

PLDV 499: Community Health Planning and Policy  
4 units, Fall 2000

**Instructors:** Associate Prof. David Sloane

**Time and Classroom:** Monday and Wednesday 4:00 p.m. to 5:50 p.m.

**PURPOSE AND OBJECTIVES:**

Community health planning is a rapidly growing area of expertise in which professionals work with neighborhood residents, community institutions, and government agencies to identify obstacles to improving health and opportunities for overcoming those obstacles. The course will teach students specific skills in community assessment and analysis, and introduce them to people and organizations actively trying to increase public participation and to influence public policy decision-making.

This course engages students in these efforts by exploring the historical foundations and current events in community health planning and policy. Numerous groups have sprung up to try to change neighborhood conditions, mobilize residents, and influence health policy debates. The course will introduce students to methods for identifying neighborhood strengths and weaknesses, to be a part of mobilization efforts, and to understand contemporary health policy debates.

Students will be given the skills necessary to initiate a community assessment and analysis. Class sessions will be devoted to teaching students how to find information about specific places from the United States Census, health organizations such as the Centers for Disease Control and Prevention and the California State Department of Health Services. Further, we will discuss surveying community assets and interviewing community residents in focus groups and community dialogues.

The class objectives are:

1. Introduce students to community health planning and policy definitions and issues.
2. Provide students with skills to to complete a community assessment and analysis.
3. Acquaint students with real-life community health planning examples drawn from the professional literature and from USC's surrounding communities.

**READINGS**

Kathryn Johnson, Wynne Grossman, and Anne Cassidy, editors, *Collaborating to Improve Community Health* (1996).

PLDV 499 Reader: Community health planning is an inherently multi-disciplinary activity, taking skills and experiences from urban planning, policy analysis, public administration, public health, and other fields. No textbook adequately covers the topics the course covers, so we use a combination of an important public health text on community approaches and a wide selection of articles gathered in the PLDV 499 Reader. The text examines many important issues of process, policy, and approach to collaborative community health

planning. The Reader's contents are listed on the last page of the syllabus. In addition, students are strongly encouraged to read a national newspaper and surf the Internet for relevant information.

### **COURSE FORMAT**

This course meets twice a week. Attendance is mandatory. The weekly sessions will be divided between lecture, discussion of the readings, visual educational materials, and some break out thematic discussions. I expect that we will have some great discussions based on the readings.

### **GRADING**

A combination of attendance, participation, and the timely completion of written and oral assignments will determine your grade. The percentages are: Participation (10%), Short Assignments (20%), Community Analysis (40%), and Final Exam (30%).

The assignments will include completing an assessment and analysis of a community of your choice using the skills learned in class, a series of short assignments related to the skills classes and to the readings, and a final exam. I believe that class should be an interact experience, so even in my lectures I ask questions related to that day's readings and about the issues raised by the lectures. Your participation grade will be devised through my sense of your attendance at class activities and active involvement in those activities.

The intention is that the assignments ask you to view the course's issues from a variety of perspectives. The final exam will focus on the readings and lectures, especially the specific influence of race, gender, and class on the historical development and current implementation of community health planning. The short assignments are extensions of the skill sessions, mandating that you use the technology and materials to answer the question. The community assessment and analysis gives students the opportunity to integrate the skills, methods, and readings into one seamless discussion of a specific place. We will end the class by having students briefly present their community assessments, as much so we can see the different ways to do it as to evaluate the specific assessments.

### **OFFICE HOURS**

My office is in 313 Ralph and Goldy Lewis Hall. My office phone is (213) 740-5768, home phone (310) 837-5858. Please call me at home only after 8:00 a.m. and before 10:00 p.m. My email is dsloane@usc.edu. I check it pretty much every day. My office hours will be on Wednesdays from 2:30 to 3:30, or by appointment.

## Class Schedule/Assignment Due Dates

1. *August 28: An Introduction to the Course*

The course structure and introduction to the topic.

Readings: None.

### Definitions

*August 30: Health and Community: Policy and Planning*

We start with the basic definitions of health and community. Defining them is anything but easy.

Readings: McKnight; Johnson, Grossman, Cassidy, "Organizing the Effort," 11-38

2. *September 4: Labor Day*

*September 8: Complicating the Definitions: Race, Gender, Class*

We begin exploration of the relationship between health and community through the lens of class, gender and race. They complicate our task, but improve our understanding.

Readings: Krumholtz

### Antecedents

3. *September 11: The Sanitary Movement and The New Public Health*

The 19th century public health movement rose out of concerns over the industrial city, then was redefined in the bacteriological age. The movement used the new disciplines of the social sciences to define health and well being, and assess the status of them in America's cities. These efforts, as well as those discussed next time, served as the basis for the social origins of city planning.

Readings: TBA

*September 13: The Settlement Movement: Women, Community, and Health*

The sanitary movement was dominated by professional men, particularly physicians and engineers. However, almost simultaneously, another movement, the settlement houses, was trying to reconceive American ideas of community health through the activities of women.

Readings: Wirka and Smith

4. *September 18: Social Surveys to Federal Policy Interventions:*

After the early efforts to establish standards and define the problem, many groups continued to try to assess and change communities' health status. We will range from the social surveys of the early 20th century to the 1970s attempts by the government to organize comprehensive health planning groups.

Readings: .

*September 20: Changing Policies, Evolving Practices: Healthy Cities, Healthy People*

In recent years, efforts to improve the community's health have once again taken central stage with international efforts by WHO, national efforts by OHPDP, regional and local efforts by a variety of government agencies and non-governmental groups.

Reading : Flynn; Hancock.

### Assessing the Problem, Counting the Capacity

5. *September 25: Strategies for Assessing a Community's Health*

It seems simple: let's go get some data, compare it to the national averages, and we got a community health assessment. Today, we begin discussing why it's not so simple.

Reading: Johnson, Grossman, Cassidy, "Assessing Current Realities and Trends," 73-86.

*September 27: Skills 1: Using US Census Data to Profile a Community*

The US Census is the primary place to get data about populations. Accessing the data is both easy and complicated. It is easy because of the web-based data system. It is complicated because you have to decide what data is important.

Readings: Myers?

6. *October 2: Stages of Participation*

Too often, styles of participation are intended only to meet government requirements, not truly involve the community in the planning process. Arnstein defined a ladder of participation, which we will discuss, noting the opportunities and the problems associated with true community participation.

Readings: Arnstein, TBA.

*October 3: Skills 2: Locating Secondary Health Data*

Let's get on the web and dig out some more data! This time, federal and state government health information. This information is essential for quantifying the community's health. It is also problematic because of the way it is gathered and the dangers in its uses.

Reading: TBA

7. *October 9: Small Area Analysis*

Much secondary data is intended for policy decision-making that is concerned with statewide or citywide issues (or at least in the minds of the policy analysts!). How do we translate that data for communities, which are typically smaller and are often not the subject of data discovery?

Reading: TBA

*October 11: Respecting the Community*

The health planning process is a community effort, which means that the professionals and the residents have to be partners. This partnership must start from the beginning, but becomes particularly critical in the move from assessment to action -- it is too easy for the professional to decide what action is "right" based on a quantitative assessment that misses the community's real concerns.

Reading: Johnson, Grossman, Cassidy, "Convening the Community," 39-72.

8. *October 16: African Americans and the Health System*

African Americans have a particularly skeptical approach to the health care system because of their history with that system

Readings: Gamble, TBA.

*October 18 Skills 3: Surveying the Community*

Secondary data sources, such as the Census and OSHPD, are welcome ways to begin an assessment, but you need to gather information from the community, not just about the

community. One way is to survey residents. Today, the Los Angeles Health Survey.  
Readings: Cousineau, et al.

9. *October 23: Accessing an Inaccessible System*

Latinos and other ethnic minorities are much more likely not to be covered by private health insurance. Today, we will examine the health consequences of lack of coverage.

Readings: TBA

*October 25: Skills 4: Interviews and Dialogues*

Surveys are expensive. If they are done scientifically, they are complicated. So, we search for ways to gather community voices. Focus groups, community dialogues, resident interviews are all ways to get some idea what is happening in communities.

Readings: TBA

10. *October 30: A Male Health System and Women's Health*

Women's health concerns have traditionally received less attention than male health issues. In recent years, that has changed, as women's health groups have advocated for changing the status quo. One way they have been successful is by highlighting current community health problems.

Reading: TBA

*November 1: Problem Versus Capacity*

John McKnight and John Kretzmann have persuasively argued that we need to think as much about community assets as we do about community problems. Today, we will look at how they define assets and their techniques for inventorying them.

Reading: McKnight and Kretzmann; Hancock/Minkler.

11. *November 6: Stories as Qualitative Sources*

McKnight and Kretzmann point out the value of non-quantitative sources of information for assessing community assets. Today, we discuss methods for gathering stories, particularly among minority communities.

Reading: Ashton

## **From Assessment to Action**

*November 8: From Assessment to Action*

Assessing the health of a community is only the first stage of the health planning process. This section of the class explores the obstacles and opportunities connected to the planning process.

First, what is that process?

Readings: Johnson, Grossman, Cassidy, "Action Planning," 86-97.

12. *November 13: Collaborative Community Action*

After the assessment, how can the community planning process identify priorities for action. The process requires collaboration between community organizations and stakeholders who might, on other issues, be at odds. How can that be achieved?

Readings: Johnson, Grossman, Cassidy, "Doing the Job," 99-113.

*November 15: Skills 6: Producing a Public Document*

We are left with all this data and so many stories. Today we discuss issues around producing a document. Not only the scholarly aspects (references, consistent format, etc.), but also the public

concerns (language appropriate, culturally sensitive, relevant to their concerns). The class will consider the technical details of how to format the report and the considerations of illustrations.  
Readings: TBA

*11. November 20: Sustaining the Successes*

The ultimate challenge in community health planning is to build a process that is sustaining. Few communities have succeeded in achieving this level of continuing planning.

Reading: Johnson, Grossman, Cassidy, "Monitoring and Adjusting," 114-128.

*November 22: Thanksgiving*

*14. November 27: Assessing Long Beach*

Before we hear your presentations, Beverlie Conant Sloane and I will present one of our projects. During the 1990s, Long Beach, California, has been involved in an collaborative health planning process. We will explore that process, looking at its elements, the potentials and the obstacles to success.

Readings: Sloane and Conant Sloane, CHRS II, selections; Johnson, Grossman, Cassidy, "Aiken, Growing Into Life," 132-141.

*November 29: Student Presentations*

Today, and next time if necessary, we will be having brief presentations of your community assessments. These presentations should be no more than 10 or 15 minutes, provide an overview of how you proceeded, and what you found. The readings that accompany the class sessions are examples of professional assessment processes that you may want to look at for your presentation, and which I may ask class members to relate to specific points raised in the presentations.

Readings: Johnson, Grossman, Cassidy, "Mesa County," 157-164.

*15. December 4: Student Presentations*

More student presentations.

Readings: Johnson, Grossman, Cassidy, "Chicago, Bethel New Life," 142-156; "Orlando, Healthy Communities Initiative," 165-178.

*December 6 Healthy Futures*

A final discussion of community health planning as a process and of the policy implications of the process for potentially changing communities.

Readings: None, prepare for the final examination.

**December 11-18: Final Exam**

## Community Health Planning Fall 2000 PLDV 499 Reader

1. John L. McKnight. "Two Tools for Well-Being: Health Systems and Communities." In, Meredith Minkler, editor, *Community Organizing and Community Building for Health*. New Brunswick: Rutgers University Press, 1997: 20-29.
2. Norman Krumholtz. "Urban Planning, equity Planning, and Racial Justice." In, June Manning Thomas and Marsha Ritzdorf, editors, *Urban Planning and the African American Community: In the Shadows*. Thousand Oaks: Sage Publications, 1997: 109-125.
3. Susan Marie Wirka. "The City Social Movement: Progressive Women Reformers and Early Social Planning." In, Mary Corbin Sies and Christopher Silver, editors, *Planning in the Twentieth-Century American City*. Baltimore: Johns Hopkins University Press, 1996: 283-304.
4. Susan L. Smith. "'Spreading the Gospel of Health: Tuskegee Institute and National Negro Health Week.'" In, Susan L. Smith, *Sick and Tired of Being Sick and Tired: Black Women's Health Activitism in America, 1890-1950*. Philadelphia: University of Pennsylvania, 1995: 33-57.
5. Beverly Flynn. "Healthy Cities Within the American Context." In, John K. Davies and Michael P. Kelly, eds, *Healthy Cities: Research and Practice*. New York: Routledge, 1993: 112-126.
6. Trevor Hancock. "The Healthy Cities Project: New Developments and Implications for Research." In, John K. Davies and Michael P. Kelly, editors, *Healthy Cities: Research and Practice*. London/New York: Routledge, 1993: 14-24.
7. William Rothstein. "Trends in Mortality in the Twentieth Century." In, W. Rothstein, editor, *Readings In American Health Care*. Madison: University of Wisconsin Press, 1995: 71-86.
8. Ximena de la Barra. "Poverty: The Main Cause of Ill Health in Urban Children." *Health Education & Behavior* 25/1 (February 1998): 46-59.
9. Vanessa Worthington Gamble. "Under the Shadow of Tuskegee: African Americans and Health Care." *American Journal of Public Health* 87/11 (November 1997): 1773-1778.
10. Mary Ashley, "Health Promotion Planning in African American Communities." In, Robert M. Huff and Michael V. Kline, editors, *Promoting Health in Multicultural Populations: A Handbook for Practitioners*. Thousand Oaks: Sage Publications, 1999: pp. 223-240.
11. Sherry R. Arnstein. "A Ladder of Citizen Participation." *Journal of the American Institute of Planners* 8/3 (July 1969).
12. John L. McKnight and John P. Kretzmann. "Mapping Community Capacity." In, Meredith Minkler, editor, *Community Organizing and Community Building for Health*. New Brunswick: Rutgers University Press, 1997: 157-176.
13. Trevor Hancock and Meredith Minkler. "Community Health Assessment or Healthy

Community Assessment: Whose Community? Whose Health? Whose Assessment?" In, Meredith Minkler, editor, *Community Organizing and Community Building for Health*. New Brunswick: Rutgers University Press, 1997: 139-156.

14. D. C. Sloane with B. Conant Sloane, A. Bovankovich and E Gearin. "Community Health Research Study II." Prepared for the Long Beach Community Health Council and Community Health Councils, Inc. Selections.