



SYLLABUS
CPH 577: Sociocultural and Behavioral Aspects of Public Health
Spring 2016

TIME: Thursdays 1:00-3:30pm
LOCATION: Drachman Hall A118

INSTRUCTOR:

Nicole P. Yuan, PhD, MPH
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Tucson, AZ 85724

OFFICE HOURS: Wednesday 1:00-3:00pm and by appointment

COURSE DESCRIPTION: (From UA catalog) This graduate course is an overview of significant social, cultural, and behavioral issues related to public health. Major public health problems and the influences of socio-cultural issues are analyzed in relation to health behavior. Readings, discussions, and assignments will focus on understanding the social and cultural issues that influence health-related behavior among specific populations in the Southwestern U.S., North America, and internationally.

COURSE LEARNING OBJECTIVES: Upon completion of this course, each student will have:

1. A general background of significant social, cultural, and behavioral issues related to public health.
2. Developed a foundation of skills and knowledge that will enhance their ability to work in the field of public health and assist in the development of culturally appropriate health promotion interventions for diverse populations.

MPH COMPETENCIES COVERED: (From ASPH MPH Core Competency Model: http://www.asph.org/publication/MPH_Core_Competency_Model/index.html) Some of the key discipline-specific and interdisciplinary competencies covered in this course include the following:

- a. Social and Behavioral Sciences
 - i. Identify basic theories, concepts, and models from a range of social and behavioral disciplines that are used in public health research and practice.
 - ii. Identify the causes of social and behavioral factors that affect health of individuals and populations.
 - iii. Identify individual, organizational, and community concerns, assets, resources, and deficits for social and behavioral science interventions.
 - iv. Describe the role of social and community factors in both the onset and solution of public health problems.

- v. Describe the merits of social and behavioral science interventions and policies.
- vi. Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies.
- b. Diversity and Culture
 - i. Describe the roles of history, power, privilege, and structural inequality in producing health disparities.
 - ii. Explain why cultural competence alone cannot address health disparity.
 - iii. Apply the principles of community-based participatory research to improve health in diverse populations.
 - iv. Cite examples of situations where consideration of culture-specific needs resulted in a more effective modification or adaptation of a health intervention.
- c. Leadership
 - i. Engage in dialogue and learning from others to advance public health goals.
- d. Professionalism
 - i. Discuss sentinel events in the history and development of the public health profession and their relevance for practice in the field.
 - ii. Promote high standards of personal and organizational integrity, compassion, honesty, and respect for all people.
 - iii. Analyze determinants of health and disease using an ecological framework.
 - iv. Embrace a definition of public health that captures the unique characteristics of the field (e.g., population-focused, community-oriented, prevention-motivated, and rooted in social justice) and how these contribute to professional practice.
 - v. Appreciate the importance of working collaboratively with diverse communities and constituencies (e.g. researchers, practitioners, agencies and organizations).
- e. Program Planning
 - i. Describe how social, behavioral, environmental, and biological factors contribute to specific individual and community health outcomes.

COURSE NOTES: Notes are not provided. Copies of most PowerPoint presentations will be available on the D2L course site. See section on **Assigned Readings** for instructions on how to login to D2L.

ASSIGNED READINGS: There are no assigned textbooks. All students who are registered for the course will have access to the D2L course site. Each student must login using their UA NetID at <http://d2l.arizona.edu/>. The course site contains the syllabus and course materials for each class meeting. Course materials include copies of assigned readings, lecture slides, handouts, grading rubrics, and other documents. Each student will receive a D2L email address. Students should either check their D2L email regularly or have it forwarded to another email account. To forward to another email account, go to D2L email (see toolbar at top of page), click on “settings,” and select forwarding options.

COURSE FORMAT: Classes will include lectures, guest and student presentations, class exercises/group activities, debates, quizzes, and discussion on behavioral, social, and cultural issues related to public health.

COURSE SCHEDULE AND ASSIGNMENT DEADLINES FOR SPRING 2016:

Date	Topic(s)	Guest Speaker	Assignment Due in Class
January 14	Introduction, Overview of Social and Behavioral Sciences and Prevention		
January 21	Social Determinants, Theory, Intrapersonal Factors	Annabelle Nuñez	
January 28	Interpersonal Factors Influencing Health		News Watch Paper from all students.
February 4	Organizational, Community & Societal Factors Influencing Health		
February 11	Health Disparities	Surgeon General Richard Carmona	Written Responses and copies of slides from Debate #1 group.
February 18	Program Planning, Implementation, & Evaluation	John Ehiri	Written Responses and copies of slides from Debate #2 group.
February 25	Culture in Health and Illness		Written Responses and copies of slides from Debate #3 group.
March 3	American Indians and Public Health	Kerstin Reinschmidt	<i>See Note 1.</i>
March 10	Mental Health, Stress, and Illness		<i>See Note 1.</i>
March 17	Spring Break – NO CLASS		
March 24	Violence Prevention		<i>See Note 1.</i>
March 31	Latinos and Public Health	Maia Ingram	<i>See Note 1.</i>
April 7	Reproductive Health; Healthy Aging		<i>See Note 1.</i>
April 14	Child and Adolescent Health	Lynn Gerald	<i>See Note 1.</i>
April 21	Student Presentations 1		1. Written Term Papers from all groups. 2. Copies of slides for presentations given on this day.
April 28 LAST CLASS	Student Presentations 2		Copies of slides for presentations given on this day.

Note 1. Critical Synthesis Papers and Group Presentations are due on the day that the article is assigned in the reading list. The one exception is papers and presentations based on the assigned readings on Latinos and public health. They will be due one week later on April 7 because the instructor will be out of town on March 31. Maia Ingram will give a guest lecture and facilitate class on March 31.

COURSE REQUIREMENTS:

1. One News Watch Paper (20 points; 6.7% of final grade)

Each student will write one News Watch Paper based on a story in the popular media that addresses a public health issue/topic. Students must find a story that was published since October 1, 2015 (last fall) in a printed or electronic newspaper, news journal (i.e., Newsweek and Time), or other news media source. Students should not choose an article from a scientific, peer-reviewed journal (i.e., American Journal of Public Health). The News Watch Paper is due on January 28.

The News Watch Paper must be limited to 2 pages and include the following:

- a) Reason for choosing the news story (i.e., why was the topic interesting to you?).
- b) Describe social, cultural, and behavioral factors that were addressed in the story. If they were missing, clearly state it in your paper.
- c) Discuss whether leaving out any social, cultural, or behavioral factors reduced the impact or usefulness of the news story (i.e., was the absence of those factors a significant weakness? Why or why not?).
- d) Provide ideas for a follow-up news story that focuses on specific social, cultural, and/or behavioral aspects of the same health topic (i.e., what social, cultural, and/or behavioral factors should be addressed in the next news story on that topic?).
- e) Include complete citation of the selected news story (see **References** section of syllabus about AMA formatting).

ALL WRITTEN ASSIGNMENTS IN THIS COURSE will be evaluated on organization, formatting, spelling, and grammar. All papers in this course must be submitted as hard copy documents in class on the days they are due or they will be considered late. All papers must be typed in Times New Roman font, no smaller than 11 point font, double-spaced with 1-inch margins, include page numbers, and printed on 8 ½ x 11-inch white paper. All papers must include the student's name, date, course name, and title of assignment. All papers should include complete citations using AMA style format (see specific guidelines for **References** provided in syllabus).

2. In-Class Group Debate (total of 50 points; 30 points written and 20 points oral; 16.7% of final grade)

In the beginning of the semester, students will be assigned to one of 3 groups (referred to as "Large Groups"). Together as a Large Group, the students will identify: 1) a health behavior that is influenced by socio-cultural factors and 2) a target population of interest to them. The Large Group will then break up into 3 Small Groups. Small Group A will research and defend the importance of individual/intrapersonal factors associated with the identified health behavior. Small Group B will research and defend the importance of interpersonal factors. Small Group C will research and defend the importance of organizational and/or community factors.

Each Large Group will be assigned to a specific class meeting (Feb 11, 18 or 25) to conduct their debate. During the debate, the three Small Groups within a Large Group will debate with each other about the significance of their assigned level of the Social-Ecological Model (SEM) in promoting health and informing health policy and behavioral interventions. The Small Groups will also respond to questions and comments from the instructor and other students in the class.

Each Small Group must submit a typed Written Response to the questions provided in the syllabus. The Written Response may be provided using bullet points and short phrases. The

Written Response must not be longer than 5 pages and should include a reference list formatted in AMA style (may be a separate page). Each Small Group must submit one printed copy of their Written Response to the instructor in class on the day of their debate.

The Written Response is worth a maximum of 30 points and must address the following questions (tailor for each Small Group topic):

- a) What are some significant ____ (intrapersonal, interpersonal, or organizational/community) factors associated with your selected health behavior that are documented in the research literature?
- b) Among the factors you listed for a), which 1-2 factors would you prioritize for developing health policy and/or behavioral interventions? Provide a justification/argument for each factor.
- c) What are some potential challenges, barriers or criticisms of ____ (one of the other levels of SEM)?
- d) What are some potential challenges, barriers or criticisms of ____ (the remaining level of SEM)?
- e) Include a reference list, formatted in AMA style, of the articles and resources used to answer the above questions.

Prior to the Large Group debate discussion, each Small Group will give a brief oral presentation based on their responses to questions a) and b). Each presentation should not be longer than 10 minutes. PowerPoint slides are optional for the brief oral presentation. If Small Groups create slides, they are limited to 5 slides per presentation. Each Small Group will receive a maximum of 20 points for their oral presentation and participation in the debate (i.e., responses to the other Small Groups, instructor, and other students). All members of the Small Group will receive the same grade.

Each Large Group debate will last about 1 hour and consist of the following steps:

- *Step 1 (30 min)*: The debate will start with 10-minute presentations by each Small Group based on their review of the research literature and responses to questions a) and b).
- *Step 2 (10 min)*: After the Small Group presentations are completed, the instructor and rest of the class will ask questions and provide comments.
- *Step 3 (15 min)*: Each Small Group will have about 5 minutes to critique the other Small Groups' arguments and respond to critiques of their own presentation. They may use their responses to questions c) and d) as well as bring up other key points and issues.
- *Step 4 (5 min)*: The instructor and rest of the class will assess which Small Group presented the strongest argument for addressing their level of the SEM in health policy and/or behavioral interventions. The discussion will not affect grades assigned to each Small Group.

2. Four Short Quizzes (total of 40 points; 10 points each; 13.3% of final grade)

During the semester, there will be five guest lectures (Carmona, Ehiri, Reinschmidt, Ingram, and Gerald). Four guest lectures will be chosen randomly for in-class quizzes. All quizzes will be short answer and open book. They will cover the lecture content, assigned readings, and related course material.

3. One Individual Critical Synthesis Paper and Group Presentation (total of 60 points; 40 points written and 20 points oral; 20% of final grade)

The second half of the semester will focus on special public health topics (i.e., American Indian health, Latino health, reproductive health, aging, child and adolescent health, violence prevention, and mental health and stress). For one of the six special topics, each student will write a Critical Synthesis paper on one of the articles assigned for that class meeting. Students will submit a list of articles they wish to write about for their written Critical Synthesis paper early in the semester. Students should carefully review the articles to identify ones that would fit well with the assignment. The instructor will compare the lists of students' preferences and assign pairs of students to work on a single article.

Each student will write their Critical Synthesis paper independently. Each paper must not be longer than 5 pages and should include a reference list formatted in AMA style (may be a separate page). The Critical Synthesis paper is worth a maximum of 40 points.

In the assigned pairs, students will give an oral presentation together based on their two papers and lead a brief discussion as time allows. Each presentation should not be longer than 15 minutes and is worth 20 points. Both students will receive the same grade. PowerPoint slides are required. Printed copies of the each paper and one copy of the slides are due to the instructor on the day that the students give their presentation (date the article is assigned on the syllabus). Because the instructor will be out of town on March 31 and there will be a guest lecturer facilitating the class meeting, the student papers and presentations based on the readings on Latinos and public health will be due a week later on April 7.

The individual Critical Synthesis papers (40 points) and presentations (20 points) must include the following:

- a) Describe the current relevance of the article by presenting some examples of recent media stories (i.e., TV, newspaper, radio, and Internet) and/or public health policies or programs at local, state, or federal levels that address similar topics.
- b) Describe the levels of the Social-Ecological Model (SEM) mentioned in the article.
- c) Select one SEM level that was identified in the article, and address the following:
 - i. Discuss the strengths and weaknesses of how the authors described and/or studied factors related to the selected level of the SEM (i.e., How comprehensive was their discussion? Did they address risk and protective factors? Did they provide any data or research evidence to support their statements?).
 - ii. Conduct a brief review of the research literature and describe other factors of the same SEM level that are associated with the same behavior/issue but were not discussed or examined by the authors.
 - iii. Based on a combined list of factors for one SEM level from i) and ii), identify and explain which factor might be the easiest to target for a behavioral intervention and which one might be the hardest.
 - i. For example, if the selected SEM level was interpersonal, and factors identified in i) and ii) included family, friends and co-worker relationships. Which type of relationship might be the easiest to target for a behavioral intervention for X topic, and which might be the most difficult? Provide an explanation for each decision.

Of note, the members of each pair do not need to select the same SEM level for their individual papers. If they select two different levels, they must choose one to focus on for their group oral presentation.

4. One Term Paper and Presentation

(total of 100 points: 80 points written and 20 points oral; 33.3% of final grade)

Pairs of students will write one Term Paper together focused on a specific health problem and a well-defined population that is at risk for that health problem. All papers will include a review of the research literature to: 1) describe an identified health problem; 2) justify a targeted population (using epidemiologic data); 3) identify both risk and protective factors that are associated with the specific health problem among the target population; and 4) recommend strategies to prevent the health problem among the target population. A hard copy of the Term Paper is due in class on April 21, which is the first day of Term Paper presentations.

The paper should be based on recent peer-reviewed research articles. Students are required to include a minimum of 8 peer-reviewed articles in their papers. No more than 3 references should be from credible websites. Articles should be identified using multiple online research databases (e.g., PubMed, Medline, and PsycInfo) available on the UA library websites. Students should not limit their search activities to only Google Scholar. Each student is required to attend a workshop or meet individually with one of the MEZCOPH liaison librarians, Annabelle Nuñez or Mari Stoddard, to receive guidance on advanced database searching and bibliographic management.

MEZCOPH liaison librarians:

Annabelle Nuñez
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anunez@ahsl.arizona.edu

Mari Stoddard
(520) 626-2925

stoddard@ahsl.arizona.edu

Paper topics must be submitted in class on February 11 for the instructor's feedback and approval. Each pair of students must submit one written brief description of the paper topic and include citations from at least 3 peer-reviewed journal articles to show that relevant research exists on the selected topic. Topics of genuine interest to the students and have not been addressed in the course are strongly encouraged. The paper should be no more than 15 double-spaced pages, excluding a title page and reference list, and is worth a maximum of 80 points.

For References: The Term Paper should include a formatted reference section at the end of the paper. Similar to the American Journal of Public Health (AJPH), students are required to use the American Medical Association (AMA) Style Manual 10th Edition for formatting references. There are several useful online resources about the AMA Style Guide, including

- <http://library.nymc.edu/informatics/amastyle.cfm>
- <http://www.lib.jmu.edu/citation/amaguide.pdf>

Students are encouraged to find others and/or seek the assistance of the MEZCOPH liaison librarians. A hard copy of the AMA Style Guide is available at the Information Desk of the AHSL-Tucson (call number WZ 345 A511m 2007 c.2). Journal title abbreviations are available at the U.S. National Library of Medicine website. Enter journal titles at <http://www.ncbi.nlm.nih.gov/journals> to obtain title abbreviations. Refer to articles published in AJPH and other public health and biomedical journals for examples of formatting citations in text and creating reference lists using the AMA Style Guide.

The Written Paper should include the following sections and information (80 points):

- a) Title page (title of paper, student name, date, course number and title, instructor name)
- b) Introduction and description of selected health problem and related health behaviors
 - a. Describe the significance of the selected public health problem (i.e., prevalence rates, consequences, economic burden/costs).
 - b. Identify health behaviors that are tied to the selected health problem.
 - c. Describe the overall purpose of paper.
- c) Target population
 - a. Identify and justify selected target population.
 - b. Provide background on the selected population (i.e., demographic characteristics, social, historical, environmental, and/or cultural contexts).
- d) Determinants of health
 - a. Summarize research on factors from at least two levels of the Social-Ecological Model that are associated with the health problem among the target population (i.e., interpersonal and community levels).
 - b. Include research on risk and protective factors for each selected level.
 - c. Indicate if the research has produced conflicting findings (i.e., some studies documented significant positive associations, whereas others found negative or no significant findings).
- e) Recommendations for public health practice
 - a. Describe existing strategies, informed by the Social-Ecological Model, to prevent or reduce the selected health problem.
 - b. Propose new or alternative strategies that may be a “good fit” for the health problem and target population.
- f) Recommendations for future research
 - a. Discuss future directions for research based on gaps identified in your review of the literature for d).
- g) Conclusion
 - a. Provide brief summary of the “findings” from your literature review.
 - b. Include some final thoughts or comments.
- h) References
 - a. Provide reference list formatted using AMA style. See specific instructions about references.

To receive full credit for research included in the Term Paper, students must attend a workshop/session or individual meeting with one of the MEZCOPH liaison librarians (Annabelle or Mari) by April 14 (1 week before the Term Paper is due). Records of attendance will be submitted to the instructor.

Each pair of students will present their Term Paper during one of the last two class meetings. Powerpoint slides are required and one printed copy of the slides must be submitted on the day of the presentation. The presentation is worth a maximum of 20 points. Both members of the group will receive the same presentation grade.

The Oral Presentation and slides should include the following (20 points):

- a) Background on selected health problem
- b) Description of target population
- c) Review of research literature on factors from at least two levels of SEM associated with problem

- d) Recommendations for public health practice
- e) Recommendations for future research
- f) List of references for information provided on slides
- g) Two questions to facilitate class discussion

5. Class Participation

(total of 30 points; 10% of final grade)

Students are expected to attend each class and actively participate in discussions. Students are encouraged to share experiences and observations from work and personal life, exposure to the media, and other readings, coursework, and workshops/trainings. Students should be attentive to the instructor and classmates and limit the amount of time looking at laptops, tablets, and telephone screens. Students must notify the instructor if they are unable to attend a class due to an emergency or unusual situation. If a student is absent from class, they are responsible for the material that was covered and the work that was assigned. If a student has an excused absence and misses an in-class Quiz, they will be required to complete a second News Watch paper. If a student has an excused absence and misses a second Quiz, they will be required to complete an alternative assignment created by the instructor.

GRADING AND EVALUATION: Students will be evaluated based on their performance on the items listed in the syllabus. Points will be deducted from assignments turned in late unless prior instructor approval was granted. The penalty will be calculated at a rate of 10% per day late. Assignments are considered late if they are not turned in during the required class meeting.

One News Watch Paper	= 20 points
In-Class Debate (30 pts written, 20 pts oral)	= 50 points
Four Short Quizzes (4 @ 10 pts each)	= 40 point
One Critical Synthesis (40 pts written, 20 pts oral)	= 60 points
One Term Paper (80 pts written, 20 pts oral)	= 100 points
Class Participation	= 30 points
TOTAL POSSIBLE POINTS FOR CLASS = 300 points	

A = 270-300 pts; B = 240-269 pts; C = 210-239 pts; D = 180-209 pts; Failure < 180 pts

TELEPHONE AND COMPUTER USE: All cell/smart phones must be set to silent or vibrate in order to not disrupt the class and disturb the instructor and fellow students. The use of laptop/tablet computers is limited to taking notes, scanning completed assignments, participating in classroom exercises, and reviewing assigned readings, lecture slides, and other postings to the D2L course site. They may not be used to check email, read/post to Facebook, chat online, search the internet, read unrelated materials, play games, and other activities that cause distractions (except during class breaks). If students violate this policy, they may not be allowed to use their computers/tablets during class.

COMMUNICATIONS: All students are responsible for reading emails sent to their UA account from the instructor and the announcements that are placed on the course web site. Information about assignments, readings, grades, new events, and other course related topics will be communicated to students using these electronic methods. The official policy may be found at: <http://www.registrar.arizona.edu/emailpolicy.htm>

DISABILITY ACCOMODATION: If a student anticipates issues related to the format or requirements of this course, the student should meet with the instructor. The instructor will discuss ways to ensure the student's full participation in the course. If a student determines that

formal, disability-related accommodations are necessary, it is important that they be registered with Disability Resources (621-3268; drc.arizona.edu) and notifies the instructor of their eligibility for reasonable accommodations. The instructor will then help coordinate the accommodations. The current official policy may be found at: <http://catalog.arizona.edu/2015%2D16/policies/disability.htm>

ACADEMIC INTEGRITY and PLAGARISM: All UA students are responsible for upholding the University of Arizona Code of Academic Integrity available through the office of the Dean of Students and online. The official policy may be found at: <http://deanofstudents.arizona.edu/codeofacademicintegrity>. In this course, if plagiarism or other forms of cheating are detected on an assignment, the student will receive a verbal warning and be required to redo the assignment with the deduction of one letter grade for that assignment. A second offense will result in an automatic failure for that assignment as well as a written warning and a report to the Section Chair, the Dean of the College of Public Health, and the Assistant Dean of Students and Alumni Affairs. A third offense will result in automatic course failure and a report to the Section Chair, the Dean of the College of Public Health, and the Assistant Dean of Students and Alumni Affairs. Examples of plagiarism include the following:

- Copying and pasting information from a web site or another source, and then revising it so that it sounds like the student's original idea.
- Doing an assignment/test with a classmate and then handing in separate assignments that contain the same ideas, language, phrases, etc.
- Quoting a passage without quotation marks or citations, so that it looks like the student's own ideas.
- Paraphrasing a passage without citing it, so that it looks like the student's own ideas.
- Hiring another person to do the student's work, or purchasing a paper through any of the on- or off-line sources.
- Using fictitious or incorrect references.

If a student wants clarification on what might constitute plagiarism, contact the instructor. This policy is instituted because scientific writing is a fundamental skill at the graduate level in public health. Plagiarism or other cheating demonstrates that the skills necessary for this course have not been mastered by the student.

CLASSROOM BEHAVIOR: The Dean of Students has set up expected standards for student behaviors and has defined and identified what is disruptive and threatening behavior. This information is available at:

<http://deanofstudents.arizona.edu/disruptiveandthreateningstudentguidelines>

Students are expected to be familiar with the UA Policy on Disruptive Behavior in an Instructional Setting found at <http://policy.arizona.edu/education-and-student-affairs/disruptive-behavior-instructional-setting> and the Policy on Threatening Behavior by Students found at <http://policy.arizona.edu/education-and-student-affairs/threatening-behavior-students>.

Consequences for inappropriate classroom behavior (i.e., loss of points on an assignment, grade zero on an assignment, and/or fail course) will be determined by the instructor.

GRIEVANCE POLICY: Should a student feel he or she has been treated unfairly, there are a number of resources available. With few exceptions, students should first attempt to resolve difficulties informally by bringing the concerns directly to the person responsible for the action, or with the student's Graduate Advisor, Section Chair, Division Director, Assistant Dean for Student and Alumni Affairs, or the immediate supervisor of the person responsible for the action. If the problem cannot be resolved informally, the student may file a formal grievance using the Graduate College Grievance Policy found at <http://grad.arizona.edu/academics/policies/academic-policies/grievance-policy>.

GRADE APPEAL POLICY: <http://catalog.arizona.edu/2015-16/policies/gradappeal.htm>

UA SMOKING AND TOBACCO POLICY: The purpose of the UA Smoking and Tobacco Policy is to establish the UA's commitment to promoting the health of faculty, staff, students, and visitors on campus and in its vehicles. The UA prohibits the use of products that contain tobacco or nicotine, including cigarettes, cigars, pipes, bidis, kreteks, hookahs, water pipes, and all forms of smokeless tobacco. Exceptions to the policy and other information are found at <http://policy.arizona.edu/ethics-and-conduct/smoking-and-tobacco-policy>. Littering the campus with the remains of tobacco or smoking-related products is also prohibited.

SYLLABUS CHANGES: Information contained in the course syllabus, other than the grade and absence policies, may be subject to change with reasonable advance notice, as deemed appropriate.

**CPH 577: Sociocultural and Behavioral Aspects of Public Health
READING LIST – SPRING 2016**

JANUARY 14

Introduction and Overview of Social and Behavioral Sciences and Prevention

No assigned readings.

JANUARY 21

Social Determinants and Theory

Braveman P, Egerter S, Williams DR. The social determinants of health: coming of age. *Annu Rev Public Health*. 2011;32(1):381-398.

(Use as a resource throughout the semester) Rimer BK, Glanz K. *Theory at a Glance: A Guide for Health Promotion Practice*. Bethesda, MD: National Cancer Institute, US Dept. of Health and Human Services; 2005:9-12.

Intrapersonal Factors

Cordova D, Cardona-Parra R, Blow A, Johnson DJ, Prado G, Fitzgerald HE. The role of intrapersonal factors on alcohol and drug use among Latinos with physical disabilities. *J Soc Work Pract Addict*. 2013;13(3):244-268.

Chanyasanha C, Guruge GR, Sjrarat D. Factors influencing preventive behaviors for dengue infection among housewives in Colombo, Sri Lanka. *Asia Pac J Public Health*. 2015;27(1):96-104.

JANUARY 28

Interpersonal Factors Influencing Health

Perryman ML. Ethical family interventions for childhood obesity. *Prev Chronic Dis.* 2011;8(5):A99.

Debnam K, Holt CL, Clark EM, Roth DL, Southward P. Relationship between religious social support and general social support with health behaviors in a national sample of African Americans. *J Behav Med.* 2012;35(2):179-189.

Finigan-Carr NM, Cheng TL, Gielen A, Haynie DL, Simons-Morton B. Using the theory of planned behavior to predict aggression and weapons carrying in urban African American early adolescent youth. *Health Educ Behav.* 2015;42(2):220-230.

FEBRUARY 4

Organizational, Community, and Societal Factors

Mendel P, Meredith LS, Schoenbaum M, Sherbourne CD, Wells KB. Interventions in organizational and community context: a framework for building evidence on dissemination and implementation in health services research. *Adm Policy Ment Health.* 2008;35:2-37.

Ungar M. Community resilience for youth and families: facilitative physical and social capital in contexts of adversity. *Child Youth Serv Rev.* 2011;33(9):1742-1748.

Madrigal DS, Salvatore A, Gardenia C, et al. Health in my community: conducting and evaluating photovoice as a tool to promote environmental health and leadership among Latino/a youth. *Prog Community Health Partnersh.* 2014;8(3):317-329.

FEBRUARY 11

Health Disparities (Surgeon General Richard Carmona)

Braveman PA, Kumanyika S, Fielding J, et al. Health disparities and health equity: the issue is justice. *Amer J Public Health*. 2011;101(S1):S149-55.

Thomas TL, DiClemente R, Snell S. Overcoming the triad of rural health disparities: how local culture, lack of economic opportunity, and geographic location instigate health disparities. *Health Educ J*. 2014;73(3):285-294.

Fredriksen-Goldsen KL, Kim H-J, Barkan SE, Muraco SE, Hoy-Ellis CP. Health disparities among lesbian, gay, and bisexual older adults: results from a population-based study. *Am J Public Health*. 2013;103(10):1802-1809.

FEBRUARY 18

Program Planning, Implementation, and Evaluation (Dr. John Ehiri)

Kegler M, Rigler J, Honeycutt S. The role of community context in planning and implementing community-based health promotion projects. *Eval Program Plann*. 2011;34(3):246-253.

Kliche T, Plaumann M, Nöcker G, Dubben S, Walter U. Disease prevention and health promotion programs: benefits, implementation, quality assurance and open questions—A summary of the evidence. *J Public Health*. 2011;19(4):283-292.

Scheirer MA, Dearing JW. An agenda for research on the sustainability of public health programs. *Amer J Public Health*. 2011;101(11):2059-2067.

FEBRUARY 25

Culture in Health and Illness

Singer MK. Applying the concept of culture to reduce health disparities through health behavior research. *Prev Med.* 2012;55(5):356-361.

Klienman A, Benson P. Anthropology in the clinic: the problem of cultural competency and how to fix it. *PLoS Curr.* 2006;187(10):272. doi:10.1371/journal.pmed.0030294.

Lie D, Carter-Pokras O, Braun B, Coleman C. What do health literacy and cultural competence have in common? Calling for a collaborative health professional pedagogy. *J Health Commun.* 2012;17(sup3):13-22.

MARCH 3

American Indians and Public Health (Dr. Kerstin Reinschmidt)

Castor ML, Smyser MS, Taulii MM, Park AN, Lawson SA, Forquera RA. A nationwide population-based study identifying health disparities between American Indians and the general populations living in select urban counties. *Amer J Public Health.* 2006;96(8):1478-1484. doi: 10.2105/AJPH.2004.053942

Burhansstipanov L, Christopher S, Schumacher S A. Lessons learned from community-based participatory research in Indian country. *Cancer Control.* 2005;12 Suppl:70-76.

Goodkind JR, Hess JM, Gorman B, Parker DP. "We're still in a struggle" Diné resilience, survival, historical trauma, and healing. *Qual Health Res.* 2012;22(8):1019-1036.

Larsson LS, Champine D, Hoyt D, et al. Social marketing risk-framing approaches for dental sealants in rural American Indian children. *Public Health Nurs.* 2015;32(6):662-670.

MARCH 10

Mental Health, Stress, and Illness

Jane-Llopis E, Anderson P, Stewart-Brown S, et al. Reducing the silent burden of impaired mental health. *J Health Commun.* 2011;16(sup2):59-74.

Thoits PA. Stress and health: major findings and policy implications. *J Health Soc Behav.* 2010;51(1 suppl):S41- S54.

Kobau R, Seligman MEP, Peterson C, et al. Mental health promotion in public health: perspectives and strategies from positive psychology. *Am J Public Health.* 2011;101(8):e1-e9.

Pirkis J, Too LS, Spittal MJ, Krysinska K, Robinson J, Cheung YTD. Interventions to reduce suicides at suicide hotspots: a systematic review and meta-analysis. *Lancet Psychiatry.* 2015;2:994-1001.

MARCH 17

Spring Break – NO CLASS

MARCH 24

Violence Prevention

Voisin DR, Bird JDP, Hardesty M, Shiu CS. African American adolescents living and coping with community violence on Chicago's Southside. *J Interpers Violence*. 2011;26(12):2483-2498.

Stockman JK, Lucea MB, Campbell JC. Forced sexual initiation, sexual intimate partner violence and HIV risk in women: a global review of the literature. *AIDS Behav*. 2013;17(3):832-847.

Yuan NP, Duran BM, Walters KL, Pearson CR, Evans-Campbell TA. Alcohol misuse and associations with childhood maltreatment and out-of-home placement among urban two-spirit American Indian and Alaska Native people. *Int J Environ Res Public Health*. 2014;11(10):10461-10479.

Casey EA, Ohler K. Being a positive bystander: male antiviolence allies' experiences of "stepping up". *J Interpers Violence*. 2012;27(1):62-83.

MARCH 31

Latinos and Public Health (Ms. Maia Ingram)

Ingram M, Schachter KA, Sabo SJ, et al. A community health worker intervention to address the social determinants of health through policy change. *J Primary Prevent*. 2014;35(2):119-123.

Sanchez-Birkhead AC, Kennedy HP, Callister LC, Miyamoto TP. Navigating a new health culture: experiences of immigrant Hispanic women. *J Immigr Minor Health*. 2011;13(6):1168-1174.

McCloskey J, Tollestrup K, Sanders M. A community integration approach to social determinants of health in New Mexico. *Fam Community Health*. 2011;34 Suppl:S79-S91.

Baquero b, Linnan L, Laraia BA, Ayala GX. Process evaluation of a food marketing and environmental change intervention in tiendas that serve Latino immigrants in North Carolina. *Health Promot Pract*. 2014;15(6):839-848.

APRIL 7

Reproductive Health and Healthy Aging

Barker G, Ricardo C, Nascimento M, Olukoya A, Santos C. Questioning gender norms with men to improve health outcomes: evidence of impact. *Glob Public Health*. 2010;5(5):539-553.

Brookes R, Lehman TC, Maguire S, et al. Real life. Real talk.®: creating engagement in sexual and reproductive health among parents, teens, families, and communities. *Soc Mar Q*. 2010;16(1):52-69.

Yang JH, Yang BS. Alternative view of health behavior: the experience of older Korean women. *Qual Health Res*. 2011;21(3):324-332.

Geller KS, Mendoza ID, Timbobolan J, Montjoy HL, Nigg CR. The decisional balance sheet to promote healthy behavior among ethnically diverse older adults. *Public Health Nurs*. 2011;29(3):241-246.

APRIL 14

Child and Adolescent Health (Dr. Lynn Gerald)

Maggi S, Irwin LJ, Siddiqi A, Hertzman C. The social determinants of early child development: an overview. *J Paediatr Child Health*. 2010;46(11):627-635.

Park JM, Fertig AR, Allison PD. Physical and mental health, cognitive development, and health care use by housing status of low-income young children in 20 American cities: a prospective cohort study. *Amer J Public Health*. 2011;101(S1):S255-S261.

Mmari k, Blum R, Sonenstein F, et al. Adolescents' perceptions of health from disadvantaged urban communities: findings from the WAVE study. *Soc Sci Med*. 2014;104:124-132.

Brown JD, Bobkowski PS. Older and newer media: patterns of use and effects on adolescents' health and well-being. *J Res Adolesc*. 2011;21(1):95-113.

Optional for guest speaker: Gerald LB, Gerald JK, Zhang B, McClure LA, Bailey WC, Harrington KF. Can a school-based hand hygiene program reduce asthma exacerbations among elementary school children? *J Allergy Clin Immunol*. 2012;130(6):1317-1324.