COMMUNITY HEALTH & PREVENTION RESEARCH

Courses offered by the Stanford Prevention Research Center within the Department of Medicine are listed under the subject code CHPR (https://exploredegrees.stanford.edu/search?q=CHPR&view=cat&c=0&term=Autumn+on&filter-term-Winter+on&filter-term-Spring+on&filter-term-Summer+on&collapse=on&filter-catalognumber=CHPR+on&filter-department=CHPR+on&filter-course-status-Active+on&filter-catalognumber=CHPR+on) on the Stanford Bulletin’s ExploreCourses website.

The Master of Science (M.S.) in Community Health and Prevention Research (CHPR) covers the study and treatment of leading risk behaviors (e.g., poor diet, physical inactivity, tobacco use, stress, distress) to prevent the prevailing causes of morbidity and mortality (e.g., cardiovascular disease, cancer, diabetes, lung disease, mental illness) with a focus on engaging and advancing health in diverse communities.

Community health and prevention research are complementary fields increasingly integrated to promote health and prevent chronic diseases in individuals, families, local communities, states, and countries, globally. Community health refers to the scientific discipline of safeguarding and enhancing the well-being of diverse communities and populations through education, the promotion of healthy lifestyle habits, and the extensive study of disease and disease determinants. Prevention research is a multidisciplinary scientific field that aims to enhance the health of populations through the study of genetic, behavioral, lifestyle, environmental, and policy factors that lead to disease or vitality.

The M.S. in CHPR is designed for students pursuing health-related careers focusing on chronic disease prevention, health and wellness promotion, and the pursuit of health equity. We anticipate the M.S. in CHPR will be attractive to Stanford’s current (coterminal) undergraduates and graduate students, students in the health professions (e.g., medical students), health care providers seeking a second degree, and individuals who will later seek advanced degrees in medicine, nursing, or health/science-related doctoral programs.

The M.S. in CHPR is available to:

1. Current Stanford undergraduates (who must complete the M.S. as a coterminal master’s program)
2. Current Stanford graduate students (i.e., master’s, doctoral, and medical students)
3. External applicants.

All students in the program must complete the M.S.’s core curriculum and program requirements.

The University requirements for the M.S. degree are described in the "Graduate Degrees (http://exploredegrees.stanford.edu/graduatedegrees/)" section of this bulletin.

Master of Science in Community Health and Prevention Research

The Stanford Prevention Research Center within the Department of Medicine offers a Master of Science (M.S.) in Community Health and Prevention Research (CHPR). The M.S. in CHPR is available to external applicants, to current undergraduates via the coterminal master’s program, and to graduate students at Stanford.

The purpose of the M.S. in CHPR is to:

- engage students from a range of backgrounds in didactic and experiential learning opportunities with the goal of gaining an in-depth understanding of community health and prevention research applications in diverse practice settings
- prepare future public health professionals to responsibly and effectively address health challenges faced by diverse communities across the life course.

In the M.S. in CHPR, students:

- study patterns of chronic diseases in diverse communities and settings and examine how prevention can optimize health and promote health equity at the individual, family, community, and population level
- critically interpret and evaluate research on community health and prevention
- become involved in research teams that encourage health equity promotion and social responsibility
- gain and hone methodological skills including research study design, study implementation, and data analysis related to community health and prevention research
- utilize course work and implementation science in a community-based research internship with the expectation that they design, implement, and assess health and wellness solutions addressing preventable community health challenges
- complete a master’s thesis.

Admission

Admission for External Applicants

Applications for the 2021-22 academic year are due on January 12, 2021. Knight Hennessy program applicants: applications are due December 8, 2020.

- Knight-Hennessy Scholars
  - The Knight-Hennessy Scholars program (https://knight-hennessy.stanford.edu/) awards up to 100 high-achieving students every year with full funding to pursue a graduate education at Stanford, including the M.S. in CHPR. To be considered, you must apply to Knight-Hennessy Scholars by that program’s deadline and separately apply to the CHPR program by December 8, 2020.

All applicants (not including coterminal applicants) must submit the following required application materials as part of their application. Instructions on how to submit these application materials can be found on Stanford’s Graduate Admissions website (https://gradadmissions.stanford.edu/applying/).

- 3 letters of recommendation
  - At least one letter of recommendation should be from a faculty member at the last school you attended as a full-time student (unless you have been out of school for more than five years).
- GRE test scores are not required for applicants for academic year 2021-22 due to challenges posed by the COVID pandemic.
- TOEFL scores (if necessary)
- Resume or curriculum vitae (CV)
- Statement of purpose
  - The statement of purpose should describe succinctly your reasons for applying to the proposed program at Stanford, your preparation for this field of study, research interests, future career plans, and other aspects of your background and interests which may aid the admissions committee in evaluating your aptitude and motivation for graduate study.
In this master's program, courses taken three quarters prior to the first quarter of the graduate career requires review and approval of both students. May request transfer of courses from the undergraduate to the master's degree are described in the "cotermgraduatedegrees/#masterstext". University Coterminal Requirements candidates are expected to complete all master's degree requirements as described in this bulletin. University requirements for the coterminal master's degree are described in the "Coterminal Master's Program (http://exploredegrees.stanford.edu/cotermdegrees/)". University requirements for the master's degree are described in the "Graduate Degrees (http://exploredegrees.stanford.edu/graduatedegrees/#masterstext)" section of this bulletin. After accepting admission to this coterminal master's degree program, students may request transfer of courses from the undergraduate to the graduate career to satisfy requirements for the master's degree. Transfer of courses to the graduate career requires review and approval of both the undergraduate and graduate programs on a case-by-case basis. In this master's program, courses taken three quarters prior to the first graduate quarter, or later, are eligible for consideration for transfer to the graduate career. No courses taken prior to the first quarter of the sophomore year may be used to meet master's degree requirements. Course transfers are not possible after the bachelor's degree has been conferred. The University requires that the graduate advisor be assigned in the student's first graduate quarter even though the undergraduate career may still be open. The University also requires that the Master's Degree Program Proposal be completed by the student and approved by the department by the end of the student's first graduate quarter. Admission for Coterminal Applicants Applications for the 2021-22 academic year are due on January 12, 2021. Stanford undergraduates may apply to the M.S. program once the following conditions have been met: Applicants must have earned 120 units toward graduation (UTG) as shown on the undergraduate unofficial transcript. This includes allowable Advanced Placement (AP) and transfer credit. Applicants must have a major(s) declared. Applicants must have completed six non-Summer quarters at Stanford (or two non-Summer quarters at Stanford for transfer students). Note that the GRE is not required for cotermitural applicants. As part of their program application, applicants must submit the following required application materials. Instructions on how to submit these application materials can be found on the Current Stanford Students (https://gradadmissions.stanford.edu/applying/current-stanford-students/) page of the Graduate Admissions web site. • Application for admission to cotermitural master's program • Statement of purpose • The statement of purpose should describe succinctly your reasons for applying to the proposed program at Stanford, your preparation for this field of study, research interests, future career plans, and other aspects of your background and interests which may aid the admissions committee in evaluating your aptitude and motivation for graduate study. • Resume or curriculum vitae (CV) • Preliminary program proposal • Two letters of recommendation from Stanford professors • 1 copy of your Stanford transcript (unofficial transcripts are acceptable) • $125 application fee (assessed by the Registrar's Office only if accepted and matriculated into the program). Admission for Current Students in Other Stanford Graduate Programs and Professional Schools • Current Stanford graduate students include master's, doctoral, and medical students who are currently enrolled in a graduate degree program at Stanford. Current Stanford postdoctoral scholars must apply as external applicants. • Applications for the 2021-22 academic year are due May 1, 2021 for Autumn 2021 start. Required Application Materials: Instructions on how to submit these application materials can be found on the CHPR website (http://CHPR.stanford.edu). (http://prevention.stanford.edu/education/chpr.html) • Completed Current Graduate Student Online Application Form (https://stanfordmedicine.qualtrics.com/SE/?SID=SV_eiAYRZnPqkPGJ) • Resume/CV • Transcript (unofficial transcripts are acceptable) • Valid GRE, MCAT, or GMAT scores (i.e., the test scores students submitted to their original graduate program at Stanford) • Statement of Purpose • The Statement of Purpose should describe succinctly the reasons for applying to the proposed program at Stanford, preparation for this field of study, research interests, future career plans, and other aspects of the applicant's background and interests which may aid the admissions committee in evaluating aptitude and motivation for graduate study. • 2 letters of recommendation from Stanford professors • $125 application fee (assessed by the Registrar's Office only if accepted and matriculated into the program). Degree Requirements Core Curriculum and Program Requirements (45 units) To complete the M.S. in CHPR, students must complete a minimum of 45 units, conduct a two-quarter community-based research internship, and write a master's thesis. All students in the M.S. in CHPR must also fulfill the course requirements below. Students are advised to check the prerequisites for all CHPR courses, especially the Biostatistics and Research Methods courses. • Official transcript(s) from all postsecondary institutions you have attended as a full-time student for one year (i.e., three quarters or two semesters) or longer. • You must upload one scanned version of your official transcript(s) to the online application and direct your institution(s) to send one official copy (email is preferred) to the Stanford Prevention Research Center within the Department of Medicine. • $125 application fee • This application fee is assessed regardless of admission decision. University Cotermitural Requirements Coterminal master's degree candidates are expected to complete all master's degree requirements as described in this bulletin. University requirements for the coterminal master's degree are described in the "Coterminal Master's Program (http://exploredegrees.stanford.edu/cotermdegrees/)": "Graduate Degrees (http://exploredegrees.stanford.edu/graduatedegrees/#masterstext)" section of this bulletin. CHPR Foundation Core Units CHPR 200 SPRC/GMD Research Seminar (Two quarters required, 3 recommended, 2-3 units total; Autumn, Winter, Spring) 1 CHPR 201 Introduction to Science of Healthy Living (Required for students who have not taken HUMBIO 126/CHPR 226. Autumn.) 1 CHPR 220 Responsible Conduct of Research in the Community (Required. Autumn) 1
The primary learning goal of these internships is to provide students with hands-on experience in community health interventions, study design, research and analytic methods, as well as depth in a substantive area of community health and prevention research. The thesis is intended to be 30 pages in length (i.e., double-spaced, including supporting tables, figures, and references). The thesis can take one of the following forms:

1. Analysis of original data collected via a student’s internship
2. Comprehensive literature review with meta-analysis of data or critical reanalysis of data
3. Evaluation of a methodological problem using data
4. Comprehensive literature review with a grant proposal (NIH-style format) for a new study to bridge a gap in existing knowledge
5. Organizational health improvement and evaluation plan written for a student’s internship organization
6. CHPR mentor approved, independently designed thesis.

The program encourages students to use extant data sets for their projects. Students are not limited to quantitative data sets; many SPRC faculty possess qualitative data sets that may be analyzed for an M.S. thesis project. Students also have the option of collecting original data, for example, through the use of surveys. Students are encouraged to develop their thesis into a manuscript for publication or a credible research grant application, and mentorship is provided to do so.

**COVID-19 Policies**

On July 30, the Academic Senate adopted grading policies effective for all undergraduate and graduate programs, excepting the professional Graduate School of Business, School of Law, and the School of Medicine M.D. Program. For a complete list of those and other academic policies relating to the pandemic, see the "COVID-19 and Academic Continuity (http://exploredegrees.stanford.edu/covid-19-policy-changes/#tempdepttemplatetabtext)" section of this bulletin.

The Senate decided that all undergraduate and graduate courses offered for a letter grade must also offer students the option of taking the course for a “credit” or “no credit” grade and recommended that deans, departments, and programs consider adopting local policies to count courses taken for a “credit” or “satisfactory” grade toward the fulfillment of degree-program requirements and/or alter program requirements as appropriate.
with a grade of ‘CR’ (credit) or ‘S’ (satisfactory) towards satisfaction of
graduate degree requirements that otherwise require a letter grade.

Grades of ‘CR’ or ‘S’ will satisfy graduate program degree requirements
that otherwise require a letter grade.

Graduate Advising Expectations

The Master of Science in Community Health and Prevention Research
(CHPR) program is committed to providing academic advising in support
of graduate student scholarly and professional development. When most
effective, this advising relationship entails collaborative and sustained
engagement by both the adviser and the advisee.

All CHPR students are matched with a mentor before the start of their
internship. The mentor, with support from the CHPR administrative and
faculty directors, evaluates the student’s academic and research
background, provides guidance in developing a thesis project and topic,
and helps the student select thesis readers.

Mentors are expected to meet with graduate students several times
during internship and thesis quarters to discuss and help develop
the students’ internship, thesis deliverables, and their professional
aspirations. Additionally, students should meet with the CHPR
administrative director on a quarterly basis to discuss the student’s
professional development in key areas such as selecting elective courses,
designing and conducting research, navigating policies and degree
requirements, and exploring academic opportunities and professional
pathways.

Graduate students are active contributors to the advising relationship.
They should actively seek academic and professional guidance and take
on the responsibility of informing themselves of policies and degree
requirements for the CHPR MS program.

As a best practice, advising expectations should be periodically
discussed and reviewed to ensure mutual understanding. Both the
mentor and the student are expected to maintain professionalism and
integrity. If challenges arise in this relationship, the CHPR administrative
director is brought in to assist.

Academic progress and student completion of program requirements and
milestones are monitored by the CHPR office.

Additionally, the program adheres to the advising guidelines and
responsibilities listed by the Office of the Vice Provost for Graduate
Education (https://vpge.stanford.edu/academic-guidance/advising-
mentoring/) (VPGE) and in the Graduate Academic Policies (https://
page-3-3-1/) (GAP).

For a statement of University policy on graduate advising, see the
"Graduate Advising (http://exploredegrees.stanford.edu/
graduatedegrees/#advisingandcredentialstext") section of this bulletin.

Core Faculty and Academic Staff

Director of the Stanford Prevention Research Center: David Maron

Professors: John Ioannidis, Marcia Stefanick, Christopher Gardner
Associate Professor: Judith J. Prochaska (Program Faculty Director)
Senior Research Scientist: Michaela Kiernan
Instructors: Jennifer Robinson, Sandra Winter (Adjunct)
Program Director: Jennifer Robinson
Assistant Director, Operations and Student Services: T.O. Preising

Courses

CHPR 113. Healthy/Sustainable Food Systems: Maximum Sustainability
across Health, Economics, and Environment. 4 Units.
Focus on problems with and systems-based solutions to food system
issues. Four particular settings are addressed: University, worksite,
hospital, and school food. Traditional vs. disruptive food system models
compared and contrasted. The goal is to determine how best to maximize
sustainability across several dimensions, including health, economics,
and the environment. Underlying class themes include social justice
and the potential for changing social norms around food production and
consumption. Discussion-based seminar. Prerequisite: Human Biology
Core or Biology Foundations or consent of instructor.
Same as: HUMBIO 113S

CHPR 130. Human Nutrition. 4 Units.
(HUMBIO students must enroll in HUMBIO 130. CHPR master’s students
must enroll in CHRP 130.) The study of food, and the nutrients and
substances therein. Their action, interaction, and balance in relation
to health and disease. Emphasis is on the biological, chemical, and
physiological processes by which humans ingest, digest, absorb,
transport, utilize, and excrete food. Dietary composition and individual
choices are discussed in relationship to the food supply, and to
population and cultural, race, ethnic, religious, and social economic
diversity. The relationships between nutrition and disease; ethnic diets;
vegetarianism; nutritional deficiencies; nutritional supplementation;
phytochemicals. CHPR master’s students must enroll for a letter grade.
Enrollment limited to students with sophomore academic standing or
above. Prerequisites: Human Biology Core or Biology Foundations
or consent of instructor.
Same as: HUMBIO 130

CHPR 166. Food and Society: Exploring Eating Behaviors in Social,
Environmental, and Policy Context. 4 Units.
(HUMBIO students must enroll in HUMBIO 166. Med/Graduate students
must enroll in CHRP 166.) The material in this course is an introduction to
the field and the target audience is undergraduates. It may be of interest
to graduate students unfamiliar with the field. The class examines the
array of forces that affect the foods human beings eat, and when, where,
and how we eat them, including human labor, agriculture, environmental
sustainability, politics, animal rights/welfare, ethics, policy, culture,
economics, business, law, trade, and ideology, and psychology. The
class addresses the impact of current policies and actions that might be
taken to improve human nutrition and health; macro-scale influences on
food, nutrition, and eating behavior. Enrollment limited to students with
sophomore academic standing or above. Undergraduate Prerequisites:
Human Biology Core or Biology Foundations or consent of instructor.
Same as: HUMBIO 166

CHPR 199. Undergraduate Research. 1-18 Unit.
Students undertake investigations sponsored by individual faculty
members. Prerequisite: consent of instructor.

CHPR 200. SPRC/GMD Research Seminar. 1 Unit.
Focus is on research on prevention of chronic disease and related topics.
Guest speakers present material. May be repeat for credit.

CHPR 201. Introduction to Science of Healthy Living. 1 Unit.
This introduction to the science of healthy living (primarily U.S.)
highlights preventable causes of mortality, i.e. modifiable risk factors,
national lifestyle recommendations and behavioral change principles for
reducing chronic disease risk. A life course perspective is presented as
a trajectory from fetal/neonatal to childhood and adolescence to young,
middle-ages and older adults, with recognition of the importance of social
determinants of health. Sex & gender differences are also presented.
Unless otherwise noted, all lectures are presented by Course Director,
Marcia Stefanick, Ph.D. Priority for enrollment given to CHPR masters
students, who must take the course for a letter grade.
This introductory course is a practicum in which students will learn the basics of R and use the programming language to analyze health datasets by application of classical statistical methods. A familiarity with basic descriptive and inferential statistics is required. It is assumed that students will have no (or very little) prior experience with R. Class sessions will include some lecture content and hands-on coding by each student on their own computers. Students will practice using R with open-source and simulated datasets. The primary goal of the course is to equip students with a basic and fundamental understanding of R’s capabilities, experience using R with practice datasets, and the ability to extend their facility with R as their needs dictate. Students enrolled for 2 units will have additional weekly practice problems assigned. Priority for enrollment given to CHPR masters students, who must take the course for a letter grade.
Same as: EPI 202

CHPR 205. Understanding Evidence-Based Medicine: Hands-on experience. 3-4 Units.
How can one practice evidence-based medicine and make evidence-based decisions for clinical practice and policy making? Using pivotal papers published in the recent scientific literature addressing important clinical questions on diverse medical topics, we will probe a wide range of types of studies, types of targeted therapeutic or preventive interventions, and types of studied outcomes (effectiveness and/or safety), including RCTs, observational studies, epidemiologic surveillance studies, systematic reviews/umbrella reviews-meta-analyses-meta-analyses of individual patient data, studies on the evaluation of diagnostic tests and prognostic models, economic analyses studies, and guidelines. Students enrolled for 4 units will complete an additional project or other engagement approved by the instructor. MD studies enroll for +/- GR students enroll for Letter grade.
Same as: EPI 250, MED 250

CHPR 206. Meta-research: Appraising Research Findings, Bias, and Meta-analysis. 3 Units.
Open to graduate, medical, and undergraduate students. Appraisal of the quality and credibility of research findings; evaluation of sources of bias. Meta-analysis as a quantitative (statistical) method for combining results of independent studies. Examples from medicine, epidemiology, genomics, ecology, social/behavioral sciences, education. Collaborative analyses. Project involving generation of a meta-research project or reworking and evaluation of an existing published meta-analysis. Prerequisite: knowledge of basic statistics.
Same as: EPI 206, MED 206, STATS 211

CHPR 212. Methods for Health Care Delivery Innovation, Implementation and Evaluation. 2 Units.
Preference given to postgraduate fellows and graduate students. Focus is on implementation science and evaluation of health care delivery innovations. Topics include implementation science theory, frameworks, and measurement principles; qualitative and quantitative approaches to designing and evaluating new health care models; hybrid design trials that simultaneously evaluate implementation and effectiveness; distinction between quality improvement and research; implications for regulatory requirements and publication; and grant-writing strategies for implementation science and evaluation. Students will develop a mock (or actual) grant proposal to conduct a needs assessment or evaluate a Stanford/VA/community intervention, incorporating concepts, frameworks, and methods discussed in class. Priority for enrollment for CHPR 212 will be given to CHPR master’s students.
Same as: HRP 218, MED 212

CHPR 220. Responsible Conduct of Research in the Community. 1 Unit.
This course will engage CHPR students pursuing community-based participatory research in discussions regarding ethical and practical issues to prepare them for their CHPR program, including course planning, internship, and thesis. Discussions will address specifics of conducting research at Stanford as well as issues that may arise in the community at large and in their careers to follow. Course limited to current CHPR master’s students.

CHPR 222. CHPR Professional Development and Career Planning. 1 Unit.
This interactive seminar will give graduate or professional students some tangible skills as they embark on a career in community-based participatory research (CBPR). Topics and assignments are designed to develop the following skills: poster and slide presentations; thesis or manuscript preparation; portfolio development (resume or CV); peer mentoring; peer-to-peer role playing; networking; informational interviews; defining self-filling work. Course will also include panel discussions from alumni, faculty, and community partners. Final assignment will culminate in a poster or slide presentation to a larger department group. This course is required for all CHPR Master’s Students (who must take the class for a grade). Students in other graduate programs or professional schools may take the class S/NC or +/- with instructor’s consent. Please contact the CHPR Office for a permission code.

CHPR 226. Promoting Health Over the Life Course: the Science of Healthy Living. 3 Units.
(HUMBIO students must enroll in HUMBIO 126. Med/Graduate students must enroll in CHPR 226.) Disease prevention and health promotion topics pertinent at different stages of the life span emphasizing healthy lifestyle and reducing risk factors in both individuals and communities. Focus is on the application of behavioral science to risk reduction strategies, and the importance of health promotion as a social and economic imperative. Public and community health are emphasized. Topics include: epidemiology of chronic diseases; social determinants of health, behavior change; physical activity, nutrition, obesity and stress reduction; children, young adult, mid-life and aging health issues; health care delivery and public health system; workplace wellness; and other additional issues. Students enrolled in CHPR 226 for a letter grade must complete additional assignments appropriate for its Masters level listing. Enrollment limited to students with sophomore academic standing or above. Undergraduate prerequisites: Human Biology Core or equivalent or consent of instructor.
Same as: HUMBIO 126
CHPR 227. The Science of Community Engagement in Health Research. 3 Units.
The Science of Community Engagement in Health Research course will focus on how the science of community engagement can be applied to diverse health-related research topics across the translational spectrum with the ultimate goal of high quality research that transforms human health and addresses health disparities. The course will provide historical context, theoretical frameworks, foundational skills in diverse community engagement methodologies, and tools for examining the effectiveness of various engagement strategies aimed. Specifically, the course will cover: 1) Historical context for community engagement in health-related research; 2) Evolution of community engagement as a science; 3) Theoretical frameworks for various community engagement approaches; 4) Community-Based Participatory Research (CBPR); 5) Community engagement strategies for different stages of translational research; and 6) Evaluation of various engagement strategies; and 7) Ethics of community engagement. Students will gain practical experience in various community engagement tools and strategies to help guide the development of a community engagement plan responsive to community needs. Challenges and benefits of establishing community partnerships will be highlighted by real-world examples. The course will include lectures, interactive student-led presentations and guided exercises; class discussions among invited speakers, students and instructors; individual and group assignments; and organized small-group and experiential activities. Course readings will demonstrate the need and opportunity for interdisciplinary community engagement approaches and will illustrate how to conduct innovative community-engaged research. The Science of Community Engagement course is intended to reach students with diverse research interests, including clinical research, community health, health research and policy, epidemiology, prevention research, environmental health, etc.
Same as: EPI 272

CHPR 228. Theoretical Foundations and Design of Behavioral Intervention Trials. 3 Units.
Focuses on the knowledge and skills, respect and thoughtful practice of designing health promotion interventions that are relevant, theoretically-informed, have broad impacts, and can endure. Provides an in-depth review of intervention approaches for health promotion and disease prevention and covers the leading theories of behavior change. Follows an integrative model to demonstrate similarities and differences between the theoretical approaches, seeking what is useful and worthwhile in each theoretical model rather than looking primarily for what is most easily criticized. Practical in nature with emphasis on the specifics of needs assessments and intervention development and delivery and how these may vary across community settings, with diverse populations, addressing different behaviors, and leveraging traditional and emerging delivery channels. Explores intervention creation, delivery, effectiveness, and sustainability to identify and better understand the resources and other practical considerations necessary to produce, deliver, monitor, and disseminate an intervention with demonstrated effectiveness. Examples drawn from across the behavioral spectrum and include tobacco control, physical activity, healthy diet, stress and distress, as well as consideration of the complexities of extending interventions to target multiple risk behaviors. Students develop a foundational understanding of behavior change theory, rigorous research methods, and creative design strategies to advance the health of individuals and communities. Students taking 2 units only will complete all 4 homework assignments, attend 8 of 10 class sessions, and complete an abbreviated final abstract plus figures/tables instead of a final paper. The grading, in this instance, will be the medical school option of credit/no credit. CHPR master’s students must enroll for 3 units and a letter grade.

CHPR 230. Sexual Function and Diversity in Medical Disciplines. 2-3 Units.
This course is a coordinated seminar series that presents evidence-based health promotion and disease prevention guidelines by clinical and translational research and population health science faculty of clinical departments other than Medicine (the focus of CHPR 260) of the Stanford School of Medicine, including; Anesthesiology & Perioperative, & Pain Medicine, Cardiothoracic gy, Emergency Medicine, Neurology & Neurological Sciences, Neurosurgery, Obstetrics & Gynecology, Ophthalmology, Orthopaedic Surgery, Otolaryngology, Pathology, Pediatrics, Psychiatry & Behavioral Sciences, Radiation Oncology, Radiology, Surgery and Urology. CHPR master’s program students must enroll in CHPR 230 for a letter grade and priority for enrollment will be given to current CHPR students. For third unit, graduate students attend INDE 215 Queer Health & Medicine and complete assignments for that section. For third unit and WAYs, undergrads enroll in SOMGEN 130. Prerequisites: CHPR 201 or HUMBIO 126/CHPR 226 or equivalent or consent of instructor.
Same as: FEMGEN 230, SOMGEN 230

CHPR 232. Social and Structural Determinants of Health: Achieving Health Equity. 1 Unit.
This course examines the theoretical basis and societal context of the social determinants of health, racial-ethnic health disparities, and health equity. Each session focuses on a social determinant of health addressed by Michael Marmot, including the social gradient, stress, racism, early life, social exclusion, work, unemployment, social support, addiction, food and transportation. Students will be encouraged to think beyond the individual-level to consider multi-level and policy-level interventions to promote health equity.

Advances in contemplative science reveal ways of caring for ourselves and others that promote health and well-being for individuals and communities. Study of diverse, evidence-based contemplative practices identifies why, how, and when specific practices are beneficial for health, well-being, focus, learning, self-compassion, positive emotions, empathy, communication, compassionate action, and burnout prevention. This course progresses through: 1) awareness-based self-care; 2) compassion-based interpersonal connections; and 3) purpose-based meaningful work and service. A unifying course framework facilitates insights regarding healthy processes for fulfilling fundamental human needs for safety/calm/peace, connection/compassion/love, and satisfaction/competence/joy. While the course focuses on factors that cultivate and sustain health, obstructions and impediments such as oppression and trauma are discussed. The course combines investigation of research with direct experience in an immersive, transformative learning retreat format rooted in the rhythm of contemplative ways of being, discovery, and expression. Multimodal activities include embodiment practices, meditation, breathwork, journaling, dyad listening, reflections on poetry and non-fiction, research critiques, iterative behavioral action plans, and creation of multimedia narratives. These activities provide a foundation for a lifetime of whole-person integrated ways of living, exploring, thinking, and serving. The course equips students with a body of knowledge and skills to flourish personally and professionally, develop innovative solutions to complex problems, and sustain research and service dedicated to improving health and well-being for everyone. Offered for 1-3 units via 3 weekend retreats (1-unit each) taught on the 2nd, 5th and 8th weekends of the quarter. The curriculum builds upon previous retreat topics: #1 Resilience, #2 Relationships, #3 Resolve. Register for your preferred number of units. (Retreat #1 = 1-unit; Retreats #1 + #2 = 2-units; or Retreats #1 + #2 + #3 = 3 units).
CPR 234. Applying Contemplative Practices. 3 Units.
Knowledge and skills for applying contemplative practices to promote individual and community health and well-being in a variety of settings (e.g., clinics, hospitals, non-profit and for-profit organizations, schools, government agencies, secular and spiritual communities, etc.) is the focus of this course. In-depth exploration is provided through: 1) scholarly articles on contemplative neuroscience, biopsychosocial research, theoretical models, and interventions, and 2) experiential learning in which students are guided in doing diverse contemplative practices, including silence, centering, meditation, labyrinth walking, yoga, qi gong, self-compassion, deep listening, storytelling, journaling, lectio divina, prayer, ritual, and compassionate action. Multi-modal learning activities include videos, field experiences, guest speakers, ancient and modern texts, class discussions, and personal reflections. In-depth understanding of contemplative practices is developed through consideration of contemplative practices with respect to behavioral science, ethics, social justice, inclusion and diversity, qualitative and quantitative research, motivational interviewing, compassionate communication, design thinking and relationship-based care, including deep listening, open-minded observation, empathic need-finding, pattern recognition, and creative confidence. The course culminates with students’ presentations of their original design for a research-based health and well-being program or policy incorporating contemplative practices.

CPR 235. Covid-19 Case Investigation and Contact Tracing. 3-6 Units.
In this service-learning course students will be learn how to identify people who have COVID-19 and those who have been exposed to people with COVID-19. Students will learn basics about the biology and health effects of SARS-CoV-2 and the epidemiology of COVID-19. Students will be taught important skills in healthcare communication including motivational interviewing, health education, and health coaching. Students will work as volunteers together with Santa Clara County staff to interrupt the chains of transmission of COVID-19 as they apply skills they have learned to help people with the illness and those who have been exposed understand the importance of isolation, quarantine, and other critical aspects of public health needed to control and manage this disease. Students will need to be willing to commit 20 hours per week to this course for 10 weeks over 2 quarters. Requires application and instructor approval. Please contact Course Director, Lars Osterberg MD, MPH for an application form and approval for enrollment.
Same as: MED 164, MED 264

CPR 236. Citizen Science Theory to Practice: Advancing Community-Driven Solutions for Health. 2-3 Units.
Harnessing and activating the insights of community members and patients is essential to achieving health equity and from the bottom up. Students will 1) learn and apply a novel datadriven, technology-enabled approach to improving community health through systematic documentation of lived experience and application of collective data to inform local change; 2) examine global project case studies targeting physical activity, food access, transportation, affordable housing, gender-based violence, and age-friendly environments; and 3) complete assessments of their local built environments using a Stanford-developed app and web platform, then use their data to develop and explore feasible strategies to improve community health. (Cardinal Course certified by the Haas Center).
Same as: MED 243

CPR 238. Social Media, Health, and Well-Being. 1 Unit.
Focus is on how social media affects well-being, how and why information spreads, effects of social media on young people and other vulnerable populations, and how social media can be used to improve health behaviors and well-being. The synchronous class sessions on Zoom consist of brief lectures, guest speakers, and class discussions. Assignments will include reading, submitting written reflections, and participating in class discussions. Priority for enrollment given to CPR Masters students, who must enroll for a letter grade.

CPR 240. Prevention Research: the Science of Healthy Living. 3 Units.
Features the research of faculty in the Stanford Prevention Research Center and focuses on key health issues over the life course (prenatal through childhood, young to middle-aged, older and elderly adults). Topics include chronic disease (global and U.S.) epidemiology; application of behavioral science to risk reduction; nutrition; weight management; physical activity; stopping smoking; public health; community health and community-based prevention; national prevention strategy; applying communication technology to health promotion. Prerequisite: HumBio 126 or concurrent enrollment in CPR 201.

CPR 247. Methods in Community Assessment, Evaluation, and Research. 3 Units.
Development of pragmatic skills for design, implementation, and analysis of structured interviews, focus groups, survey questionnaires, and field observations. Topics include: principles of community-based participatory research, including importance of dissemination; strengths and limitations of different study designs; validity and reliability; construction of interview and focus group questions; techniques for moderating focus groups; content analysis of qualitative data; survey questionnaire design; and interpretation of commonly-used statistical analyses.
Same as: MED 147, MED 247

CPR 250. Prevention Across Medical Disciplines: Evidence-based Guidelines. 3 Units.
Coordinated seminar series presenting evidence-based health promotion and disease prevention guidelines by research and clinical faculty of multiple divisions of Stanford’s Department of Medicine, including cardiovascular medicine, oncology, nephrology, immunology and rheumatology, infectious diseases, endocrinology, gerontology and metabolism, gastroenterology and hepatology, hematology, blood and marrow transplantation, pulmonary and critical care medicine, general medical disciplines (including family medicine). Key prevention issues addressed in primary care and outcomes research, biomedical informatics research and the Stanford Prevention Research Center also presented. Enrollment priority given to CPR Master’s students. CPR students must enroll for letter grade. Prerequisite: CPR 201 or HUMBIO 126/CPR 226 or equivalent or consent of instructor.

CPR 266. Advanced Statistical Methods for Observational Studies. 2-3 Units.
Design principles and statistical methods for observational studies. Topics include: matching methods, sensitivity analysis, and instrumental variables. 3 unit registration requires a small project and presentation. Computing is in R. Pre-requisites: EPI 261 and 262 or STATS 209 (EPI 239), or equivalent. See http://rogosateaching.com/somgen290/.
Same as: EDUC 260B, EPI 292, STATS 266

CPR 270. Prevention Across Surgical and Other Medical Disciplines. 3 Units.
This course is coordinated seminar series that presents evidence-based health promotion and disease prevention guidelines by clinical and translational research and population health science faculty of clinical departments other than Medicine (the focus of CPR 260) of the Stanford School of Medicine, including: Anesthesiology & Perioperative, & Pain Medicine, Cardiothoracic Surgery, Dermatology, Emergency Medicine, Neurology & Neurological Sciences, Neurosurgery, Obstetrics & Gynecology, Ophthalmology, Orthopaedic Surgery, Otolaryngology, Pathology, Pediatrics, Psychiatry & Behavioral Sciences, Radiation Oncology, Radiology, Surgery and Urology. CPR master’s program students must enroll for a letter grade and priority for enrollment will be given to current CPR students. Prerequisites: CPR 201 or HUMBIO 126/CPR 226 or equivalent or consent of instructor.
CHPR 271. Human Molecular Genetics. 3 Units.
For genetic counseling students, graduate students in genetics, medical students, residents, and postdoctoral fellows interested in the practice of medical genetics and genomics. Gene structure and function; the impact of mutation and polymorphism as they relate to developmental pathways and human disease; mitochondrial genetics; approaches to the study of complex genetic conditions; GWAS and genome sequencing technologies; variant interpretation; gene therapy, stem cell biology, and pharmacogenetics. Undergraduates require consent of instructor and a basic genetics course. Non-GC students: Please contact the instructor when you enroll.
Same as: GENE 271

CHPR 272. Introduction to Medical Genetics. 2-3 Units.
For genetic counseling students, graduate students in human genetics, medical students, residents, and fellows; undergraduates with consent of instructor. Principles of medical genetics practice, including taking a family history, modes of inheritance and risk assessment, and mathematical principles of medical genetics (Bayes theorem, population genetics). An additional problem set is required for 3 units.
Same as: GENE 272

CHPR 274A. A Case Based Approach to Clinical Genetics. 2 Units.
For genetic counseling students and medical genetics residents and fellows. Case-based scenarios and guest expert lectures. Students learn skills in case preparation, management, and presentation, as well as content around common genetic disorders.
Same as: GENE 274A

CHPR 274B. A Case Based Approach to Clinical Genetics. 2 Units.
For genetic counseling students and medical genetics residents and fellows. Case-based scenarios and guest expert lectures. Students learn skills in case preparation, management, and presentation, as well as content around common genetic disorders. This course is a continuation of GENE 274A, but may be taken individually with instructor permission.
Same as: GENE 274B

CHPR 278. Prenatal Genetic Counseling. 1 Unit.
Online course for genetic counseling students, graduate students in genetics, medical students, residents, fellows, and nurses interested in prenatal genetics. Genetic counseling students should take this course in conjunction with their initial prenatal genetics rotation. Topics include: prenatal screening and diagnostic testing, ultrasound, genetic carrier screening, teratology, fetal treatment and intervention, perinatal loss, termination, and infertility. Non-GC students: Please contact the instructor when you enroll.
Same as: GENE 278

CHPR 279. Pediatric and Adult Genetic Counseling. 1 Unit.
Internet based course for genetic counseling students, graduate students in genetics, medical students, residents, and fellows; genetic counseling students should take this course in conjunction with their initial general genetics rotation. Topics include: clinical reasoning in medical genetics, techniques to prepare for the medical genetics visit, assessment of child development and medical history in the context of a genetic workup, dysmorphology, development of a differential diagnosis, and resources for case management and family support. Non-GC students: Please contact the instructor when you enroll.
Same as: GENE 279

CHPR 280. Metabolic Genetic Counseling. 1 Unit.
Internet based course for genetic counseling students, graduate students in genetics, medical students, residents, and fellows. Genetic counseling students should take this course in conjunction with their metabolic genetics rotation. Topics include: overview of metabolic diseases; common pathways; diagnosis, management, and treatment of metabolic disorders; and newborn screening. Non-GC students: Please contact the instructor when you enroll.
Same as: GENE 280

CHPR 281. Cancer Genetic Counseling. 1 Unit.
Internet based course for genetic counseling students, graduate students in genetics, medical students, residents, and fellows; genetic counseling students should take this course in conjunction with their initial cancer genetics rotation. Topics include: cancer biology and cytogenetics; diagnosis and management of common cancer genetic syndromes; predictive testing; psychology of cancer genetic counseling; and topics recommended by ASCO guidelines. Non-GC students: Please contact the instructor when you enroll.
Same as: GENE 281

CHPR 284. Medical Genetics Seminar. 1 Unit.
Presentation of clinical and research topics in human genetics, followed by case presentations from the medical genetics and biochemical genetics services. Course may be completed online or in-person. Non-GC students: Please contact the instructor when you enroll.
Same as: GENE 284

CHPR 287. CARDIOVASCULAR GENETICS. 1 Unit.
Online course for genetic counseling students, graduate students in genetics, medical students, residents, fellows, and nurses interested in inherited cardiovascular conditions. Genetic counseling students should take this course in conjunction with their cardiovascular genetics rotation. Topics include: Basic cardiology principles, including relevant anatomy and physiology; diagnosis, management and genetic testing as it relates to common inherited cardiovascular conditions in both the pediatric and adult setting; predictive genetic testing issues specific to inherited cardiovascular conditions; psychological issues related to sudden death conditions. Non-GC students: Please contact the instructor when you enroll.
Same as: GENE 287

CHPR 290. Curricular Practical Training and Internship. 1-18 Unit.
CHPR masters students enroll for a letter grade in your mentor’s section. Before the end of the second week of the quarter, enrolled students must submit a description of the expected learning outcomes and deliverables for each unit to the CHPR office. One unit= three hours of work per week (30 hours for the quarter). CHPR 290 is also the CPT Course required for international students completing degree requirements.

CHPR 299. Directed Reading. 1-18 Unit.
Prerequisite: consent of instructor. Before the end of the second week of the quarter, enrolled students must submit a description of the expected learning outcomes and deliverables for each unit to the CHPR office. One unit= three hours of work per week (10 hours for the quarter).

CHPR 399. Community Health and Prevention Research Master's Thesis Writing. 1-18 Unit.
Thesis writing for Community Health and Prevention Research Program. Students enroll in thesis advisor’s section. Non-medical students enroll for a letter grade. Before the end of the second week of the quarter, enrolled students must submit a description of the expected learning outcomes and deliverables for each unit to the CHPR office. One unit= three hours of work per week (30 hours for the quarter).

CHPR 801. TGR Project. 0 Units.