

Department of Public Health Sciences, University of Texas El Paso  
MPH Program Course Syllabus

Course:	<b>Social and Behavioral Aspects of Public Health</b>
Course number/CRN:	<b>PUBH 5353/13641</b>
Semester/year	<b>Fall 2017</b>
Graduate credit hours:	<b>3</b>
Class location:	<b>Classroom Building, Room C301</b>
Class meeting time:	<b>Wednesday, 5 – 7:50pm      FIRST CLASS Aug 29<sup>th</sup>      NO FINAL EXAM</b>
Class instructor:	<b>Dr. Jeannie B. Concha, HSSN Rm 414, <a href="mailto:jeannie@utep.edu">jeannie@utep.edu</a>, phone 915-747-8303</b>
Office Hours:	<b>Wednesday 1:00-4:00 pm and by appointment</b>
Course description:	<b>This Public Health core course examines social, behavioral, cultural, psychological, and economic factors that influence health and illness, and includes critical evaluation of social and behavioral science principles, theories, techniques, and research for the purpose of understanding and resolving complex problems in public health through public health intervention programs. The course emphasizes Hispanic, border, and multicultural communities.</b>
Course pre-requisites:	<b>Admission to the MPH or Graduate Certificate in Public Health Program</b>
Required text:	<b>Coreil, Jeannine (2010) Social and Behavioral Foundations of Public Health (2nd ed) Thousand Oaks, CA: Sage Publications, Inc.</b>
Additional readings:	<b>See syllabus</b>
Course format:	<b>Graduate seminar format focusing on discussion, enhanced student participation, critical analysis, case studies, multimedia, papers and student presentations. Classes emphasize intellectual leadership, professionalism, mastery, integration and critical analysis of concepts and theories.</b>

***ASSOCIATION OF SCHOOLS OF PUBLIC HEALTH (ASPH) CORE COMPETENCIES FRAMEWORK:***

The ASPH defined core competencies for the MPH degree are organized in five core discipline domains including Evidence-based Approaches to Public Health; Public Health & Health Care Systems; Planning & Management to Promote Health; Policy in Public Health; Leadership; Communication; Inter-Professional Practice; Systems Thinking. ASPH also defined seven cross-domain competencies including communication and informatics; diversity and culture; leadership; professionalism; program planning; public health biology; and systems thinking. In addition, UTEP's MPH Program has defined an additional five core competencies in Hispanic and Border Health.

***HOW THIS COURSE CONTRIBUTES TO CORE COMPETENCIES:***

The textbook selected for this course was specifically designed and written by the author (Jeannine Coreil) to address the core competencies (10) in the Social and Behavioral Sciences domain. In addition, three central chapters on the sociocultural context of health, health disparities and diversity directly address all of our program's ten core competencies in Hispanic and Border Health (listed below). The materials for this course were specially designed to promote the mastery of core competencies through practice, repetition, application, discussion, critical analysis and integration of theories and concepts that inform the core competencies. Materials include weekly previews and summaries of the week's reading, study guides, written answers to study questions, weekly pre- and post-class quizzes on the reading assignments, unit examinations, weekly student presentations of core concepts, and a final paper with professional presentation that presents integration and critical analysis of published public health interventions specifically relevant to health disparities in the El Paso Border Region. Assignments for this course were specially designed to build six of seven cross-cutting competencies (excepting only public health biology) through assignments that require students to prepare weekly presentations of core concepts for classmates; lead high-level discussions and integration of reading assignments; critically evaluate intervention plans and illustrate systems thinking through applied examples.

<b>Learning Objectives:</b>	<p><b>By the end of this course, the student will be able to:</b></p> <p><b>Profession &amp; Science of Public Health</b></p> <p>2. Identify the core functions of public health and the 10 Essential Services.</p> <p>3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population’s health</p> <p>4. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program</p> <p>6. Explain the critical importance of evidence in advancing public health knowledge</p> <p><b>Factors Related to Human Health</b></p> <p>9. Explain behavioral and psychological factors that affect a population’s health</p> <p>11. Explain how globalization affects global burdens of disease</p> <p>12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)</p>	
<b>Assessment strategies:</b>	<p><b>1. Assessment:</b> Knowledge gained through weekly readings and student lead discussions on seminal social and behavioral readings and research articles. Students will also access large-scale databases (e.g. BRFSS) to become familiar with and access behavioral risk factors indicators for disease and disease prevention. Application is assessed through weekly written critical review of assigned readings and class discussion of assigned readings.</p> <p><b>2. Assessment:</b> Knowledge gained through the completion of an extensive Literature Review on a Social or Behavioral public health issue using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines and the American Psychological Association writing format. Application of this knowledge is the completion of the Literature Review by identifying relevant social and behavioral research articles and reviewing them in relation to public health outcomes. Application of this knowledge is also gained by presenting the process and findings to peers and the instructor.</p>	
<b>MPH Program Competencies Addressed in Course</b>		
<b>Evidence-based Approaches to Public Health</b>	<b>Learning Objectives</b>	<b>Assessment Strategies</b>
2. Select quantitative and qualitative data collection methods appropriate for a given public health context	2,3	1,2
3. Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate	3,6	1,2
4. Interpret results of data analysis for public health research, policy or practice	3,4,6	1,2
<b>Public Health &amp; Health Care Systems</b>		
5. Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings	9,11,12	1
<b>Planning &amp; Management to Promote Health</b>		
11. Select methods to evaluate public health programs	2,3,6	1,2
<b>Policy in Public Health</b>		

12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence		2,6,11,12	1
<b>Communication</b>			
19. Communicate audience-appropriate public health content, both in writing and through oral presentation		3,9	1,2
20. Describe the importance of cultural competence in communicating public health content		3,9	1,2
<b>Systems Thinking</b>			
22. Apply systems thinking tools to a public health issue		6,11,12	1
<b>UTEP MPH Hispanic and Border Health Concentration Competencies (5)</b>			
1. State and discuss the current major communicable, non-communicable, and environmental public health threats in Hispanic and border communities.		4,9,11	1,2
2. State the basic principles of prevention and control of communicable and non-communicable disease; discuss how these principles can be modified to accommodate cultural values and practices in Hispanic and border communities.		4,9,11	1,2
3. Identify and access public health data on communicable and non-communicable disease in Hispanic and border communities (including vital stats and disease registries; health and nutrition surveillance data; census data; national surveys).		4,9,11	1,2
4. Identify, access and summarize the content of one or more current initiatives relevant to border health (e.g., Healthy Border 2020; US-Mexico Border Philanthropy Partnership; Paso Del Norte Regional Strategic Health Framework).		4,9,11,12	1,2
<b>Grading scale</b>	<b>Grade Scale:</b> A (> 90%-exceptional graduate-level performance) B (80-89%-average graduate-level performance) C (70-79%-below average graduate-level performance) D (60-69%-unacceptable graduate-level performance ) F (< 60%-very unacceptable graduate-level performance)		
<b>Grading Components</b>	Weekly student-led discussions and critical analysis of key concepts with class discussion: 35%  Final Paper: Literature Review papers (1) minimum 10-pages each not including references, fully referenced, APA formatted with 10 minute oral presentation 65%		
<b>Incompletes</b>	The grade of "I" (incomplete) is considered only in very rare circumstances involving fully documented emergencies, must be requested at least three weeks prior to the last class of the fall term, and is given at the discretion of the instructor.		
<b>Course Policies and Institutional Policies</b>			

Attendance:	It is <u>UTEP policy</u> that <u>all students attend all scheduled classes</u> . Attendance will be taken at each class. When a student registers for a course, it is assumed that she/he has made arrangements to avoid conflicts that would result in chronic tardiness or absence from class. Students are personally responsible for all information or activities presented in class discussions, lectures, assignments, and/or readings. If you are unable to attend class, <i>it is your responsibility to inform the instructor before the class session. <u>Students will be administratively withdrawn for excessive unexcused absences of 2 or more classes.</u></i> Compliance is mandatory with regard to assignment due dates, student-led discussions and class presentations, reading assignments, exams and all other activities. All emergency-related absences must be documented and verified by presentation of documents to the instructor. <i>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 seated and ready to begin class at 5:00 PM.</i>
Reading assignments:	Successful completion of homework assignments requires the completion and consideration of all assigned readings prior to class. Most students find that at least <u>4 days</u> are required to adequately read all of the assigned material and prepare presentation of key concepts, probe questions and discussion topics.
Writing standards	Effective public health leaders and practitioners must have highly developed written and oral communication skills. Excellent writing skills are a critical element of communication and information dissemination. Our MPH graduate program both recognizes and expects good writing skills as the norm for course work. Please speak with the instructor for special resources and on-campus support (e.g., UTEP Writing Center).
Policy for late assignments	Due dates for unit papers (2) and the final project are designed for fairness to all students. No exceptions will be made except in cases of unexpected university-designated closures. No late submissions will be accepted.
Permission to record	Recording of lectures and discussion is not permitted.
Cellphone/electronic tablet/ use policies:	<u>All cellular telephones, pagers, headphones, iPods, iPads, mp3 players, earpieces, and other forms of communication and entertainment technology equipment must be powered off and put away during the class period.</u> 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.
Class participation:	The class is conducted as a graduate seminar and relies on active student participation. In addition to weekly assignments for student-led summary, critical analysis and discussion of key concepts, students must be prepared to discuss, answer questions, and participate in class regarding the full reading assignments.
Special accommodations:	If you have a disability and need classroom accommodations, please contact The Center for Accommodations and Support Services (CASS) at 915.747.5148, <a href="mailto:cass@utep.edu">cass@utep.edu</a> , or visit their office located in UTEP Union East, Room 106. For additional information, visit <a href="http://sa.utep.edu/cass/">http://sa.utep.edu/cass/</a> . CASS Staff are the only individuals who can validate and authorize accommodations for students with disabilities.
MPH handbook:	<a href="http://chs.utep.edu/publichealthsciences/pdf/MPH%20STUDENT%20%20HANDBOOK%202013-2014.pdf">http://chs.utep.edu/publichealthsciences/pdf/MPH%20STUDENT%20%20HANDBOOK%202013-2014.pdf</a>
STUDENT CONDUCT	<b>ETHICAL CONDUCT IS A CENTRAL TENET AND GUIDING PRINCIPLE OF ALL ACTIVITIES, DECISIONS AND CRITICAL ANALYSES CARRIED OUT BY THE PUBLIC HEALTH PROFESSIONAL.</b> For this reason, students in the Masters of Public Health Program at UTEP 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, and 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.” <u>Regent’s Rules and Regulations</u> , 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 Office: <i>“It is an official policy of university that all suspected cases or acts of alleged scholastic dishonesty must be referred to the</i>

**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.”** (<http://studentaffairs.utep.edu/Default.aspx?tabid=4386>)

Examples of “cheating” include:

- Copying from the homework, in-class work or exam paper of another student, 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 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 on-line 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.

**WEEKLY PLAN**

Dates	Topic	Homework and Preparation for Class	In-Class Activities
Aug 27 - Aug 31	Course Introduction  What is Public Health?	<p><u>Reading:</u></p> <ul style="list-style-type: none"> <li>- Healthy Border 2020: A Strategic and Health Promotion Initiative.</li> <li>- Strategic Health Intelligence Planning Group. <i>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.</i></li> </ul>	<p>WEEK 1 – Aug 27<sup>th</sup></p> <ul style="list-style-type: none"> <li>- Program Orientation</li> <li>- Review of Public Health and career options</li> <li>- Introductions of class members with presentation of career goal and research interest</li> <li>- Review of syllabus and discussion of assignments and papers; understanding “discussion” and “critical analysis”</li> </ul>

	<p>Careers in Public Health</p> <p>Review of Key Concepts (reading assignments)</p> <p>Choosing a public health issue final project</p>		<ul style="list-style-type: none"> <li>- Discussion of “reviewing the literature”</li> <li>- Video of a Literature Review</li> </ul>
<p>Sept 3 -                  Sep 7</p>	<p>Systems Thinking</p> <p>Evidence-Based Public Health</p> <p>The Social Ecological Model</p>	<p><b><u>Reading:</u></b></p> <ul style="list-style-type: none"> <li>- Leischow, S. J., Best, A., Trochim, W. M., Clark, P. I., Gallagher, R. S., Marcus, S. E. &amp; Matthews, E. (2008). Systems thinking to improve the public’s health. American Journal of Preventive Medicine 35(2S):S196-S203.</li> <li>- Brownson, R. C., Fielding, J. E. &amp; Maylahn, C. M. (2009). Evidence-based public health: A fundamental concept for public health practice. Annual Review of Public Health 30:175-201.</li> <li>- Holtzman, D., Neumann, M., Sumartojo, E. &amp; Lansky, A. (2006). Behavioral and social sciences and public health at CDC. Morbidity and Mortality Weekly Report, Dec 22, 55 (Sup02); 14-16.</li> </ul> <p><b><u>In class activity: Overview of BRFSS and other national database/behavioral epidemiological surveillance systems and how to identify Social and Behavioral indicators</u></b></p> <p><b><u>Preparation of Assigned Pages/Concepts for Leading Class Discussion:</u></b>                  Develop summary, critical analysis, probes, additional material, and application examples for <u>pages/key concepts</u> that you were assigned; prepare to lead class discussion on your content areas using materials you developed.</p>	<p style="text-align: center;"><b>WEEK 2 – Sep 3</b></p> <ul style="list-style-type: none"> <li>- Student-led in-depth discussion and critical analysis of key concepts; summary of key points; discussion of applications.</li> </ul>
<p>Sept 10 -                  Sep 14</p>	<p>Social and Behavioral Aspects of Public Health</p> <p>Public Health History</p> <p>Social Epidemiology</p>	<p><b><u>Reading:</u></b></p> <ul style="list-style-type: none"> <li>- Chapter 1, <i>Why Study Social and Behavioral Aspects of Public Health?</i></li> <li>- Chapter 2, <i>Historical Perspectives on Population and Disease</i></li> <li>- Chapter 3, <i>Social Epidemiology</i></li> </ul> <p><b><u>In class activity: Overview of BRFSS and other national database/behavioral epidemiological surveillance systems and how to identify Social and Behavioral indicators</u></b></p> <p><b><u>Preparation of Assigned Pages/Concepts for Leading Class Discussion:</u></b></p>	<p style="text-align: center;"><b>WEEK 3 – Sep 10<sup>th</sup></b></p> <ul style="list-style-type: none"> <li>- Student-led in-depth discussion and critical analysis of key concepts; summary of key points; discussion of applications.</li> </ul>

		Develop summary, critical analysis, probes, additional material, and application examples for <u>pages/key concepts</u> that you were assigned; prepare to lead class discussion on your content areas using materials you developed.	
Sep 17 - Sep 21	Behavioral and Social Science Theory	<p><b><u>Reading:</u></b></p> <ul style="list-style-type: none"> <li>- Chapter 4, <i>Behavioral and Social Science Theory</i></li> </ul> <p><b><u>As you read through all materials, make notes of thoughts, questions, critical analysis for general class discussion</u></b></p> <p><b><u>In class activity: Overview of BRFSS and other national database/behavioral epidemiological surveillance systems and how to identify Social and Behavioral indicators</u></b></p> <p><b><u>Preparation of Assigned Pages/Concepts for Leading Class Discussion:</u></b>                  Develop summary, critical analysis, probes, additional material, and application examples for <u>pages/key concepts</u> that you were assigned; prepare to lead class discussion on your content areas using materials you developed.</p>	<p><b>WEEK 4 – Sep 17<sup>th</sup></b></p> <ul style="list-style-type: none"> <li>- Student-led in-depth discussion and critical analysis of key concepts; summary of key points; discussion of applications.</li> </ul>
Sep 24 - Sep 28	Health and Illness Behavior to Disease	<p><b><u>Reading:</u></b></p> <ul style="list-style-type: none"> <li>- Chapter 5, <i>Health and Illness Behavior</i></li> <li>- Discussion of Part 1 Literature Review due week of Oct. 8<sup>th</sup> w/ presentations of content in class Oct. 10<sup>th</sup></li> </ul> <p><b><u>In class activity: Overview of BRFSS and other national database/behavioral epidemiological surveillance systems and how to identify Social and Behavioral indicators</u></b></p> <p><b><u>Preparation of Assigned Pages/Concepts for Leading Class Discussion:</u></b>                  Develop summary, critical analysis, probes, additional material, and application examples for <u>pages/key concepts</u> that you were assigned; prepare to lead class discussion on your content areas using materials you developed.</p>	<p><b>WEEK 5 – Sep 24<sup>th</sup></b></p> <ul style="list-style-type: none"> <li>- Student-led in-depth discussion and critical analysis of key concepts; summary of key points; discussion of applications.</li> </ul>
Oct 1 - Oct 5	Social Environment  Social Reactions	<p><b><u>Reading:</u></b></p> <ul style="list-style-type: none"> <li>- Chapter 6, <i>The Social Environment and Health</i></li> <li>- Chapter 7, <i>Social Reactions to Disease</i></li> </ul> <p><b><u>In class activity: Overview of BRFSS and other national database/behavioral epidemiological surveillance systems and how to identify Social and Behavioral indicators</u></b></p>	<p><b>WEEK 6 – Oct 1<sup>th</sup></b></p> <ul style="list-style-type: none"> <li>- Student-led in-depth discussion and critical analysis of key concepts; summary of key points; discussion of applications.</li> </ul>

		<p><b><u>Preparation of Assigned Pages/Concepts for Leading Class Discussion:</u></b>                  Develop summary, critical analysis, probes, additional material, and application examples for <u>pages/key concepts</u> that you were assigned; prepare to lead class discussion on your content areas using materials you developed.</p>	
Oct 8 - Oct 12	<p><b>Part 1 of Literature Review: Article Selections</b></p>	<p><i>Part I due no later than <u>Sunday, Oct 7<sup>th</sup></u> at end of day <u>Blackboard SafeAssign</u></i></p> <p><i>Prepare Oral Presentation (10 minute) of article selections for class Wed Oct 10<sup>th</sup>, turn in Article Selection Table and copies for students and hard copy of slides immediately before class begins.</i></p>	<p>WEEK 7 - Oct 8<sup>th</sup></p> <p>- Class Oral Presentations</p>
Oct 15 - Oct 19	<p>Comparative Health Cultures</p> <p>Health Disparities, Diversity and Cultural Competence</p>	<p><b><u>Reading:</u></b></p> <ul style="list-style-type: none"> <li>- Chapter 8, <i>Comparative Health Cultures</i></li> <li>- Chapter 9, <i>Health Disparities, Diversity, Cultural Competence</i></li> </ul> <p><b><u>In class activity: Overview of BRFSS and other national database/behavioral epidemiological surveillance systems and how to identify Social and Behavioral indicators</u></b></p> <p><b><u>Preparation of Assigned Pages/Concepts for Leading Class Discussion:</u></b>                  Develop summary, critical analysis, probes, additional material, and application examples for <u>pages/key concepts</u> that you were assigned; prepare to lead class discussion on your content areas using materials you developed.</p>	<p>WEEK 8 – 15<sup>th</sup></p> <p>- Student-led in-depth discussion and critical analysis of key concepts; summary of key points; discussion of applications.</p>
Oct 22 - Oct 26	<p>Planning and Evaluating Public Health Programs</p>	<p><b><u>Reading:</u></b></p> <ul style="list-style-type: none"> <li>- Chapter 13, <i>Planning Health Promotion and Disease Prevention Programs</i></li> <li>- Centers for Disease Control and Prevention. (1999). Framework for program evaluation in public health. MMWR 48(No. RR11).</li> </ul> <p><b><u>In class activity: Overview of BRFSS and other national database/behavioral epidemiological surveillance systems and how to identify Social and Behavioral indicators</u></b></p> <p><b><u>Preparation of Assigned Pages/Concepts for Leading Class Discussion:</u></b></p>	<p>WEEK 9 - Oct 22<sup>th</sup></p> <p>- Student-led in-depth discussion and critical analysis of key concepts; summary of key points; discussion of applications.</p>



		Develop summary, critical analysis, probes, additional material, and application examples <u>for pages/key concepts</u> that you were assigned; prepare to lead class discussion on your content areas using materials you developed.	
Oct 29 - Nov 2	Community-Based Intervention  Social Marketing  Policy and Advocacy  Environmental Health	<p><b><u>Reading:</u></b></p> <ul style="list-style-type: none"> <li>- Chapter 14, <i>Community-Based Approaches to Health Promotion</i></li> <li>- Chapter 15, <i>Social Marketing in Public Health</i></li> <li>- Chapter 16, <i>Approaches to Policy and Advocacy</i></li> <li>- Brulle, RJ and Pellow, DN (2006) Environmental Justice: Human Health and Environmental Inequalities. Annual Review of Public Health 27:103-24.</li> </ul> <p><b><u>In class activity: Overview of BRFSS and other national database/behavioral epidemiological surveillance systems and how to identify Social and Behavioral indicators</u></b></p> <p><b><u>Preparation of Assigned Pages/Concepts for Leading Class Discussion:</u></b>                  Develop summary, critical analysis, probes, additional material, and application examples <u>for pages/key concepts</u> that you were assigned; prepare to lead class discussion on your content areas using materials you developed.</p>	<p style="text-align: center;"><b>WEEK 10 – October 29th</b></p> <ul style="list-style-type: none"> <li>- Student-led in-depth discussion and critical analysis of key concepts; summary of key points; discussion of applications.</li> </ul>
Nov 5 - Nov 9	Special Populations	<p><b><u>Reading:</u></b></p> <ul style="list-style-type: none"> <li>- Chapter 10, <i>Reproductive Health</i></li> <li>- Chapter 11, <i>Adolescent Health</i></li> <li>- Chapter 12, <i>Public Health and Aging</i></li> <li>- Chapter 17, <i>Childhood Overweight and Obesity</i></li> </ul> <p><b><u>In class activity: Overview of BRFSS and other national database/behavioral epidemiological surveillance systems and how to identify Social and Behavioral indicators</u></b></p> <p><b><u>Preparation of Assigned Pages/Concepts for Leading Class Discussion:</u></b>                  Develop summary, critical analysis, probes, additional material, and application examples <u>for pages/key concepts</u> that you were assigned; prepare to lead class discussion on your content areas using materials you developed.</p>	<p style="text-align: center;"><b>WEEK 11 – Nov 5<sup>th</sup></b></p> <ul style="list-style-type: none"> <li>- Student-led in-depth discussion and critical analysis of key concepts; summary of key points; discussion of applications.</li> </ul>
Nov 12 - Nov 16	<b>APHA week</b>	<i>Work on Papers or go to APHA San Diego ☺</i>	<b>WEEK 12 – Nov 12<sup>th</sup></b>

<p>Nov 19 - Nov 23</p>	<p>Violence and Injury</p>	<p><b><u>Reading:</u></b>                  - Chapter 19, <i>Prevention of Unintentional Injuries</i>                  - Chapter 20, <i>Violence and Public Health</i></p> <p><b><u>In class activity: Overview of BRFSS and other national database/behavioral epidemiological surveillance systems and how to identify Social and Behavioral indicators</u></b></p> <p><b><u>Preparation of Assigned Pages/Concepts for Leading Class Discussion:</u></b>                  Develop summary, critical analysis, probes, additional material, and application examples for <u>pages/key concepts</u> that you were assigned; prepare to lead class discussion on your content areas using materials you developed.</p>	<p>WEEK 13 - Nov 19<sup>nd</sup></p> <p>- Student-led in-depth discussion and critical analysis of key concepts; summary of key points; discussion of applications.</p>
<p>Nov 26 - Nov 30</p>	<p>Mental Health Workplace Health Promotion</p>	<p><b><u>Reading:</u></b>                  - Chapter 18, <i>Mental Health and Illness</i>                  - Chapter 21, <i>Occupational Health</i></p> <p><b><u>In class activity: Overview of BRFSS and other national database/behavioral epidemiological surveillance systems and how to identify Social and Behavioral indicators</u></b></p> <p><b><u>Preparation of Assigned Pages/Concepts for Leading Class Discussion:</u></b>                  Develop summary, critical analysis, probes, additional material, and application examples for <u>pages/key concepts</u> that you were assigned; prepare to lead class discussion on your content areas using materials you developed.</p>	<p>WEEK 14 - Nov 26<sup>th</sup></p> <p>- Student-led in-depth discussion and critical analysis of key concepts; summary of key points; discussion of applications.</p>
<p>Dec 3 - Dec 7</p>	<p><b>FINAL PAPER AND ORAL PRESENTATION DUE</b></p>	<p><b><i>FINAL PAPER due no later than <u>Sunday, Dec 2<sup>rd</sup> end of day Blackboard SafeAssign</u></i></b></p>	<p>WEEK 15 – Dec 3<sup>th</sup></p> <p>- Class Oral Presentations with questions</p>
<p>Dec 12</p>	<p><b>ORAL PRESENTATIONS DUE</b></p>	<p><i>Last group of Presentations</i></p>	

## OVERVIEW OF ASSIGNMENTS AND DETAILED INSTRUCTIONS

1. **READ ALL ASSIGNED MATERIAL; PREPARE SUMMARY, CRITICAL ANALYSIS AND APPLICATION OF KEY CONCEPT(S) FROM YOUR ASSIGNED SECTIONS FOR CLASS DISCUSSION.** At the end of each class, each student will be assigned a section/concepts for presentation, from the coming week's reading assignments. The student will be responsible for summarizing, critically analyzing and leading the class in discussion of the assigned pages and the concepts therein. In this way, all students actively participate in the presentation and discussion of new ideas during every class session. Preparing to lead the class in review of a key concept will require that you efficiently summarize the concept and related ideas **IN YOUR OWN WORDS**; critically analyze the details of the concept, find additional applications of the concepts online, and most importantly, think through applications of the concept(s) in "real life" situations involving public health, perhaps pertaining specifically to your research focus. Each student will have approximately 10 minutes and is free to use visual aids (PowerPoint slides, handouts, charts, illustrations), exercises, or problems as a means to review, critically analyze and discuss the assigned pages/concepts. Details: Summarizing the key idea is simply explaining what the concept means or to what the "concept" refers. Summarizing must be done in your own words. Critical analysis is the process of taking apart the summary of the concept and examining in some detail the elements of the concept, event or process. Note that "critical analysis" does not refer to only negative criticism aimed at finding fault. Critical analysis is a process of exploration, and could include for example thinking about the true meaning of what is suggested, the implications of what is suggested, and the application of the ideas presented. During critical analysis, discussion naturally takes place. It is the student's responsibility to lead the discussion in a meaningful and relevant way, in other words, guide the discussion in a way that helps the class to develop their thinking about and understanding of the concept(s). To ensure productive discussion that pertains to the topic at hand, the student should develop specific probe questions that will stimulate discussion and new ideas.
2. **Literature Review FINAL PAPER – 20-PAGE PAPER (not including references) WITH ORAL PRESENTATION** (*upload to Blackboard SafeAssign FINAL PAPER by 10am Dec 5<sup>th</sup>*). Instead of a final exam, each student will complete a Final Paper that focuses on a health problem of relevance to the El Paso Border region (double-spaced, 1" margins, 11pt or 12pt font), fully referenced, and formatted according to APA standards. The goal of the paper is to a) identify public health research related to social and behavioral indicators and disease or disease prevention, b) review the literature using PRISMA guidelines, c) provide recommendation as they relate to the 10 Public Health Essential Services.

***The target public health problem intervention selected for study by each student must be specifically relevant to the El Paso Border Region.*** Before selecting the public health problem of interest, *students must read "Healthy Border 2020" and the "Border Health Framework"* and identify a health problem consistent with these strategic plans. Students will then select from the published literature a series of articles that meet inclusion criteria to answer a public health questions of interest.

Technical errors in writing include spelling errors ("typos"), grammatical errors, incomplete sentences, poor language usage and incorrect formatting. All of these are completely avoidable by re-reading, editing, revising and carefully checking your work. Eliminating technical errors in your writing requires discipline and is a professional skill that is expected of anyone earning a graduate-level degree. It is very important to develop a realistic idea of your current level of writing so that you can improve. If you are weak with regard to your technical writing skills you must take responsibility for this and seek help from the Writing Center for all of your writing assignments. There are many online resources available as well.

At the start of the semester, students are provided with an electronic folder of articles describing different types of intervention programs. In addition, the document “Finding Effective Programs and Policies” (included in the folder) is an excellent guide to evidence-based and best-practice programs. ***It is strongly recommended that students begin the Final Project at the beginning of the semester and continue work on the project throughout the course.***

The **Oral Presentation** will be a 10-minute summary of your Final Paper using slides that reviews the content and conclusions of the paper following the outline above. All presentations will be given on the last day of class (Wednesday, Dec. 6<sup>th</sup>, 7:00-9:45pm). Attendance at this session is mandatory. ***Students not in attendance for the final oral presentations will receive no credit for the Final Paper.***

**SUPPLEMENTARY READINGS**

1. 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.
2. Braveman et al. Broadening the focus. The need to address the social determinants of health. *American Journal of Preventive Medicine* 2011;40(1S1):S4-S18.
3. Halifors et al. Efficacy vs. effectiveness trial results of an indicated “model” substance abuse program: implications for public health. *Research & Practice*, 2006; 96(12), 2254-2259.
4. Rychetnik et al. (2002). Criteria for evaluating evidence on public health interventions. *J Epidemiol Community Health*, 56, 119-127.
5. Li et al. Community health needs assessment with precede-proceed model: a mixed methods study. *BMC Health Services Research* 2009, 9:181 doi:10.1186/1472-6963-9-181
6. King et al. Reaiming RE-AIM: Using the model to plan, implement, and evaluation effects of environmental change approaches to enhancing population health. *American Journal of Public Health*, 2010;100 (11), 2076-2084.
7. Brewer & Fazekas. Predictors of HPV vaccine acceptability: A theory-informed, systematic review. *Preventive Medicine*, 2007; 45:107-114.
8. Kiviniemi et al. Individual-level factors in colorectal cancer screening: a review of the literature on the relation of individual-level health behavior constructs and screening behavior. *Psychooncology*, 2010; Oct. 27 [Epub ahead of print].
9. Costanza et al. Moving mammogram-reluctant women to screening: A pilot study. *Ann Behav Med*. 2009;37(3):343-349.
10. Pizacani et al. Moving multiunit housing providers toward adoption of smoke-free policies. *Preventing Chronic Disease* 2011;8(1). [http://www.cdc.gov/pcd/issues/2011/jan/10\\_0015.htm](http://www.cdc.gov/pcd/issues/2011/jan/10_0015.htm)
11. Smith et al. The design of a community lifestyle programme to improve the physical and psychological well-being of pregnant women with a BMI of 30 kg/m<sup>2</sup> or more. *BMC Public Health* 2010;10:284. <http://www.biomedcentral.com/1471-2458/10/284>
12. Moreno et al. Display of health risk behaviors on my space by adolescents. Prevalence and associations. *Arch Pediatr Adolesc Med*. 2009;163(1):27-34.
13. Christakis & Fowler. The spread of obesity in a large social network over 32 years. *NEJM* 2007;357:370-9
14. Kimbrough et al. Accessing social networks with high rates of undiagnosed HIV infection: The social networks demonstration project. *AJPH* 2009;99(6):1093-1099.
15. Fernandez-Cerdeno et al. Marketing HIV prevention for heterosexually-identified Latino men who have sex with men and women: The Hombres Sanos campaign. *Journal of Health Communication*, in press.
16. Rothschild et al. Reducing alcohol-impaired driving crashes through the use of social marketing. *Accident Analysis and Prevention* 2006;38:1218-1230.
17. Rhodes et al. Outcomes from a community-based, participatory lay health adviser HIV/STD prevention intervention for recently arrived immigrant latino men in rural north carolina. *AIDS Educ & Prevention*, 2009; 21(Supplement B): 103–108.
18. Nguyen et al. A Qualitative Assessment of Community-Based Breast Health Navigator Services for Southeast Asian Women in Southern California: Recommendations for Developing a Navigator Training Curriculum. *AJPH*. Published online ahead of print November 18, 2010: e1–e7. doi:10.2105/AJPH.2009.176743)
19. Griffith et al. Community-based organizational capacity building as a strategy to reduce racial health disparities. *J Primary Prevent* 2010;31:31-39
20. Coughy et al. The child asthma link line: A coalition-initiated, telephone-based, care coordination intervention for childhood asthma. *Journal of Asthma* 2010;47:303-309.
21. Martinez-Donate et al. Crossing borders: Impact of the California Tobacco Control Program on both sides of the US-Mexico border. *American Journal of Public Health*, 2008;98:258-267.

22. Rovniak et al. Engaging community businesses in HIV prevention: A feasibility study. *Am J Health Promot* 2010;24(5):347-353.
23. Kaiser et al. Perceived influences on physical activity and diet in low-income adults from two rural counties. *Nursing Research*, 2010;59(1), 67-75.
24. Song et al. A corner store intervention in a low-income urban community is associated with increased availability and sales of some healthy foods. *Public Health Nutrition* 12(11), 2060-2067.
25. Kok et al. A taxonomy of behavior change methods; an intervention mapping approach. *Health Psychology Review*, 2015.
26. CDC. Health Disparities and Inequalities Report. *MMWR* 2011; 60 (suppl):1-113  
<http://www.cdc.gov/mmwr/pdf/other/su6001.pdf>
27. 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>
28. Adler N & Rehkopf D. U.S. Disparities in Health: Descriptions, Causes, and Mechanisms. *Annual Review of Public Health* 2008; 29: 235-52.
29. 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.
30. 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.
31. 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
32. 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.
33. Bertrand JT. Diffusion of Innovations and HIV/AIDS. *Journal of Health Communication* 2004; 9: 113-121.
34. Grier S, Bryant CA. Social Marketing in Public Health. *Annual Review of Public Health* 2005; Vol. 26: 319-339. DOI: 10.1146/annurev.publhealth.26.021304.144610.
35. Sallis JF, Owen N. Ecological Models of Health Behavior. Chapter 20; In Glanz G, et al. (eds). *Health Behavior and Health Education. Theory, Research & Practice*, 3<sup>rd</sup> edition, 2002: 462-484.
36. Richard L, et al. Ecological Models Revisited: Their Uses and Evolution in Health Promotion Over Two Decades. *Annual Review of Public Health* 2011; 32: 307-26; DOI: 10.1146/annurev-publhealth-031210-101141
37. Sampson RJ, et al. Neighborhoods and Violent Crime: A Multilevel Study of Collective Efficacy. *Science* 1997; Vol. 277 no. 5328 pp. 918-924; DOI: 10.1126/science.277.5328.918.
38. Campbell MK et al., Church-based health promotion interventions: Evidence and lessons learned. *Annual Review of Public Health* 2007; 28: 213-34.
39. Katz, D. L. (2009). School based interventions for health promotion and weight control: Not just waiting on the world to change. *Annual Review of Public Health* 2009; 30: 253-72.
40. Bastida E, Brown HS 3rd, Pagán JA. Persistent disparities in the use of health care along the US-Mexico border: an ecological perspective. *Am J Public Health*. 2008; 98(11):1987-95.
41. Mier N, Ory MG, Zhan D, Conkling M, Sharkey JR, Burdine JN. Health-related quality of life among Mexican Americans living in colonias at the Texas-Mexico border. *Social Science & Medicine* 2008; 66:1760-1771.
42. Ramirez AG, Thompson IM, Vela L. (eds). *The South Texas Health Status Review. A Health Disparities Roadmap*. Springer, 2013.

## WEBSITE RESOURCES

The Paso del Norte Institute for Health Living. Resources. Available at: <http://chs.utep.edu/pdnhl/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? and 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/](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](http://www.borderhealth.org/files/res_1719.pdf)

## GRADING RUBRIC

**1. CRITICAL ANALYSIS OF ASSIGNED CONCEPTS/PAGES FOR CLASS DISCUSSION (graded weekly, 35% of total grade):**

- 3 (“very good”) The summary is thoughtful and complete with good examples; the critical analysis includes original ideas about the meaning and application of the concepts; the summary and critical analysis stimulate active class discussion.
- 2 (“acceptable”) The summary is basic and repeats the book content; the critical analysis lists elements of the concept but lacks depth of understanding; class discussion is limited.
- 1 (“poor”) The summary does not include one or more main ideas for the assigned reading; the critical analysis misses central concepts; class discussion is not carried by the information presented.

**3. FINAL PROJECT (1) 20-PAGE PAPER WITH ORAL PRESENTATION (65% of total grade)**

The final paper must include the following Parts and Sections and will be graded as follows:

Weekly Papers and the Final Paper will be graded for effective use of references in building rationale; clarity of individual ideas; logical organization of ideas. Logical consistency from start to finish of the paper will also be evaluated. *It is strongly recommended that students use an outline to achieve organization of ideas and seek support from the writing center for grammar and language usage.* Errors in grammar, language usage, punctuation and spelling are completely avoidable and will limit the total possible grade a student can achieve. For example, papers with many easily avoidable technical errors will be limited to a grade of “C”. Because the oral presentation is a summary of the written paper, the oral presentation will not be graded separately but instead will be taken into consideration when calculating a final grade for the Unit Paper.