PubH 6250, Section 320

FOUNDATIONS OF PUBLIC HEALTH
FALL/2018, 2 CREDITS
Grade Option: A-F

Contact Information

	Contact Information	Role	When to Contact
Instructors	Dr. Mark Pereira perei004@umn.edu Dr. Kathleen Call callx001@umn.edu	Creates course content and facilitates the class.	Questions about the course content, to submit a letter from the Disability Resource Center, to request an extension or approval to submit work late (be sure to look at the *Late Work* policy on page of this syllabus), or anything else!
Teaching Assistant	Chris Campbell campb781@umn.edu Christine Kunitz gill0403@umn.edu Hank Stabler stabl005@umn.edu Jiani Zhou zhou1038@umn.edu	Assigns grades and provides individual feedback on each assignment.	Questions or concerns about the class, assignments, deadlines, etc. Your TA will respond promptly and is your first line of contact!
Technical Support	Technical support options are available on the SPH website. https://z.umn.edu/sphquickhelp	Troubleshoots technical issues related to the Moodle site or course content.	Technical issues with the Moodle site, media, quizzes or assignments.

*Please save this Instructional Team 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 otherwise don't have access to this syllabus.

Communication in Online Courses

This course is entirely web-based, delivered via Moodle at http://moodle.umn.edu. Communication is especially important in an online course. The course site announcement forums 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 from Monday to Friday.

Course Description

Public health draws vision, goals, and inspiration from its mission of "Improve the health of the public and achieve equity in health status"(American Public Health Association). Both in the U.S. and worldwide national, tribal, state, and local public health goals flow from the mission to accomplish the core functions of assessment, policy development and assurance to deliver essential services. Public health strives to make people's lives healthier and better.

In this course we examine values, contexts, principles, and frameworks of public health. We provide an introduction to:
- public health and its history
- social, political, and economic determinants of health
- impact of health disparities on race, class and gender
- moral and legal foundations
- public health structures
- historical trauma
- cultural competence
- health and human rights
- financing
- advocacy
- health equity
- communication
- the future of public health in the 21st century

Grounded in theory and concepts, we will incorporate core competencies and skills for public health professionals and will focus on developing problem solving and decision-making skills through critical analysis, reflection, discussion, readings, and paper assignments.

Acknowledgments
The contents of PubH 6250 was developed with the contributions from numerous individuals. Drs. Hardeman, Lando, Pereira, and Wu, and current instructors have been involved with the majority of recent content and modifications. The Phase II Foundations course working group contributed important organizing and background material.Members included Anne Barry, Ellyn Buchanan, Linda Frizzell, Hannah Gary, Rachel Hardeman, Harry Lando, and Katy Murphy. In addition we drew material from prior courses taught by Rachel Hardeman and Beth Virnig. We also gratefully acknowledge the invaluable contributions of the SPH Office of E-Learning Services and especially Solen Feyissa and Ellyn Buchanan.

Course Prerequisites

Graduate student in public health or instructor permission

Methods of Instruction and Work Expectations

Course Workload Expectations
- 6250 Foundations of Public Health is a 2 credit course. The University expects that for each credit, you will spend a minimum of three hours per week attending class, reading, studying, participating in discussions, completing assignments, etc. over the course of a 15-week 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 contains instructor created interactive online, instructor created and TA graded online reflection assignments and activities designed to help students synthesize new material with previously learned material.

This course is entirely online. The course includes lectures, readings, written assignments, and discussions. Lectures are available as audio recordings and PowerPoint slides at the course website.

At the course website, you will also find the syllabus, contact information for the instructor and TA, learning activity and written assignment instructions, as well as links to other useful information. In addition, the website provides an opportunity for students to ask questions and participate in discussions with the rest of the class, the TA, and the instructor.

Access to the course website is available through your University of Minnesota student Internet account (go to http://www.myu.umn.edu/); you will receive email instructions on accessing the class in time for the first day of the course.

Be sure to check the website and your U of MN email regularly (ideally, at least once a day) during the semester. We will use email announcements and the discussion board at the website to communicate throughout the semester. If you receive an email from the instructor or TA specifically addressed to you, please take the time to respond, so that we can be sure you have received our communications.

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 group work, this can mean:
- Setting expectations with your groups about communication and response time during the first week of the semester (or as soon as groups are assigned), and contacting the TA or instructor if scheduling problems cannot be overcome.
- Setting clear deadlines and holding yourself and each other accountable.
- Determining the roles group members need to fulfill to successfully complete the project on time.
- Developing a rapport prior to beginning the project (what prior experience are you bringing to the project, what are your strengths as they apply to the project, what do you like to work on?)

In a group discussion, this can mean:
- Respecting the identities and experiences of your classmates.
- Avoiding broad statements and generalizations.
- Applying the same rigor to crafting discussion posts as you would for a paper; group discussions are another form of academic communication and responses to instructor questions in a group discussion are evaluated.
- 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).

Course Text & Readings

There is no required text for the course. This course uses journal articles, which are available via the University Libraries' E-Reserves and will be linked from the Moodle course site. It is good practice to use a citation manager to keep track of your readings. More information about citation managers is available on the University Libraries' site: https://www.lib.umn.edu/pim/citation.

Course Outline/Weekly Schedule

6250 Foundations of Public Health has specific deadlines. All coursework must be submitted via the Moodle 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/Assignments
Week 1 **Sept 4-9**	**Introduction to Public Health (Prof. Pereira)** ● Define public health, its purpose, goals, services and components ● Describe the general structure of public health today with respect to government, academia, non-profits, industry and private sectors ● Gain appreciation for the complexity of public health with respect to diversity, disciplines, sub disciplines, communication methods and multidisciplinary teamwork	● Murray, C., Phil, D., & Lopez, A. (2013). Measuring the Global Burden of Disease. The New England Journal of Medicine, 369, 448-57. ● Turnock, B.J. Essentials of Public Health. 3rd ed. 2016, Jones & Bartlett Learning. (read Chapter 1) ● Kawachi, I., N. Daniels, and D.E. Robinson. Health Disparities by Race and Class: Matters. Health Affairs 2005, 24(2): 343-352. ● Flint, MI water crisis fact sheet (on Moodle site) ● Healthy People 2020. Available at: http://www.healthypeople.gov/hp2020/Objectives/TopicAreas.aspx	Complete pre-course survey by 11:55 PM September 5. View recorded welcome from Professors Call and Pereira. **Discussion**: 1. What brought you to public health? 2. Did the readings and lecture align with your baseline perceptions of public health, or not? Explain.
Week 2 **Sept 10-16**	**Historical Perspectives of Public Health (Prof. Pereira)** ● Discuss the history of public health and several key moments or periods ● Present a timeline of public health's origin and evolution spanning to the present day ● Describe the Epidemiologic Transition - Economic advancement shifts focus from communicable to non-communicable diseases	. ● Szreter S. The Population Health Approach in Historical Perspective. Am J Public Health. 2003 March; 93(3): 421–43. ● A Brief History of Public Health: http://sphweb.bumc.bu.edu/otlt/MPH-Modules/PH/PublicHealthHistory/PublicHealthHistory_print.html. ● Omran AR. The Epidemiologic Transition. Milbank Mem Fund Q. 1971;49:509–538.	**Review list of paper topics on moodle site.** **Discussion**: In this week's lecture and readings we learned about the history of public health beginning in ancient times and moving to the present, as well as the epidemiologic transition. As you were viewing the lectures and reading the articles, what are some issues that surprised you because they continue to be challenges today even though we've been dealing with them for 100s or 1000s of years? Which questions remain unanswered? In your discussion post, share at least two of your questions and describe why you think these questions are relevant and important for the field of public health today. In your response offer insight and/or potential solutions to your classmates' comments and questions.

Week 3 Sept 17-23	**Social Determinants of Health (Prof. Lando)** ● Explain why health is not simply a matter of individual responsibility ● Assess the impact of social, economic and political determinants of health at a local, regional, and national level ● Evaluate proposed means of addressing social, economic and political determinants and the limitations of those approaches to achieving health equity	● Braveman, P., Egerter, S., Williams, D.The social determinants of health:Coming of age. Annual Review of Public Health 2001;32:381-398. ● Koh, H., Piotrowski, J., Kumanyika, S., Fielding, J. "Healthy People":A 2020 vision for the social determinants approach.Health Education & Behavior 2011;38(6):551-557. ● Social determinants of health.Healthy People 2020.https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-healt	View recorded introduction from Professor Lando. **Discussion**: Two-thirds of adults in the United States are overweight or obese. How much is this a function of individual (lack of) responsibility versus social determinants? A colleague once stated that if the only food available were rat chow, no one would be overweight. Is criticizing someone who is obese a case of blaming the victim or should there be individual responsibility? For discussion, consider both individual and social determinants of overweight and obesity. Where would you place greater emphasis and why? What recommendations do you have for addressing the obesity epidemic?
Week 4 Sept 24-30	**Health Disparities & Inequities (Prof. Hardeman)** ● Synthesize the current research and language on health disparities and health inequities ● Identify the populations most affected by health inequities and what makes them vulnerable ● Explain the underlying cause(s) of health inequities ● Propose possible solutions to address/reduce health inequities in different populations	● Braveman P. Health disparities and health equity: concepts and measurement. Annu Rev Public Health 2006;27:167-194. ● Communities in Action: Pathways to Health Equity. ● Braveman P, Kumanyika S, Fielding J et al. (2011). Health disparities and health equity: The issue is justice. Am J Public Health; 101(Suppl 1): S149-S155. ● RWJF What is Health Equity? ● Docteur, E., Berenson, R.In pursuit of health equity:Comparing U.S. and EU approaches to eliminating disparities.Robert Wood Johnson Urban Institute, June 2014.	View recorded introduction from Professor Hardeman. **Discussion**: 1. How does a crisis like Flint create health inequities? 2. How does it exacerbate old inequities? 3. What are possible solution(s)?
Week 5 Oct 1-7	**Race, Racism and Public Health (Prof. Hardeman)** ● Articulate the impact of racism on health and health outcomes ● Explain the root cause of racial and ethnic disparities in health	● Jones, C. Levels of racism:A theoretic framework and a gardener's tale.American Journal of Public Health 2000;90:1212-1215. ● Phelan JC,Link BG, 2015. Is racism a fundamental cause of inequalities in health?. Annual Review of Sociology, 41:311-330. ● McIntosh P. 1988. White privilege: Unpacking the invisible knapsack. http://www.racialequitytools.org/resourcefiles/mcintosh.pdf ● Bailey Z, Krieger N, Agénor M, Graves J, Linos N, Bassett MT. Structural racism and health inequities in the USA: Evidence and interventions. Lancet 2017; 389(10077):1453-1463. ● Hardeman RR, Murphy KA, Karbeah J, Kozhimannil KB. 2018. Naming Institutionalized Racism in the Public Health Literature: A Systematic Literature	**Privilege Activity**: See due date for activity below - Part 1. **Discussion:** *[Note, this discussion is Part 2 of the Privilege Activity.]* 1. Did this exercise cause you to think differently about how race impacts people? If so, how so? 2. Did one statement stand out for you more than others? How come? 3. What did the aggregate class findings to the privilege activity tell you about privilege in this setting.

		Review. Public Health Rep. 2018 May/Jun;133(3):240-249. ● View David R Williams: How racism makes us sick, TED Talk	
Week 6 **Oct 8-14**	**Gender and Public Health (Prof. Hardeman)** ● Articulate the difference between sex and gender ● Articulate the impact of gender inequity on public health ● Explore an example of a health inequity pertaining to gender ● Outline policy approaches to address health inequities related to gender equity	● Mayer KH, Bradford JB, Makadon HJ, Stall R, Goldhammer H, Landers S. Sexual and gender minority health: what we know and what needs to be done. Am J Public Health 2008 Jun;98(6):989-995. ● Phillips SP. Including Gender in Public Health Research. Public Health Rep 2011 126(Suppl 3): 16-21 ● Bowleg L. The Problem with the Phrase *Women and Minorities:* Intersectionality--an Important Theoretical Framework for Public Health. AJPH. 2012.102(7):1267-73 ● [Final report of the Women and Gender Equity Knowledge Network - Unequal, unfair, ineffective and inefficient. Gender inequity in health: Why it exists and how we can change it.](#)	**Discussion**: In the lecture we mention seven approaches towards forward movement in gender equity. Pick one and discuss its feasibility and potential impact.
Week 7 **Oct 15-21**	**Moral Foundations of Public Health (Prof. Wu)** ● Explain why the study of ethics is relevant to the discipline of public health ● Apply the moral justifications for public health actions in society ● Assess the moral constraints and limits for public health actions in society	● Faden, Ruth and Shebaya, Sirine, Public Health Ethics, The Stanford Encyclopedia of Philosophy (Winter 2016 Edition), Edward N. Zalta (ed.), https://plato.stanford.edu/archives/win2016/entries/publichealth-ethics/ 19 pages. ● Gostin, Lawrence O., Mapping the Issues: Public Health, Law and Ethics (2010). Georgetown Law Faculty Publications and Other Works. 374. http://scholarship.law.georgetown.edu/facpub/374 14 pages ● Childress, J. F., Faden, R. R., Gaare, R. D., Gostin, L. O., Kahn, J., Bonnie, R. J., ... & Nieburg, P. (2002). Public health ethics: mapping the terrain. The Journal of Law, Medicine & Ethics, 30(2), 170-178. 8 pages ● Beauchamp, D. E. (1980). Public health and individual liberty. Annual review of public health, 1(1), 121-136. http://www.annualreviews.org/doi/pdf/10.1146/annurev.pu.01.050180.001005 16 pages	View recorded introduction from Professor Wu. **Discussion**: Explore the difference between a moral issue and a practical issue in public health. 1. What's the practical crisis or failure that occurred in Flint Michigan? 2. What's the moral crisis that's exemplified by Flint? 3. What are the implications of the moral or ethical problem? Specifically, does the presence of an injustice or ethical violation influence whether, or how public health policies are written and implemented?
Week 8 **Oct 22-28**	**Public Health Law and Structures (Prof. Wu)** ● Explain why the study of the law and legal/social/political structures is relevant to public health	● IOM (Institute of Medicine). 2011. For the Public's Health: Revitalizing Law and Policy to Meet New Challenges. Washington, DC: The National Academies Press. Chapter 1,Introduction: Why Law and Why Now? https://www.nap.edu/read/13093/chapter/3	**Discussion:** Discuss the structure and function of and public health systems in the US and international settings. 1. What public health structures are involved in the Flint Water Crisis? Provide one example of disincentive or

			penalty that a public health structure or authority could implement prevent this crisis; also, provide one example of an incentive or reward. From where do public health structures draw their authority?
	● Describe the source of legal authority for the public health policy and practicewithin a community/society generally, but also specifically within the United States ● Describe and compare generally, the allocation of legal authority for the public health enterprise within the United States: Federal, state, and local ● Explain how federally recognized tribal authority is related to public health governance ● Describe and compare national and global institutions and structures engaged in public health practice	● IOM (Institute of Medicine). 2011. For the Public's Health: Revitalizing Law and Policy to Meet New Challenges. Washington, DC: The National Academies Press. Chapter 2 The Law and Public Health Infrastructure. (pgs 27-33) https://www.nap.edu/read/13093/chapter/4 - 25 pages ● Bryan, R. T., Schaefer, R. M., DeBruyn, L., & Stier, D. D. (2009). Public health legal preparedness in Indian country. American journal of public health, 99(4), 607-614. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2661 496/pdf/607.pdf ● Fidler, David P. and Gostin, Lawrence O., The New International Health Regulations: An Historic Development for International Law and Public Health (2006). Articles by Maurer Faculty. Paper 370. http://www.repository.law.indiana.edu/facpub/370	2. What are the public health structures involved in a global infectious disease outbreak like SARS or Ebola? Provide one example of disincentive or penalty that a public health structure or authority could implement prevent this crisis; also, provide one example of an incentive or reward. From where do these public health structures draw their authority?
Week 9 Oct 29-Nov 4	**Public Health Finance/ Budgeting (Prof. Barry)** ● Explain how federal, state, local, and other sources finance public health in the United States ● Explore the financial competencies necessary to practice in the field of public health ● Identify financing trends in public health and how to build sustainable financing structures for public health	● Honore, PA and JF Costich. Public Health Financial Management Competencies. J Public Health Management Practice, 2009, 15(4), 311–318 ● Mays, GP and SA Smith. Evidence links increase in public health spending to declines in preventable deaths. Health Affairs, 2011, 30(8), 1585-93 ● The Return on Investment of Public Health Spending: https://asunow.asu.edu/20180727-solutions-asu-analysis-public-health-spending ● A Funding Crisis for Public Health and Safety: State-by-State and Federal Public Health Funding Facts and Recommendations, 2018. http://healthyamericans.org/assets/files/TFAH-2018-InvestInAmericaRpt-FINAL.pdf ● Institute of Medicine (U.S.). Committee on Public Health Strategies to Improve Health. 2012. For the Public's Health: Investing in a Healthier Future by the National Academies Press. Chapter 2 "For the Public's Health: Investing in a Healthier Future" https://www.ncbi.nlm.nih.gov/books/NBK201015/	**Discussion:** Week 9 readings and lecture provide evidence to support funding public health. Have a discussion surrounding the funding of your public health topic: 1. What are potential sources of financing for a public health activity included in your topic area. 2. Provide an argument to support making an investment to support your topic using a ROI (return on investment) or to argue for a funding increase. 3. Make a recommendation for sources of funding for a public health activity in your chosen topic.
Week 10 Nov 5-11	**Historical Trauma and Cultural Humility (Prof. Lando)** ● Explain the significance of historical trauma in the current lives of disadvantaged populations ● Identify approaches to mitigate historical trauma ● Evaluate one's own cultural	● Burnett, C., Figley, C. Historical oppression, resilience, and transcendence: Can a holistic framework help explain violence experienced by indigenous people? Social Work 2017;69(1):37-44. ● Mohatt, N., Thompson, A., Thai, N.,Tebes, J. Historical trauma as public narrative: A conceptual view of how history impacts present-day health.Social Science & Medicine 2014;106:128-136. ● Brave Heart, M. The return to the sacred path:	**Discussion:** Week 10 covers historical trauma and cultural humility. Choose one of the two setsof discussion questions for this week's forum. 1. Students' discussion of **historical trauma** is framed as follows: American Indians, African Americans and other minority populations have been subjected to severe historical trauma that has contributed to current social problems

	awareness and biases • Articulate how cultural humility isrelevant to addressing health disparities	Healing the historical trauma and historical unresolved grief response among the Lakota through a psychoeducational group intervention.Smith College Studies in Social Work 1998;68(3):287-305. • Kruse, J., Didion, J., Perzynski, K. Utilizing the Intercultural Development Inventory to develop intercultural competence. SpringerPlus 2014;3:334. • Betancourt, J., Green, A., Carrillo, J., Ananeh-Firempong, O. Defining cultural competence: A practical framework for addressing racial/ethnic disparities in health and health care. Public Health Reports 2003;118: 293-302.	including high rates of suicide, domestic violence, alcohol abuse and other social problems. Consider society's current obligations to populations that have suffered historical (and continuing) neglect. These populations may avoid seeking healthcare due to historic discrimination and lack of trust.How might you apply awareness of cultural values and practices of American Indians in designing a healthcare program that would be effective and that would overcome justified distrust? Consider the resources that should be devoted to public health programs serving rural or urban American Indian populations. Historically these programs have been substantially underfunded. Is there now an obligation to prioritize American Indian populations in designing and implementing healthcare programs to compensate for past inequities?What level of services would your provide and why (e.g., single payer with universal access or some other system)? 2. **Cultural humility** is a critically important but too often overlooked concept in designing and implementing public health programs. An example was given in the readings of a nurse who discriminated against hospitalized Hispanic patients in providing pain medications. Another example pertained to hierarchy and physician interactions with nurses. Consider how you would incorporate cultural humility in designing and implementing a public health program. Should this be a required part of provider training? How would you increase the likelihood that healthcare professionals would be sensitive to their own cultural biases and more effective both in minimizing hierarchical issues within their own organization? How would you try to ensure open mindedness toward and respectful treatment of marginalized populations?

Week 11 **Nov 12-18**	**Health and Human Rights (Prof. Lando)** ● Demonstrate knowledge of treaty obligations under which there is a recognized right to health ● Critically assess between country differences in providing health systems that effectively serve their populations ● Critically evaluate implications of the right to the highest attainable standard of health for health care systems, especially under conditions of limited resources ● Consider obligations of governments to provide access to health services	● Gruskin, S., Mills, E., Tarantola, D.History, principles, and practice of health and human rights. Lancet 2007;370:449-455. ● Hunt, P.Right to the highest attainable standard of health. Lancet 2007;370:369-371. ● Backman, G., Hunt, P., Khosla, R., Jaramillo-Strouss, C., Fikre, B., Rumble, C., Pevalin, D., Paez, D., Pineda, M. Frisancho, A., Tarco, D., Motlagh, M., Farcasanu, D., Vladescu, C.Health systems and the right to health: An assessment of 194 countries. Lancet 2008;372:2047-2085.	**Discussion:** Week 11 describes several treaties recognizing the right to the highest attainable standard of health (e.g., according to WHO there is a legal obligation for states to ensure access to timely acceptable and affordable health care). The United States would appear to fall far short of this standard despite spending more than any other country on health care. Consider the US and one other country that has more effectively provided healthcare to its entire population.Discuss how your chosen country has been better able to serve its population. What are some organizational, structural, or functional differences between the two healthcare systems (e.g., single payer, combination of private and government providers, etc.)? Considering current treaty obligations but also limitations imposed by finite resources, should governments be obligated to provide universal healthcare access?What might this mean in terms of level of care (e.g., can everyone be entitled to expensive medical procedures or drugs)? Is universal health access even possible for low-income countries?
Week 12 **Nov 19-25**	**Advocacy and Health Equity (Prof. Hardeman)** ● Critically evaluate the role and limitations of advocacy in advancing public health ● Describe the role of and expectations for public health professionals in advocating for health equity ● Examine the impact of structural racism and gender bias and how these might be addressed through advocacy	● Chapman, S. (2004). Advocacy for public health: a primer. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1732774/pdf/v058p00361.pdf ● Hardeman, R., Medina, E., Kozhimannil, K.Structural racism and supporting Black lives – The role of health professionals.New England Journal of Medicine 2016;375(22):2113-2115. ● Farrer, L., Marinetti, C., Cavaco, Y. Costongs, C. Advocacy for health equity:A synthesis review. The Milbank Quarterly, Vol. 93, No. 2, 2015 (pp. 392-437).	**Discussion:** Effective advocacy requires strategy and planning. In Advocacy for public health: a primer, ten questions for public health advocates are described. Consider each question and discuss how you would answer it as an advocate for your public health topic/issue.
Week 13 **Nov 26-Dec 2**	**Health Communications (Profs Finnegan, Gollust, Nagler)** ● Explain how health message factors (like message, source, and format) and audience factors interact to shape health-related outcomes, including attitudes, opinions, and behaviors. ● Examine the implications of changes in the media environment on public	● Viswanath, K., Finnegan, J. R., & Gollust, S.E. (2015). Communication and health behavior in a changing media environment. Health Behavior: Theory Research & Practice. 5th ed. San Francisco, CA: Jossey-Bass, 327-348. ● Abroms, L. C., & Maibach, E. W. (2008). The effectiveness of mass communication to change public behavior. Annu. Rev. Public Health, 29, 219-234.	View recorded introduction for Professors Finnegan, Gollust, and Nagler. **Discussion:** *[Note, this discussion is Part 2 of the Framing Activity.]* Each student will post their reflections on the framing exercise (see Part 1 Framing Activity). Based on your review of the other posts on this topic have a discussion based on at least one of the following probes: 1. What did you learn about framing and agenda-setting from

			this assignment?
			2. If you were a public health advocate looking to garner media attention to your issue, what framing strategies would you try to employ?
			3. Based on your analysis of how these issues are framed, what types of policy or practice solutions are currently on the public agenda? What are not? Why might this be so?
Week 14 Dec 3-9	**The Future of Public Health, and Wrap-up / Conclusions (Prof. Pereira)** ● Identify modern/burgeoning complex problems in public health ● Evaluate the role and challenge of globalization ● Examine future of public health in social and racial injustice	● Barrett B, Charles JW, Temte JL. Climate change, human health, and epidemiological transition. Prev Med. 2015 Jan; 70: 69–75. ● Elizabeth T. Rogawski, Christine L. Gray MPH, Charles Poole ScD.An argument for renewed focus on epidemiology for public health. Annals of Epidemiology 2016;26:729-733 ● *The Future of Public Health in the 21st Century*, Institute of Medicine, National Academy Press, 2003, Washington D.C., http://www.nap.edu/books/030908704X/html/. ● Public Health 3.0 - A Call to Action to Create a 21st Century Public Health Infrastructure. U.S. Dep. of Health and Human Services https://www.healthypeople.gov/sites/default/files/Public-Health-3.0-White-Paper.pdf	**No discussion this week - time off to work on paper 5.**
Week 15 Dec 10-16	**No class; work on paper 5**		

Evaluation & Grading

Grading and feedback

Students will be evaluated through papers, peer reviews, multiple written assignments, and online discussion. Final grade will be assessed on a 350-point scale outlined below.

Assignment	Points
Pre-course survey	5
Topic paper	25
Papers (30 points each x 4)	120
Peer review (20 points each x 3)	60
*Privilege activity	15
*Framing activity	15
Discussions (10 points each x 11)	110
TOTAL	**350**

*Note: points for discussion are included here.

Students will receive an individual grade each week. Once a week the instructor will provide general feedback to the class as a whole on issues raised by the readings and discussions, as well as the quality of the postings. Individual feedback will be provided as needed.

As a matter of policy, the instructors do NOT review and comment on drafts of discussion posts or papers. You are encouraged to reach out to your instructor or TA to discuss any questions you have about your assignments in advance.

Make sure you check the grading rubric for papers and discussion.

The final grade for the course will be determined by how well you complete course requirements. All students must be evaluated on the basis of the same assignments. There is no "bonus" work to replace missed assignments or improve your grade. Also, you are not allowed to revise or redo assignments to improve your grade. Assignments must be submitted by specified deadlines (below).

Pre-course survey -- introduction:

Detailed instructions for the pre-course survey and discussions can be accessed on the Moodle site.

Papers (instructions for each paper below):

- The "topic paper" provides a description of the public health topic selected by the student. <u>This topic is the focus of the remaining four papers</u>. This paper is to be 1 page, single spaced.
- The remaining four papers address identified course themes and are due on the dates specified below. These papers, based on the topic of paper 1, are to be 3-5 pages double spaced and will apply public health perspectives derived from readings and lectures to the public health topic the student identified in paper 1.

Peer reviews (instructions below):

- Students will read and comment on one of their peer's papers three times over the course of the semester, for papers 2, 3, and 4. Peer comments are due on the dates specified below. Peer reviews are to be less than 1 page. Bullet points describing strengths and areas for improvement are acceptable.

Discussions:

For 13 of the 15 weeks, students are required to participate in online discussions through a minimum of two substantial postings each week to the discussion forum. The first post must be an original contribution to the discussion and must be posted no later than Thursday at 11:55 PM of each week. The second post should be responsive to another student's or a group post and must be posted by Sunday at 11:55 PM of each week.

Your first initial posting should be original, thought provoking, and long enough to respond completely to the question(s) and stimulate further intellectual inquiry and investigation. Draw on reading and lectures in your first (initial) and second (response) posts. These guidelines are intended to encourage critical thinking, careful editing and considered reflection; they are not meant to limit discourse. You are encouraged to post more than the required two times each week. You will be graded on all your posts each week.

Before posting any responses review expectations outlined in the "Learning Community" section of the syllabus which describes the importance of open communication, collaboration, sharing, mutual respect, engagement, curiosity and hard work.

A good posting responds intelligently to questions posed, engages rigorously with the assigned reading and communicates politely with others in the course. Think carefully about what you write. Be thoughtful and well-reasoned in your posting and make sure you give the reasons for your position. Acknowledge and address the moral complexity of an issue.

Write as clearly and succinctly as possible - more words do not necessarily make a post better. Read and edit your posting before submitting it. Be respectful in your communications. Constructive debate is encouraged and welcomed; personal attacks are *never* appropriate.

Create long discussion postings in Word or another word processing program, save them to your computer, and then copy and paste them into the discussion form. To post to a forum, click the "Add a new discussion topic" button and then type your post. You will have 15 minutes to make changes/edits or erase your post. Please note postings can be lost if your browser times out before posting messages.

Privilege activity (CEPH 6):
*[Part 1 of activity; see **Week 5** Discussion questions for Part 2.]*
Students read "White Privilege" by Peggy McIntosh and complete an anonymous abbreviated version of her Invisible Knapsack survey (link in Week 5 of moodle course). Scores for this exercise will be aggregated for the class and presented. After completing the survey, students are asked to reflect on their answers and respond to a set of discussion questions. The last discussion question requires that students view the aggregate responses for the class. Due date for Part 1 - the privilege survey - is posted below.

Framing activity: (CEPH 20)
*[Part 1 of activity; see **Week 13** Discussion questions for Part 2.]*
Students will be assigned to discussion groups with roughly 7 students per group. Each group will be assigned a topic: gun violence, mental illness, opioids, obesity, bullying, HPV vaccine, climate change, poverty, the Affordable Care Act.

For Part 1 of the assignment, each student will look for a news article on their topic. Cast a wide net – look in local media, national media, print, TV, those with an explicit ideological orientation and those without. The goal is for each student to post a news article and explain how that health or social issue is framed. Address the following questions to the extent you can:

- What are the implicit or explicit causes of the problem? What are the solutions?
- Who is quoted as an expert? Whose voice is not included?
- What actors or sectors in society are attributed responsibility for the problem?

Each student should post their article along with a short (300 word) explanation for how they think the article is framed. For each group, then, there should be about 6 different ways of framing the same health topic. See discussion questions posted for Part 2 of the Framing Activity. Due date for Part 1 is posted below.

DETAILS FOR COURSE PAPERS

PAPER 1: TOPIC PAPER

SEE list of potential topics on Moodle site. Selection of topics <u>not</u> on this list must be approved by the instructor.

Paper Requirements

Section 1 - Topic:

Name your topic and provide a brief high level description

Note: the topic should lend itself to being considered and addressed from multiple perspectives, including social, political and economic determinants, a national and international perspectives, structural bias and health inequities, ethical and legal considerations, and policy and advocacy perspectives (see substantive focus and instructions for papers 2-5).

Your topic should be sufficiently broad to allow incorporation of relevant published literature but not so broad as to be overwhelming and unfocused. For example, mental health or women's health may be overly broad. Reducing traffic accidents in Ramsey County MN may be overly narrow and may not easily lend itself to tackling the problem from multiple perspectives.

Section 2 - Background and Significance:

Briefly 1) justify your choice of this topic and 2) describe the public health relevance of your topic.

Potential topics to cover:
- Prevalence of the public health topic
- Trends over time
- Demographic and other types of risk factors that are associated with the public health topic. For example, obesity among adults is associated with lower levels of physical activity and consumption of fruits and vegetables
- Relevance to public health via Heathy People 2020 or other surveillance systems

Section 3 - Data sources:

Describe several sources of data or information about your topic

Guidelines:
- Total paper length – 1 single-spaced page suggested
  - Topic statement (1 paragraph suggested)
  - Background and Significance: (1 paragraph suggested)
  - Data sources (.5 paragraph suggested)
- Page limits do NOT include title page, reference page/bibliography
- Include paper title, your name, and page numbers
- One-inch margins
- Times new Roman 12 point font (or equivalent)
- Research on current literature regarding your topic will be necessary. Use a minimum of 5 references, of which at least 3 are from peer reviewed journals. Appropriately cite all sources you reference in your paper.
- A final version of your paper in a Microsoft Word document is due electronically via the course website.
- Three points will be deducted for each day an assignment is late UNLESS you have contacted your TA and your request for an extension has been approved.

PEER REVIEW INSTRUCTIONS (PAPERS 2 through 4 ONLY):
- Provide summary statement at top of paper that includes
  - Strengths of the topic
  - Strengths of the paper

- ○ Constructive feedback/Suggestions for improvement (this may include ideas for narrowing the scope of the topic, additional perspectives on public health relevance, additional references or data sources you are aware of, etc.)
- Suggested length is .5 pages (no more than 1 page); bullet point format is acceptable.
- In addition, feel free to track change writing suggestions on the paper. These editorial and writing suggestion are a courtesy to your colleague but are not counted toward the grade for peer reviews.
- Submit via moodle site.

PAPER 2: SOCIAL, POLITICAL, AND ECONOMIC DETERMINANTS OF HEALTH (CEPH 14)

For your selected topic critically discuss at least one social, political or economic force that exacerbates the negative health consequences of your topic. Conversely, discuss at least one social, political or economic force that reduces the negative health consequences of your topic. Following from the evidence gathered concerning your topic and its relationship to social, political or economic determinants, how would you propose that public health focus its efforts to reduce the negative health consequences of your topic and why?Evaluate how this effort to reduce the negative health consequences of your topic may achieve or limit health equity.

This paper informs and aligns with Papers 3 (Disparities and Inequities) and 5 (Policy Solutions and Advocacy). This written assignment provides critical exposure to social determinants at both the individual and societal levels that are important to future papers.

Guidelines:
- Total paper length – approximately 3 pages (5 page maximum), double-spaced
    - ○ Introduction to topic and discussion of social, political or economic determinants (1-2 paragraphs suggested)
    - ○ Evidence of social, political or economic determinants that impact (positive and negative) your topic (2-4 pages suggested)
    - ○ Suggested public health focus (1-2 paragraphs suggested)
- Page limits do NOT include title page, reference page/bibliography
- Include paper title, your name, and page numbers
- One-inch margins
- Times new Roman 12 point font (or equivalent)
- Research on current literature regarding your topic will be necessary. Use a minimum of 8 references, of which at least 4 are from peer reviewed journals. Appropriately cite all sources you reference in your paper.
- Write a first full draft of your paper, and submit the draft electronically to the "*Paper 2 Peer Review*" forum on the course website. Review your small group colleagues' drafts and submit comments by the deadline.
- A final version of your paper in a Microsoft Word document is due electronically via the course website after incorporating feedback from peer review.
- Three points will be deducted for each day an assignment is late UNLESS you have contacted your TA and your request for an extension has been approved.

PAPER 3: DISPARITIES AND INEQUITIES (CEPH 6)

For your selected topic describe one disparity that is relevant; that is, what segment of the population is most impacted by your topic? Is this a disparity or an inequity? Describe how structural bias and racism affect your topic. In turn, how does this undermine the health of this population? What is the best point of intervention to reduce this disparity or inequity: at the organizational, community or societal level? Share one possible solution that addresses the disparity or inequity. Defend your responses with empirical evidence. Cite references in support of your positions.

This paper aligns with Papers 2 (Social, Political and Economic Determinants) and 5 (Policy Solutions and Advocacy). This written assignment provides exposure to the distinction between disparities and inequities which links back to social, political, and economic, determinants of health. It also requires attention to solutions to inequities.

Guidelines:
- Total paper length – approximately 3 pages (5 page maximum), double-spaced
    - ○ Introduction to topic and population most impacted (1 paragraphs suggested)
    - ○ Disparity or inequity (1-2 paragraphs suggested)
    - ○ Impact of structural bias and racism (1-2 pages)
    - ○ Best point of intervention and why (1-2 pages)
    - ○ Suggested equity solution (1-2 paragraphs suggested)
- Page limits do NOT include title page, reference page/bibliography

- Include paper title, your name, and page numbers
- One-inch margins
- Times new Roman 12 point font (or equivalent)
- Research on current literature regarding your topic will be necessary. Use a minimum of 8 references, of which at least 4 are from peer reviewed journals. Appropriately cite all sources you reference in your paper.
- Write a first full draft of your paper, and submit the draft electronically to the "*Paper 3 Peer Review*" forum on the course website. Review your small group colleagues' drafts and submit comments by the deadline.
- A final version of your paper in a Microsoft Word document is due electronically via the course website after incorporating feedback from peer review.
- Three points will be deducted for each day an assignment is late UNLESS you have contacted your TA and your request for an extension has been approved.

PAPER 4: ETHICAL AND LEGAL CONSIDERATIONS (CEPH 5, 12)

In the latest version of his book, Gostin defines public health law as: "The study of the legal powers and duties of the state to assure conditions for people to be healthy, (to identify, prevent, and ameliorate risks to health in the population,) and the limitations on the power of the state to constrain the autonomy, privacy, liberty, proprietary, or other legally protected interests of individuals for the common good. The prime objective of public health law is to pursue the highest possible level of physical and mental health in the population, consistent with the values of social justice."

Describe how government (through both incentives and disincentives) exercises power to intervene on your selected topic. For example, how is your topic influenced by US Federal Government executive branch agencies like the FDA or CDC? How about the Minnesota Department of Health? Tribal governments? International bodies like the World Health Organization? What public health structures have a duty and authority to intervene on your selected public health topic? Provide a concrete example of how this occurs.Briefly describe the individual costs or constraints on individual liberty that are required for a public health intervention targeting your topic to be successful. Defend your responses and cite references in support of your positions.

Guidelines:
- Total paper length – approximately 3 pages (5 page maximum), double-spaced
    - Introduce general legal considerations of your topic (.5 pages suggested)
    - Description of topic-relevant government interventions, legal authority at various levels (federal, state, tribal and international) and relevant public health structures (1-1.5 pages)
    - What public health structure can be leveraged to intervene on your topic (.5 pages)
    - Justify ethics of intervening; balance of individual liberty and constraints (.5 pages)
- Page limits do NOT include title page, reference page/bibliography
- Include paper title, your name, and page numbers
- One-inch margins
- Times new Roman 12 point font (or equivalent)
- Research on current literature regarding your topic will be necessary. Use a minimum of 8 references, of which at least 4 are from peer reviewed journals. Appropriately cite all sources you reference in your paper.
- Write a first full draft of your paper, and submit the draft electronically to the "*Paper 4 Peer Review*" forum on the course website. Review your small group colleagues' drafts and submit comments by the deadline.
- A final version of your paper in a Microsoft Word document is due electronically via the course website after incorporating feedback from peer review.
- Three points will be deducted for each day an assignment is late UNLESS you have contacted your TA and your request for an extension has been approved.

PAPER 5: POLICY SOLUTIONS AND ADVOCACY (CEPH 8, 14)

Revisit content first considered in papers 2 and 3 – the influence of personal responsibility and/or social, political and economic determinants of your selected topic and disparities/inequities – and write about solutions. Propose one policy*
solution aimed at reducing the negative (or promoting positive) health consequences of your topic. Describe the role of public health professionals in addressing your topic? What is the role of advocacy? How might public health and advocacy combine to ensure interventions attend to the cultural values of the communities most impacted? Speculate about the future for your topic – what needs to happen to make positive progress?

The term policy is broadly defined and may include a formal law, rule, regulation, resolution or practice. Policies can be adopted at multiple levels, e.g., federal, state, local, institutional and organizational levels.

Guidelines:

- Total paper length – approximately 3 pages (5 page maximum), double-spaced
  - Introduce topic (1 paragraph suggested)
  - Description of policy solution (.5-1 pages)
  - Describe the role of public health professionals and advocacy (.5-1 pages)
  - Future progress (1-2 paragraphs)
- Page limits do NOT include title page, reference page/bibliography
- Include paper title, your name, and page numbers
- One-inch margins
- Times new Roman 12 point font (or equivalent)
- Research on current literature regarding your topic will be necessary. Use a minimum of 8 references, of which at least 4 are from peer reviewed journals. Appropriately cite all sources you reference in your paper.
- A final version of your paper in a Microsoft Word document is due electronically via the course website.
- Three points will be deducted for each day an assignment is late UNLESS you have contacted your TA and your request for an extension has been approved.

Activity schedule/Due dates:

The instructional week starts on the Monday and ends at 11:55 PM Central Time on Sunday of each week. All activities, assignments and discussions should be completed within this time frame (or the weekend prior). For example, dates posted for week 1 are September 3-9. Upload your introduction, initial discussion no later than Thursday at 11:55 PM each week and post responses no later than Sunday at 11:55 PM. If your weekends are more flexible, feel free to work ahead and post your introduction and an initial discussion post over the weekend (September 1, 2) and participate/respond to posts during the week.

Each paper/peer review is due to the course website by 11:55 PM Central Time on the due date; any paper/peer review submitted at 12:00 AM or beyond will be considered late. Feel free to post papers early.

Papers	Paper due to peer reviewers	Peer review due to author	Revised paper due
1. Topic paper (Week 2)	NA	NA	Sunday, September 16
2. Social, political, and economic determinants (Week 4)	Wednesday, September 26	Sunday, September 30	Sunday, October 7
3. Disparities and inequities (Week 7)	Wednesday, October 17	Sunday, October 21	Sunday, October 28
4. Ethical and legal considerations(Week 10)	Wednesday, November 7	Sunday, November 11	Sunday, November 18
5. Advocacy and/or policy (Week 15)	NA	NA	Sunday, December 16

The activities below also include a discussion component. Activities and discussion posts are due to the course website by 11:55 PM Central Time on the due date; any activity/post submitted at 12:00 AM or beyond will be considered late. Feel free to post papers early.

Activities	Initial activity post due	Response posts due
Pre-course student survey		Wednesday, September 4
Privilege (Week 5)	Tuesday, October 2	Sunday, October 7
Finance/Budget (Week 9)	Thursday, November 1	Sunday, November 4
Framing (Week 13)	Thursday, November 29	Sunday, December 2

Late work policy

Points will be deducted for late work UNLESS you have received prior approval. Voluntary commitments such as work commitments, planned vacations or other events that overlap with an assignment due date are generally not a reason for an extension.

Plan ahead and complete the assignment before the planned event in order to avoid late penalties. We are flexible with students who have documented disabilities, illnesses, family emergencies or other critical obligations.

Grades will be based on the following scale:

Earned points	Percentage	Letter grade	Description
326-350	93-100%	A	Represents achievement that is outstanding relative to the level necessary to meet course requirements
315-325	90-92%	A-	
305-314	87-89%	B+	
291-304	83-86%	B	Represents achievement that is significantly above the level necessary to meet course requirements
280-290	80-82%	B-	
270-279	77-79%	C+	
256-269	73-76%	C	Represents achievement that meets the course requirements in every respect
245-255	70-72%	C-	
236-244	67-69%	D+	
221-235	63-66%	D	Represents achievement that is worthy of credit even though it fails to meet fully the course requirements
210-220	60-62%	D-	
0-209	0-59%	F	

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 (https://www.indiana.edu/~academy/firstPrinciples/index.html).

Late Assignments	One (1) point will be deducted for each day learning activities and discussion postings are late. Three (3) points will be deducted for each day a paper is late. We will not accept any assignments after they are seven (7) 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://policy.umn.edu/Policies/Education/Education/MAKEUPWORK.html).
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. ● 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 quiz and 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. 　○ Quizzes will show as successfully submitted. 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.
Incomplete Contracts	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. 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.
	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).
Course Evaluation	Student feedback on course content and faculty teaching skills are an important means for improving our work. The SPH collects anonymous student course evaluations electronically using a software system called CoursEval (http://www.sph.umn.edu/courseval). Students who complete their course evaluations will be able to access their final grade as soon as the faculty member 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. **Note:** This is School of Public Health procedure—not a University-wide policy—and therefore applies to Public Health courses only.
UMN Uniform Grading & Transcript Policy	Information about the UMN policy on grading and transcripts can be found at https://z.umn.edu/gradingpolicy
Grade Option Change	For full-semester courses, students may change their grade option, if applicable, through the second week of the semester. Grade option change deadlines for other terms (i.e. summer and half-semester courses) can be found at https://onestop.umn.edu/dates-and-deadlines.
Course Withdrawal	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. 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.

Technology Readiness

Technology or Resource	Technology or Resource Description
Course Technologies	You will use the following technology tools in this course. Please make yourself familiar with them. ● *List technologies and where they can learn more* ● Example: Voicethread, information is available in your Moodle course site. ● Example: Microsoft Excel, note general functionality necessary to know, training is available at http://lynda.umn.edu. ● Example: Google Docs, training is available via OIT https://it.umn.edu/self-help-guide/google-drive-work-files-folders. ● *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.*
Moodle	All course-related materials are on our Moodle course site. You are expected to access the course site at least once per week; be sure to check the announcements and discussion forums often for the most up-to-date course information. To access the course site: 1. Log into http://moodle.umn.edu using your UMN Internet ID and password 2. Scroll down the Moodle homepage to the link for this course; click it to access the course site. If it has been more than 24 hours since you have registered and you have problems accessing the Moodle course site, email Moodle Support at moodle@umn.edu for help.
Computer and Internet Expectations and Access	[Course name] requires use of the Internet for access to the course site and University email. You are assumed to have reliable access to a computer and high-speed Internet. If you don't have reliable computer and/or Internet access at home, the University has many free, public computer labs on campus. Additionally, computers with reliable Internet for general use are available at most campus and community

	libraries.
University of Minnesota Technology Support	The University of Minnesota provides technical support services to students through the Office of Information Technology (OIT). UMN technical support (https://it.umn.edu/help) can help with any questions about your University accounts (Email/Google Apps, Moodle access, MyU Portal, passwords, etc.); you can also search for answers or chat live with a support staff member. You can also call the Help Desk (612-301-4357 or 1-HELP on campus) or stop by Tech Stop (locations and hours: http://www.oit.umn.edu/computer-labs/locations-hours/). Note: UMN Tech and Moodle support are not able to access or make any changes to our Moodle course site. If you have issues within the course site, visit SPH Quick Help at https://z.umn.edu/sphquickhelp.
Web Browser	SPH recommends using newer versions of Mozilla Firefox or Google Chrome as your web browser when accessing content via your Moodle course site. Both of these web browsers can be downloaded for free: ● Download the latest version of Firefox (http://www.mozilla.com/en-US/firefox/fx/) ● Download the latest version of Google Chrome (https://www.google.com/chrome/browser/) Note: We do not recommend using Internet Explorer as your web browser to view the online interactive lessons.

Other Course Information & Policies

Policy	Policy Description
Student Conduct	The University seeks an environment that promotes academic achievement and integrity, that is protective of free inquiry, and that serves the educational mission of the University. Similarly, the University seeks a community that is free from violence, threats, and intimidation; that is respectful of the rights, opportunities, and welfare of students, faculty, staff, and guests of the University; and that does not threaten the physical or mental health or safety of members of the University community. As a student at the University you are expected adhere to Board of Regents Student Conduct Code (https://z.umn.edu/studentconduct). Note that the conduct code specifically addresses disruptive classroom conduct, which means "engaging in behavior that substantially or repeatedly interrupts either the instructor's ability to teach or student learning. The classroom extends to any setting where a student is engaged in work toward academic credit or satisfaction of program-based requirements or related activities."
Disability Accommodations	The University of Minnesota is committed to providing equitable access to learning opportunities for all students. The Disability Resource Center Student Services is the campus office that collaborates with students who have disabilities to provide and/or arrange reasonable accommodations. If you have, or think you may have, a disability (e.g., mental health, attentional, learning, chronic health, sensory, or physical), please contact DRC at 612-626-1333 or drc@umn.edu to arrange a confidential discussion regarding equitable access and reasonable accommodations https://z.umn.edu/resourcesdisability.
Sexual Harassment	"Sexual harassment" means unwelcome sexual advances, requests for sexual favors, and/or other verbal or physical conduct of a sexual nature. Such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, hostile, or offensive working or academic environment in any University activity or program https://z.umn.edu/harassment.
Mental Health and Stress Management	As a student you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance and may reduce your ability to participate in daily activities. University of Minnesota services are available to assist you. You can learn more about the broad range of confidential mental health services available on campus via the Student Mental Health Website https://z.umn.edu/mentalhlth.

Content Warning (if relevant for content)	[[Example: Throughout Sleep, Eat & Exercise, we do our best to present accurate and factual information about sleep, nutrition, physical activity, and related topics. Some of the course lessons and optional resources contain information about sleep disorders, excessive exercise, disordered eating, eating disorders, body image concerns, and other things that may be triggering for some people. Additionally, course assignments ask you to reflect on your personal experiences related to topics covered in the course lessons. You're encouraged to share only at the level you are comfortable sharing. If something in the course triggers uncomfortable thoughts or feelings, please take care of yourself and seek help if necessary or desired. Visit the Student Mental Health website for information about resources and services that are available to you, and please contact the instructor if you have any questions or concerns that may hinder your full and meaningful participation in the course. Your wellbeing is important to us!]]
Inclusive Language (if relevant for content)	Example: While, for the most part, our culture uses a gender-binary and sex-binary framework—thinking and functioning in terms of men and women when discussing gender, or male and female when discussing biological sex, we recognize that this doesn't encompass everyone's experience or identity and have therefore used inclusive language throughout the course. Such language consists of words and phrases that demonstrate respect for how a variety of individuals self-identify their gender and sexual orientation, describe their bodies and relationships, and express their sexuality. When we report research results, we use the same terms used by the researchers, recognizing that some of the research may not be inclusive. Despite its potentially exclusionary nature, we have chosen to include such research within the lessons because we believe that the data still has value in informing and supporting our discussions and may be the only or best data available on a given topic.
Use of Personal Electronic Devices in the Classroom	The University establishes the right of each faculty member to determine if and how personal electronic devices are allowed to be used in the classroom. For complete information, please reference: https://z.umn.edu/electronicdevices
Appropriate Student Use of Class Notes and Course Materials	Taking notes is a means of recording information but more importantly of personally absorbing and integrating the educational experience. However, broadly disseminating class notes beyond the classroom community or accepting compensation for taking and distributing classroom notes undermines instructor interests in their intellectual work product while not substantially furthering instructor and student interests in effective learning. Such actions violate shared norms and standards of the academic community.http://z.umn.edu/classnotes.
The Office of Student Affairs at the University of Minnesota	The Office for Student Affairs provides services, programs, and facilities that advance student success, inspire students to make life-long positive contributions to society, promote an inclusive environment, and enrich the University of Minnesota community. Units within the Office for Student Affairs include, the Aurora Center for Advocacy & Education, Boynton Health Service, Central Career Initiatives (CCE, CDes, CFANS), Leadership Education and Development – Undergraduate Programs (LEAD-UP), the Office for Fraternity and Sorority Life, the Office for Community Standards, the Office for Student Engagement, the Parent Program, Recreational Sports, Student and Community Relations, the Student Conflict Resolution Center, the Student Parent HELP Center, Student Unions & Activities, University Counseling & Consulting Services, and University Student Legal Service https://z.umn.edu/communitystand.
Academic Freedom and Responsibility	Academic freedom is a cornerstone of the University. Within the scope and content of the course as defined by the instructor, it includes the freedom to discuss relevant matters in the classroom and conduct relevant research in courses in which students are conducting research. Along with this freedom comes responsibility. Students are encouraged to develop the capacity for critical judgment and to engage in a sustained and independent search for truth. Students are free to take reasoned exception to the views offered in any course of study and to reserve judgment about matters of opinion, but they are responsible for learning the content of any course of study for which they are enrolled.* When conducting research, pertinent institutional approvals must be obtained and the research must be consistent with University policies. Reports of concerns about academic freedom are taken seriously, and there are individuals and offices available for help. Contact the instructor, the Department Chair, your adviser, the associate dean of the college, (Dr. Kristin Anderson, ander116@umn.edu, SPH Associate Dean for Learning Systems and Student Affairs), or the Vice Provost for Faculty and Academic Affairs in the Office of the Provost. *Language adapted from the American Association of University Professors "Joint Statement on Rights and Freedoms of Students".*

UMN Student Resources

Resource	Resource Description
Important Dates	The University's academic calendar lists important University dates, deadlines, and holidays: http://www.onestop.umn.edu/calendars/index.html.
Student Academic Success Services (SASS)	Students who wish to improve their academic performance may find assistance from Student Academic Support Services http://www.sass.umn.edu.
Student Writing Support	Student Writing Support (SWS) offers free writing instruction for all University of Minnesota students—graduate and undergraduate—at all stages of the writing process. In face-to-face and online collaborative consultations, SWS consultants from across the disciplines help students develop productive writing habits and revision strategies. Consulting is available by appointment online and in Nicholson Hall, and on a walk-in basis in Appleby Hall. For more information, visit the SWS website (http://writing.umn.edu/sws) or call 612-625-1893. In addition, SWS's web-based resources offer support on a number of topics such as avoiding plagiarism, documenting sources, and planning and completing a writing project.
Housing and Financial Instability	Any student who has difficulty affording groceries or accessing sufficient food to eat every day or who lacks a safe and stable place to live, and believes this may affect their performance in the course, is encouraged to utilize local housing and financial resources (https://drive.google.com/file/d/0B4ZsPhqdEA_fbkJsd2dNUjRDT3YyUUJ5dkNVMlQ3bDVTamxj/view), the Nutritious U Food Pantry (https://www.facebook.com/NUPUMN/?hc_ref=SEARCH&fref=nf), the Student Emergency Loan Fund (http://selfund.umn.edu/), or emergency funding through the Student Parent HELP Center (for students with a child/children) (http://www.sphc.umn.edu/undergraduate-child-care-assistance-grants-and-other-funding). Furthermore, please notify your instructor or TA if you are comfortable in doing so they can provide any other resources they may be aware of.

CEPH Competencies & Learning Objectives

Competency	Learning Objectives	Assessment Strategies
5. Compare the organization, structure and function of health care and public health systems across national and international settings.	Week 8 ● Explain why the study of the law and legal/social/political structures is relevant to public health ● Describe the source of legal authority for the public health policy and practice within a community/society generally, but also specifically within the United States ● Describe and compare generally, the allocation of legal authority for the public health enterprise within the United States: Federal, state, and local ● Explain how federally recognized tribal authority is related to public health governance ● Describe and compare national and global institutions and structures engaged in public health practice Week 11 ● Demonstrate knowledge of treaty obligations under which there is a recognized right to health ● Critically assess between country differences in providing health systems that effectively serve their populations ● Critically evaluate implications of the right to the highest attainable standard of health for health care systems, especially under conditions of limited resources ● Consider obligations of governments to provide access to health services	Students gain a foundational understanding to the structure of public health systems through Week 1 readings and lecture and go into greater depth through readings and lectures assigned in Week 8 and expand to the functioning of health care systems Week 11. Week 8 related to lecture and readings students discuss the structure and function of public health systems in the US and international settings: (1) What public health structures are involved in the Flint Water Crisis? Provide one example of disincentive or penalty that a public health structure or authority could implement prevent this crisis; also, provide one example of an incentive or reward. From where do public health structures draw their authority? (2) What are the public health structures involved in a global infectious disease outbreak like SARS or Ebola? Provide one example of disincentive or penalty that a public health structure or authority could implement prevent this crisis; also, provide one example of an incentive or reward. From where do these public health structures draw their authority? Discussion forum postings are graded. Week 11 describes several treaties recognizing the right to the highest attainable standard of health (e.g., according to WHO there is a legal obligation for states to ensure access to timely acceptable and affordable health care). The United States would appear to fall far short of this standard despite spending more than any other country on health care. Consider the US and one other country that has more effectively provided healthcare to its entire population. Discuss how your chosen country has been better able to serve its population. What are some organizational, structural, or functional differences between the two healthcare systems (e.g., single payer, combination of private and government providers, etc.)? Considering current treaty obligations but also limitations imposed by finite resources, should governments be obligated to provide universal healthcare access? What might this mean in terms of level of care (e.g., can everyone be entitled to expensive medical procedures or drugs)? Is universal health access even possible for low-income countries? Discussion forum postings are graded. Students write a 3-5 page paper (Paper 4, Ethical and Legal Considerations) that draws on readings and lectures from Week 8. Student papers describe how government (through both incentives and disincentives) exercises power to intervene on a public health *topic of their choice* (this same *topic* is

		the basis of all 5 paper assignments). For example, how is this topic influenced by US Federal Government executive branch agencies like the FDA or CDC? How about the Minnesota Department of Health? Tribal governments? International bodies like the World Health Organization? What public health structures have a duty and authority to intervene on the selected public health topic? They provide a concrete example of how this occurs. Finally, they justify the ethics of intervening, balancing the individual costs or constraints on individual liberty that are required for the public health intervention to be successful. Students are required to defend responses and cite references in support of their positions.

Students complete a peer-review of a classmate's Paper 4 allowing them to critically evaluate this content presented on a different public health topic and through another's perspective. Peer reviews are graded. |
| **6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at theorganizational, community and societal levels.** | Week 4
● Explain the underlying cause(s) of health inequities
● Propose possible solutions to address/reduce health inequities in different populations
Week 5
● Articulate the impact of racism on health and health outcomes
● Explain the root cause of racial and ethnic disparities in health
Week 12
● Examine the impact of structural racism and gender bias and how these might be addressed through advocacy | Week 4 students discuss how the Flint Michigan water crisis creates health inequities and how it exacerbates old inequities. They also discuss possible solutions to these inequities in the forum.

Week 5 students complete the "Invisible Knapsack" activity (Peggy McIntosh) and discuss this experience in their weekly forum. Discussion questions include: Did this exercise cause you to think differently about how race impacts people? If so, how so? Did one statement stand out for you more than others? How come? Describe what role race and racism played in the Flint Crisis. Discussion forum postings are graded.

Students write a 3-5 page paper (Paper 3, Disparities and Inequities). Based on their selected public health topic they describe the segment of the population is most impacted by their topic, justifying whether this disproportionate impact is a disparity or an inequity and why. They describe how structural bias and racism affect their topic and how structural bias and racism impact population health. Next they deliberate whether the best point of intervention to reduce this disparity or inequity is at the organizational, community or societal level. Finally, they share one possible solution that addresses the disparity or inequity. They are required to defend responses with empirical evidence and cite references in support of their positions.

Paper 3 aligns with Papers 2 (Social, Political and Economic Determinants) and 5 (Policy Solutions and Advocacy). This written assignment provides exposure to the distinction between disparities and inequities which links back to social, political, and economic, determinants of health. It also requires attention to solutions to inequities. |

		Students complete a peer-review of a classmate's Paper 3 allowing them to critically evaluate this content presented on a different public health topic and through another's perspective. Peer reviews are graded.
8.Apply awareness of cultural values and practices to the design or implementation of public health programs	Week 10 ● Explain the significance of historical trauma in the current lives of disadvantaged populations ● Identify approaches to mitigate historical trauma ● Evaluate one's own cultural awareness and biases ● Articulate how cultural humility is relevant to addressing health disparities	Week 10 covers historical trauma and cultural humility. Choose either set of discussion questions for this week's forum. 1) American Indians, African Americans and other minority populations have been subjected to severe **historical trauma** that has contributed to current social problems including high rates of suicide, domestic violence, alcohol abuse and other social problems. Consider society's current obligations to populations that have suffered historical (and continuing) neglect. These populations may avoid seeking healthcare due to historic discrimination and lack of trust.How might you apply awareness of cultural values and practices of American Indians in designing a healthcare program that would be effective and that would overcome justified distrust? Consider the resources that should be devoted to public health programs serving rural or urban American Indian populations. Historically these programs have been substantially underfunded. Is there now an obligation to prioritize American Indian populations in designing and implementing healthcare programs to compensate for past inequities?What level of services would your provide and why (e.g., single payer with universal access or some other system)? 2) **Cultural humility** is a critically important but too often overlooked concept in designing and implementing public health programs. An example was given in the readings of a nurse who discriminated against hospitalized Hispanic patients in providing pain medications. Another example pertained to hierarchy and physician interactions with nurses. Consider how you would incorporate cultural humility in designing and implementing a public health program. Should this be a required part of provider training? How would you increase the likelihood that healthcare professionals would be sensitive to their own cultural biases and more effective both in minimizing hierarchical issues within their own organization? How would you try to ensure open mindedness toward and respectful treatment of marginalized populations? Discussion forum postings are graded.
10. Explain basic principles and tools of budget and resource management	Week 9 ● Explain how federal, state, local, and other sources finance public health in the United States ● Understand the financial competencies necessary to practice in the field of	Week 9 students will apply evidence from the readings and lecture to answer several questions related to their own public health topic (paper 1 topic): (1) What are potential sources of financing for a public health activity included in your topic area.

	● public health ● Identify financing trends in public health and how to build sustainable financing structures for public health	(2) Provide an argument to support making an investment to support your topic using a ROI (return on investment) or to argue for a funding increase. (3) Make a recommendation for sources of funding for a public health activity in your chosen topic.
12. Discuss multiple dimensions of the policy- making process, including the role of ethics and evidence	Week 7 ● Explain why the study of ethics is relevant to the discipline of public health ● Apply the moral justifications for public health actions in society ● Assess the moral constraints and limits for public health actions in society	Week 7 students discuss several questions to gain competency articulating the complexity of policy making and the relevance of ethics in public health. They are asked to explore the difference between a moral issue and a practice issue in public health: (1) What's the practical crisis or failure that occurred in Flint Michigan? (2) What's the moral crisis that's exemplified by Flint? (3) What are the implications of the moral or ethical problem? Specifically, does the presence of an injustice or ethical violation influence whether or how public health policies are written and implemented? Discussion forum postings are graded. Students write a 3-5 page paper (Paper 4, Ethical and Legal Considerations) that draws on readings and lectures from Week 8. Student papers describe how government (through both incentives and disincentives) exercises power to intervene on a public health *topic of their choice* (this same *topic* is the basis of all 5 paper assignments). For example, how is this topic influenced by US Federal Government executive branch agencies like the FDA or CDC? How about the Minnesota Department of Health? Tribal governments? International bodies like the World Health Organization? What public health structures have a duty and authority to intervene on the selected public health topic? They provide a concrete example of how this occurs. **Finally, they justify the ethics of intervening, balancing the individual costs or constraints on individual liberty that are required for the public health intervention to be successful.** Students are required to defend responses and cite references in support of their positions. Students complete a peer-review of a classmate's Paper 4 allowing them to critically evaluate this content presented on a different public health topic and through another's perspective. Peer reviews are graded.
14. Advocate for political, social or economic policies and programs that will improve health in diverse populations	Week 3 ● Evaluate the proposed means of addressing social, economic and political determinants and the limitations of those approaches to achieving health equity Week 12 ● Critically evaluate the role and limitations of advocacy in advancing public health	Week 3 students discuss the role of political, social and economic policies/programs on population health equity. The discussion questions are framed as follows: Two-thirds of adults in the United States are overweight or obese. How much is this a function of individual (lack of) responsibility versus social determinants? A colleague once stated that if the only food available were rat chow, no one would be overweight. Is criticizing someone who is obese a case of blaming the victim or should there be

	● Describe the role of and expectations for public health professionals in advocating for health equity ● Examine the impact of structural racism and gender bias and how these might be addressed through advocacy Week 14 ● Examine future of public health in social and racial injustice	individual responsibility? For discussion, consider both individual and social determinants of overweight and obesity. Where would you place greater emphasis and why? What recommendations do you have for addressing the obesity epidemic? Discussion forum postings are graded. Week 12 students answer a set of questions that allows them to create an advocacy strategy for their public health topic/issue. Students write a 3-5 page paper (Paper 2, Social, Political, and Economic Determinants of Health). Based on their selected public health topic students critically discuss at least one social, political or economic force that exacerbates the negative health consequences of their topic. Conversely, they discuss at least one social, political or economic force that reduces the negative health consequences of their topic? Following from the evidence gathered concerning this topic and its relationship to social, political or economic determinants, students must propose how public health should focus its efforts to reduce the negative health consequences of their topic and why? They also evaluate how this effort to reduce the negative health consequences of their topic may achieve or limit health equity. Students complete a peer-review of a classmate's Paper 2 allowing them to critically evaluate this content presented on a different public health topic and through another's perspective. Peer reviews are graded. Students write a 3-5 page paper (Paper 5, Policy Solutions and Advocacy). Students revisit content first considered in papers 2 and 3 – the influence of personal responsibility and/or social, political and economic determinants of their selected topic and disparities/inequities – and write about solutions. Propose one policy* solution aimed at reducing the negative (or promoting positive) health consequences of this topic. Describe the role of public health professionals in addressing this topic? What is the role of advocacy? How might public health and advocacy combine to ensure interventions attend to the cultural values of the communities most impacted? Speculate about the future for this topic – what needs to happen to make positive progress? **The term policy is broadly defined and may include a formal law, rule, regulation, resolution or practice. Policies can be adopted at multiple levels, e.g., federal, state, local, institutional and organizational levels.*
20. Describe the importance of cultural competency in	Week 10 ● Evaluate one's own cultural awareness and biases	Week 10. Student participate in a 2-part **cultural humility** activity. Part 1 has students post a health promotion communication or public service

| communicating public health content | ● Articulate how cultural humility is relevant to addressing health disparities
Week 13
● Explain how health message factors (like message, source, and format) and audience factors interact to shape health-related outcomes, including attitudes, opinions, and behaviors.
● Examine the implications of changes in the media environment on public health. | announcement relevant to the topic they selected for their papers along with a short (300 word) explanation of who is being targeted (who is the intended audience), whether the communication or announcement is tailored to this audience, and an explanation of whether the communication represents cultural humility or insensitivity and why. Part 2 has students post their reflections following their review of their discussion group's posts. They respond to <u>one</u> of the following probes (at least 300 words):

1) What did you learn about the fit between the communications and announcements and the audience they are intended to reach, and the cultural sensitivity of the communications posted? How is cultural humility important in the design of health communications?

2) If you were a public health advocate looking to revise the communications and announcements to influence a particular cultural community, what process would you follow to go about tailoring this communication to improve its relevance and reach to that cultural community and who would you involve? Think about people, organizations or agencies that have the knowledge and power to influence health improvements for this cultural community.Discussion forum postings are graded.

Week 13 introduces Health communications. Student participate in a 2-part **framing activity**. Part 1 students will be assigned to discussion groups with roughly 8 students per group. Each group will be assigned a topic: gun violence, mental illness, opioids, obesity, bullying, HPV vaccine, climate change, poverty, the Affordable Care Act.

Each student posts a news article and explains how that health or social issue is framed. What are the implicit or explicit causes of the problem? What are the solutions? Who is quoted as an expert? Whose voice is not included? What actors or sectors in society are attributed responsibility for the problem?

Each student posts their article along with a short (300 word) explanation for how they think the article is framed. For each group, then, there should be ~8 different ways of framing the same health or social determinants issue.Discussion forum postings are graded. |