Infusing Social Justice into the Curriculum:

The University of New Mexico
Masters in Public Health Experience

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New Mexico Reality

- Diverse and rural state: 38% Hispanic, 9% Native American, 50% Anglo, 2% African American, 1% other
- 29 out of 33 counties medically underserved
- 24% uninsured (versus 14% nationally)
- Highest poverty rate in nation (1/4 children)
- Lowest rate of immunizations
- Highest DWI fatality rate per capita

Evolution of MPH

- 1994-1996: Legislative appropriation based on needs assessment, curriculum development, first accreditation
- 1997-1998: Revision of mission statement to include social justice, principles and values, curricular and policy growth
- 1999-present: Development of assessment and evaluation mechanisms, re-accreditation

Mission Statement

- The mission is to provide graduate and community-based education to improve the health of diverse populations in NM, the SW, the US/Mexico border, Latin America, and among NA populations. Based on a social justice perspective, the MPH works in partnership with communities, tribes, and public/private sector to build on community strengths and to increase their capacity to respond to public health problems.

Values and Principles

- Community capacity through community practice and community driven research
- Social ecologic approach
- Excellence in research
- Primary prevention
- Social justice and social determinants
- Skills in leadership, communications & group process, and self-reflection
- Ten competency areas

Approach to Social Justice

- Role of Curriculum
  - Goals and Objectives
  - Analytic Approaches to Content
  - Problem-Based Learning
  - Engagement with Practice Community
- Role of Student Body
- Role of Faculty

Education Goals and Objectives

Comprehensive education in core functions/disciplines	90% of core syllabi incorporate social-ecologic framework. 100% core syllabi incorporate competencies.
Address unique issues of minority and marginalized pop.	At least 50% of practicum sites serve these pop. 100% core syllabi incorporate cultural competencies. Targeted recruitment for minority and rural students.
Integrate theory and practice throughout curriculum	100% placement in practicum sites. 1/3 of faculty from public health practice. 6/10 core courses use external lecturers.

Research Goals and Objectives

Develop research agenda in partnership with constituencies	Average of 7 research initiatives in partnership per core faculty member. 76% of research grants have collaborative partners.
Develop research agenda in social determinants and health inequities	42% of core faculty have social determinant grants.
Develop research and evaluation methodologies sensitive to differing agendas, power, stakeholders, use of findings	42% of core faculty have evaluation research grants to improve health outcomes 50 % of faculty have grants using participatory research.

Curriculum Approach

- Epidemiology Concentration
  - Add theories of epidemiology not in texts (social epidemiology/multi-level analysis versus reductionist approach to risk factors)
  - Discuss social meaning of risk factors and health disparities
  - Have students conduct community-based epidemiologic research with communities

Curriculum Approach

- Community Health Intervention Track
  - Philosophical foundation: empowerment, capacity building, socio-ecologic framework
  - Promotes prevention and intervention programs for diverse populations: Required Social Cultural Theory Course
  - Student self-reflection of role in communities

Curriculum Approach

- Maternal Child Health Course
  - Start with concrete example of disparities, ie, IMR, and critique risk factor approach
  - Build new explanatory theory integrating racism/class/gender
- Child Health and Child Rights Course
- Women's Health Course
  - Human rights, ie., differential application of law for reproductive rights

Curriculum Approach

- Health Communication
  - Focus on Advocacy: bilingual/bicultural encounters; media advocacy
- Latin America Social Medicine
  - Supported by University of the Americas
- Comparative International Health Policy
  - Export of Managed Care Models

Problem-Based Learning

- Rural Health Course
  - Case Study of New Mexican reality: Students as community planners for new health center; must address cultural/ethnicity, SES, health care delivery, policy issues
- Rural Health Interdisciplinary Seminar
  - Students in case-based tutorials and community with students from other disciplines
- Learn value of team building, facilitation, and respect for diversity

Engagement with Practice

- Required Theory and Practice Seminar,1 yr.
  - Three core functions of public health
  - Speakers from the field
- 75 Practicum Sites/Field Application
  - Rural/tribal community assessments
  - Female condoms to empower Nigerian women
- Professional Paper Opportunities
  - Oral Health Disparities in New Mexico
  - Cuba and U.S. Health Status Compared

Engagement with Practice

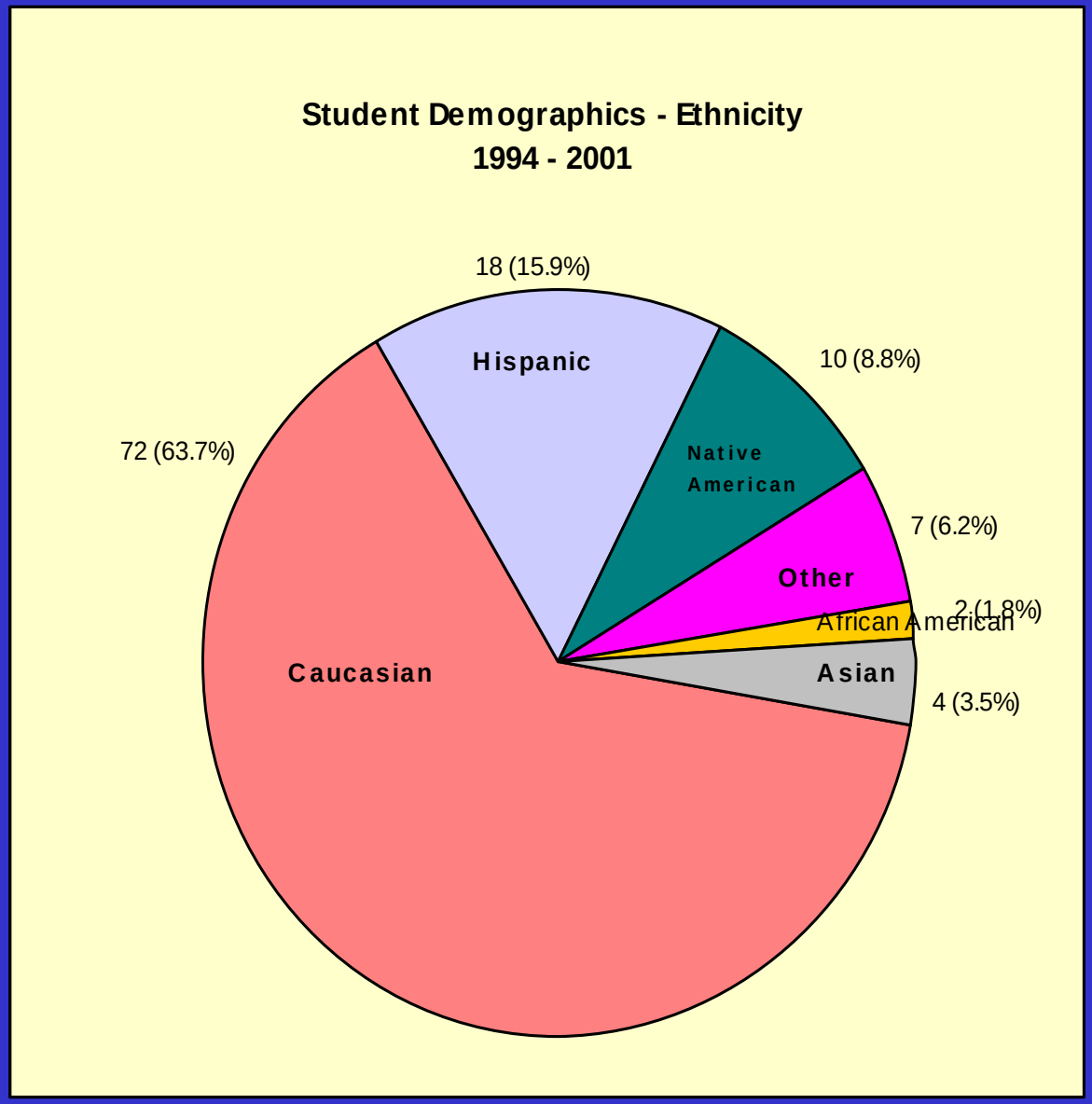
- Public Health Outreach and Education Program (capacity training)
  - Average 12 courses/300 people annually
  - Train the trainers courses
- Department of Health Memorandum of Agreement
  - Social Determinants Task Force
  - Technical Assistance to Communities

Diverse/Mature Student Body

- Goal is to mirror New Mexico's ethnic diversity
  - 10% Native American Enrollment
  - 16% Hispanic students (half of population %)
  - 99% from New Mexico or Navajo Nation
- Student Admissions
  - Two years experience
  - Commitment to public health and region
  - Diversity of backgrounds and interests (25% doctoral-level clinical)
- Experiential contribution to class discussion

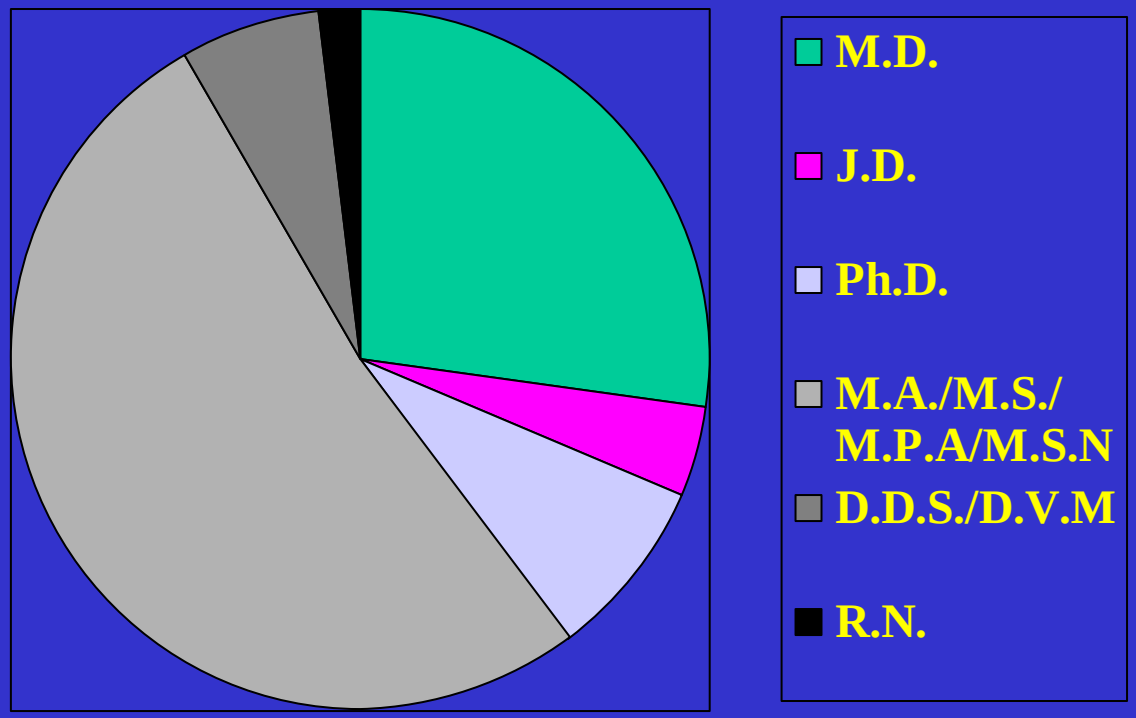
MPH Student Demographics-Ethnicity 1994-2001

Caucasian	63.7%
Hispanic	15.9%
Native American	8.8%
Other	6.2%
African American	1.8%
Asian	3.5%



MPH Student/Alumni Degrees 1994-2001

M.A./M.S./M.P.A./M.S.N.	12.7%
J.D.	1.9%
Ph.D.	3.9%
M.D.	24.3%
D.D.S./D.V.M.	2.9%
R.N.	1.0%
Other	53.3%



Faculty Composition

- Diverse faculty
  - 14 core faculty (FT and PT)
    - 5 tenure-track hires: 1 Native American, 2 Hispanic
  - 29 other teaching faculty
    - 14 from UNM; 15 from external agencies (DOH, Indian Health Service, private clinicians)
    - External lecturers in 6 out of 10 core classes
- Recruitment of community-oriented social justice faculty

Challenges from the Environment

- School of Medicine Context
  - Marginalization within School of Medicine due to broad social justice public health model
  - Medical model would prefer clinical and molecular epidemiology program
  - Less than necessary resources creates tension between teaching and research responsibilities
- Need for Responsiveness to Constituents
  - Legislature concerned about Hispanic enrollment

Curricular Challenges

- Time it takes to maintain courses which adapt continually to New Mexican realities
- Basic methodology texts don’t have social justice agenda. Literature on social determinants often requires advanced training.
- Are we changing health disparities in New Mexico ?

Curricular Challenges

- Problem-based learning (PBL) requires skill and time in developing and facilitating cases.
- PBL full implementation requires student cohort progression not reasonable for PT students.
- Classroom work seen as more important than field applications despite philosophy.

Internal Challenges

- Internal tensions between faculty and students
  - Greater difficulty to maintain commitment to social justice as faculty and student body grow
  - Increasing range of commitment to shared vision and values
  - Adjunct faculty based on availability of resources
  - Students have different needs and interests in MPH

Conclusion

Strong mission statement, core values and curricular direction

Implementation poses an ongoing challenge.