

# Community Health Track Framework

Have you ever considered that your zip code serves as a better predictor of health than your genetic code? Across America, certain communities have worse health and shorter life spans (i.e., up to 20-30 years shorter) than those just down the street. These health inequalities between communities have been attributed to complex relationships between racial, economic, educational, and other social determinants of health.1

Community health is the state of wellbeing of a group of individuals who share common attitudes, beliefs, interests, histories, and / or goals. The health of a community is influenced by a variety of factors that are internal to the community itself, including the interactions, contributions, and health of individuals in the community, as well as those factors external to the community over which the community has less control. Depending on the nature of a community, external factors may include economic stability, physical environment, education, food, social context, and government policies. As such, community health is both more than the individuals who make up the community, and more than the absence of illness.

Public health professionals have adopted various conceptual frameworks, such as the [Community Health Framework by the United States Agency of International Development](http://chwcentral.org/sites/default/files/USAID-Community-Health-Framework_Version-1-0_October-28th-2015.pdf) [(USAID)](http://chwcentral.org/sites/default/files/USAID-Community-Health-Framework_Version-1-0_October-28th-2015.pdf), [International Classification of Functioning, Disability and Health (ICF) Model](https://www.cdc.gov/nchs/data/icd/icfoverview_finalforwho10sept.pdf), and [Social Ecological Model i](https://www.cdc.gov/cancer/crccp/sem.htm)n order to better understand those factors that impact both individual and community health. These frameworks inform work at the community level to help promote healthy living, reduce chronic disease, and ultimately “bring the greatest health benefits to the greatest number of people in need.” 2

In the SLS Community Health track, students will learn about community health through a transdisciplinary approach — an integrated study that creates a unity of intellectual frameworks that transcends the perspective of any one discipline.3 Through coursework and engagement with local community partners**,** students will gain both discipline-specific depth and cross-discipline breadth in developing an understanding of 1) community health, 2) the interactions between contextual factors and individual capabilities, and 3) the effects of these factors on human activity and social participation. Students will be able to link different aspects of health and sustainability at the community level, and develop integrated, coherent solutions for identified community health issues by participating in this SLS track.

1 Graham, Garth N. "Why your ZIP code matters more than your genetic code: promoting healthy outcomes from mother to child." *Breastfeeding Medicine* 11, no. 8 (2016): 396-397.

2 US Centers for Disease Control and Prevention, “NCCDPHP: Community Health,” (November 21, 2017),

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3 Stember, Marilyn. "Advancing the social sciences through the interdisciplinary enterprise." *The Social Science Journal* 28, no. 1 (1991): 1-14.

# Community Health Track Key Concepts

In the coming weeks, let us consider how the issues we’re discussing relate to each of us. We have many different roles in life such as that of a citizen, a human being, and a future professional. In all of these capacities, it is important to consider carefully how our choices impact society, culture, the economy, and the environment. We will use the key concepts below to guide our thinking and learning as we move forward.

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| #1 | *All aspects of life contribute to health and wellbeing.* | The environmental, political, intellectual, physical, emotional, financial, spiritual, and social aspects of life influence the health outcomes and wellbeing of both an individual and community. |
| #2 | *The relationship between the community and the individual is symbiotic.* | The health of the community, as determined by a diverse set of internal and external factors, affects the health of an individual. Conversely, the health of an individual affects the health of the community, as the community consists of individuals. |
| #3 | *Each community has a unique set of inequities and should be approached accordingly.* | Communities have a diverse and unique set of historic and systemic advantages and disadvantages. Therefore, each community has specific needs and values and must be approached in a way that meets these needs and values. |
| #4 | *Community health should be community-led, with community members serving as co-producers.* | To improve community health, members of the community must actively participate in the formation of ideas, decision-making, and implementation / evaluation of strategies. |
| #5 | *Decisions by stakeholders involve tradeoffs.* | Stakeholders should be aware of available and needed resources to create healthy communities, and the tradeoffs involved when choosing between competing opportunities and approaches. |
| #6 | *Communities impact (and are impacted by) events and policies at regional, national, and global levels.* | Local initiatives can transcend community boundaries and have regional, national, and global impacts, while regional, national, and global initiatives can impact the health of local communities. |

# Who We Are

Georgia Tech’s motto is “Progress and Service” – and we are upping the ante through Serve-Learn-Sustain, a campus-wide academic initiative working with all six colleges to offer courses and programs connecting sustainability and community engagement with real- world partners and projects. The result? Georgia Tech graduates are using their disciplinary expertise to help “create sustainable communities” where humans and nature flourish, now and in the future, in Georgia, the U.S., and around the globe.

Visit [our website](http://serve-learn-sustain.gatech.edu/home) to browse over 100 affiliated courses, check out our Events Series, and sign up for our newsletter! And check out the table below for the names of the faculty and staff who are making the Community Health track a possibility!

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| **Name** | **Background & Contributions** |
| Jennifer Hirsch | Director of Serve-Learn-Sustain |
| Stephanie Jackson | PhD candidate in the School of Economics |
| Bethany Jacobs | Marion L. Brittain Postdoctoral Fellow in the Writing and Communication Program, as well as the Serve-Learn-Sustain Toolkit Manager |
| Kevin Lanza | PhD candidate in the School of City and Regional Planning |
| Sarah Melgen | Research Scientist at the Center for Assistive Technology and Environmental Access (CATEA) |
| Darcy Mullen | Marion L. Brittain Postdoctoral Fellow in the Writing and Communication Program |
| Catherine Muse | Serve-Learn-Sustain Community Engagement Specialist |
| Usha Nair-Reichert | Associate Professor School of Economics |
| Jon Sanford | Director of the Center for Assistive Technology and Environmental Access (CATEA) and a professor of industrial design at Georgia Tech’s College of Design |
| Teresa Snow | Senior Academic Professional in Biological Sciences |
| Kate Whitney | Ph.D. student at the School of Industrial Design at Georgia Institute of Technology |