Public Health
Advocacy Curriculum

RIVERSIDE SCHOOL

Public Health Advocacy Curriculum

This ten-lesson curriculum combines classroom- and community-based activities for high school students to learn about the upstream or root causes of health, and to become health advocates.

Developed by:

Nell Curran, MPH

Judith Ned, EdD, MEd

Marilyn Winkleby, PhD, MPH

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Cameron Henry – Cover Design

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Dale Lemmerick – Design and Production

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Sejal Parekh

Information for Instructors

Background

This *Public Health Advocacy Curriculum* emphasizes the underlying social, economic, and political factors (i.e., upstream or root causes) that influence health and disease outcomes; recognizes how these factors affect populations differently; and stresses the importance of engaging in public health advocacy in one's community. It was developed in response to teachers who requested health curricula that extend beyond teaching about individual risk factors for disease, and is one of the only published set of lessons available on this topic.

Key Messages

The *Curriculum* is grounded in the following three key messages:

1. The health of an individual is embedded within a broad context. While individual health is largely shaped by a person's behaviors and genetics, social, economic and political factors known as upstream causes exert powerful – and often unrecognized – influences on health.

2. The health of a community is shaped by resources (goods and services) and policies, and when distributed unequally can contribute to health disparities. Resources and policies differ within and across communities. When such resources and policies are distributed unequally, health behaviors and outcomes of community residents can be affected, thus contributing to health disparities.

3. Students can address upstream causes and leverage assets within their communities to advocate for changes that improve the health of their communities.

Content

The *Curriculum* is comprised of ten modular lessons that combine classroom- and community-based experiential activities. They that teach students about the broader context of health and provide opportunities to advocate for improved health conditions in their communities. Through inquiry-based activities and real-world projects, students practice academic skills (e.g., critical thinking, problem solving) and apply their learning to their personal circumstances.

Initial lessons blend articles, media analysis, debates, documentary screenings, and other activities to help students establish a foundational understanding of the upstream causes of health. Subsequent lessons allow students to explore their communities using PhotoVoice, mapping, and inventory research techniques to identify assets and barriers to health. To culminate their learning and observations, small groups of students develop and implement advocacy projects to address meaningful health issues facing their communities. Students then write a proposal to their local school board, city council, or other organization to suggest population-level and/or policy actions that could be taken to further expand and sustain their advocacy projects.

Additional Information

The *Curriculum* is flexible and easily modifiable. While it is advantageous to teach the curriculum in its entirety, lessons can be taught independently, and are adaptable to intact classrooms or after-school programs. Detailed directions are provided for instructors so that no additional training is necessary. Required supplies are listed at the beginning of each activity, and most can be obtained easily or at low-cost.

Thank you for your interest in the Public Health Advocacy Curriculum. We appreciate your role in shaping the next generation of youth who will learn about upstream causes of health and become advocates for change in their communities.

Public Health Advocacy Curriculum

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Lesson One:
Introduction to Health

Objectives

1. To learn comprehensive definitions of health, health equity, and health disparities.

2. To understand how individual health behaviors and health or disease outcomes are embedded within a broad context.

Outcomes

Students will recognize that health extends beyond the absence of disease to encompass the physical and mental well-being of individuals, which can be influenced by one's community.

1. Students will understand how social, cultural, economic, and political factors (i.e., upstream causes) can influence health behaviors and health or disease outcomes.

2. Students will understand how the unequal distribution of resources (goods/services/people) and policies can contribute to health disparities.

Activities

Students will participate in the following three activities:

1. *Health Case Scenarios*

2. *Upstream Causes Story* and *Flow Chart*

3. *Unnatural Causes* documentary

Activity 1: Health Case Scenarios

Purpose

The purpose of the *Health Case Scenarios* activity is to gain an understanding of health by examining case scenarios that describe individuals whose physical and mental health differ. Because health is influenced by many individual and community factors, the case scenarios illustrate the difficulty of categorizing a person as entirely healthy or unhealthy.

Required Materials

The *Health Case Scenarios* activity requires the following materials:

1. Health case scenario cards (provided at the end of *Lesson One*).

   Cards describe the following scenarios:

   CARD 1. A young man, who is a high school junior and athlete, has treatable asthma that requires the use of an inhaler. His asthma sometimes results in emergency room visits and missed days of school. He has no mental health problems and lives with a supportive family in a community with excellent health care services.

   CARD 2. A young woman, who is a high school sophomore, has no physical or mental health problems. She is engaged in social activities at school. However, she has no health insurance and lives in a crowded apartment with her extended family in a neighborhood that has high crime rates.

   CARD 3. A young woman, who is a high school senior, struggles with suicidal thoughts after breaking up with her long-term boyfriend. She has no physical health problems, has supportive friends, and lives in a community with many resources.

   CARD 4. A young man, who is a high school graduate, enlisted in the army when he when he was 19. He was severely wounded and is now a paralyzed and uses a wheelchair. He suffers from post-traumatic stress disorder (PTSD), has completed one year of rehabilitation at the Veterans Affairs Hospital, and plans to enter job training. He is single and lives in a community with many social organizations and policies that support people with disabilities.

Instructions

Follow the instructions below to implement the *Health Case Scenarios* activity.

NOTE: For all activities, students should rotate responsibilities, so that different students read or record activities.

During Class

1. **Divide** the class into four groups.

Handout 1

2. **Distribute** one *Health Case Scenario Card* to each group.

    a. One student from each group will read the assigned *Health Case Scenario Card* aloud to his/her group.

    b. Individually, students will decide if they feel the person described in the health case scenario is healthy or unhealthy, and will justify their reasons.

    c. Small groups will come to a consensus, and will create a comprehensive list of reasons why they feel the individual in their health case scenario is healthy or unhealthy.

3. **Reconvene** the class.

4. **Instruct** each group to read their *Health Case Scenario Card* and state their decision (healthy or unhealthy) aloud to the class.

    a. For each health case scenario, the class will vote whether they agree with the group's decision and will discuss differences of opinion.

Q&A

5. **Pose** the questions below to facilitate a discussion.

    a. How do you define health?

       The Centers for Disease Control and Prevention, World Health Organization, and Healthy People initiative support the following definition of health:

       > "...a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

    b. What makes an individual healthy?

       Examples of individual behaviors that promote health include:
       *   having and maintaining a healthy diet,
       *   exercising regularly,
       *   not smoking,
       *   obtaining preventative health services (e.g., screenings and immunizations),
       *   seeking treatment when ill,
       *   abstaining from violent behavior (physical and verbal), and
       *   participating in meaningful activities (e.g. volunteering).

c. What makes a community healthy?

Examples of resources (goods/services/people) and policies that promote health include:

- availability of and access to healthy and affordable food,
- access to safe, affordable places to exercise (e.g., parks, sports fields, fitness centers),
- implementation of smoke-free policies in schools, restaurants, and workplaces,
- access and proximity to health and medical clinics and services,
- construction and maintenance of homes, schools, and workplaces that are structurally sound, toxin-free, and promote social interaction,
- enactment of policies that protect and enhance health (e.g., bicycle helmet, seat belt, and dog leash laws),
- fostering of cohesive, safe neighborhoods (e.g., neighbors who know and care about each other), and
- presence of social and/or religious organizations.

Handout 2

6. **Distribute** *Characteristics of Healthy and Unhealthy Communities* list (provided at the end of *Lesson One*) for additional examples of community influences on health.

7. **Instruct** groups of students to re-examine their list of reasons for determining if the young person in their health case scenario is healthy or unhealthy. Distinguish between individual and community factors by circling individual factors and marking a square around community factors, or highlighting individual versus community factors in different colors.

Q&A

8. **Facilitate** the following discussion to teach students about health equity and health disparities.

a. How does the unequal distribution of resources (goods/services/people) and policies—like the community-based factors described in students' lists from the health case scenarios—affect the health of individuals in different ways?

Examples include:

- tobacco advertisements may influence its residents to smoke,
- fast food restaurants that sell high-fat, high-sugar food in a community may encourage residents to purchase unhealthy meals and forego a balanced diet,
- facilities for extracurricular activities (e.g., parks, sports fields, fitness centers) may encourage residents to be physically active,

- fluoridated water may improve the oral health of residents, and
- pedestrian-friendly sidewalks and bike lanes may increase walking and bicycling.

b. What do you think the terms "health equity" and "health disparities" mean?

The Centers for Disease Control and Prevention, World Health Organization, and Healthy People initiative support the following definitions:

Health Equity: "When all people have the opportunity to 'attain their full health potential' and no one is 'disadvantaged from achieving this potential' because of their social position or other socially determined circumstance."

Health Disparities: "A type of difference in health that is closely linked with social or economic disadvantage. Health disparities negatively affect groups of people who have systematically experienced greater social or economic obstacles to health. These obstacles stem from characteristics historically linked to discrimination or exclusion such as race or ethnicity, religion, socioeconomic status, gender, mental health status, sexual orientation, or geographic location. Other character-istics include cognitive, sensory, or physical disability differences in health along social, economic, and racial or ethnic lines."[1]

c. In this *Curriculum* you will learn what factors affect health and develop projects where you advocate for healthy communities. In what ways might you address health equity and health disparities in your communities?

Examples include:
- attending a city council meeting and testifying for the allocation of funding to revitalize and maintain sports fields or parks, which in turn allows residents to exercise safely and more frequently,
- lobbying school administration to staff school recreational facilities that are otherwise closed after hours because of a lack of adult supervision, and
- collecting signatures from classmates, families, and neighbors in support of initiatives for health-related ordinances (e.g., no soda in school, a tax increase on cigarettes or high-sugar beverages, creation of farmers' markets, development of a violence prevention task force).

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1   U.S. Department of Health and Human Services, Healthy People 2020 Draft. (2009). U.S. Government Printing Office

Activity 2: Upstream Causes Story and Flow Chart

Purpose

The purpose of the *Upstream Causes Story and Flow Chart* activity is to illustrate the concept of upstream causes of health.

Required Materials

The *Upstream Causes Story and Flow Chart* activity requires the following materials:

1. *Upstream Causes Story Card* and *Upstream Causes Story Flow Chart* for each student in class (provided at the end of *Lesson One*).

2. Chart paper.

3. Markers.

Instructions

Follow the instructions below to implement the *Upstream Causes Story and Flow Chart* activity.

NOTE: It is helpful to understand and identify upstream causes by first examining an outcome related to a disease or state of health and then working backwards to determine what ultimately may have caused or prevented the disease. For example: What is the health or disease outcome? What risk factors led to or protected someone from having the disease? What individual behavior choices caused or prevented the risk factors from happening? What community influences contributed to individual behavior choices? What goods, services, resources, and policies—or lack of—created those community influences? Refer to the *Upstream Causes Flow Chart—Additional Examples* for further illustration of this concept.

Handout 3

Read

1. **Distribute** *Upstream Causes Story Card* to each student.

2. Instruct the students to read it individually.

3. **Read** the following definition to students:

   Upstream causes are the root causes of health and disease outcomes—the social, economic, or political factors that affect health as much as or more than genetics or individual behavior/lifestyle choices. Understanding and addressing upstream causes is the hallmark of public health.

4. **Use** the *Upstream Causes Flow Chart—Upstream Causes Story* and *Upstream Causes Flow Chart—Additional Examples* to describe how the pathway of upstream causes (i.e., social, economic, and political factors affecting behavior choices affecting risk factors affecting health outcomes) applies to this story as well as to other health issues. Optionally, you may **distribute** blank flow charts (provided at the end of *Lesson One*) to each student for them to fill in during your explanation.

Handout 4

Upstream Causes Flow Chart: Upstream Causes Story

Framework	Example
Upstream causes (social, economic, political factors)	Lack of maintenance by city authorities leads to a large hole in a bridge located at a park
↓	↓
Individual health behaviors	Park visitors fall through the hole in the bridge and into the river
↓	↓
Health or disease risk factors	Physical exhaustion and trouble breathing while trying to stay afloat
↓	↓
Health or disease outcomes	Drowning

Upstream Causes Flow Chart: Additional Examples

Upstream Causes	Individual Health Behaviors	Health or Disease Risk Factors	Health or Disease Outcomes
Abundance of fast food restaurants, lack of safe or affordable places to exercise, promotion of smoking to teenagers	Eating poorly, being physically inactive, smoking	Elevated cholesterol, high blood pressure, obesity, diabetes, hypertension, emphysema	Heart disease, stroke, chronic obstructive pulmonary disease (COPD), lung cancer
Lack of enforcement of motorcycle or bicycle helmet laws	Riding a motorcycle or bicycle	Not wearing a helmet	Brain injury, spinal cord injury
Lack of inspection for compliance with building codes	Breathing allergens (e.g., mites, cockroaches, pet dander), or tobacco smoke	Wheezing, shortness of breath	Asthma
Poorly funded schools, limited job opportunities	Dropping out of school, not having a job	Chronic stress	Poor mental health

Activity 3: *Unnatural Causes* Documentary

Purpose

The purpose of the *Unnatural Causes Documentary* activity is to further educate students about how upstream causes impact the health of individuals and communities.

Required Materials

The *Unnatural Causes Documentary* activity requires the following materials, which can be purchased from the *Unnatural Causes* website or borrowed from your local library. Given that you must obtain the documentary, this activity is optional but encouraged.

1. *Unnatural Causes* documentary, *Episode One—In Sickness and Wealth*[2]
   (56 minutes)

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[2] California Newsreel (Producer) (2008). Unnatural causes. Discussion guide. Episode 1: In sickness and in wealth. [PDF] Retrieved from http://unnaturalcauses.org/assets/uploads/file/UC_DiscussionGuide_1.pdf

Instructions

Follow the instructions below to implement the *Unnatural Causes Documentary* activity.

Prior to class

1. **Obtain** a copy of the *Unnatural Causes* documentary by purchasing it from the Unnatural Causes website (*www.unnaturalcauses.org*) or borrowing it from your local library.

2. **Arrange** technology resources needed to view *Unnatural Causes* documentary.

3. **Refer** to the *Unnatural Causes* website (*www.unnaturalcauses.org*) for background information and supporting materials.

During class

1. **Show** the *Unnatural Causes* documentary to class.

Q&A

2. **Facilitate** a discussion using the questions below (adapted from the *Unnatural Causes* website):

   a. What employment, education, housing, transportation, or other policies promote or hinder healthy choices and health equity? What obstacles and opportunities exist in enacting such policies?

   b. Why is it important to link individual responsibility and social determinants of health within the same context? How does that link affect possibilities for change? What will happen if a community focuses exclusively on the individual instead of the society as a whole?

   c. In the documentary, destiny is defined as the "ability to influence the events that impinge on your life." What does this mean? How is the ability to influence events in your life related to your health?

   d. Why is it helpful to promote prevention measures before people get sick rather than only providing treatment after people get sick?

Health Case Scenario: Card 1

Since childhood, Jose has suffered from asthma. He experiences difficulty breathing as well as nighttime coughing spasms. Using an inhaler is second nature, as he never leaves home without it. Despite his chronic illness, Jose is determined to live an active lifestyle like his friends. He is a star basketball player for the high school team and plays for club teams during the off-season. He has been part of the starting line-up since freshman year. As a junior, he held the school record for the most three-point shots during a game. He has been MVP twice and is expecting to be elected captain his senior year. Such achievements are deserved as Jose is always practicing—either running sprints or shooting hoops—even outside of scheduled gym time. However, Jose often misses school for doctors' appointments and for visits to the emergency room.

Jose's mother also has asthma and worries about her son. Fortunately, the hospital is a short drive from their home and her work schedule allows her to take him there whenever needed. The family has established a relationship with the doctors and nurses on staff. They are always prepared to see Jose and treat his condition. Jose's family's insurance, provided by his father's employer, covers the latest inhalers and medication. His asthma, though problematic, is treatable and his health care expenses are affordable. He remains, however, at risk for severe asthma attacks that can require either extra medication or other interventions to help him breathe normally. While these severe asthma attacks are rare for Jose, they are potentially life threatening.

Health Case Scenario: Card 2

Allison, a sophomore, has a packed schedule with school and work, but also finds time for extracurricular activities. She works at a community food pantry every weekend where she helps package food baskets for those in need. Allison is interested in becoming an ultrasound technician and shadows staff at the local hospital for three hours each week. She loves her volunteer position and knows that she needs to focus on academics to pursue a career in the health care field; as a result, she tries to attend all classes and complete her homework. Allison spends her spare time socializing with friends.

Allison's home life is chaotic. Her aunt and two cousins experienced financial hardship. Six months ago, they moved into Allison's family's apartment. Because of this, Allison and her sister share a bedroom with their younger cousins. Without a quiet space to do homework, studying has become challenging and Allison's grades are beginning to slip. The school library is open only during school hours and the city library closes in the evenings. Allison's schedule only allows access to a computer during her lunch period. Although she is an appropriate weight for her height, Allison has always been concerned about her figure and is constantly dieting. For this reason, she doesn't mind skipping meals and tries to finish her homework during her lunch period. Allison's mother cooks meals for the entire family every evening. To stretch the family's food budget, ingredients for dinner are limited and tend to be high in fat, sodium, and sugar, and low in protein, fruits, and vegetables. Between school and extracurricular activities, Allison typically doesn't arrive home in time to eat with her family. There is an abundance of fast food restaurants near school and in her neighborhood, though, so grabbing dinner on the go is easy. If she is still hungry before bed, her mother always saves a plate of food for her.

Allison's mom wishes she were home more often. Not only does she miss her during family dinners, but she worries about Allison coming home so late. Cutbacks in the city budget have led to fewer operating buses, especially at night. Allison waits at the bus stop across town for undetermined amounts of time. She then walks six blocks home, mostly in the dark, as there are few functioning streetlights in her neighborhood. There have been purse snatchings and a spike in gang activity, so when Alison walks home alone, it makes her mom nervous. City budget cutbacks have also led to a reduction in the police force and neighborhood patrols if Allison encounters problems.

Health Case Scenario: Card 3

Tasha met David when he moved to town in the eighth grade. They were homeroom friends and she was assigned as his tour guide at their middle school. She helped him find his classes and introduced him to her friends and teachers. They began dating two years later when David asked Tasha to a friend's party. Now, as high school seniors, David and Tasha are planning for the future. David wants to move in with his father who lives out-of-state and work at his construction firm, while Tasha wants to attend the local community college. They fight over the differences in their life plans and eventually break up. Tasha's response to their breakup escalates from sadness to anger to thoughts of suicide. She has caring parents and a sister with whom she is close. Despite her supportive family, Tasha feels lost without David. Many days she feels that she would rather take her own life than move on without him. To keep herself occupied, she remains active in school and helps organize school events. She continues to run three miles daily in her neighborhood after school which relieves some stress.

After several weeks, Tasha confides to her best friend Lien about her suicidal feelings. Lien is conflicted about how to help. Tasha has health insurance and can seek help at a local mental health clinics or attend a support group for teens, but she is not interested. Lien is tempted to tell Tasha's parents; her mother is a social worker and knows helpful experts, but Lien feels uncomfortable and decides not to tell Tasha's parents. Instead, Lien uses the school's computer system to schedule an appointment with a counselor at the on-campus health clinic. The following morning she meets with a counselor and creates a plan to help her friend.

Health Case Scenario: Card 4

Upon completing high school, Jeffrey served overseas in the US Armed Forces for two years. He had considered joining the military for some time. He never expected the experience to be as intense as it was nor did he anticipate getting injured. In the war zone, Jeffrey witnessed the deaths of his comrades. Just before his tour ended, he nearly died when a land mine exploded, paralyzing his legs and leaving him severely wounded. He returned home and lives with his older sister, who works day shifts as a retail sales clerk. The Veterans Affairs Hospital is located nearby and arranges daily visits by a physical therapist to help Jeffrey regain daily functions. When his health improves, Jeffrey plans to enter a job training program for veterans with disabilities. Jeffrey's city accommodates individuals with disabilities; there is wheelchair access to most buildings and sidewalks. As a result, he spends his free time meeting friends at coffee shops and reading at the library.

Jeffrey is also a member of a basketball team for young athletes in wheelchairs. A wheelchair-accessible bus takes athletes to gyms in the surrounding communities. Jeffrey was physically active before the war and appreciates the opportunity to be in a gym again. In addition, he made several friends. Attendance and enthusiasm are high, but lack of funding may jeopardize the sustainability of the program.

Although Jeffrey is steadily recovering from his physical injuries, he suffers from post-traumatic stress disorder (PTSD) and often has severe flashbacks. Many nights he wakes in terror, remembering his experiences in the war zone. Despite the large number of veterans who experience similar PTSD symptoms, Jeffrey feels stigmatized by his disorder and has yet to seek help. A nearby Veterans Connect program for soldiers and families seeking mental health care requires daytime transportation. Though Jeffrey is interested in attending the program, he lacks transportation to the hospital.

Characteristics of Healthy and Unhealthy Communities

Healthy Community	Unhealthy Community
The air in this community is smog-free and the water is not polluted.	A factory located in this community emits toxins into the air and hazardous waste into the water.
The streets in this community are lined with trees and flowering shrubs.	The sidewalks in this community have cracks, the streets have potholes, and there are few plants and trees.
There are street lights, dog leash laws, and neighborhood crime watches in this community.	There are few streetlights, many dogs are not on leashes, and vandalism is rampant in this community.
There is an abundance of parks in this community, each equipped with tennis and basketball courts, functioning water fountains, and trash and recycling bins.	Recreational facilities in this community have few or poorly maintained amenities, without restrooms and functioning playground equipment.
This community sponsors a variety of organized cultural and social programs available to residents of all ages.	This community offers few cultural or social programs, or only for select groups of people.
This community offers mixed income residences to own or rent, most of which are well maintained.	Many neighborhood lots in this community are abandoned and houses or apartments are rundown.
Transportation is efficient. Walking or bike paths are well-maintained and connect main shopping and residential areas.	Public transportation is unreliable in this community and walking or bike paths have not been developed.
Hospitals, medical clinics, doctors' and dentists' offices, and pharmacies can be found in this community.	There are limited health care services in this community for people of all income levels. Many residents rely on hospital emergency rooms for care.

Characteristics of Healthy and Unhealthy Communities (continued)

Healthy Community	Unhealthy Community
The high school in this community offers extracurricular activities to students, such as drama clubs, student government, and intramural sports.	At the high school in this community, extracurricular activities are either not offered or are only used by certain students.
This community hosts weekly markets where local farmers sell fresh produce at affordable prices.	Produce is only available at corner convenience stores where it is poor quality, or in grocery stores in other neighborhoods.
There are few fast food restaurants in this community, and all display nutrition information on menus.	There are many fast food restaurants in this community, and none post nutritional information visible to consumers.

Upstream Causes Story Card

Imagine you are walking along a riverbank at a local park when you notice a woman drowning just off shore. You jump in to save her. Just as you pull her from the water, you notice a man also struggling to stay afloat, and you rescue him too. The pattern continues: more individuals are at risk of drowning, and you rescue them. Becoming an impromptu lifeguard is exhausting and you fear that you cannot save everyone floating past you, especially with the strong river current. You realize you should investigate why these individuals are falling into the water in the first place – perhaps identifying the primary reason for them falling in the water will allow you to stop the problem at the source and save lives. You walk upstream and discover a bridge connecting two areas of the park. Upon close inspection, you notice a large uncovered hole in the bridge – precisely where unsuspecting individuals are falling. You immediately contact city authorities to request that they repair the hole. You suggest that they monitor their parks to prevent similar disasters.

Upstream Causes Flow Chart

Framework   **Example**

Upstream Causes Flow Chart

Upstream Causes (social, economic, political factors)		Individual Health Behaviors		Health or Disease Risk Factors		Health or Disease Outcomes	
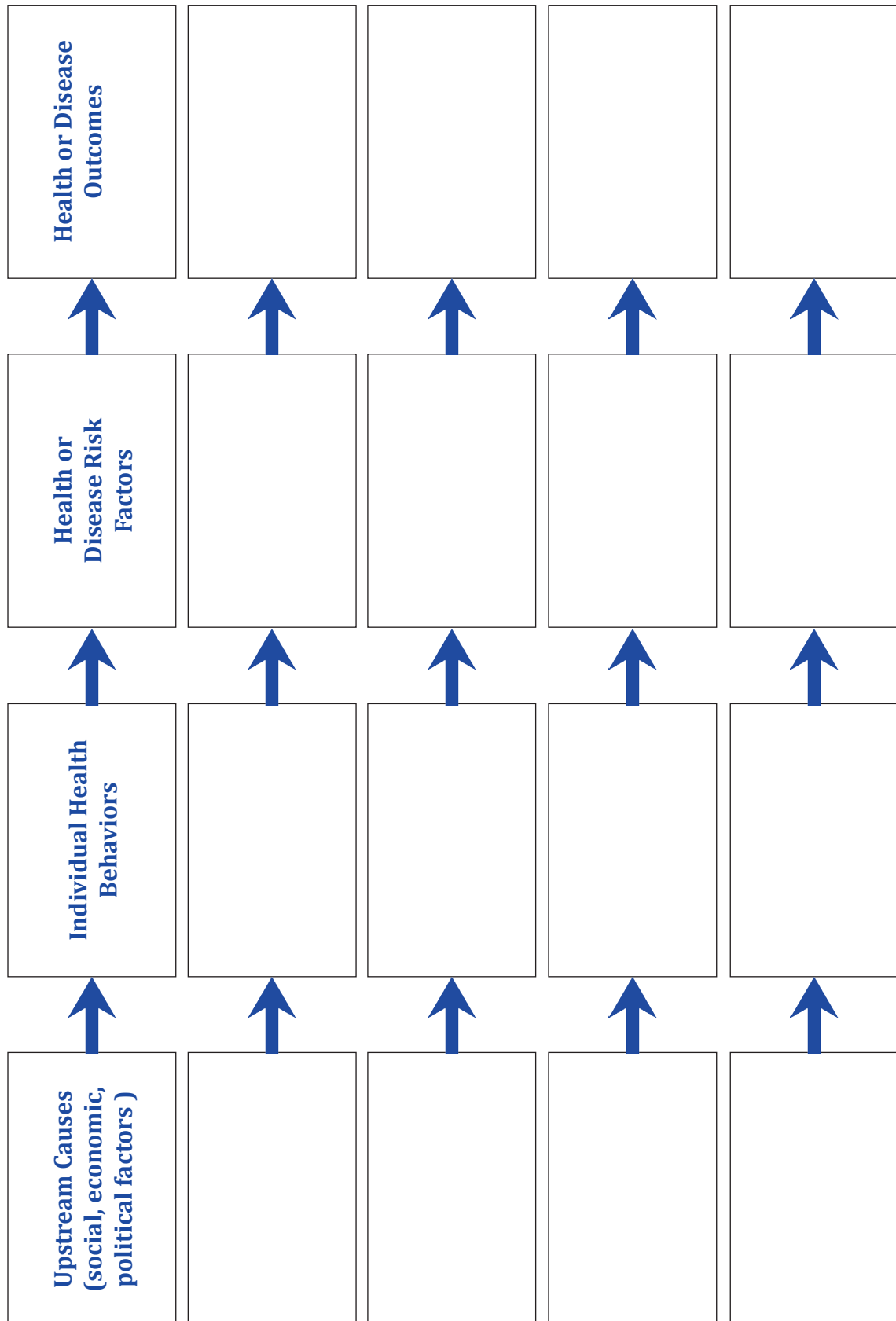
Lesson Two:
Food Availability, Obesity, and Diabetes

Objectives

1. To discuss how upstream causes (e.g., large portion sizes served in fast food and other restaurants, food policies) shape individual health behaviors (e.g., consuming high-sugar foods) and influence health and disease outcomes (e.g., obesity and diabetes).

2. To provide an example of how social, economic, and political factors (i.e., upstream causes) influence community health.

Outcomes

1. Students will understand how resources (goods/services/people) and policies impact food choices which can lead to poor health.

2. Students will recognize how the pathway of upstream causes relates to community health.

Activities

Students will participate in the following four activities:

1. *How Sweet It Is: Sugary Beverages*

2. *Portion Sizes on the Rise*

3. *Policies to Address Obesity: A Debate*

4. *Diabetes Detectives: A Case Study of Upstream Causes of Health*

Activity 1: How Sweet It Is: Sugary Beverages

Purpose

The purpose of the *How Sweet It Is: Sugary Beverages* activity is to visualize the amount of sugar in selected beverages.

Required Materials

The *How Sweet It Is: Sugary Beverages* activity requires the following materials:

1. 12-ounce bottles of non-diet sodas (e.g., Coca Cola, Pepsi, Sprite) and fruit drinks that are not 100% juice (e.g., Hawaiian Punch).

   NOTE: 32 grams or 8 teaspoons is approximately the total recommended daily intake of sugar for young adults.[1] When choosing beverages, include drinks with varying amounts of total grams of sugar.

2. One roll of wax paper.

3. Scales that measure in grams (consider borrowing from a science lab).

4. Measuring teaspoons.

5. One one-pound bag of white sugar.

6. Small bowls (to hold sugar for each group).

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1   Johnson, R. K., Appel, L. J., Brands, M., Howard, B. V., Lefevre, M., Lustig, R. H., ... L. M., Wylie-Rosett, J. (2009). Dietary sugars intake and cardiovascular health: a scientific statement from the American Heart Association. [Practice Guideline]. *Circulation*, 120(11), 1011-1020.

Instructions

Follow the instructions below to implement the *How Sweet It Is: Sugary Beverages* activity.

Prior to Class

1. On several tables across the classroom, **arrange** a scale, teaspoon, wax paper, bowlful of sugar, and bottled beverage.

   NOTE: Ideally, divide students into groups of three to five, and distribute one scale, one set of measuring spoons, and different beverages to each group, such that groups work simultaneously while measuring the sugar in different beverages. If there are limited supplies, increase group size or instruct small groups to rotate.

2. **Write** the following information on the board:

   > *1 teaspoon = approximately 4 grams of sugar*
   >
   > *8 teaspoons = approximately 32 grams of sugar = recommended daily sugar limit for a young adult*[2]

During Class

Read

1. **Read** the following statement aloud:

   A bowl of cereal for breakfast, a cup of yogurt at morning break, a soda with lunch, a granola bar after school. All these snacks contain a surprising amount of sugar. The American Heart Association recommends limiting the number of calories from sugar to less than 10% of your total calories per day. While it depends on the number of calories you consume each day, for the average young adult this means eating or drinking no more than 8 teaspoons of sugar each day. The average young adult, however, consumes 20 teaspoons of sugar each day!

Q&A

2. **Ask** students the following questions:

   a. How many of you drink soda or juice (other than 100% juices)?

   b. How often do you typically drink these beverages each day or week?

   c. How much sugar do you estimate is in each of these beverages?

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2   American Heart Association (Producer) (2010). Frequently asked questions about sugar. [webpage] Retrieved from http://heart.org/HEARTORG/GettingHealthy/NutritionCenter/HealthDietGoals/Frequently-Asked-Questions-About-Sugar_UCM_306725_Article.jsp

    d.   Do you think these beverages fall below, meet, or exceed the recommended sugar limit for young adults (8 teaspoons or less per day)? Take a **vote**.

3.   Depending on the availability of scales, **divide** students into small groups, and **instruct** them to:

    a.   Using the nutrition label, record the number of grams of sugar found in the assigned beverage.

    b.   Place one piece of wax paper on the scale. Zero out the scale.

    c.   Using the measuring teaspoon, add sugar to the scale until the amount of grams on the scale corresponds the number of grams in the beverage. Count and record the number of teaspoons scooped.

    d.   Compare this number to the daily recommended maximum intake of 8 teaspoons for young adults.

4.   **Ask** each group to share the name of and number of teaspoons of sugar in their assigned beverage. Record responses on the board.

5.   **Discuss** how quickly daily sugar consumption can accumulate.

6.   **Facilitate** a discussion using the following questions:

Q&A

    a.   Are you surprised by the amount of sugar found in the beverages?

    b.   What factors at home, school, and in the community may prevent individuals from consuming low sugar foods and beverages (or encourage individuals to consume high sugar foods and beverages)? Is the availability of high and low sugar foods and beverages similar across communities?

NOTE: A discussion about the amount of fat and calories found in common food items can be held as an additional learning opportunity. For example, the amount of fat and calories in one typical fast-food restaurant meal often exceeds daily recommendations for fat and calorie intake.

Activity 2: Portion Sizes on the Rise

Purpose

The purpose of the *Portion Sizes on the Rise* activity is to demonstrate how the size of beverage cups has increased over time, thus challenging individuals to select portion sizes appropriate for maintaining a healthy weight.

Required Materials

The *Portion Sizes on the Rise* activity requires the following materials:

1. Multiple sized beverage cups (8, 16, 24, 36, and 64 ounces) from a store or fast food restaurant (to be collected by instructor).

2. Centers for Disease Control and Prevention U.S. Obesity Trends slides available and either printed or displayed on a computer (http://www. cdc.gov/obesity/data/trends.html), in which case appropriate technology is required.

Instructions

Follow the instructions below to implement the *Portion Sizes on the Rise* activity.

Prior to Class

1. Using a marker, **write** the size of each cup in ounces on the outside of each cup and **display** cups in order of size on a table in front of the class.

During Class

1. **Review** total number of ounces and teaspoons of sugar in the beverages from activity one, *How Sweet It is: Sugary Beverages*

2. **Tell** students that standard portion sizes have increased over time:

1950	1970	2000
6.5 ounces	12.0 ounces	20.0 ounces[3]

3. **Direct** students' attention to the beverage cups at the front of the room, and state the number of ounces per cup. Based on their understanding of how much sugar was in a 12 ounce beverage in *Activity One: How Sweet It Is: Sugary Beverages*, **ask** students to estimate how much sugar would be in the cups on display. For example, if their 12 ounce beverage had 10 teaspoons of sugar, then 20 ounces of the same beverage would have almost double that amount of sugar.

   a. How has the increase in portion sizes influenced the consumption of sugary beverages?

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3   Division of Nutrition and Physical Activity, Centers for Disease Control and Prevention (Producer). (2006). Research to Practice Series No. 2: Do increased portion sizes affect how much we eat? [PDF] Retrieved from http://www.cdc.gov/nccdphp/dnpa/nutrition/pdf/portion_size_research.pdf

b. What is the motivation of the food and beverage industry to increase cup sizes over time (e.g., policies of soda companies to increase portion sizes because of higher profit margins on sodas compared to healthy foods)?

4. **Show** students the *Centers for Disease Control and Prevention Obesity Trend Slides* to illustrate how rates of obesity have dramatically increased over time. Emphasize to students that these slides show percent obese (Body Mass Index > 30.0) and not percent overweight (Body Mass Index = 25.0-29.9). Notice how over time the key has expanded to include new categories of percent obese people in each state of the U.S. to adapt to the large increases in the percent of people who are obese. How might the increase in portion sizes and increase in rates of obesity be correlated?

Activity 3: Policies to Address Obesity: A Debate

Purpose

The purpose of the *Polices to Address Obesity: A Debate* activity is to share examples of policies that address the obesity epidemic by changing the cost of and access to high-sugar beverages.

Required Materials

The *Polices to Address Obesity: A Debate* activity does not require additional materials, though students may conduct research to support their argument in the debate.

Instructions

Follow the instructions below to implement the *Policies to Address Obesity: A Debate* activity.

During Class

Read

1. **Describe** the following two policy examples to students.

   Example One: Taxation on high sugar beverages and food

   Description:

   Some state laws tax beverages and foods with high-sugar content. This may be accomplished, for example, by charging a tax per ounce, such that a one-cent tax per ounce would yield a 12 cent tax on a 12 ounce soda and a 20 cent tax on a 20 ounce soda. Revenues from taxes may be applied to health education and disease prevention programs.

   Possible arguments for taxation

   Supporters of taxation on high-sugar beverages and food hope that higher costs of sugary beverages may: 1) deter individuals from purchasing high-sugar beverages, 2) increase the consumption of healthier options such as low fat milk or water, and consequently 3) decrease rates of obesity and health care costs.

   Possible arguments against taxation

   Opponents argue that increased taxes unfairly burden low-income consumers or those who drink high-sugar beverages or eat high-sugar foods in moderation (and are not obese or contributing to escalating health care costs).

   Example Two: Restriction of high-sugar beverages and foods

   Description:

   Some school districts restrict high-sugar beverages and foods sold in public schools. This includes reducing the portion sizes of high-sugar beverages sold, prohibiting sales of high-sugar beverages during designated times of the day, and/or removing vending machines that sell high-sugar beverages. Restrictions may also take place at a city, county, or state level.

   Possible arguments for restriction

   Supporters believe that childhood obesity is fueled in part by the availability of high-fat and high-sugar meals and snacks sold at school. Given how much time students spend at school, creating a healthy environment where only healthy choices are available may exert a powerful influence over students' eating habits.

Possible arguments against restriction

Opponents of legislation fear that removing high-sugar items, which are often sold for the purpose of fundraising: 1) will reduce the budget for important academic or extracurricular opportunities, and 2) may infringe on people's personal freedom.

2. With students' input, **brainstorm** policy ideas that could be implemented and enforced to help schools and communities limit the amount of high-sugar foods and beverages available to students and residents.

3. **Conduct** a classroom debate.

    a. **Ask** students to vote on one policy to serve as the basis for debate (either from examples provided or from the list brainstormed by the class).

    b. **Divide** the class into two evenly-sized groups, and assign one group to favor the policy and one group to oppose it.

    c. **Allow** time for students to plan their argument. If the internet is available, students may search for information online, or the activity may be split over two class periods so that students can conduct research as homework.

    d. **Instruct** students to make opening and closing statements, present reasons for favoring or opposing the proposed policy, and respond to arguments made by the other side; each group member is required to speak.

Activity 4: Diabetes Detectives: A Case Study of Upstream Causes of Health

Purpose

The purpose of the *Diabetes Detectives* activity is to highlight: 1) the severity of diabetes, especially within certain groups in the general population; 2) the effect of resources (goods/services/people) and policies on health behaviors, health and disease outcomes; and 3) the application of an upstream causes framework to a health issue.

Required Materials

The *Diabetes Detectives* activity requires the following materials:

1. Chart paper.

2. Markers.

3. *Pima and Tohono O'odham Indians Summary Story*[4] or *Unnatural Causes* documentary segment titled *Bad Sugar.*

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[4]   Archibold, R. C. (2008, August 30). Indians' Water Rights Give Hope for Better Health, The New York Times. Retrieved from http://www.nytimes.com/2008/08/31/us/31diabetes.html

Instructions

Follow the directions below to implement the *Diabetes Detectives* activity.

Prior to Class

1. Options A (print summary story) and B (documentary):

   a. To review information about Type II diabetes including an updated definition, risk factors, and current statistics see: the American Diabetes Association (www.diabetes.org), National Diabetes Education Foundation (http://ndep.nih.gov/), Centers for Disease Control and Prevention (http://cdc.gov/diabetes/), or your local county health department's websites. Record information (especially how the prevalence of diabetes varies by age, gender, ethnicity, income, etc.) to share with students during the opening discussion activity.

2. Option B (documentary):

   a. Obtain a copy of the documentary film *Unnatural Causes, Bad Sugar* segment and arrange the necessary technology for viewing.

   NOTE: This lesson only focuses on Type II diabetes, which is highly prevalent and linked to obesity and other chronic diseases such as heart disease.

During Class

Q&A

1. **Ask** the following questions:

   a. Does anyone have family members, friends, or neighbors who have been diagnosed with Type II diabetes? How has diabetes affected their health?

2. **Share** statistics (collected by instructor during background research prior to class) about how the prevalence of Type II diabetes varies by age, gender, ethnicity, income, etc.

Q&A

3. **Ask** the following questions:

   a. What are the risk factors for Type II diabetes? (e.g., family history, poor diet, obesity, high cholesterol, high blood pressure, physical inactivity)

   b. What individual behavior choices may lead someone to develop diabetes? (e.g., high fat diet, physical inactivity)

   c. What community factors may influence a person's risk of diabetes? (e.g., limited access to healthy foods due to a large number of fast food restaurants, lack of farmers' markets and grocery stores selling healthy options, unsafe neighborhoods for physical activity)

NOTE: Questions and examples from b and c above can also be phrased positively to highlight protective behaviors and community influences that prevent (instead of cause) diabetes, such as: what individual behavior choices may prevent someone from developing diabetes? or help maintain a low-fat diet? or encourage being physically active?

Read

4. **Read** the following explanation out loud:

    In the following activity, you will become diabetes detectives tasked with discovering what community factors led to a dramatic increase in diabetes rates among a community of Native Americans in Arizona. Instead of investigating why individuals were drowning in the river, like the story in *Lesson One*, you will investigate why a population of Native Americans developed alarmingly high rates of diabetes.

Handout 1

5. **Distribute** a blank *Pima and Tohono O'odham Indians Summary Story Flow Chart* to each student. Instruct students to take notes as they read the story or watch the film (Options A or B below) and to be prepared to share their answers in small groups.

6. **Choose** Option A (print summary story) or B (documentary) from below:

    Option A – *Pima and Tohono O'odham Indians Summary Story*

Handout 2

    Distribute copies of the *Pima and Tohono O'odham Indians Summary Story* (located at the end of *Lesson Two*) to all students and instruct them to read it in class.

    Option B – *Unnatural Causes* documentary

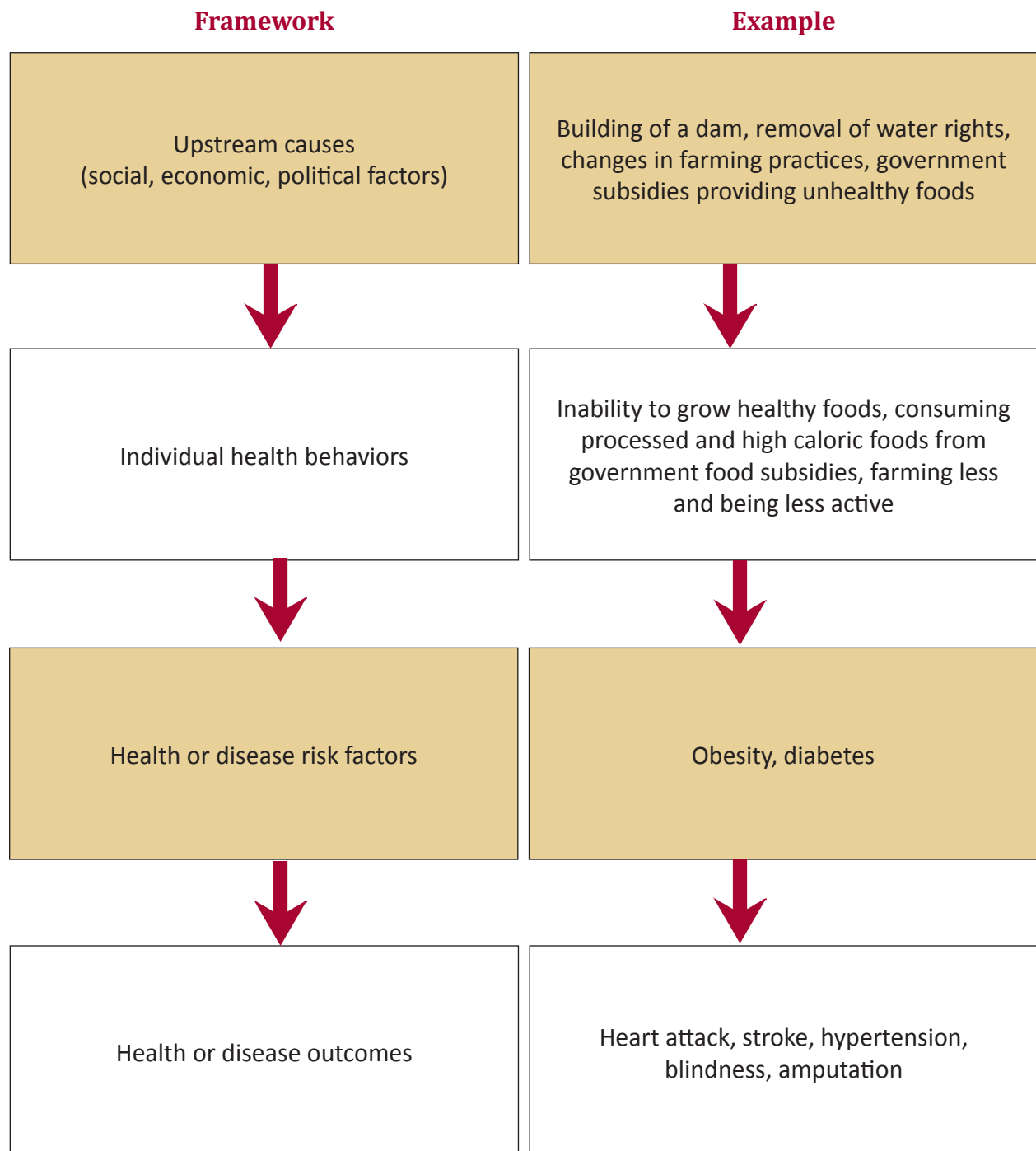   **Show** the *Unnatural Causes* segment *Bad Sugar* to students.

7. Once students complete option A or B, **divide** the class into groups of three to four students.

    a. **Distribute** chart paper and **instruct** students to select a recorder and reporter within each group. The recorder will take notes on chart paper and the reporter will share insights with the class.

    b. As a group, students will combine answers from their individual story flow charts to create a new flow chart on a large piece of paper.

8. **Reconvene** the class and ask reporters to share the result of their group's chart, adding new ideas to those already shared by other groups.

9. The goal is to have the class create an upstream causes chart as shown in the *Pima and Tohono O'odham Indians Summary Story Flow Chart* that highlights the connections among upstream causes of health, individual health behaviors, health or disease risk factors, and health or disease outcomes.

Q&A

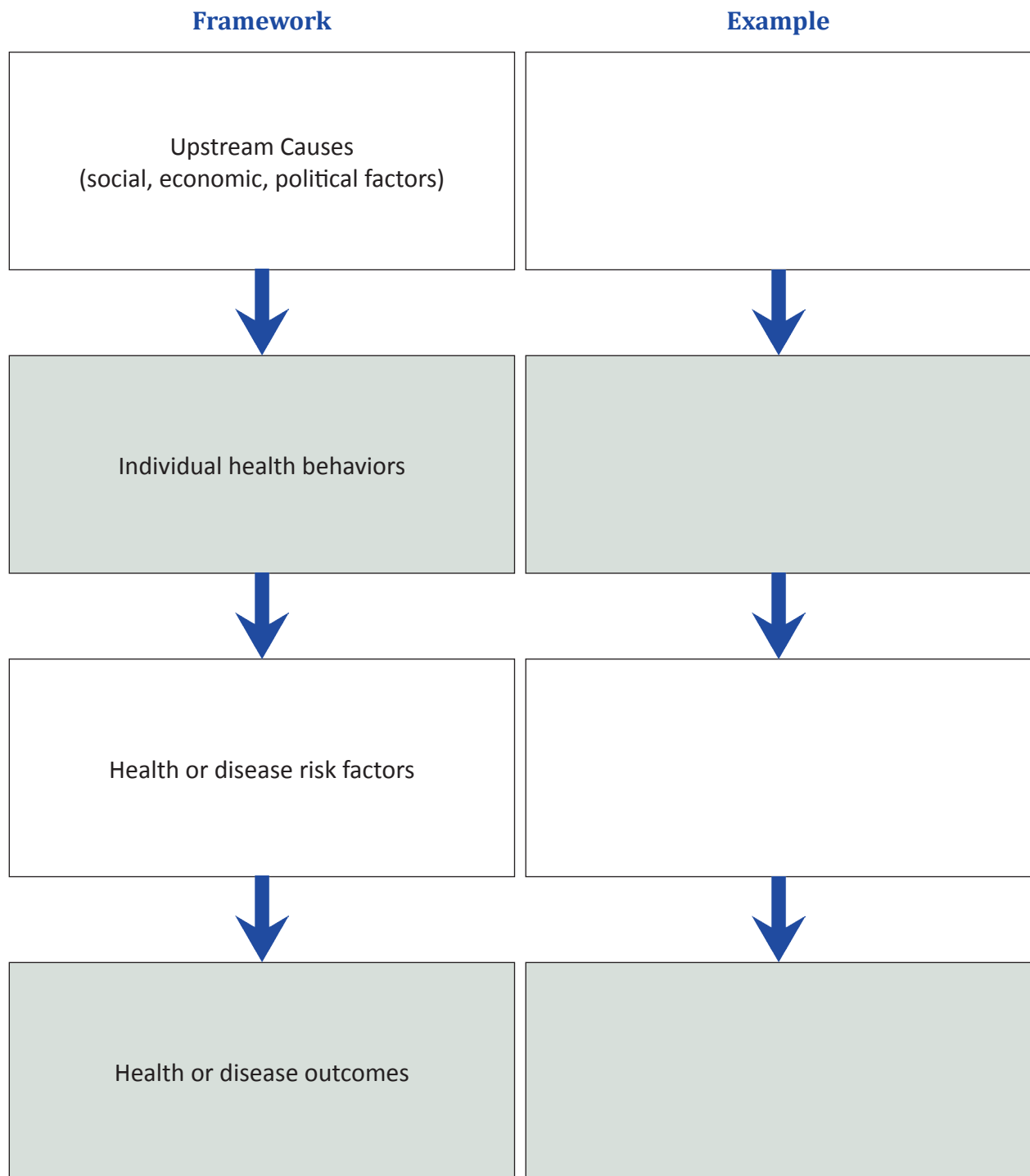10. Once groups finish their flowcharts, **ask** students the following questions:

    a. Some social, economic, and political factors (i.e., upstream causes) negatively affected the health of the Pima and O'odham Indians. What social, economic, and political factors exist in your community that promote or hinder health?

    b. How do you suggest addressing and improving these issues in your community?

Pima and Tohono O'odham Indians
Summary Story Flow Chart

Framework	**Example**
Upstream causes (social, economic, political factors)	Building of a dam, removal of water rights, changes in farming practices, government subsidies providing unhealthy foods
↓	↓
Individual health behaviors	Inability to grow healthy foods, consuming processed and high caloric foods from government food subsidies, farming less and being less active
↓	↓
Health or disease risk factors	Obesity, diabetes
↓	↓
Health or disease outcomes	Heart attack, stroke, hypertension, blindness, amputation

Pima and Tohono O'odham Indians
Summary Story Flow Chart

Framework

Example

Upstream Causes
(social, economic, political factors)

Individual health behaviors

Health or disease risk factors

Health or disease outcomes

Option A: Pima and Tohono O'odham Indians
Summary Story

In southern Arizona, outside of Phoenix in the Gila River Indian Community, the Pima and O'odham American Indian tribes have among the highest rates of Type II Diabetes in the world. Fifty percent of the population has diabetes, and 95% of those with diabetes are obese. In contrast to the general population, approximately 13% of all Native Americans have diabetes compared to only 7% of whites. Within this community, individuals are typically diagnosed with diabetes by age 36. In contrast, whites are typically diagnosed around age 60; this means that Native Americans live with diabetes and its severe symptoms for much longer than whites.

Researchers have questioned the correlation between genetics and the high rates of diabetes. A particularly powerful study conducted by the Biomedical Research Center in Louisiana found that, when comparing Pima Indians in southern Arizona to Pima Indians in their native areas in Mexico, the Americanized Pimas of Arizona had higher rates of diabetes. This suggests that disease outcomes are influenced by social, cultural, economic, and political factors instead of genetics alone.

It is important to examine the history and conditions of the Pima and Tohono O'odham Indians to understand why they are so affected by diabetes, and what can be done to improve their health and disease outcomes.

Until the 19th century, the Pima and Tohono O'odham Indians preserved their traditional lifestyle and agricultural practices – utilizing the local rivers to support farming of corn, beans, squash, and other healthy foods. However, in the late 1800s a drought occurred, a dam was erected and land was officially transferred from Mexican to American rule. Tensions existed between Pima/O'odham Indians and new American settlers who occupied nearby land. Eventually American farmers used all the water, leaving none for the Pima and Tohono O'odham tribes. Without irrigation, the Indian tribes could no longer farm as they had done for generations. Without the capability to produce their own food, the tribes turned to the US government for food assistance. Government food subsidies offered refined sugar, white flour, high fat cheese, and canned and processed meats – all high-carbohydrate, high-sugar, high-calorie, and high-fat foods that were vastly different from the vegetables and grains to which the Native Americans were accustomed.

World War II also shaped the health behaviors and health and disease outcomes of the tribe. Native Americans served in the military, which exposed them to new lifestyle choices and granted them an economic boost. Upon returning home, they had the desire and financial capability to eat meals outside the home and purchase high sugar and high fat processed foods in grocery stores. Other members of the reservation adopted similar unhealthy habits. As a result, there was a dramatic increase in obesity in men, women, and children. In the 19th century, only 15% of the Native American Indians' diet was derived from fat, but in the 20th century, approximately 40% was derived from fat. As years passed, the health behaviors of the Pima and Tohono O'odham persisted, obesity increased, and disease outcomes such as diabetes worsened.

It was not until 2004 – after a century of court battles and suffering – that the Gila Water Settlement Act supplied water rights to this community. Resources have only recently been replaced so that farming is possible again. The problem, however, is that the new generation of Pima and Tohono O'odham youth are accustomed to unhealthy diets and sedentary lifestyles and do not have the skills to farm. A cultural shift is required in order to prioritize farming and healthier lifestyles.

The Pima and O'odham tribes are distinguished by their strikingly high rates of diabetes. Tracing the history of their community offers insight as to how community and cultural changes can impact the health of multiple generations within a population.

Lesson Three:
Environmental Hazards and Regulatory Measures

Objective

1. To use a news article to examine how environmental hazards (related to air, food, water, soil, manufactured items, and physical structures) affect individual health behaviors and health or disease outcomes.

2. To become aware that individuals and communities can express their opinions to policy makers and other authorities to address environmental and other hazards that affect their health.

3. To practice writing advocacy letters to local civic leaders, government officials, and/or school administrators.

Outcomes

1. Students will learn to analyze environmental hazards and other health issues in the media from a public health perspective.

2. Students will write a letter to local civic leaders, government officials, and/or school administrators to express their concern about a health issue facing their community, and suggest how it could be addressed, especially via youth advocacy.

3. Students will provide constructive feedback to each other about their advocacy letters.

4. Selected letters will be mailed to local civic leaders, government officials, and school administrators.

Activities

Students will participate in the following two activities:

1. *Health in the News*

2. *Speaking Out: Writing Advocacy Letters*

Activity 1: Health in the News

Purpose

The purpose of the *Health in the News* activity is for students to locate a news article about an environmental hazard and identify the social, economic, or political factors (i.e., upstream causes) that may contribute to the hazard and impact individual health behaviors and health and disease outcomes.

Required Materials

The *Health in the News* activity requires the following materials:

1. News articles from newspapers, magazines, online forums, etc. (brought in by instructor and each student).

2. *Root Causes Tree* (provided at the end of *Lesson Three* and copied for each student).

Instructions

Follow the instructions below to implement the *Health in the News* activity.

Prior to class

1. **Explain** the purpose of the assignment to students, and instruct them to bring in one news article related to an environmental hazard, specifically one that addresses how air (e.g., pollution), food (e.g., Salmonella, E.coli), water (e.g., industrial waste), soil (e.g., animal waste contamination), manufactured items (e.g., lead in cooking utensils), or physical structures (e.g., asbestos) may affect the health of individuals. To frame the activity and help students choose an article that will be most useful during the activity, **distribute** the *Environmental Health Matrix* to students (provided at the end of *Lesson Three*).

Handout 1

2. **Refer** to resources such as the National Resources Defense Council (http://www.nrdc.org) or Environmental Protection Agency (http://www.epa.gov) for additional information.

During class

1. Use notes below to **reiterate** the purpose of and **explain** directions for this activity:

   a. Public health professionals view health in the context of a community. Instead of blaming individual people for making poor health behavior choices, public health professionals examine and work towards improving the resources (goods/services/people) or policies in a community. This enables individuals to make informed health behavior choices, promote health or reduce disease outcomes, and improve health equity across populations.

   b. This activity requires students to find a news article about an environmental hazard and, using a public health lens, identify the social, economic, and political factors that contribute to health and disease outcomes associated with that hazard. This activity helps teach students to identify and address the upstream causes leading to poor health, instead of blaming the individual.

2. **Provide** students time to read their articles. **Instruct** them to answer the following questions:

   a. Summarize the article, including key points like who, what, where, when, and why.

   b. What is the significance of the article (i.e., why is it important to know about this environmental hazard)?

c. How does the environmental hazard described in the article contribute to health and disease risk factors and health and disease outcomes?

d. Is any important information missing? What additional facts could help you better understand the whole story?

e. Does the article describe social, economic, and/or political reasons for the hazard discussed, or does it imply that individuals are to blame?

f. Does the article recommend what can be done to address this environmental hazard?

g. Who is responsible for and what can be done to solve this environmental hazard?

h. What are the health, social, economic, and political consequences of not taking action?

Handout 2

3. **Instruct** students to transfer key points from their article analysis to the *Root Causes Tree* (provided at the end of *Lesson Three*) to illustrate the upstream causes of the environmental hazard described in their article. Discuss results in class.

4. **Tell** students to save their articles, root causes trees, and any notes as these will be necessary to complete *Activity 2: Speaking Out: Writing Advocacy Letter.*

Activity 2: Speaking Out: Writing Advocacy Letters

Purpose

The purpose of the *Speaking Out: Writing Advocacy Letters* activity is to practice social advocacy by having students write letters to local civic leaders, government officials, and/or school administrators to express concerns about environmental hazards that affect the health of their community. News articles used in the *Health in the News* activity will serve as the basis for the letter content.

Required Materials

The *Speaking Out: Writing Advocacy Letters* activity requires the following materials:

1. News articles used in the *Health in the News* activity (which will serve as the basis for the letter content).

2. *Writing an Advocacy Letter* instructions, template, and sample.

Instructions

Follow the instructions below to implement the *Speaking Out: Writing Advocacy Letters* activity.

Prior to Class

1. Ask students to bring their news articles, *Root Causes Tree*, and article analysis from *Activity 1: Health in the News,* to class.

During Class

1. **Explain** that writing letters to local civic leaders, government officials, and/or school administrators is a powerful and effective advocacy strategy that allows individuals and communities to raise awareness, express their opinions, and enact change.

   a. Each student will write a letter in response to the environmental hazard described in his/her news article (from activity one, *Health in the News*).

2. **Distribute** the *Writing and Advocacy Letter* instructions, template, and sample to students and **instruct** them to follow directions to draft a letter to a relevant civic leader, government official, and/or school administrator, using the content of their news article as the basis for their letters.

   Handout 3

3. **Divide** students into groups based on topic areas identified in their articles/letters (e.g., air, water, food).

4. **Instruct** students to swap letters with group members and to provide each group member with feedback by answering the questions below.
   - Does the letter clearly describe how the environmental hazard affects the health of the community?
   - Does the letter suggest what can be done to address the environmental hazard and does the author offer to participate in the solution?
   - Does the letter include all essential components, such as address, signature, etc.?
   - Is the letter respectful and professional?
   - Is the letter likely to be read by the recipient?
   - What could be added to enhance the letter?

5. Each small group will select the most compelling letter to mail, one that they feel may lead to change. Final letters will be revised and mailed or emailed. Post final letters on the classroom wall for students to read. Subsequent responses from civic leaders, government officials, and/or school administrators should be discussed and appropriate follow-up should be planned.

Environmental Health Matrix

Category of Hazard	Specific Hazard Site	Hazard	Consumer Protection Regulatory Measure	Health/Disease Outcome
Air	Homes, schools, and workplaces near polluted air	Particulates from factories, pesticides from crop dusting, noise and exhaust pollution	Create and enforce zoning laws to keep homes, schools, and workplaces safe from air pollution, promote Spare the Air days, use less polluting energy resources	Asthma, respiratory problems hypertension, stress
Water	Drinking supplies, natural bodies of water, swimming areas	Pesticides, animal/human waste, sewage, oil, improper chemical levels	Establish water purification standards, conduct regular and governmental approved testing, organize community-wide clean up	Giardiasis, gastrointestinal problems, parasites, flu, diarrhea, skin rashes
Soil	Dumps, manufacturing plants, construction sites	Corroded computers or batteries, pesticide or chemical run-off	Require and make available safe disposal options for corrosive materials, implement systems to catch polluted water run-off	Gastrointestinal problems, cancer
Food	Meat, dairy, fruit, vegetables	Contaminated irrigation sources (via feces or sick animals), pesticides, inadequately prepared food	Establish government oversight at commercial sites to limit number of animals raised and slaughtered together, decontaminate soil, enforce safe monitoring of food	Gastrointestinal problems due to Salmonella or E. coli
Manufactured Items	Eating and cooking utensils, toys, electronics, automobiles, clothing, cleaning products	Carcinogenic coatings, inappropriately sized objects for age of use, unsafe automobiles, flammable materials, toxic chemical composition	Mandate warning labels, hold community-wide child safety education programs, enforce car manufacturing safety standards, regulate chemicals in cleaning products, announce recalls immediately	Injury, choking, skin rashes, respiratory problems, lead poisoning, cancer
Physical Structures	Schools, homes, work places, recreational sites/playgrounds	Lack of earthquake and fire standards, lead paint, radon, asbestos, unsafe equipment	Update and reinforce building codes, market at-home chemical testing, repair school equipment	Injury, mental impairment, respiratory diseases

Root Causes Tree

Health and Disease Outcomes

Individual Behaviors

Upstream (or Root) Causes
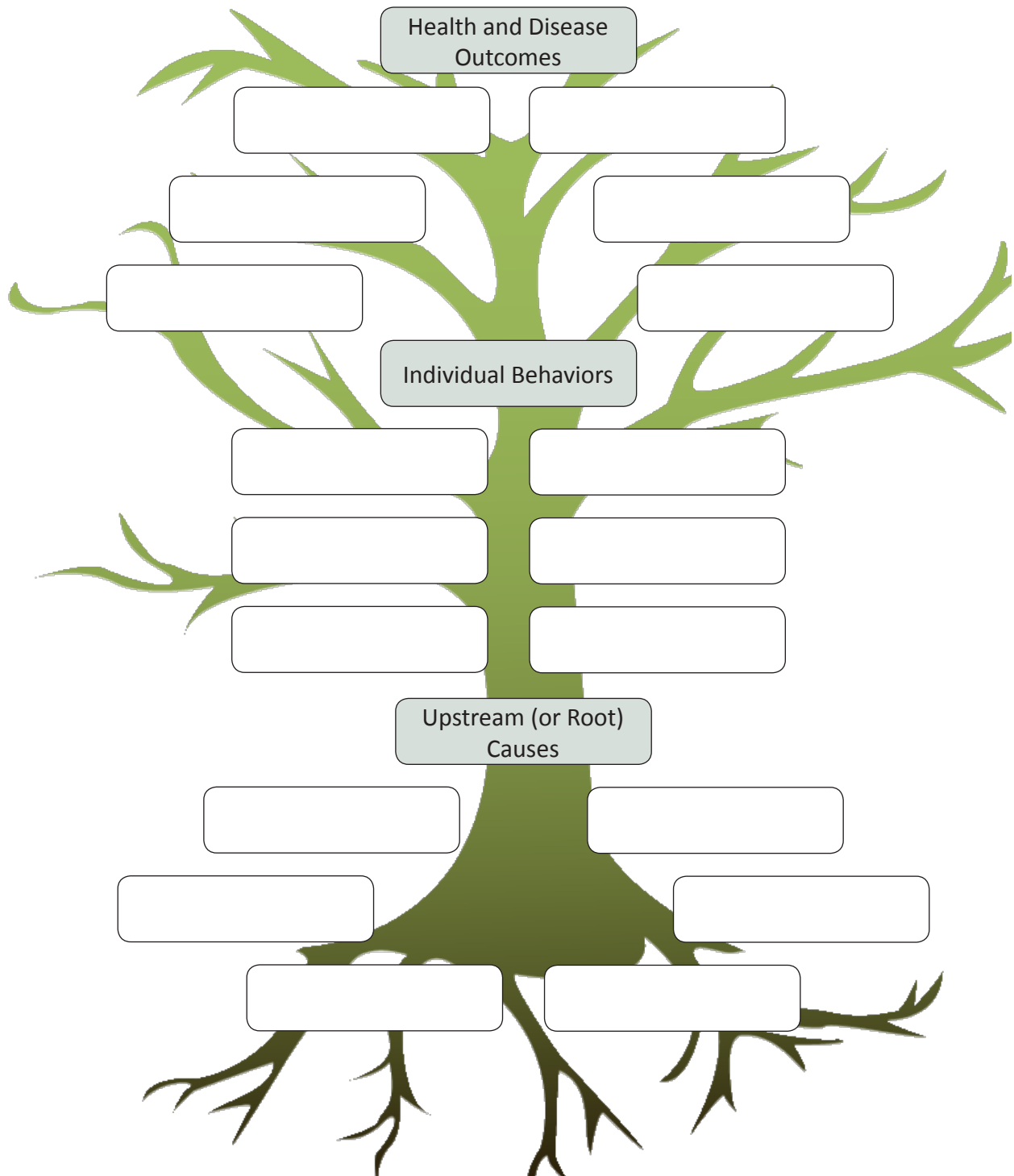
Writing an Advocacy Letter

Do you have an opinion about an issue facing your community? Would you like to tell someone who could help make a difference? Would you like to raise awareness about this issue among your family, friends, and community members, and get them involved? Writing a letter to a local civic leader, government official, and/or school administrator is a perfect solution. Follow the steps below and begin to advocate!

What do I write about?

- Today, write a letter in response to the article you brought to class for the first activity. Generally, when writing to a civic leader, government official, and/or school administrator you may write about any cause for which you are passionate and that needs action.
- You can write to address and provide feedback about a problem or to thank a civic leader, government official, and/or school administrator for supporting something positive.

Who do I write to?

- Find the name of your local civic leaders, government officials, and/or school administrators by asking adults at your school or at home, by reading the local newspaper, or by conducting internet research. If your article is not about a local issue, identify civic leaders, government officials, school administrators, or other relevant people who live near or are involved in the environmental hazard.
- Websites such as usa.gov, govtrack.us, opencongress.org, or your city's council/Chamber of Commerce will list necessary contact information including full name, title, and address. Copy the address exactly as listed.

What should my letter say?

- Introduce yourself (e.g., your grade in school, name of your school, where you live).
- Summarize the issue, including what it is, what has or has not been done to address it, how long it has been a problem.
- Describe how the issue impacts you, your school, and/or your local community.
- Ask for a response and say thank you.
- Credit references; if you cite other articles or people, be sure to use quotations (no plagiarism!).
- Sign your letter.

General writing rules and tips:

- Be specific and concise.
- Emphasize only your main point so that you don't distract the reader with other topics and thus dilute your goal.
- Be clear and direct about the issue, your opinion, and your suggestions; if your letter is vague then you may receive a vague and unhelpful response (which is not what you want!).
- Limit to one page; civic leaders, government officials, and school administrators are often busy and may not have time to read more than one page.
- Be creative, yet realistic – unique letters will garner attention, but if your ideas are unattainable, such as suggesting free drinks for students every Friday at lunch, then your letter and opinions may not be taken seriously and may be dismissed.

What should my letter look like?

- See *Template Letter* and *Sample Letter*.

Other things to remember:

- Ask a teacher or another adult to review your letter before you send it – it is always helpful to have another person read for spelling mistakes and clarity.
- Type (preferable) or hand-write your letter as long as it is legible.
- Remain polite and professional, even if you are upset about the issue. Blaming the elected official or his/her staff is not as productive as being respectful and offering constructive ideas.
- Include a return address on your letter and the envelope (unless sending by email).

Template Letter

Date

Name and title of person to whom you are sending the letter
Street number and street name
Suite number or additional address information
City, State and Zip code

Subject: A few words stating what your letter is about

Dear title and last name:

Paragraph 1: Identify who you are.

Paragraph 2: Summarize the issue and include what has or has not been done to address it.

Paragraph 3: Describe how the issue impacts you, your family, your school, and/or your local community.

Paragraph 4: Suggest solution(s), and include how you or other students can contribute to the solution(s).

Thank the person for his or her time and tell him or her how he or she can reach you. Tell him or her you are looking forward to a response.

Sincerely,

Your Signature

Your printed name
Your street address
City, State, Zip code

Sample Letter

January 1, 2013

Mayor Jose Terrell
100 Downtown Boulevard
City Hall, Suite 50
Anywhere, State 10100

Re: Unsafe equipment on high school campus

Dear Mayor Terrell:

I am a sophomore at Excel School in Anywhere, State, and am writing as a concerned student and citizen. Our school district is experiencing severe budget cuts. As a result, money is not available to maintain the running track or bleachers located on our high school campus, and students and community members are consequently in danger of injury and at risk for poor health.

Our track has cracked surfaces where it is easy to trip and the spectator bleachers are both unstable and rusted. Students and community members have experienced physical injuries, including broken ankles and skin abrasions. In addition, without proper resources for physical activity, students are not exercising as often, which can eventually contribute to a sedentary lifestyle, obesity, and diabetes. The risk for injury and poor health persists outside of school hours, as the campus is always open to students and community members; many teenagers and adults jog on the track, and many young children play unsupervised on the bleachers.

The health and safety of our student body and our community is in jeopardy, and the high school may be held liable should more serious injuries occur. It is time to take action to prevent further harm. My hope is that you will prioritize the health and safety of the students and community members in our school district and help advocate for funding to improve the high school track and bleachers. In the meantime, I also hope that you and the high school administration will restrict access to these areas until they are safe. My classmates and I are willing to speak at town council meetings or write additional letters if this will help. I look forward to hearing from you.

Thank you for your time.

Sincerely,

Martha Gomez

Martha Gomez
martha.gomez@email.com
10 Student Street
Anywhere, State, 90010

Lesson Four:
Smoking, Drinking, and the Media

Objective

1. To analyze tobacco and alcohol advertisements to understand how upstream causes (e.g., tobacco and alcohol advertising) affect individual health behavior choices (e.g., smoking and drinking) which can lead to disease outcomes (e.g., cardiovascular or liver diseases, cancer).

2. To understand how tobacco and alcohol industries strategically recruit smokers and drinkers, particularly youth.

3. To learn how the American Legacy Foundation's advocacy efforts work to counteract the influence of the media and tobacco industries on youth smoking.

4. To learn that a public service announcement is a strategy used to raise awareness, change behavior, and recruit advocates about health issues, such as tobacco and alcohol use.

Outcomes

1. Students will identify techniques used by the media to persuade consumers to purchase tobacco and alcohol.

2. Students will recognize that the tobacco and alcohol industries are intentional in their efforts to recruit smokers and drinkers.

3. Students will understand and describe how the American Legacy Foundation counteracts the influence of the media and tobacco industries on adolescent and adult smoking.

4. Students will develop (and possibly disseminate) a public service announcement to raise awareness about the dangers of tobacco or alcohol use.

NOTE: Tobacco includes cigarettes, cigars, and chewing tobacco.

Activities
Students will participate in the following four activities:

1. *Becoming Media Savvy*

2. *Tobacco Companies Uncovered*

3. *Counter Messages: The American Legacy Foundation*

4. *Putting Together a Public Service Announcement*

Activity 1: Becoming Media Savvy

Purpose

The purpose of the *Becoming Media Savvy* activity is to expose students to and help them discern how persuasion techniques are used in tobacco and alcohol advertisements to target population subgroups (including youth) and influence health behavior choices. This activity exemplifies the upstream causes pathway in that the media is the upstream cause that influences individual behavior choices to smoke or drink, which leads to health outcomes like lung cancer or cirrhosis of the liver.

Required Materials

The *Becoming Media Savvy* activity requires the following materials:

1. *Media Persuasion Techniques.*[1]

2. Tobacco and alcohol advertisements from magazines and other media, brought in by students and instructor.

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[1]   Media Literacy Project (Producer) (n.d.). Introduction to media literacy. [PDF] Retrieved from http://medialiteracyproject.org/sites/default/files/resources/Intro_to_Media_Literacy.pdf

Instructions

Follow the instructions below to implement the *Becoming Media Savvy* activity.

Prior to Class

1. Obtain copies of past or current cigarette and alcohol advertisements via magazines, newspapers, internet, etc.. For example, for tobacco advertisements, see www.legacy.library.ucsf.edu.

During Class

Handout 1

1. **Divide** students into groups, **distribute** a *Media Persuasion Technique* sheet to each group, and **assign** each group a set of persuasion techniques from the *Media Persuasion Techniques* sheet.

   NOTE: There are 21 techniques, so divide accordingly.

2. **Ask** students to identify which of their assigned persuasion techniques are represented in their collection of tobacco and alcohol advertisements.

3. Have each group share a brief description of their advertisement(s) and the media persuasion techniques that are represented.

4. When all groups have finished presenting, students may review how their assigned media persuasion techniques are consistent with advertisements shared from other groups.

Q&A

5. **Lead** a discussion using the following questions:

   a. Describe themes depicted in the advertisements, such as romance, adventure, certain demographics like age or ethnicity, etc. What types of people are shown in the advertisements? Where are the people and what are they doing?

   b. How are cigarettes and alcohol shown in the advertisements (if at all)?

   c. What do the advertisements leave out? Are risks or negative consequences of smoking and drinking illustrated (e.g., yellow teeth, stained fingers, inappropriate behavior)? How and where could you locate additional information about the negative consequences of smoking and drinking?

   d. How has your analysis of media advertisements shown you that smoking and drinking are not solely individual choices (but are also influenced by upstream causes)?

Activity 2: Tobacco Companies Uncovered

Purpose

The purpose of the *Tobacco Companies Uncovered* activity is to recognize that the tobacco industry is intentional in its efforts to recruit new smokers. Their strategic efforts are an example of an upstream cause that influences individual behavior choices like teen smoking, which can lead to health outcomes like emphysema or lung cancer.

NOTE: Although strategies discussed in this activity refer to the tobacco industry, similar strategies are often used by the alcohol industry.

Required Materials

The T*obacco Companies Uncovered* activity requires the following materials:

1. *Tobacco Industry Excerpts*[2] (provided at the end of *Lesson Two*)

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2   American Legacy Foundation (Producer) (1973). Research planning memorandum on some thoughts about new brands of cigarettes for the youth market. [html] Retrieved from http://tobaccodocuments.org/product_ design/502987357-7368.html

Instructions

Follow the directions below to implement the *Tobacco Companies Uncovered* activity:

Handout 2

1. To further emphasize strategies used by the tobacco industry to recruit new smokers and encourage current smokers to sustain their habit, evenly **distribute** *Tobacco Industry Excerpts* (provided at the end of *Lesson Four*) to students. Instruct each student to read the document (one excerpt per student, multiple students will have the same excerpt).

2. **Direct** students to form small groups with other students who read the same excerpt and record their responses to the following questions:

   a. What characteristics of adolescents are the tobacco company targeting and taking advantage of?

   b. How can students and other community members raise awareness about and not be influenced by these intentional and persuasive tactics?

   c. What are the economic advantages of targeting youth smokers?

   d. How does the tobacco industry get young, non-addicted smokers to continue smoking, even if it is unpleasant?

   e. How might a young executive working in tobacco advertising defend his/her personal values when marketing a dangerous product to youth?

Activity 3: Counter Messages: The American Legacy Foundation

Purpose

The purpose of the *Counter Messages: The American Legacy Foundation* activity is to inform students about the American Legacy Foundation's efforts to inspire students to advocate against the tobacco industry. The efforts of the American Legacy Foundation exemplify positive upstream causes that influence healthy individual behavior choices like not smoking which can lead to good health outcomes or the absence of disease.

NOTE: Similar programs such as Drug Abuse Resistance Education (DARE) and Mothers against Drunk Driving (MADD) advocate for responsible alcohol use.

Required Materials

The *Counter Messages: The American Legacy Foundation* activity requires the following materials:

1. Computer with internet access for each student. If computer access is not available, bring printed handouts from the American Legacy Foundation website.

Instructions

Follow the instructions below to implement the *Counter Messages: The American Legacy Foundation* activity:

Read

1. **Explain** the following messages to students:

   a. The American Legacy Foundation is an organization that uses its voice to spread health-promotion messages. Primarily through their *Truth* campaign, their mission is to expose the tobacco industries' intentional efforts to recruit smokers.

   b. One's voice is a powerful tool to enact change. The tobacco and alcohol industries, as discussed earlier in this lesson, use their voices, money, and influence to promote cigarette and alcohol use. Similarly, students can use their voices to counter the efforts of the tobacco and alcohol industry and instead promote healthy messages.

2. **Let** students explore The American Legacy Foundation (www.legacyforhealth.org) and Truth Campaign (www.thetruth.com) websites or read the printed handouts. If computers are limited, students may explore the website in small groups but respond to the question (from instruction #3 below) individually.

3. From what they learned from the websites or handouts, **instruct** students to list several ways that individuals and/or organizations can counter tobacco industry tactics. Share responses with the class.

Activity 4: Putting Together Public Service Announcement

Purpose

The purpose of the *Putting Together a Public Service Announcement* activity is for students to develop a public service announcement about the dangers of tobacco or alcohol use. Creating and delivering a message to serve as a positive upstream cause may influence individuals to make healthy behavior choices. Those choices may lead to good health outcomes or the absence of disease.

Required Materials

The *Public Service Announcement* activity requires the following materials:

1. Public service announcements, collected by instructor prior to class.

2. Additional materials will vary depending on students' public service announcement.

Instructions

Follow the instructions below to implement the *Public Service Announcement* activity.

Prior to Class

1. Locate sample public service announcements, such as Kaiser Permanente's *Thrive* campaign.

During Class

Read

1. **Explain** to students that a public service announcement is a form of advertising known as social marketing. Rather than using advertising and marketing techniques (as discussed earlier in the lesson) to sell a product, social marketing incorporates similar techniques to raise awareness about a health issue or the impact of upstream causes on health or to promote heathy behaviors. Public service announcements can be produced as print media like billboard and transit advertisements, brochures, and murals as well as oral communication like radio or television messages.

2. **Share** examples of public service announcements (collected by instructor prior to class).

3. **Tell** students that in opposition to the tobacco and alcohol industries' efforts to recruit new and maintain current consumers of their products, groups of students will create a public service announcement for their classmates to: 1) raise awareness about the dangers of tobacco and alcohol use, 2) promote healthy behaviors like not smoking and not drinking underage, and 3) advocate for addressing the social, economic, and political factors that contribute to tobacco and alcohol use.

4. **Refer** to the *Putting Together a Public Service Announcement* worksheet for additional details.

Handout 3

5. Divide students into groups and instruct them to begin creating a public service announcement.

   NOTE: This activity may take several class periods and can be assigned as a homework assignment.

Media Persuasion Techniques

Media literacy refers to a person's ability to identify how media techniques are used to persuade consumers to purchase products. Becoming fluent in media literacy builds critical thinking skills and encourages active participation in the media process to avoid being unconsciously influenced. Examples of media persuasion techniques include the following:

1. **Association.** Implies an association or link between a product already desired by the target audience such as fun, pleasure, beauty, security, intimacy, success, and wealth, leading consumers to believe that if they purchase the product that they will experience these positive outcomes.

2. **Card stacking.** Selects only favorable evidence and deliberately provides a false context to lead consumers to a desired conclusion or misleading impression about the product.

3. **Timing.** Places product in an ideal place at the right time.

4. **Bandwagon.** Suggests that to fit in, consumers must purchase the product. Urges consumers to "jump on the bandwagon" and participate like everyone else.

5. **Bribery.** Persuades consumers to buy a product by promising something else in return, such as a discount, rebate, coupon, or a free gift. This includes sales, special offers, contests, and sweepstakes.

6. **Charisma.** Appears firm, bold, and confident such that consumers strongly believe in the product.

7. **Newness.** Emphasizes the novelty of the product.

8. **Scientific evidence.** Gains the trust of consumers by using scientific props such as charts, graphs, statistics, or lab coats to "prove" the benefit of the product.

9. **Celebrities.** Uses a celebrity endorsement to garner extra attention and imply a level of prestige for the product.

10. **Experts.** Uses scientists, doctors, professors, lawyers, and other professionals to lend their credibility to the product.

11. **Plain folks.** Uses "regular people" to sell the product on the assumption that consumers will relate to and believe in people who look and act like themselves.

12. **Beautiful people.** Uses attractive models to catch viewers' attention and to suggest that if consumers purchase the product that they too could be beautiful.

13. **Testimonials.** Endorses the product through personal accounts of those who have benefited from them.

14. **Humor.** Attracts consumers through humor and instills a positive emotion in viewers which they may then transfer to/associate with the product in the future.

15. **Warm and fuzzy.** Stimulates feelings of pleasure, comfort and delight by incorporating sentimental images, soothing music, pleasant voices or words.

16. **Nostalgia.** Triggers past memories and emotions, and suggests that the product will offer the same positive benefits that consumers experienced in the past.

17. **Intensity.** Hypes a product by including inflammatory language: superlatives (e.g., greatest, best, most, fastest, lowest prices); comparatives (e.g., more, better than, improved, increased, fewer calories); and hyperbole/exaggeration (e.g., amazing, incredible, forever).

18. **Maybe.** Precedes unproven, exaggerated or outrageous claims about the product with "weasel words" such as may, might, can, could, some, many, often, virtually, as many as, or up to. This technique is typically "too good to be true."

19. **Repetition.** Repeats words, sounds, or images to reinforce the benefit of the product.

20. **Euphemism.** Uses creative phrasing to downplay potential negative effects associated with the product.

21. **Symbols.** Shows positive words or images linked to well established emotions or values to suggest that these benefits can be attained through use of the product.

Tobacco Industry Excerpt #1

"Though decreasing in number, younger adult smokers are a key market for [our company] because improved performance [in our company] among younger adults could contribute more to long term profitability…than could be achieved from gains in other groups."

"Strength among younger adults will ultimately yield growth in older age brackets."

"Aging of loyal younger adults creates disproportionately large gains in market share due to their increasing consumption."

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Tobacco Industry Excerpt #2

"We are presently, I believe unfairly, constrained from directly promoting cigarettes to the youth; that is, to those in the approximately twenty-one years old and under group. Statistics show, however, that large, perhaps even increasing, numbers in that group are becoming smokers each year, despite bans on promotion of cigarettes to them. If this is so, there is certainly nothing immoral or unethical about our company attempting to attract those smokers to our products. We should not in any way influence non-smokers to start smoking; rather we should simply recognize that many or most of the twenty-one and under group will inevitably become smokers, and offer them an opportunity to use our brands."

Tobacco Industry Excerpt #3

"Realistically, if our company is to survive and prosper over the long-term, we must get our share of the youth market. In my opinion this will require new brands tailored to the youth market; I believe it is unrealistic to expect that existing brands identified with an over-thirty establishment market can ever become the 'in' products with the youth group. Thus we need new brands designed to be particularly attractive to the young smoker, while ideally at the same time being appealing to all smokers."

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Tobacco Industry Excerpt #4

"For the pre-smoker and 'learner' the physical effects of smoking are largely unknown, unneeded, or actually quite unpleasant or awkward. The expected or derived psychological effects are largely responsible for influencing the pre-smoker to try smoking, and provide sufficient motivation during the 'learning' period to keep the 'learner' going despite the physical unpleasantness and awkwardness period."

Tobacco Industry Excerpt #5

"If the majority of one's closest associates smoke cigarettes, then there is a strong psychological pressure, particularly on the young person, to identify with the group, follow the crowd, and avoid being of out sync with the group's value system.... This provides a large incentive to begin smoking…. Thus a new brand aimed at the young smoker must somehow become the 'in' brand and its promotion should emphasize togetherness, belonging to group, and acceptance, while at the same time emphasizing individuality and doing one's own thing."

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Tobacco Industry Excerpt #6

"The teens and early twenties are periods of intense psychological stress, restlessness, and boredom. Many socially awkward situations are encountered. The minute or two required to stop and light a cigarette, ask for a light, find an ash tray, and the like provide something to do during these periods of awkwardness or boredom, and afford a little time-out period when confronting a stressful situation. Smoking also gives one something to do with the hands and something to talk about in a situation where otherwise one might simply have nothing to do or say. This desirable attribute of smoking should be strongly emphasized in promoting a new youth brand."

Tobacco Industry Excerpt #7

"The fragile, developing self-image of the young person needs all of the support and
enhancement it can get. Smoking may appear to enhance that self-image in a variety of ways.
If one values, for example, an adventurous, sophisticated adult image, smoking may enhance
one's self-image. If one values certain characteristics in specific individuals or types and those
persons or types smoke, then if one also smokes he or she is psychologically a little more
like the valued image. This self-image enhancement effect has traditionally been a strong
promotional theme for cigarette brands and should continue to be emphasized."

Tobacco Industry Excerpt #8

"There is a strong drive in most people, particularly the young, to try new things and
experiences. This drive no doubt leads many pre-smokers to experiment with smoking,
simply because it is there and they want to know more about it. A new brand offering
something novel and different is likely to attract experimenters, young and old, and if it
offers an advantage it is likely to retain these users."

Tobacco Industry Excerpt #9

"The smoking-health controversy does not appear important to the [youth] group because psychologically, at eighteen, one is immortal. Further, if the desire to be daring is part of the motivation to start smoking, the alleged risk of smoking may actually make smoking attractive. Finally, if the older establishment is preaching against smoking, the establishment sentiment discussed above would cause the young to want to be defiant and smoke. Thus, a new brand aimed at the young groups should not in any way be promoted as a health brand, and perhaps should carry some implied risk. In this sense the warning label on the package may be a plus."

Putting Together a Public Service Announcement

What is a public service announcement?

A public service announcement is a form of advertising known as social marketing. Rather than using advertising and marketing techniques (as discussed earlier in the lesson) to sell a product, social marketing incorporates similar techniques to raise awareness about a health issue or the impact of upstream causes on health, or to promote heathy behaviors. Public service announcements can be produced as print media like billboard and transit advertisements, brochures, and murals as well as oral communication like radio or television messages.

What is the purpose of this assignment?

Tobacco and alcohol industries use the media to sell their products and promote smoking and drinking. In this assignment, you will use similar media tactics to create an advertisement that instead "sells" a healthy message such as not smoking or drinking responsibly. Your advertisement will: 1) raise awareness about the dangers of tobacco and alcohol use, such as lung cancer and poor brain development in teens; 2) promote healthy behaviors like not smoking and not drinking underage; and/ or 3) advocate for addressing the social, economic, and political factors that contribute to tobacco and alcohol use, such as suggesting people vote in favor of a ballot measure that would require companies to remove billboards near school property.

What are the details of this assignment?

1. Choose whatever form of media you would like, such as creating a video to post on YouTube, developing a brochure to distribute in student mailboxes, writing a poem or form of spoken word to present in class or at a school assembly, or drawing a mural on chart paper to hang in the school hallway.

2. Include at least 2 of the 21 media techniques discussed in the *Media Savvy* activity.

3. Direct your public service announcement to students, teachers, and administrators at your school.

4. Ask your teacher and conduct internet- or library-based research to view examples of other public service announcements.

5. Be prepared to share your final project with the class.

Lesson Five:
Perceiving Communities through a Public Health Lens

Objective

1. To show how individuals and communities have resources (goods and services) and policies that function as both assets and barriers to health.

2. To teach students how communities can be viewed from multiple perspectives.

3. To illustrate how the physical transformation of a community can affect the health of its residents.

Outcomes

1. Students will distinguish asset-based and deficit-based approaches to categorizing a community, and describe how each approach may protect or harm the health of a community.

2. Students will understand the value of viewing communities from multiple perspectives.

3. Students will comprehend how upstream causes (e.g., social, economic, and political factors) can influence health.

Activities
Students will participate in the following three activities:

1. *Identifying Assets*

2. *Viewing a Community from Multiple Perspectives*

3. *The Perfect Neighborhood*

Activity 1: Identifying Assets

Purpose

The purpose of the *Identifying Assets*[1] activity is to examine how students view themselves, others, and communities, and to explain the benefits of seeing a community through an asset-based lens instead of a deficit-based lens.

Required Materials

The *Identifying Assets* activity requires the following materials:

1. Paper and pen or pencil for each student.

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1   Anthony Fleg, personal communication, November 2011.

Instructions

Follow the instructions below to implement the *Identifying Assets* activity.

Prior to Class

1. **Divide** the board or chart paper into two columns titled *Personal Traits* and *Community Characteristics*.

During Class

1. **Instruct** students to: 1) think of three ways they define themselves (i.e., three personal traits) and three ways they define their community (i.e., three characteristics of their community), and 2) write their responses on the corresponding column on the board.

2. As a class, **tally** the number of positive and negative factors listed in each category. **Note** if any themes emerged, such as if most students defined themselves by intangible traits (e.g., caring) and defined their community by physical appearances (e.g., clean).

3. **Ask** the following question and emphasize the take-away message:

   Without given restrictions, you were free to define yourselves and your communities however you chose, and thus could have done so in a positive or negative light. How many positive versus negative definitions did you list?

   Take-away message:

   If students described positive factors, draw attention to their natural tendency to see the good in themselves and their communities. Was it easy for them to classify themselves and their communities optimistically? While negative attributes may exist and may need to be improved, it is productive to emphasize the positive resources (goods, services, people) and policies of a community and its members. If students suggest a majority of negative responses, ask them why.

4. **Read** the following to explain how communities can be examined using a predominantly positive asset-based or a predominantly negative deficit-based approach.

   Using a deficit-based approach, a community is essentially judged based on what its apparent needs are, what it is missing, or what is "wrong" with it. Oftentimes outsiders – like the media, researchers, or others who are not part of the community – make damaging assumptions. Community members internalize the negativity, leading them to doubt their community's capabilities and true potential. Stereotypes may abound, and the positive attributes as well as helpful resources (goods, services, people) and policies of

a community may be overlooked. The negative factors listed on the class list are representative of a deficit-based approach. In contrast, an asset-based approach prioritizes the strengths of resources (goods, services, people) and policies in a community; it is the glass half-full approach. The asset-based model is critical to productively evaluating community health issues and implementing public health interventions. The positive factors listed on the class list are representative of an asset-based approach.

5. **Ask** the following question and emphasize the take-away message.

How would students feel if an outsider (e.g., media, researchers, or someone who is not part of the community) defined them or their community (especially if they did so unfavorably)? What are the advantages and disadvantages of being defined by an outsider? How does this lead to stereotypes and potentially harm the health of the community?

Take-away message:

While outsiders may provide information and resources unknown or unavailable to the community, both outsiders (e.g., media, researchers) and insiders (e.g., community members) must work collaboratively to optimize health. Just as students had the authority to define themselves and their community during the activity, public health work requires the participation of community members who deserve a voice in defining and directing their own lives. This is particularly true as community members can oftentimes best identify and leverage beneficial resources (goods, services, people) and policies that promote health.

6. Looking ahead: How *Lesson Five* prepares students for the remaining curriculum lessons.

Lesson Six requires students to identify resources and policies that serve as assets or barriers to health in their community.

Lessons Seven through *Ten* require students to leverage the resources and policies to improve the health of their communities.

Throughout the lessons, students should remember the importance of perceiving their community through an asset- rather than a deficit-based approach.

Activity 2: Viewing a Community from Multiple Perspectives

Purpose

The purpose of the *Viewing a Community from Multiple Perspectives* activity is to teach students that people, places, goods, services, issues, policies etc. can be viewed from multiple perspectives. Each perspective is worthy of consideration.

Required Materials

The *Viewing a Community from Multiple Perspectives* activity requires the following materials:

1. *Who Do You See?*[2] illustration to be copied for each student or displayed using a projector (provided at the end of *Lesson Five*).

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2   Hill, W.E. (1915). My wife and my mother-in-law. They are both in this picture - find them. (Call No. Illus. in AP101.P7 1915 (Case X) [P&P]). Washington, D.C.: Library of Congress Prints and Photographs Division.

Instructions and Discussion

Follow the instructions below to implement the *Viewing a Community from Multiple Perspectives* activity:

Handout 1

1. **Distribute** the *Who Do You See?* illustration to students or display it to the class using a projector.

2. **Provide** students time to view and interpret the image.

Q&A

3. **Ask** students the following questions:

   a. Who do you see in this image? Does everyone see the same person (older woman or younger woman)?

   b. Just as some of you viewed the image differently, what aspects of a community may some of you view differently, and why?

   c. How might different perceptions of a community affect the health of those living within it, and affect a student's ability to advocate for healthy improvements within the community?

4. **Make** an analogy between viewing an image of the woman and viewing a community; the two perspectives used to interpret this single image on a page are similar to the complexity of perspectives used to judge a community. For example, if a city decides to build a casino, some residents may view the casino as a source of employment, entertainment, and revenue while other residents may fear that it encourages gambling and drinking, and will increase violence and traffic. Both viewpoints are valid; the aim is to seek and respect opinions from both sides of an issue and work together to ensure that health is optimized.

Read

5. **Read** students the following excerpt from Collins O. Airhihenbuwa's book, *Healing Our Differences: The Crisis of Global Health and the Politics of Identity*.

   "Two men went to the cemetery to pay respect to their late wives. The first, an American, had a bouquet of roses; the second, a Nigerian, had a pot of soup. As they knelt side by side in front of their wives graves, the American asked the Nigerian, *'When do you expect your wife to eat the soup?'* The Nigerian responded, *'As soon as your wife begins to smell the roses.'*"

Q&A

6. **Ask** students the following questions:

   a. What is the key message of this excerpt?

   According to Airhihenbuwa, "This anecdote exemplifies two cultural values practiced by two men from two different cultures. Neither practice had any practical significance for the beneficiary [the deceased wife]. However, both practices have such profound cultural value that

the practical irrelevance to the foreign eye is unimportant. The study of culture is a study of ideas and values. No one culture is more important than another, just different. Cultural differences are not meant to exalt one over another but to celebrate cultural differences even as we value their similarities."

b. How does it suggest the need to respect multiple perspectives?

Evidence-based research studies suggest that resources (goods, services, people) and policies that harm the health of an individual or community should be discouraged or eliminated. However, when approaching a community to advocate for the reduction or elimination of risk factors, it is important to avoid passing judgments – like the man did in the Airhihenbuwa excerpt when he questioned why someone would bring food to a cemetery. Partnership is a necessary aspect of social advocacy, and requires those on both sides of an issue to respect each other's perspectives to reach a successful, sustainable solution that optimizes health.

c. How can the messages in the *Who Do You See?* image and the Airhihenbuwa excerpt prepare you for addressing health issues in your community?

A single image of an older and younger woman, and a quotation about cultural traditions illustrate the potential for differing yet valid viewpoints. They prepare students for future activities where students will identify resources and policies that function as either assets or barriers to health in their communities.

Activity 3: The Perfect Neighborhood

Purpose

The purpose of *The Perfect Neighborhood*[3] activity is to: 1) show students how a neighborhood can be transformed from unhealthy to healthy; 2) emphasize the power of perception in seeing a community for what it is (rather than what it is not) and for its potential to change; and 3) spur discussion about the role of student advocates in encouraging change within a community.

Required Materials

The Perfect Neighborhood activity requires the following materials:

1. Computer(s) and internet access

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3   California Newsreel, & Vital Pictures Inc. (Producer) (2008). Unnatural causes: The perfect neighborhood. [Interactive website] Retrieved from http://unnaturalcauses.org/interactivities_03.php

Instructions

Follow the instructions below to implement *The Perfect Neighborhood* activity.

During Class

1. *The Perfect Neighborhood* is an on-line activity created as a complement to the documentary series *Unnatural Causes* (viewed in *Lesson One*). The computer screen begins with a picture of a neglected neighborhood. As students scroll their mouse across their computer screens and follow the instructions, the image transforms into a thriving community. Throughout the activity, the interactive program explains how well chosen changes can impact a community for the better.

2. Depending on the availability of computers and internet, either: 1) **assign** individuals or small groups of students to a computer and instruct them to log onto *The Perfect Neighborhood* activity on the *Unnatural Causes* website at http://www.unnaturalcauses.org/interactivities_03.php and follow the instructions provided; or 2) log onto the same website and **conduct** the assignment as a class using a projector. If you do not have internet access in the classroom, print website images prior to class. Students may also conduct this assignment at home and present their findings in a report to the instructor or to the class.

3. **Facilitate** a discussion using the following questions:

   a. How does this activity relate to *Activity 1: Identifying Assets* and *Activity 2: What Do You See*? Why is it important to consider multiple perspectives when viewing the community in this activity? How is it helpful to use an asset-based approach instead of a deficit-based approach; how did the asset-based approach help change the community, whereas how would the deficit-based approach have stalled progress?

   b. What resources should be available to help neighborhoods transform? (e.g., funding, committed organizations and individuals, etc.)

   c. Can you identify neighborhoods, parks, schools, etc. that have been enhanced in your community?

   d. What aspects of your communities would you like to transform? Provide specific examples and suggestions as to how you can begin to change your community. Save this list for *Lesson Nine* when students will need to pick a topic for their health and social advocacy projects.

Who Do You See?

Lesson Six:
Identifying Community Assets and Barriers

Objectives

1. To teach students to use *PhotoVoice,* mapping techniques, or prescribed *Community Inventory* worksheets to record resources (goods and services) and policies in their community that function as assets and barriers to health.

2. To recognize real-life applications of *Lessons 1-5*.

Outcomes

1. Students will photograph, map, or conduct inventories of resources (goods and services) and policies in their community. They will determine if those resources and policies protect or harm the health of the community.

2. Students will understand their role in advocating for health improvements in their community.

Activity

Students will participate in at least one of the following three activities (listed in recommended order):

1. *PhotoVoice*

2. *Mapping*

3. *Community Inventory*

NOTE: Instructors may implement one or all of the three methods of recording community-based assets and barriers to health (listed in recommended order), or allow students to choose.

Activity 1: PhotoVoice

Purpose

The purpose of the *PhotoVoice*[1] activity is to form groups of students to photograph assets and barriers to health found in their school or local community.

Required Materials

The *PhotoVoice* activity requires the following materials:

1. Cameras or cell phones with cameras (for each student or each group of students).

2. *Release Form*, needed for photographing or interviewing individual people.

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[1] Wang, C., & Burris, M. A. (1997). Photovoice: concept, methodology, and use for participatory needs assessment. *Health Education & Behavior*, 24(3), 369-387.

Instructions

Follow the instructions below to implement the *PhotoVoice* activity.

Prior to class

1. Students will determine if they will take photographs of their school or local neighborhood. **Encourage** students to work in groups of three to six if possible.

   NOTE: Alternatively, you may complete this activity as a class field trip. If so, complete permission forms or other paperwork required by your school, arrange transportation, and recruit chaperones. Additionally, you may consider pre-arranging health-related presentations for students, such as a tour of a community clinic or interviews with staff at an adult education center. If so, encourage students to brainstorm questions prior to the event.

2. **Instruct** students to bring cameras to class to practice taking pictures that illustrate assigned scenarios.

During Class

Read

1. **Explain** the *PhotoVoice* activity using the script below:

   Now that you have learned how social, economic, and political factors may shape individual health, we will explore local communities to document what resources (goods and services) and policies you believe promote health (i.e., assets such as farmers markets) or are detrimental to health (i.e., barriers such as tobacco or alcohol advertisements).

   Take as many photographs as you would like, and choose your top 3-5 images. Print them and bring copies to class or submit (email, USB, etc.) them to me ahead of time. Write a one sentence caption to describe each image and explain why you think it represents an asset or a barrier to health. We will share and discuss photographs in subsequent sessions. Many of you will be surveying the same community and even sharing cameras. Remember to document images based on your own opinions and without influence from your peers. Please complete the project independently.

   There are no right or wrong answers, and photography skills and artistic talents are not required for this exercise.

   If you have the opportunity, engage with community members – storekeepers, shoppers, pedestrians, people you know who live or work in the community, people of all ages and backgrounds – and ask their perceptions of the primary health issues, and assets and barriers to health in the community. Ask their permission to photograph them and

record their responses. Please ask them to sign release forms – which I will provide you – indicating their permission for you to share the photograph(s) or interview notes with the class.

This technique of photographing the community from your perspective is called *PhotoVoice*. It is a popular tool used in public health and social science research (though our version of *PhotoVoice* is abbreviated). The purpose is to understand community issues from the perspective of those who live in the community, especially those who may be disadvantaged or are unable to express their opinions. Ultimately, the goal is to reflect on the PhotoVoice experience and for it to serve as a catalyst for social action and policy-level change.

Today we will decide who will visit which neighborhoods, practice using cameras to capture appropriate scenarios, and answer any questions.

2. **Ask** students to choose if they will photograph their school or their local neighborhood.

Handout 1

3. **Instruct** students to sit with groups of students surveying similar neighborhoods (e.g., students photographing the school, north section of town, shopping district, etc.). **Distribute** *Sample PhotoVoice Projects* to each group. Ensure that each student has a camera, or instruct students to partner with someone who does have a camera.

4. **Provide** students time to practice taking photographs, suggesting they document images that represent scenarios that may relate to health (e.g., social consciousness, cooperative learning, school spirit, etc.) that can be found in the classroom.

Handout 2

5. **Review** any applicable school regulations and **distribute** *Release Form*.

6. **Assign** *PhotoVoice* as homework.

Activity 2: Asset Mapping

Purpose

The purpose of the *Asset Mapping* activity is to prepare students to identify resources (goods/services) and policies that function as assets and barriers to health in their school or local community.

Required Materials

The *Asset Mapping* activity requires the following materials:

1. Detailed maps of areas to be surveyed (completed by instructor or students prior to class, example provided at the end of *Lesson Six*).

2. Stickers or markers of two distinct colors (e.g., red and green).

3. *Release Form*, needed for photographing or interviewing individual people.

Instructions

Follow the instructions below to implement the *Asset Mapping* activity.

Prior to class

Students will determine if they will photograph their school or local neighborhood. Encourage students to work in groups of three to six if possible.

NOTE: Alternatively, you may complete this activity as a class field trip. If so, complete paperwork and permission forms required by school, arrange transportation, and recruit chaperones. Students should complete their maps independently, but groups of students may survey the same location. Additionally, you may consider pre-arranging health-related presentations for students, such as a tour of a community clinic or interviews with staff at an adult education center. If so, encourage students to brainstorm questions prior to the event.

During Class

Read

1. **Describe** the *Asset Mapping* activity to students using the script below:

   Now that you have learned how social, economic, and political factors may shape individual health, we will explore local communities to document what resources (goods and services) and policies you believe promote health (i.e., assets such as farmers markets) or are detrimental to health (i.e., barriers such as tobacco or alcohol advertisements).

   You and your group will walk or bike through assigned neighborhoods. Take a pen, notebook, and two colored markers with you. You will also have a map to mark what resources (goods and services) or policies that you think are positive (assets) or negative (barriers) influences on health. Use one color marker to indicate assets and a different color to indicate barriers.

   If you have the opportunity, engage with community members – storekeepers, shoppers, pedestrians, people you know who live or work in the community – and ask their perceptions of the primary health issues, and assets and barriers to health in the community. Ask their permission to photograph and record their responses. Please ask them to sign release forms – which I will provide – indicating their permission for you to share the photograph(s) with the class.

   Though many of you will be surveying the same neighborhood, please complete the project independently; there are no right and wrong answers, so it is important to think about what we learned in class and decide on assets and barriers for yourself. After we complete the exercise, we will share responses, so be prepared to describe what you found, and how you think it affects the health of the community.

Today we will decide who will visit which neighborhoods, divide into groups, and answer any questions.

Handout 3

2. **Ask** students to indicate if they will map their school or local neighborhood. **Instruct** students to sit with groups of students mapping similar neighborhoods (e.g., students mapping the school, north section of town, shopping district, etc.). **Distribute** school or neighborhood maps to each group. Remind students to circle the area that they visit and that they may take photographs.

3. **Review** applicable school regulations and **distribute** *Release Form*.

Handout 2

4. **Assign** *Asset Mapping* activity as homework.

Activity 3: Community Inventory

Purpose

The purpose of the *Community Inventory* activity is to prepare groups of students to complete a prescribed worksheet in which they identify assets and barriers to health in commercial stores and recreational areas in their community.

Required Materials

The *Community Inventory* activity requires the following materials:

1. *Community Inventory Worksheets* (provided at the end of *Lesson Six*, and which will require a pen or pencil).

2. *Release Form*, needed for photographing or interviewing individual people.

Instructions

Follow the instructions below to implement the *Community Inventory* activity.

Prior to class

1. **Identify** several neighborhoods (with varying income levels and quality of recreational areas and commercial districts) based on the number of students and groups (three to six students per group, one group per neighborhood).

   NOTE: Alternatively, you may complete this activity as a class field trip. If so, complete paperwork and permission forms required by school, arrange transportation, and recruit chaperones. Assign students to complete all three *Community Inventory* worksheets individually, or delegate small groups of students to different neighborhoods and/or parts of the community.

During Class

1. **Describe** the *Community Inventory* activity using the *Community Inventory Worksheets* and the explanation below:

   Now that you have learned how social, economic, and political factors may shape individual health, we will explore _____ [insert chosen location(s)]. Using the worksheets that I will distribute, you will determine how resources (goods and services) and policies listed on the sheet may promote or hinder health in the community. Once finished, you will share your findings with the class. Today we will divide into (number) groups, decide who will visit which neighborhoods and be responsible for what aspects of the worksheets, and answer any questions.

2. **Instruct** students to list their top three neighborhood choices from the list provided.

3. **Determine** groups by student interest and assign students to neighborhoods in order of their choices. For example, students will be assigned to their first neighborhood choice, and hopefully this division will balance naturally. If certain neighborhoods are more popular than others, reassign students to their second and third choices.

4. **Instruct** students to sit with their groups and **distribute** the *Community Inventory* worksheets to each group.

Handout
4

5. **Provide** students several minutes to:

    a. Review the three required subsections of the *Community Inventory Worksheets* :

       Worksheet 1: exterior of commercial district
       Worksheet 2: interior of commercial store
       Worksheet 3: recreational area

    b. Determine who will complete each *Community Inventory* worksheet (recommended: minimum of two students per worksheet).

    c. Report assignments to instructor.

6. **Review** applicable school regulations and **distribute** *Release Form*.

7. **Assign** *Community Inventory Worksheets* as homework.

Handout 2

Sample PhotoVoice Projects

These photographs exemplify a typical PhotoVoice project in which students capture images representative of assets and barriers to health found in their communities. Each image is coupled with an explanatory caption.

Barrier

At left, liquor stores, with windows covered in alcohol and tobacco advertisements, dominate the landscape of this neighborhood.

Barrier

Below, abandoned lots and buildings provide space for gang, drug, and other illicit activities.

Asset

Above, vegetables grown locally are available in this neighborhood store. Signs are bilingual, and represent the primary languages spoken in this community.

Asset

At right, stores promote a sense of community and social cohesion by selling culturally relevant goods in this neighborhood.

Release Form

As part of a public health project in my school, I am identifying goods, services, and policies that influence the health of this community. I am requesting your participation in this project by allowing me to photograph or interview you and to share the images or your responses with my classmates. Photographs and interview responses will not be circulated or sold. Should you agree to participate, please read and sign below.

I hereby authorize _____ to use photographs in which I am featured or the
                                    (student name)
content of our interview for the purposes of the student's public health project. I waive the right to review the photograph or transcript prior to use.
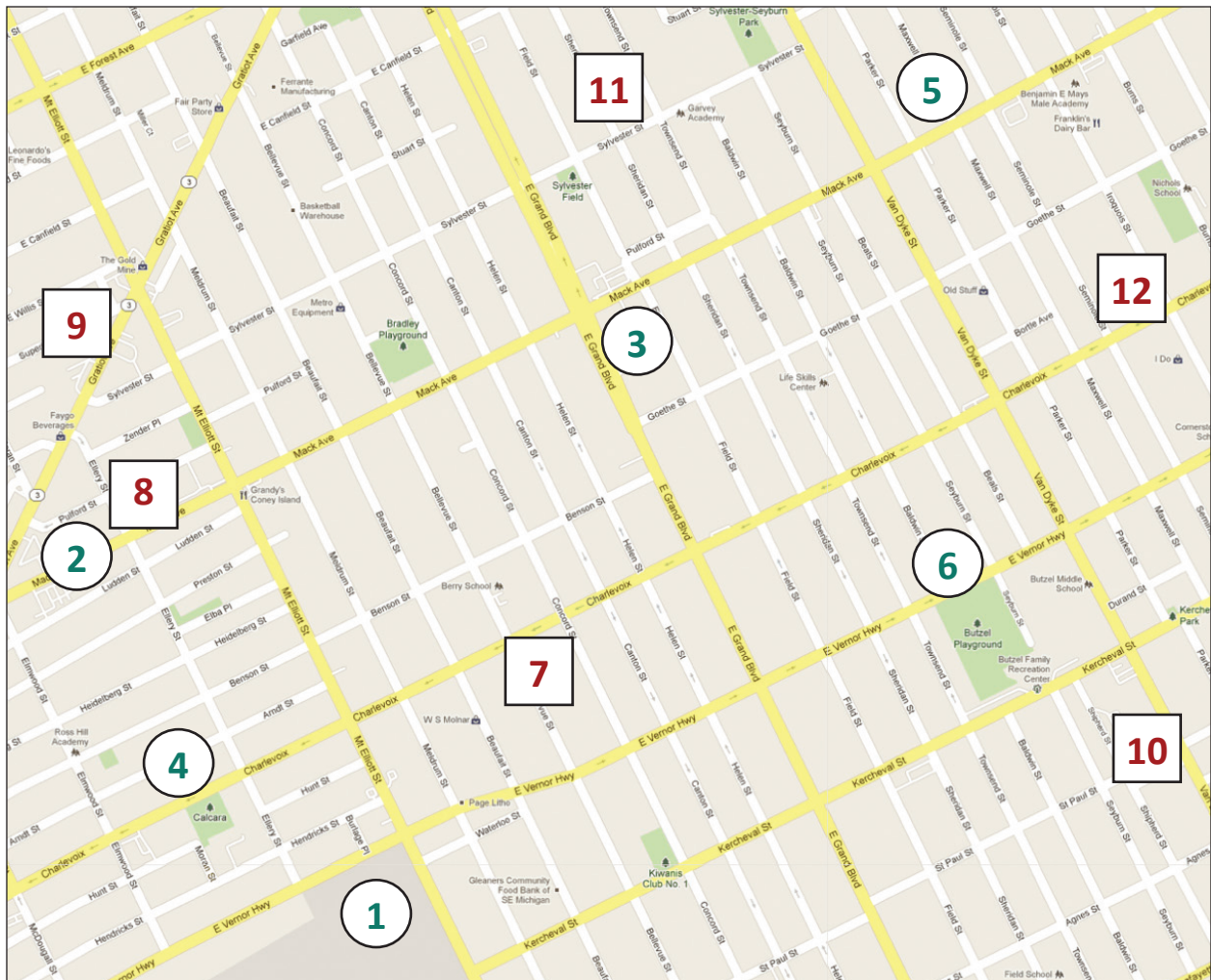
_____

Student Signature

_____

Name of School

_____

Name of person being photographed/interviewed

_____

Signature of person being photographed/interviewed

_____

Date

_____

Date

_____

Date

Assets
1. Hospital
2. Supermarket
3. Sidewalks and streetlights
4. Pharmacy
5. Mural
6. Park

Barriers
7. No bicycle lane
8. Fast food restaurant with few healthy choices
9. Bar with loitering outside
10. Abandoned building
11. Unleashed dogs
12. Traffic congestion

Map courtesy of Google Maps. (2012). Retrieved from: maps.google.com.

Lesson 6
Activity 2

Handout
3

Community Inventory Worksheet 1:
Assets and Barriers in Commercial Neighborhoods

Student Names: _____

City/Town Name: _____

Shopping District Name: _____

Street Boundaries: _____
(ex: from Main Street to South Street between 4th and 5th Avenues)

Please complete the following inventory guide, by indicating which goods and services exist in the community assigned to you. Based on your perception, identify whether you think the goods and services are assets or barriers to the health of residents. There are no right or wrong answers – just be thoughtful about your choice and be prepared to explain your decision.

RESOURCE		Student Perception	
	How many?	Asset?	Barrier?
Basic Services			
Post office	_____	☐	☐
Bank	_____	☐	☐
Check cashing store	_____	☐	☐
Salon, hair and/or nails	_____	☐	☐
Dry cleaner and/or tailor	_____	☐	☐
Laundromat	_____	☐	☐
Auto body shop	_____	☐	☐
Gas station	_____	☐	☐
Gas station with convenience store	_____	☐	☐
Other (what?) _____	_____	☐	☐

RESOURCE		Student Perception	
	How many?	Asset?	Barrier?
Stores			
Department (e.g., Target, Macy's)	_____	☐	☐
Hardware	_____	☐	☐
Clothing	_____	☐	☐
Shoe	_____	☐	☐
Sporting goods	_____	☐	☐
Gifts/boutique	_____	☐	☐
Movie rental	_____	☐	☐
Adult entertainment	_____	☐	☐
Other (what?) _____	_____	☐	☐
Food and Beverage			
Grocery store	_____	☐	☐
Convenience or corner store	_____	☐	☐
Liquor store	_____	☐	☐
Sit-down, regular restaurant (not fast food)	_____	☐	☐
Fast food restaurant (e.g., KFC, Taco Bell)	_____	☐	☐
Pizza restaurant	_____	☐	☐
Donut shop	_____	☐	☐
Smoothie store (e.g., Jamba Juice)	_____	☐	☐
Café or coffee shop (e.g., Starbucks)	_____	☐	☐
Street push cart (e.g. selling ice cream, tamales)	_____	☐	☐
Bar/pub	_____	☐	☐
Other (what?) _____	_____	☐	☐
Health Care			
Hospital and/or clinic	_____	☐	☐
Drug store (e.g., CVS, Walgreens)	_____	☐	☐
Optometry office or optical shop (e.g., Lenscrafters)	_____	☐	☐
Doctor's office	_____	☐	☐
Dentist office	_____	☐	☐
Chiropractic office	_____	☐	☐
Other health-related office _____	_____	☐	☐

RESOURCE   Student Perception

	How many?	Asset?	Barrier?
Education			
Elementary school	_____	☐	☐
Middle school	_____	☐	☐
High school	_____	☐	☐
College or university	_____	☐	☐
Charter school	_____	☐	☐
Pre-school	_____	☐	☐
Adult education school	_____	☐	☐
Other (what?) _____	_____	☐	☐
Social and/or Cultural Venues			
Movie theatre	_____	☐	☐
Museum	_____	☐	☐
Library	_____	☐	☐
Performing arts center (e.g., dance, martial arts, drama)	_____	☐	☐
Community center	_____	☐	☐
Church, parish, synagogue, etc.	_____	☐	☐
Other (what?) _____	_____	☐	☐
Transportation			
Bus stop	_____	☐	☐
Train/light rail station	_____	☐	☐
Airport	_____	☐	☐
Other (what?) _____	_____	☐	☐
Other			
Bicycle racks	_____	☐	☐
Trash cans	_____	☐	☐
Public toilet	_____	☐	☐
Other (what?) _____	_____	☐	☐
Other (what?) _____	_____	☐	☐
Other (what?) _____	_____	☐	☐

Community Inventory Worksheet 2:
A Closer Look at Commercial Resources

Student Names: _____

City/Town Name: _____

Store Name and Location: _____

Type of Store: ☐ Grocery
                 ☐ Corner/Convenience

Please complete the following assessment to evaluate the positive and negative aspects of a grocery or corner/convenience store located in the community assigned to you. In particular, evaluate risk factors discussed in earlier class lessons, such as smoking, alcohol consumption, and poor diet.

TOBACCO
(tobacco products, snuff, chew, cigars)

1.   Are tobacco products sold at this location?
             ☐ Yes
             ☐ No

2.   Location of tobacco products in store (check all that apply):

           In locked cases/ enclosed area (clerk access only)?
             ☐ Yes, at eye-level or above
             ☐ Yes, below eye-level
             ☐ No

           In open cases behind counter/register?
             ☐ Yes, at eye-level or above
             ☐ Yes, below eye-level
             ☐ No

           In open shelves/racks in store/self-service?
             ☐ Yes, at eye-level or above
             ☐ Yes, below eye-level
             ☐ No

3.   Is there a sign posted that tobacco products will not be sold to minors?
☐ Yes
☐ No

4.   Is there a sign posted that identification of minors will be checked?
☐ Yes
☐ No

Tobacco Advertising on Outside of Store

5.   Tobacco product advertising on **outside** of store:
Percent of tobacco product advertising covering all windows, walls, and doors.

0-25%	26-49%	50-74%	75-100%
☐	☐	☐	☐

6.   Tobacco product advertising on **outside** of store:
Number of ads on exterior windows, walls, doors, and freestanding signs.

_____ Number of tobacco product advertisements

_____ Number of promotional ads (buy one pack-get one free and gift rewards)

Tobacco Advertising on Inside of Store

7.   Tobacco product advertising on **inside** of store:
Percent of tobacco product advertising covering all windows, walls, and doors.

0-25%	26-49%	50-74%	75-100%
☐	☐	☐	☐

8.   Tobacco product advertising on **inside** of store:
Number of advertisements on interior windows, walls, doors, and freestanding signs.

_____ Number of tobacco product advertisements

_____ Number of promotional ads (buy one pack-get one free and gift rewards)

Location of Tobacco Product Advertising Inside of Store

9.   Are any tobacco product ads located next to candy?
☐ Yes
☐ No

10.   Are any tobacco product ads located at three feet or below (child's eye level)?
☐ Yes
☐ No

11. Are any of the following items found in the store that have tobacco advertising/logos on them?

	Yes	No
a. Display cases	☐	☐
b. Baskets or carts	☐	☐
c. Clocks	☐	☐
d. Other (what?) _____	☐	☐

ALCOHOL
(beer, wine, hard liquor)

12. Is alcohol sold at this location?
☐ Yes
☐ No

13. Is there a sign posted that alcohol will not be sold to minors?
☐ Yes
☐ No

14. Is there a sign posted that identification of minors will be checked?
☐ Yes
☐ No

Alcohol Advertising on Outside of Store

15. Alcohol advertising on **outside** of store: Percent of alcohol advertising covering all windows, walls, and doors.

0-25%	26-49%	50-74%	75-100%
☐	☐	☐	☐

16. Alcohol advertising on **outside** of store: Number of ads on exterior windows, walls, doors, and freestanding signs.

_____ Number of Alcohol Advertisements

_____ Number of Promotional Ads

Alcohol Advertising on Inside of Store

17. Alcohol advertising on **inside** of store: Percent of alcohol advertising covering all windows, walls, and doors.

0%	1-10%	11-25%	26-50%	51-100%
☐	☐	☐	☐	☐

18.   Alcohol advertising on **inside** of store: Number of ads on interior windows, walls, and doors.

_____ Number of Alcohol Advertisements

_____ Number of Promotional Ads

PRODUCE AND FOOD
(fruits, vegetables, dairy, meats, beans, grains, etc.)

19.   Is there a butcher/fresh meat counter?
☐ Yes
☐ No

20.   Is there a fresh fish counter?
☐ Yes
☐ No

21.   Is there a bakery?
☐ Yes
☐ No

22.   Mark the number of types of the following items available in the store:
Count all **types** and brands separately, and all **sizes** as the same. (i.e., Pringles and Ruffles count as two different types of chips. A large bag of Doritos and a small bag of Doritos count as just one type.)

	0	1-5	6-10	11-15	16-20	21-40	40+
a. Number of different **fresh vegetables** available.	☐	☐	☐	☐	☐	☐	☐
b. Number of different **fresh fruits** available.	☐	☐	☐	☐	☐	☐	☐
c. Number of different **chips** available (include potato and tortilla chips, and Cheetos).	☐	☐	☐	☐	☐	☐	☐
d. Number of different **prepared desserts** available.	☐	☐	☐	☐	☐	☐	☐
e. Number of different types of **bottled water** available (include sparkling and flavored water.)	☐	☐	☐	☐	☐	☐	☐
f. Number of different **flavors of soda** available.	☐	☐	☐	☐	☐	☐	☐

23.   Where are the majority of the fresh fruits and vegetables located?

Close to door	Close to cashier	Outside store	Back of store	Side of store	Center of store	Not applicable
☐	☐	☐	☐	☐	☐	☐

24. On a scale of 1-5, with 1 being "Almost all", and 5 being "None", how would you rate the following statements:

	Almost all	Most	Some	A little	None	Not applicable
	1	2	3	4	5	
a. Produce is overripe or old	☐	☐	☐	☐	☐	☐
b. Produce is bruised	☐	☐	☐	☐	☐	☐

25. On a scale of 1-5, with 5 being "Strongly Agree", how would you agree with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not applicable
	1	2	3	4	5	
a. Produce section is clean	☐	☐	☐	☐	☐	☐
b. Produce section is well-maintained	☐	☐	☐	☐	☐	☐

26. Out of the total number of aisles in the store, approximately how many aisles contain the following? Mark **1** for entire aisle, **1/2** for partial aisle, etc.

_____ Total number of aisles in store

_____ Total number of food aisles

_____ Number of fresh fruit and vegetable aisles

_____ Number of alcohol aisles

_____ Number of snack food aisles

_____ Number of cookies and candy aisles

_____ Number of soft drink aisles

APPEARANCE OF STORE

27.   On a scale of 1-5, with 5 being "Strongly Agree", rate the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not applicable
	1	2	3	4	5	9
a. Interior of store is clean	☐	☐	☐	☐	☐	☐
b. Interior of store is well-lit	☐	☐	☐	☐	☐	☐
c. Store has well-maintained parking lot	☐	☐	☐	☐	☐	☐
d. Store has people loitering (or hanging out) at entry or in parking lot	☐	☐	☐	☐	☐	☐
e. Exterior of store has graffiti	☐	☐	☐	☐	☐	☐
f. Exterior of store is inviting (landscaping, food displays, flowers)	☐	☐	☐	☐	☐	☐

Community Inventory Guide:
Assets and Barriers in Park and Recreation Sites

Student Name: _____

City/Town Name: _____

Park/Recreation Site Name: _____

Please complete the following inventory guide, indicating which resources exist in the selected park/recreation site and rating the condition of such resources. **Select a park that is large enough to have a play yard and area for sports.**

1. Are hours of operation posted?
    ☐ Yes
    ☐ No

    Hours of operation:
    Monday – Friday: _____ :_____ **to** _____ :_____

    Saturday: _____ :_____ **to** _____ :_____

    Sunday: _____ :_____ **to** _____ :_____

2. Size of **outdoor** space:
    ☐ Small = one square block or less
    ☐ Medium = greater than one square block and smaller than four square blocks
    ☐ Large = more than four square blocks

3. Are there fees associated with the use of this facility?
    ☐ No fee
    ☐ Fee for single use
    ☐ Monthly fee
    ☐ Other (please describe): _____

4. Please rate all relevant components of the facility based upon the following definitions:

Resource	Poor =1	Mediocre = 2	Good = 3	Excellent = 4
Baseball Field **Number:** _____ **Rating:** _____ **(1-4)**	Surface of field is uneven, unsafe, no overhead lighting, no benches for players, fencing in poor condition or nonexistent	Surface of fields is uneven, slightly unsafe, no overhead lighting, benches available for dugouts, some fencing, but not all intact	Surface of fields is uniform, no rocks/barriers to running bases, no overhead lighting, benches available for dugout, intact backstop fencing	Surface of fields is uniform, no rocks/barriers to running bases, overhead lighting, benches for dugouts, bleachers for spectators, intact backstop fencing
Basketball Court (count half courts) **Number:** _____ **Rating:** _____ **(1-4)**	Court or hoop is in very bad condition, almost unusable	Hoop is missing a net, rim is bent, court has cracks or weeds	Hoop is straight and has a net or chain, court is playable	Surface of court is uniform with no cracks, hoop is straight, benches for players, bleachers for spectators
Benches **Number:** _____ **Rating:** _____ **(1-4)**	Benches are in bad condition, unusable	Benches are missing some paint or boards, may be crooked, but are otherwise usable	In good condition but have minor flaws	All benches in good condition with no flaws
Drinking Fountains **Number:** _____ **Rating:** _____ **(1-4))**	Either all are broken or there are none	2+ of total fountains not in working operation	1 of total fountains not in working operation or all fountains in working operation but unclean surrounding area	All fountains are in clean working order with clean surrounding areas
Lighting **Rating:** _____ **(1-4)**	Area has limited or no lighting, inadequate for safety	There is some lighting, but could be improved for safety	Area or building has effective overhead lighting which is sufficient for safety	Area or building has effective overhead lighting which is sufficient for safety, and lit security call boxes
Picnic Tables **Number:** _____ **Rating:** _____ **(1-4)**	Tables in need of major repair, unclean, unusable	Tables are usable, but need minor repair, partially clean	Tables are sturdy and in good condition, clean	Tables are sturdy and uniform in great condition, immaculate

Resource	Poor =1	Mediocre = 2	Good = 3	Excellent = 4
Shelters **Number:** _____ **Rating:** _____ (1-4)	Structures are not intact, seating/ tables are in major need of repair or are missing, no overhead lighting or drinking fountains	Structures are intact, provide protection from weather, seating/ tables are usable but need minor repair, no overhead lighting or drinking fountains	Structures are intact, provide protection from weather, and contain clean seating/tables, no overhead lighting or drinking fountains	Structures are intact, provide protection from weather, and contain clean seating/tables, overhead lighting, and drinking fountains
Soccer Field **Number:** _____ **Rating:** _____ (1-4)	Grass coverage may be poor in 50% or more of the field, rough surface, hazards and/or trash on the field	Grass coverage may be sparse in a few places, grass may be too high, some trash or debris on field	Field has uniform grass coverage and is well mowed, no trash or debris on field	Field `has uniform grass coverage and is well mowed, no trash or debris on field, furnished and intact nets, benches for players
Tennis Courts **Number:** _____ **Rating:** _____ (1-4)	Courts have cracked surface, nets are in major need of repair, debris is evident, almost unusable	Court surface and nets are in need of some repair, but otherwise usable	Tennis court surface and nets are in fairly good condition	Tennis court surface and nets are in excellent condition
Trash Containers **Number:** _____ **Rating:** _____ (1-4)	Unclean and/or in poor condition, too few available for needs, overflowing with trash	Partially unclean or less than perfect condition, but scattered throughout facility and usable	Clean on exterior, scattered throughout, not overflowing with trash	Clean on exterior and surrounding area, numerous cans available throughout facility and/or recycling cans
Bathrooms **Number:** _____ **Rating:** _____ (1-4)	No permanent bathroom present (i.e. Porta-Potty); bathroom is not clean, not well-stocked; more than 50% of fixtures are in disrepair	Bathroom is fairly clean, stocked	Bathroom is clean, well-lit, stocked; one-two stalls per bathroom available	Bathroom is clean, well-lit, stocked; three+ stalls per bathroom available

Resource	Poor =1	Mediocre = 2	Good = 3	Excellent = 4
Fences or Walls **Number: _____** **Rating: _____** **(1-4)**	Much fencing or wall is missing or needs to be repaired; parts are unsafe	May need minor repair in a few places, but is not dangerous	Intact and in good condition	Intact and in great condition, aesthetically pleasing
Landscaping Efforts (does not include grass or trees) **Rating: _____** **(1-4)**	No attempts have been made at landscaping outside of grass	Shrubs or flowering plants in ground, but do not appear healthy and/or colorful; existing weeds	Attractive live shrubs and/or flowering plants, no weeds	Live shrubs or flowering plants, no weeds, decorative material such as rock or mulch
Trees and Shading **Rating: _____** **(1-4)**	No trees/no shading available	Small trees planted, but provide inadequate shading	Medium sized trees with adequate shading present	Large trees with ample shading provided, especially over seating areas and tables
Play Equipment (count each stand-alone structure) **Number: _____** **Rating: _____** **(1-4)**	Several pieces are in need of major repair and is almost or unusable, and there is a lot of trash	Some equipment is in need of minor repair and there is some trash	In good condition, variety of pieces, ground in good condition, well-kept and clean, < 20 pieces available	In excellent condition, variety of pieces, ground in good condition, well-kept, clean, > 20 pieces available
Play Area Surface (skip if no play area present) **Rating: _____** **(1-4)**	Concrete, asphalt, gravel	Bare ground, sand	Wood chips, grass	Soft foam
Play Area Wall/ Fence (skip if no play area present) **Rating: _____** **(1-4)**	No perimeter wall/fence	Partial perimeter wall/ fence	Complete perimeter wall/ fence	Complete perimeter wall/fence with limited entry or exit access (i.e., latch gates)

Resource	Poor =1	Mediocre = 2	Good = 3	Excellent = 4
Play Equipment Close to Street Rating: _____ (1-4)	Equipment less than 15 feet away from a busy street	Equipment more than 15 feet away from a busy street	Equipment less than 15 feet away from a residential street	Equipment more than 15 feet away from a residential street
Boundaries Rating: _____ (1-4)	All boundaries surrounded by busy street(s)	25-50% of boundaries surrounded by busy street(s)	< 25% of boundaries surrounded by busy street(s)	No boundaries surrounded by busy street(s)
Dog Waste Rating: _____ (1-4)	A lot, very noticeable	A moderate amount, noticeable	A little, but hardly noticeable	No dog waste present
Dogs Unattended Rating: _____ (1-4)	Many dogs unattended, definitely unsafe, may be associated noise	Moderate number of dogs unattended; noticeable; may be associated noise	Very few dogs unattended; safe, hardly noticeable	No dogs unattended
Evidence of Alcohol Use Rating: _____ (1-4)	A lot, very noticeable, bottles may be obstructing some equipment/trails	Moderate amount, noticeable	Small amount, hardly noticeable	No bottles or cans visible
Graffiti/Tagging Rating: _____ (1-4)	A lot of graffiti, very noticeable; may be covering walls and equipment	Moderate amount of graffiti, noticeable	Small amount of graffiti present; hardly noticeable	No graffiti present
Litter/Trash/ Broken Glass Rating: _____ (1-4)	Many items on the ground; very noticeable	Moderate number of items on the ground; noticeable	Very few items on the ground; hardly noticeable	None
No Grass Rating: _____ (1-4)	A large area without grass (more area without grass than with grass)	A moderate portion of the area without grass	A small area without grass	All appropriate areas covered with grass

Resource	Poor =1	Mediocre = 2	Good = 3	Excellent = 4
Overgrown grass or weeds **Rating:** _____ (1-4)	A lot, very noticeable, may be obstructing some equipment	A moderate amount, noticeable	A little bit, hardly noticeable	All grass is well maintained and not overgrown, no weeds
Vandalism **Rating:** _____ (1-4)	Very noticeable, more equipment in disrepair than in good order because of vandalism; signs of vandalism are obvious	Noticeable, more than a few pieces of equipment or regions of the space have been rendered unusable by vandalism	Hardly noticeable, but it appears up to a few pieces of equipment or an area of outdoor space has been defaced	None
Public Art **Count:** _____ **Rating:** _____ (1-4)	1 small piece (less than three feet in height or width)	2 small pieces (less than three feet in height or width)	3-4 small pieces or one large piece (greater than three feet in height or width)	5+ small pieces or two+ large pieces (greater than three feet in height or width)

Lesson Seven:
Leveraging Community Assets and Overcoming Barriers

Objectives

1. To review *PhotoVoice*, *Asset Mapping*, and *Community Inventory* activities (from *Lesson Six)* to prepare for *Lesson Seven* activities.

2. To compile a list of assets and barriers to health identified in *PhotoVoice*, *Asset Mapping*, and *Community Inventory* activities (from *Lesson Six)*.

3. To brainstorm advocacy solutions that address health issues identified during *PhotoVoice*, *Asset Mapping*, and *Community Inventory* activities (from *Lesson Six)*.

Outcomes

1. Students will understand that communities have both assets and barriers to health.

2. Students will understand that they can help leverage assets and reduce/remove barriers to optimize the health of the community.

Activities
Students will participate in the following three activities:

1. *Results from PhotoVoice, Asset Mapping*, and *Community Inventory* (from *Lesson Six)*

2. *Compilation of Assets and Barriers to Health*

3. *Social Advocacy Brainstorm*

Activity 1: Results from PhotoVoice, Asset Mapping, and Community Inventory

Purpose

The purpose of the *Results from PhotoVoice, Asset Mapping, and Community Inventory* activity is for students to share their photographs, asset maps, and community inventories from *Lesson Six*, and to reflect on their experiences.

Required Materials

The *Results from PhotoVoice, Asset Mapping, and Community Inventory* activity requires the following materials:

1. Photographs, completed asset maps, and/or completed *Community Inventory Worksheets*

Instructions

Follow the instructions below to implement the *Results from PhotoVoice, Asset Mapping, and Community Inventory* activity:

1. **Divide** students into small groups. To allow students to compare assets and barriers across communities, ensure that each group represents a combination of the communities visited. It is not necessary to balance the number of students who completed PhotoVoice, asset mapping, or community inventories per group.

   According to the method they used (i.e., PhotoVoice, asset mapping, or community inventory), **instruct** students to answer the corresponding prompts and share responses with their group members. In other words, students who completed PhotoVoice will respond to questions in Section "a," students who completed asset maps will respond to questions in Section "b," and students who completed community inventories will respond to questions in Section "c" following.

   a. PhotoVoice

   The SHOWED[1] method is a standard set of probes used to engage PhotoVoice participants in reflection, with the goal of eliciting responses to *what, so what,* and *now what.* Below is an adapted version of the five common questions used:
   - What do you see in the photograph? What is visually straightforward or obvious? What assets or barriers to health can you identify?
   - What is really happening in the photograph? In the photograph, what assets or barriers to health are not obvious?
   - How does this photograph relate to our lives? What does this photograph mean to you and why did you choose it?
   - Why does this asset or barrier to health exist? What upstream causes have led to the situation in the photograph?
   - How can this photograph educate others about upstream causes of health?
   - What can you do to address the assets and barriers identified in the photograph, especially as related to social advocacy?

   b. Asset Mapping
   - Describe the neighborhood you visited.
   - Discuss 1-2 assets to health that you identified. How are the assets positively serving or impacting the community?
   - Discuss 1-2 barriers to health that you identified. What upstream causes may have created the barriers?

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1   Wang, C., & Burris, M. A. (1997). Photovoice: concept, methodology, and use for participatory needs assessment. *Health Education & Behavior*, 24(3), 369-387.

- • How can your map and experience documenting community assets and barriers help address upstream causes of health?
- • What social advocacy efforts could you implement to improve the health of your community?

c. Community Inventory
- • Describe the results of your *Community Inventory Worksheet*.
- • Did you find both assets and barriers to health? Which places or items listed on the Community Inventory can be both an asset and a barrier to health, and why?
- • What was most surprising about your experience?
- • Did you encounter challenges completing the *Community Inventory*? If so, how did you overcome these challenges?
- • How can the results of the *Community Inventory* and your experience documenting assets and barriers in the community help to address upstream causes of health?
- • What social advocacy efforts could you implement to improve the health of your community?

2. **Tell** students to keep any notes from their small group discussion for the next activity.

Activity 2: Compilation of Assets and Barriers to Health

Purpose

The purpose of the *Compilation of Assets and Barriers to Health* activity is to list those resources (goods and services) and policies that serve as assets and/or barriers to health discovered in the *PhotoVoice, Asset Mapping*, and *Community Inventory* activities. These will be used to inform students' health and social advocacy projects.

Required Materials

The *Compilation of Assets and Barriers to Health* requires the following materials:

1. Photographs, completed asset maps, completed *Community Inventories* (from *Lesson Six).*

2. Notes from previous activity (*Results from PhotoVoice, Asset Mapping, and Community Inventory*).

3. Chart paper.

4. Markers.

Instructions

Follow the instructions below to implement the *Compilation of Assets and Barriers to Health* activity:

1. **Divide** students into small groups, according to the communities visited (if possible).

2. **Distribute** chart paper and markers to each group, and instruct students to divide paper into two columns, titled Assets and Barriers.

    a.   Using results and students' recall from the P*hotoVoice, Asset Mapping*, and *Community Inventory* activities, students will list all possible assets and barriers to health found in the community that they visited.

    b.   Once finished, each group will share results out loud. Groups will share additional unique assets and barriers (those not mentioned by previous groups), until one final list is compiled. Instructor or student scribe will record answers on a separate chart paper. Keep this class list for future use in *Lesson Eight* activity, *Health Advocacy Projects*.

3. During the next activity, students will **brainstorm** social advocacy projects that address the assets and barriers identified from the collective class list. Health and social advocacy projects may leverage resources and policies that promote health (assets) or remove resources and policies that harm health (barriers), all in an attempt to improve a specific health issue. For example:

What is the barrier you identified?

Lack of traffic signage at busy intersection near school campus. Many students walk, bicycle, or skateboard to school and are at risk for injury when cars do not see them or stop to let them cross the street.

What will you do to address it, including what resources will you need?

Photograph the intersection and record testimonials from students who describe the dangers of their daily commute to and from school. Conduct research about traffic safety (e.g., statistics) and about other social advocacy efforts that have been used to address traffic safety in other communities. Collaborate with school administrators and present this information to the city's engineering and public works department. Request that a Student Crossing sign be erected.

What health issue are you addressing?

Physical injury.

Activity 3: Social Advocacy Brainstorm

Purpose

The purpose of the *Social Advocacy Brainstorm* activity is to demonstrate how a group of individuals can unite through advocacy efforts to create change in their community and how essential collaboration is to this effort.

Required Materials

The *Social Advocacy Brainstorm* activity requires the following materials:

1. Ball of yarn or string.

2. Comprehensive list of assets and barriers developed in *Activity 2: Compilation of Assets and Barriers to Health.*

Instructions

Follow the instructions below to implement the *Social Advocacy Brainstorm* activity.

1. **Instruct** students to form one large circle facing each other.

2. **Choose** one resource (goods and services) or policy that was considered a barrier from the collective class list from the previous activity (*Compilation of Assets and Barriers*)

3. **Explain** that one student will start by holding the ball of yarn and describing a social advocacy effort that addresses the chosen barrier. Then, still holding one end of the yarn, he/she will pass the yarn ball to another student who will either suggest an action that builds on the idea proposed or brainstorm a new social advocacy effort. Students will continue passing (and holding onto one end of) the yarn ball to other classmates who will either augment any social advocacy idea that has been stated or contribute their own new ideas. Encourage students to think of their answers as the ball is being passed. While students participate in the activity, record social advocacy ideas on chart paper.

   For example:

   a. If the community barrier is the unkempt condition of a park, a student may first suggest recruiting friends to dedicate a Saturday to cleaning and gardening. To support this specific strategy, another student may suggest that he/she would write to local hardware stores to request donations like paint and rakes to help the Saturday clean-up. Or, a student may suggest his/her own idea, such as collecting signatures for a petition or testifying at a local city council meeting to request city funds to maintain the park.

   b. Students may leverage ideas from the Assets List in *Lesson Seven, Activity 1*. Encourage students to think of projects that start from within the community, and use existing positive assets, such as such as parent volunteers and local resources, to make the community healthier instead of relying on outside help.

   c. Once a student voices his/her ideas, he/she will pass the ball of yarn, still holding onto the end of it, to a new student (not immediately to his/her left or right) who will either expand upon any previously mentioned idea, or contribute a new idea until every member of the class has participated. By the end of the activity students will be connected to each other by the ball of yarn.

4. If brainstorming advocacy ideas for one barrier is challenging for a large group, **add** a second barrier to foster more lively participation.

Read

5. **Emphasize** the following conclusion (and transition) to students:

It is possible for small ideas and individual people to be connected to a larger problem and to make a difference. The circle of students connected by string symbolizes how students and community members can work together to contribute their collective ideas in an effort to create change, known as social advocacy. The process of local people—those without official titles or positions in government—working together to improve their community, or addressing issues which they are passionate about, is a form of advocacy, often referred to as community organizing or grassroots movements.

In the remaining curriculum lessons, students will choose a topic of interest and begin health and social advocacy projects.

Q&A

6. **Facilitate** a discussion using the questions below:

   a. What did you observe? What did you learn?

   b. Were your suggestions feasible; why or why not? If the suggestions were not feasible, what resources would be needed for them to become more practical?

   c. How helpful or important is it to use existing assets within the community to reduce barriers (instead of starting from scratch or seeking resources from outsiders)?

   d. What types of people and/or organizations could you enlist to help (e.g., elected officials, local business people, school administrators, service clubs)?

Lesson Eight:
Understanding Health and Social Advocacy

Objectives

1. To use Camara Jones' *Cliff Analogy* to review upstream causes of health.

2. To understand that efforts to improve the health of a community take place at the individual, service, and activism levels.

3. To review existing health advocacy efforts.

Outcomes

1. Students will review the upstream causes of health pathway.

2. Students will describe how advocacy strategies at the individual, service, and activism levels impact communities differently.

3. Students will use examples of local and national advocacy efforts as models for their own health advocacy projects.

Activities

Students will participate in the following three activities:

1. *Upstream Causes Analogy*

2. *Health and Social Advocacy Continuum*

3. *Health and Social Advocacy Review*

Activity 1: Upstream Causes Analogy

Purpose

The purpose of the *Upstream Causes Analogy* activity is to use Camara Jones' Cliff Analogy to review upstream causes of health.

Required Materials

The *Upstream Causes Analogy* requires the following material:

1. Camara Jones' *Cliff Analogy* article:

    CP Jones, CY Jones, Perry, Barclay, and CA Jones. (2009). Addressing the social determinants of children's health: The cliff analogy. Journal of Health Care for the Poor and Underserved, 20 , 1-12. Retrieved from www.vdh.virginia.gov/healthpolicy/healthequity/documents/cliff-analogy.pdf.

Instructions

Follow the instructions below to implement the *Health and Social Advocacy Continuum* activity.

Prior to Class

1. **Review** Camara Jones' social determinants of health research, particularly her description of the cliff analogy, which is similar to the *Upstream Causes Story* described in *Lesson One*. Be prepared to describe and present the article's content to the class (using Jones' slideshow images and the Curriculum notes as a guide).

   Camara Jones, MD, MPH, PhD, is an accomplished leader in the field of public health and an advocate for addressing the social determinants of health to promote health equity and reduce health disparities.

During Class

1. **Summarize** and discuss Camara Jones' *Cliff Analogy*.

2. Note the similarities between her cliff analogy and the *Upstream Causes Story* in *Lesson One*. **Read** the following take away message:

   While it is possible to protect individuals by reacting to their health needs (such as providing ambulances or nets for people who fall off a cliff) it is more effective to investigate the root causes of problems (such as looking up to the cliff to see where and why people are falling). It is more equitable and likely to reduce disparities (because some individuals, for instance, may have no ambulances or torn nets) if entire populations are prevented from having poor health in the first place (such as moving everyone away from the cliff to avoid falling). Prevention efforts for all populations are especially important, as all groups of people are at risk and deserve to have good health, not just those from certain population subgroups with access to resources (such as those with durable fences, up-to-date ambulances, or sturdy nets).

   NOTE: While Camara Jones discusses racism and social and health inequities in her article, these concepts are complex and beyond the intent of this curriculum. We have simplified her message for this lesson.

Activity 2: Health and Social Advocacy Continuum

Purpose

The purpose of the *Health and Social Advocacy Continuum* activity is to illustrate different levels of social action, emphasizing that the greatest and most sustainable community improvements occur through activism and policy-level changes. In subsequent activities and lessons, students will address a health issue in their community at each level of the advocacy continuum (individual, service, activism).

Recommended Materials

The following materials are recommended (but not required) for the *Health and Social Advocacy Continuum* activity:

1. *Just Health Action* articles.

   Gould, L, Mogford, E. & Devoght, A. (2010). Successes and challenges of teaching the social determinants of health in secondary schools: Case examples in Seattle, Washington. Health Promotion Practice, 11(3), Suppl, p26S-33.

   Mogford, E., Gould, L. & Devoght, A. (2010). Teaching critical health literacy as a means to action on the social determinants of health. Health Promotion International. 10, 1093.

Instructions

Follow the instructions below to implement the *Health and Social Advocacy Continuum* activity.

Prior to Class

1. **Review** *Just Health Action*'s articles to learn about the organization from which the *Health Advocacy Continuum* was adapted. *Just Health Action* is a Seattle-based non-profit organization that develops and implements multi-pronged educational initiatives to raise awareness about social determinants of health and reduce health disparities. The *Social Advocacy Continuum* has been adapted from their model.

During Class

1. Using the framework below, **describe** *Just Health Action*'s three levels of social action: individual, service, and activism. The example describes how to enhance physical activity to help reduce health outcomes such as obesity, diabetes, and heart disease.

   Level: Individual

   Definition: Action that benefits yourself or a single person.

   Example: One student exercises independently after school.

   Level: Service

   Definition: Action that benefits a small group.

   Example: A consortium of high schools provides free intramural athletic programs for all interested students.

   Level: Activism

   Definition: Sustainable action that benefits a large group.

   Example: State laws require schools to integrate physical activity breaks into regular academic schedules, such as five-minute breaks to stretch and walk at the start of each class. Instructors are held accountable by school administration to enforce these regulations.

2. **Divide** students into small groups, and assign each group a different issue related to health such as asthma, lead poisoning, substance abuse, unplanned pregnancy, or bullying.

3. **Instruct** students to brainstorm actions that address their assigned issue at each level of the advocacy continuum (individual, service, and activism). Students may record their responses in a similar format as the example below, and when finished will share results out loud with the class.

Sample Assigned Topic: Injury prevention, bicycle/skateboarding/ scooter helmets on school campus.

Individual	Service	Activism
Wear a helmet when using a bicycle, skateboard, or scooter. Encourage a friend to wear a helmet by telling him/her that helmets can help prevent head injuries.	Collaborate with health instructors and school principal to offer educational classes for students that teach about the dangers of not wearing a helmet. Partner with a parent-teacher organization to raise and sustain funds to provide helmets at orientation to all incoming freshmen.	Enact school policies that require students who use bicycles, scooters, or skateboards on campus to wear a helmet. Monitor school personnel to ensure they enforce policies and cite people who do not wear a helmet.

Activity 3: Health and Social Advocacy Review

Purpose

1. The purpose of the *Health and Social Advocacy Review* activity is to help students brainstorm project ideas by having them discuss existing local and national health and social advocacy efforts.

Required Materials

The *Health and Social Advocacy Review* activity requires the following materials:

1. Print, web, or other media describing local or national advocacy actions by individuals or groups (collected by each student). For example:

   a. A newspaper article highlights the growing number of overweight children and notes that a park with playgrounds and sports fields is not utilized to full capacity. It describes how local residents are trying to increase the use of the park by raising awareness about the available benefits of the park to community members. They distribute flyers to local schools and businesses, announcing that the park has safe places for children to play, fields for sports, paths for bicycling, and space that can be reserved for picnics and family gatherings.

   b. A website shows an image of a convenience store located near the corner of a high school campus which has most windows covered by smoking and alcohol advertisements. It describes how students wrote letters to the store owner, the school principal, and the city council highlighting research studies that draw a connection between cigarette and alcohol advertisements and rates of substance use among youth. They requested that the advertisements be removed or at least be placed inside.

   c. A television investigative team reports that toxic waste from a local chemical company is leaking into the community drinking water supply. They interview students who are collaborating with school and community leaders to develop a petition that explains the risks of drinking poor quality water, and demands that toxic waste be deposited in a safe place away from water supplies. They collect signatures of support from local residents, and submit the petition to the chemical company managers and city policy makers. They continue to place pressure on those decision-making entities until a healthy solution is reached.

Instructions

Follow the instructions below to implement the *Health and Social Advocacy Review* activity.

Prior to Class

1. **Instruct** each student to: 1) select an advocacy effort from newspaper or magazine articles, internet sites such as blogs, videos, and websites, or television or radio programs, and 2) bring in a copy of the advocacy effort (e.g., actual news article, printed blog entry) or write a few sentences describing the advocacy effort (e.g., written summary of a video or television segment).

During Class

1. **Collect** students' advocacy descriptions and redistribute one description to each student so that students do not receive their own description.

2. **Remind** students that advocacy is an essential step towards creating change in a community to improve health and reduce disparities. Changes can be accomplished through advocacy efforts at the individual, service, and activism levels by: 1) enhancing existing assets, 2) transforming barriers into assets, and/or 3) removing barriers that do not usually serve a positive or useful purpose. Students will conduct their own advocacy projects in a later lesson. The descriptions brought to class serve as examples of types of projects students may consider implementing.

3. **Instruct** students to read the description of the advocacy effort assigned to them and answer the following questions:
   - Which level(s) of advocacy (individual, service, or activism) are being addressed?
   - If only one aspect of advocacy is described, what action could take place to address the other levels of the advocacy continuum?
   - What aspect(s) of the advocacy project was most feasible and/or successful?
   - Suggest how a similar project could be implemented in your community.

4. In pairs, **instruct** students to briefly share the advocacy effort assigned to them and discuss corresponding advocacy levels (individual, service, activism).

Lesson Nine:
From Start to Finish: Health Advocacy Projects

Objective

1. To develop, implement, and report on a health advocacy project.

Outcomes

1. Students will understand the project requirements, create groups, finalize health advocacy project ideas, plan logistics, and complete the *Health Advocacy Project*.

Activity
Students will participate in the following activity:

1. *Health Advocacy Projects*
    a. Development
    b. Implementation
    c. Presentation

Activity 1: Health Advocacy Projects

Purpose

The purpose of the *Health Advocacy Projects* activity is to put into action the concepts taught and observations made during previous lessons. Ideally, the *Health Advocacy Projects* will serve as a springboard for students' participation in future advocacy projects, public service, and/or a public health career.

Required Materials

The *Health Advocacy Projects* activity requires the following materials (provided at the end of *Lesson Nine*):

1. *Health Advocacy Project Description and Requirements*.

2. *Health Advocacy Project Example.*

3. Packet of *Health Advocacy Project* worksheets for each student.
   a. *Planning Your Health Advocacy Project—Worksheet A*
   b. *Upstream Causes Flowchart—Worksheet B*
   c. *Health Advocacy Project Task Chart—Worksheet C*
   d. *Health Advocacy Project Calendar—Worksheet D*

4. *Health Advocacy Project: Presentation Guidelines*.

5. *Health Advocacy Project: Next Steps Guidelines*.

6. Additional materials may be required depending on students' projects.

Instructions

Follow the instructions below to implement the *Health Advocacy Projects* activity:

Handout 1

1. Using the *Health Advocacy Project Description and Requirements* **explain** the details of the Health Advocacy Projects to students.

2. Use the final asset/barrier list created in *Lesson Seven* and documents from past activities (e.g. PhotoVoice, asset mapping, community inventory) to **create** a comprehensive list of health-related issues facing the students' community. **Display** this list for the class.

3. From this list, **ask** each student to rank his/her top three issues to focus on for the health advocacy projects.

4. **Create** groups of four to six students based on students' health-related issue preferences. Try to assign students to their first choice; hopefully this division will balance naturally. If certain health-related issues are more popular than others, assign students to their second or third choices.

Handouts 2-5

5. **Use** *Health Advocacy Project Example*, *Worksheets A-D*, *Health Advocacy Project: Presentation Guidelines*, and *Health Advocacy Project: Next Steps Guidelines* to describe project requirements.

6. **Instruct** groups to begin their *Health Advocacy Projects*. This will include:
   - Reading the *Health Advocacy Project Example*
   - Brainstorming an advocacy project to improve their health issue at the individual, service, and/or activism levels of the advocacy continuum. Ideally, projects will include all three levels.
   - Completing the *Planning Your Health Advocacy Project*, *Upstream Causes Flowchart*, *Health Advocacy Project Task Chart*, and *Health Advocacy Project Calendar* worksheets.
   - Implementing the *Health Advocacy Project*, including conducting a volunteer activity (e.g., presenting a health workshop to other students and community groups, or collaborating with the local Park and Recreation Department to hold a city-wide park clean-up day).
   - Preparing and delivering a presentation to their class to describe what they have accomplished in their *Health Advocacy Project*, using *Presentation Guidelines*.

7. Students will follow the *Health Advocacy Project: Next Steps Guidelines* to develop a proposal that describes what next steps could be taken to increase awareness, sustain progress, and/or expand initial project ideas.

8. If possible, **arrange** for students to attend a school board or city council meeting to understand how proposals – similar to those that students might write – are reviewed. Often at such meetings, community members approach the podium during open sessions to voice their concerns and suggestions about an issue. Students may consider presenting their proposals at a school board or city council meeting.

NOTE: *Health Advocacy Projects* cannot be completed during one class period; project completion can span from a few weeks to an entire academic year. Determine a timeline amenable to your class, and consistently check in and mentor students throughout the process.

Health Advocacy Project Description and Requirements

Description

Working in small groups, you will combine 1) your observations of health-related issues and resources and policies within your community and 2) your knowledge of upstream causes of health and of health and social advocacy, to develop an advocacy project to improve the health of your community. Your project will use one or more of the levels of the advocacy continuum (individual, service, activism).

Examples of your project could include: 1) interviewing staff at the Department of Public Works and Mayor's Office to investigate what is being done to remove or restrict access to empty lots used by gangs, and sharing this information with classmates and community members (individual level), or 2) serving on a panel at a community event to testify about the impact of gang presence and violence in high school on student stress (service level), or 3) collaborating with the city's gang prevention task force to initiate city-wide curfews in parks, or to pass regulations that require student participation in enrichment programs to practice job skills as an alternative to joining a gang (activism level). Following the completion of your Health Advocacy Project, you may also think of next steps to further the impact of your work.

Requirements

1. From the list created by your class in *Lesson Seven*, choose a health issue facing your community that is meaningful to you.

2. Read the *Health Advocacy Project Example*. Pay close attention to the three levels of the advocacy continuum (individual, service, activism).

3. Complete the *Planning Your Health Advocacy Project*, *Upstream Causes Flow Chart*, *Health Advocacy Project Task Chart*, and *Health Advocacy Project Calendar Worksheets A-D* to describe and plan logistics of your project.

4. Seek support and participation from individuals, your school, and organizations in your community.

5. Implement your *Health Advocacy Project*.

6. When you finish your project, create a brief PowerPoint, posterboard, or video presentation describing your *Health Advocacy Project*, and be prepared to present your results to your classmates. See *Health Advocacy Project Presentation Guidelines* for additional details.

Health Advocacy Project Example

Health Issue: High rates of obesity among teenagers.

Project Topic: Enhance healthy eating options by creating a school vegetable garden.

Population: Students and their families who have limited access to affordable healthy food options.

Community Assets: Empty land available on high school campus.

Social cohesion—a strong sense of community among parents and residents.

Nearby businesses from which to request donations for supplies (e.g., tools, seeds, hoses, wood).

Community members willing to volunteer.

Graduation requirement incentives—as part of high school graduation requirements students must complete community service hours; volunteering with the creation and maintenance of the garden would count toward these hours and therefore may encourage students to participate.

Community Barriers: Low availability of fresh, affordable vegetables. No large-scale grocery stores, farmers' markets, or community gardens.

Abundance of fast food restaurants and convenience stores where students consume meals and purchase groceries. Most food is high in fat, calories, and sugar, and low in protein and other nutrients.

Overburdened students and teachers who are inundated with academic and afterschool commitments and may not be able to volunteer for the project, especially for a sustained period of time.

Struggling economy—when the economy is in a recession, businesses may be unwilling to donate money or supplies.

The media and fast food restaurants promote foods that are high in fat, calories, and sugar.

Individual:

1. Check out books from the library or search websites to learn more about healthy eating, risks of obesity, and gardening.

2. Present nutrition education workshops to elementary school-aged youth during a school assembly or health class.
    a. Research nutrition and obesity prevention information on websites such as Centers for Disease Control and Prevention (cdc.gov) or American Heart Association (americanheart.org), nutrition books from the library, and through interviews with school nurses and health instructors.
    b. Identify key facts and messages about nutrition and obesity prevention.
    c. Develop a brief PowerPoint presentation and create interactive activities, such as modifying a high-fat menu to a low-fat menu or measuring accurate portion sizes.
    d. Contact the principal of local elementary school. Offer to give a presentation about healthy eating in health or other classes. Follow up to schedule the session and take care of other logistics (e.g., where to meet, what audiovisual equipment will be available, etc.).
    e. Give presentation.
    f. Leave materials for next year's class to adapt.

3. Plant vegetables in your home yard and share produce with friends and neighbors.
    a. Purchase vegetable seedlings from a nursery.
    b. Plant seeds in your yard and continually water and fertilize.
    c. Harvest produce and share with friends and neighbors.

Service:

1. Develop a school vegetable garden.
    a. Schedule an appointment with your school principal to request permission to transform empty land on your high school campus into a vegetable garden.
    b. Create a supply wish list and calculate a budget needed to launch the garden (e.g., rakes, shovels, vegetable seeds, wood for garden beds, hoses).
    c. Write a donation request letter. Mail or deliver it to local hardware or gardening stores. Follow up with telephone calls and in-person visits.
    d. Collect donations from local businesses.
    e. Host a fundraiser, such as a healthy snack sale at a school event, to earn funds needed to begin project.
    f. Recruit and train volunteers from high school and community (e.g., parents, retired residents, local business people) to participate in developing your school garden. As an incentive, request that your principal count these service hours towards students' graduation requirements.
    g. Select a day for initial groundbreaking, planting, etc. and publicize to gain attention of classmates and the community.
    h. Maintain the garden by rotating duties among volunteers and/or establishing a service club responsible for the garden.
    i. Harvest vegetables.

j. Sell vegetables at lunch, after school, and on weekends.

k. Recruit volunteers to help create and print recipes for vegetables from the garden. Couple each customer's purchase with a relevant recipe in order to encourage healthy cooking at home.

Advocacy:

1. Promote your school vegetable garden across your high school campus and other schools in the district.

   a. Speak with health instructors from elementary, middle, and/or high schools. Invite their students to visit the garden as part of a school health-related field trip about nutrition.

   b. Promote healthy eating and the school garden by posting educational information in the cafeteria, at assemblies, or in a school newsletter, and by raffling produce; if possible align these events with national health events such as Heart Healthy February.

2. Propose that your school vegetable garden be expanded to other schools in your district.

   a. Meet with your principal and health instructors to gain their support.

   b. Create a tip sheet based on your experience starting a school vegetable garden and provide this as a resource to schools trying to start their own gardens.

   c. Describe your experience and provide your tip sheet to principals, health instructors, and administrators during district-wide meetings.

   d. Contact a local newspaper to ask if their reporters will write an article about your school garden.

   e. Invite elected officials to visit the garden.

   f. Suggest that every school start a garden and that students participate in the garden as part of each school's wellness curriculum.

   g. Collaborate with those who determine curriculum content to ensure that the garden is integrated into lesson planning every year.

Worksheet A
Planning Your Health Advocacy Project

What is a health issue facing your community?

_____

_____

_____

Level of Advocacy: Individual

Who is your audience? **Who** will benefit from your project? **Who** else will you involve (e.g., community members)?

_____

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Describe your health advocacy project. **What** steps will you take to accomplish your health advocacy project? **What** assets (including resources and policies) will support it and can be utilized during your project? **What** barriers (including resources and policies) will you face and how might they hinder you from accomplishing your project?

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Where will you implement your project?

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When will you implement your project?

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Describe **why** this issue is important to you and **how** your health advocacy project will help enhance the health of your community.

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Level of Advocacy: Service

Who is your audience? **Who** will benefit from your project? **Who** else will you involve (e.g., community members)?

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Describe your health advocacy project. **What** steps will you take to accomplish your health advocacy project? **What** assets (including resources and policies) will support it and can be utilized during your project? **What** barriers (including resources and policies) will you face and how might they hinder you from accomplishing your project?

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Where will you implement your project?

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When will you implement your project?

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Describe **why** this issue is important to you and **how** your health advocacy project will help enhance the health of your community.

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Level of Advocacy: Activism

Who is your audience? **Who** will benefit from your project? **Who** else will you involve (e.g., community members)?

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Describe your health advocacy project. **What** steps will you take to accomplish your health advocacy project? **What** assets (including resources and policies) will support it and can be utilized during your project? **What** barriers (including resources and policies) will you face and how might they hinder you from accomplishing your project?

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Where will you implement your project?

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When will you implement your project?

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Describe **why** this issue is important to you and **how** your health advocacy project will help enhance the health of your community.

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Worksheet B
Upstream Causes Flowchart

Complete the chart below to describe the upstream causes pathway of the health issue you selected.

Framework   **Your Health Issue**

| Upstream Causes (social, economic, political factors) | |

↓

| Individual health behaviors | |

↓

| Health or disease risk factors | |

↓

| Health or disease outcomes | |
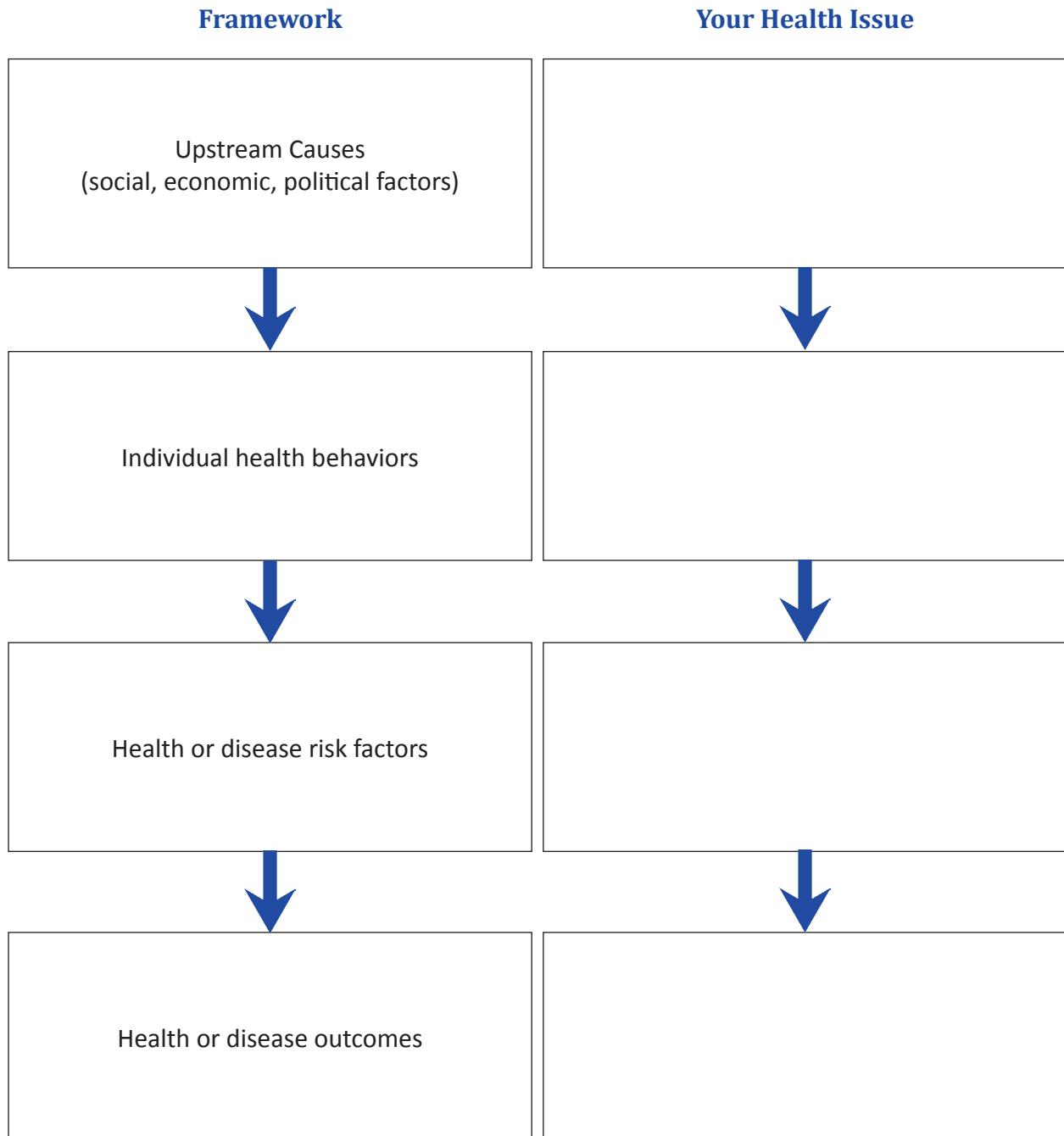
Worksheet C
Health Advocacy Project: Task Chart

Complete the following chart, describing **what** tasks need to take place to accomplish your health advocacy project, **who** will be responsible for leading each task, and the date **when** the task will be completed.

	Task to be Completed	Student(s) to Complete Task	Date to be Completed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Worksheet D
Health Advocacy Project: Calendar

Complete the following calendar by filling in appropriate dates and listing which tasks will be completed on what day and by whom. It may be helpful to first choose the date of the final project and work backwards. Projects may extend beyond one month in which case duplicate monthly calendars will be needed. For each important date, remember to include who is doing what and when as listed on Worksheet C.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Health Advocacy Project: Presentation Guidelines

Instructions

You will develop and share a brief PowerPoint, posterboard, or video presentation for your class (and other students, teachers, school administrators, community members, or family invited by your instructor) describing the following key points (each of which should be a separate slide/section):

NOTE: Include photographs and quotations whenever possible.

1. What health issue are you addressing? Why is this issue important to you?

2. How does this issue affect you and your community? How will your project enhance the health of your community?

3. Explain the details of your health advocacy project, distinguishing actions related to each level of the advocacy continuum (i.e., individual, service, activism).
    a. What did you develop and implement?
    b. Who was your priority population? With whom did you collaborate?
    c. What are your results?
    d. How does your project impact the health of the community?

4. Describe three aspects of your project that were most successful.

5. Describe three aspects of your project that you found most challenging or that you would do differently next time.

6. Suggest how your classmates, school, and/or community can become involved in this issue to further improve the health of your community.

Be sure to list all references used, such as literature, websites, or interviews.

Health Advocacy Project: Next Steps Guidelines

Instructions

It is important to consider what other steps can be taken to increase awareness about, sustain progress for, and/or expand your initial health advocacy project. This is especially true if it was not feasible to accomplish each level of the advocacy continuum (i.e., individual, service, advocacy) in the time allotted, particularly those levels that require policy change. Thus, you will now draft a proposal that explains how you could accomplish the remaining levels of the advocacy continuum, if resources were available. This type of proposal could be presented at an open session at a school board or city council meeting, when council members or school administrators hear ideas from, and often act upon, suggestions from the school and community.

Your proposal that recommends next steps should address the following main points:

1. What health issue are you addressing? Why is this issue important to you? How does this issue affect your community?

2. Briefly explain what you accomplished in your health advocacy project (e.g., volunteer activity corresponding to service level: starting a vegetable garden at your school).

3. Suggest what additional resources (e.g., time, personnel, and financial) and action are needed to further your work to best enhance the health of the community. Suggest how the school board or city council can assist in this effort (e.g., policy level at the activism level: expanding the school garden concept to other schools in your district and incorporating healthy eating at school and school events as part of the schools' wellness policies).

4. How will your proposed health advocacy project benefit the health of your community?

Lesson Ten:
Upstream Causes and Health Advocacy Review

Objective

1. To review upstream causes of health and disease.

2. To reiterate the importance of using social advocacy to enact change in a community.

Outcome

1. Students will more fully understand how social, economic, and political factors (i.e., upstream causes) influence individual health behaviors, which in turn affect risk factors and health or disease outcomes.

2. Students will be prepared for and motivated to engage in social advocacy efforts that improve the health of their community.

Activity

Students will participate in the following two activities:

1. *Upstream Causes Pathway*

2. *Project Reflection*

Activity 1: Upstream Causes Pathway

Purpose

The purpose of the *Upstream Causes Pathway* activity is to strengthen students' understanding of the pathway that connects social, economic, and political factors to individual health behaviors, risk factors, and health or disease outcomes. This activity simultaneously reinforces information learned about specific health topics discussed throughout the curriculum.

Required Materials

The *Upstream Causes Pathway* activity requires the following materials:

1. One ream of 8.5 x 11 inch paper or one package of index cards.

2. Pens.

Instructions

Follow the instructions below to implement the *Upstream Causes Pathway* activity.

Prior to Class

Using health topics discussed during previous class activities (e.g., *Upstream Causes Flow Chart* or *Root Causes Tree*) and students' health advocacy projects, create sets of *Upstream Causes Pathways* cards that will show the interconnectedness of upstream factors and health and disease outcomes. Cards will represent social, economic, and political factors, individual behavior choices, health or disease risk factors, and health or disease outcomes.

NOTE: Health or disease outcome may be defined broadly, such as outcomes related to mental health (e.g., chronic stress, depression), environmental health (e.g., air, water, soil, housing, pollution), education (e.g., low literacy, school drop-out, limited occupational skills), injury (e.g., sports, automobile, bicycle and skateboarding accidents, domestic violence).

Student learning will be enriched by maximizing the number of upstream causes, individual behavior choices, risk factors and health or disease outcomes described in each set of cards. There may be multiple upstream causes, risk factors, and health or disease outcomes causes per set.

The number of *Upstream Causes Pathway* sets will depend on the number of students in your class and division of student groups.

Alternatively, examples have been provided at the end of *Lesson Ten* and can be used directly.
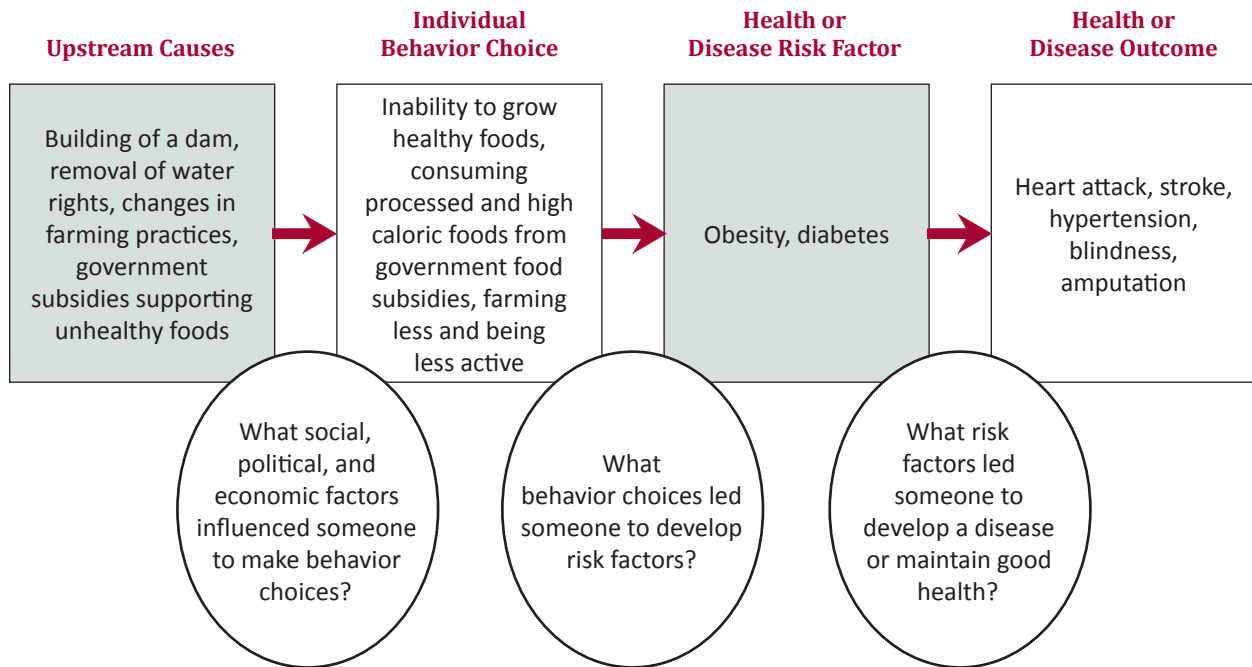
During Class

1. **Divide** students into small groups according to the number of *Upstream Causes Pathway* sets.

2. **Distribute** one set of *Upstream Causes Pathway* cards to each group.

Handout 1

3. **Explain** to students that they will arrange cards according to the pathway of upstream causes of health, such as was done in *Upstream Causes Flowcharts* in previous lessons. In other words, they will lay the cards sequentially, according to the social, political, and economic factors that influence individual behaviors, which in turn influence risk factors and health or disease outcomes.

   To further explain the activity, complete one pathway together as a class. Begin by stating a health or disease outcome and work backwards, constantly asking questions such as why did this happen or what was the cause, until you have a pathway that connects social, economic, and political factors to individual behavior choices to health or disease outcomes.

The flowchart below is duplicated from *Lesson 2 Activity 4: Diabetes Detectives: A Case Study of Upstream Causes of Health*. It includes probing questions that explain the connections among each level of the upstream causes pathway.

Example

Upstream Causes	Individual Behavior Choice	Health or Disease Risk Factor	Health or Disease Outcome
Building of a dam, removal of water rights, changes in farming practices, government subsidies supporting unhealthy foods	Inability to grow healthy foods, consuming processed and high caloric foods from government food subsidies, farming less and being less active	Obesity, diabetes	Heart attack, stroke, hypertension, blindness, amputation

What social, political, and economic factors influenced someone to make behavior choices?

What behavior choices led someone to develop risk factors?

What risk factors led someone to develop a disease or maintain good health?

4. When students complete their *Upstream Causes Pathway*, **instruct** groups to rotate to review the *Upstream Causes Pathway* of another group and ask them to answer the following questions:

   a. Do you agree with pathway? How would you arrange the sequencing of the cards differently?

   b. What other factors could be added in the pathway?

   c. What social advocacy efforts could be used to address this health issue? Add your suggestions to a blank card.

5. Student groups will share their responses with the group who originally created the *Upstream Causes Pathway* and discuss any differences of opinion.

6. Each group will share responses out loud to the class.

7. Suggested sequencing of *Upstream Causes Pathway* cards are listed below (by categories: health or disease risk factors or outcomes; individual behaviors; upstream causes). Cards within each category can be arranged in any order.

Oral Health

a. Health or disease risk factors or outcomes
   • Cavities in teeth

b. Individual behaviors
   • High consumption of sweetened foods and beverages
   • Inconsistently brushing teeth and not flossing

c. Upstream causes
   • Lack of fluoridated water
   • Limited education about the importance of dental hygiene
   • No affordable dental insurance for regular dental cleanings and check-ups

Mental Health

a. Health or disease risk factors or outcomes
   • Suicide

b. Individual behaviors
   • Depression

c. Upstream causes
   • Bullying from peers at school or on the Internet
   • Family history of depression
   • Inadequate access to mental health counseling and services or medical care
   • Inadequate insurance for medical care
   • Stressors at home or school

Injury Prevention #1

a. Health or disease risk factors or outcomes
   • Homicide

b. Individual behaviors
   • Carrying a handgun
   • Drive-by shooting
   • Member of a gang

c. Upstream causes
   • Budget cutbacks cannot fund extracurricular or academic programs for youth
   • Discrimination against ethnic or other group
   • Few positive programs for youth

- Lack of a sense of belonging to a group
- Lack of handgun regulations and enforcement

Injury Prevention #2

a. Health or disease risk factors or outcomes
- Automobile accident
- Paralysis or death

b. Individual behaviors
- Driving under the influence of alcohol or illicit substances
- Not wearing a seatbelt
- Speeding
- Talking on cell phone or texting while driving

c. Upstream causes
- Availability of alcohol and illicit substances to minors
- Lack of and/or poor enforcement of traffic safety laws

Chronic Disease

a. Health or disease risk factors or outcomes
- Diabetes
- Heart disease
- High blood pressure
- High cholesterol
- Obesity
- Stroke

b. Individual behaviors
- High consumption of unhealthy foods and beverages, such as chips, candy, processed snacks, and soda

c. Upstream causes
- Abundance of fast food restaurants and corner stores selling unhealthy foods and beverages
- Government subsidies for farmers growing corn, which is used to produce unhealthy processed foods and sugary beverages
- Inexpensive cost of unhealthy foods and beverages, such as chips, candy, processed snacks, and soda

Activity 2: Project Reflection

Purpose

The purpose of the *Project Reflection* activity is to review key concepts learned in previous lessons, particularly upstream causes and social advocacy.

Materials Needed

The *Project Reflection* activity requires the following materials:

1. Paper and pen for each student.

Instructions

Follow the instructions below to implement the *Project Reflection* activity.

Prior to Class

1. **Display** the following quotations for students (on the board or projector):

   "Of all the forms of inequality, injustice in health is the most shocking and the most inhumane of all." – Martin Luther King, Jr.

   "A small body of determined spirits fired by an unquenchable faith in their mission can alter the course of history." – Mahatma Gandhi

   NOTE: Feel free to use additional inspirational quotations related to public health and health or social advocacy.

During Class

1. **Instruct** students to provide a written response to the following questions:

   a. How do the displayed quotations relate to the main curriculum themes of: 1) Upstream Causes of Health, and 2) Health and Social Advocacy?

   b. What did you learn from the classroom- and community-based activities that impacts your own health and the health of your community?

   c. How will you use the knowledge and skills gained from this curriculum to improve your own health behavior choices and the health of your community?

Upstream Causes Pathways Cards

Cavities in teeth

High consumption
of sweetened foods
and beverages

Inconsistently brushing teeth
and not flossing

Lack of fluoridated water

Limited education
about the importance
of dental hygiene

No affordable dental insurance
for regular dental cleanings
and check-ups

Suicide

Mental Health

Depression

Mental Health

Bullying from peers at school
or on the Internet

Mental Health

Family history
of depression

Mental Health

Inadequate access
to mental health counseling
and services or medical care

Mental Health

Inadequate insurance
for medical care

Mental Health

Stressors at home or school

Mental Health

Homicide

Carrying a handgun

Drive-by shooting

Member of a gang

Budget cutbacks cannot
fund extracurricular or
academic programs for youth

Discrimination against
an ethnic or other group

Few positive programs
for youth

Lack of a
sense of belonging
to a group

Lack of handgun regulations
and enforcement

Lesson 10
Activity 1

Handout
1

Automobile accident

Paralysis or death

Driving under the influence of alcohol or illicit substances

Not wearing a seatbelt

Speeding

Talking on cell phone or texting while driving

Availability of alcohol and illicit substances to minors

Lack of and/or poor enforcement of traffic safety laws

Diabetes

Heart Disease

High blood pressure

High cholesterol

Obesity

Stroke

High consumption of
unhealthy foods and beverages,
such as chips, candy,
processed snacks, and soda

Abundance of fast food
restaurants and corner stores
selling unhealthy foods
and beverages

Government subsidies for
farmers growing corn, which is
used to produce unhealthy
processed foods and
sugary beverages

Inexpensive cost of
unhealthy foods and beverages,
such as chips, candy,
processed snacks, and soda

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Lesson Seven

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