

CHS M430
Building Advocacy Skills: A Reproductive Health Focus
Spring 2017

Class time: Tuesdays, 1:00 – 4:00 PM

Room: CHS , Room 41-268

Instructor:

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Moodle site: <https://ccle.ucla.edu/course/view/17S-COMHMTM430-1>

Log-in top right corner using BOL username and password

Course Description

This is a 4 unit skills building class to develop competency in assessing, developing and implementing advocacy strategies for reproductive health initiatives. The course will introduce students to both legislative and community advocacy initiatives. It will include a basic introduction to the policy making process, including policy analysis and the development resources necessary for legislative advocacy. It will include the identification of advocacy goals and objectives, the development of an advocacy plan, coalition building, organizational capacity building, media relations and message development for various audiences. Students will learn about a range of former and current reproductive health advocacy campaigns. Students will learn how advocacy tools are employed, which tools were most effective in their implementation and will learn to assess campaigns. Students will participate in skills exercises which can be translated into immediate action.

The class meets 3 hours per week, with approximately two hours devoted to lecture and discussion and one hour devoted to skills exercises. The course will include several guest lecturers who lead advocacy campaigns for public, private or nonprofits addressing reproductive health issues. The course will culminate with the development and presentation of a group advocacy project which will be a comprehensive advocacy plan.

Course Prerequisites

The course is open to graduate and doctoral students in the School of Public Health and to qualified graduate students by permission of the instructor. It is recommended that students have completed one course in health policy prior to enrollment (i.e. CHS 247, CHS 423, HS 235).

Learning Objectives <i>Upon completion of this course, students should be able to:</i>	Fielding School of Public Health Competencies	ASPH Competencies Social and Behavioral Sciences
<p>1. To identify the major modes of advocacy for changing health policy pertaining to populations.</p>	<p>H3. Identify and explain how social, cultural and behavioral factors affect the health of individuals, communities and populations.</p> <p>K1.5 – Differentiates and understands private and government roles in healthcare delivery.</p> <p>K2.2 – Organizational Development and Change: Recognizes the need to change, determines what and how to change and manages and leads the change process in order to improve organizational effectiveness.</p> <p>L1.6 – Differentiates and understands private an government roles in healthcare delivery.</p>	<p>E4. Identify critical stakeholders for the planning, implementation and evaluation of public health programs</p> <p>E5. Describe steps and procedures for the planning, implementation and evaluation of public health programs, policies and interventions.</p> <p>E6. Describe the role of social and community factors in both the onset and solution of public health problems.</p> <p>E7. Describe the merits of social and behavioral science interventions and policies.</p> <p>E10.Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies.</p>

<p>2. To define the basic elements of advocacy program planning and intervention.</p>	<p>H9. Effectively communicate orally and in writing with public health professionals, members of the community and stakeholders about community health issues, interventions, programs and policies.</p> <p>H10. Behave in an ethical manner in practice and research and in interactions with others.</p> <p>K1.7 / L1.8 – Applies knowledge of current legal concepts, such as statute and regulation, to healthcare delivery and the health care system.</p> <p>K1.11 / L1.12– Advocates for improvements in personal and population health status and a more effective and efficient health system.</p> <p>K3.8 / L3.11– Analyzes interest group and stakeholder concerns.</p> <p>K3.12 – Seeks to understand more deeply by searching for the root of issues, asking penetrating questions, uncovering complexity and going beyond routine questions.</p> <p>L4.6 Builds relationships and collaborates with colleagues and constituents.</p> <p>L4.7 Works effectively in teams.</p>	<p>E3. Identify individual, organizational and community concerns, assets, resources and deficits for social and behavioral science interventions.</p> <p>E4. Identify critical stakeholders for the planning, implementation and evaluation of public health programs, policies and interventions.</p> <p>E5. Describe steps and procedures for the planning, implementation and evaluation of public health programs, policies and interventions.</p> <p>E9. Apply ethical principles to public health program planning, implementation and evaluation.</p> <p>E10. Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies.</p>
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<i>Learning Objectives</i>	<i>FSPH Competencies</i>	<i>ASPH Competencies</i>
<p>3. To cite examples of types of advocacy activities in the public, private and nonprofit sectors.</p>	<p>H1. Access and understand the public health literature and information and apply it to community health.</p> <p>K1.10. Analyzes the effects of political, social and economic policies on health systems, community health and access to care.</p> <p>K3.2 / L3.5 – Identifies and analyzes problems, potential solutions and best practices to determine appropriate courses of action.</p> <p>K4.1 / L4.1 – Prepares well-written, effective, convincing managerial reports including brief and concise executive summaries.</p> <p>K4.2 / L4.2 – Prepares and delivers logical, concise and persuasive oral presentations that can convince, influence or impress others to agree with your preferences.</p>	<p>E3. Identify individual, organizational and community concerns, assets, resources and deficits for social and behavioral science interventions.</p> <p>E4. Identify critical stakeholders for the planning, implementation and evaluation of public health programs, policies and interventions.</p> <p>E5. Describe steps and procedures for the planning, implementation and evaluation of public health programs, policies and interventions.</p> <p>E9. Apply ethical principles to public health program planning, implementation and evaluation.</p> <p>E10. Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies.</p>
<p>4. To describe community organizing as well as</p>	<p>H2. Describe theories, concepts, models from the social and behavioral</p>	<p>E6. Describe the role of social and community factors in both the onset and solution of</p>

<p>societal level initiatives.</p>	<p>sciences and apply these theories to community health practice. K2.8 – Systems Thinking: Recognizes system level properties that result from dynamic interactions among individuals, groups, organizations, communities and environments. K5.7 – Applies social justice and human rights principles when addressing organization and community needs.</p>	<p>public health problems. E7. Describe the merits of social and behavioral science interventions and policies.</p>
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Methods of Evaluation:

Grading

Individual written assignments (4)	60%
Group presentation	30%
Peer review of group project	5%
Class attendance and participation:	5%

Individual Written Assignments (4)

Students will complete four individual written assignments each worth 15 % of their final grade (60% total). The assignments will be based on the previous week’s lecture and discussion. For these assignments, students will select a reproductive health issue of interest to them. It may be a topic that is outside of those we will cover in class, although it should have reproductive health affiliation. For each assignment, students may select a different topic or they may wish to research one topic throughout the entire session. The intent of these assignments is to help students develop a portfolio of advocacy tools and resources that could be the basis for future initiatives. Students will submit their assignments via email to the faculty prior to the beginning of class on the date it is due. Expectations for the assignments include:

Assignment 1: Due 4/25/17 – Issue Identification and Community Advocacy (5-6 pages, double spaced)

Issue Identification: Effective advocacy begins with the need to identify an issue that may warrant community involvement. Within a defined geographical location, each student will determine a specific issue that may require advocacy action. Please use proper citations when listing data or statistics. Using techniques discussed in class, including root cause analysis, narrow the broad topics towards a specific issue that is actionable.

For example, an initial topic may be perinatal mental health in Riverside County. Using root cause analysis, narrow the topic to “There is a lack of an inpatient perinatal mental health clinic within a defined catchment area.”

Stakeholder Analysis: Stakeholder analyses are used to identify key groups that may have a vested interest in the issue being considered. More specifically, the analysis is used to assess their knowledge, interests, positions and alliances in advance. In doing so, the advocate is better prepared to engage these groups and ultimately, to increase support for potential advocacy initiatives. This section should include a synopsis that includes key decision makers from governmental agencies, not-for-profits, healthcare service providers, business community, offices of elected officials, faith based organizations, community residents, etc. Be sure to list why each stakeholder has a vested interest in the issue and whether they may have already taken a position on the issue or their anticipated position. Students should consider stakeholders that are both proponents and opponents of the issue. Students may wish to present the data in a table format.

Coalition Building: There are several reasons why a coalition may be a useful tactic for conducting community advocacy: (a) there is a recognized need or a community leader calls for a coalition, (b) a community organization recognizes that a coalition will help fulfill its goals or (c) the process of building a coalition is required (i.e. for a grant requirement). Students should assess whether a coalition is necessary to address the specific need and discuss the merits of establishing or not establishing a coalition at this time. Recall that a coalition could be considered if there is no other organization currently addressing this specific need. If a coalition is recommended, students should highlight 3-5 initial goals for the coalition to consider. If a coalition is not recommended, describe why a coalition may not be warranted. Please be specific with the analysis.

Assignment 2: Due 5/2/17 or 5/9/17 depending upon comp exams –Media Advocacy (4-5 pages, double spaced)

Key Messages and Talking Points: To be effective, advocacy campaigns must have 2-3 key messages that will be utilized throughout their initiative. These would be the most important facts that you want others to know about your issue. It

should be something that can easily be communicated through various communication mediums and should be used consistently. Each key message, supported by citations, should be accompanied by 2-3 talking points, stories or examples that support the key message.

Media Sources (Traditional, Non-traditional, Social): Media coverage is one of the best ways to gain attention of decision makers, community members and potential advocates. It is the advocate's opportunity to capture attention. For this portion of the assignment, student should develop a list of media resources specific to their issue. This should include traditional media sources within a defined geographic area (newspapers, television, radio), non-traditional media (websites, blogs, digital applications, web search optimization techniques), and social media (Facebook, Twitter, YouTube or other consumer generated media sources).

Letter to the Editor (LTE) or Press Release (PR): Students will have the choice of creating a LTE or PR. LTEs allow for more control over a topic because the issue is framed as desired by the author (advocate). Similarly, PRs serve as a pseudo-resume for the issue, with the specific intent of generating interest among reporters who may opt to conduct deeper dive into the issue through a full article or additional media coverage. Using recommended resources and examples, students will create a one page LTE or PR which will include the key messages and talking points previously identified.

Assignment 3: Due 5/23/17 –Legislative Advocacy (4-5 pages, double spaced)

Bill Analysis: Using the template provided, students will conduct an analysis of a piece of proposed reproductive health federal or state legislation. Based on class discussions, students will be prepared to contact the legislative author's office to obtain the fact sheet and will discuss the bill with the staff member assigned to the legislation. Students will learn the anatomy of the bill and will capture the bill's main points, the sponsor, the fiscal impact, a brief history describing whether a version of this bill has been introduced previously, organizations in support and in opposition of the bill (including relevant arguments made by the opposition) and a recommendation to support, watch or oppose the bill. During class, students will be expected to share their experiences during their discussions with the author's office.

Letter to Elected Official (no more than 1 page single spaced): Based on the aforementioned analysis, students will prepare a one page letter addressed to the legislative author's office informing them of the intent to support or oppose the legislation. Students are expected to highlight the bill's main points and to describe how the bill impacts the reproductive population of interest. The letter will include the student's organizational affiliation (if any) and contact information, plus it will close with a call to action.

Assignment 4: Due 5/30/17 –Organizational Capacity Building (Excel worksheet, plus 1-2 pages rationale for line items)

Advocacy Budget: Using the Excel template provided, students will complete a budget for a proposed advocacy plan. The Excel document will identify major sources of expense, however students are expected to develop line item descriptions and give careful consideration to dollar amount required to execute an advocacy plan. As described in the First Five LA Policy and Advocacy Grant RFP discussed during class on 5/17/16, advocates will be expected to provide rationale to accompany and justify numerical values.

OPTIONAL Policy Brief: In lieu of one of the aforementioned assignments, students will have the option of writing a policy brief focused on a predetermined subset of reproductive health topic within California. Faculty will share examples of students' policy briefs that have been published in conjunction with the UCLA Center of Women's Studies. The brief must be submitted on the same day that the assignment is due. If a student is interested in preparing a policy brief, the student must provide the instructor with the intended topic of the brief two weeks in advance. Potential topics are subject to approval. The faculty will work with the student to select an organization that may be able to use the policy brief as part of their reproductive health advocacy efforts. Please schedule office hours to discuss with faculty.

Group Presentation: 6/13/17

During the third week of the course, students will form groups of 4-5 to identify a reproductive health issue that will be the basis of their final deliverable and presentation. As part of this analysis, each team will create a comprehensive advocacy plan using the free, web-based tool entitled the "Advocacy Progress Planner" developed by the Aspen Institute. Using techniques developed throughout the course, teams will develop a plan taking into consideration impact area / goals, audiences, context, activities, inputs and benchmarks. It is expected that the final deliverable will be of sufficient quality that it could be submitted to a funding agency as the basis for a grant for community advocacy.

For the final presentation, teams will be expected to develop a PowerPoint presentation and "pitch" the advocacy plan to a panel of experts who will evaluate it based on completeness, feasibility and creativity. Panelists will assume the role

of a funding agency and will determine the amount of funds that will be fictitiously allocated. This will be considered the final assessment and should be comprehensive. Names of group members and the proposed topic are due 4/18/17.

Peer Review of Group Exercise: Individuals will assess members of their group based on contributions including thoroughness, timeliness and responsiveness, leadership and creativity to the final product. Assessments of individuals from team members will be worth 5% of the student's final grade.

Class Attendance:

The nature of this course requires students to attend each class session. Effective advocacy is conducted within a community thus interaction with professional reproductive health advocates and classmates is critical. However, it is recognized that emergencies do arise. If such an instance may arise, please send an email to the faculty prior to class and it will be noted. You are expected to be familiar with materials covered in class through Moodle and other student's notes. Students will be evaluated based on regular attendance as well as participation in class discussions, demonstrated knowledge of required readings and interactive discussions with faculty, students and guest lecturers. Class participation and attendance will represent 5% of the student's final grade.

Late Assignments:

Assignments are due on dates posted. If students are unable to meet the required dates, approval must be given by the faculty at least 48 hours in advance. Assignments that are overdue for which an extension has not been granted will be reduced by one letter grade for each day it is late. For group exercises, each member of the group will be held to the aforementioned standard.

Electronic Device Policy:

In our efforts to provide an environment that fosters and supports learning and the exchange of ideas and to maximize our time together, the faculty requests that laptops are used **ONLY** for course content and cell phones silenced during class. Using an electronic device for activities unrelated to the learning experience coordinated by the course instructor distracts the student using the device, his/her neighbors, and the professor. Additionally, this usage is viewed as disrespectful of all others (students and instructor) engaged in the teaching/learning process. The quality of the learning experience suffers when these discourteous distractions occur. If a student is in violation of this request, it will be addressed by the faculty. Repeated violations may result in the faculty requesting the student leave class.

Academic Integrity:

This course is governed by the UCLA code of academic integrity provided by the Office of the Dean of Students. Course participants are strongly encouraged to read the document regarding cheating and plagiarism. The policy is available at <http://www.studentgroups.ucla.edu/dos/assets/documents/StudentGuide.pdf>

Academic Accommodations Based on Disability

Students needing academic accommodations based on a disability should contact the Center for Accessible Education (CAE) at (310)825-1501 or in person at Murphy Hall A255. When possible, students should contact the CAE within the first two weeks of the term as reasonable notice is needed to coordinate accommodations. For more information visit www.cae.ucla.edu. This information will be treated as confidential.

READINGS

Required Text

All readings will be posted on the Common Collaboration and Learning Environment (CCLE) Moodle website. Readings consist of articles and resource guides pertaining to the reproductive health topic as well as the advocacy concept that will be covered during class.

Access to Readings

1. You may access one personal use copy of each article from the password protected Moodle site for the class under "Readings." Use your BOL username and password to log on.
2. BOL Proxy: In order to access class readings from a computer not connected to the internet through a UCLA IP address, you will have to set up a BOL proxy server. Instructions can be found at: <http://www.bol.ucla.edu/services/proxy/>

It is expected that students will have completed all readings before the lecture.

Class	Date	Topics and Readings
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I. INTRODUCTION and STRATEGIC ADVOCACY PLANNING

1	4/4	<p>Overview: What is Advocacy? This session will define the scope of reproductive health topics that will be covered throughout the course. It will focus on an introduction to community, media and legislative advocacy as well as the role each plays in advancing reproductive health issues for public, private and nonprofit organizations. We will discuss the types of advocacy skills that will be developed throughout the course including:</p> <table border="1" data-bbox="342 485 1459 989"> <thead> <tr> <th data-bbox="347 491 516 569">Issue Identification</th> <th data-bbox="521 491 672 569">Creating an Advocacy Plan</th> <th data-bbox="677 491 824 569">Community Advocacy</th> <th data-bbox="829 491 1027 569">Media Advocacy</th> <th data-bbox="1032 491 1219 569">Legislative Advocacy</th> <th data-bbox="1224 491 1455 569">Organizational Capacity Building</th> </tr> </thead> <tbody> <tr> <td data-bbox="347 575 516 688">Root cause analysis and Stakeholder analysis</td> <td data-bbox="521 575 672 688">Intended outcomes / Goals and objectives</td> <td data-bbox="677 575 824 688">Community organizing</td> <td data-bbox="829 575 1027 688">Traditional media</td> <td data-bbox="1032 575 1219 688">Policy analysis</td> <td data-bbox="1224 575 1455 688">Sources of funding</td> </tr> <tr> <td data-bbox="347 695 516 808">Models of organizing</td> <td data-bbox="521 695 672 808">Audiences and context</td> <td data-bbox="677 695 824 808">Coalition building</td> <td data-bbox="829 695 1027 808">Non-traditional media</td> <td data-bbox="1032 695 1219 808">Points of insertion into the legislative process</td> <td data-bbox="1224 695 1455 808">Governance and management</td> </tr> <tr> <td data-bbox="347 814 516 928">Role clarification among partners</td> <td data-bbox="521 814 672 928">Activities</td> <td data-bbox="677 814 824 928">Community audits</td> <td data-bbox="829 814 1027 928">Social media</td> <td data-bbox="1032 814 1219 928">Testifying</td> <td data-bbox="1224 814 1455 928">Staff / volunteer development</td> </tr> <tr> <td data-bbox="347 934 516 989">Resource allocation</td> <td data-bbox="521 934 672 989">Benchmarks and metrics</td> <td data-bbox="677 934 824 989">Capacity building</td> <td data-bbox="829 934 1027 989">Messaging and framing</td> <td data-bbox="1032 934 1219 989">Lobbying</td> <td data-bbox="1224 934 1455 989">Data generation and research (CBPR)</td> </tr> </tbody> </table> <p>The second portion of the session will focus on issue identification, root cause analysis and stakeholder analysis, plus we will introduce the various advocacy frameworks which will serve as the foundation for the course (Midwest Academy, Organization Research Services). Additionally, it will explore models of organizing (public, private, nonprofit, hybrid, etc) and will discuss the need for memorandum of understanding among partners as well as resource allocation. These concepts will be the basis for the first assignment due April 25, 2017.</p> <p>Readings Hines A, Jernigan DH. Developing a comprehensive curriculum for public health advocacy. Health Promot Pract. 2012 Nov;13(6):733-7</p> <p>Coulby, H et al; Advocacy and Campaigning Course Toolkit, International NGO Training and Research Center</p> <p>Stachowiak, S. 2009; Pathways for Change: 6 theories about how policy change happens. Organizational Research Services issue brief. 12-14</p> <p>Hanson E and Donohoe M, 2003; Health issues of migrant and seasonal farm workers. Journal of Health Care for the Poor and Underserved, 14(2); 153-164</p> <p>Brugha, R and Varvasovsky Z 2000; Stakeholder Analysis: a review. Health Policy and Planning 15(3), 239-246.</p> <p>Suggested Lane, S. 1994; From population control to reproductive health: An emerging policy agenda. Social Science & Medicine 39(9); 1303-1314</p> <p>Midwest Academy Strategy Chart http://www.tcs.org/sfelp/toolkit/MidwestAcademy_01.pdf</p>	Issue Identification	Creating an Advocacy Plan	Community Advocacy	Media Advocacy	Legislative Advocacy	Organizational Capacity Building	Root cause analysis and Stakeholder analysis	Intended outcomes / Goals and objectives	Community organizing	Traditional media	Policy analysis	Sources of funding	Models of organizing	Audiences and context	Coalition building	Non-traditional media	Points of insertion into the legislative process	Governance and management	Role clarification among partners	Activities	Community audits	Social media	Testifying	Staff / volunteer development	Resource allocation	Benchmarks and metrics	Capacity building	Messaging and framing	Lobbying	Data generation and research (CBPR)
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Resources

Spitfire Strategies Smart Chart 3.0

http://www.smartchart.org/content/smart_chart_3_0.pdf

2

4/11

Reproductive Health Topic: Adolescent Reproductive Health Issues**Advocacy Topic: Creating a Comprehensive Advocacy Plan**

The first portion of class will explore the unique needs of adolescents relative to their sexual and reproductive health. Topics will include definitions and statistics, risk behaviors, sexually transmitted infections, contraception, sex education, teen pregnancy and vaccinations for HPV.

The advocacy session will focus on the issue of framing relative to advocacy initiatives. In addition, it will introduce students to a free, web-based strategic advocacy progress planning tool (Aspen Institute) that can be used for the final project. Topics will include the need to proactively define:

- *impact areas and intended outcomes* (shifting social norms, increasing capacity, strengthening base of support, improved or changed policies);
- *audiences* (primary and secondary);
- *context* such as climate (political, social, economic), issue competition, potential partners or opposition, prior experience with issue;
- *activities* – actions directed towards decision makers, actions directed towards community
- *capacity building* - capital generation, skills development, staffing and leadership development, materials and messaging, cultivating partnerships
- *benchmarks and metrics* – interim outcomes that must be measurable and time bound, alignment with goals

Readings

Preventing Pregnancies in Younger Teens, Vital Signs, United States Centers for Disease Control and Prevention, April 2014

Dorell CG, Yankey D, Santibanez TA, Markowitz LE. 2011. Human Papilloma Virus vaccination series initiation and completion, 2008 -2009. 125 (8); 830-839

Stokley, S et al. HPV coverage among adolescents 2007-2013 and Postlicensure vaccine safety monitoring 2006-2013. MMRW 63(29): 620-624

Ely GE, Dulmus CN. Disparities in access to reproductive health options for female adolescents. Soc Work Public Health. 2010 May;25(3):341-51

Brindis, C. 2002; Advancing the adolescent reproductive health policy agenda: issues for the coming decade. Journal of Adolescent Health. 31(6S); 296-309

Ogusky J, Tenner A. 2010. Advocating for schools to provide effective HIV and sexuality education: a case study in how social service organizations working in coalition can (and should) affect sustained policy change. Health Promot Pract.;11(3):34S-41S.

Boonstra, H, What is Behind the Declines in Teen Pregnancy Rates?, Guttmacher Policy Review, 2014 17(3) 15-21.

American Teens' Sexual Reproductive Health, Guttmacher Institute Fact Sheet, May 2014

Aspen Institute Advocacy Progress Planning Tool

<http://planning.continuousprogress.org/>

Suggested Reading:

Park, MJ et al, 2006; The Health Status of Young Adults in the United States. Journal of Adolescent Health. 39(3); 305-317

Resources:

Schmeer, K. Stakeholder Analysis Guidelines

II. SHAPING PUBLIC IDEAS THROUGH COMMUNITY ADVOCACY AND THE MEDIA

3

4/18

Reproductive Health Topics: Perinatal Health, Maternal Mortality and Morbidity and Human Trafficking**Advocacy Topic: Community Advocacy**

Guest Lecturers – **JOY BURKHARD** – Founder of the California Maternal Mental Health Collaborative, 2020 Mom (CONFIRMED)

VIRGINIA ZART – (CONFIRMED) – Long Beach Task Force on Human Trafficking

The reproductive health portion will cover maternal morbidity, mortality and perinatal health in the U.S. including perinatal mental health. We will also study the various forms of human trafficking, including the reproductive health challenges facing those who have been victims.

Both of our guest lecturers will share insights regarding their successful efforts to conduct community and media advocacy. Founded in 2011, the California Maternal Mental Health Collaborative includes thirty organizations including for-profit, non-profit and governmental agencies as a volunteer task force dedicated to improving maternal mental healthcare in the state. Founded in 1971, the State Public Affairs Committees for Junior Leagues of California are an organization of volunteer advocates representing 11,000 women in the state. Since 2007, the group has been leading efforts to raise awareness and bring meaningful solutions to address human trafficking.

<http://camaternalmentalhealth.org/>

www.2020momproject.com

<http://californiaspac.org/>

Readings:

Bingham, D, et al 2011. Maternal mortality in the United States: a human rights failure. *Contraception*.83. 189-193

Danel I, Berg C, Johnson CH, Atrash H. 2003. Magnitude of maternal morbidity during labor and delivery: United States, 1993-1997. *Am J Public Health*.93(4):631-4.

Onunaku N. 2005. *Improving Maternal and Infant Mental Health: Focus on Maternal Depression*. Los Angeles, CA: National Center for Infant and Early Childhood Health Policy at UCLA

Suggested:

Luna ZT, 2010; Marching toward reproductive justice: coalitional (re) framing of the March for Women's Lives. *Sociological Inquiry*. 80 (4):554-78.

Wilmoth, J et al. 2010. Maternal deaths drop by one-third from 1990 to 2008: a United Nations analysis.

Bull World Health Organ; 88(10): 718–718A.

Resources:

Depression During and After Pregnancy: A Resource for Women, their Families. U.S. Health and Human Services Administration, Health Resources and Services Administration, 2010

<ftp://ftp.hrsa.gov/mchb/pregnancyandbeyond/depression.pdf>

Goodman et al. 1998. Identifying and defining the dimension of community capacity to provide a basis for measurement. *Health Ed and Behavior*. 25(3); 258-278

Lavery, et al. 2005. The Community action model: A community-driven model designed to address disparities in health. *Am J of Public Health* 95(4); 611-616

Developing Effective Coalitions: An Eight Step Guide. 1-32. Developed by the Prevention Institute. PDF included on Moodle site.

Dave Beckwith and Cristina Lopez. Community Organizing: People Power from the Grassroots. Available at: <http://comm-org.wisc.edu/papers97/beckwith.htm>

DUE: Submit reproductive health topics, initial root cause analyses and names of individuals in each group. This will be the group for the final presentation due on 6/13/17.

4

4/25

Advocacy Topic: Media Advocacy

The media can be an effective mechanism to shape public opinion and perceptions. This session will explore various mechanisms that can be employed with relatively few resources. We will examine traditional media and nontraditional media, as well as the increasing importance of social media to reach audiences. The importance of developing messaging will be explored as well as the need to diagnose and develop counter messages for opposing views. This information will be used in the second individual assignment due the following week.

Students will receive instruction on how to create a policy brief. Advocates are often required to develop compelling, succinct policy analysis as part of their repertoire.

Readings:

Thackeray R, Neiger BL, Keller H. Integrating social media and social marketing: a four-step process. Health Promot Pract. 2012 Mar;13(2):165-8

Wei C, Herrick A, Raymond HF, Anglemyer A, Gerbase A, Noar SM. 2011. Social marketing interventions to increase HIV/STI testing uptake among men who have sex with men and male-to-female transgender women. Cochrane Database Syst Rev.

Randolph W, Viswanath K.2004.Lessons learned from public health mass media campaigns: marketing health in a crowded media world. Annu Rev Public Health.;25:419-37.

Suarez-Almazor ME. 2011. Changing health behaviors with social marketing. Osteoporosis Int. 22(S3):461-3.

Suggested:

Freudenberg N, Bradley SP, Serrano M. 2009. Public health campaigns to change industry practices that damage health: an analysis of 12 case studies. Health Educ Behav. 36(2):230-49.

Resources:

APHA Media Advocacy Guide

http://www.apha.org/NR/rdonlyres/A5A9C4ED-1C0C-4DOC-A56C-C33DEC7F5A49/0/Media_Advocacy_Manual.pdf

Individual Assignment #1 Due: Issue Identification and Community Advocacy

5	5/2	<p>Reproductive Health Topic: Family Planning, Access to Care and Consumer Protection</p> <p>Guest Lecturers– SARA MITCHELL, Planned Parenthood Los Angeles (CONFIRMED) SHARON LANDEAU – Pharmacy Access Partnership (CONFIRMED) SONYA LOGMAN – Deputy Secretary, Business, Consumer Relations and Housing (CONFIRMED)</p> <p>As of 2012, access to family planning and related services has once again assumed a prominent role in the national debate. As federal funding for family planning was reduced and further proposed cuts threatened service delivery and programs, advocates on both sides of the issue emerged. Our guest lecturers will share the deliberate measures taken at the state and federal level to protect vital initiatives. Our guest lecturers will cover an introduction to Title X, OTC contraception and abortion. They will also discuss innovative and non-traditional partnerships to preserve and expand access to family planning.</p> <p>The advocacy portion of this session will explore opportunities to shape or change public ideas and attitudes through community advocacy. Aspects that will be covered include coalition building, educational programs, community organizing, capacity building and community audits. Students will use this information to complete their first individual assignment due the following week.</p> <p>Readings: Moskosky SB; LB Zapata, PhD; MK Whiteman, PhD; SD Hillis, PhD; KM Curtis, PhD; PA Marchbanks, PhD; CP Tyler, PhD. 2011. Contraceptive Methods Available to Patients of Office-based Physicians and Title X Clinics — United States, 2009–2010. <i>Morbidity & Mortality Weekly Report</i>.;60(1):1-4</p> <p>Effect of Removal of Planned Parenthood from the Texas Women’s Health Program Amanda J. Stevenson, M.A., Imelda M. Flores-Vazquez, Ph.D., Richard L. Allgeyer, Ph.D., Pete Schenkan, J.D., and Joseph E. Potter, Ph.D., <i>N Engl J Med</i> 2016; 374:853-860 <u>March 3, 2016</u></p> <p>Berer M. 2000. “Making Abortions Safe: A Matter of Good Public Health Policy and Practice.” <i>Bulletin of the WHO</i> 78(5): 580-592</p> <p>Darney, P. 2011. Family planning and the future. <i>American journal of obstetrics and gynecology</i> 205 (4) S26-8</p> <p>Sonfield A, Gold R. 2011. Holding on to health reform and what we have gained for reproductive health. <i>Contraception</i> 83. 285-288.</p> <p>Coleman C, Jones KP. 2011. Title X: a proud past, an uncertain future. <i>Contraception</i> 84. 209-211.</p> <p>National Family Planning and Reproductive Health Association. 2011 Fact Sheet: Protect Access to Family Planning for the Poor and Low Income http://www.nfprha.org/images/insert/TitleX_Factsheet.pdf</p> <p>Individual Assignment #2 Due: Media Advocacy (for those NOT taking comprehensive exams)</p>

III. ASSESSING AND PARTICIPATING IN LEGISLATIVE ADVOCACY

6

5/9

Advocacy Topic: Legislative Advocacy Part 1

Legislative advocacy involves influencing legislation or budget allocation when the target of change is at the federal, state, county or local levels. Students will spend two sessions identifying points of influence at the various levels, developing an understanding of how to conduct legislative monitoring and analysis, assessing the role of committee testifying, as well as writing position papers and support letters.

Guest Speaker: **JILLENA HERNANDEZ**, Chief of Staff, Assembly Member Ken Cooley (CONFIRMED)

Readings

Lifecycle of Legislation in California

<http://www.assembly.ca.gov/clerk/billslegislature/documents/LIFECYCL.pdf>

Government 101: How a Bill Becomes a Law: Steps and Glossary of Terms

http://www.votesmart.org/resource_govt101_02.php

Recommended:

Davis, C. 2005. Tracking Current Federal Legislation and Regulations: A Guide to Basic Sources. Congressional Research Service, The Library of Congress.

Resources

American Social Health Association

<http://www.ashastd.org/>

School House Rock, "How a Bill Becomes a Law"

<http://www.youtube.com/watch?v=mEJL2Uuv-oQ>

Video: Dr. Elginer providing maternal morbidity and mortality testimony before joint session of the California Assembly and Senate Health Committees, May 4, 2010

Individual Assignment #2 Due: Media Advocacy (for those taking comprehensive exams)

7	5/16	<p>Reproductive Health Topic: Reproductive Health Technologies and Innovations Advocacy Topic: Legislative Advocacy Part 2</p> <p>The first portion of class will introduce students to reproductive genetics, including issues related to cloning, stem cells, assisted reproductive technologies, and genetic modification. We will also explore the advent and use of emergency contraception and will consider the emerging issues surrounding these facets of reproductive health.</p> <p>The second portion of the class session will be a continuation of the legislative advocacy discussion from the previous week. Students will be actively engaged in bill tracking, analysis, discussions with the author's office and more.</p> <p>Readings Aarons, J et al. 2008. An evolving landscape: reproductive genetics, new technologies and health care over the next decade. <i>Contraception</i> 78. 433-435</p> <p>Spar D. 2007. The egg trade-making sense of the market for human oocytes. <i>N Eng J Med</i> 356(13);1289-1291</p> <p>Coeyteax F et al. 2009. Emergency contraception: have we come full circle? <i>Contraception</i> 80. 1-3</p> <p>A Guide to Monitoring State Legislation developed by the National Latina Institute for Reproductive Health http://latinainstitute.org/sites/default/files/publications/NLIRHGuidetoMonitoringStateLegislation.pdf</p>
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IV. ENSURING INTERNAL READINESS FOR CONDUCTING ADVOCACY

8	5/23	<p>Advocacy Topic: Organizational Capacity Building – Part 1</p> <p>An often overlooked advocacy component includes organizational capacity building. Aspects that will be covered include the development of an advocacy budget as well as identification of potential funding sources (public and private funds). We will review a policy and advocacy grant application published by First Five LA in September, 2011. http://www.first5la.org/PAF#RFP. We will also discuss basic budgeting concepts, as most MPH students have never developed an organizational budget. We will cover basic revenue and expense considerations.</p> <p>First 5 LA Policy and Advocacy Grant RFP, 2011</p> <p>Readings Israel, B et al. 2010. Community-based participatory research: a capacity building approach for policy advocacy aimed at eliminating health disparities. <i>Am J of Public Health</i> 100 (11), 2094-2102</p> <p>Suggested: Moreno, G et al, 2009. Eight years of building community partnerships and trust: The UCLA family medicine community-based participatory research experience. <i>Acad. Medicine</i> 84: 1426-1433</p> <p>Resources: Advocacy Budget template available on the Moodle website. ----</p> <p>Individual Assignment #3 Due: Legislative Bill Analysis and Support/ Oppose Letter</p>
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PLEASE NOTE THAT CLASS ON 5/30 IS CANCELLED. We will reconvene the following week.

9	6/6	<p>Reproductive Health Topic: Men's Reproductive Health Issues Advocacy Topic: Organizational Capacity Building – Part 2</p> <p>Men's health issues can be overlooked, thus we will explore contraception, infertility, sexuality and utilization of healthcare services relative to reproductive health. We will explore the recent revised</p>
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guidelines from the U.S. Preventative Task Force regarding PSAs and the use of media.

The second part of Organizational Capacity Building will focus on governance and management of coalitions, the need to train and develop staff or volunteers on advocacy skills, and the use of data generation and research to fuel current and future efforts. Students will be expected to submit a preliminary budget for their individual advocacy initiatives.

Given that the final presentation is comprehensive, students will spend a portion of class time working in groups on their final project. The intent is that each group will have time with the faculty to discuss preliminary recommendations, identify challenges, and posit conventional and unconventional tactics as well as potential benchmarks. To ensure use of limited time, it is recommended that groups develop a list of questions or concerns for the faculty to consider in advance.

Readings:

Chabot MJ, Lewis C, de Bocanegra HT, Darney P. 2011. Correlates of receiving reproductive health care services among U.S. men aged 15 to 44 years. *Am J Mens Health*. Jul;5(4):358-66.

Anderson JE, Warner L, Jamieson DJ, Kissin DM, Nangia AK, Macaluso M. 2010. Contraceptive sterilization use among married men in the United States: results from the male sample of the National Survey of Family Growth. *Contraception*.;82(3):230-5

Barry, M. 2009. Screening for prostate cancer – the controversy that refuses to die. *N Eng J of Med*. 360(13): 1351-1354.

TCC Group, 2009. What makes an effective advocacy organization? A framework for determining advocacy capacity.

Suggested:

U.S. Says No to Prostate Screening in Healthy Men – New York Times, October 6, 2011
<http://www.nytimes.com/2011/10/07/health/07prostate.html>

Alberen, M et al. 2010. Evaluation and treatment of erectile dysfunction in the aging male: a mini-review. *Gerontology* 58(1):3-14

Individual Assignment #4 Due: Advocacy Budget

V. ADVOCACY IN ACTION

10

6/13

Final Group Presentations (2 hours total, approximately 30 minutes per group)

Students will present their final comprehensive advocacy plans to a panel of professionals with experience in community advocacy, legislative advocacy and securing private funding.

Advocacy professionals and evaluators:

- **JACKIE KOENIG** – Chief of Staff - Office of Assembly Member Miguel Santiago (CONFIRMED)
- **JONATHAN YOUNG** –West Region Advocacy Coordinator for CARE U.S.A. (CONFIRMED)

Panel Discussion: (1 hour)

After student presentations are complete, advocacy professionals will participate in a panel discussion regarding the reproductive health advocacy initiatives sharing best practices, lessons learned and upcoming plans.

Course Recap and Evaluations