once a week drop in center which offers food, showers, clothing and case management services, as well as a winter shelter in partnership with a local church.

Occidental College’s CHE team learned about RRH through the College’s Office of Community Engagement (OCE) which collaborated with RRH in 2015 to prepare breakfast during one of its drop-in center days. CHE staff began meeting with RRH’s Housing Coordinator, Monica Alcaraz to develop a pilot internship opportunity for students in the fall semester of 2016.

¹³ <http://www.recycledresources.org/>

¹⁴ Ibid



Esperanza Community Housing Corporation

Located between downtown and South Los Angeles, Esperanza Community Housing Corporation is a non-profit that “seeks to create opportunities for community residents’ growth, security, participation, recognition, and ownership through developing and preserving affordable housing, promoting accessible health care, stimulating involvement in arts and culture, ensuring quality education, pursuing economic development, and advocating for progressive public policy.”¹⁵

One of Esperanza’s programs focuses on training community residents to be health leaders known as “promotores.” Its Community Health Promoters Training Program offers a six-month long training which focuses on health issues most prevalent in its community including diabetes, mental health, maternal child health, health coverage options and more. The training also includes skills building sessions designed to strengthen professional skills that can help promotores succeed in a work environment including basic and advanced computer skills, interviewing skills, as well as guidance on preparing quality resumes and cover letters. At the end of the six-month training all promotores are required to complete an internship of at least 240-hours. To help facilitate this, Esperanza hosts an internship fair and invites the participation of health serving organizations who can benefit from the unique skills sets and community based knowledge of promotores. Sometimes, promotores are offered full time positions at host sites upon completion of their internship.

¹⁵ <http://www.esperanzacommunityhousing.org/about/our-mission/>

During the planning phase of UEP 307, the CHE team set out to explore the possibility of including a reverse model of community engagement where community partners are able to come to the Occidental College campus to take advantage of its higher education resources. In the spirit of true reciprocity - if students are able to benefit from engaging in community based opportunities, why not develop on-campus opportunities to introduce the College to our community partners? Initial research did not yield any public health partnership models at other liberal arts institutions so the CHE team decided to propose a pilot joint internship with Esperanza’s Community Health Promoters Training Program. As the CHE team had a prior working relationship with Esperanza’s Director of Health Programs, Lupe Gonzalez-Hernandez, she was willing to listen and agreed to participate in the pilot semester.



The CHE team and Esperanza worked together to develop a feasible starting point. It was agreed that UEP 307 would host two promotores in a paid internship funded by the Kaiser grant. Selected promotores would participate in the UEP 307 classes with students and intern with a student partner at two internships sites. Due to administrative challenges, the CHE team was unable to formalize course registrations or offer course credit, instead Certificates of Completion which were signed by the Academic Dean and UEP Department chair were given to promotores at the end of the semester. While they were attending the UEP 307 class, promotores would sometimes come to campus early to enjoy the amenities on campus including the grounds, library, and the marketplace.





Preparing Students for Community Engagement

In the article “Service Learning: An Integral Part of Undergraduate Public Health,”¹⁶ Cashman & Seifer described service learning as a multi-spoke wheel which provides different entry ways to community engaged learning. Their proposed wheel consists of nine components which offer guidance on what teachers should consider when developing community based courses.

- *Establish the community-campus partnership*
 - *Articulate learner outcomes and competencies*
 - *Select text and other learning resources*
 - *Plan course instruction and activities*
 - *Design course evaluation and improvement plans*
 - *Build course or program infrastructure*
 - *Sustain and maintain course and activities*
 - *Practice cultural humility*
 - *Develop community engaged scholarship*
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- 

The CHE team found the components of the wheel to be helpful in describing how we developed the partnerships and planned for the classroom components.




Our primary struggle in course development was how we would prepare students with varying levels of academic and life experiences to engage in the community guided by humility and reciprocity, and without the attitude of being saviors from a privileged academic institution.

We felt strongly that all students had to have a foundational knowledge of public health but didn't want the Public Health Practicum to be their first introduction to this interdisciplinary field. Consequently, we required that all interested students first complete UEP 203 Introduction to Public Health or UEP 248 Global Public Health. We wanted to focus the practicum class on knowledge and skills building, and reflection around health issues students would encounter at the various internship sites. We proposed that these would complement their observation of, and participation in the application of concepts from the introductory course.

Since the various partner sites focused on different health issue areas, it was

¹⁶ <https://ccph.memberclicks.net/assets/Documents/PapersReports/ajph-sl.pdf>





initially challenging to plan for learning modules that would fully provide everyone with the knowledge and skills desired during the first few weeks of their internships. For example, if we focused on diabetes during the first few classes, we would adequately provide an introduction to students who would intern at the MEND Clinic but possibly not to the students who were going to intern at Foothill Unity Center or Every Woman Counts. Conversely, if we devoted the first few classes to poverty, food security, or women's health how would this prepare students who would intern at MEND and work with patients with diabetes, if they know little about the disease?

What we found to be most helpful in guiding this process was the intentionality and time we spent in learning about the needs of the different community partners. This allowed us to better understand how the site proctors would work with the student interns, how the interns would be supported, and what some proposed internship activities and projects would be. As most of the internship partners provided safety net services in urban neighborhoods, we knew that the student interns would be working individuals and families who were linguistically and culturally diverse.

Working with this information as a general guide, we decided to maximize the students' time in the community by preparing them prior to the beginning of the 15-week semester. From 2013 to 2015, students had to complete two assignments prior to the beginning of the class. They read the book, "The Spirit Catches You and You Fall Down," by Anne Fadiman, and completed a short interview to better understand their family's practices in maintaining health and wellness, and coping with illness and disease. For the latter exercise we used the ethno-health family interview developed by Dr. Rachel Spector.¹⁷ We hoped that an awareness of their family's cultural practices can help students to understand how beliefs, rituals and values influence the interpretation of health, wellness and illness in different communities, and make them more effective public health practitioners. Kagawa-Singer et al. proposed that this awareness is relevant in practice as culture frames emotional reactions and behavioral responses to disease, and influences coping strategies.¹⁸ From 2016 to 2017, an additional book, "Living on \$2 a Day," was introduced as a second reading option, especially for students who were working with low income community members who have to rely on public assistance programs.

¹⁷ <https://www.pearson.com/us/higher-education/product/Spector-Cultural-Diversity-in-Health-and-Illness-8th-Edition/9780132840064.html?tab=resources>

¹⁸ <http://onlinelibrary.wiley.com/doi/10.3322/caac.20051/full?globalMessage=0>



“During this time I realized that even though I have spent almost 4 years here in California, I really do not know the community. I didn’t realize or think about how big Pasadena is (it has over 10 Zip Codes). I didn’t realize how different parts of Pasadena are, I hadn’t seen day laborers waiting in parks, I didn’t know about winter shelters. I think the biggest thing I have realized overall is that I know so little...we also talked about the homeless and how female clients (of Foothill Unity Center) are at greater risk for abuse. She told us about a recent client whose arm was broken when she tried to stop someone from stealing her backpack. Stories like this really have made me think about how health intersects with so many factors like housing and occupational hazards.”

M.K., Spanish & Diplomacy and World Affairs double major, 2013

The students were required to intern in two 4-hour time-blocks, which often extended to 5-hours to include travel time.



The class met twice a week at 5 pm, reducing to weekly meetings once the internships began. Student placement at internship sites began early, often during the prior semester. Several factors influenced their site assignments including class and work schedule; access to transportation; their proficiency in Spanish or another language; and their interest in the health area served by the internship partners. This process could span a few weeks as students revised their class schedules and negotiated work hours with their on-campus employers. At the same time we had to work with site proctors to align the students’ available times with existing activities within each agency. For example, Foothill Unity Center preferred students to intern during specific food distribution hours when agency staff needed intern help to verify any changes to client documents and needs and/or to lead the stretching and walking group while clients were waiting to receive their food baskets. The MEND Clinic which is closed on Mondays, facilitates its Diabetes Mellitus 101 health education classes on Saturday mornings, and relies on student interns to assist with appointment reminder calls, as well as class preparation on Thursdays or Fridays. The Cancer Legal Resource Center (CLRC) is able to host students any weekday



Foothill Unity Center walking group members.

between 9 am and 5 pm. The act of balancing student availability with community partner need was necessary to ensure that students had meaningful opportunities to learn and engage while community partners had the support when they needed it. During the first two weeks of the Public Health Practicum, class time with the students and promotores often included activities to help build relationships and introduce students to the communities served by internship partners. These included small group discussions on the ethno health family interview, reflections on the readings, an overview of the health system in Los Angeles County, and an introduction to the community partner organizations. Schedule permitting, we also invited the Director of Health Programs from Esperanza to present on the promotora or community health worker model. Students and promotores use this time to also complete any required health screenings, which can range from a full physical to a TB test; develop introductory biographies which are used to introduce them to their respective site proctors; and schedule appointments for their site orientations.

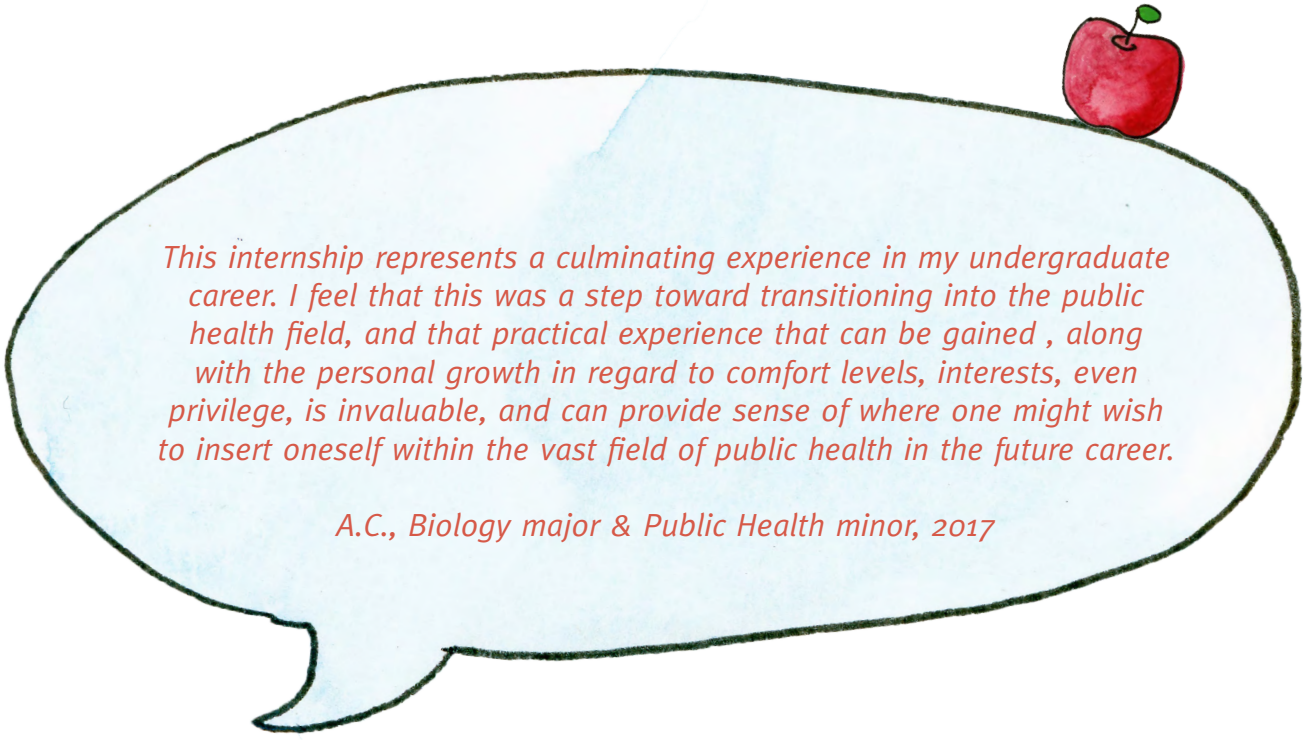
Ensuing modules for the class based component can be reviewed in the sample syllabus, which is revised accordingly based on the community partners for each semester. Guest speakers are invited to lecture on health issue areas, share the aspects of their work, and many willingly share their personal pathways into public health.

We found several class assignments to be important for a community engaged public health internship class. First, reflection activities help students think through their experiences and link them with what they have learned in their public health courses. In their article, Cashman & Seifer proposed that the cycle of action and reflection helps students link the theoretical and practical, as they strive to achieve objectives with and for the community. Various forms of reflection can include group or one-on-one dialogue, maintenance of a journal, or electronic discussion groups. The Public Health Practicum included monthly in-class group reflection, bi-weekly entries into a reflection journal, a mid-semester one-on-one check in between the student and instructor, and regular meetings with the community/site proctors.

A second assignment which we felt was important to community health engagement was a step-by-step introduction to the community partner site and service area. The CHE team devised a four part class paper to

encourage students to intentionally research and understand the mission and programs of the internship organization, and the health and social needs of residents in their service area. Each section of the paper was due every 2 to 3 weeks to parallel their growing familiarity with the organization and their engagement with staff, as well as community members. These sections include:

- *organizational history and services*
- *community profile and health needs assessment*
- *designed health project(s), highlights and challenges*
- *suggestions to the organization for any program improvement(s) based on evidence based models*



This internship represents a culminating experience in my undergraduate career. I feel that this was a step toward transitioning into the public health field, and that practical experience that can be gained, along with the personal growth in regard to comfort levels, interests, even privilege, is invaluable, and can provide sense of where one might wish to insert oneself within the vast field of public health in the future career.

A.C., Biology major & Public Health minor, 2017

We hoped that the fourth and final section of this written assignment would “seal” the student-organization relationship as it encouraged students to analyze their participation and impact, and find ways to improve the health program or service provided by the organization. The feedback in section four is summarized and shared with site proctors at the end of each semester, and has sometimes led to changes in the program is implemented. Examples of these can be found in the Program Evaluation section.

During the pilot semester, the inaugural group of student interns and promotores also worked in site specific groups to develop an internship preparation sheet for future interns. This included recommendations on where to park, what to wear, an overview of the various staff positions and personalities, and other tips that often help their peers be less nervous about community engagement.

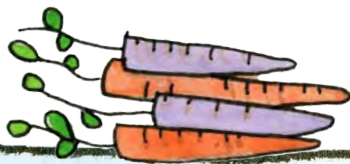


UEP 307 students and promotora Maria with her son on the last day of class.



What Were Some of Our Challenges?


Facilitating a community based learning class with an extensive community engagement component was not without its challenges. The Public Health Practicum requirement of two 4-hour internship days in addition to class meetings and assignments was a barrier for many students, especially students from science disciplines whose classes included labs. After the inaugural semester, where students provided feedback on the time commitment required for the class, in-class meetings were reduced from twice to once weekly meetings after the first three weeks. This however did not manage to solve students' ability to fit the class into their schedules which drastically reduced the number of students who enrolled for the class. The pilot semester had an enrollment of 12 students (many of them were graduating seniors eager for community health engagement opportunities) and consequent classes ranged between 3 and 8 students each. Twice the class was cancelled, including most recently in the fall semester of 2017. During these semesters, some students enrolled in the Public Health Practicum as an Independent Study which still offers 4-credits upon completion. However, at Occidental College adjunct instructors are not compensated for leading Independent Study courses.



“I was privileged to complete this internship despite cancellation of the official practicum class. Transforming it into an independent study, I was allowed the unique opportunity to translate what I had learned in the classroom to the community, working directly with clients to help address their various needs, and then examining the root causes contributing to those needs, their history and consequence, through readings and bi-weekly discussions. While completing the Public Health Practicum as an independent study rather than a formal class allowed me to tailor my readings to focus on issues directly relevant to my experiences in the field, I missed out on the opportunity to learn from peers participating in similar internships with potentially different experiences, discussing challenges and common themes, which would have undoubtedly added to the experience.”


A.C., Biology major & Public Health minor, 2017

When past students were recently contacted to ask how they managed to arrange their schedules for the time commitment required for the Public Health Practicum, here is what three had to say by email:




"The two four-hour blocks happened to work well with my schedule. I did have to get up rather early, but I had the time to. In terms of transportation, I did have to drive back and forth to Monrovia, but I didn't see this as a huge problem. I had a great experience at Foothill Unity, which made both of those minor inconveniences less significant for me."

V.D.B., Economics major & Public Health minor, 2017



"As far as timing goes, I know that I personally was able to fit it into my schedule because most science classes are Mon/Wed/Fri, leaving Tues/Thurs open for internship hours. This may be different for other majors who tend to have classes spread across the week."

T.W., Biochemistry major & Public Health minor, 2016



"I think the other more difficult problem is transportation and busy schedules. By working with the pre-health advisor I think you could pinpoint the best semester for pre-med students to enroll and make time for an internship class. Many students already volunteer at Huntington, so swapping that time for a more hands-on and fulfilling experience like the practicum course would be worth it in my opinion."

C.E.B., Spanish major, 2016



The second and lesser barrier to student participation in the Public Health Practicum was transportation. Although several of the class' community partners are located in the nearby cities of Pasadena (10 miles from campus) and Monrovia (14 miles from campus), and neighborhoods including Highland Park (2.5 miles from campus), Cypress Park (4.5 miles from campus) and downtown Los Angeles (8 miles from campus), students, especially students without their own vehicles, had to plan for transportation to get to and from their internships at least twice a week. Besides a personal car, students in the Public Health Practicum have driven with a classmate who is assigned to same site, taken public transportation such as the bus and/or train, or have relied on rideshare services such as Uber or Lyft. When grant funding was available students with financial need were able to request reimbursements for travel, otherwise they had to cover travel costs out of pocket. Transportation availability and costs have been a consistent barrier for student internships during the Public Health Practicum and in other community based learning classes, and there remains little to no options for students to be reimbursed for these costs.

Recommendations

Allow time to build community partnerships

Developing sustainable partnerships take time and intention. The CHE staff had one year to meet with staff and learn about the mission, programs and community served by various organizations. When we could, we visited with organizational staff and sat briefly in public areas such as waiting rooms, to watch employees work to understand the culture of the organization. We observed the exterior of the building to see where students could park their cars or bicycles and made note of nearby transit stops.

Engage with community partners in project development

Although we approached all partners with an idea of a project or activity, for example, we felt that students at ChapCare could learn to fill the role of resource case managers to help clinic patients identify a health or social service need such as a nearby food bank, we knew we had to be open and willing to listen to partner ideas of other activities and projects that could benefit the organization and clients. Often we had several email exchanges to develop details of each project in writing.

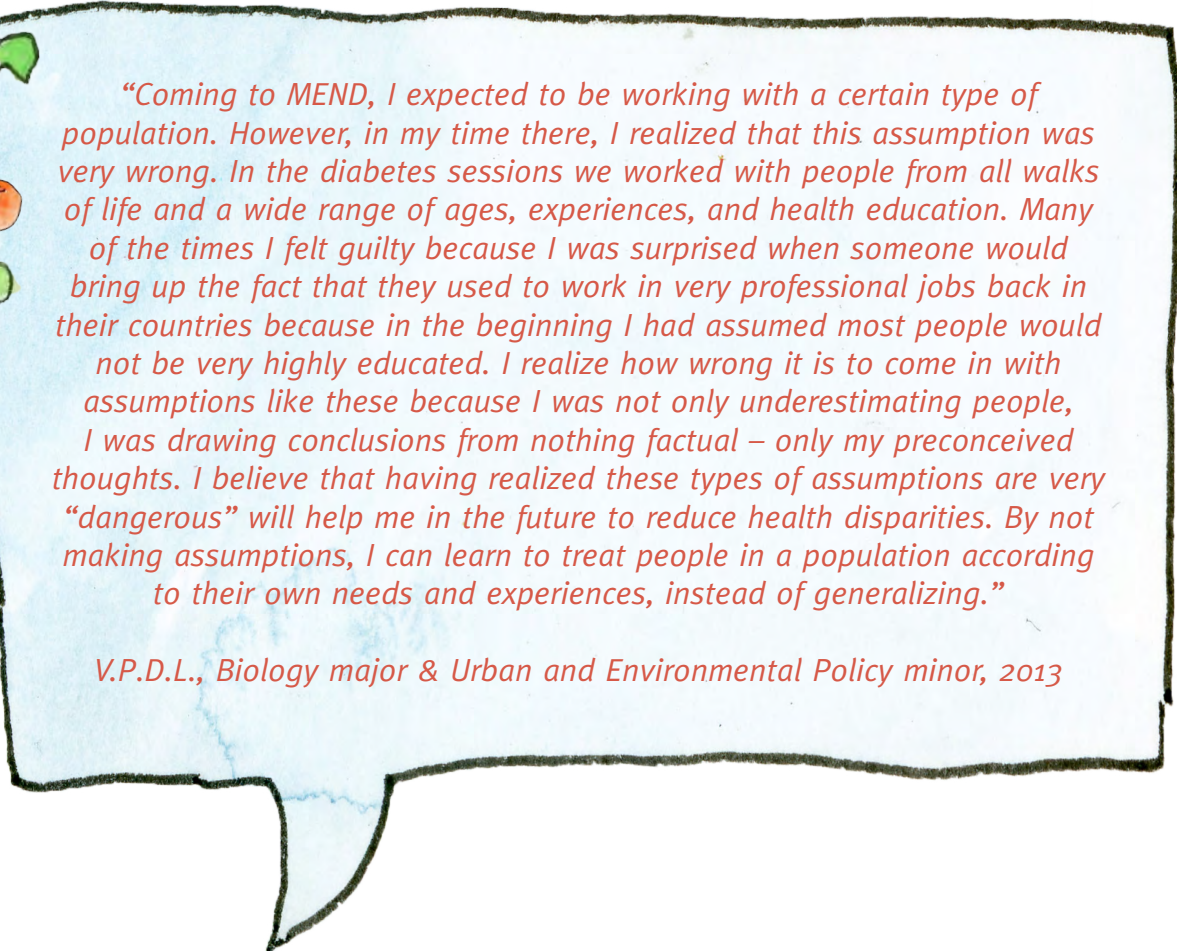
Midcourse corrections are okay

We learned early on that even the best laid plans did not mean that everything would go smoothly once the internship started, and we had to prepare to make mid-semester changes. For example, we learned that community clinics use every square inch of space and during the pilot semester students at ChapCare had to be willing to situate themselves wherever there was an open station, which included working in the staff lunch room. Student interns also faced difficulty while doing internet research to update ChapCare's social service resource directory as ChapCare's firewall prevented access to certain websites. Many issues were eventually resolved however, when students are only interning twice a week each minor barrier can delay the progress of an activity or project, and students have to be supported to cope with each frustrating new challenge.



Reflect, reflect, reflect

Reflection is a vital academic tool in community based learning. Reflecting on their experiences can help students to analyze and understand the meaning of their encounters and observations. For students enrolled in the practicum class reflection begins prior to the start of class with the completion of the ethno-health family interview. Often, the interview guides their exploration and understanding of their families' health and wellness practices, which can help them to approach community cultural practices with open hearts and minds. During the semester students use a journal to complete handwritten reflection assignments. Each semester four to five reflection questions are assigned to guide these written assignments. Students also participate in group reflections led by either the course instructor or a peer; we experimented with both types of facilitators to see if students would be more comfortable engaging in a peer only reflection group, and informal feedback showed that it did not matter who led the group. Finally, one-on-one check-ins with each students were scheduled midway through each semester as an additional opportunity for students to share their internship experiences, ask questions and bring up any issues they could be experiencing with their peers or staff at the internship sites. Sample written reflection prompts can be found under Attachments.



“Coming to MEND, I expected to be working with a certain type of population. However, in my time there, I realized that this assumption was very wrong. In the diabetes sessions we worked with people from all walks of life and a wide range of ages, experiences, and health education. Many of the times I felt guilty because I was surprised when someone would bring up the fact that they used to work in very professional jobs back in their countries because in the beginning I had assumed most people would not be very highly educated. I realize how wrong it is to come in with assumptions like these because I was not only underestimating people, I was drawing conclusions from nothing factual – only my preconceived thoughts. I believe that having realized these types of assumptions are very “dangerous” will help me in the future to reduce health disparities. By not making assumptions, I can learn to treat people in a population according to their own needs and experiences, instead of generalizing.”

V.P.D.L., Biology major & Urban and Environmental Policy minor, 2013



Assessing the condition of drinking fountains at a public park.

Students and promotor plan and implemented an HIV education and testing event



Encourage and support relevant co-curricular activities

There were several key student leaders who participated in the Public Health Practicum as class assistants also known as Education in Action (EIA) students. EIA students work through the Center for Community Based Learning to support faculty who teach courses with community based learning components. Two students, Jessica Welty (UEP, '13) and Alison Flaming (DWA, '14) were charismatic public health ambassadors on campus. Welty, was the student assistant for UEPI's Community Health Engagement program. She helped with research during the development phase of the program; she collaborated with staff to meet and plan with community partners for the Public Health Practicum; and she provided input towards the development of the course. As a senior, her insights were particularly useful to understand key factors about student participation. Welty also played a role in developing content for the Public Health minor website. Flaming established the Public Health Club in 2013 to engage students who were interested in public health, and facilitated on and off campus activities to offer students opportunities to experience and discuss public health issues through speaker panels, movie screenings and volunteer opportunities.

“Through watching and teaching workshops, I have learned a lot about working with interpreters, and how it is possible to teach a room full of people who speak different languages the same information...Both of the workshops that I taught needed interpretation, and I got much better working with an interpreter during my second workshop. I spoke slower, stopped for the interpreter more frequently, and looked at the audience rather than the interpreter. I am excited to be gaining skills working with interpreters – I know these will be valuable skills for any career in health.”

E.A., Biology major & Public Health minor, 2016

Oxy's Public Health Club presents

[PUBLIC HEALTH WEEK]



April 14-18

Monday, April 14th
Mini health fair in the quad
[in collaboration with
SWAC and Active Minds]
11:30-1:30

Wednesday, April 16th
Film Screening in Johnson 104
7:30-9 pm

Friday, April 18th
"Health in Los Angeles"
event in the quad
[in collaboration with
FEAST and UEPI]
11:30-1:30



Designed by Raven Juergensen



Evaluating the Practicum Experience


Student Feedback



Student feedback was gathered every school year (Fall and Spring, when offered) from 2013 to 2016 on the Public Health Practicum course. A total of 35 students completed the evaluation survey. A majority of students were Seniors (63%) at the time of survey completion, 11% were Juniors, 3% were Sophomores, 11% were promotores and the remainder (14%) declined to answer.

Students shared that they took the course because of an interest in public health (whether personal or professional), with most wanting to get experience in the field and to expand upon what they learned in the classroom. Nearly three-quarters (74%) of the students strongly agreed that the course helped them understand how the concepts they learned in class applied in everyday life (97% agreed or strongly agreed to this). They gave this question an average score of 4.68 on a scale of 5.0 as strongly agreeing. Nearly two-thirds of students (64%) strongly agreed that the community aspect of the course was well connected to lectures and readings. An average score of 4.59 was provided on a scale of 5.0 being strongly agreed. Nearly two thirds (64%) reported that they strongly agreed that the community work that they did helped them better understand public health. An average score of 4.54 out of 5.0 was provided by students.

Students reported that they most strongly agreed that the experiential learning helped them improve their oral communication skills (with partners and clients) and project collaboration (48%) followed by 40% who strongly agreed that they improved their project development skills. More than half of students (51%) strongly agreed and all students (strongly agreed and agreed) reported learning how to identify and articulate social and/or organizational problems in this course. And 83% of students reported agreeing or strongly agreeing that they feel more comfortable working with people from cultures other than their own as a result of this course. As well, 86% of students reported agreeing or strongly agreeing that the course made them aware of some of their own biases and prejudices. Students overwhelmingly (97%) agreed or strongly agreed that the course helped them to develop skills that will help them in their career path after graduation.






Community Partner Feedback

Three partner sites participated in an evaluation of the Public Health Practicum, and in particular, the student placement partnership. Individuals (6 total) representing the organizations participated in a face-to-face (2) or phone (1) interview. A semi-structured interview guide with 13 questions was used for the discussions. Interviews were conducted in English and took an average of 65 minutes.

Interviews were conducted with representatives from ChapCare, the Federally Qualified Health Center located in Pasadena, California; MEND, the nonprofit poverty relief organization in the San Fernando Valley; and Foothill Unity Center, the multi-service food pantry serving south Pasadena, Pasadena, Altadena, Monrovia, Duarte, Sierra Madre, Azusa, Baldwin Park, Bradbury, Arcadia and Irwindale.




Students participated in various roles at each site: at ChapCare students worked on navigating patients and linking them to referral services to address medical and non-medical needs; at MEND students provided support to the diabetes education program (including the use of motivational interviewing to support client needs), and at Foothill Unity Center students provided health education and case management.

Overall, partner sites shared the benefits and challenges of working in partnership

with the Public Health Practicum class. Sites discussed the value in working with students and helping to provide field study experience. They also saw the value of bringing in students for support in terms of resources, and having a fresh perspective about the work (process and content) that helped them improve programs and services. Organizations shared challenges with preparing to house students and having the time and resources to help support students to have a meaningful experience. Partner sites also shared that there are opportunities to help build capacity of their organizations to precept students; and perhaps training opportunities before placing students to ensure the most meaningful experience.

All sites felt the relationship with Oxy and particularly with Professor Foong, the Public Health Practicum course instructor, are strong and worthwhile; they spoke highly of Professor Foong and her willingness to work collaboratively to ensure meaningful community engagement experiences for Oxy students. They particularly highlighted the strengths of working with Professor Foong - being flexible to make course corrections to ensure meaningful placement experiences and helping them to understand public health and how their organizations could contribute to student learning. They all expressed excitement and a willingness to continue the relationship with Oxy.

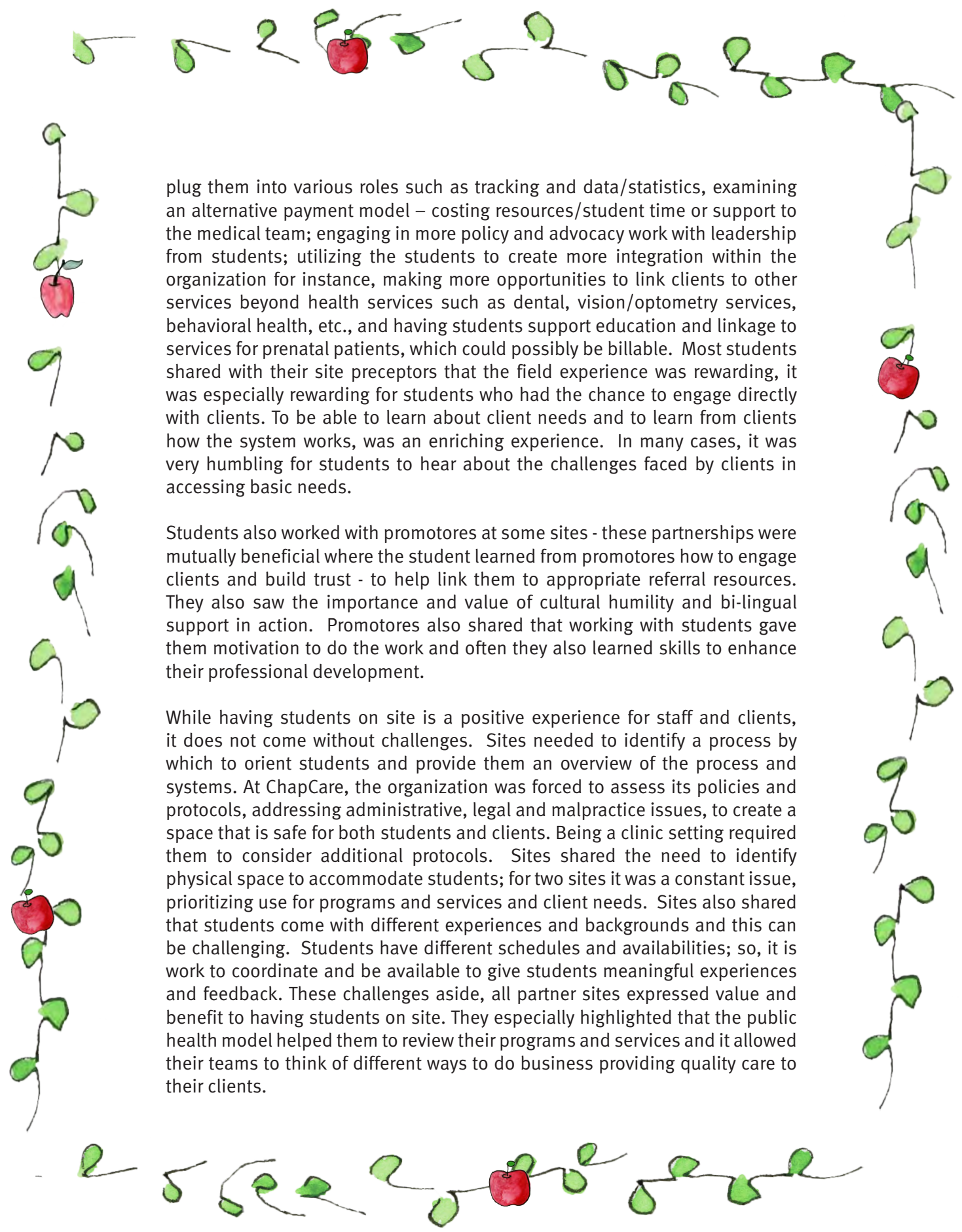




Partners shared how they saw the value of student engagement and welcomed student placement on site. They appreciated the eagerness of students to learn and the willingness to help support in any way. Partner sites shared that having students on site helps to keep them motivated in their work and keeps them on their toes - student knowledge and curiosity helps sites to identify gaps and needs in their programs and services. Partner sites also shared that students are good barometers - giving different perspectives by talking to and engaging patients/clients and offering other aspects to patient/client care and service delivery.

The partner sites shared that having students on site, helped to keep the organization motivated, the students' curiosity about services and how they are delivered, and feedback from clients helped organizations to see gaps in their programs/services. For instance, students are able to hear from clients, what additional needs are, which may allow an agency to consider developing additional or alternate resources, to more appropriately support clients. During the course of this reflection, one particular example, was the need for education and information on the Zika virus, the partner organization shared how having students helped the organization to be responsive, and to have the students collect information and resources to develop health education materials that could broadly support the community – it was relevant and responsive. In addition, (supporting this experience by another organization) to being able to create materials, students were able to develop culturally appropriate materials (in-language) at an appropriate reading level – this helped the site to stay current with addressing community needs.

The sites also shared that the opportunity to have students on site, opened up their perspective about possible projects that students could engage in that would enhance and improve existing programs and services. The partner sites shared, their opinion, that public health is more fleet and may allow agencies, through programs and services, to more aptly adapt to client needs. This in turn would also allow potential opportunities to continue to plug students into the agency model. In particular to the public health model, sites shared that there are many facets within public health that have not been explored by the organizations. For instance, there are opportunities to consider within policy and advocacy work, including the use of social media policy, which can be spearheaded by students. Statistics is another discipline that can be considered, to help the organization look more deeply at their own program data to develop stronger outputs and outcomes, potentially having a student play a data analyst role. The mere presence of the students on site, encouraged sites to broaden their thinking about student opportunities – to

A decorative border surrounds the text, consisting of thin, winding green stems with small, rounded green leaves. Interspersed along these stems are several bright red apples with short green stems and leaves. The border is complete on the top, bottom, and right sides, with the left side partially cut off.

plug them into various roles such as tracking and data/statistics, examining an alternative payment model – costing resources/student time or support to the medical team; engaging in more policy and advocacy work with leadership from students; utilizing the students to create more integration within the organization for instance, making more opportunities to link clients to other services beyond health services such as dental, vision/optometry services, behavioral health, etc., and having students support education and linkage to services for prenatal patients, which could possibly be billable. Most students shared with their site preceptors that the field experience was rewarding, it was especially rewarding for students who had the chance to engage directly with clients. To be able to learn about client needs and to learn from clients how the system works, was an enriching experience. In many cases, it was very humbling for students to hear about the challenges faced by clients in accessing basic needs.

Students also worked with promotores at some sites - these partnerships were mutually beneficial where the student learned from promotores how to engage clients and build trust - to help link them to appropriate referral resources. They also saw the importance and value of cultural humility and bi-lingual support in action. Promotores also shared that working with students gave them motivation to do the work and often they also learned skills to enhance their professional development.

While having students on site is a positive experience for staff and clients, it does not come without challenges. Sites needed to identify a process by which to orient students and provide them an overview of the process and systems. At ChapCare, the organization was forced to assess its policies and protocols, addressing administrative, legal and malpractice issues, to create a space that is safe for both students and clients. Being a clinic setting required them to consider additional protocols. Sites shared the need to identify physical space to accommodate students; for two sites it was a constant issue, prioritizing use for programs and services and client needs. Sites also shared that students come with different experiences and backgrounds and this can be challenging. Students have different schedules and availabilities; so, it is work to coordinate and be available to give students meaningful experiences and feedback. These challenges aside, all partner sites expressed value and benefit to having students on site. They especially highlighted that the public health model helped them to review their programs and services and it allowed their teams to think of different ways to do business providing quality care to their clients.



Developing and Implementing the Public Health Minor

Campus Student Survey (2011 and 2016)

In November of 2011 and January 2016, students at Oxy were invited to complete an online survey for the campus Public Health program. In 2011, eighty six (86) students responded and provided information that would inform the development of the UEP Public Health Practicum course that then evolved into the development of the Public Health minor in the Fall of 2013. In 2016, one hundred and twenty one (121) students completed the online survey to provide feedback on the minor, Public Health club/activities, and suggestions for new courses.

In the 2013, fifteen (15) of courses were available in the Public Health minor. In 2017, twenty (20) courses are available in the Public Health minor offered by eight (8) departments. There are currently twenty nine (29) students who have declared Public Health as a minor. As of June 2017, a total of 34 students have graduated from Oxy with a Public Health minor.

New Public Health courses

Seventy six percent (76%) of participants reported wanting additional elective courses for the Public Health minor. Students reported an interest in courses that reflect the social and behavioral dimensions of health (64%), cultural competence in health (61%), nutrition and health (52%), biological basis of health and disease (52%) and physical activity and health (45%) as some of the top suggestions.

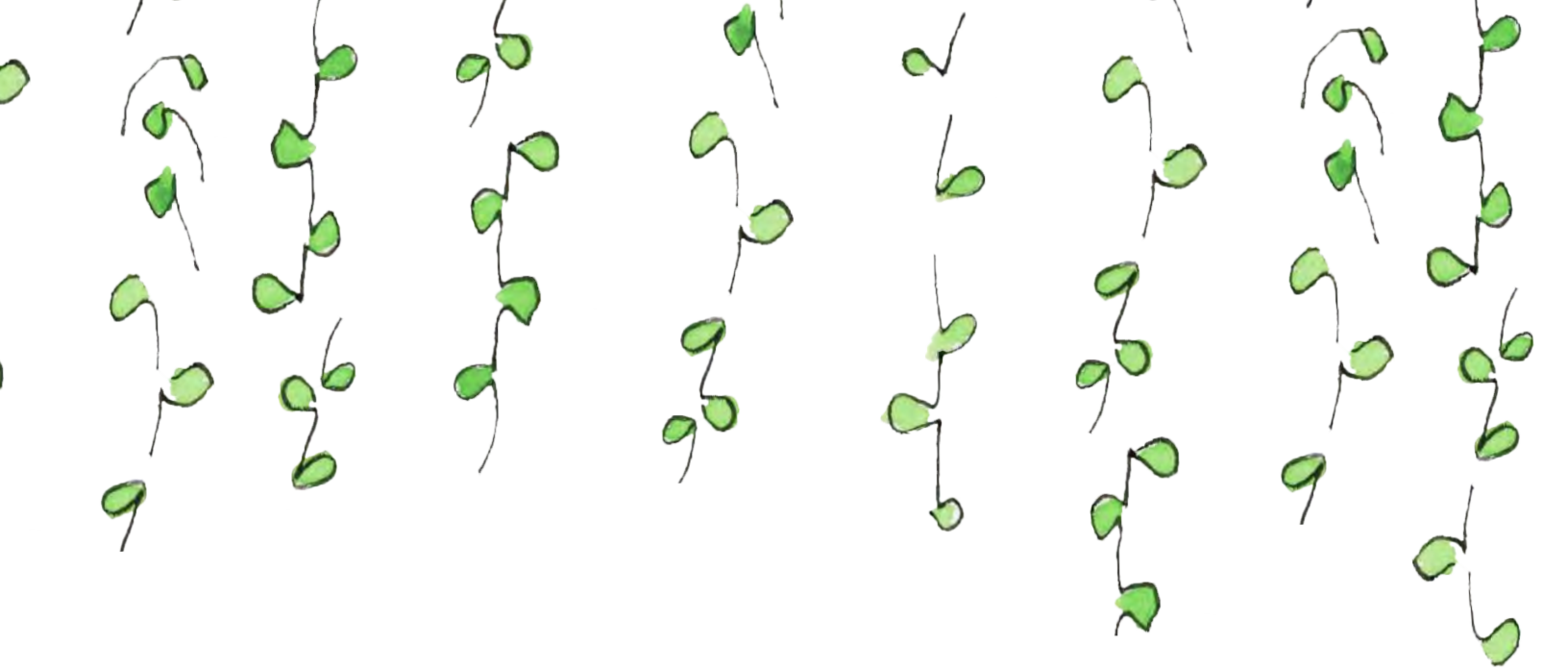
Skills based knowledge

To complement knowledge based learning in the classroom, students also expressed an interest in skills based learning. The top three interests that students listed were: 1) Wanting to learn how to write a grant proposal (66%); 2) Wanting to learn how to engage respectfully with multicultural populations (54%); and 3) Wanting to learn how to write a program budget (45%).

Opportunities and reasons for growth

Public health programs at an undergraduate level continue to grow at a rapid rate. It is among the top ten 10 majors in the 9,000 colleges and universities that offer public health as a major. Substantial numbers of colleges and universities that do not offer an undergraduate major in public health are developing minors, and introductory courses in public health, global health and epidemiology are often included as a part of general education.

In Spring 2013, when the CHE team researched public health programs offered by Oxy's sixteen (16)



peer group institutions (as defined by the then Planning Steering Committee), only one, Franklin and Marshall College offered a Public Health major through the Biology and Government Departments. And of the Oxy's ten (10) aspiration schools, only Williams College offered a single introductory course in public health. In 2016, upon a follow-up review of the same set of peer and aspiration institutions, we discovered that two (2) colleges offered public health majors; six (6) colleges offered a minor; one offered a certificate program; two (2) offered a concentration; four (4) included some public health coursework; and one offered a joint undergraduate and graduate program in public health.

The barriers between public health and medicine are also coming down as more medical schools and physicians begin to recognize that good health is influenced by many factors outside of the doctor's office and a solid grounding in public health is important for physicians in any specialty. In the 2014 Association of American Medical Colleges' Medical School Graduation questionnaire, twenty seven percent (27%) of respondents believed that their public health instruction was "inadequate." Driven in part by these and by health care reform, public health is also being incorporated into the new MCAT exam which includes questions on socio cultural and behavioral aspects of human health, as well as study design and statistics.

In addition, a change in the certification for public health allows individuals with a bachelor's degree to take the CPH (Certified in Public Health) credential if they have a minimum of 5 years of public health work experience. Until recently, this was only eligible to students who have completed master's level education in Public Health from an accredited school. Strengthening and growing Oxy's program may increase future employment opportunities for its students.

Information/Public Health Club/activities

The interest on campus continues to grow around the Public Health minor with requests for more courses, Public Health Club activities, and information on the minor. The 2016 survey showed that students are interested in seeking information about Public Health, though 59% of them did not know where to ask for, or whom to speak to for information about the minor. They suggested emails from their major (82%), class announcements (80%) and information from their friends (77%) as the best ways to share information. Students were particularly interested in service related volunteer opportunities (69%) and information sessions on fellowships and internships (60%). Students requested more information on the purposes of the Public Health Club and wanted a schedule of activities, so that they could understand what is offered by the Club.

Senior Exit Survey (2017)

A survey of exiting seniors was conducted in April of 2017. The survey was open for student responses for three weeks, and was sent via email to 15 students. A total of twelve (80%) students responded to the survey. The survey consisted of 13 questions asking students about acceptances to graduate school, plans for future education, feedback on the Public Health minor required and elective courses, suggestions for additional Public Health courses, engagement with faculty in the minor, strengths and areas for improvement with the minor, and student perspectives on preparedness having participated in the Public Health minor.

Of the students who responded, the following majors were represented Biology (1), Biochemistry (1), Economics (4), Sociology (2) and Urban and Environmental Policy (4). Three of twelve students have graduate school plans (2 with law school and one a program in nursing). Eight students plan to work (two have secured jobs) and one student will be participating in the Peace Corps. Of these eight students, 4 plan to be engaged with public health or public policy work.



Coursework

There was mixed feedback about courses that students found most or least helpful. The same course could be mentioned as most and least helpful among different students. When courses were identified as helpful, it was because students were able to get a better understanding of the topic and its relationship to public health, the instructor was organized, well prepared and engaged. Students also expressed that a course was helpful if it helped them to identify an area of interest or to learn more about their personal area of interest. A general comment for courses that were least helpful, is that it did not appear to have been related or relevant to Public Health.

Students expressed interest in more courses around environmental health, urban health and access, health policy, and health system and health delivery.

Off-site internship

Students reported UEP, UEPI Summer Public Health Internship and UEP 307 Health Practicum and online resources as the most common sources for identifying off-site internship opportunities.

Advising support

Students met with various staff/faculty to discuss the Public Health minor requirements (7), public health career choices (4) and public health internship and fellowship opportunities (4) most commonly. Students met with Professor Foong and Angela Wood, Director of the Office of Pre-Health Advising, for minor requirements; with Professors Dreier and Shamasunder, Professor Foong and Angela Wood for career choices and with Professor Shamasunder, Professor Foong and Angela Wood for internship and fellowship opportunities.

Minor strengths and weaknesses

Overall students expressed positive comments around the diversity of classes offered in the Public Health minor. This diversity contributes to students being more well-rounded. One student shared that they liked the Epidemiology course, because it provided a clear career path in Public Health. Guest speakers and Public Health club events also received positive comments.

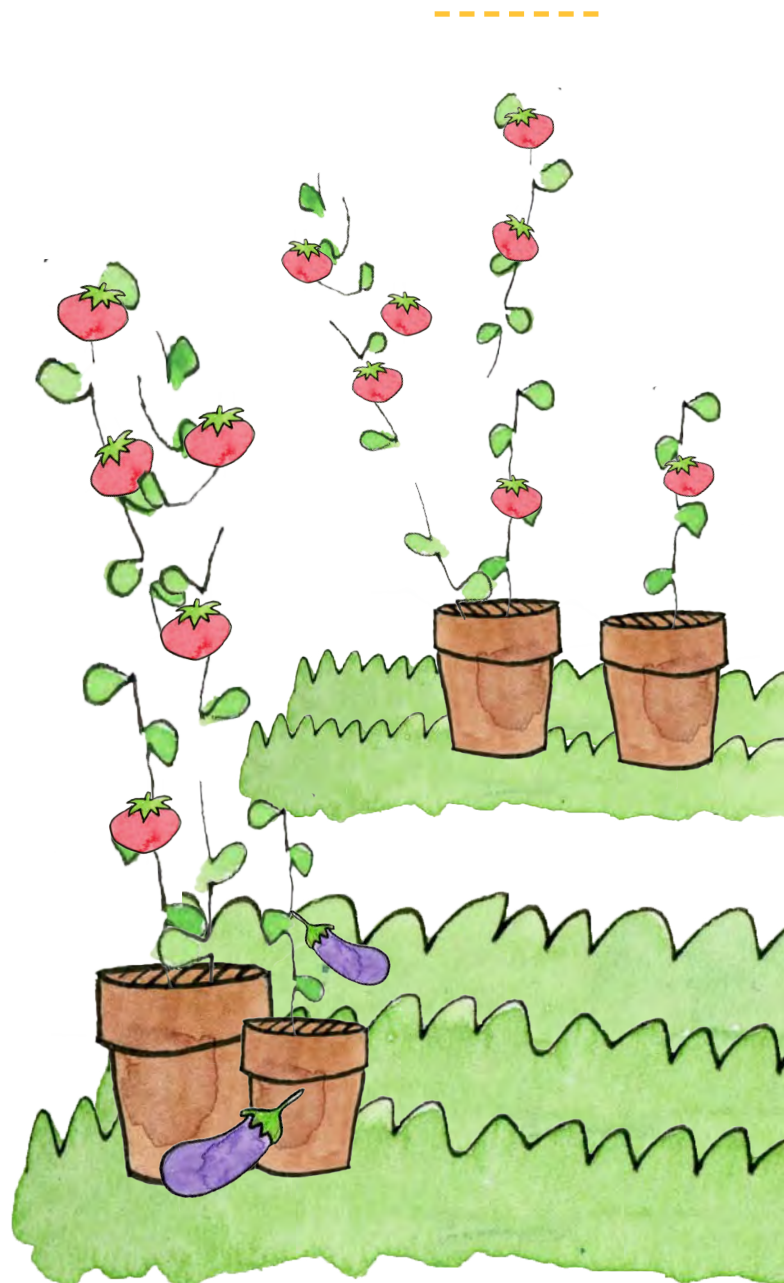
However, students also shared a lot of constructive feedback about opportunities for improvement for the minor. They are:

- *Disconnect between students in the minor*
- *Lack of a lower level introduction to Biology course for Public Health students*
- *No tenured professors in the minor*
- *Lack of courses on health policy or community health disparities*
- *Connections between elective courses and Public Health are not clear – appear haphazard*
- *Because the minor is run by joint departments, there is no clear point of contact for information (except for Professor Foong)*
- *Challenges scheduling Public Health courses*
- *The minor is tied to UEP – better if autonomous*

*Please note the feedback is reflective of a small sample of responses (in many cases no more than 3 students mentioned any one item noted above).

Preparedness

The majority of students felt that the minor helped to prepare them for graduate school or the job market. They believed that they have a good foundation of the fundamentals of Public Health. More importantly, the course work allowed students to become more interested in Public Health and to seek deeper knowledge through elective courses. Two students expressed hope that the minor would become a major in the future.



Conclusion

This paper illustrates one model of community health engagement developed and implemented at a liberal arts college in the heart of Los Angeles. The CHE program can be considered a success thanks to the strong support it received from the campus community, especially Urban and Environmental Policy (UEP) academic department and the Urban & Environmental Institute (UEPI), as well as funding support from the Kaiser Permanente Southern California Community Benefit program.

The internships ran continuously from 2013 to 2017, including through the fall and spring semesters of the academic year, and for 10 weeks in the summer as a full time Summer Public Health Internship, offered by the UEPI. This provided students with multiple opportunities to participate and benefitted community partners with an ongoing pipeline of public health interns. It might not work the same way at other liberal arts colleges but we believe that it can be easily adapted for use by any other institution with an existing community based learning department.

The community-engaged practice provides the ongoing anchor for the institutionalization of a robust academic curriculum integrated with co-curricular programming where students gain classroom and community experience. Through our model, an increasing number of students have engaged in public health as an academic field of study and as a career path. By the end of spring 2017 semester, the public health minor had 34 students, the third largest minor on campus. Of the students who have graduated, 15 are now pursuing advanced degrees in public health. Through their community engaged work students – as well as faculty and staff – bring together diverse issues such as environmental justice, health care, food studies, restorative justice, nutrition, physical education, immigration, and and other community relevant issuee into a broad frame of public health. UEPI is leading efforts to harness this growing base of support in order to institutionalize the community-engaged public health program within the College.





Students with clinic staff in the MEND garden.

The public health program will have at its core community engagement practices. Direct engagement in, and with the community, is one of the truest ways to learn about public health. Sustained and reciprocal relationships with community organizations can benefit faculty and students because over time all parties know what to expect, and longer term and more meaningful projects can be developed to match the skills of students and meet relevant needs within partner organizations. These resources are especially important during this time when funding streams for public health and health care are threatened while social determinants of health such as housing and homelessness, health and health care access, immigration, equitable access to healthy food, and women's health, are in the forefront of ongoing debate and advocacy on a local, state, and federal level.

Providing undergraduate students with opportunities for community based learning can elevate critical thinking, teach "real world" knowledge and build skills to develop a much needed, well rounded public health and health care workforce who can serve our nation's diverse population with humility and respect.

Occidental College, Urban and Environmental Policy (UEP)
1882 Campus Road, Los Angeles, CA 90041

UEP 307 - Public Health Practicum, Fall 2016

Instructor: Heng Lam Foong
Telephone: 323-259-1457
Cell: 213-924-8066
E-Mail: foong@oxy.edu
Office Hours: By appointment
Office: UEP 103
Classroom: Fowler 209
Class Hours: Tuesday and Thursday from 5 pm to 6:25 pm
Practicum Hours: 8-10 hours per week. Times vary by location. Refer to Community Profiles.

Course Description:

UEP 307 Public Health Practicum is designed to provide students with real-world experiences to develop new skills and enhance insights into multiple health issues, concerns and possible solutions.

Public health is a vast field which includes many focus areas such as health education, policy, environmental health, epidemiology, maternal child health, and nutrition. Under supervision of the course instructor and in collaboration with a community proctor, students will partner with a health focused non-profit organization, community clinic, or government agency to develop mutually beneficial community-based learning project(s). During the course of the internship, students can expect to be active collaborators in improving the health of the community in the service area of our partner agencies by identifying and linking community members to health, legal and social service resources; developing health education materials and classes; facilitating trainings and workshops on healthy lifestyles; and helping to address any community identified health issue.

The combination of the community health engagement experience, class discussions, reflection sessions, reading materials and journal entries will help students reflect on the complexities of keeping communities healthy, and what is required to implement and support preventive approaches especially in under-resourced, under-served communities. Students should expect to spend 8 to 10-hours a week at their internship sites. Prerequisite: UEP 203 Introduction to Public Health or UEP 295 Global Public Health

Course Aims:

UEP 307 Public Health Practicum has six (6) specific aims:

- *To introduce you to myriad areas of public health and allow you to put theory to practice.*
- *To challenge you to think critically about the social, cultural and systemic barriers to health.*
- *To provide a unique opportunity for you to work alongside other health and social service practitioners such as community health promoters, and collaborate together to develop culturally relevant interventions.*
- *To nurture your leadership, problem solving, inclusive decision making and teamwork skills.*
- *To encourage you to develop a healthy curiosity about the diverse Los Angeles communities and develop respectful relationships and networks.*
- *To help you to identify any specific areas of interests, this can lead to a clearer pathway into graduate school or public health profession.*

Course Agreements & Expectations:

To ensure that all of us have the best possible learning experiences, let us mutually agree to bring our whole selves to class, to the internship and to any place where we gather to learn and reflect. Life happens and sometimes you or I will be late to class, or be late with an assignment. I will not know that you are facing any challenges unless you tell me. If you are unavoidably delayed, sick or have any reason to miss class or an assignment it is your responsibility to tell me as soon as possible.

As the course instructor, I propose that it is useful to have clear and specific expectations from the first day of class. These expectations are not meant to impose any undue hardship on you but are meant to support a respectful and professional learning environment for all of us, and for the community partners and members we will be collaborating with. I encourage you to consider that your display of professionalism and respect during this course, from being timely to communicating clearly and effectively, can have bearing on your future professional life. If you cannot meet any of the course expectations or need further clarification, please ask!

This course provides an important opportunity for students to experience a slice of the public health world through its community and class based aspects. As a student enrolled in UEP 307 please know that you will be expected to:

- *Attend and participate fully in all classes, internship, field trips and projects. Missed days without proper justification will be marked down 0.5 points for each day.*
- *Your internship and class attendance count towards your grade so please let me know within 24-hours if you have missed an internship day.*
- *Submit all assignments in a timely manner; late submissions without proper justification will be marked down 0.5 points for each day they are late.*
- *Dress appropriately - business casual attire and closed toed shoes are a requirement at all times, at all the internship sites.*

- *Contact the community proctor by phone ASAP if you will be late to your internship.*
- *Avoid using your cell phones to take/make any personal calls/text or browse the internet while you are in class or at your internship. If you absolutely have to take/make an urgent call, please step outside of the classroom.*

Grading (Total 100 points):

- 40% Internship attendance & participation and community proctor evaluation
- 30% Class attendance and participation, and presentation
- 20% Final class paper which will be due in 3-segments
- 10% Satisfactory completion of reflection journals (minimum 3 pages per entry)

Guidelines for your 12-paged, double spaced final class paper:

Project paper Sections 1&2 Organizational Background, Community Profile and Health Needs Assessment (DUE 9/29/16 at 5 pm PST by email): Describe the organizational history of your internship host site. Include why it was established and by whom; how it currently operates; what services it offers; its current service area; and how it is financially supported to provide these services. Then describe any social, cultural and systemic barriers to health that are faced by community members living in the service area. Start by sharing the community profile of the organization's service area; include a demographic profile and data (with citations) on the health status of the community. What barriers do community members face in trying to stay healthy? What services does the organization currently provide to remove some of these barriers? And what gaps remain? (4 to 5 pages)

Project paper Section 3 Designed Health Project (DUE 10/27/16 at 5 pm PST by email): What have you done so far at the internship site? Describe at least one relevant activity and/or product that you have developed/designed, and as importantly describe the process of development and share what skill sets you applied (teamwork, problem solving, negotiation skills etc.) What health need did the activity/product meet? In addition, how are you interacting with 1) organizational staff and 2) community members/clients, and how have these interactions influenced your view of public health? (3 to 4 pages)

Final comprehensive project paper (DUE 12/6/16 at 5 pm PST by e-mail or bring it to our last class). Combine sections 1, 2, 3 and 4, into one paper which provides a comprehensive overview of your public health practicum. Incorporate any edits and recommendations which I have shared and focus Section 4 on Evaluation and Recommendations. Describe your overall internship experience, and include at least one highlight and one challenge. 1. What can the organization do better to improve the learning experiences of future public health practicum students? 2. How can future students better prepare to support the organization and its community? 3. And what can the organization do to provide better or different services to the community in its service area? Share at least two recommendations for each question and cite evidence based programs and practices for question 3. (4 to 5 pages)

Note: Please cite your references using footnotes at the bottom of each page.

Journal entry assignments:

Please handwrite in your journals (minimum 3 pages per entry) and bring them to class.

Journal question #1

(DUE 9/6/16): Please share your hopes and expectations for this course. Include what experiences & skills you'd like to bring to the sites and what you would like to learn.

Journal question #2

(DUE 10/6/16): Please write a journal entry on the first month of your internship – share any highlights and challenges (if any) on how you are working with the community proctor, staff and with the community clients.

Journal question #3

(DUE 11/10/16): Reflect on an event/situation that occurred during your internship. This can be something you observed or it can be something that you were directly involved in. In your journal entry 1) describe the event/situation; 2) what do you think was the root cause? 3) how did you or others around the event feel about it; 4) what did you, or what was the first thing that you considered doing; and 5) did the class material/discussion/meetings so far, relate to this issue and help suggest a course of action or a related public policy to that can affect the issue?

Journal question #4

(DUE 12/1/16): Think about where you grew up or where you currently live, Occidental College in Eagle Rock & Highland Park. Is access to basic health information, health care and preventive health needs (such as flu shots, healthy food, places to exercise etc.) something that you did not need to think twice about? Was it simply there when you needed it? You probably knew where to go, were able to communicate, and had the resources to access what you needed within a span of days or weeks.

During your internship you have encountered racial and ethnic health disparities* in working with community members; Latinos who bear disproportionate rates of diabetes; limited English proficient and low-literacy persons who need help to understand and properly manage their chronic disease; individuals and families at risk of losing their homes due to unemployment, sometimes as a consequence of illness; individuals and families who are in need of help to secure the most basic resources such as food; persons of color who live in neighborhoods that are under-resourced and do not have the appropriate infrastructure or investments in affordable housing, healthy grocery stores, safe parks, transportation etc.; institutions that are not fully staffed or equipped to serve changing populations in their community; institutional data collection which is not sufficiently disaggregated to accurately portray the needs of all of its diverse residents; and on and on.

Sociologist Allan G. Johnson proposes that privilege is not about whom we are as individual people; privilege is not a thing that can be given or taken from you or me. Privilege is unearned and tied to social categories, often conferred to those in dominant groups whether they want it or not. Being a public health student from a prestigious institution such as Occidental College conveys both power and privilege. Please read Chapter 1 of Johnson's book and a brief article by Michael Spencer, then reflect on your internship experiences this semester, also share how these experiences will/can influence your role in reducing health disparities as future public health practitioners.

Article links:

<http://bit.ly/1tH5ON3>

<http://bit.ly/1OZFJa8>

**Defined by US DHHS as “as affecting groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”*

Readings include the following and articles which will be assigned weekly:

Edin, K.J & Shaefer, H.L. \$2 a Day: Living on Almost Nothing in America. New York: Houghton Mifflin Harcourt, 2015.

Skloot. R. The Immortal Life of Henrietta Lacks. New York: Random House, 2011.

Fadiman, A. The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures . New York: Farrar, Straus and Giroux, 2012.

Other helpful resource materials:

Los Angeles County Department of Public Health, Office of Planning, Evaluation, and Development. Community Health Assessment 2015; Revised June 2015. Download 160 page report at: <http://bit.ly/2bs8tLi>

Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. Key Indicators of Health by Service Planning Area; March 2013. Download 28 page report at: <http://bit.ly/2baeWXT>

Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. Social Determinants of Health: Housing and Health in Los Angeles County; February 2015. Download 24 page report at: <http://bit.ly/1TYIbfc>

UEP 307 Course Schedule

--- Welcome to UEP 307: Public Health Practicum

Complete before first day of class:

- *Review partner profiles & share preferred community health site. Develop bios.*
- *Acquire TB clearance.*
- *Complete ethno health family interview*

--- August 30

Topic: Review class syllabus, expectations, and Q&A

Assign/confirm community internship sites. Internships begin 9/6/16.

Distribute and complete

- *Student internship waiver*
- *Journals*

Exchange contact information.

--- September 1

Topic: Internship site and community overview.

Report back & discussion: Ethno health family interview.

Assignments for today:

Personal bio (DUE 9/1/16 at 5 pm PST by e-mail to foong@oxy.edu): Write a one or two paragraph personal biography which will be shared with your community proctor. You can view a how-to-guide and sample bio here.

Complete ethno health family interview (DUE 9/1/16 in class).

--- September 6

Topic: Participatory engagement and cultural humility

Chimamanda Adichie: The Danger of a Single Story @ TED: Ideas Worth Sharing (18:50) <http://bit.ly/6WfqX>

Begin welfare reform discussion

Assignments for today:

Journal entry #1 (DUE 9/6/16 in class): Please share your hopes and expectations for this course. Include what experiences & skills you'd like to bring to the internship site and what you would like to learn.

Tervalon, M., & Murray García, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9(2), 117-125. <http://bit.ly/Sv4hEy>

Geiger, J. (2005). The Unsteady March. *Perspectives in Biology and Medicine*, 48(1), Winter 2005, 1-9. <http://bit.ly/1wVGimS>

--- **September 8**

Topic: Welfare reform: 20 years later.

Assignments for today:

Edin, K.J & Shaefer, H.L. (2016, August 22). Twenty years since welfare 'reform'. America's poorest are still dealing with the consequences of the legislation that Bill Clinton signed into law two decades ago today. *The Atlantic* (Google Drive)

Marketplace Wealth & Poverty Desk: The Uncertain Hour

So1-1 The Magic Bureaucrat (April 28, 2016)

So1-2 White gloves, aluminum cans and plasma (May 11, 2016)

So1-4 Everything but the kitchen sink (June 9, 2016)

So1-5 Pregnant? We can help (June 23, 2016)

So1-6 The road not taken (July 7, 2016)

Retrieve all podcasts @ <http://bit.ly/1UzNr7K>

--- **September 13**

Topic: Housing and homelessness in Northeast LA: An assessment of recent changes and needs

Speaker: Monica Alcaraz, Regional Coordinator, NELA Coordinated Entry System (CES).

Assignments for today:

Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. Social Determinants of Health: Housing and Health in Los Angeles County; February 2015. Download 24 page report at: <http://bit.ly/1TYIbfc>

Stoloff, J.A. (n.d.) A brief history of public housing. U.S. Department of Housing and Urban Development, Office of Policy Development and Research (Google Drive)

Holland, G. & Sewell, A. (2016, May 30). Subsidized rent, but nowhere to go: Homeless vouchers go unused. *Los Angeles Times*. <http://lat.ms/1stIDKC>

Holland, G. (2015, September 10). Highland Park non-profit takes homelessness into its own hands. Los Angeles Times. <http://lat.ms/1U7JKl7>

Recycled Resources for the Homeless <http://www.recycledresources.org/>

Housing Authority of the County of LA (HACOLA) Section 8 <http://www.hacola.org/section-8>

--- September 15

Topic: Motivational interviewing and its role in facilitating behavior change (Part 1)

Assignments for today:

Miller, W. & Rollnick, S. (2013) Motivational Interviewing: Helping People Change (3rd edition, pp. 1-13). New York, NY: The Guildford Press (Google Drive).

Author unknown (2011). MI Definition, Principles and Approach (Google Drive)

MerloLab (November 25, 2009). The Ineffective Dentist. Gainesville, FL: University of Florida Department of Psychiatry. Retrieve @ <http://bit.ly/1rLw6jl>

MerloLab (November 24, 2009). The Effective Dentist: Motivational Interviewing Demonstration. Gainesville, FL: University of Florida Department of Psychiatry. Retrieve @ <http://bit.ly/1rhDbWG>

--- September 22

Topic: Motivational interviewing and its role in facilitating behavior change (Part 2)

Assignments for today:

Think about a person who has significantly influenced your life. This can be a teacher or coach or family member. Choose someone who has inspired & motivated you and helped you grow. Please write one or two paragraphs sharing this person's name, his/her role, characteristics you remember about this person, how s/he made you feel, and how you responded to this person. If you cannot think of one person, make a composite of two people.

--- September 29

Topic: Medi-Cal (Medicaid) benefits and what are changes in California with the implementation of the Affordable Care Act.

Speaker: Toni Vargas, Attorney, Neighborhood Legal Services of Los Angeles County, Health Consumer Center.

Assignments for today:

Project paper Sections 1&2: Organizational Background, Community Profile and Health Needs

Assessment (DUE 9/29/16 at 5 pm PST by e-mail to foong@oxy.edu)

YouToons Get Ready for Obamacare: Health Insurance Changes Coming Your Way Under the Affordable Care Act @ The Henry J. Kaiser Family Foundation. Retrieve @ <http://bit.ly/1n5X1hP>

Lauter, D. (2015, August 10). Two years into Obamacare, only one state still has more than 20% uninsured. Los Angeles Times. Retrieve @ <http://lat.ms/1NnhEVo>

Terhune, C. (2015, June 21). California's Obamacare exchange to collect insurance data on patients. Los Angeles Times. Retrieve @ <http://lat.ms/1ZSlXu>

Covered California, <http://www.coveredca.com>

Young Invincibles, <http://younginvincibles.org>

Neighborhood Legal Services of Los Angeles County, <http://www.nlsla.org/programs/practices>

--- October 6

Topic: Women's health: Screening programs and support resources in Los Angeles County.

Speaker: Jenifer K. Metz, MPH, California Health Collaborative, Los Angeles Cancer Partnership: Every Woman Counts

Assignments for today:

Journal question #2 (DUE 10/6/16): Please write a journal entry on the first month of your internship – share any highlights and challenges (if any) on how you are working with the community proctor, staff and the community clients

Breast Cancer Action (2013, November). Disparities in breast cancer: Through the breast cancer-care continuum. <http://bit.ly/1MhdYFN>

California Health Collaborative Cancer Detection Program: Every Woman Counts, <http://bitly.com/Ram06v>

Culturally relevant cancer health education materials, activities, recipes and toolkits can be found at: American Cancer Society <http://www.cancer.org/>

Susan G. Komen for the Cure, <http://sgk.mn/R5ADKP>

National Cancer Institute www.cancer.gov

--- October 13

Topic: Popular (for the people) education: Shared learning for collective social action.

Speaker: Nancy Zuniga, Program Manager, IDEPSCA (Instituto de Educacion Popular del Sure de California) Workers Health Program.

Assignments for today:

Kerka, S. (1997) Popular Education: Adult Education for Social Change. ERIC Clearinghouse on Adult Career and Vocational Education Columbus OH. (Google Drive)

Wiggins, N. & Rios, T. (2007). An Introduction to Popular Education. Community Capacitation Center, Multnomah County Health Dept. (Google Drive)

--- **October 18**

Group reflection

Assignments for today:

Remen, N.R. (1999). Helping, Fixing, or Serving? <http://bit.ly/1E3Wgm2>

--- **October 20**

Topic: Health literacy

Small group activity: Reviewing health education materials for low literacy populations

Taster's Choice: Smart Menu in South L.A. @ Public Matters Vimeo site (6:30) <https://vimeo.com/6857602>

Assignments for today:

Pleasant, A., Cabe, J., Martin, L.T., & Rikard, R.V. A Prescription is Not Enough: Improving Public Health with Health Literacy (IOM Report). Washington, DC: The Institute of Medicine Roundtable on Health, Nov. 2013. Retrieve @ <http://bit.ly/1Q9lfuE>

Centers for Disease Control and Prevention (CDC). 2009. Simply Put: A guide for creating easy to understand materials. In Moodle or retrieve @ <http://1.usa.gov/1BJ7603>

--- **October 27**

Topic: Food security & health: Current issues and resources for food & nutrition programs.

Speaker: Frank Tamborello, Executive Director & Community Educator, Hunger Action Los Angeles

Assignments for today:

Project paper Section 3: Designed Health Project (DUE 10/27/16 at 5 pm PST by e-mail to foong@oxy.edu)

Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. Social Determinants of Health: Rising Food Insecurity in Los Angeles County; July 2015. Download 20 page report at: <http://bit.ly/1pbnfbw>

Hunger Action Los Angeles. Review The People's Guide and Market Match, <http://www.hungeractionla.org/>

LAC Department of Social Services CalFresh <https://dpss.lacounty.gov/dpss/calfresh/>

--- November 3

Topic: Working effectively with LEP (limited English proficient) persons in health settings

Small group activity: Memory exercise

Assignments for today:

The Office of Minority Health National Standards on Culturally and Linguistically Appropriate Services (CLAS). Review 15 standards. <http://1.usa.gov/mTojbb>

Gunzel, J.S. A right to a medical interpreter, but not a guarantee. Public Insight Network. <http://bit.ly/L42Xww>

Kritz, F.L. (2010, December 27). Medical interpreters are a patient's right. Los Angeles Times. <http://lat.ms/1eEIBWh>

--- November 10

Topic: Non Discrimination and the ACA – Understanding Section 1557 of the Affordable Care Act

Speaker: Mara Youdelman, Managing Attorney, National Health Law Program (GoToMeeting)

Assignments for today:

Journal question #3 (DUE 11/10/16): Reflect on an event/situation that occurred during your internship. This can be something you observed or it can be something that you were directly involved in. In your journal entry 1) describe the event/situation; 2) what do you think was the root cause? 3) how did you or others around the event feel about it; 4) what did you, or what was the first thing that you considered doing; and 5) did the class material/discussion/meetings so far, relate to this issue and help suggest a course of action or a related public policy to that can affect the issue?

Youdelman, M (2015, September). Nondiscrimination and the ACA. Health Advocate, Volume 41. <http://bit.ly/2dQ9grD>

Perkins, J., Turner, W., Quinn, J., Edwards, E. & Youdelman, M. (2016, May 16). Highlights of the Section 1557 Final Rule. National Health Law Program. <http://bit.ly/2e8PuHp>

--- November 17

Group reflection and report back on the three assigned books by Skloot, Fadiman and Edin & Shaefer.

Assignments for today:

Unnatural Causes... Is Inequality Making Us Sick? Interview with Dr. Camara Jones. San Francisco, CA: California Newsreel, 2008. Retrieve @ <http://bit.ly/1w44h4k>

--- December 1

Practicum site presentations

Assignments for today:

Journal question #4 (DUE 12/1/16): Final reflection due. See page 4 for prompt.

--- December 6

Last day UEP 307: Public Health Practicum class

Internship review and feedback in class

Final comprehensive project paper including Sections 1, 2, 3 and 4 Evaluation and Recommendations (DUE 12/6/16 at 5 pm PST in class or by e-mail to foong@oxy.edu)

Resources for your final paper:

U.S. Department of Health and Human Services. (2011, April). HHS Action Plan to Reduce Racial and Ethnic Disparities: A Nation Free of Disparities in Health and Health Care. Retrieve @ <http://1.usa.gov/h5JlX8>

County of Los Angeles Department of Public Health (2013, March). Key Indicators of Health by Service Planning Area. Retrieve @ <http://1.usa.gov/1JrdQBS>

County of Los Angeles Department of Public Health (2015, September). Community Health Improvement Plan for Los Angeles County 2015-2020 http://publichealth.lacounty.gov/plan/docs/CHA_CHIP/CHIPforLACounty20152020.pdf

Centers for Disease Control and Prevention (CDC). (2013, November). Health disparities and inequalities report – United States. <http://www.cdc.gov/MMWR/pdf/other/su6203.pdf>

IOM (Institute of Medicine) (2010)

Demographic Changes, a View from California: Implications for Framing Health Disparities: Workshop Summary. Washington, DC: The National Academies Press. Retrieve @ https://www.ncbi.nlm.nih.gov/books/NBK220106/pdf/Bookshelf_NBK220106.pdf HYPERLINK “<http://bit.ly/cLzxd7>”

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Cancer Legal Resource Center

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Cancer Legal Resource Center

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Note: Several of these individuals have transitioned to positions at different organizations.

Occidental College Planning Advisory Group (2011-2013)

Celestina Castillo
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Angela Wood
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UEPI's Community Health Engagement team (2011-2017)

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This report was written by Heng Lam Foong, MS and Jacqueline Tran, DrPH with valuable input from Robert Gottlieb.

Please address questions to Urban & Environmental Policy Institute, Community Health Engagement program, 1600 Campus Road, MS-M1, Los Angeles, CA 90041.
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