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MCH Teaching Modules

Given that many students are now enrolling in master of public health programs either directly from undergraduate programs, or with limited exposure to the public health workplace, there is a renewed importance of innovative teaching in maternal and child health that allows students the opportunity to practice and explore public health. Ten teaching modules have been developed through various maternal and child health courses at Boston University School of Public Health by Clinical Assistant Professor Sophie Godley in collaboration with colleagues in the Maternal and Child Health concentration. Each of these modules are presented here, along with the following:

1. **Overview** of module including original course, purpose, and timeline & teaching notes (guidance for completing the activity)
2. brief **PowerPoint** overview of activity
3. **one-page student sheet** outlining activity
4. **additional materials (as needed)**

Ten Teaching Modules for Maternal and Child Health	
1. MCH in the US: Definitions, Title V, and the MCH Block grant	In-class writing for public health activity
2. Random Family: A Case Study for Maternal and Child Health	In-class activity to highlight the Title V pyramid of services, and conduct a mini “needs assessment” on a case study family
3. BEING RIGHT IS NOT ENOUGH: Breastfeeding promotion campaign	In-class activity on public health communications and advocacy
4. Circumcision Structured Debate	In-class activity exploring domestic and global MCH HIV/AIDS issue
5. Understanding Teen Dating in 2013	In-class activity exploring current teen dating and sexual behavior, contraception and STI prevention needs
6. Promoting Understanding of Racial Frames in Maternal and Child Health	In-class activity: RAT BITES INFANT
7. Fetal Infant Mortality Community Review	In-class simulation of a community review of fetal infant mortality
8. Teaching Life Course in Maternal and Child Health	Assignment out of class designed to inspire critical thinking about life course
9. Planning and Policy: Birth Activity	In-Class activity working through planned birth and policies that influence “choice”

Teaching Tips: Godley, ATMCH

1. MCH in the US: Definitions, Title V, and the MCH Block Grant Writing Activity

Original Course: This activity was designed for use in a general survey course on domestic maternal and child health. The activity is intended for use during the semester once material on MCH definitions, Title V, and the MCH Block Grant have been covered.

Purpose: This activity is designed to be done during class, allowing teaching faculty the opportunity to work with students on their public health writing skills. Peer-to-peer learning is also encouraged. The activity has two objectives: give teaching faculty an opportunity to support public health writing, and to ensure that students fully grasp the key concepts presented in class.

Teaching Notes

This is a progressive writing activity. Students should be told prior to class to bring either a laptop/iPad, or paper and pen for writing during class. Students are then given handout (either electronic or in paper) for use during class. Power point slides walk through several writing exercises intended to give students an opportunity to try different “voices” for writing, and also to receive feedback directly from teaching faculty who are able to walk through the class and provide feedback. This exercise often illuminates areas of confusion for students in their understanding of several key concepts in MCH, and can also direct teaching faculty to review certain areas.

This exercise can be shortened or lengthened as needed. Student sheet and Power Point will walk instructor through various aspects of public health writing, and give students opportunity to write out responses, and then receive feedback.

Teaching Tips: Godley, ATMCH

2. Random Family: A Case Study for Maternal and Child Health

Original Course: This activity was designed for use in a general survey course on domestic maternal and child health. As a pre-assignment for the course, students are assigned to read the following:

LeBlanc, Adrian Nicole. **Random Family: Love, Drugs, Trouble, and Coming of Age in the Bronx.** New York: Scribner, 2003.

This text provides an ongoing case study of sorts about a family living in poverty in New York City during the 90's. The family experiences many maternal and child health issues, including teen pregnancy, domestic abuse, sexual assault, poverty, children with special health care needs, and many other childhood issues. At the beginning of the course this in-class activity provides a framework for interpreting the MCH pyramid of services.

Purpose: This activity is designed to be done during class, allowing teaching faculty the opportunity to work with students on their public health writing skills. Peer-to-peer learning is also encouraged. The activity has two objectives: give teaching faculty an opportunity to support public health writing, and to ensure that students fully grasp the key concepts presented in class.

Teaching Notes

Random Family is a perfect text for a domestic MCH class. It is not an easy read – first it is over 400 pages which some students will find daunting. Second, it is written in a very journalistic style. Some actually credit LeBlanc as a pioneer of “embedded journalism” – now commonplace

particular in conflict reporting. The text and “case study” it provides will elicit deep feelings from students. I have found that this allows for rich and nuanced discussion, but can at times lead students to “blame” the individuals for their situations. The process of pulling out of the individual and looking at the contextual factors and social determinants is a critical skill. The activity and reading the text allows students to practice this skill while getting (gentle) feedback from teaching faculty.

Teaching Tips: Godley, ATMCH

3. “BEING RIGHT IS NOT ENOUGH”

Original Course: This activity was designed for use in a general survey course on domestic maternal and child health. The activity is intended for use during the semester once material on the importance of breastfeeding has been covered.

Purpose: This activity is designed to allow students to experience the tension between knowing the effectiveness of public health interventions aimed at a particular issue in maternal and child health; and effectively communicating complex public health messages to the public. The activity provides an examination of a community strategy to increase breast-feeding rates – particularly among vulnerable populations.

Teaching Notes

On May 9, 2012, New York City Health Commissioner Michael Farley announced a comprehensive plan to promote breastfeeding among New York City’s most vulnerable populations. (Press release: <http://www.nyc.gov/html/doh/html/pr2012/pr013-12.shtml>)

“Latch on New York” is an evidence-based, voluntary program to both simultaneously promote breastfeeding among women in New York hospitals, and reduce the amount of free formula promoted in those hospitals. Evidence has shown the importance of reducing free formula promotion in increasing breastfeeding rates, particularly among vulnerable populations. (CITE).

Within months, however, the initiative, and New York City Mayor Michael Bloomberg in particular, was being lambasted and lampooned in popular press.

The class activity followed a short lecture on the merits of breastfeeding, and the evidence in the public health literature supporting different approaches to increasing breastfeeding rates among vulnerable populations. Students were also assigned readings on breastfeeding to complete prior to class (CITE). By way of introducing the group work several short clips of popular press figures including Lou Dobbs (Lou Dobbs Tonight, Fox News) and Whoopi Goldberg (the View, ABC). In the clips commentators make comments about Bloomberg promoting “fascism” and “locking away formula” from new mothers. Whoopi Goldberg, while directly addressing the camera, states “Back off Mr. Mayor!”

Students were then divided into small groups of five, and each group received a packet of information. Each packet contained the following:

- a detailed grid to complete as a group with a series of progressive questions
- copies of “Latch on New York” press materials
- one-page descriptions of how to write effective marketing materials, press releases, and how to contain a crisis.

Students were then instructed that they were to pretend three things: First, that we had “turned back the clock” and they were in a meeting prior to the launch of the Latch on New York program, second, that they all worked for the City of New York Department of Health, and third, that they were being charged with the promotion of a new campaign to promote breastfeeding.

Students then worked together for just under an hour to complete their planning worksheet.

Questions included (SEE SHEET).

Activity wrap up was intended to give students an opportunity to share “one good idea” which is an effective tactic to increase class participation even when there are multiple groups in a large class. Students shared ideas, and compared notes with one another. Great ideas included building better partnerships in the community prior to the launch, distancing the campaign from the Mayor’s office and using a community spokesperson who more closely resembled the target population (in this case, Beyoncé).

Outcomes: the activity produced lively and interesting conversations among students. Many students were incredulous at the misinformation about the campaign repeated in the popular press. This then allowed the instructor and teaching assistants to discuss the competing factors between media and public health. Some students expressed frustration at the activity being too complicated and not having sufficient time to complete the different components. For future implementation I plan on allocating more time to the activity itself and cutting out some of the didactic content. I may ask students to complete an assignment in advance of the class, as well, so that they come to class more fully prepared to work on the activity. One idea would be for the students to prepare a press release about the campaign in advance of the class.

Teaching Tips: Godley, ATMCH

4. Circumcision as HIV Prevention: A Structured Debate

Original Course: This activity was designed for use in “Safer Sex in the City: From Science to Policy,” a graduate level maternal and child health course offered at the Boston University School of Public Health. The course is taken by a range of wide range of public health students from different concentrations and majors across both the School of Public Health and the Boston University undergraduate. Safer Sex in the City also draws students who are interested both in global and domestic sexual health issues. Meeting the needs of all these various populations of students can be a challenge, and requires strategies intended to allow students to focus on their particular areas of interest.

Purpose: The Circumcision Structured Debate is intended to elicit deep thinking from students about a controversial and important topic. It raises key maternal and child health issues, including: appropriate analyses of data, differing indications for global and domestic policy, religious views, and family structures in the maternal and child health field. Key questions asked throughout the activity include: when is an intervention for the greater good of the community justified? Who is the patient in the field of maternal and child health –the parent or the child? Who speaks for newborn infants? When is the “tipping point” with public health data to change clinical practice? What does it mean to have different evidence and data for different parts of the world?

Teaching Notes:

To prepare effectively for the in-class activity, students are instructed to prepare a one-page “briefing document” on the domestic and international issues in routine male circumcision, and the current available data on HIV prevention and circumcision. In particular, they are asked to cite evidence and facts in an organized, logical manner that they can then reference during the debate.

Once students arrive in class they are assigned to a small group of seven students. Each of the seven students is then assigned a role to play in the debate.

Roles for the debate:

- Parents of a newborn boy in Nairobi, Kenya
- Parents of a newborn boy in Boston, Massachusetts
- HIV doctor at Beth Israel Medical Center, Boston, MA
- HIV doctor at Kenyatta National Hospital, Nairobi, Kenya
- CDC HIV policy expert
- CDC maternal and child health expert
- New parents of male infant, Nairobi, Kenya

Instructions for the groups were as follows:

You will work in small groups to discuss the following question:

- *Should the Public Health Authorities recommend routine circumcision for all newborn males?*

During your discussion, please consider the following:

- Key concerns for your role
- Your “constituent” – whose interests do you represent?
- Public health concerns versus personal concerns
- What would help you decide? And what might make you change your mind?

In advance of the groups meeting, the following National Public Radio clip was shared with the class: <http://www.npr.org/2012/07/05/156197071/an-aids-ravaged-nation-turns-to-circumcision>

Once students were in their groups they had forty-five minutes for discussion. At the conclusion of their time, they were asked to prepare one or two statements from the discussion to bring forward to the class. Each group then reported out a key finding back to the class. These findings included points about “missing” data, or further research they would request, the difficulty of staying in their respective roles, the anguish of conflicting information.

Faculty then guided them through some final points including the importance of untangling the independent effect of religion and circumcision on HIV rates, the biological reality of circumcision and STI transmission, the connections between HIV testing with adult male circumcision? And finally, what are the risks to women with adult male circumcision?

This exercise is deeply thought-provoking, but again, may frustrate students who are looking for a “final answer” or “one correct answer” in public health. It also raises sensitive subjects like female genital mutilation, and the role of religion in public health practice. Some students will find it deeply frustrating to navigate the difficult terrain of respecting religions in communities, while promoting best practices in public health.

5. Understanding Teen Dating in 2013

Original Course: This activity was designed for use in a general survey course on domestic adolescent health and youth development. It can also be used in a course focused on sexual health.

Purpose: This activity is designed to be done during class, allowing teaching faculty the opportunity to engage students in conversation and discussion. Ideally students will debate the outcomes, and be able to articulate their thoughts and ideas about these “labels.” Peer-to-peer learning is also encouraged. The activity has two objectives: 1) demonstrate for students the importance of understanding the language of the population they are going to be working with and 2) demonstrate the very different and varied needs adolescents (and adults) have in protection and contraception.

Teaching Notes

This activity requires a fair amount of space. You can have students pair up and work together, or you can have a sample of the class hold the posters. To start, assign one student to hold the poster labeled “MOST SERIOUS” and one student to hold the poster labeled “LEAST SERIOUS.” Then, assign as many students as you have “types” of relationships. You can also add new labels for relationships that you have heard in the community, seen on Facebook, or are suggested to you by colleagues, friends, and family. It is likely that there will be variations on these labels from community to community. Once students are lined up, have each of them go down the line describing what their label means, and then why they are lined up where they are lined up. There is likely to be heated debate about the “correct” placement of labels, and

what each label implies about sexual activity, seriousness, etc. A next set of questions is to ask students to talk about the different needs for protection and contraception all along the relationship continuum. I also use this as an opportunity to reinforce the fluidity of adolescent sexuality – both in terms of sexual orientation and sexual activity. A thorough debriefing can then take place where teaching faculty can articulate key points about cultural competence in the community. This activity is a lot of fun for students – it is energizing as it allows them to get up and move around, and again, there is rarely one correct answer.

6. Promoting Understanding of Racial Frames in Maternal and Child Health

Original Course: This activity was designed for use in a general survey course on domestic maternal and child health. The activity is intended for use during the semester once the teaching faculty and students have built a relationship and established some trust with one another. This module uses materials developed for the Racial Justice Leadership by Terry Keleher, Copyright 2000, Applied Research Center (revised 3/08).

Purpose: This activity is designed to be done during class, allowing teaching faculty the opportunity to coach and assist students who may struggle with this material. The activity is intended to bring to light issues of race as they pertain to maternal and child health, and the critical importance of understanding racial framing. Peer-to-peer learning is also encouraged.

Teaching Notes

I often begin this activity with a strong request for students to be mindful of their different experiences and backgrounds, and the critical importance of awareness of race and racism in public health. I frame the conversation as beginning, or developing, a tool in their public health toolbox: the ability to recognize issues of race and racism, and to advocate for racial equity. The exercise moves quickly and can be done with a large class. The one-on-one working with their own topic and material can take much longer – allow at least 30-45 minutes for students to work on their sheets.

8. Fetal Infant Mortality Community Review

Original Course: This activity was designed for use in a general survey course on domestic maternal and child health. The activity is intended for use during the semester once material on prenatal care has been covered. This activity is based on original work done by Professor Lois McCloskey. The cases originally used are no longer available. Additional resources are in development and will be published here when available.

Purpose: This activity is designed to be done during class, allowing teaching faculty the opportunity to work with students on their thinking and results. It is intended to have students work with one another, which can be challenging.

Teaching Notes

The Fetal Infant Mortality Review simulation is a challenging group activity. It requires strong facilitation and guidance from teaching faculty. After a lecture or content on prenatal care, infant mortality, or general maternal and child health issues, this activity can be used to illustrate the complicated lives and circumstances many women encounter. Students should be divided into small groups, and then the instruction sheet and additional notes are distributed.

Note: groups should only be given one case to review (either Olivia or Tracey). Students are then instructed as follows:

- **Carefully read through your assigned case, and the “What is a Fetal Infant Mortality Review(FIMR)?” fact sheet.**
- Both of these cases present tangled complicated lives. Working as a group, try to untangle some of the complicating factors in each pregnancy, birth, and ultimately fetal

death. Which of the factors would you determine are “pre-conceptual” and which are pregnancy –related?

- Imagine that you are members of a community panel charged with conducting a FIMR. What conclusions would you draw from your case?
- Make a poster to present your findings to the rest of the class.

Poster paper that has a sticky back (e.g., a giant sticky note) provides an easy way for students to make notes and then hang up their findings. In large classes (40+ students) I have had students conduct a “gallery walk” where they hang up the posters and then all walk along them, stopping to read about the different findings. In smaller classes each group can report one or two key findings from their discussions. It is important to use this activity as an opportunity to reinforce the insidious nature of clinical medicine to “blame” mothers for their circumstances, and the critical importance of contextualizing women’s lives.

9. Teaching Life Course in Maternal and Child Health

Original Course: This assignment was designed for use in a general survey course on domestic maternal and child health. The assignment is used to encourage students to think creatively about the life course, and challenges them to illustrate their work.

Purpose: This activity is designed to be done as an assignment out of class. It often makes clear whether or not a student has really fully grasped the concept of life-course. The assignment has two objectives: give students the opportunity to do something a little bit different and creative, and to solidify their knowledge about the issue they will write further on in the course. One goal of the assignment is to make sure students do not present simplistic solutions to deeply complicated public health problems.

Teaching Notes

Understanding the Life Course perspective is critical for students enrolled in a maternal and child health course. Yet even some advanced students struggle to fully understand the perspective. This assignment allows students to examine one health issue in maternal and child health from the life course perspective. It is frequently described as the most challenging, but rewarding, assignment of the semester. As an additional challenge, students are asked to “draw” or “visually depict” their health concern. This has resulted in widely varying results – from the very creative to the clearly confused. The illustration actually instructs the instructor more than the narrative as to whether or not a student has fully grasped the concepts. Please see examples in the Power Point.

10. Planning and Policy: Birth Activity

Original Course: This activity was designed for use in a general survey course on domestic maternal and child health. The activity is used to strengthen student understanding of the complexity of “choices” in birth planning, and the policy implications that affect maternity care in the United States. This activity was originally designed and executed by Nechama Greenwood while she was working as a teaching assistant.

Purpose: This activity is designed to be done as an in-class activity. It requires a fair amount of organization ahead of time. First, students will work in pairs or small groups. They are given instructions and a planning sheet to use. They discuss their “ideal” birth, and write out a short plan. They then are encouraged to move to different stations throughout the classroom, which are set up with small scenarios (on the Power Point). Each of the stations (there are 4, with 2 options at each station) causes a change or modification in their birth plan.

Teaching Notes

The activity works when students are allowed to experience the frustration of planning for something, and then having it all fall apart. In a classroom with parents it is common for them to share their birth stories. Discussion questions can include:

- What did it feel like to have to make these choices? To go through the experience? How was it working in groups? (though you might not be making health care decisions with your classmates, you will be making these decisions in the context of relationships- family, partners, important people, who may have as different opinions as your group members did) how did you navigate group decision making?

- What shaped your choices? Were they fact based? Feeling based? A mix?
- For those of you who have given birth, what would you like to add?
- What choices were left out? What else would have added?
- How much of what happened in your birth was “personal choice”?
- Choice implies access-who has access? Do we really have access to options?
- Now imagine you were in a different life situation having the birth experience you had- didn't speak English, young teen etc. How would your birth have been different?