

PUBH 6020, SECTION 320

Fundamentals of Social & Behavioral Science
 Spring 2019

COURSE & CONTACT INFORMATION

Credits: 2 credits

Meeting Day(s), Time, and Place: This course is entirely web-based, delivered via Moodle at [<http://moodle.umn.edu>].

Contact Type	Contact Information	Role	When to Contact
Instructor	Jennifer Linde, PhD linde074@umn.edu Office phone: 612-624-0065 Office hours by appointment	Primary instructor for this course	Please contact me directly for personal/private matters, or questions about your own individual work if I am your grader. For questions that you think would benefit the whole class, please use the Course Q&A/Announcements Forum on the Moodle site, or lesson-specific discussion forums in each week of the course. Your instructor and TA will be checking forums regularly and returning emails within 24 hours.
Teaching Assistant	Rachael Mills, MA mills329@umn.edu Office hours by appointment	Assigns grades, responds to emails and class website postings	Contact the TA directly when they are assigned as your grader, with specific questions about your own individual work.
Technical Support	Technical support options are available on the SPH website. https://z.umn.edu/sphquickhelp	Troubleshoots technical issues related to the course site or course content.	Technical issues with the course site, media, quizzes or assignments.

Please save this contact information to your computer or print it. That way, you can still contact us in the event that you have difficulty connecting to the Internet or accessing the syllabus.

Communication in Online Courses

Communication is especially important in an online course. The course site announcement forums/discussions and email will be used to communicate with students. You are responsible for reading all course-related emails sent to your University account and contacting us in a timely manner with any questions you may have. We strongly recommend that you check your UMN email daily. Our goal is to respond to emails within 24 hours. In this class, our use of technology will sometimes make students' names and UMN Internet IDs visible within the course website, but only to other students in the class. Since we are using a secure, password-protected course website, this will not increase the risk of identity theft or spamming for anyone in the class. If you have concerns about the visibility of your Internet ID, please contact me for further information.

Important Rule: In your communications with fellow students or the instructor and TA, please remember to be courteous and professional at all times.

COURSE DESCRIPTION

This course fulfills behavioral science core requirements for MPH students and is open to any graduate student with interest in the material. This course covers essential content in addressing social and behavioral science concepts for application across public health domains. Material will address theories and applications in public health. The course will focus on three major approaches to public health problems:

- Psychosocial
- Community
- Economics and Policy

The psychosocial unit will include exposure to multiple behavioral theories and application of theory in understanding etiology and planning interventions.

The community unit will include a review of community change concepts and theories and exposure to community organizing techniques.

The economics and policy unit will address such functions as supply and demand, opportunity costs, costs versus benefits, and intended vs. unintended consequences in examining the role of economics and policy change in decision-making about public health.

Acknowledgments

Drs. Rhonda Jones-Webb, Harry Lando, Jennifer Linde, and Toben Nelson in the Division of Epidemiology & Community Health all had significant roles in conceptual and content development for the current course and are responsible for teaching the course throughout the academic year. Dr. Traci Toomey contributed valuable content information to the Community Unit, and the SPH Office of E-Learning Services made significant contributions to the format and delivery of the online version of this course.

COURSE PREREQUISITES

Enrolled in SPH degree or certificate program or other graduate program; postbaccalaureate status. Not open to MPH majors in CHP or PHN programs in the Division of Epidemiology & Community Health unless cleared by instructor.

COURSE GOALS & OBJECTIVES

After completion of this course, students will be able to:

- Describe how behavioral sciences can be used to understand and intervene upon current public health problems;
- Articulate how psychosocial and community theories are used to design, implement, and evaluate public health programs;
- Understand the application of economic principles to public health;
- Communicate how public and private institutions create change in public health behaviors or the environment in which individual behavior responds; and
- Acquire skills in the application of behavioral science to current public health problems.

METHODS OF INSTRUCTION AND WORK EXPECTATIONS

Course Workload Expectations

PubH 6020 is a 2-credit course. The University expects that for each credit, you will spend a minimum of three hours per week in a full semester (Fall or Spring) attending class or comparable online activity, reading, studying, completing assignments, and doing other course-related activities. over the course term. Thus, this course requires approximately 90 hours of effort (3 hours x 2 credits x 15 weeks) spread over the course of the term in order to earn an average grade.

This course is entirely online. Therefore, time you would otherwise be in class will be incorporated into work for the course in the form of online discussions, lectures, videos, and related materials.

Keep in mind that this is not a “go at your own pace” course. All assignments have specific deadlines, and we have suggested a pace for completing the lectures and readings so that students will be optimally prepared to stay on top of the course material and have the knowledge base to complete all written assignments effectively. That said, one of the best things about online classes is that they provide flexibility: the lectures are always available and can be completed anywhere, any time, and in a variety of formats.

Technology

You will use the following technology tools in this course. Please make yourself familiar with them.

- **Moodle:** for accessing course lessons, readings, discussion forums, and other resources, and for accessing and uploading assignments.
- **WebEx:** if you would like to set up office hours and cannot access the Twin Cities campus.
- **Microsoft Word:** for preparing assignments. General functionality of Word is necessary to know, and training is available at <http://lynda.umn.edu>
- **NOTE:** If you need assistance compiling this list or require a resource that does not exist for a specific technology, please visit <http://www.sph.umn.edu/academics/academic-technology/guides>.

You are expected to submit all coursework on time and it is your responsibility to ensure that your work is submitted properly before the deadline.

- Open any document/file you are submitting prior to uploading it to Moodle to ensure that all of your answers are visible.
- Double-check your assignment submissions right after you submit them by returning to your submission and scrolling down to the bottom of the instructions page:
 - Assignments successfully submitted will be attached on this page.

If you experience technical difficulties while navigating through the course site or attempting to submit coursework:

- Go to Quick Help: <http://z.umn.edu/sphquickhelp>.
- Connect with the appropriate person or office within 30 minutes of the problem's occurrence.
 - Provide as much information as possible, so the tech team can best help you as soon as possible.
 - You can expect a response within 1-2 business days to help resolve the problem.

If you cannot access this course in Moodle, contact Moodle support (moodle@umn.edu) for help.

Learning Community

School of Public Health courses ask students to discuss frameworks, theory, policy, and more, often in the context of past and current events and policy debates. Many of our courses also ask students to work in teams or engage in discussion groups. We do not come to our courses with identical backgrounds and experiences and building on what we already know about collaborating, listening, and engaging is critical to successful professional, academic, and scientific engagement with topics.

In this course, students are expected to engage with each other in respectful and thoughtful ways. In group discussion, this can mean:

- Respecting the identities and experiences of your classmates.
- Avoid broad statements and generalizations. Group discussions are another form of academic communication and responses to instructor questions in a group discussion are evaluated. Apply the same rigor to crafting discussion posts as you would for a paper.
- Consider your tone and language, especially when communicating in text format, as the lack of other cues can lead to misinterpretation.

Like other work in the course, all student to student communication is covered by the Student Conduct Code (<https://z.umn.edu/studentconduct>).

Types of Major Assignments

Case Study Activities

Each unit will have at least one graded activity that addresses practical applications of the concepts presented in lectures and readings. For each, you will be asked to respond to a scenario or other exercise. These assignments are completed and graded **individually**.

- Case Study 1: Drivers and Outcomes in Public Health: The Water Crisis in Flint, MI
- Case Study 2: Psychosocial Approaches to Increasing Flu Shots Among Seniors
- Case Study 3: Community Change and Community Organizing
- Case Study 4: Policy, Economics, and Politics of Gun Control

Additional assignment details can be found on the course website.

Concept Application Assignments

The concept application assignments will consist of a topic brief (abstract) and three written assignments, one for each unit of the course. One of the major objectives of this course is for students to be able to apply social and behavioral science concepts and theories to public health issues within their own discipline and specific field of practice; to accomplish that goal, students will choose a health topic of interest to them, described in their topic brief, and they will write about that topic throughout the semester. These assignments are completed and graded **individually**.

- Abstract: to propose topic
- Concept Application 1: Psychosocial Theory of Behavior Change in Public Health
- Concept Application 2: Community Organizing and Community Change Approaches to Public Health
- Concept Application 3: Economics and Policy in Public Health Intervention

Additional details on the assignments can be found on the course website.

Discussion Board Postings

These consist of interactions on the discussion boards at the class website. You might post a brief summary of an article or news link relevant to a given week's topic, or make a thoughtful reflection on a particular topic covered that week, respond to a prompt in the lesson for the week, or respond to other students' posts. You will receive credit for no more than 10 posts during the semester, but you are free to interact as much as you would like.

COURSE TEXT & READINGS

This course uses journal articles, which are available via the University Libraries' E-Reserves and will be linked from the course site; the readings are also listed in the table below. It is good practice to use a citation manager to keep track of your readings. More information about citation managers is available at <https://www.lib.umn.edu/pim/citation>.

We recommend the following book as a general reference to using health behavior theories in your work. Relevant chapters are indicated within the reading lists for each lesson below, and are **optional** for this course.

Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.) (2015) *Health Behavior and Health Education: Theory, Research, and Practice* (5th ed). San Francisco: Jossey-Bass

Please note that we have also assigned sections of an overview reading on health behavior theories, and these sections are required. That **required** source is:

National Cancer Institute. Theory at a glance: A guide for health promotion practice (2nd Edition). NIH Publication No. 05-3896, 2005

COURSE OUTLINE/WEEKLY SCHEDULE

This course has specific deadlines. All coursework must be submitted via the course site before the date and time specified on the site. **Note: assignments are due by 11:55pm CST.**

Week	Topic	• Readings	Activities/Major Assignments
Week 1 Jan 22-27	Course Orientation, Introduction, and the Social Ecological Model	<p>Required - Introduction</p> <ul style="list-style-type: none"> Jeffery RW. Risk behaviors and health: contrasting individual and public health perspectives. <i>American Psychologist</i> 1989;44(9):1194-1202. Shelton RC, Hatzenbuehler ML, Bayer R, Metsch LR. Future perfect? The future of the social sciences in public health. <i>Frontiers in Public Health</i>, 2018;5:357. <p>Required - The Social Ecological Model</p> <ul style="list-style-type: none"> Cushing L., Faust, J., Meehan A., L., Cendak R., Wieland W., & Alexeeff G. (2015). Racial/ethnic disparities in cumulative environmental health impacts in California: Evidence from a statewide environmental justice screening tool (CalEnviorScreen1.1). <i>American Journal of Public Health</i> 2015;105(11):2341-2348. National Cancer Institute. Theory at a glance: A guide for health promotion practice (2nd Edition). NIH Publication No. 05-3896, 2005 (Read Social Ecology, pages 10-12) <p>Optional</p> <ul style="list-style-type: none"> Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.) (2015) <i>Health Behavior and Health Education: Theory, Research, and Practice</i> (5th ed). San Francisco: Jossey-Bass (Chapter 3: Ecological Models of Health Behavior) 	<ul style="list-style-type: none"> Introductions (due Friday January 25) Case Study Activity 1: Drivers and Outcomes in Public Health: The Water Crisis in Flint, Michigan (due Sunday January 27)
Week 2 Jan 28-Feb 3	• What is Intervention?	<p>Required</p> <ul style="list-style-type: none"> Binkley CJ, Johnson KW. Application of the PRECEDE-PROCEED planning model in designing an oral health strategy. <i>Journal of Theory and Practice of Dental Public Health</i> 2013;1(3): http://www.sharmilachatterjee.com/ojs-2.3.8/index.php/JTPDPH/article/view/89 Glasgow R, Vogt TM, Boles SM. Evaluating the public health impact of health promotion interventions: the RE-AIM framework. <i>American Journal of Public Health</i> 1999;89(9):1322-1327. National Cancer Institute. Theory at a glance: A guide for health promotion practice (2nd Edition). NIH Publication No. 05-3896, 2005 (What is Theory?, pages 4-7 and PRECEDE-PROCEED, pages 39-43) 	<ul style="list-style-type: none"> Topic Brief (Abstract): (due Sunday February 3)
Week 3 Feb 4-10	<p>Health Belief Model and Other Theories</p> <ul style="list-style-type: none"> Health Belief Model (HBM) Theory of Reasoned Action (TRA) Theory of Planned Behavior (TPB) Transtheoretical Model (TTM) 	<p>Required</p> <ul style="list-style-type: none"> Bowen PG, Clay OJ, Lee LT, Browning W, Schoenberger YM, Martin MY (2018). Texting older sisters to step: The TOSS study. <i>Western Journal of Nursing Research</i>, 1-21. Hackman, C. L., & Knowlden, A. P. (2014). Theory of reasoned action and theory of planned behavior-based dietary interventions in adolescents and young adults: A systematic review. <i>Adolescent Health, Medicine, and Therapeutics</i>, 5, 101-114 	

		<ul style="list-style-type: none"> National Cancer Institute. Theory at a glance: A guide for health promotion practice (2nd Edition). NIH Publication No. 05-3896, 2005. (read HBM/TRA/TPB/TTM, pages 12-18) Slovic, P. (1987). Perceptions of risk. Science, 236, 280-286 Yue, Z, Li C, Weilin Q, Bin W (2015). Application of the health belief model to improve the understanding of antihypertensive medication adherence among Chinese patients. Patient Education and Counseling, 98(5):669-673. <p>Optional</p> <ul style="list-style-type: none"> Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.) (2015) Health Behavior and Health Education: Theory, Research, and Practice (5th ed). San Francisco: Jossey-Bass (Chapters 5: Health Belief Model, Chapter 6: Theory of Reasoned Action, Theory of Planned Behavior, and the Integrated Behavior Model, Chapter 7: The Transtheoretical Model and Stages of Change) 	
Week 4 Feb 11-17	<ul style="list-style-type: none"> Social Cognitive Theory 	<p>Required</p> <ul style="list-style-type: none"> Bandura, A. (2004). Health promotion by social cognitive means. Health Education and Behavior, 31(2):143-164. Bandura, A. (2018). Toward a psychology of human agency: Pathways and reflections. Perspectives on Psychological Science 13(2):130-136. Knol, L., Myers, H., Black, S., Robinson, D., Awololo, Y., Clark, D., Parker, C., Douglas, J., Higginbotham, J. (2016). Development and feasibility of a childhood obesity prevention program for rural families: Application of the social cognitive theory. American Journal of Health Education 47(4):204-214. National Cancer Institute. Theory at a glance: A guide for health promotion practice (2nd Edition). NIH Publication No. 05-3896, 2005 (Read SCT, pages 19-22) <p>Optional</p> <ul style="list-style-type: none"> Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.) (2015) Health Behavior and Health Education: Theory, Research, and Practice (5th ed). San Francisco: Jossey-Bass (Chapter 9: Social Cognitive Theory) 	
Week 5 Feb 18-24	<ul style="list-style-type: none"> Critical Race Theory 	<p>Required</p> <ul style="list-style-type: none"> Ford C & Airhienbuwa ((2010). Critical race theory, race equity, and public health: Toward antiracism praxis. American Journal of Public Health, 100 no. S1, S30-S35. Rosenthal, L (2016). Incorporating intersectionality into psychology: An opportunity to promote social justice and equity. American Psychologists, 71(6), 474-485. Howard T & Stefancic, J. (2017). What is Critical Race Theory. In Critical Race Theory, R. Delgado and J Stefancic, (pgs. 3- 13) Third Edition. New York: New York University Press. National Cancer Institute. Theory at a glance: A guide for health promotion practice (2nd Edition). NIH Publication No. 05-3896, 2005 (Read Selecting a Theory for a Public Health Intervention (Concept Application 1), pages 43-47) Yosso, T.J. (2005). Whose culture has capital? Race, Ethnicity and Education, 8(1), pp. 69–91. 	<ul style="list-style-type: none"> Case Study Activity 2: Psychosocial Approaches to Increasing Flu Shots Among Seniors (due Sunday February 24)

<p>Week 6 Feb 25-Mar 3</p>	<ul style="list-style-type: none"> Community Approaches to Public Health Intervention 	<p>Required</p> <ul style="list-style-type: none"> Jernigan, V., Jacob, T., Styne, D. (2015). The adaptation and implementation of a community-based participatory research curriculum to build tribal capacity. <i>American Journal of Public Health</i>, 105:S424-S432. Merves, M., Rodgers, C., Silver, E., Sclafane, J., Bauman, L. (2015). Engaging and sustaining adolescents in community-based participatory research: Structuring a youth-friendly CBPR. <i>Community Health</i>, 38(1):22-32. National Cancer Institute. <i>Theory at a glance: A guide for health promotion practice</i> (2nd Edition). NIH Publication No. 05-3896, 2005 (Read Community Approaches and Organizing, pages 22-26) 	
<p>Week 7 Mar 4-10</p>	<ul style="list-style-type: none"> Community Organizing 	<p>Required</p> <ul style="list-style-type: none"> National Cancer Institute. <i>Theory at a glance: A guide for health promotion practice</i> (2nd Edition). NIH Publication No. 05-3896, 2005 (Read Community Approaches and Organizing, pages 22-26) Subica, A., Grills, C., Villanueva, S., Douglas, J. (2016). Community organizing for healthier communities: Environmental and policy outcomes of a national initiative. <i>American Journal of Preventive Medicine</i>, 51(6):916-925. Speer, P., Tesdahl, E., Ayers, J. (2014). Community organizing practices in a globalizing era: Building power for health equity at the community level, 19(1):159-169. Toomey TL, Fabian LA, Erickson D., Wagenaar, A.C., Fletcher, L., Lenk, K. Influencing alcohol control policies and practices at community festivals, <i>Journal of Drug Education</i>, 36(1):15-32, 2006. Wagenaar AC, Gehan JP, Jones-Webb R, Wolfson M., Toomey TL, Forster JL, Murray DM. Communities Mobilizing for Change on Alcohol: Lessons and results from a 15-community randomized trial. <i>Journal of Community Psychology</i>, 27(3):315-326, 1999. <p>Optional</p> <ul style="list-style-type: none"> Schutz A, Sandy, MG. <i>Collective Action for Social Change: An Introduction to Community Organizing</i>. Palgrave MacMillan: New York, 2011 (NOTE: This is a book and will not be linked to the Libraries eReserves page for the course) 	<ul style="list-style-type: none"> Concept Application #1: Psychosocial Unit (due Sunday March 10)
<p>Week 8 Mar 11-17</p>	<ul style="list-style-type: none"> Social Networks and Health 	<p>Required</p> <ul style="list-style-type: none"> Steptoe, A. (Ed.) <i>Handbook of Behavioral Medicine</i>. Springer, New York: 2010. Chapter 18. Social networks and health, 237-262. Thoits, P. (2011). Mechanisms linking social ties and social support to physical and mental health, 52(2):145-161. <p>Optional</p> <ul style="list-style-type: none"> Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.) (2015) <i>Health Behavior and Health Education: Theory, Research, and Practice</i> (5th ed). San Francisco: Jossey-Bass (Chapter 10: Social Support and Health, Chapter 11: Social Networks and Health Behavior, Chapter 12: Stress, Coping, and Health Behavior) 	
<p>Week of Mar 18-24</p>	<ul style="list-style-type: none"> SPRING BREAK 	<p>NO READINGS THIS WEEK</p>	

<p>Week 9 Mar 25-31</p>	<ul style="list-style-type: none"> • Diffusion of Innovations and Social Marketing 	<p>Required</p> <ul style="list-style-type: none"> • Rogers, E. M. (2002). Diffusion of preventive interventions. <i>Addictive Behaviors</i>, 27(6), 989-993. • Evans, W. D., & McCormack, L., (2008). Applying social marketing in health care: Communication evidence to change consumer behavior. <i>Medical Decision Making</i>, 28:781-792. • Farley, T.A. Mass diseases, mass exposures, and mass media. <i>JAMA Internal Medicine</i> 2015;175(11):1743-1744 • National Cancer Institute. Theory at a glance: A guide for health promotion practice (2nd Edition). NIH Publication No. 05-3896, 2005 (Read DOI, pages 27-29 and Social Marketing, pages 36-39) <p>Optional</p> <ul style="list-style-type: none"> • Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.) (2015) <i>Health Behavior and Health Education: Theory, Research, and Practice</i> (5th ed). San Francisco: Jossey-Bass (Read Chapter 16: Implementation, Dissemination, and Diffusion of Public Health Interventions and Chapter 21: Social Marketing) 	<ul style="list-style-type: none"> • Case Study Activity 3: Community Change & Community Organizing (due Sunday March 31)
<p>Week 10 Apr 1-7</p>	<ul style="list-style-type: none"> • Economics of Public Health Interventions 	<p>Required</p> <ul style="list-style-type: none"> • Messonnier ML. (2006). Economics and Public Health at CDC. <i>Morbidity and Mortality Weekly Report</i>. 55(Sup02): 17-19. • Carande-Culis, Vilma, Thomas Getzen, and Stephen Thacker, "Public Goods and Externalities: A Research Agenda for Public Health Economics," <i>Journal of Public Health Management Practice</i>, 3:2 (2007), 227-232. <p>Optional</p> <ul style="list-style-type: none"> • Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.) (2015) <i>Health Behavior and Health Education: Theory, Research, and Practice</i> (5th ed). San Francisco: Jossey-Bass (Read Chapter 20: Behavioral Economics and Health) 	
<p>Week 11 Apr 8-14</p>	<ul style="list-style-type: none"> • Policy Intervention in Public Health 	<p>Required</p> <ul style="list-style-type: none"> • Chokshi, D. & Stine, N. (2013). Reconsidering the politics of public health. <i>JAMA</i> 310(10):1025-1026. • Longest, B. (2010) <i>Health and Health Policy</i>. In B. Longest (ed.), <i>Health Policymaking in the U S</i> (5th Ed., pp. 1-28). Chicago, IL: Health Administration Press. • U.S. Constitution 	<ul style="list-style-type: none"> • Concept Application 2: Using Community Approaches to Public Health (due Sunday April 14)
<p>Week 12 Apr 15-21</p>	<ul style="list-style-type: none"> • Theories of Interest Groups 	<p>Required</p> <ul style="list-style-type: none"> • Gliens, M., & Page, B. (2014). Testing theories of American politics: Elites, interest groups, and average citizens. <i>Perspectives on Politics</i>, 12(3):564-581. 	

<p>Week 13 Apr 22-28</p>	<ul style="list-style-type: none"> • Policy Implementation 	<p>Required</p> <ul style="list-style-type: none"> • Friedman RM (2003). A conceptual framework for developing and implementing effective policy in children's mental health. <i>J Emot Behav Dis</i> 11(1):11-8. • Jones-Webb R, Nelson T, McKee P, Toomey T (2014). An implementation model to increase the effectiveness of alcohol control policies. <i>Am J Health Promot</i> 28(5):328-35 • McKee PA, Nelson TF, Toomey TL, Shimotsu ST, Hannan PJ, Jones-Webb R (2012). Adopting local alcohol policies: A case study of community efforts to regulate malt liquor sales. <i>Am J Health Promot</i> 26(3):e86-e944 • Nilsen P, Stahl C, Roback K, Cairney P (2013). Never the twain shall meet? A comparison of implementation science and policy implementation research. <i>Implement Sci</i> 8:63, 1-13. • Rutten A, Gelius P & Abu-Omar K (2010) Policy development and implementation in health promotion--from theory to practice: the ADEPT model. <i>Health Promotion International</i> 26(3), 322-329. 	<ul style="list-style-type: none"> • Case Study Activity 4: Policy, Economics, and Politics of Gun Control (due Sunday April 28)
<p>Week 14 Apr 29-May 6</p>	<ul style="list-style-type: none"> • An Integrated Approach / Pulling It All Together 	<p>Required</p> <ul style="list-style-type: none"> • Frieden TR. (2010) A framework for public health action: The health impact pyramid. <i>American Journal of Public Health</i> 100(4): 590-595. • Bayer R, Galea S. (2015) Public Health in the Precision-Medicine Era. <i>New England Journal of Medicine</i> 373:499-501. • Shelton RC, Hatzenbuehler ML, Bayer R, Metsch LR. Future perfect? The future of the social sciences in public health. <i>Frontiers in Public Health</i>, 2018;5:357. <p>Other Resources</p> <ul style="list-style-type: none"> • Centers for Disease Control and Prevention. (2017) <i>Effective Interventions: HIV Prevention that Works</i>. 	
<p>Week 15 May 7-15</p>	<ul style="list-style-type: none"> • Study Week/Finals Week: Submit Final Course Assignment 	<ul style="list-style-type: none"> • NO READINGS THIS WEEK 	<ul style="list-style-type: none"> • Concept Application 3: Examination of Policy Solutions and Economic Implications (due Thursday May 9)

SPH AND UNIVERSITY POLICIES & RESOURCES

The School of Public Health maintains up-to-date information about resources available to students, as well as formal course policies, on our website at <http://z.umn.edu/sphumncoursepolicies>. Students are expected to read and understand all policy information available at this link and are encouraged to make use of the resources available.

The University of Minnesota has official policies, including but not limited to the following:

- Grade definitions
- Scholastic dishonesty
- Makeup work for legitimate absences
- Student conduct code
- Sexual harassment, sexual assault, stalking and relationship violence
- Equity, diversity, equal employment opportunity, and affirmative action
- Disability services
- Academic freedom and responsibility

Resources available for students include:

- Confidential mental health services
- Disability accommodations
- Housing and financial instability resources
- Technology help
- Academic support

EVALUATION & GRADING

Students will be evaluated through multiple written assignments and course engagement. Final grade will be assessed on a 165-point scale. Feedback will be turned around within 5-10 days depending on the length of the assignment. The course instructor and TA will be grading these assignments using specific grading criteria to ensure a standard process for all.

<u>Assignment</u>	<u>Points</u>
Case Study Activity	40 (10 x 4)
Topic Brief (Abstract)	10
Concept Application (Paper)	105 (35 x 3)
Discussion Postings	10 (maximum)
TOTAL	165 points

Each written assignment is due to the course website by 11:55 PM Central Time on the due date; any assignment submitted at 12:01 AM or beyond will be considered late.

Grading Scale

The University uses plus and minus grading on a 4.000 cumulative grade point scale in accordance with the following, and you can expect the grade lines to be drawn as follows:

% In Class	Grade	GPA
93 - 100%	A	4.000
90 - 92%	A-	3.667
87 - 89%	B+	3.333
83 - 86%	B	3.000
80 - 82%	B-	2.667
77 - 79%	C+	2.333
73 - 76%	C	2.000

70 - 72%	C-	1.667
67 - 69%	D+	1.333
63 - 66%	D	1.000
< 62%	F	

- A = achievement that is outstanding relative to the level necessary to meet course requirements.
- B = achievement that is significantly above the level necessary to meet course requirements.
- C = achievement that meets the minimum course requirements.
- D = achievement that is worthy of credit even though it fails to meet fully the course requirements.
- F = failure because work was either (1) completed but at a level of achievement that is not worthy of credit or (2) was not completed and there was no agreement between the instructor and the student that the student would be awarded an I (Incomplete).
- S = achievement that is satisfactory, which is equivalent to a C- or better
- N = achievement that is not satisfactory and signifies that the work was either 1) completed but at a level that is not worthy of credit, or 2) not completed and there was no agreement between the instructor and student that the student would receive an I (Incomplete).

Evaluation/Grading Policy	Evaluation/Grading Policy Description
<p>Scholastic Dishonesty, Plagiarism, Cheating, etc.</p>	<p>You are expected to do your own academic work and cite sources as necessary. Failing to do so is scholastic dishonesty. Scholastic dishonesty means plagiarizing; cheating on assignments or examinations; engaging in unauthorized collaboration on academic work; taking, acquiring, or using test materials without faculty permission; submitting false or incomplete records of academic achievement; acting alone or in cooperation with another to falsify records or to obtain dishonestly grades, honors, awards, or professional endorsement; altering, forging, or misusing a University academic record; or fabricating or falsifying data, research procedures, or data analysis (As defined in the Student Conduct Code). For additional information, please see https://z.umn.edu/dishonesty</p> <p>The Office for Student Conduct and Academic Integrity has compiled a useful list of Frequently Asked Questions pertaining to scholastic dishonesty: https://z.umn.edu/integrity.</p> <p>If you have additional questions, please clarify with your instructor. Your instructor can respond to your specific questions regarding what would constitute scholastic dishonesty in the context of a particular class-e.g., whether collaboration on assignments is permitted, requirements and methods for citing sources, if electronic aids are permitted or prohibited during an exam.</p> <p>Indiana University offers a clear description of plagiarism and an online quiz to check your understanding (http://z.umn.edu/iuplagiarism).</p>
<p>Late Assignments</p>	<p>One (1) point will be deducted for each day the topic brief (abstract) or a case study activity is late. Two (2) points will be deducted for each day a concept application (paper) is late. We will not accept any assignments after they are four (4) days late.</p>
<p>Makeup Work for Legitimate Reasons</p>	<p>If you experience an extraordinary event that prevents you from completing coursework on time and you would like to make arrangements to make up your work, contact your instructor within 24 hours of the missed deadline if an event could not have been anticipated and at least 48 hours prior if it is anticipated. Per University policy, legitimate reasons for making up work may include:</p> <ul style="list-style-type: none"> • illness • serious accident or personal injury • hospitalization • death or serious illness within the family • bereavement • religious observances • subpoenas • jury duty • military service • participation in intercollegiate athletic events

	<p>Because this course is entirely online and all materials are available to students from the first day of the term, we expect students to plan accordingly if travels or access to internet will cause them to miss a deadline. Note that our deadlines are generally set for 11:55 PM CST, so traveling to a different time zone will require additional planning. Further, circumstances that qualify for making up missed work will be handled by the instructor on a case-by-case basis; they will always be considered but not always granted. For complete information, view the UMN policy on Makeup Work for Legitimate Absences (http://z.umn.edu/sphmakeupwork).</p>
Saving & Submitting Coursework	<p>Documents that students submit are considered final; students may not submit more than one version or draft of each assignment unless express permission is given by the instructor.</p>
Technical Issues with Course Materials	<p>You are expected to submit all coursework on time and it is your responsibility to ensure that your work is submitted properly before the deadline.</p> <p>If you experience technical difficulties while navigating through the course site or attempting to submit coursework:</p> <ul style="list-style-type: none"> • Go to Quick Help: http://z.umn.edu/sphquickhelp. • Connect with the appropriate person or office within 30 minutes of the problem's occurrence. <ul style="list-style-type: none"> ○ Provide as much information as possible, so the tech team can best help you as soon as possible. ○ You can expect a response within 1-2 business days to help resolve the problem. <p>If you have a problem uploading an assignment, don't panic! Feel free to email a Word document of your assignment directly to your grader as needed.</p>
Incomplete Contracts	<p>A grade of incomplete "I" shall be assigned at the discretion of the instructor when, due to extraordinary circumstances (e.g., documented illness or hospitalization, death in family, etc.), the student was prevented from completing the work of the course on time.</p> <p>The assignment of an "I" requires that a contract be initiated and completed by the student before the last official day of class, and signed by both the student and instructor. If an incomplete is deemed appropriate by the instructor, the student, in consultation with the instructor, will specify the time and manner in which the student will complete course requirements. Extension for completion of the work will not exceed one year (or earlier if designated by the student's college). The maximum time allowed for a student to fulfill incomplete course requirements is one year or as specified on the incomplete contract, agreed upon by the instructor and student.</p> <p>Students who fail to meet incomplete contract deadlines as determined by instructor and student will receive a grade of F or N (depending on grade option). For more information and to initiate an incomplete contract, students should go to SPHGrades (http://www.sph.umn.edu/grades).</p>
Course Withdrawal	<p>Students should refer to the Refund and Drop/Add Deadlines for the particular term at https://onestop.umn.edu/dates-and-deadlines for information and deadlines for withdrawing from a course. As a courtesy, students should notify their instructor and, if applicable, advisor of their intent to withdraw.</p> <p>Students wishing to withdraw from a course after the noted final deadline for a particular term must contact the School of Public Health Student Services Center at sph-ask@umn.edu for further information.</p>
Course Evaluation	<p>Student feedback on course content and instructor teaching skills are an important means for improving our work. The SPH collects anonymous student course evaluations electronically using a software system called CourseEval (http://www.sph.umn.edu/courseeval). Students who complete their course evaluations will be able to access their final grade as soon as the instructor submits the grade in SPHGrades (http://www.sph.umn.edu/grades) before it is recorded on an official transcript. All students will have access to their final grades through MyU two weeks after the last day of the term regardless of whether they completed their course evaluation or not.</p> <p>Note: This is School of Public Health procedure—not a University-wide policy—and therefore applies to Public Health courses only.</p>

CEPH COMPETENCIES

This course meets the following MPH Core Competencies in the table below. Each unit of the course (psychosocial, community, economic/policy) includes at least one of each of the following assessment strategies designed to meet learning objectives and address competencies:

- Written case studies and problem-solving activities
- Written concept application (paper) exercises
- Online discussion board postings and exchanges

Course Units / Topic Areas	Unit Objectives	CEPH Competencies Addressed by Unit	Assessment Strategies
UNIT ONE: PSYCHOSOCIAL			
1. Introduction to social and behavioral sciences in public health Social ecological frameworks	<ul style="list-style-type: none"> • Understand the role of theoretical models and/or frameworks in shaping public health interventions • Apply models to explain health behavior decisions or cause/effect patterns • Develop intervention campaigns or programs based on theoretical models of behavior change, as applied to specific populations of interest 	C6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels.	Case Study 1 Class Discussions
2. What is behavioral intervention?		C9. Design a population-based policy, program, project or intervention.	Case Study 2 Abstract Concept Application 1 Concept Application 2 Concept Application 3
3. Health Belief Model and other theories		C18. Select communication strategies for different audiences and sectors.	Case Study 2 Concept Application 1
4. Social Cognitive Theory		C19. Communicate audience-appropriate public health content, both in writing and through oral presentation.	Case Study 2 Concept Application 1 Class Discussions
5. Critical Race Theory			

Course Units / Topic Areas	Unit Objectives	CEPH Competencies Addressed by Unit	Assessment Strategies
UNIT TWO: COMMUNITY			
6. Community approaches to public health intervention	<ul style="list-style-type: none"> Understand patterns of social connection and their influences on health Learn about community change concepts Learn about and apply community organizing techniques to areas of concern in public health Develop communication campaigns to spread public health messages in social networks Understand the role of a community organizer in the change process 	C7. Assess population needs, assets and capacities that affect communities' health.	Case Study 2 Case Study 3 Concept Application 2
7. Community organizing		C8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs.	Case Study 2 Case Study 3 Concept Application 2
8. Social networks and health		C13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes.	Case Study 3 Concept Application 2
9. Diffusion of Innovations and social marketing		C18. Select communication strategies for different audiences and sectors.	Case Study 2 Concept Application 2
		C19. Communicate audience-appropriate public health content, both in writing and through oral presentation.	Concept Application 2 Class Discussions

Course Units / Topic Areas	Unit Objectives	CEPH Competencies Addressed by Unit	Assessment Strategies
UNIT THREE: ECONOMICS AND POLICY			
10. Economics of public health interventions	<ul style="list-style-type: none"> Understand the role of economics in developing, implementing, and evaluating public health programs Explain the role of costs and benefits related to public health decision making Analyze externalities related to public health decision making and policies Relate concepts of supply and demand to public health Understand the policy process and apply it to a public health area of interest Discuss the role of interest groups in public health decision making Synthesize approaches across all units into a coordinated approach to behavior change in public health 	C12. Discuss multiple dimensions of the policy-making process, including the role of ethics and evidence.	Case Study 4 Concept Application 3 Class Discussions
11. Policy intervention in public health		C13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes.	Concept Application 3
12. Interest groups		C14. Advocate for political, social or economic policies and programs that will improve health in diverse populations.	Case Study 4 Concept Application 3
13. Policy evaluation		C15. Evaluate policies for their impact on public health and health equity.	Case Study 4 Concept Application 3 Class Discussions Class Exercises
14. An integrated approach to behavior change in public health		C19. Communicate audience-appropriate public health content, both in writing and through oral presentation.	Concept Application 3 Class Discussions