SCHOOL OF
PUBLIC HEALTH
UNIVERSITY OF MINNESOTA

PUBH 6020, SECTION 320

Fundamentals of Social & Behavioral Science
Fall 2018

COURSE & CONTACT INFORMATION

Credits: 2 credits
Meeting Day(s), Time, and Place: This course is entirely web-based, delivered via Moodle.

Contact Type	Contact Information	Role	When to Contact
Instructor	Harry Lando, PhD lando001@umn.edu Office phone: 612-624-1877	Primary instructor for this course	You may contact your instructor via the Course Q&A/Announcements Forum on the Moodle site, or in lesson-specific forums. Your instructor and TA will be checking forums at least once a day and returning emails within 24 hours. You can also contact the instructor directly via email. Please use email for private matters.
Teaching Assistant	Chris Campbell Campb781@umn.edu	Assigns grades and provides individual feedback on assignments. Grading is shared between the TA and the instructor.	For questions pertaining to assignments and grading your TA should be the first point of contact. For other questions or concerns you may contact either the TA or the instructor.
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 email account and contacting us in a timely manner with any questions you may have. We strongly recommend that you check your U of M 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 U of M Internet IDs visible within the course website, but only to other students in the same 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.

Lectures and readings provide students with an overview of theory and implementation. In-person and online group activities provide the opportunity to apply learning to practice simulations, and written paper assignments provide an opportunity to synthesize lectures, readings, and activities into intellectual and creative documents.

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. 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 attending class or comparable online activity, reading, studying, completing assignments, etc. over the course term. Thus, this course requires approximately 90 hours of effort 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, etc.

Technology
We will be using WebEx in the course for office hours.

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 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 class postings, this can mean:
- Respecting the identities and experiences of your classmates.
- Avoiding 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.
- Considering 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).

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.

Types of Assignments

Case Study Activities

Each unit will have 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. 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**. Details on the assignments can be found on the course website.

Discussion Posts: Summaries & Reflections

Participation in these Summaries & Reflections Forums is required throughout the course, but you are not required to post each week. *You will receive credit for a maximum of two posts in any given week with a maximum of 10 points for your posts during the semester.* Your contribution to these forums should consist of brief summaries of articles relevant to a given week's topic, to thoughtful reflections on a particular topic, and to responses to other posts. Each post and each substantive response will receive one point. Simply indicating essentially "I agree" will not be sufficient. Examples might include discussion threads on a particular psychosocial theory or community organizing strategy.

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. 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.

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 unless indicated otherwise.**

Week	Topic	• Readings	Activities/Major Assignments
Week 1 **Sept 4 - 9**	**Course Orientation, Introduction, and the Social Ecological Model**	**Required - Introduction** • Jeffery RW. Risk behaviors and health: contrasting individual and public health perspectives. American Psychologist 1989;44(9):1194-1202. • Shelton RC. Hatzenbuehler ML, Bayer R, Metsch LR. Future perfect? The future of the social sciences in public health. Frontiers in Public Health, 2018;5:357. **Required - The Social Ecological Model** • 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). American Journal of Public Health 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) **Optional** • Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.) (2015) Health Behavior and Health Education: Theory, Research, and Practice (5th ed). San Francisco: Jossey-Bass (Read Chapter 3: Ecological Models of Health Behavior)	• **Introductions** (initial post due Thurs 9/6) • **Lesson 1 Discussion: Summaries & Reflections** (initial posts due Thurs 9/6, responses due Sun 9/9)
Week 2 **Sept 10 - 16**	• **What is Intervention?**	**Required** • Binkley CJ, Johnson KW. Application of the PRECEDE-PROCEED planning model in designing an oral health strategy. Journal of Theory and Practice of Dental Public Health 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. American Journal of Public Health 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 (Read What is Theory?, pages 407 and PRECEDE-PROCEED, pages 39-43) • Stokols, D. (1992). Establishing and maintaining healthy environments: Toward a social ecology of health promotion. American Psychologist, 47(1), 6 - 22	• **Activity 1: Drivers and Outcomes in Public Health: The Water Crisis in Flint, Michigan** (due Sun 9/16) • **Lesson 2 Discussion: Summaries & Reflections** (initial posts due Thurs 9/13, responses due Sun 9/16)
Week 3 **Sept 17 - 23**	**Health Belief Model** • Theory of Reasoned Action (TRA) • Theory of Planned Behavior (TPB)	**Required** • 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. Adolescent Health, Medicine, and Therapeutics, 5, 101-114	• **Topic Brief (Abstract):** (due Sun 9/23) • **Lesson 3 Discussion: Summaries & Reflections** (initial posts due Thurs 9/20, responses due Sun 9/23)

	• Transtheoretical Model (TTM)	• Jones, C. J., Smith, H., & Llewellyn, C. (2014). Evaluating the effectiveness of health belief model interventions in improving adherence: A systematic review. Health Psychology Review, 8(3), 253 - 269. • 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. **Optional** • Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.) (2015) Health Behavior and Health Education: Theory, Research, and Practice (5th ed). San Francisco: Jossey-Bass (Read Chapter 5: The Health Belief Model, Chapter 6: Theory of Reasoned Action, Theory of Planned Behavior, and the Integrated Behavioral Model, Chapter 7: The Transtheoretical Model and Stages of Change)	
Week 4 **Sept 24 - 30**	• **Social Cognitive Theory**	**Required** • 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) **Optional** • Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.) (2015) Health Behavior and Health Education: Theory, Research, and Practice (5th ed). San Francisco: Jossey-Bass (Read Chapter 9: Social Cognitive Theory)	• **Lesson 4 Discussion: Summaries & Reflections** (initial posts due Thurs 9/27, responses due Sun 9/30)
Week 5 **Oct 1 - 7**	• **Critical Race Theory**	**Required** • Ford C & Airhihenbuwa ((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	• **Lesson 5 Discussion: Summaries & Reflections** (initial posts due Thurs 10/4, responses due Sun 10/7)

		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.	
Week 6 **Oct 8 - 14**	• **Community Approaches to Public Health Intervention**	**Required** • Jernigan, V., Jacob, T., Styne, D. (2015). The adaptation and implementation of a community-based participatory research curriculum to build tribal capacity. American Journal of Public Health, 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. Community Health, 38(1):22-32. • National Cancer Institute. Theory at a glance: A guide for health promotion practice (2nd Edition). NIH Publication No. 05-3896, 2005 (Read Community Approaches and Organizing, pages 22-26)	• **Activity 2: Psychosocial Approaches to Increasing Flu Shots Among Seniors** (due Sun 10/14) • **Lesson 6 Discussion: Summaries & Reflections** (initial posts due Thurs 10/11, responses due Sun 10/14)
Week 7 **Oct 15 - 21**	• **Community Organizing**	**Required** • National Cancer Institute. Theory at a glance: A guide for health promotion practice (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. American Journal of Preventive Medicine, 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, Journal of Drug Education, 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. Journal of Community Psychology, 27(3):315-326, 1999. **Optional** • Schutz A, Sandy, MG. Collective Action for Social Change: An Introduction to Community Organizing. Palgrave MacMillan: New York, 2011	• **Concept Application #1: Psychosocial Unit** (due Sun 10/21) • **Lesson 7 Discussion: Summaries & Reflections** (initial posts due Thurs 10/18, responses due Sun 10/21)
Week 8 **Oct 22 - 28**	• **Social Networks and Health**	**Required** • Steptoe, A. (Ed.) Handbook of Behavioral Medicine. 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. **Optional** • Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.) (2015) Health Behavior and Health Education: Theory, Research, and Practice (5th ed). San Francisco: Jossey-Bass (Read Chapter 10: Social Support and Health, Chapter 11:	• **Lesson 8 Discussion: Summaries & Reflections** (initial posts due Thurs 10/25, responses due Sun 10/28)

		Social Networks and Health Behavior, Chapter 12: Stress, Coping, and Health Behavior)	
Week 9 **Oct 29 - Nov 4**	• **Diffusion of Innovations and Social Marketing**	**Required** • Rogers, E. M. (2002). Diffusion of preventive interventions. Addictive Behaviors, 27(6), 989-993. • Maibach, E. W., Van Duyn, M. A. S., & Bloodgood, B. (2006). A marketing perspective on disseminating evidence - based approaches to disease prevention and health promotion. Preventing Chronic Disease 3(3), 1 – 11 • Douglas Evans, W., & McCormack, L., (2008). Applying social marketing in health care: Communication evidence to change consumer behavior. Medical Decision Making, 28:781-792. • Least, M., Havard, B., (2015). Mental health apps: From infusion to diffusion in the mental health system. JMIR Mental Health, 2(1):e10. • 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) **Optional** • Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.) (2015) Health Behavior and Health Education: Theory, Research, and Practice (5th ed). San Francisco: Jossey-Bass (Read Chapter 16: Implementation, Dissemination, and Diffusion of Public Health Interventions and Chapter 21: Social Marketing)	• **Lesson 9 Discussion: Summaries & Reflections** (initial posts due Thurs 11/1, responses due Sun 11/4)
Week 10 **Nov 5 - 11**	• **Economics of Public Health Interventions**	**Required** • Carande-Culis, Vilma, Thomas Getzen, and Stephen Thacker, "Public Goods and Externalities: A Research Agenda for Public Health Economics," Journal of Public Health Management Practice, 3:2 (2007), 227-232. • Messonnier ML. (2006). Economics and Public Health at CDC. Morbidity and Mortality Weekly Report. 55(Sup02): 17-19. **Other Resource:** • Centers for Disease Control and Prevention. (2017) Public Health Economics and Methods. State, Tribal, Local & Territorial Public Health Professionals Gateway. **Optional** • Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.) (2015) Health Behavior and Health Education: Theory, Research, and Practice (5th ed). San Francisco: Jossey-Bass (Read Chapter 20: Behavioral Economics and Health)	• **Activity 3: Community Change & Community Organizing** (due Sun 11/11) • **Lesson 10 Discussion: Summaries & Reflections** (initial posts due Thurs 11/8, responses due Sun 11/11)
Week 11 **Nov 12 - 18**	• **Policy Intervention in Public Health**	**Required** • Chokshi, D. & Stine, N. (2013). Reconsidering the politics of public health. JAMA 310(10):1025-1026. • Longest, B. (2010) Health and Health Policy. In B. Longest (ed.), Health Policymaking in the U S (5th Ed., pp. 1-28). Chicago, IL: Health Administration Press. • U.S. Constitution	• **Concept Application 2: Using Community Approaches to Public Health** (due Sun 11/18) • **Lesson 11 Discussion: Summaries & Reflections** (initial posts due Thurs 11/15, responses due Sun 11/18)
Week 12 **Nov 19 - 25**	• **Theories of Interest Groups**	**Required**	• **Lesson 12 Discussion: Summaries & Reflections** (initial posts due

		Gliens, M., & Page, B. (2014). Testing theories of American politics: Elites, interest groups, and average citizens. Perspectives on Politics, 12(3):564-581.	Thurs 11/22, responses due Sun 11/25)
Week 13 Nov 26 - Dec 2	• **Policy Implementation**	**Required** • Friedman RM (2003). A conceptual framework for developing and implementing effective policy in children's mental health. J Emot Behav Dis 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. Am J Health Promot 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. Am J Health Promot 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. Implement Sci 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. Health Promotion International 26(3), 322-329.	• **Lesson 13 Discussion: Summaries & Reflections** (initial posts due Thurs 11/29, responses due Sun 12/2)
Week 14 Dec 3 - 9	• **An Integrated Approach / Pulling It All Together**	**Required** • Frieden TR. (2010) A framework for public health action: The health impact pyramid. American Journal of Public Health 100(4): 590-595. • Bayer R, Galea S. (2015) Public Health in the Precision-Medicine Era. New England Journal of Medicine 373:499-501. • Shelton RC. Hatzenbuehler ML, Bayer R, Metsch LR. Future perfect? The future of the social sciences in public health. Frontiers in Public Health, 2018;5:357. **Other Resource:** • Centers for Disease Control and Prevention. (2017) Effective Interventions: HIV Prevention that Works.	• **Activity 4: Policy, Economics, and Politics of Gun Control** (due Sun 12/9) • **Lesson 14 Discussion: Summaries & Reflections** (initial posts due Thurs 12/6, responses due Sun 12/9)
Week 15 Dec 10 - 16	• **Submit Final Course Assignment**	• No readings	• **Concept Application 3: Examination of Policy Solutions and Economic Implications** (due Sun 12/16)

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 160-point scale.

Assignment	Points
Case Study Activity	60 (15 x 4)
Topic Brief (Abstract)	10
Concept Application (Paper)	120 (40 x 3)
Discussion Postings	10 (maximum)
TOTAL	200 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 course requirements in every respect.
- 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
Scholastic Dishonesty, Plagiarism, Cheating, etc.	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

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.

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.

Indiana University offers a clear description of plagiarism and an online quiz to check your understanding (http://z.umn.edu/iuplagiarism). |
| Attendance | Not applicable |
| Late Assignments | 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. The course instructor and TA will be grading these assignments using specific grading criteria to ensure a standard process for all. |
| Makeup Work for Legitimate Reasons | 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:

- 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 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 p.m. 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 U of M's policy on Makeup Work for Legitimate Absences (http://z.umn.edu/sphmakeupwork).
Extra Credit	None
Saving & Submitting Coursework	**Documents that students submit are considered final;** students may not submit more than one version or draft of each assignment.

Technical Issues with Course Materials	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.
	
	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.

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
- I

Course Units / Topic Areas	Unit Objectives	CEPH Competencies Addressed by Unit
UNIT ONE: PSYCHOSOCIAL		
1. Introduction to social and behavioral sciences in public health Social ecological frameworks 2. What is behavioral intervention? 3. Health Belief Model and other theories 4. Social Cognitive Theory 5. Critical Race Theory	• 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. C9. Design a population-based policy, program, project or intervention. C19. Communicate audience-appropriate public health content, both in writing and through oral presentation.

Course Units / Topic Areas	Unit Objectives	CEPH Competencies Addressed by Unit
UNIT TWO: COMMUNITY		
6. Community approaches to public health intervention 7. Community organizing 8. Social networks and health 9. Diffusion of Innovations and social marketing	• 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. C8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs. C13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes. C18. Select communication strategies for different audiences and sectors. C19. Communicate audience-appropriate public health content, both in writing and through oral presentation.

Course Units / Topic Areas	Unit Objectives	CEPH Competencies Addressed by Unit
UNIT THREE: ECONOMICS AND POLICY		
10. Economics of public health interventions	• 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. C13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes. C14. Advocate for political, social or economic policies and programs that will improve health in diverse populations. C15. Evaluate policies for their impact on public health and health equity. C19. Communicate audience-appropriate public health content, both in writing and through oral presentation.
11. Policy intervention in public health		
12. Interest groups		
13. Policy evaluation		
14. An integrated approach to behavior change in public health		