

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

Course:	Social and Behavioral Aspects of Public Health
Course number/CRN:	PUBH 5353/13641
Semester/year	Fall 2017
Graduate credit hours:	3
Class location:	HSSN, Room 216
Class meeting time:	Wednesday, 5 – 7:50pm FIRST CLASS Aug 30th NO FINAL EXAM
Class instructor:	Dr. Christina Sobin, HSSN Rm 401, casobin@utep.edu, 915-747-8309
Office Hours:	Tuesday 10am – 12pm and by appointment
Course description:	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.
Course pre-requisites:	Admission to the MPH or Graduate Certificate in Public Health Program
Required text:	Coreil, Jeannine (2010) Social and Behavioral Foundations of Public Health (2nd ed) Thousand Oaks, CA: Sage Publications, Inc.
Additional readings:	See syllabus
Course format:	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.
<p><i>ASSOCIATION OF SCHOOLS OF PUBLIC HEALTH (ASPH) CORE COMPETENCIES FRAMEWORK:</i> The ASPH defined core competencies for the MPH degree are organized in five core discipline domains including Epidemiology; Biostatistics; Social and Behavioral Sciences; Health Policy and Management; and Environmental Health Sciences. 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 ten core competencies in Hispanic and Border Health.</p> <p><i>HOW THIS COURSE CONTRIBUTES TO CORE COMPETENCIES:</i> The textbook selected for this course was specifically designed and written by the author (Jeannine Coreil) to address all of 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.</p>	

Learning Objectives:	<p>By the end of this course, the student will be able to:</p> <ol style="list-style-type: none"> 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. 2. 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 interventions 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 and systems frameworks 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:	<ol style="list-style-type: none"> 1. Weekly student-led discussion of key concepts with critical analysis of text and supplemental readings. 2. Unit papers (2) (10 pages APA formatted not including references) and 10 minute oral presentation integrating class content with student's research/intervention topic 3. Final project (1) (20 pages APA formatted not including references) and 10 minute oral presentation including critical analysis of published public health intervention for a local public health problem (Healthy Border 2020; Border Health Framework) and detailed plan and rationale for new intervention.

MPH Program Competencies Addressed in Course	Learning Objectives	Assessment Strategies
SOCIAL & BEHAVIORAL SCIENCES		
1. Identify basic theories, concepts and models from a range of social and behavioral disciplines used in public health research and practice.	1	1,2,3
2. Identify the causes of social and behavioral factors that affect the health of individuals and populations.	3,4,8	1,2,3
3. Identify individual, organizational and community concerns, assets, resources and deficits for social behavioral science interventions.	6,7	1,2,3
4. Identify critical stakeholders for the planning, implementation and evaluation of public health programs, policies and interventions.	6	1,2,3
5. Describe steps and procedures for the planning, implementation and evaluation of public health programs, policies and interventions.	7,10	1,2,3,4
6. Describe the role of social and community factors in both the onset and solution of public health problems.	3,4	1,2,3
7. Describe the merits of social and behavioral science interventions and policies.	1	1,2,3,4
8. Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions.	2,7,10	1,2,3,4
9. Apply ethical principles to public health program planning, implementation, evaluation.	9	1,2,3
10. Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies.	5,10	1,2,3,4

MPH Program Competencies Addressed in Course (cont.)		Learning Objectives	Assessment Strategies
HISPANIC AND BORDER HEALTH COMPETENCIES			
1. Describe the historical, cultural, social, economic, political and other similarities and differences among Hispanic and border groups and how these affect health equity and health disparities.		3	1,2,3
2. Describe the roles of history, power, privilege, economics and other structural inequalities that restrict health equity and produce health disparities in Hispanic and border communities.		3,4,8	1,2,3
3. Identify the major chronic, infectious, and other public health challenges that face Hispanic and border communities.		6	1,2,3,4
4. Apply the basic principles of prevention and control for chronic, infectious, and other conditions especially those that differentially impact Hispanic and border communities.		6	1,2,3
5. Identify and access the major sources of public health data that pertain to Hispanic and border communities (e.g., vital statistics and disease registries, health and nutrition surveillance databases, census data, and national surveys).		7	4
6. Develop public health strategies and interventions that are responsive to the unique needs and cultural values/traditions of Hispanic and border communities.		9	4
7. Recognize and apply the social justice perspective in public health practice for community capacity building and empowerment.		4	1,2,3
8. Know how to plan, implement, administer, and evaluate public health programs to Hispanic and border communities.		1,2	4
9. Effectively communicate information to the public and policy makers regarding the special public health challenges and needs of Hispanic and border communities.		6	4
10. Act as an effective resource person for Hispanic and border residents, organizations, and communities.		6	1,2,3,4
BIostatistics Competencies			
5. Apply descriptive techniques commonly used to summarize public health data.		2	4
9. Interpret results of statistical analyses found in public health studies.		7	4
Epidemiology Competencies			
9. Draw appropriate inferences from epidemiologic data.		2,3,7	1,2,3,4
Health Policy & Management Competencies			
4. Discuss the policy process for improving the health status of populations		6,9,10	1,2,3,4
Grading scale	Grade Scale: 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)		

Grading Components	<p>Weekly student-led discussions and critical analysis of key concepts with class discussion: 35%</p> <p>Unit papers (2) 10-pages each not including references, fully referenced, APA formatted with 10 minute oral presentation 30%</p> <p>Final Paper (1) 20-pages no including references, fully referenced, APA formatted with 10 minute oral presentation including (Part I) critical analysis of published intervention program for selected health problem (student's choice) and (Part II) detailed plan and rationale for revised intervention for same problem: 35%</p>
Incompletes	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.
Course Policies and Institutional Policies	
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, 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 authorize accommodations for students with disabilities.
MPH handbook:	http://chs.utep.edu/publichealthsciences/pdf/MPH%20STUDENT%20%20HANDBOOK%202013-2014.pdf

**STUDENT
 CONDUCT**

ETHICAL CONDUCT IS A CENTRAL TENET AND GUIDING PRINCIPLE OF ALL ACTIVITIES, DECISIONS AND CRITICAL ANALYSES CARRIED OUT BY THE PUBLIC HEALTH PROFESSIONAL.

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." 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 Office: *"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."* (<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
<p>Aug 18 - Aug 29</p>	<p>Course Introduction</p> <p>What is Public Health? Careers in Public Health</p> <p>Review of Key Concepts (reading assignments)</p> <p>Choosing a public health issue final project</p>	<p><u>Reading:</u></p> <ul style="list-style-type: none"> - Healthy Border 2020: A Strategic and Health Promotion Initiative. - 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> - Estrada, Y., Lee, T.K., Huang, S., Tapia, M.I., Velazquez, M., et al. (2017) Parent-centered prevention of risky behaviors among Hispanic youths in Florida. <i>American Journal of Public Health</i> 107: 607-613. Doi: 10.2105/AJPH.2017.303653. 	<p>WEEK 1 – Aug 30th</p> <ul style="list-style-type: none"> - Program Orientation - Review of Public Health and career options - Introductions of class members with presentation of career goal and research interest - Review of syllabus and discussion of assignments and papers; understanding “discussion” and “critical analysis” - Discussion of “reviewing the literature” - Group activity – read and summarize research paper, Estrada et al. 2017
<p>Aug 31 - Sep 5</p>	<p>Systems Thinking</p> <p>Evidence-Based Public Health</p> <p>The Social Ecological Model</p>	<p><u>Reading:</u></p> <ul style="list-style-type: none"> - Leischow, S. J., Best, A., Trochim, W. M., Clark, P. I., Gallagher, R. S., Marcus, S. E. & Matthews, E. (2008). Systems thinking to improve the public’s health. <i>American Journal of Preventive Medicine</i> 35(2S):S196-S203. - Brownson, R. C., Fielding, J. E. & Maylahn, C. M. (2009). Evidence-based public health: A fundamental concept for public health practice. <i>Annual Review of Public Health</i> 30:175-201. - Holtzman, D., Neumann, M., Sumartojo, E. & Lansky, A. (2006). Behavioral and social sciences and public health at CDC. <i>Morbidity and Mortality Weekly Report</i>, Dec 22, 55 (Sup02); 14-16. <p><u>Preparation of Assigned Pages/Concepts for Leading Class Discussion:</u> 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 2 – Sep 6th</p> <ul style="list-style-type: none"> - Student-led in-depth discussion and critical analysis of key concepts; summary of key points; discussion of applications.
<p>Sep 7 - Sep 12</p>	<p>Social and Behavioral Aspects of Public Health</p> <p>Public Health History</p> <p>Social Epidemiology</p>	<p><u>Reading:</u></p> <ul style="list-style-type: none"> - Chapter 1, <i>Why Study Social and Behavioral Aspects of Public Health?</i> - Chapter 2, <i>Historical Perspectives on Population and Disease</i> - Chapter 3, <i>Social Epidemiology</i> <p><u>Preparation of Assigned Pages/Concepts for Leading Class Discussion:</u> 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 3 – Sep 13th</p> <ul style="list-style-type: none"> - Student-led in-depth discussion and critical analysis of key concepts; summary of key points; discussion of applications.

<p>Sep 14 - Sep 19</p>	<p>Behavioral and Social Science Theory</p>	<p><u>Reading:</u> - Chapter 4, <i>Behavioral and Social Science Theory</i> <u>As you read through all materials, make notes of thoughts, questions, critical analysis for general class discussion</u></p> <p><u>Preparation of Assigned Pages/Concepts for Leading Class Discussion:</u> 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 4 – Sep 20th</p> <p>- Student-led in-depth discussion and critical analysis of key concepts; summary of key points; discussion of applications.</p>
<p>Sep 21 - Sep 26</p>	<p>Health and Illness Behavior to Disease</p>	<p><u>Reading:</u> - Chapter 5, <i>Health and Illness Behavior</i> - Discussion of Unit Paper due Oct. 8th w/ presentations of content in class Oct. 11th</p> <p><u>Preparation of Assigned Pages/Concepts for Leading Class Discussion:</u> 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 5 – Sep 27th</p> <p>- Student-led in-depth discussion and critical analysis of key concepts; summary of key points; discussion of applications.</p>
<p>Sep 28 - Oct 3</p>	<p>Social Environment Social Reactions</p>	<p><u>Reading:</u> - Chapter 6, <i>The Social Environment and Health</i> - Chapter 7, <i>Social Reactions to Disease</i></p> <p><u>Preparation of Assigned Pages/Concepts for Leading Class Discussion:</u> 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 6 – Oct 4th</p> <p>- Student-led in-depth discussion and critical analysis of key concepts; summary of key points; discussion of applications.</p>
<p>Oct 5 - Oct 10</p>	<p>UNIT I PAPER AND ORAL PRESENTATION DUE</p>	<p><i>Unit Paper I due no later than <u>Sunday, Oct 8th at 10pm, Blackboard SafeAssign</u></i></p> <p><i>Prepare Oral Presentation (10 minute) of paper for class Wed Oct 11th, turn in hard copy of slides immediately before class begins.</i></p>	<p>WEEK 7 - Oct 11th</p> <p>- Class Oral Presentations with questions</p>

<p>Oct 12 - Oct 17</p>	<p>Comparative Health Cultures Health Disparities, Diversity and Cultural Competence</p>	<p><u>Reading:</u> - Chapter 8, <i>Comparative Health Cultures</i> - Chapter 9, <i>Health Disparities, Diversity, Cultural Competence</i></p> <p><u>Preparation of Assigned Pages/Concepts for Leading Class Discussion:</u> 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 – 18th</p> <p>- Student-led in-depth discussion and critical analysis of key concepts; summary of key points; discussion of applications.</p>
<p>Oct 19 - Oct 24</p>	<p>Planning and Evaluating Public Health Programs *SPECIAL RELEVANCE FOR FINAL PAPER</p>	<p><u>Reading:</u> - Chapter 13, <i>Planning Health Promotion and Disease Prevention Programs</i> - Centers for Disease Control and Prevention. (1999). Framework for program evaluation in public health. MMWR 48(No. RR11).</p> <p><u>Preparation of Assigned Pages/Concepts for Leading Class Discussion:</u> 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 9 - Oct 25th</p> <p>- Student-led in-depth discussion and critical analysis of key concepts; summary of key points; discussion of applications.</p>
<p>Oct 26 - Oct 31</p>	<p>Community-Based Intervention Social Marketing Policy and Advocacy Environmental Health</p>	<p><u>Reading:</u> - Chapter 14, <i>Community-Based Approaches to Health Promotion</i> - Chapter 15, <i>Social Marketing in Public Health</i> - Chapter 16, <i>Approaches to Policy and Advocacy</i> - Brulle, RJ and Pellow, DN (2006) Environmental Justice: Human Health and Environmental Inequalities. Annual Review of Public Health 27:103-24.</p> <p><u>Preparation of Assigned Pages/Concepts for Leading Class Discussion:</u> 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 10 – Nov 1st</p> <p>- Student-led in-depth discussion and critical analysis of key concepts; summary of key points; discussion of applications.</p>
<p>Nov 2 - Nov 7</p>	<p>Special Populations</p>	<p><u>Reading:</u> - Chapter 10, <i>Reproductive Health</i> - Chapter 11, <i>Adolescent Health</i> - Chapter 12, <i>Public Health and Aging</i> - Chapter 17, <i>Childhood Overweight and Obesity</i></p> <p><u>Preparation of Assigned Pages/Concepts for Leading Class Discussion:</u> 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 11 – Nov 8th</p> <p>- Student-led in-depth discussion and critical analysis of key concepts; summary of key points; discussion of applications.</p>

<p>Nov 9 - Nov 14</p>	<p>UNIT II PAPER AND ORAL PRESENTATION DUE</p>	<p><i>Unit Paper II due no later than <u>Sunday, Nov 12th</u> at 10pm, <u>Blackboard SafeAssign</u></i></p> <p><i>Prepare Oral Presentation (10 minute) of paper for class Wed Nov 15th, turn in hard copy of slides immediately before class begins.</i></p>	<p>WEEK 12 – Nov 15th</p> <p>- Class Oral Presentations with questions</p>
<p>Nov 16 - Nov 21</p>	<p>Violence and Injury</p>	<p><u>Reading:</u></p> <ul style="list-style-type: none"> - Chapter 19, <i>Prevention of Unintentional Injuries</i> - Chapter 20, <i>Violence and Public Health</i> <p><u>Preparation of Assigned Pages/Concepts for Leading Class Discussion:</u> 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>WEEK 13 - Nov 22nd</p> <p>- Student-led in-depth discussion and critical analysis of key concepts; summary of key points; discussion of applications.</p>
<p>Nov 23 - Nov 28</p>	<p>Mental Health Workplace Health Promotion</p>	<p><u>Reading:</u></p> <ul style="list-style-type: none"> - Chapter 18, <i>Mental Health and Illness</i> - Chapter 21, <i>Occupational Health</i> <p><u>Preparation of Assigned Pages/Concepts for Leading Class Discussion:</u> 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>WEEK 14 - Nov 29th</p> <p>- Student-led in-depth discussion and critical analysis of key concepts; summary of key points; discussion of applications.</p>
<p>Nov 30 - Dec 5</p>	<p>FINAL PAPER AND ORAL PRESENTATION DUE</p>	<p><i>FINAL PAPER due no later than <u>Sunday, Dec 3rd</u> at 10pm, <u>Blackboard SafeAssign</u></i></p>	<p>WEEK 15 – Dec 6th</p> <p>- Class Oral Presentations with questions</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. UNIT PAPERS – (2) 10-PAGE PAPERS (NOT INCLUDING REFERENCES) WITH 10 MINUTE ORAL PRESENTATION.** At the end of each major unit of study, students will be required to submit a 10 page paper integrating and applying one or more concepts learned in the unit to the selected research focus area and/or final paper intervention. Details: Each UNIT PAPER will be at least 10 pages not including references (double-spaced, 1" margins, 11pt or 12pt font), fully referenced, and formatted according to APA standards. Each UNIT PAPER must include the following sections: 1.) Abstract; 2.) Introduction and explanation of concepts selected with critical analysis of the concepts including how and why the concepts have been important for the field of public health; 3.) Critical analysis of how the concept(s) can inform the student's research question, hypotheses, approach and/or intervention; 4.) Conclusion.
- 3. FINAL PAPER – 20-PAGE PAPER (not including references) WITH ORAL PRESENTATION** (*upload to Blackboard SafeAssign FINAL PAPER by 10am Dec 5th*). 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 evaluate a published intervention and then provide the details and rationale for a new improved intervention for the health problem.

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 one published intervention previously used to address the health problem and for the final project complete a critical analysis of the program. The published intervention selected for critical analysis must include an evaluation component and use either pre- and post-measures, control and comparison groups, and/or experimental or quasi-experimental methods.

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 final paper must include the following Parts and Sections:

Part I: Critical Analysis of a Published Intervention, including:

- Section 1.) Overview and history of the selected public health problem in the El Paso Border Region;
- Section 2.) Overview of different types of inventions previously attempted for the problem;
- Section 3.) Description of the intervention selected for in-depth analysis and why;
- Section 4.) In-depth summary and review of the intervention and outcomes;
- Section 5.) Critical analysis of the intervention program strengths and weaknesses;

Part II: Detailed Plan and Rationale for New Intervention Program, including:

- Section 1.) Brief summary of what was found in the critical analysis of the published intervention program (covered in Part I);
- Section 2.) Detailed plan and rationale for suggested revisions of the intervention program (amendment, modification, or different strategy)
- Section 3.) Summary of the differences between the published intervention and the proposed plan;
- Section 4.) How the new intervention is expected to impact outcome;
- Section 5.) Conclusions and Future Directions

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. 6th, 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
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/m² 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*, 3rd 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/.

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

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.

2. UNIT PAPERS (2) (10 pages each not including references) WITH 10 MINUTE ORAL PRESENTATION SUMMARIZING PAPER (30% of total grade)

Each Unit Paper must include the following sections to be scored as follows (200 pts total per Unit Paper):

- 1.) Abstract (20 pts)
- 2.) Introduction and explanation of concepts selected with critical analysis of the concepts including how and why the concepts have been important for the field of public health (60 pts)
- 3.) Critical analysis of how the concept(s) can inform the student’s research question, hypotheses, approach and/or intervention (60 pts)
- 4.) Conclusion (60 pts)

3. FINAL PROJECT (1) 20-PAGE PAPER WITH ORAL PRESENTATION (35% of total grade)

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

Part I: Critical Analysis of Published Intervention, including:

- Section 1.) Overview and history of the selected public health problem in the El Paso Border Region (20 pts);
- Section 2.) Overview of different types of inventions previously attempted for the problem (20 pts);
- Section 3.) Description of the intervention selected for in-depth analysis and why (20 pts);
- Section 4.) In-depth summary and review of the intervention and outcomes (20 pts);
- Section 5.) Critical analysis of the intervention program strengths and weaknesses (20 pts);

Part II: Detailed Plan and Rationale for New Intervention Program, including:

- Section 1.) Brief summary of what was found in the critical analysis of the published intervention program (covered in Part I) (20 pts);
- Section 2.) Detailed plan and rationale for suggested revisions of the intervention program (20 pts);
- Section 3.) Summary of the differences between the published intervention and the proposed plan (20 pts);
- Section 4.) How the new intervention is expected to impact outcome (20 pts);
- Section 5.) Conclusions and Future Directions (20 pts).

Unit 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.