

Department of Public Health Sciences MPH Program Syllabus

Course name:	Social & Behavioral Aspects of Public Health		
Course no.:	PUBH 5353		
Course CRN:	16198		
Semester/year	Fall 2013		
Graduate credit hours:	3		
Class location:	HSN Bldg. Classroom		
Class meeting time:	Wednesdays, 5:00-7:50 PM		
Class instructor:	Dr. MM Weigel		
Office location:	HSN Bldg. Office 414		
Phone:	915-747-8308		
Email:	mmweigel@utep.edu		
Office hours:	Wednesday, 3:00-4:30 PM or by appointment		
Preferred contact method:	Email or phone		
Course description:	Public health core course examines the cultural, social, behavioral, psychological, and economic factors that influence health and illness. Critical evaluation of social and behavioral science principles, theories, techniques, and research used for understanding and resolving public health problems. Emphasis on Hispanic, border, and other diverse multicultural communities.		
Course pre-requisites:	Admission to the MPH or Graduate Certificate in Public Health Program		
Required textbooks:	M Edberg; Essentials of Health Behavior: Social and Behavioral Theory in Public Health; Jones & Bartlett Publishers, Inc., 2007.		
Supplemental reading:	See course schedule and appendix		
Course format:	Lecture & discussion, case studies, multimedia, guest speaker, and student		
	presentations, written assignments, and exams		
Major learning objectives	By the end of this course, the student will be able to:		
(must be numbered):	1. Compare and contrast the strengths and weaknesses of the major social		
	science and behavioral science approaches and theories used by public health		
	investigators and practitioners.		
	Analyze, interpret, and present evidence-based data on social and behavioral determinants of health.		
	3. Discuss how social and behavioral factors influence health, health outcomes, and health disparities.		
	4. Explain how health and health-seeking behaviors reflect cultural differences in conceptualizations of health and illness.		
	5. Assess the appropriateness and usefulness of social science and behavioral		
	interventions aimed at different system levels, including individual behaviors,		
	family systems, community organization, complex social systems, and the larger social and physical environment.		
	6. Examine the roles of key community, governmental, non-governmental, and		
	other important payers and players in public health planning, implementation and evaluation of public health programs, policies and interventions.		

- 7. Design, adapt, evaluate, and critique public health programs using the steps and procedures from one or more of the major social science and behavioral theories/models.
- 8. Identify social and community factors influencing the health, health-seeking, illness and health disparities among vulnerable and underserved populations.
- 9. Examine the impact of ethical practice in the planning, implementation, and evaluation of public health programs.
- 10. Apply the socio-ecological framework to identify how individual, community, and population health is affected by factors at various levels and how it can be applied to effect change in program and policy.

Assessment strategies: (must be numbered)

- 1. Weekly text chapter and supplemental article readings: written homework questions
- 2. Case study questions & other problem-solving homework exercises
 - Evaluation and feedback by instructor
- 3. Individual case study preparation and presentation- evaluation
 - Evaluation and feedback on written case study product (by instructor)
 - Evaluation and feedback on oral case study presentation (by instructor and student peers using evaluation rubric)
- 4. Partnership (group) local PDN policy brief preparation
 - Evaluation and feedback on written policy brief product (by instructor)
 - Evaluation and feedback on oral policy brief presentation (by instructor and student peers using evaluation rubric)

MPH Program Competencies (must be identified & numbered)	Learning objectives	Assessment strategies
This course meets the following MPH Program core & competencies	-	
SOCIAL & BEHAVIORAL SCIENCES		
1. Identify basic theories, concepts and models from a range of social and	1	1,2,3
behavioral disciplines that are used in public health research and practice.		
2. Identify the causes of social and behavioral factors that affect health of	3,4,8	1,2,3,4
individuals and populations.		
3. Identify individual, organizational and community concerns, assets, resources	6,7	2,3,4
and deficits for social and behavioral science interventions.		
4. Identify critical stakeholders for the planning, implementation and evaluation	6	1,3,4,
of public health programs, policies and interventions.		
5. Describe steps and procedures for the planning, implementation and	7,10	2,3,4
evaluation of public health programs, policies and interventions.		
6. Describe the role of social and community factors in both the onset and	3,4	1,2
solution of public health problems.		
7. Describe the merits of social and behavioral science interventions and	1	1,2
policies.		
8. Apply evidence-based approaches in the development and evaluation of		
social and behavioral science interventions.	2,7,10	3,4
9. Apply ethical principles to public health program planning, implementation		
and evaluation.	9	3,4
10. Specify multiple targets and levels of intervention for social and behavioral	5,10	2,3
science programs and/or policies. HISPANIC & BORDER HEALTH COMPETENCIES		
	2	1 2 4
1. Describe the historical, cultural, social, economic, political and other	3	1,3,4
similarities and differences among Hispanic and border groups and how these affect health equity and health disparities.		
2. Describe the roles of history, power, privilege, economics and other	3,4,8	1,2
structural inequalities that restrict health equity and produce health disparities	3,4,0	1,2
in Hispanic and border communities.		
6. Develop public health strategies and interventions that are responsive to the	7	3,4
unique needs and cultural values/traditions of Hispanic and border	,	3,4
communities.		
7. Recognize and apply the social justice perspective in public health practice as	9	1,2
it relates to community capacity building and empowerment.	,	1,2
BIOSTATISTICS COMPETENCIES		
5. Apply descriptive techniques commonly used to summarize public health	2	3,4
data	_	3,4
9. Interpret results of statistical analyses found in public health studies		
EPIDEMIOLOGY COMPETENCIES	2	1,3,4
9. Draw appropriate inferences from epidemiologic data	_	2,0,1
HEALTH POLICY & MANAGEMENT COMPETENCIES	6	3,4
4. Discuss the policy process for improving the health status of populations		3,7
The Discuss the policy process for improving the health status of populations		

Grading scale &	Grading scale:
criteria	A (> 90%-exceptional graduate-level performance)
Citteria	l · · · · · · · · · · · · · · · · · · ·
	b (60 65% dverage gradate level performance)
	C (70-79%-below average graduate-level performance)
	■ D (60-69%-unacceptable graduate-level performance)
	■ F (< 60%-very unacceptable graduate-level performance)
	Grading components:
	Homework chapter reading questions: 25%
	■ Homework exercises: 25%
	Case study presentation: 25%
	 Policy brief presentation: 25%
	 Active class participation is required: points will be deducted for students who
	do not actively participate in class discussions and other activities.
Incomplete policy:	An "I" (incomplete grade) can only be considered only if requested by the student in
moompiete poney.	advance of the conclusion of the course and only for legitimate, documented
	emergencies. Failure to request and negotiate the terms of an "Incomplete" grade
	before the conclusion of the course will result in a denial except in the most
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	extraordinary circumstances.
	Course/Instructor & Institutional Policies
Attendance:	It is UTEP policy that all students attend all scheduled classes. Attendance will be
/teendance.	taken at each class. When a student registers for a course, it is assumed that
	she/he has made arrangements to avoid such conflicts. Students are responsible
	for any information or activities presented in class discussions, lectures,
	assignments, and/or readings. If you are unable to attend class, it is your
	responsibility to inform the instructor before the respective class session.
	Students may be administratively withdrawn for excessive unexcused absences
	(2 or more classes). Compliance to due dates, in class presentations, homework,
	exams and other activities, is mandatory. All emergency-related absences must
	be verified.
	 Chronic tardiness not only reflects lack of commitment and professional
	behavior but also is disruptive to your classmates and the instructor. You are
	expected to be in class and seated by 5:00 PM.
Reading assignments:	All assigned readings need to be completed prior to coming to the next scheduled class
	session. Example: the reading assignments for week 2 need to be completed prior to
	coming to the week 2 class session.
Writing standards	Effective public health leaders and practitioners are also effective written as well as oral
	communicators. Written communication is a critical element of the communication
	process. Our MPH graduate program both recognizes and expects good writing to be the
	norm for course work. Please feel free to seek out assistance from the free UTEP Writing
	Center.
Policy for late	Due dates for homework, exams, presentations and other assignments are designed for
assignments	fairness to all students. No exceptions to those dates will be made excepting in cases of
3.3.5	university-designated closures. All assignments are due at the beginning of the class
	period on the due date. Five (5) points will be deducted for each day an assignment is
	late (including weekend days).
Permission to record	
	Not permitted without express permission of the instructor
lectures & discussions	

Cellphone/electronic	Please note that all cellular telephones, pagers, headphones, iPods, iPads, mp3 players,	
tablet/ use policies:	earpieces, laptops, and other forms of communication and entertainment technology	
	equipment must be powered off and put away during the class period. If a situation	
	should arise which necessitates a student to be contacted by a physician or family	
	member, the instructor shall be notified and cell phone can be set to "vibrate." Please be	
	advised that students who use unauthorized technology during class time will be	
	dismissed from that week's class session.	
Field trip policies:	N/A	
Class participation:	Active student participation in this course is very important. Students must be prepared	
Class participation.	to come to class to discuss, answer questions, and participate in all class activities.	
Special	If you have a disability and need classroom accommodations, please contact The Center	
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accommodations:	for Accommodations and Support Services (CASS) at 915.747.5148, cass@utep.edu , or	
	visit their office located in UTEP Union East, Room 106. For additional information, visit	
	http://sa.utep.edu/cass/. CASS Staff are the only individuals who can validate and if	
	need be, authorize accommodations for students with disabilities.	
MPH handbook:	http://chs.utep.edu/publichealthsciences/pdf/MPH%20STUDENT%20%20HANDBOOK%2	
	<u>02013-2014.pdf</u>	
Student conduct:	Students are expected to be above reproach in all scholastic activities. Students who	
	engage in scholastic dishonesty are subject to disciplinary penalties, including the	
	possibility of failure in the course and dismissal from the university. "Scholastic	
	dishonesty includes but is not limited to cheating, plagiarism, collusion, the submission	
	for credit of any work or materials that are attributable in whole or in part to another	
	person, taking an examination for another student, any act designed to give unfair	
	advantage to a student or the attempt to commit such acts." Regent's Rules and	
	Regulations, Part One, Chapter VI, Section 3.2, Subdivision 3.22. Since scholastic	
	dishonesty harms the individual, all students, and the integrity of the University, policies	
	on scholastic dishonesty will be strictly enforced. From the UTEP Dean of Student Affairs	
	(http://studentaffairs.utep.edu/Default.aspx?tabid=4386) "It is an official policy of	
	university that all suspected cases or acts of alleged scholastic dishonesty must be	
	referred to the Dean of Students for investigation and appropriate disposition. Any	
	student who commits an act of scholastic dishonesty is subject to discipline. Scholastic	
	dishonesty includes, but is not limited to cheating, plagiarism, collusion, the submission	
	for credit of any work or materials that are attributable in whole or in part to another	
	person, taking an examination for another person, any act designed to give unfair	
	advantage to a student or the attempt to commit such acts".	
	Examples of "cheating" include:	
Examples of "cheating" include:		
	Copying from the homework, in-class work or exam paper of another student, angaging in written and or any other manns of communication with another.	
	engaging in written, oral, or any other means of communication with another	
	student during an exam or homework assignment, or giving aid to or seeking aid	
	from another student during a test;	
	Possession and/or use during an exam or home test of materials which are not	
	authorized by the person giving the test, such as class notes, books, or	
	specifically designed "crib notes";	
	 Using, obtaining, or attempting to obtain by any means the whole or any part of 	
	non-administered test, test key, homework solution, or computer program;	
	using a test that has been administered in prior classes or semesters but which	
	will be used again either in whole or in part without permission of the instructor;	
	or accessing a test bank without instructor permission;	
	Collaborating with or seeking aid from another student for an assignment	
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without authority;

- Substituting for another person, or permitting another person to substitute for one's self, to take a test;
- Falsifying research data, laboratory reports, and/or other records or academic work offered for credit.

"Plagiarism" means the appropriation, buying, receiving as a gift, or obtaining by any means another's work and the unacknowledged submission or incorporation of it in one's own academic work offered for credit, or using work in a paper or assignment for which the student had received credit in another course without direct permission of all involved instructors. NOTE: This includes cutting-and-pasting and photocopying from online and other material.

"Collusion" means the unauthorized collaboration with another person in preparing academic assignments offered for credit or collaboration with another person to commit a violation of any provision of the rules on scholastic dishonesty.

COURSE SCHEDULE*

Dates	Topics	Homework Assignments		
	Module 1: Introduction to the Social & Behavioral Determinants of Health			
WEEK 1	Syllabus & course interview			
Aug 28	History & foundations of public health			
WEEK 2	Social and other determinants of health	- Prior to week 2 class:		
Sept 4		Read Edberg textbook chapters 1 & 2		
		Answer chapter 1 questions (1-5) & chapter 2 questions (1-5)		
WEEK 3	Tabus / vasial and ashou houlth disposition	for turn in at beginning of class - Prior to week 3 class:		
Sept 11	Ethnic/racial and other health disparities	- Prior to week 3 class: ➤ Read		
Sept 11		- After week 3 class:		
		> Do homework exercise 1 for turn in as part of the module 1		
		packet due on 9/25 in class		
WEEK 4	Culture, health, illness, & healing	- Prior to week 4 class:		
Sept 18	, , , ,	Read Miller B. Health, Illness & Healing. In: Cultural		
		Anthropology in a Globalizing World, pp 163-187, 2009. Access		
		at: http://www.pearsonhighered.com/samplechapter/0205683290_ch7.pdf.		
		Read Ericksen PI. Ethnomedicine chapters 1-2, Long Grove, IL:		
		Waveland Press, Inc., 2008. (Dr. Weigel will send you electronic		
		copy)		
		- After week 4 class:		
		Do homework exercise 2 for turn in as part of the module 1 packet due on 9/25 in class		
	Madula 21	Health Behavior Theory		
WEEK 5	Social/behavioral health theory & its roots	- Prior to week 5 class:		
Sept 25	Individual health behavior theories I	Read Edberg textbook, chapters 3 & 4		
3cpt 23	maividual ficatal behavior theories i	Answer chapter 3 questions (1-7) & chapter 4 questions (1-5)		
		for turn in at beginning of class		
		- Module 1 homework exercise packet due in class		
		- After week 5 class:		
		> Do homework exercise 3 for turn in as module 2 packet due on		
		10/23 in class		
WEEK 6	Individual health behavior theories II	- Prior to week 6 class:		
Oct 2	Social, cultural & environmental health	Read Edberg textbook, chapter 5		
	behavior theories I	Answer chapter 5 questions (1-5) for turn in at the beginning of		
		the class		
		- After week 6 class: > Do homework exercise 4 for turn in as module 2 packet due on		
		10/23 in class		
WEEK 7	Social, cultural & environmental health	- Prior to week 7 class:		
Oct 9	behavior theories II	Read Edberg textbook, chapter 6		
		Answer chapter 6 questions (1-5) for turn in at the beginning of		
		the class		
		- After week 7 class:		
		> Do homework exercise 5 for turn in as part of module 2 packet		
		due on 10/23 in class		
WEEK 8	Socio-ecological perspective	- Prior to week 8 class:		
Oct 16	Moving from theory to practice	Read Edberg textbook, chapter 7		
		Answer chapter 7 questions (1-5) for turn in at the beginning of		
		the class		
		- After week 8 class:		
		Do homework exercise 6 for turn as part of module 2 packet		
		due on 10/23 in class		

Dates	Topics	Homework Assignments		
	Module 3: Pu	Itting Theory into Practice		
WEEK 9	Health promotion programs			
Oct 23	- Communities & populations	Read Edberg textbook chapters 8 & 9		
	- Schools, churches, & worksites	 Answer chapter 8 questions (1-5) & chapter 9 questions (1-5) 		
	Policy brief presentation: Groups 1 & 2	for turn in at the beginning of the class		
		- Module 2 homework exercise packet due in class		
WEEK 10	Communications campaigns	- Prior to week 10 class:		
Oct 30	Policy brief presentation: Groups 3 & 4	Read Edberg textbook chapter 10		
		Answer chapter 10 questions (1-5) for turn in at the beginning		
		of the class		
WEEK 11	Global health challenges	- Prior to week 11 class:		
Nov 6	Ethical issues in public health research &	Read Edberg textbook chapters 11 & 14		
	practice	Answer chapter 11 questions (1-5) & chapter 14 questions (1-5)		
	Policy brief presentation: Groups 5 & 6	for turn in at the beginning of the class		
WEEK 12	Evaluation in Public Health	- Prior to week 12 class:		
Nov 13	High Risk & Special Populations I	Read Edberg textbook chapters 12 & 13		
	Student case study presentations 1 & 2	Answer chapter 12 questions (1-5) and chapter 13 questions (1-		
		5) for turn in at the beginning of the class		
		Read student-assigned background readings for case studies		
WEEK 13	High Risk & Special Populations II	- Prior to week 13 class:		
Nov 20	Student case study presentations 3, 4,& 5	Read student-assigned background readings for case studies		
WEEK 14	High Risk & Special Populations III	- Prior to week 14 class:		
Nov 27	Student case study presentations 6, 7,& 8	Read student-assigned background readings for case studies		
WEEK 15	High Risk & Special Populations IV	- Prior to week 15 class:		
Dec 4	Student case study presentations 9, 10,& 11	Read student-assigned background readings for case studies		
WEEK 16	No class-exam week			
Dec 9-13				
* Note:	The course syllabus is a general tentative plan for	the course. Any changes will be announced to the class in advance		

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Assignment Instructions

1. Text and supplemental readings homework questions

These must be typed and printed out. No handwritten questions & answers will be accepted. All homework must include your name, the class week and the due date. In addition, each question must be numbered in order and written out with the answer written below.

Example: Chapter 1 Discussion questions.

Q1. How can data help achieve the main purpose of a health system in any country? Give examples.

Data play a crucial role in achieving the

2. Homework exercises

See syllabus instructions on pages 6-7; instructor will send you copies of the exercises.

3. Critical analysis-Individual case study presentation-written & oral presentations

You are required to present a critical analysis of a public health case study. The case studies will be assigned by the instructor. You are expected to do a thorough job compiling the substantive information and generating discussion in the class. You must plan on 20 minutes for presenting the case study in class using PowerPoint and 10-15 minutes of discussion. You will provide the instructor with a copy of the Powerpoint presentation (handout mode-4 slides/page) as well as a handout of the actual 3-page policy brief. Copies of the brief should also be handed out to classmates at the beginning of your presentation.

4. Policy Brief- written & oral presentations

For this assignment, you and your group are required to prepare a three-page policy (excluding references and other supporting materials) brief to be used for advocacy by a decision maker, an elected official or other advocacy group. The brief topic will be selected by the group but must be approved by the instructor.

The policy brief should be drafted in the form of a non-technical summary of the result of an evidence-based review of the literature conducted by your group that can be used for advocacy, i.e., a brief that can be given to an elected official in the Paso del Norte region (El Paso, Las Cruces, or Cd. Juarez) to draw his/her attention to the subject of the review. In this case, the evidence-based brief needs to focus on a key public health issue faced by the target group and an intervention.

The brief needs to address several important questions including what is the nature and magnitude of the target health problem? who is affected by it? why do people get it? i.e., what are the risk factors for the problem? why should the elected official care about the problem? what are the economic and social consequences of the problem? what can be done for the least cost and as quickly as possible to address the target issue and improve the health of the people impacted? what few priority steps do you recommend be taken to address the problem and what is your evidence-based rationale for these recommendations?

The policy briefs need to be very concise, precise, and evidence-based. They also should use data and be well-argued. They should begin with a summary paragraph since the elected official has such a busy schedule. Accordingly, the brief should be written keeping in mind that the politician will only closely read the summary paragraph and scan the rest of the paper. If these lead sentences for each section are properly constructed, you and your group will be able to consolidate those sentences into the critical summary paragraph at the start of the brief. As you write the brief, it will be helpful to put yourself into the role of the elected official. The brief should be written in such a manner that will allow the aide of the elected official to brief him/her on it in approximately three minutes while riding in a vehicle on the way to some meeting, since that is what often really happens.

The content and writing style of these briefs has extensive real-world application because it is very similar to the briefs you will write in many different types of public health practice settings.

Brief Format. The briefs must all be in the same format (see example provided by instructor):

- Each brief should be three pages long, double-spaced, in 12 point Times New Roman font.
- The paper should have no typographical nor grammatical errors.
- It should be written in a very clear and very crisp manner, with short sentences, short paragraphs, and as few words as possible.

Policy Brief Outline. Each brief should follow the outline below and address each of the following topics.

- Introduction
- Nature and Magnitude of the Problem
- Persons/groups affected by the problem
- Risk factors for the problem
- Economic and social consequences of the problem
- Recommended cost-effective action steps and your evidence-based rationale for recommending these
- How much your recommendations would cost and how they will be paid for

How to Write an Introduction for your Policy Brief:

Each brief needs to begin with a single paragraph that summarizes for the elected official all of the points you want to make in the brief. Examples of summary briefs can be viewed in the links to the examples provided in this syllabus.

- Overview of health policy brief writing. This document was written for global health policy briefs but is also applicable to local problems. Student's Guide to Writing in Societies of the World. Global Health Challenges: Complexities of Evidence-based Policy. Guide to Writing a Policy Brief about a Global Health Problem, Harvard College Jan 2012. http://globalhealth.harvard.edu/sites/globalhealth.harvard.edu/files/2012_Global_Health_Writing-Guide_0.pdf
- Examples of health policy briefs written by students (Note: these were written as global health policy briefs but are useful for learning about brief content and format that can be applied to local populations.
 - Increasing smoking cessation among elderly smokers in Taiwan http://globalhealthsciences.ucsf.edu/sites/default/files/content/ghg/e2pi-solomon-lee.pdf
 - Scaling up oral rehydration salts and zinc to prevent child deaths from diarrhea
 http://globalhealthsciences.ucsf.edu/sites/default/files/content/ghg/e2pi-alexander-rosinski.pdf
 - Detained, pregnant and at risk: a call for national pregnancy care standards in juvenile detention centers http://globalhealthsciences.ucsf.edu/sites/default/files/content/ghg/e2pi-diane-royal.pdf
 - Funding malaria control in the Philippines: a proposal for an innovative financing mechanism.
 http://globalhealthsciences.ucsf.edu/sites/default/files/content/ghg/e2pi-jonathan-daus.pdf
 - Harnessing community mobilization to achieve and sustain malaria elimination.
 http://globalhealthsciences.ucsf.edu/sites/default/files/content/ghg/e2pi-jessica-gu.pdf

Other examples of policy briefs written for IDs, MCH, and nutrition

- Infectious diseases (13 examples).
 http://www.jbpub.com/essentialpublichealth/skolnik/2e/InfectiousDiseases.aspx
- Maternal-child health (8 examples)
 http://www.jbpub.com/essentialpublichealth/skolnik/2e/MaternalandChildHealth.aspx
- Nutrition (7 examples)
 http://www.jbpub.com/essentialpublichealth/skolnik/2e/Nutrition.aspx

Supplemental Websites

- The Paso del Norte Institute for Health Living. Resources. Available at: http://chs.utep.edu/pdnihl/resources.php
 - City of El Paso, Department of Public Health. 2013 Community Health Assessment (CHA).
 - Paso del Norte Health Foundation/City of El Paso Department of Public Health. Paso del Norte Regional Strategic Health Framework Report, 2012.
 - Strategic Health Intelligence Planning Group. Assessment of Determinants of Health in the PdNHF Region: A Review of Select Health Indicators for the counties of El Paso and Hudspeth in Texas; the counties of Doña Ana and Otero in New Mexico; and the city of Ciudad Juárez, Chihuahua, Mexico.
- Centers for Disease Control and Prevention (CDC). The Community Guide. Available on the web at: http://www.thecommunityguide.org/index.html. Access to materials showing "what is known," "what works," and "where to go next" in the field of public health. Systematic reviews are used to answer (1) Which program and policy interventions have been proven effective? (2) Are there effective interventions that are right for the target community? (3) What might effective interventions cost; what is the likely return on investment?
- **World Health Organization** (WHO). WHO Case studies on the social determinants of health. http://www.who.int/sdhconference/resources/case studies/en/.
- CDC. Healthy People 2020 Website. http://www.healthypeople.gov/2020/topicsobjectives2020.
- United States—México Border Health Commission Health Disparities and the U.S.-México Border: Challenges and Opportunities, White Paper October 25, 2010. Access at: http://www.borderhealth.org/files/res 1719.pdf
- CDC. Hispanic/Latino Heritage Month (overview with additional information sources). http://www.cdc.gov/Features/HispanicHeritageMonth/
- CDC. Hispanic or Latino Populations. http://www.cdc.gov/minorityhealth/populations/REMP/hispanic.html
- CDC. Other At-Risk Populations. http://www.cdc.gov/minorityhealth/populations/atrisk.html

Supplemental Readings:

- CDC. Health Disparities and Inequalities Report. MMWR 2011; 60 (suppl):1-113 http://www.cdc.gov/mmwr/pdf/other/su6001.pdf
- Wilkinson R, Marmot M, eds. *Social Determinants of Health: the Solid Facts*. 2nd ed. Geneva, Switzerland: World Health Organization; 2003. Access at: http://www.euro.who.int/en/what-we-publish/abstracts/social-determinants-of-health.-the-solid-facts
- Adler N & Rehkopf D. U.S. Disparities in Health: Descriptions, Causes, and Mechanisms. *Annual Review of Public Health* 2008; 29: 235-52.
- Woolf SH, Braveman P. Where Health Disparities Begin: The Role of Social and Economic Determinants and Why Current Policies May Make Matters Worse. *Health Affairs* 2011; 30(10): 1852-1859. DOI: 10.1377/hlthaff.2011.0685.

- Marmot M, Bell R, Bloomer E, Goldblatt P; Consortium for the European Review of Social Determinants of Health and the Health Divide. WHO European review of social determinants of health and the health divide. *Lancet* 2012 Sep 15;380(9846):1011-29. doi: 10.1016/S0140-6736(12)61228-8. Epub 2012 Sep 8.
- Glanz K, Bishop DP. The Role of Behavioral Science Theory in Development and Implementation of Public Health Interventions. *Annual Review of Public Health* 2010; 31: 399-418.
- Braverman P et al., Social Determinants of Health: Coming of Age. *Annual Review of Public Health* 2011; 32:381-398.
- Adler N & Rehkopf D. U.S. Disparities in Health: Descriptions, Causes, and Mechanisms. *Annual Review of Public Health* 2008; 29: 235-52.
- Williams DR, Sternthal M. Understanding Racial-Ethnic Disparities in Health: Sociological Contributions. Journal of Health and Social Behavior 2010 51: S15. DOI: 10.1177/0022146510383838
- Murray CJL, et al. (2006) Eight Americas: Investigating mortality disparities across races, counties, and race-counties in the United States. *PLoS Medicine* 3(9): e260. DOI: 10.1371/journal.pmed.0030260.
- Vega WA, Rodriguez MA, Gruskin E. Health Disparities in the Latino Population. *Epidemiological Reviews* 2009; 31:99-112. DOI: 10.1093/epirev/ mxp008.
- Bertrand JT. Diffusion of Innovations and HIV/AIDS. *Journal of Health Communication* 2004; 9: 113-121.
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Appendix 3 Spring 2014 Eliminating Health Disparities (PUBH 5322) ORAL PRESENTATION EVALUATION RUBRIC

Student Presenter Name:	Date:
Presentation Title:evaluator name:	Student

TOPIC (Weight)	Exceptional (range 9.0-10.0)	Acceptable (range 8.0-8.9)	Marginal (range 7.0-7.9)	Unacceptable (range 0.0-6.9)
Presentation Content (5.0)	Speaker provides an abundance of accurate information clearly related to assigned topic.	Provides sufficient accurate information that relates to the assigned topic.	There is a great deal of information that is not accurate or only peripherally related to the assigned topic.	The information provided clearly not related to the assigned topic.
Presentation Organization (1.5)	Presentation is clear, logical, and organized. Listener can follow line of reasoning.	Presentation is generally clear and well organized. A few minor points may be confusing.	Listener can follow presentation only with effort. Some arguments are not clear. Organization seems haphazard.	Listener unable to follow presentation. Arguments are not clear. No evidence of organizat presentation.
Level of Presentation (1.5)	Level of presentation is appropriate for the audience. Presentation is paced for audience understanding. It is not a reading of a power point. Speaker is comfortable in front of the group and can be heard by all.	Level of presentation is generally appropriate. Pacing is sometimes too fast or too slow. Presenter seems slightly uncomfortable at times, and audience occasionally has trouble hearing him/her.	Aspects of presentation are too elementary or too sophisticated for audience. Much of the information is read. Presenter seems uncomfortable and can be heard only if listener is very attentive	The entire presentation is elementary or too sophis for audience. The information is read with limited or no eye contact audience. Presenter is uncomfortal cannot be heard by listener.
Contact with Audience and Handling of Questions (2.0)	Consistently clarifies, restates, and responds to questions. Summarizes when needed.	Generally responsive to audience comments, questions, and needs.	Misses some opportunities for interaction. Responds to questions inadequately.	Lack of interaction with audience. No questions are answe No interpretation is made

Additional Qualitative Comments (please write clearly on the back of this page)