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### Marsha Greer CD Summer 2010

Marsha Greer

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NAME: Marsha Greer Ph.D., CHES

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Master of Public Health Graduate Program

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DATE SUBMITTED: Sep 20, 2011

Title of Grant Award: Increasing graduate interactive participation in the classroom

Course Development Grant (summer, 2010 )

**Project Goal:**

The purpose was to re-design the curriculum for a graduate course in order to enhance interactivity and to more fully integrate real-world examples of community projects by using case studies and other activities to provide opportunities for students to compare, contrast, debate, analyze, and synthesize their experiences into a multi-dimensional understanding of the topics.

When Implemented (Quarter the course was taught): FALL 2010

**Brief Description of the Project (as described in the proposal)**

I developed the curriculum for a graduate level course that examines the social, political, and economic determinants of population health including solutions to those problems (see attached syllabus.) I based my course development on “lessons learned” as well as research about the effectiveness of interactive learning. The course has been taught using various methodologies including lecture, small group work, videos, student presentations, and homework assignments. Blackboard is used extensively as the learning management system for online access to syllabus, handouts, and additional readings. The project included development of the course content, assignments, evaluation tools, and interactive classroom activities.

A new textbook was selected for the course, which is one of the reasons for the need to restructure the course. A second reason was to more fully integrate real-world examples of community projects into the curriculum to use as case studies and other activities. A third reason I wanted to re-design the curriculum is to build in more structured learning activities that foster student engagement. The course re-development was be done to develop content and activities to provide opportunities for students to compare, contrast, debate, analyze, and synthesize their experiences into a multi-dimensional understanding of the topics. The re-design was done to meet the knowledge and competencies required for accreditation.

Competencies established for the Master of Public Health program by the Council on Education for Public Health (the accrediting body) that have to be met by the course are:

### **SOCIAL AND BEHAVIORAL SCIENCES**

The social and behavioral sciences in public health address the behavioral, social and cultural factors related to individual and population health and health disparities over the life course. Research and practice in this area contributes to the development, administration and evaluation of programs and policies in public health and health services to promote and sustain healthy environments and healthy lives for individuals and populations.

**Competencies:** Upon graduation a student with an MPH should be able to...

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

The following had minor consideration as well:

### **COMMUNICATION AND INFORMATICS**

The ability to collect, manage and organize data to produce information and meaning that is exchanged by use of signs and symbols; to gather, process, and present information to different audiences in-person, through information technologies, or through media channels; and to strategically design the information and knowledge exchange process to achieve specific objectives.

### **DIVERSITY AND CULTURE**

The ability to interact with both diverse individuals and communities to produce or impact an intended public health outcome.

## **PROFESSIONALISM**

The ability to demonstrate ethical choices, values and professional practices implicit in public health decisions; consider the effect of choices on community stewardship, equity, social justice and accountability; and to commit to personal and institutional development.

## **PROGRAM PLANNING**

The ability to plan for the design, development, implementation, and evaluation of strategies to improve individual and community health.

## **SYSTEMS THINKING**

The ability to recognize system level properties that result from dynamic interactions among human and social systems and how they affect the relationships among individuals, groups, organizations, communities, and environments.

Objectives of the course re-design were to:

- realign course content with a new text and readings
- develop lectures utilizing the new technology including PowerPoint presentations, videos and other links on the interactive board
- develop interactive class activities for critical thinking and collaboration utilizing the new technology
- determine the assignments and projects that might be assigned and align with national accreditation standards and competencies
- develop student learning exercises including concept map, group reporting, group presentations, and case analyses
- develop pre and post exams, midterm and final exams as well as surveys for formative evaluation

How the Project was Implemented (including how it differed from original plan)

A new textbook was chosen. Additional readings, videos, and assignments were developed with consideration of accreditation and the competencies and knowledge students should develop as a result of the course. Ten students in the Master of Public Health graduate program and from the Master of Science in Health Services Administration graduate program enrolled in fall 2010.

Blackboard was used for the course to post the syllabus, information about additional readings, and other relevant information. In addition to the text several essential articles were included in the readings.

Assignments were developed to address required competencies. These included: 1) a census assignment to develop an understanding of demographics for the local population; 2) a county and state health assignment to develop an understanding of the health outcomes in local populations as well as the measures of health; 3) a global

health and human development assignment so students could understand how determinants of health are similar globally and to understand how the U.S. compares to other nations in health and development; and 4) a research paper and presentation (no longer than 10 minutes) to report a health problem (e.g. mental health, obesity, occupational health), the background concerning the issue, local community outcomes related to that problem, and how theory is crucial to plan a program to address the causes and outcomes. In-class activities addressed 1-3 above.

Class meetings were in a room with tables and chairs that could be rearranged. We met in a circle or U or other arrangement so that all students and instructor could see the other people and engage in collaborative learning.

We also used the computer lab to explore some concepts to enable students to help each other find materials and to collaborate.

There were lectures on key concepts but most of the class time was spent in discussion where students were also assigned portions of readings to lead the discussion. Videos provided a foundation for further discussion. We talked about strategies for leading discussions prior to student led discussion. Students used the computer lab during class for some work to allow them to collaborate and discuss the process and product. Two modules were included with online work instead of in class work with specified work due in the next class meeting. Students were directed to accomplish tasks to provide a foundation for all and to prepare them for the next class meeting.

A rubric was provided for the presentation to help students to prepare a professional presentation.

Essay midterm and final examinations were given in class.

Students were asked for feedback throughout the course. They were able to provide anonymous feedback as well.

I was not able to utilize the whiteboard and flip charts of Thunder as tech support could not get it to work in time. To compensate I incorporated more in class use of our computer lab so students could collaborate and develop a community of learning.

Due to some student issues I could not administer a post test but could tell from zero scores on the pre test that the post would reflect learning had taken place.

#### Results of the Project:

I got the course content developed and will continue to use the text.

I realized that Incoming graduate students require a mini tech course including

how to conduct research online; how to use online databases; and how to migrate online material to the laptop.

Overall I was happy with the results and the students reported that they liked the text, the in-class work, class format, and assignments in spite of being overwhelmed by being a new graduate student.

#### Additional Comments (Lessons Learned, Insights, Future Plans, etc.)

I will change the paper assignment that I developed to be a project where when students all contribute their information a demographic and health overview of San Bernardino results. They will be able to collaborate in terms of process but will have to develop their project while learning about their community and the course concepts.

I had 10 students last time and will have 15-20 this time so will see how it goes!

#### RESOURCES:

Unnatural Causes

[http://unnaturalcauses.org/interactivities\\_03.php](http://unnaturalcauses.org/interactivities_03.php)

The Equality Trust

<http://www.equalitytrust.org.uk/resources/slides>

Racial and ethnic approaches to community health.

<http://www.cdc.gov/reach/>

Community Toolbox – Bringing Solutions to Light

<http://ctb.ku.edu/en/default.aspx>

Grad school is different than undergrad

<http://gradschool.about.com/>

How to lead a class discussion

<http://apps.carleton.edu/curricular/history/study/leaddiscussion/>

Evaluating oral presentations

<http://www.ncsu.edu/midlink/rub.pres.html>

<http://www.uwstout.edu/soe/profdev/rubrics.cfm>

What is collaborative learning?

[learningcommons.evergreen.edu/pdf/collab.pdf](http://learningcommons.evergreen.edu/pdf/collab.pdf) (no http or www)

FOR THE SAKE OF THE REPORT THE FOLLOWING FORMAT IS USED BUT THE ONE FOR STUDENTS IS A PDF FILE.

## **HSCI 610 Social and Behavioral Influences on Public Health**

**Fall 2010**

Class Meeting Time: TR 6:00-7:50  
Classroom: PS 326  
Instructor: Dr. Marsha Greer, CHES  
Office: PS 213  
Office hours: T 2:45-4:45  
W 2:45-3:45 9/29, 10/6, 10/20, 10/27, 11/17  
R 5:00-6:00  
Office hours are not kept during finals week  
Email: [mgreer@csusb.edu](mailto:mgreer@csusb.edu)  
Web page: <http://health.csusb.edu/mgreer>  
Blackboard: <http://blackboard.csusb.edu>

### **COURSE DESCRIPTION:**

Social and behavioral determinants of health status, and identification and solution of public health problems including preventive care.

*"Learning is something one does, rather than something that is done to a person."  
"...effective learning must combine doing with thinking and expressing."  
Judith Boettcher*

### **OVERVIEW**

This course focuses on concepts in public health related to determinants of health; cultural, social, and political concepts of disease; prevention and health promotion; behavioral and social science; community-based interventions; and health policy.

A historical and philosophical approach will be taken with case examples drawn from major health problems in California and the United States.

### **PURPOSE**

The purpose is to: (a) provide fundamental knowledge and understanding of public health concepts, tools, and approaches; and (b) provide a critical examination of health and disease within social and health systems.

### **COURSE OBJECTIVES:**

At the completion of this course, the student will be able to:

- explain the aspects of health status of populations and the determination of health status
- describe measures used to assess morbidity, health status and mortality
- explain the conceptual relationships among host, agent, and environment
- differentiate between the major definitions of health promotion/disease prevention/health protection;
- discuss the web of causation

- identify current theories, principles, and practices regarding the acquisition and application of behaviors which influence health status
- describe social forces affecting health-promoting questions and decisions
- discuss contemporary modalities for health status appraisal and their implications for health systems
- use the internet for communication, research, learning
- explore society's current level of health status by identifying and making recommendations for the prevention, diagnosis, and treatment to major threats to health
- explain and promote community educational formats that are based on a getting/being healthy rather than tertiary, intervention models
- discuss the foundations of health promotion including the six dimensions of individual health
- discuss the current organization and function of community programs in health promotion
- explain the mission and core functions of public health and the importance of history for understanding contemporary public health issues;
- describe the importance of community level approaches to public health problems;
- explain the role of power, race, class, and gender in understanding health problems; and
- articulate a social determinants perspective on health, including an understanding of key questions of structure and agency; context and composition.

**STUDY 3 HOURS PER UNIT PER WEEK**—for this course that means **12 hours per week !!**

**THIS IS A WEB-ENHANCED COURSE THAT REQUIRES ACCESS TO A COMPUTER (COMPUTERS ON CAMPUS OR ELSEWHERE WILL WORK).**

**COURSE FORMAT:**

This course includes lecture, small group discussion, films, in class exercises, independent research, and case studies. It is expected that you will attend each class having read the assigned readings.

**REQUIRED READINGS:**

1. Coreil , J. Social & Behavioral Foundations of Public Health, Edition: 2nd

2. Paul and Elder. Miniature Guide to Critical Thinking

<http://www.directtextbook.com/prices/9781412957045>

3. Assigned Readings: found in Blackboard.

4. We will be using Blackboard at <http://blackboard.csusb.edu> **CHECK THAT AT LEAST ONCE A WEEK.** You will find required documents to supplement your text, other info concerning the course topics.

**RECOMMENDED READING:**

Publication Manual of the American Psychological Association, 2009. Sixth Edition.  
American Psychological Association.

**MPH COMPETENCIES, SKILLS, AND RESPONSIBILITIES:**

This course is designed to provide students with some of the knowledge and skills necessary to become a Certified Health Education Specialist (CHES). (see <http://www.sophe.org> and <http://www.nchec.org> )

Responsibilities and competencies for educators achieved through this course:

**RESPONSIBILITY 1: ASSESS INDIVIDUAL AND COMMUNITY NEEDS FOR HEALTH EDUCATION****Competency A: Access existing health-related data.**

Sub-competencies

1. Identify diverse health-related databases.
2. Utilize computerized sources of health-related information.

**Competency C: Distinguish between behaviors that foster or hinder well-being.**

Sub-competencies

1. Identify diverse factors that influence health behaviors.
2. Identify behaviors that tend to promote or compromise health.

**RESPONSIBILITY 6: SERVE AS A HEALTH EDUCATION RESOURCE PERSON****Competency A: Use health-related information resources.**

Sub-competencies

1. Match information needs with the appropriate retrieval systems.
2. Select a data system commensurate with program needs.
3. Determine the relevance of various computerized health information resources.
4. Access health information resources.
5. Employ electronic technology for retrieving references.

**RESPONSIBILITY 7: COMMUNICATE AND ADVOCATE FOR HEALTH AND HEALTH EDUCATION****Comp A: Analyze and respond to current and future needs in health education.**

Sub-competencies

1. Analyze factors (e.g., social, cultural, demographic, and political) that influence decision-makers.

**Healthcare competencies have been established and can be found at**

**<http://www.healthcareleadershipalliance.org>**

**WE WILL COVER THE FOLLOWING PLUS OTHERS...**

1. Data analysis including manipulation, understanding of, and ability to explain data
2. Global healthcare issues, trends and perspectives (e.g., aging population, insurance costs, malpractice crisis, etc)
3. Legislative issues and advocacy

4. Socioeconomic environment in which the organization functions

### **AUPHA Competencies for Health Administration**

1. Students must have an understanding of the interaction of health, environments, organizations, populations, and the health professions.
2. Determinants and measurement of health and disease
  - a. This area usually includes, but is not limited to, content in epidemiology and public health.
3. Health services organization and delivery
  - a. This area usually includes, but is not limited to, content covering the structure and function of health organizations, professions, and delivery systems across the continuum of care.
4. Communication skills (written and oral)
5. Quantitative skills
6. Critical thinking (ability to analyze problems)
7. An understanding of the societal context (historical, philosophical, social, economic, political, and scientific foundations)
8. Information Management & Technology

### **EVALUATION:**

**All assignments must be completed to pass this class.**

Grades will be assigned according to the following percentages based on total points earned:

<u>Percent</u>	<u>Grade</u>	<u>Percent</u>	<u>Grade</u>
94-100	A	74-76	C
90-93	A-	70-73	C-
87-89	B+	67-69	D+
84-86	B	64-66	D
80-83	B-	60-63	D-
77-79	C+	0-59	F

**PARTICIPATION:** You are expected to come to class and participate in group discussions and work. This is a participatory course and your participation is expected in order for you to learn the skills.

You are expected to attend all classes, arrive on time, and stay the entire class time.

If you do not understand assignments, readings, etc., it is your responsibility to inform me as soon as possible. Grades will not be changed due to lack of understanding of what is required for an assignment.

**DO NOT MAKE PLANS THAT WILL MAKE YOU MISS THE MANDATORY FINAL ON THAT SCHEDULED DATE.**

**Grad Computer Lab.** PS 222 for MPH and PS 322 for MSHSA. See Cindy Levin for paperwork and rules for use.

### **Students with Disabilities**

"If you are in need of an accommodation for a disability in order to participate in this class, please let me know ASAP and also contact Services to Students with Disabilities at UH-183, (909)537-5238."

**Policies on academic honesty will be strictly followed.** Students found to be engaging in plagiarism, cheating or other types of dishonesty will be dealt with in accordance with university policy. Some forms of academic dishonesty are grounds for dismissal from the University. It is considered cheating to turn in a paper that has been previously turned in to another professor for another course even if you wrote the paper. Representing the work or idea of another as your own is plagiarism.

### **Plagiarism and Cheating**

Plagiarism and cheating are violations of the Student Discipline Code and may be dealt with by both the instructor and the Judicial Affairs Officer. Procedures for addressing cheating and plagiarism are found below. Questions about academic dishonesty and the policy should be addressed to the Office of the Vice President, Student Services.

Plagiarism is the act of presenting the ideas and writing of another as one's own. Cheating is the act of obtaining or attempting to obtain credit for academic work through the use of any dishonest, deceptive, or fraudulent means.

Cheating includes but is not limited to:

- Copying, in part or in whole, from another's test, software, or other evaluation instrument;
- Submitting work previously graded in another course unless this has been approved by the course instructor or by departmental policy;
- Submitting work simultaneously presented in two courses, unless this has been approved by both course instructors or by the department policies of both departments;
- Using or consulting during an examination sources or materials not authorized by the instructor;
- Altering or interfering with grading or grading instructions;
- Sitting for an examination by a surrogate, or as a surrogate;
- Any other act committed by a student in the course of his or her academic work, which defrauds or misrepresents, including aiding or abetting in any of the actions defined above.

Plagiarism is academically dishonest and subjects the offending student to penalties up to and including expulsion. Students must make appropriate acknowledgements of the original source where material written or compiled by another is used.

### **ASSIGNMENTS:**

**Readings.** As you read, ask your self questions, look up terms you don't know, look up concepts you are not familiar with, look at the bibliography, keep in mind future

courses and thesis or residency. Be sure to study and not just read. Look in Blackboard for readings about successful graduate students.

**Class participation.** You are expected to contribute in class. Come having read so you can participate in discussions!

**All work should be “typed,” have** one inch margins, be double-spaced, in Arial 12 font.

I expect depth in all your work—evidence of research and thinking!! Dissect the information and data so you could explain with specifics to someone else what you found....know it! Compare it to other readings. You can use the letters and numbers to show your answers or just make sure it is evident that you answered each part of the assignments.

**Late work will be docked five points per class meeting day;** work should be **turned in during class TIME** Not put under instructor's door or in mailbox, Not emailed, not FAXED !!

To earn full points, directions must be followed, answers must include depth and breadth and specificity as required; work must be turned in on time; answers must be complete and represent the assignment. Spelling, grammar, organization, and transitions matter! Use APA format!

## 1. Demographics Research

This takes time and "research" tempered with patience!

### A. What are the demographics of San Bernardino county?

Go to <http://www.census.gov> then select American Factfinder. Select Data Sets. Read about SF 1, 2, 3, and 4. You will be using the SF 1 and 3 and their **Detailed Tables** links.

Determine which SF (1 or 3) to use. Click on Detailed Tables for that SF.

Select **county** for geographic type; California as state; add San Bernardino county; go to the next screen; Select:

- Race
- Hispanic Or Latino By Race
- Sex By Age
- Sex By Educational Attainment For The Population 25 Years And Over
- Sex By Employment Status For The Population 16 Years And Over
- Household Income In 1999
- Median Household Income In 1999
- Family Income In 1999
- Median Family Income In 1999
- Per Capita Income In 1999

- Poverty Status In 1999 By Age

You can print or download the data (if you download the file will be an excel file). Do that and then print it.

TO HAND IN: Compare data by age, gender, and race/ethnicity. What do you notice as you compare? What questions come to mind about differences in the data when disaggregated in this manner? Write what you have found along with any other observations about the process or the data.

**Bring the print out to class.**

**B. What are census tracts and why does it matter in measuring population health?**

Go back from the county data and for the level select **census tract** for California and San Bernardino county and then tract number 76.01 then add it. Find the family income for 1999 for this tract.

TO HAND IN: How does this compare to what you found above? Why is looking at census tracts important to understanding the "big picture"? Write this up to hand in.

Save this data to include in the print out and what you hand in.

**C. Go back and instead of adding the tract, map it.** Right click on the map and save as to download it.

Use the download button to save this info to your computer for easier printing and study.

D. Go to <http://www.census.gov/hhes/www/poverty/threshld/thresh07.html> and save the poverty info. Print that out to use this quarter. To understand the thresholds go to <http://aspe.hhs.gov/poverty/08Poverty.shtml>

TO HAND IN: What did you learn from this CENSUS-BASED exercise? Write this to hand in.

TO HAND IN: One final writing: What did you learn about the populations in this county? What surprised you? How does this relate to the readings?

**DUE THURSDAY SEP 30**

**30 points**

**2 San Bernardino County Health Status.**

A. Go to <http://www.co.san-bernardino.ca.us/pubhlth/> and then link to the reports and pubs. .

Locate the morbidity report for Dec 2008 and print that out. What are the most common causes of illness in the county for the reporting period in this report? When the data is disaggregated by age and race/ethnicity what do you see and what questions do you have about the prevalence of the diseases? There are disparities in health indicators by race and by age. Think about the reasons for those disparities. What are some of those reasons?? **Write that up to hand in.**

B. Next go to California County Health Status Profiles and get the 2007 report.

Look at infant mortality and coronary heart disease. How does San Bernardino compare with other counties in infant mortality? What is the age adjusted death rate due to coronary heart disease in SB county? How does that compare to California rates and to the HP 2010 national objective? Compare and contrast; do not merely state the data. As a public health professional, what questions would you ask if you were tasked to determine programs to improve health for county residents? **Write that up to hand in.**

C. **Take a look at this for future use in relation to HP 2010 (notice the categories of indicators):** <http://www.healthysanbernardinocounty.org/>  
WRITE UP WHAT YOU LEARNED BY LOOKING AT THE INFORMATION AT THE SITE.

**Write ups DUE OCT 5 20 PTS**

### 3. Global Health and Human Development

A. Go to <http://hdr.undp.org/en/reports/global/hdr2007-2008/chapters/> also download the Technical Notes so you can understand the measures.

**Answer each of the following briefly** (a few statements of what the data means). Type up for each to hand in. No need to list the data.

1. On table one, where does the US rank? What is our life expectancy and how does that compare to other nations? How do we compare in GDP per capita?

2. On table 4, look at the population below the income poverty line. Look especially at the \$11 per day and the \$4 per day nations. How does that impact health of a population?

3. On table 5, how does the trend in population over 65 across the world? How will that impact population health? Personal health? What do you see in fertility rates between 1970-75 and 2000-05 around the world? Why does that matter?

4. On table 6, look at health expenditures. How does the US compare to other nations in how much we spend per person (per capita) and the percent of public and private money % of GDP we spend on health. How are we doing in relation to how much we spend and the indicators of health in our population?

5. Look at table 10 and infant mortality rates, life expectancy, differences between females and males, and the maternal mortality rates. How does the US compare? Go back and look at the amount spent on health and compare and contrast to the health indicators. What is the relationship between infant mortality rates and expenditure on health? What do gender differences along with maternal mortality rates reflect about our nation?

6. Check table 13 and notice how we compare in cellular subscribers. How do you interpret those rates?

7. Table 14 shows our economic standing. GDP per capita is one indicator of economic status. How is that reflected in health indicators? Why?

8. On table 15 check out the inequality measures and the Gini Index. How are we doing?

9. Table 17 shows our expenditures of public money on health, education, and military. Does this add anything to your understanding of the health of our population? Explain.

10. Check table 27 and how we rank. What did you learn?

11. What does table 28 show? How are we doing? What is the impact on health of the population? Of individuals?

12. Notice the vast differences in the data for the high, middle, and low income nations.

B. In a final paragraph, pull all the above together and include what you learned, what questions you still have...your own thinking! Use generalities as opposed to stating all the stats. Categorize, compare and contrast, evaluate, synthesize. You should use some data to highlight your point but it should not just be a restatement of all the data.

Type the above discussions up. Bring the print outs of each of the 11 tables above (showing the USA) to class. **DUE OCT 14 40 PTS**

#### **4. Modules:**

Directions will be given in class and will be available in Blackboard. Work must be completed as assigned meeting deadlines to get credit. These will involve linking to sites, writing, evaluating, and synthesizing of information.

**5. Exams:** There will be two non-cumulative exams for this class. **Multiple choice and essay.**

EXAMPLES OF QUESTIONS:

2) In a broad sense, apply a *stages of change framework* to a health communications campaign in which the goal is to reduce the risk for (and incidence of) certain types of cancer in a rural community where those cancers are known to be associated with exposure to mercury. One key source of exposure is eating popular locally-caught fish that have high concentrations of mercury from upstream factory pollution.

6) Why does the culture of the “receiver” matter when you encode a message?

ANSWER: Culture guides the way people interpret information. If you want those who receive a message to understand it as you intend, you need to know something about the cultural “filters” that will guide their interpretation, and to take those into account when developing the message.

**6. Class Project:** Each student will apply social and behavioral theory to a contemporary public health problem, write, and present a report (no longer than 15 minutes) to the class (about 5 pages double-spaced, with 4-5 references cited and listed at end under “References”). We will draw for order of presentation.

**DUE OCT 5:** You will need to select a specific topic and submit that research question in class on **Oct 5<sup>th</sup>**. You will orally present this in class so we can be sure there is not duplication of topics.

VI. SPECIAL TOPICS

- 17. Childhood Overweight & Obesity
- 18. Mental Health and Illness
- 19. Prevention of Unintentional Injuries
- 20. Violence and Public Health
- 21. Occupational Health

**DUE NOV 2:** Outline and reference list is due on **Nov. 2<sup>nd</sup>**.

The report is to follow this format:

**A. Health problem and background:** Select a health priority area from special topics (Coreil text, chapters 17-21) and summarize recent national health research in that area.

**B. Community epidemiology:** Describe the general health and social needs of a local community population.

**C. Application of theory:** Describe how social and behavioral theory can be applied to understand and address the major environmental, social, cultural, occupational, and individual factors that affect health in this group.

**TENTATIVE CALENDAR—This may change if necessary.**

<b>DATE</b>	<b>READINGS – Chapters in text and articles</b>	<b>COMMENTS</b>
SEP 23		Intro, and orientation
SEP 28	I. INTRODUCTION AND OVERVIEW 1. Why Study Social and Behavioral Factors in Health? - Metzler article in Bb - A day in the life article found in Bb	
SEP 30	2. Historical Perspectives on Population and Disease	CENSUS DUE
OCT 5	3. Social Epidemiology - Thacker article found in Bb	HEALTH DATA DUE Research question due
OCT 7	II. THEORETICAL FOUNDATIONS 4. Behavioral and Social Science Theory - Check Theories folder in Bb - Read Debarr article in Bb	MODULE no class meeting
OCT 12	5. Health and Illness Behavior	
OCT 14	6. The Social Environment and Health - Review Frumkin article in Bb	UNDP DUE
OCT 19	III. SOCIOCULTURAL CONTEXT OF HEALTH 7. Social Reactions to Disease	
OCT 21	8. Comparative Health Cultures	
OCT 26	9. Health Disparities, Diversity, and Cultural Competence - Review Metzler article from Bb	
OCT 28	MIDTERM EXAM	
NOV 2	IV. SPECIAL POPULATIONS THROUGH THE LIFE CYCLE 10. Reproductive Health	Paper outline due
NOV 4	11. Adolescent Health	
NOV 9	12. Aging and Public Health	MODULE no class meeting
NOV 11	V. INTERVENTION, METHODS, AND PRACTICE 13. Planning Health Promotion and Disease Prevention Programs 14. Community-Based Approaches to Health Promotion - Wallerstein article in Bb	CAMPUS CLOSED MODULE
NOV 16	15. Social Marketing in Public Health - Peck article in Bb - Bellows article in Bb	

NOV 18	16. Approaches to Policy and Advocacy -Frumkin article in Bb - Woolf article in Bb - Fielding article in Bb	
NOV 23	22. Afterword: New Directions Environmental Health	
NOV 25	CAMPUS CLOSED	No class meeting
NOV 30		Student presentations
DEC 2		Student presentations
DEC 7	FINAL EXAM	

Circle the LETTER to indicate your answer:

1. On average, which of the following is the best predictor of one's health?
  - A. whether or not you smoke
  - B. what you eat
  - C. whether or not you are wealthy
  - D. whether or not you have health insurance
  - E. how often you exercise
  
2. Which is not a traditional measure of public health?
  - A. morbidity rate
  - B. crude rate
  - C. social capitoll
  - D. life expectancy
  
3. The factors out of individual control that lead to health or illness refers to
  - a. health inequity
  - b. health disparity
  - c. social determinants
  - d. logic model
  
4. The gap between the health of one population and another refers to the
  - a. health inequity
  - b. health disparity
  - c. social determinant
  - d. logic model
  
5. The hallmark of CBPR is:
  - a. quantitative research design
  - b. collaboration with community
  - c. epidemiological design
  - d. a problem to be solved
  - e. b and d
  
6. What is a limitation of the Case Study Method?
  - a. Difficult to study behavior or phenomenon without influencing it
  - b. Results may not be representative of a general group or population
  - c. Must be used in a highly controlled setting
  - d. Can take a great amount of time
  
7. The *ecological perspective* recognizes multiple levels of intervention including all of the following except:
  - a. interpersonal
  - b. environmental
  - c. institutional
  - d. interracial

8. According to the Theory of Reasoned Action,
  - a. attitude is the person's history with the behavior
  - b. intention is an indication of a person's readiness to perform a behavior
  - c. subjective norm is the belief that the person can accomplish the change
  - d. belief is knowing that the health promoter will be able to make the change for the client
  
9. Which rate would be the most appropriate to use when evaluating the impact of a disease or an unintended injury upon society?
  - a. mortality rate
  - b. infant mortality rate
  - c. Years of Potential Life Lost [YPLL]
  - d. Health-Related Quality of Life [HRQOL]
  - e. Disability-Adjusted Life Years [DALY]
  
10. Epidemiology is
  - a. a method of applying primary, secondary, and tertiary prevention in a community setting.
  - b. concerned primarily with the empowerment of individuals in the of care their own health.
  - c. the study of the distribution and determinants of diseases.
  - d. concerned only with life expectancy of humans.
  - e. the study of disease prevention
  
11. Empowerment is the skill used
  - a. to influence policy development
  - b. by citizens to become self-sustaining
  - c. by researchers training for survey research
  - d. in technical assistance in community based participatory research
  - e. b and d
  
12. Attempting to provoke change within society using tools such as educational activities, coalition building, lobbying and media communication is:
  - a. Consumer-driven health care
  - b. Cultural competence
  - c. Health literacy
  - d. Advocacy
  
13. Which of the following is not a stakeholder?
  - a. program planner
  - b. administrator
  - c. evaluator
  - d. representatives from the funding source
  
14. The four P's of marketing are:
  - a. product, price, priority, principle
  - b. principle, place, product, promotion
  - c. promotion, product, price, place
  - d. place, promotion, price, priority
  
15. List the traditional measures used to determine SES?
  
  
16. List four of the social determinants of health?

## HSCI 610 FINAL EXAM

Answers must be in sufficient depth to demonstrate you understand and that as a graduate student you can analyze, integrate, and synthesize information. Superficial answers will not work for this.

1. Define community based participatory research. 4 pts

Give two examples of activities that might be included in CBPR. 4 pts

2. What does “evidence based” practice mean as it pertains to health education and or health care? 4 pts

How does that practice impact the health of a population where an educator or health care manager practices? 5 pts

3. List the 7 P’s in social marketing and explain each one by using an example. 7 pts

4. For each of the levels in the model below, list two determinants. For the outermost layer you should list 2 for each or 6 determinants. The center is for individual level or micro or downstream determinants. The outer three levels are social determinants or macro or upstream determinants. Be sure to succinctly list and explain the determinants. 12 pts

