

**K-State MPH Core Instructors**  
**Location: via Zoom**  
**July 2, 2020 at 1:30 PM**  
**Minutes**

<b>Ct</b>	<b>Committee Member</b>	<b>Emphasis/Role</b>	<b>In Attendance</b>
1	Ellyn Mulcahy	MPH Director	X
	Stevenson, Barta	MPH Staff	X
2	Hsu, Wei Wen	Core Instructor – MPH 701	X
3	Larson, Robert	Core Instructor – MPH 754	X
4	Kastner, Justin	DMP 815	X
5	Adams Paige	IDZ – MPH 802	X
6	Hanson, Jennifer	Core Instructor + PHN – MPH 720	X
7	McElroy, Mary	Core Instructor + PHPA – MPH 818	X

Dr. Mulcahy called the meeting to order at 1:30 PM.

**Item:**

- Discussion of Competency #14 – Advocate for political, social or economic policies and programs that will improve health in diverse populations.

Feedback from Dr. Hanson was that this competency did not fit well in her class and that the students felt it was “busy work.”

A review of all competencies and which course they were taught in was sent to each core instruction along with the most current list of competency assessment to help with the discussion.

The discussion centered on the purpose of the competency and where it best fit. The students learn pieces of it in all core courses including epidemiology where the students are asked to identify a contributor to disease on which to focus increased resources. The question they discuss online is:

We have seen several lists of leading causes of death in the U.S. this semester (Lectures 1-1 & 4-1, and textbook). If it was your job to plan a major prevention campaign in the U.S., on what one disease or contributor to disease would you select to focus increased resources (and why – defend your choice)? Please recognize that resources (time, money, and attention) are always limited and when you decide that you want to increase resources expended to address one aspect of health care / disease care / public health, you are also deciding to reduce resources available for other health care and public health concerns.

*Sexually-transmitted disease, smoking, drinking water sanitation, obesity, breast cancer, HIV-AIDs, lung cancer, stroke, Alzheimer’s disease, mental health, automobile accidents, work-place accidents, cardiovascular disease, sports-related disease, malaria, influenza, birth defects, antimicrobial resistance to antibiotic therapy, etc.*

Considerations: Raw death risk, quality of life lost, years of potential life lost, emerging disease problems, effectiveness of intervention, etc.

Follow-up – same question for a developing country in Latin America, Africa, or Asia.

Since the competency has to do with communication, it was felt that adding the assessment portion to the communication courses (DMP 815 for IDZ & FSB; FNDH 880 for PHN; KIN 796 for PHPA) could be an option. Dr. Kastner suggested that he could be a guest lecture for FNDH 880 and KIN 796 and present the same

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information he uses in his course. Dr. Adams indicated it would fit in her class with assistance from Dr. Kastner.

In further communication via email, Dr. Hanson felt that it would not fit well into FNDH 880 as there were already several assessments in that class (it is a 1 credit hr class).

Dr. Mulcahy requested a follow-up meeting with Dr. Kastner and Dr. Adams to discuss the competency as part of MPH 802.

There was also a discussion on long-term advocacy for diverse groups and how that could be implemented into the program including creation of a required course and discussion with Journalism and Mass Communications.

The meeting ended at 2:30 PM.