

**DESIGNING A THEORY BASED PUBLIC HEALTH CURRICULUM FOR  
SECONDARY SCHOOL STUDENTS**

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Submitted to the Graduate Faculty of  
the Graduate School of Public Health in partial fulfillment  
of the requirements for the degree of  
Master of Public Health

University of Pittsburgh

2006

UNIVERSITY OF PITTSBURGH  
GRADUATE SCHOOL OF PUBLIC HEALTH

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## **Designing a Theory Based Public Health Curriculum for Secondary School Students**

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University of Pittsburgh, 2006

During a two-year term as an admissions counselor, I had the opportunity to interview over 60 students at Armand Hammer United World College (UWC) of the American West in Montezuma, New Mexico. I learned that the internationally diverse population of secondary students there and at ten other UWCs across the globe were united under the UWC mission: to become responsible citizens, politically and environmentally aware, and committed to the ideals of peace and justice, understanding and cooperation, and the implementation of these ideals through action and personal example. All that I learned, combined with personal aspirations to a career in public health and an interest in helping young people reach their potential, led me to set a goal of some day teaching public health to UWC students, and students with a similar sense of purpose at other schools. This thesis addresses my aspirations as it presents a public health curriculum that could be applied to the UWC movement.

Within the thesis, I summarize existing public health curricula that target youth; describe theories and concepts that demonstrate the importance of public health curricula for adolescents; present my current progress in creating a partnership with the United World Colleges, basing the discussion in community development concepts; consider project limitations and devise strategies that may drive the collaboration process forward in the future; outline the curriculum development process; and present the preliminary course. Existing and future public health issues the world over require the most creative, culturally sensitive professionals for solutions. I argue that the future professionals best suited to tackle such an important task are the adolescents of the present because they stand in a unique position to realize their potential as individuals, family and community members, citizens, and future leaders in their chosen vocations. Investing in the public health education of adolescents is a health intervention we can all participate in and benefit from with dividends to spare.

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## **PREFACE**

Many thanks to Dr. Robert Goodman, Dr. Martha Ann Terry, Dr. Joanne Nicoll, and the friends, classmates, and staff who provided invaluable input and support during the course of this project.



## 1.0 INTRODUCTION

During a two-year term as an admissions counselor at Middlebury College, from July 2000 to July 2002, I was given the assignment of making autumn visits to the Armand Hammer United World College of the American West in Montezuma, New Mexico, to recruit students and conduct interviews of potential candidates. I had the opportunity to interview 30 or more candidates during each of the two visits, and to learn more about the United World College (UWC) movement and mission. All that I learned, combined with personal aspirations to a career in public health and an interest in helping young people reach their potential, led me to set a goal of some day teaching public health to UWC students, and students with a similar sense of purpose at other schools. This thesis addresses my aspirations as it presents a public health curriculum that could be applied to the UWC movement.

German educator Kurt Hahn created the United World College movement in the early years of the Cold War. His inspiration arose while he was addressing a NATO Defense College and he witnessed collaboration among international leaders once considered adversaries.<sup>1</sup> He and several colleagues contemplated creating a similar collaborative environment to foster international understanding among adolescents, who were young enough to be concurrently rooted in their cultures and uniquely receptive to new knowledge. Hahn and his colleagues intended to create a secondary level global microcosm where 16 to 18 year olds of every race, religion, nationality, and background would be prepared for university studies anywhere in the world. Merit and potential were key admissions criteria, and socioeconomic status was unimportant. In 1962, Atlantic College opened in Vale of Glamorgan, Wales to great acclaim. The Times called Atlantic College “the most exciting experiment in education since the Second World War.<sup>1</sup>” Today ten United World Colleges operate world wide; the other nine are located in New Mexico, Singapore, British Columbia, Swaziland, Italy, Venezuela, Hong Kong, Norway, and India. Two more UWCs will open in coming years in Bosnia-Herzegovina and Costa Rica.

Each school has its own distinct characteristics, service-learning opportunities, and extracurricular activities, but all are dedicated to the complementary missions of the International Baccalaureate Organization (IBO) and the United World College movement. Founded in Geneva, Switzerland in 1968, the IBO is a non-profit educational foundation. The IB founders created the curriculum to prepare secondary students to attend universities anywhere in the world, and the IBO now offers a program for elementary and middle school aged students as well. The IBO mission states:

The International Baccalaureate Organization aims to develop inquiring, knowledgeable and caring young people who help to create a better and more peaceful world through intercultural understanding and respect. To this end the IBO works with schools, governments and international organizations to develop challenging programmes of international education and rigorous assessment. These programmes encourage students across the world to become active, compassionate and lifelong learners who understand that other people, with their differences, can also be right.<sup>2</sup>

Similarly, the United World College Mission states:

Through international education, experience and community service, United World Colleges enable young people to become responsible citizens, politically and environmentally aware, and committed to the ideals of peace and justice, understanding and cooperation, and the implementation of these ideals through action and personal example.<sup>3</sup>

When I drove away from Armand Hammer United World College in the fall of 2002, it seemed that an opportunity existed to further realize the goals of Mr. Hahn and his colleagues by teaching these remarkable young people about public health and its mission to “fulfill society’s interest in assuring conditions in which people can be healthy.”<sup>4</sup> Responsible citizenship, political and environmental awareness, commitment to the ideals of peace and justice, compassion, caring, and international understanding are all elements that contribute to conditions in which people can be healthy.

My goal for the thesis requirement is to design a public health curriculum based in locality development concepts and rooted in public health theory. It is intended for UWC students and other high school aged students with a similar personally- or organizationally-based mission, so they will be informed about the ways in which the health of individuals, communities, nations, and the world are directly linked to the kinds of ideals espoused by the UWC and IBO missions. In the following chapters, I will summarize existing public health

curricula that target youth; describe theories and concepts that demonstrate the importance of public health curricula for adolescents; present my current progress in creating a partnership with the United World Colleges, basing the discussion in community development concepts; consider project limitations and devise strategies that may drive the collaboration process forward in the future; outline the curriculum development process; and present the preliminary course.

## **2.0 LITERATURE REVIEW**

### **2.1 EXISTING PROGRAMS**

Although many programs exist that teach young people about public health, they are loosely incorporated into such programs with the curricula focusing primarily on careers in medicine. The Stanford Medical Youth Science Program and the Pennsylvania Governor's School for Health Care are examples. After an extensive search through Ovid and internet search engines, three programs emerged that were designed for the purpose of teaching adolescents in a high school setting about public health and public health careers. They are:

- The Public Health-Health Professional Partnership Initiative (PH-HPPI), funded in several high schools by The Robert Wood Johnson Foundation (RWJF), the W.K. Kellogg Foundation, and the Association of American Medical Colleges (AAMC);<sup>5,6</sup>
- The Health Careers Opportunity Program (HCOP), funded in several high schools by the Health Resources and Services Administration Division of Health Careers Diversity and Development (HRSA-DHCDD);<sup>6,7</sup> and
- The Health in Education Initiative, a partnership between the Association for Supervision and Curriculum Development (ASCD) and The Robert Wood Johnson Foundation.<sup>8</sup>

The first two listings, while not curricula, are grant programs that funded initiatives to create curricula for high school students. The Health Education Initiative stands out as a unique project designed for the purpose of developing public health curricula for young people. While youth of all school ages were included in the project, a curriculum was designed exclusively for high school students. Descriptions of each program follow.

### **2.1.1 The Health Professional Partnership Initiative (HPPI)**

According to the RWJF website, the AAMC developed HPPI, or Project 3000 by 2000 as it was formerly known, to address a dearth of racial and ethnic minorities in the health professions. Through HPPI, graduate health professions schools, K-12 school systems, undergraduate colleges, and community-based organizations collaborate to provide students with improved learning opportunities that increase their potential to become medical health professionals. When RWJF co-sponsored the third cycle of HPPI funding in 2000, it influenced the addition of public health career awareness to the initiative, and the PH-HPPI grant program commenced. PH-HPPI awarded grants to five accredited schools of public health that planned to integrate public health into allied health professions training and the curricula of students from the kindergarten level to post-doctoral fellowships.

Many of the programs developed from the PH-HPPI grants broadly introduce youth to the health professions, however, one program implemented at the University of Illinois at Chicago (UIC) through the School of Public Health and the Urban Health program focuses on public health. The UIC program founders designed their program to:

encourage under-represented minorities to enlist in academic programs leading to masters and doctoral degrees in public health. The main purpose of both programs is to substantially increase the number of African Americans and Latinos who are accepted, enrolled, retained and graduated with Masters/Doctorate degrees in public health. The programs are targeted towards the West and South sides of the city of Chicago, which represent 95% of the Health Profession Shortage Areas (HPSA) in the state of Illinois and have a very small number of individuals with Masters and Doctorate degrees in public health.<sup>6</sup>

The programs begin their mission in elementary schools and follow students through their academic careers into graduate school, increasing awareness of public health issues the entire way.

### **2.1.2 The Health Careers Opportunity Program (HCOP)**

The HRSA-DHCDD created the HCOP grants program to generate a workforce better able to meet the needs of underserved populations by increasing racial and ethnic diversity in the health professions, and developing the academic potential of students from disadvantaged

backgrounds.<sup>7</sup> Like HPPI and PH-HPPI, the HCOP also supports its students as they prepare for, apply to, and graduate from undergraduate and graduate level health professions programs. The use of the grants by schools was much more varied. The University of Illinois at Chicago HCOP is unique because it specifically concentrates on high school students.

### **2.1.3 The Health in Education Initiative**

ASCD and RWJF created the Health Education Initiative (HEI) to:

encourage the development of dynamic curriculum models that promote awareness of public health among middle, junior, and high school students. The initiative awarded 10 two-year grants—\$20,000 for each year—to schools or districts that partnered with community-based public health organizations to educate students about the public health field. Through this project, students identified and explored public health issues affecting their communities while also learning about careers in public health.<sup>8</sup>

In *Education and Public Health: Natural Partners in Learning for Life*,<sup>8</sup> Jenny Smith outlined the rationale and outcomes of the projects undertaken by schools awarded funding under the HEI. She explained that the HEI is based on sound public health concepts and models such as the ten essential public health services and locality development. The ten essential public health services are:

- Monitoring health status to identify community health problems;
- Diagnosing and investigating health problems and health hazards in the community;
- Informing, educating, and empowering people about health issues;
- Mobilizing community partnerships to identify and solve health problems;
- Developing policies and plans that support individual and community health efforts;
- Enforcing laws and regulations that protect health and ensure safety;
- Linking people to needed personal health services and assuring the provision of health care when otherwise unavailable;
- Ensuring a competent public health and personal health care work force;
- Evaluating effectiveness, accessibility, and quality of personal and population-based health services; and
- Researching for new insights and innovative solutions to health problems.<sup>9</sup>

Since the services provided by public health professionals are so broad, Smith emphasized that students have an equal number of opportunities to learn how public health is relevant to them.

The primary method HEI uses to educate students about public health is service-learning. Students complete projects in their own communities, which provides a win-win opportunity for the students and the organizations they volunteer with. Locality development, a central public health model, also advocates this kind of capacity building. Instead of merely carrying out a project in a community, public health professionals who use capacity building involve community members in every stage of their work. As a result, lay people gain skills and tools they can continue to use to enrich the public health of their communities in the long term. Partnerships between the fields of education and public health increase community capacity by engaging students in their own neighborhoods and communities. Personal satisfaction and confidence gained from their experiences spur youth to reinvest their energy into positive personal and community-building endeavors. The relevance of Smith's book, written to encourage educators, public health and medical professionals, and service organizations to collaborate in an effort to engage American youth, extends to all adolescents in any nation and any school district.

The Health Education Initiative seeks to enable students to address health concerns in their own communities with the support of their schools. Its efforts to integrate public health into all areas of their schooling, increase the efficacy of students to take on personal and community based challenges, and influence students to contemplate their world in a more comprehensive, thoughtful fashion indicates that it is implicitly rooted in theoretical frameworks such as social cognitive theory, social ecological theory, and the transtheoretical model, which are described in Chapter 2.2. As I strive to take my own curriculum from prototype to extant program, the Health Education Initiative model will influence my work.

## **2.2 CREATION: PUBLIC HEALTH THEORY AND CONCEPTS**

### **2.2.1 Creating a Partnership: Interdependence/Social Exchange Theory**

In his book *Theorizing Health and Culture*, Airhihenbuwa stated, "It is more effective to adapt preventive health programs to fit community needs and cultural contexts than the reverse, hence the need to ensure that health promotion programs are culturally appropriate.<sup>10</sup>" The goal of the

public health curriculum designed here is to be applicable in a multitude of settings around the world, whether United World Colleges, parochial or public high schools. My first task was to seek partnerships with schools that might benefit from adopting a public health curriculum. The educational setting of the curriculum determines the courses taught and the applications used since service-learning opportunities vary according to school locations. For example, a course on malaria may be taught in India, but covered only briefly in a broader course in an American high school. I conveyed to each school that although my proposal contained detailed sample course objectives, the proposal (Figure 1) should be viewed as a work in progress that will be shaped by their input as well as mine. I viewed each school as an expert in the development process.

“Mutuality” is a precept discussed by Lewis, et al. in their explanation of Interdependence Theory.<sup>11</sup> Interdependence is “the process by which people influence each other’s experiences, or the effects an individual exerts on another person’s motives, preferences, behavior and outcomes.<sup>11</sup>” Interdependence Theory explains how one’s capacity to communicate with another person or group affects whether or not a desired outcome is achieved. When I submitted proposals to different UWCs, I communicated that my educational vision benefited their schools and complemented the IBO and UWC missions.

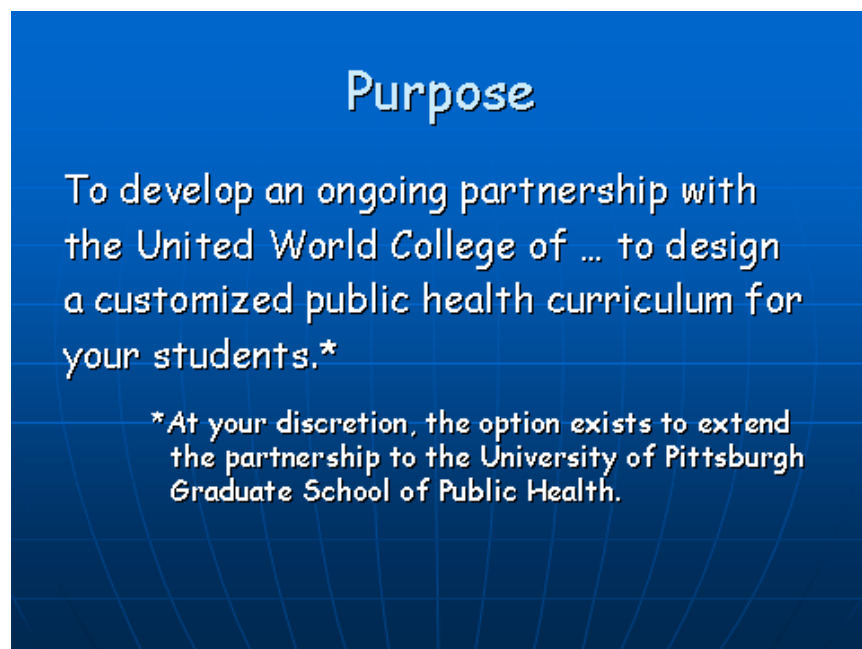


Figure 1. Purpose of Proposal



## Collaboration Aims

With the unmatched professional resources available to me as a student, I would learn what your needs are and with your guidance and the aid of my advisors, translate your ideas for course goals and objectives into uniquely designed courses, resulting in a public health curriculum tailored to your school and students. While this process would begin as a complete my thesis, my hope is that our partnership would continue in the long term.

**Figure 2.** Collaboration Aims

Figure 2 shows the collaboration aims I composed were based on referent power, one of six “bases of power” described by French and Raven in 1959 and elaborated on in 1993.<sup>11,12</sup> It is “viewed as the most effective source of influence or power in informal dyadic relationships, based on one’s identification with the professional [on a personal level], and may generate feelings of communality, security and trust.<sup>11</sup>” When the UWC administrators recognized my intentions as trustworthy, they could conclude that our partnership would enhance their current programs. On its own, however, referent power is not sufficient to convince a party that an idea should be adopted. Implicit within French and Raven’s other five bases of power—expert, legitimate, coercive, reward, and informational power—is the requirement that the other party is convinced that the benefits of collaboration outweigh the costs.

### **2.2.2 The Five Phases of Entrée and Institutional Decision Making Processes**

Goodman, et al. confirmed the supposition that benefits must outweigh costs in their article titled *Recruiting school districts into a dissemination study*.<sup>13</sup> They examined the recruitment process of 28 school districts into a project created to disseminate tobacco prevention programs in North Carolina. They found that the decision makers in school districts decided whether or not to join the study based on a “five-phased decision making process of legitimacy, information seeking,

expressions of limitations, expressions of engagement, and commitment,<sup>13</sup>” or the five phases of entrée.

Legitimacy is meant to enable researchers to establish both their own credibility and that of their research. This stage is characterized by an extended period of time needed for the researcher to prove s/he is committed to the collaboration process and is sensitive to the concerns and needs of the potential partner. “Expert power” is a useful tool for the researcher during this period because it helps the professional communicate to an audience that s/he can provide knowledge that they lack and require.<sup>11</sup> During the legitimacy process, s/he should expect to hear doubts and reservations expressed by the population of interest that are based on the perceived costs of engaging in the project. The professional then employs “informational power” by clearly and concisely communicating answers to any questions or concerns.<sup>11</sup> Next, the relationship between the party of interest and the researcher will become guided by referent power, and expressions of engagement may be heard. Commitment to the project is the ideal result of this carefully cultivated process. Goodman, et al found commitment occurred most when “key decision makers” such as superintendents, principals, and school board members perceived their project as beneficial.

In my proposal to the United World Colleges, I established the legitimacy of myself and my project by introducing the team of professional advisors with whom I would work (Figure 3).



**Collaboration Aims**

A requirement of my thesis is that I must choose three faculty thesis advisors to review my work. My advisors are:

- ♦ Robert M. Goodman, PhD, MPH, MA  
Department Chair, Behavioral and Community Health Sciences (BCHS)
- ♦ Martha Ann Terry, PhD  
Professor of Behavioral and Community Health Sciences;  
Coordinator of BCHS MPH Program
- ♦ Joanne Nicoll, PhD  
Associate Director for Instructional Design and Faculty Development in the Center for Instructional Development & Distance Education

**Figure 3.** Team of Experts Supporting the Proposal and Project

I exerted expert power by including two highly experienced public health professionals and a curriculum development specialist on my team. Thus, the UWC administrators could recognize that our cumulative expertise would contribute greatly to the curriculum development process, and that collaboration would produce outstanding long-term results.

### **2.2.3 Collaboration and Synergy**

Goodman emphasized that collaboration is important because of its inherent benefits and its propensity to reduce project costs and increase social capital, or the camaraderie and feelings of trustworthiness that arise from quality interactions between working partners.<sup>14,15</sup> Collaboration increases diversity, facilitates critical mass, increases resources through sharing, facilitates division of labor through shared responsibility, increases expertise through sharing, reduces duplication of effort, enables creative responses to innovation, and leads to partnership synergy.<sup>14</sup> As collaboration enriches the process of completing a project, synergy enhances the functionality and effectiveness of a team of people by “leveraging, combining, and capitalizing on their complementary strengths and capabilities.<sup>16</sup>” Synergy is “the proximal outcome of partnership functioning that gives collaboration its unique advantage.<sup>16</sup>”

A challenge unique to this project is that it seeks to create transcontinental collaborations. United World Colleges are individual schools of unique character under one organizational umbrella, academic curriculum, and mission. My attempts to gain entrée are therefore aimed at eleven to thirteen separate organizations in up to thirteen separate cultures with one common mission. As the project continues, I hope to move beyond phase two of the entrée process by broadening my network of contacts to the IBO and International Headquarters of the UWC movement. This could result in consolidation of efforts to the UWCs’ oversight organizations. I anticipate that the process of seeking collaboration will continue beyond the scope of this thesis.

### **2.2.4 Creating a Comprehensive Public Health Curriculum: Social Ecological Theory**

The Social Ecology Model developed by Yoo et al. greatly influenced my development of the course design and curriculum. “The model [is] built around the interactions between people and their environments, the interactions between people and groups within their environments, and

interactions between causes and effects within a community.<sup>17</sup> Figure 4 shows how the health of a community is influenced at a variety of social levels beginning with the individual or family level, and including the community, organizational, and policy levels. Thus, public health professionals beginning comprehensive community health interventions at any level of society must take into account the surrounding influences.

At the beginning of any project, there is an initial condition and a desired outcome that is the antithesis of the initial condition. The initial condition is an undesired circumstance. Change agents work to alter it via mediating factors, which are interventions planned to reach the desired outcome. Initial conditions on each tier influence each of the other levels. Change agents must be cognizant of this relationship and will likely need to work with it if they are to achieve their desired outcomes. When change agents appreciate the larger picture, they are best equipped to strategize ways to achieve their aims by identifying key decision makers and stakeholders, and tapping influence at surrounding levels.

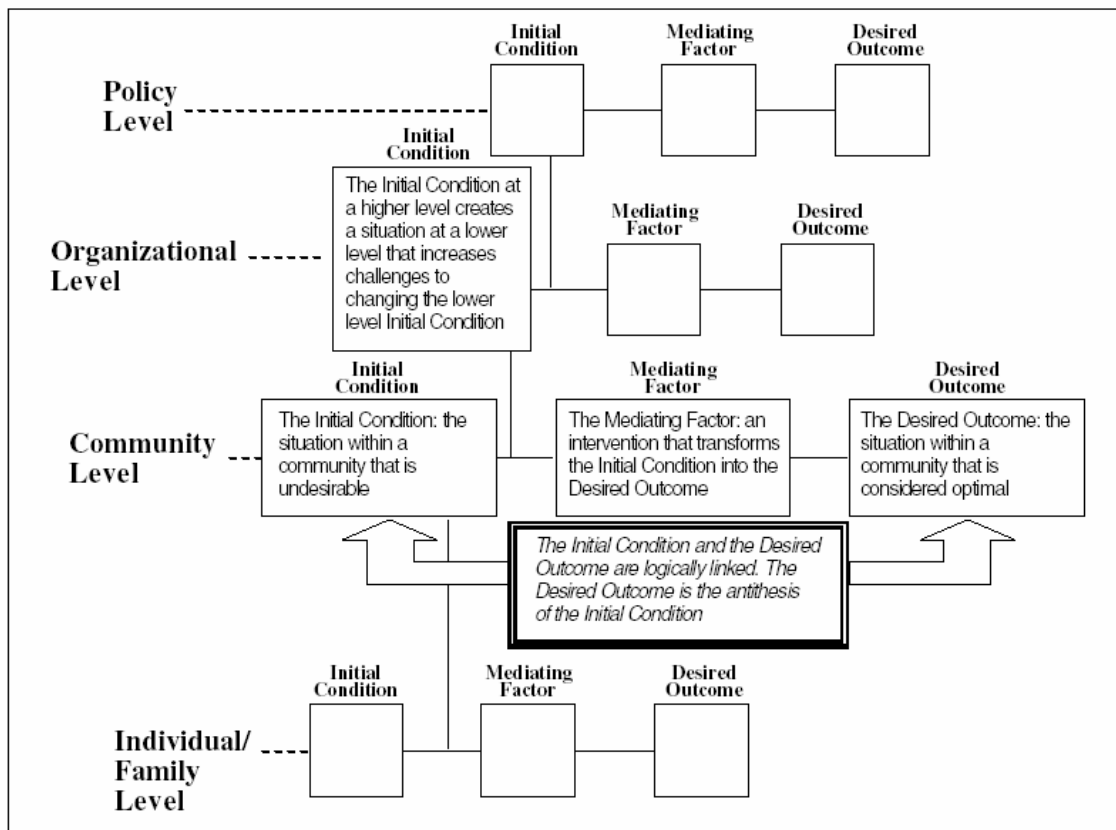


FIGURE 1 Social Ecological Conceptual Model

Figure 4. Yoo, et al. Social Ecological Model

The final line of the IBO mission statement reads, “These programmes encourage students across the world to become active, compassionate and lifelong learners who understand that other people, with their differences, can also be right.<sup>2</sup>” In comparison, the UWCs aim to make their students “politically and environmentally aware, and committed to the ideals of peace and justice, understanding and cooperation, and the implementation of these ideals through action.<sup>3</sup>” Appreciating other people and their differences, and political and environmental awareness include understanding the interaction of different levels of society. The public health curriculum and course presented in Chapter 4 utilize the social ecological model by encouraging the intended audience to consider health on multiple societal levels.

### **2.2.5 Creating Future Leaders in Adolescents: Social Cognitive Theory and the Transtheoretical Model**

Social Cognitive Theory is similar to Social Ecological Theory because the decisions people make and the behaviors they adopt are “dynamic, depending on aspects of the environment and the person, all of which influence each other simultaneously.<sup>18</sup>” Implementing a public health curriculum in a setting where students’ values and beliefs are developing is a great responsibility and opportunity. The underlying long term outcome desired when teaching adolescents to adopt and practice public health concepts is that they will continue to practice those concepts both in their future careers and in all of their interactions with the world around them. Whether they become actors, teachers, business executives, clergy members, parents, economists, skilled laborers, or political leaders, if students understand that their influence matters, they can make great positive contributions to the betterment of the socioeconomic, environmental, physical, mental, and spiritual health of individuals, communities, nations, and the world. The key is teaching students to understand their importance and that they can create positive change when they are taught a few skills and given the proper tools.

In an article titled *Self-Efficacy Beliefs as Shapers of Children’s Aspirations and Career Trajectories*, Bandura et al. stated:

Among the mechanisms of human agency, none is more focal or pervading than people’s perceived self-efficacy...Whatever other factors may operate as guides and motivators, they are rooted to the core belief that one has the power to

produce effects by one's actions. Perceived self-efficacy is...posited as a pivotal factor in career choice and development.<sup>19</sup>

Self-efficacy strengthened by practice in making difficult decisions in complicated situations results in reinforcement of one's belief that s/he will consistently succeed at a given endeavor.<sup>19</sup> One way to help students gain the confidence to integrate public health into their personal philosophies and everyday activities is to incorporate service-learning opportunities that schools can realistically create into the curriculum. The UWCs have these opportunities in abundance. Author Jenny Smith pointed out that service-learning not only serves others, it offers the participants personal benefits, too.

Service-learning, as a teaching strategy, is also a powerful way to motivate youth and build self-esteem. Studies indicate that in many cases, students who participate in high-quality service-learning programs are more likely to attend class punctually, initiate questions, and complete assignments. They care more about doing their best and show greater concern toward others. Because service-learning boosts self-esteem and self-efficacy, students are less likely to engage in risky behaviors.<sup>8</sup>

Increased self-esteem leads to increased ability to socialize with one's peers. Thus it is likely that well developed public health courses could result in a diverse group of international students forming a community of identity, or shared purpose, ultimately producing a global network of altruistic thinkers and actors. An Ethiopian proverb states, "When spider webs unite, they can tie up a lion." The potential benefits of such a network are intriguing in a conflicted world. Bandura, et al. wrote, "modeling supplemented with guided mastery experiences provides an especially effective vehicle for building resilient self-efficacy."<sup>19</sup> While this was written in reference to the positive effect experiential learning can have on the student, Smith's above statement indicates that students who are motivated to model health behaviors themselves will become role models to those they seek to influence in their school or home communities. This ripple effect is what I hope for, and what the curriculum described below is intended to achieve.

## **3.0 METHODS**

In the following section, the methods used to create a partnership with the UWCs and to design the public health curriculum are outlined. The steps listed reflect the recruiting strategy described by Goodman et al.<sup>13</sup>

### **3.1 DEVELOPING A PARTNERSHIP**

#### **3.1.1 Step 1: Homework**

In the earliest stages of the development of this project, I completed an extensive search of the United World College website and the internet to look for existing public health coursework in any of the United World College curricula. While I did not find evidence of formal coursework, I found many references to students who pursued or are pursuing public health in their undergraduate and graduate studies. Emmanuel Drabo, an alumnus of the Armand Hammer United World College of the American West (UWC-USA) is an outstanding example. He is currently a student in the class of 2008 at Bates College in Lewiston, Maine. Drabo, a native of Ouagadougou, Burkina Faso, created an independent, interdisciplinary major in public health. “Here [at Bates] I can mix political science and economics with mathematics and biology,” he said.<sup>20</sup> He understands that public health is a multidisciplinary field. Drabo intends to pursue graduate studies in public health and then return to Burkina Faso to improve the health of his nation’s people.

Interestingly, Drabo’s tuition is funded in part by a UWC-Davis scholarship. Drabo is one among many UWC alumni who earned either full or partial UWC-Davis Scholarship aid from the Davis Scholars Program. Founded by Shelby M.C. and Gale Davis, the program

provides students with a scholarship equal to their full financial aid as their college of choice assesses it. “Davis Schools” are US colleges handpicked by Mr. and Mrs. Davis to educate UWC alumni admitted to Colby College, Princeton University, College of the Atlantic, Wellesley College, or Middlebury College. The origin of such generosity lies in a visit Mr. Davis paid to UWC-USA in 1998. “He arrived early, encountered two boys sitting by the pool talking and asked them if they were students. It turned out one was from Israel, the other from Palestine. ‘We’re roommates here,’ one told him, ‘and we are friends—and this could never happen in our country,’ Davis recalls hearing.<sup>21</sup>” “Wherever they end up, these students will be different. Our American students will be different too,” Davis said.<sup>21</sup> Such an opportunity eliminates economic disparities between students, and enables any student admitted to Davis Schools and many other colleges and universities to reach their career aspirations. The program also provides an opportunity to help students interested in public health achieve degrees in higher education so they can enrich and/or lead the profession in their own nations in the future.

### **3.1.2 Step 2: Priming the Pump**

Equipped with the knowledge that UWCs do not explicitly teach public health, and that interest in public health is demonstrated in alumni biographical sketches, I called UWC-USA, the school I was most familiar with, to attempt to garner support for the proposal process. If I could identify an enthusiastic supporter of my idea at UWC-USA, I might also find in that person a knowledgeable intermediary who could help me approach other UWCs. In the fall of 2005, I attempted to contact the guidance counselor I knew while I was an admissions counselor, but discovered he had left the school.

A secretary connected me with Nina Marquez-Johns, the registrar and IB curriculum coordinator at UWC-USA. I introduced myself and explained that I had visited her school during my fall 2000 and 2001 admissions travel seasons. I asked her if she knew whether UWC-USA or other UWCs taught public health in their courses. She explained that UWC-USA taught health classes in which students learned basic personal health and hygiene concepts. Her comment alerted me to the fact that many people do not know the meaning of public health. I related my idea to her, giving examples of how general health classes and the public health classes I proposed are different. Nina told me that while UWCs are relatively limited in the kinds of



electives they can offer due to the structured nature of their curriculum, if I sent the proposal to her she would review it and schedule a date to present the proposal to the UWC-USA board. She also related that her daughter had recently returned from the future site of the UWC in Costa Rica, and mentioned that her hosts indicated an interest in incorporating public health into the program. Nina assured me she would send the contact information to me through e-mail.

### 3.1.3 Step 3: Making Contact and Establishing Legitimacy

Encouraged by my initial contact, I wrote my thesis proposal and assembled the team of public health and curriculum development advisors listed in Section 2.2. I drafted the following letter of intent in November of 2005:

Dear \_\_\_\_\_:

In the fall of 2000, while traveling as an Admissions Counselor for the Middlebury College Admissions Office, I visited the Armand Hammer United World College of the American West in Montezuma, New Mexico. Over two years, I interviewed over 60 young men and women who expressed desires to go on to careers in political science, medicine, and the arts. Some also wanted to study public health, an area of study I intended to pursue when my two-year appointment as an Admissions Counselor expired. In fact at least one student, Emmanuel Drabo, a graduate of UWC-USA went on to design his own major in public health at Bates College (see <http://www.bates.edu/x60727.xml>).

The common undertone of every interview was each student's hope that s/he would one day have the opportunity to contribute to his/her own community in some way. Driving away from the UWC, I was deeply moved by the students I met, and by the United World College mission. I continued to be impressed with the Davis Scholars admitted to Middlebury. At one point I asked the guidance counselor what the requirements were to earn a position at a UWC, and he told me that teachers should have a master's degree.

Throughout the time I have spent earning my master's degree in public health at the University of Pittsburgh, UWC students and the UWC mission have remained at the front of my mind. As I approach an April graduation date from the University of Pittsburgh, I seek to focus my thesis on developing a lasting partnership with \_\_\_\_\_ and other UWCs with the goal of collaboratively designing a public health curriculum tailored to each individual school and its students. Existing and future global public health issues such as AIDS and malaria will require the most creative, culturally sensitive professionals for solutions. I can think of no better up and coming professionals than United World College students to meet such a vast need.

Attached to the e-mail is a brief Microsoft PowerPoint presentation that I put together to familiarize you with my proposal. If your computer is not compatible with the attachment, please e-mail me at [adc11@pitt.edu](mailto:adc11@pitt.edu) and let me know which format would be best for you. Also attached is my résumé so you can learn more about my background and experience. I will follow up with you in the next few weeks by e-mail to learn your thoughts. It would be an honor and a pleasure to collaborate with your school to work on this idea, and I welcome your questions and feedback.

Respectfully yours,

Andrea Casas Arrington

I also prepared a short PowerPoint presentation to define public health for my audience, and to provide a visual aid of my idea (Figures 5-13). The presentation contained the following slides:

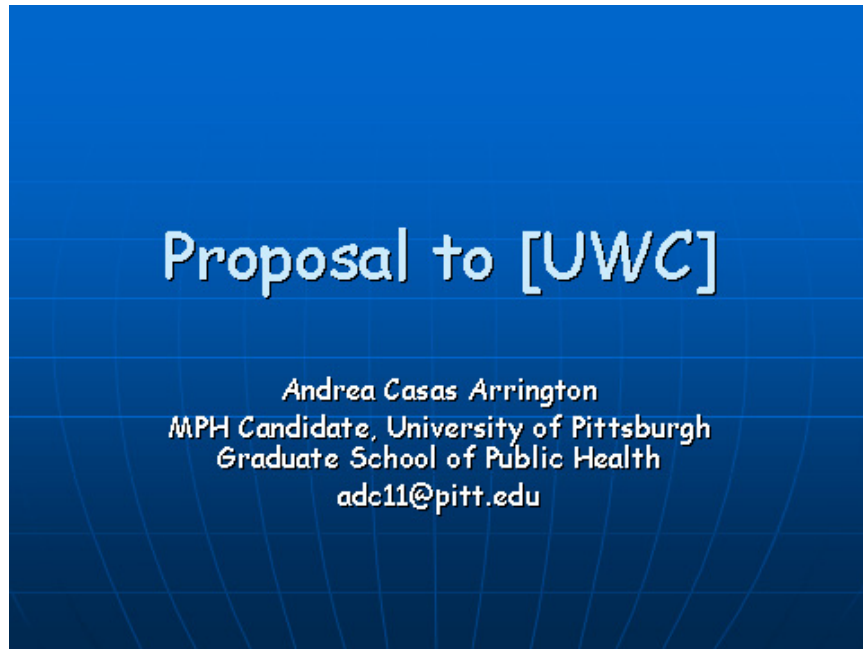


Figure 5. Slide 1-Title Page

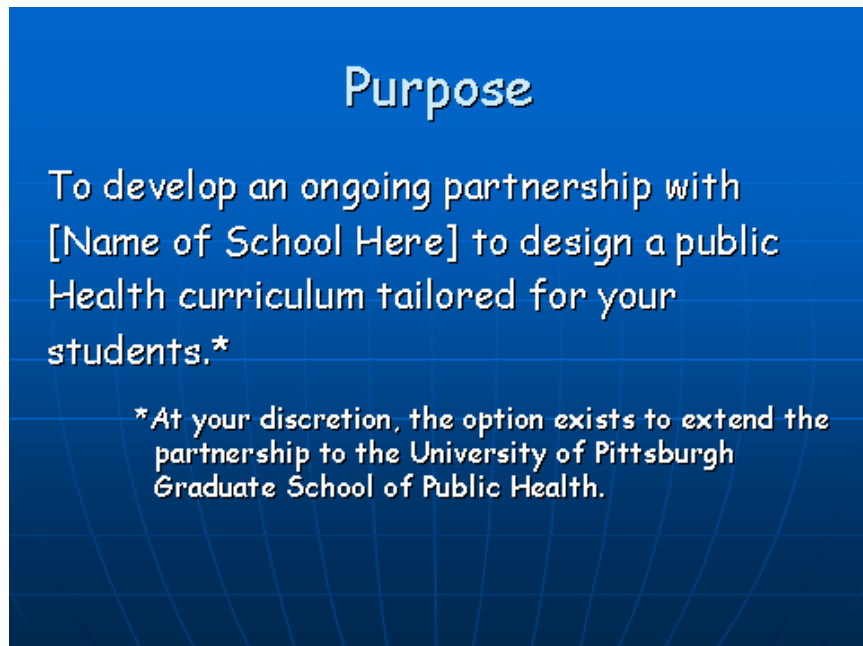


Figure 6. Slide 2-Purpose of Proposal

# Definition of Public Health

- ❖ The science and the art of
  - ❖ Preventing disease
  - ❖ Prolonging life
  - ❖ Organized community efforts for the:
    - ❖ sanitation of the environment
    - ❖ control of communicable infections
    - ❖ education of the individual in personal hygiene
    - ❖ organization of medical and nursing services for the early diagnosis and preventive treatment of disease
    - ❖ development of the social machinery to ensure everyone a standard of living adequate for the maintenance of health, so organizing these benefits as to enable every citizen to realize his or her birthright of health and longevity.

~CEA Winslow

Figure 7. Slide 3-Definition of Public Health

# Collaboration Aims

A requirement of my thesis is that I must choose three faculty thesis advisors to review my work. My advisors are:

- ❖ Robert M. Goodman, PhD, MPH, MA  
Department Chair, Behavioral and Community Health Sciences (BCHS)
- ❖ Martha Ann Terry, PhD  
Professor of Behavioral and Community Health Sciences;  
Coordinator of BCHS MPH Program
- ❖ Joanne Nicoll, PhD  
Associate Director for Instructional Design and Faculty Development in the Center for Instructional Development & Distance Education

Figure 8. Slide 4-Team of Experts Supporting the Proposal and Project

## Collaboration Aims

With the unmatched professional resources available to me as a student, I would learn what your needs are and with your guidance and the aid of my advisors, translate your ideas for course goals and objectives into uniquely designed courses, resulting in a public health curriculum tailored to your school and students. While this process would begin as I complete my thesis, my hope is that our partnership would endure in the long term.

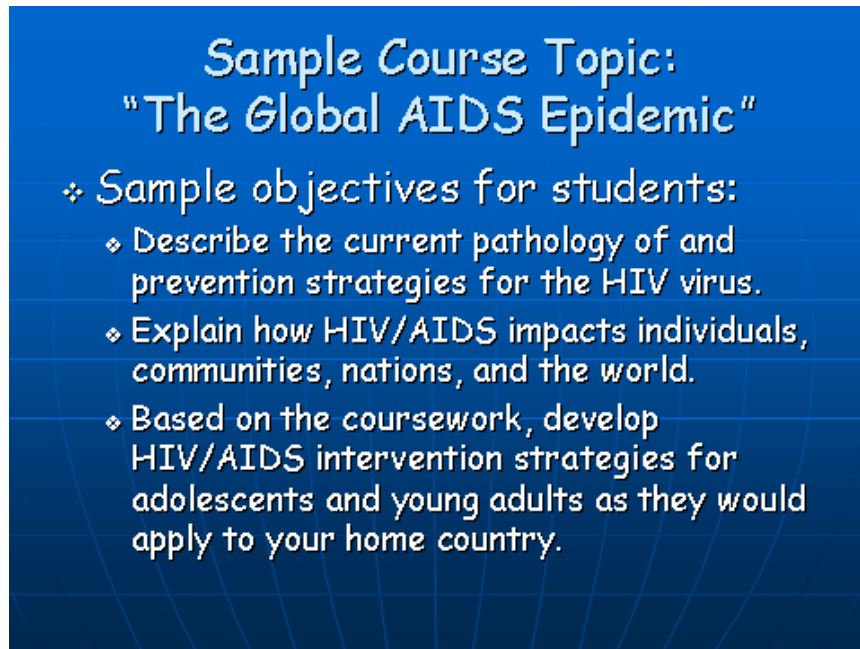
Figure 9. Slide 5-Collaboration Aims 2

## Sample Course Topic: "What is Public Health?"

- ✦ Sample objectives for students
  - ✦ Recognize how the history and mission of public health relate to you as an individual and as a citizen of your nation.
  - ✦ Connect the core disciplines of public health with real world applications.
  - ✦ Identify different careers in public health and the educational background necessary to pursue them.

Figure 10. Slide 6-Sample Course Topic and Objectives I

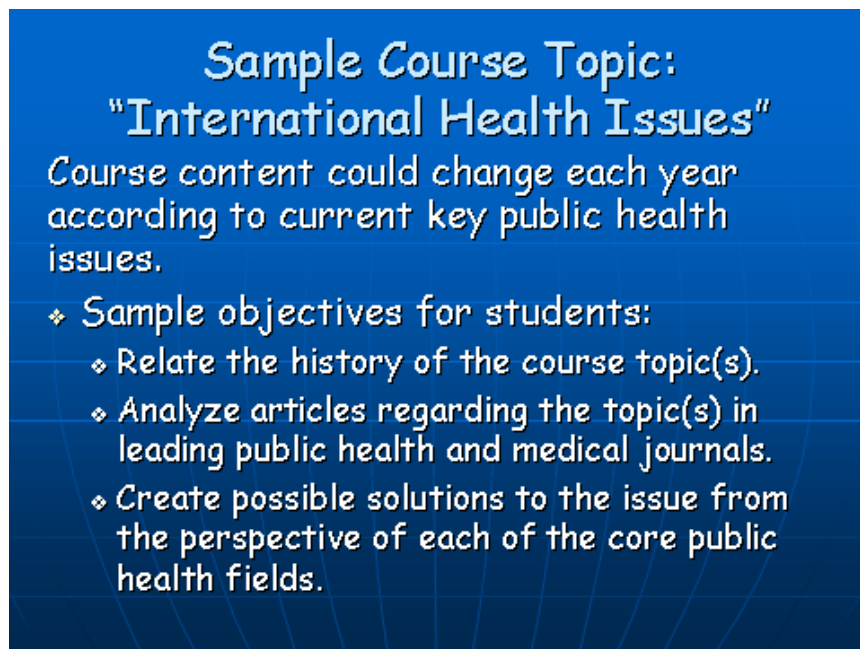
I changed the objectives for *What is Public Health?* as I developed the course, which is described in Chapter 4 and shown in Appendix B.

A blue rectangular slide with a faint globe background. The text is white and centered. The title is "Sample Course Topic: 'The Global AIDS Epidemic'". Below it, there is a list of objectives starting with a diamond symbol.

**Sample Course Topic:**  
**"The Global AIDS Epidemic"**

- ❖ **Sample objectives for students:**
  - ❖ Describe the current pathology of and prevention strategies for the HIV virus.
  - ❖ Explain how HIV/AIDS impacts individuals, communities, nations, and the world.
  - ❖ Based on the coursework, develop HIV/AIDS intervention strategies for adolescents and young adults as they would apply to your home country.

**Figure 11.** Slide 7-Sample Course Topic and Objectives II

A blue rectangular slide with a faint globe background. The text is white and centered. The title is "Sample Course Topic: 'International Health Issues'". Below it, there is a paragraph of text and a list of objectives starting with a diamond symbol.

**Sample Course Topic:**  
**"International Health Issues"**

Course content could change each year according to current key public health issues.

- ❖ **Sample objectives for students:**
  - ❖ Relate the history of the course topic(s).
  - ❖ Analyze articles regarding the topic(s) in leading public health and medical journals.
  - ❖ Create possible solutions to the issue from the perspective of each of the core public health fields.

**Figure 12.** Slide 8-Sample Course Topic and Objectives III

I added a fourth course, a practicum experience, to the curriculum, described in Chapter 4.

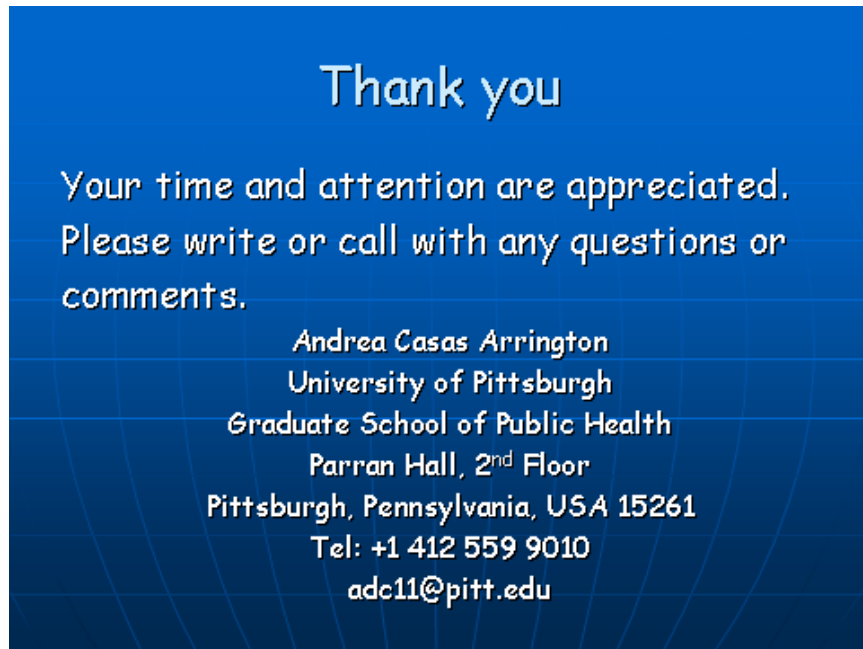


Figure 13. Slide 9-Acknowledgement and Contact Information

Once I completed the PowerPoint presentation, I contemplated how to deliver it to international locations. I considered mailing the letter along with a CD containing the PowerPoint Presentation, but was unsure of whether customs issues would be a problem, or if the CD would break in transit. I decided to send the materials via e-mail along with my resume, to add legitimacy to my proposal, and to give recipients the convenient option of forwarding the e-mail and its contents to others in distant locations. The body of the e-mail, sent November 7, 2005, read as follows:

Good day to you.

I am a master's degree student at the University of Pittsburgh Graduate School of Public Health in Pittsburgh, Pennsylvania, USA. I am in the process of beginning my thesis, the final project that will lead to my degree.

The intent of the thesis is to begin a collaboration with [United World College] and other UWCs in an effort to develop a public health curriculum for UWC students. In 2000 and 2001, when I had the opportunity to interview students at UWC-USA, I was inspired by UWC students and the UWC mission.

Please see the attached documents which include a letter of intent and resumee describing my background and thesis proposal. Also attached is a brief Microsoft PowerPoint presentation which more specifically outlines details of the program of study that could result from the proposed partnership.

Sincere thanks for your time and attention. I hope that we may find a way to work together in the future.

The e-mail and attachments were sent to eight of the ten existing schools. I excluded UWC Adriatic in Italy because their website was down, and I was unsure whether the school was in operation. I also excluded the sustainable agriculture school in Venezuela because their specialized curriculum would not align well with my proposal. I included a special greeting to Nina Marquez-Johns, reminding her of our correspondence and added a postscript asking a third time for the contact information for the Costa Rican site administrators or other more appropriate associates.

### 3.1.3.1 Information Seeking and Expressions of Limitations

In the early hours of November 28, three weeks after I sent the initial letters of intent, I e-mailed a follow up message to each UWC. Following is a sample of that e-mail:

Dear Mr. Lush,

As per the message and attachments forwarded to you three weeks ago by Eira Purves, I hope to learn your thoughts regarding my proposal to design a public health curriculum for Atlantic College students.

Please let me know your thoughts even if you decided that the proposal is not suitable for your school at this time. A part of my thesis is mapping the process of bringing an idea to reality, and your comments are valuable. I would be happy to address any questions you have as well.

Your feedback is appreciated.

Thanks sincerely,

Andrea Casas Arrington

MPH Candidate  
University of Pittsburgh  
Graduate School of Public Health  
Department of Behavioral and Community Health Sciences  
Pittsburgh, Pennsylvania USA

I received two immediate responses: one from Nick Lush, the principal at Atlantic College in Wales, and the other from Stuart Walker, the principal at Pearson College in British



































































