

University of Florida
College of Public Health and Health Professions
Fall 2013

Course: PHC 6447
Ecology of HIV/AIDS in the Rural South (3 credits)

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Office Hours: There will be two 1-hour online office hours available each week with the online instructor. Office hours are Tuesdays 10 am – 11 am and Thursdays 2 pm – 3 pm. To communicate with the instructor, click on the chat room link in Sakai and enter your message.

Online Administrator: Mark Hart, Ed.D. kramtrah@php.ufl.edu

Contacts: Dr. Curbow, Dr. Noel-Thomas, (instructor) and Dr. Hart can be reached via the E-Learning dedicated e-mail service. To send an email, click on the “Mail” tool, “Create Message”, “Browse for Recipients” (the instructor and the online administrator can all be reached simultaneously via the “All Section Instructors” selection).

Course site: <http://lss.at.ufl.edu>

Course Overview: The causal factors, responses, and outcomes associated with HIV/AIDS in the rural south are complex and steeped within a culture that poses unique

barriers to both prevention and the provision of services. The overall goal of this course is to use an ecological framework to explore and understand multilevel factors associated with (1) risk and protective behaviors; (2) testing and disclosure of HIV status; (3) availability and sources of social support; (4) need for and use of medical, psychological, and social services; and (5) the development and use of culturally appropriate interventions. Through the use of lectures, discussions, guest interviews, and a site visit, students will strengthen key MPH Core Competencies in the Social and Behavioral Science core and in the Cross-cutting themes (see Table 2). The course will be divided into 5 sections as described later in this syllabus.

Course Objectives: By the completion of this course students should be able to:

1. Understand the ecological factors associated with HIV/AIDS prevention and management in the rural south.
2. Discuss the psychosocial and cultural factors associated with HIV/AIDS prevention and management in the rural south.
3. Demonstrate an understanding of HIV/AIDS health disparities in the rural south and the ecological factors associated with these disparities.
4. Understand HIV risk factors associated with special populations in the rural south.
5. Identify evidence-based approaches to address HIV/AIDS prevention and management issues in the rural south within an ecological framework.
6. Identify organizational and community resources and deficits for HIV/AIDS interventions in the rural south.

Course Assignments: There are 3 types of assignments for the course, for a total of **350 points**. In-depth instructions for each assignment will be provided in the “assignments” file on the course website. Students also have the opportunity to earn up to **10 bonus points** to supplement their grades (see details below).

1. Reflective Writing Papers - (4 papers, 50 points each; total 200 points)

For each of the 5 modules, students will write a reflection paper that integrates what they have learned from the lectures, readings, and peer discussions. Topics will be provided at least two weeks in advance. Each paper will be a minimum of 800 words. Detailed instructions for reflection papers are outlined on the Sakai site.

2. Discussion Posts (4 posts, 10 points each; total 40 points)

The exchange of ideas between colleagues is a key aspect of graduate learning and is a required activity in this course. For each of the 4 modules, students will post a response to a discussion topic posed by the instructors. To earn full points, students must also respond to the post of at least one classmate. Both your main discussion post and your response to your classmate must be posted by the due dates indicated on your syllabus. To count as meaningful participation, responses need to be thoughtful;

that is they must refer to the week's readings, relevant issues in the news; information from other sources and ideas expressed in the postings of your classmates. Each post must be a minimum of 50 words.

BOOK DISCUSSION (10 points): The fifth discussion for the semester will be a book discussion conducted in the online format. In order to fully participate in this discussion, please be sure that you follow the technological requirements for this course (see below). You will also need to schedule a time with Dr. Hart to check that your equipment is compatible with Adobe Connect. All students will read the assigned course text, *Ashamed to Die: Silence, Denial, and the AIDS Epidemic in the South*. You will participate in an online book discussion between 11/4-11/10, and will have an opportunity to sign-up for a discussion time that fits your schedule.

3. Grant Proposal - (100 points)

Students will imagine they are the Executive Director of a community-based organization (CBO). Students will submit a grant proposal in response to a funding opportunity announcement posted under the Course Documents tab on the course website. In the grant proposal, students will select one of the problems faced by people living with HIV/AIDS in the rural south and propose an intervention to address the problem. Students are expected to follow the guidelines outlined in the FOA. The proposal should utilize class readings, lectures, and other academic/research sources (at least **10** sources are required). Students should begin working on this assignment as soon as possible and develop the proposal throughout the semester.

BONUS POINTS (10 points): Students will select one article from the list of assigned journal articles. Using the Romig Criteria for Evaluating Research, students will write a 2-page critique (double-spaced) of an article of their choosing. The Romig Criteria for Evaluating Research can be found under Course Documents on the course website.

Assignments and Grade Components:

All assignments are open for early submission before the due date. If you need an extension, you must contact the instructor and online administrator in advance.

Table 1
Assignments and Grade Components

Assignment Title	Due date	Points	Notes
Discussion Post # 1 – The AIDS Epidemic in the Rural South	9/8	10	For full credit you are required to post a main discussion and a response to at least one other post on the discussion board.
Reflection Paper # 1 –	9/15	50	See detailed instructions on the Sakai site.

Endgame Video			
Discussion Post # 2 – There’s an App for that!	9/29	10	For full credit you are required to post a main discussion and a response to at least one other post on the discussion board.
Reflection Paper # 2 - - Letter of Intent	10/6	50	See detailed instructions on the Sakai site.
Discussion Post # 3 – HIV Disclosure	10/20	10	For full credit you are required to post a main discussion and a response to at least one other post on the discussion board.
Reflection Paper # 3 - mHealth	10/27	50	See detailed instructions on the Sakai site.
Discussion Post # 4 – Effective Behavioral Interventions	11/3	10	For full credit you are required to post a main discussion and a response to at least one other post on the discussion board.
Book Discussion	11/4-11/10	10	You will have an opportunity to sign up for a date for the book discussion.
Reflection Paper # 4 – “Philadelphia”	12/1	50	See detailed instructions on the Sakai site.
Grant Proposal	12/9	100	See the Funding Opportunity Announcement (FOA) for detailed guidelines. FOA is posted under Course Documents.

Grading Scale: The course is comprised of 350-points, with each assignment worth the level of points noted above.

If you need technical help in this course check out the files in the “How Do I Do This?” folder on the home page of this course. If you don’t find the topic you are looking for, send an email request to “All Instructors” in the course mail system.

The final grade will be computed on the basis of the following assessments:

A	(93-100%)	C	(73-77%)
A-	(90-92%)	C-	(70-72%)
B+	(88-89%)	D+	(68-69%)
B	(83-87%)	D	(63-67%)
B-	(80-82%)	D-	(60-62%)
C+	(78-79%)	E	(<60%)

Letter	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	E	WF	I	NG	S-U
Grade																
Grade	4.0	3.67	3.33	3.0	2.67	2.33	2.0	1.67	1.33	1.0	0.67	0.0	0.0	0.0	0.0	0.0
Points																

For greater detail on the meaning of letter grades and university policies related to them, see the Registrar's Grade Policy regulations at:

<http://gradcatalog.ufl.edu/content.php?catoid=2&navoid=762#grades>

Academic Integrity: Each student is bound by the academic honesty guidelines of the University that state: "The students of the University of Florida recognize that academic honesty at the university commit to holding themselves and their peers to the high standard of honor required by the honor code. Any individual who becomes aware of a violation of the honor code is bound by honor to take corrective action. The quality of a University of Florida education is dependent upon community acceptance and enforcement of the honor code."

And, each student, upon submission of an assignment, implies the pledge: "On my honor, I have neither given nor received unauthorized aid in doing this assignment."

Cheating, lying, misrepresentation or plagiarism in any form is unacceptable and inexcusable behavior. Plagiarism is especially damaging in an online learning environment and will be dealt with in an official way according to University of Florida regulations. Incidents will be reported directly to the Office of Student Conduct and Conflict Resolution and a formal procedure will be started in each and every case. There will be no informal incident resolution between student and instructor. Should you have any doubts on whether something constitutes plagiarism, consult the many available resources on the topic, starting with <http://web.uflib.ufl.edu/msl/subjects/Physics/StudentPlagiarism.html>, or contact the instructor in advance.

Before you submit an assignment, you will have the opportunity to check it for unintentional plagiarism using Turnitin®, the same software that instructors will use to check your work. You are encouraged to take advantage of this option. Follow the link 'Check your work before submission' on the course home page. Remember to actually submit the final version of your work after checking it in the assignment tool. It may take 30 minutes or more for a report to be generated, in some cases, so plan accordingly.

Late assignments: Assignments turned in up to 24 hours late will be discounted 5% of the grade they would otherwise receive. Assignments turned in more than 24 hours late will be discounted at an additional 5% per day, unless arrangements have been made in advance with the instructor. *Please note:* assignments turned in at 11:55:01PM are LATE, the computer counts on-time submission up to 11:55:00PM, so do not wait until 11:54 or later to submit an assignment unless you understand that your assignment may be marked late. It is the responsibility of students to open your submission and verify not only that an assignment was submitted, but that an attachment was made and was the correct attachment.

Missed Assignments: Missed assignments and discussion posts will contribute zero points toward your final grade.

Special Circumstances: In the event of exceptional situations that may interfere with your ability to perform an assignment or meet a deadline, contact the instructor as soon in advance of the deadline as possible. Such special cases will be dealt on an individual basis, provided you have sufficient documentation.

Students with Disabilities: Students with disabilities will be accommodated. Students must follow the written University procedure: "Students requesting classroom [or other] accommodation must first register with the Dean of Students Office. The Dean of Students Office will provide documentation to the student who must then provide this documentation to the Instructor when requesting accommodation."

Counseling and Student Health: Students may occasionally have personal issues that arise in the course of pursuing higher education or that may interfere with their academic performance. If you find yourself facing problems affecting your coursework, you are encouraged to talk with an instructor and to seek confidential assistance at the UF Counseling & Wellness Center, 352-392-1575. Visit their web site for more information: <http://www.counseling.ufl.edu/>.

The Student Health Care Center at Shands is a satellite clinic of the main Student Health Care Center located on Fletcher Drive on campus. Student Health at Shands offers a variety of clinical services, including primary care, women's health care, immunizations, mental health care, and pharmacy services. The clinic is located on the second floor of the Dental Tower in the Health Science Center. For more information, contact the clinic at 392-0627 or check out the web site at: www.health.ufl.edu/shcc

Crisis intervention is always available 24/7 from:

Alachua County Crisis Center:

(352) 264-6789

<http://www.alachuacounty.us/DEPTS/CSS/CRISISCENTER/Pages/CrisisCenter.aspx>

BUT – Do not wait until you reach a crisis to come in and talk with us. We have helped many students through stressful situations impacting their academic performance. You are not alone so do not be afraid to ask for assistance.

Readings and Materials: Students are expected to complete all reading assignments prior to viewing a lecture.

Technological Requirements: Everyone must have access to a webcam or video camera. Inexpensive web cameras can be purchased at any media or discount store, or online. Mac users will also need to purchase an external microphone in order to participate in the live book discussion.

1. Course Textbooks:

Skerritt, A.J. (2011). *Ashamed to Die: Silence, Denial, and the AIDS Epidemic in the South*. Chicago, IL: Chicago Review Press.

2. Journal articles: The following articles, in order of use, all are available via the UF Internet Library or at the course website under “Resources” and in the weekly modules where they are assigned.

Phillips, CD & McLeroy, KR (2004). Health in Rural America: Remembering the Importance of Place. *American Journal of Public Health, 94* (10), 1661-1663.

Probst, JC, Bellinger, JD, Walsemann, KM, Hardin, J & Glover, SH. (2011). Higher risk of death in rural Blacks and Whites than urbanites is related to lower incomes, education, and health coverage. *Health Affairs, 30*(10), 1872-1879.

Burton, LM, Lichter, DT, Baker, RS, & Eason, JM. (2013). Inequality, family processes and health in the “new” rural America. *American Behavioral Scientist*. Available online at <http://abs.sagepub.com/content/early/2013/05/13/0002764213487348>

DiClemente, RJ, Salazar, LF, Crosby, RA & Rosenthal, SL. (2005). Prevention and control of sexually transmitted infections among adolescents: the importance of a socio-ecological perspective – a commentary. *Public Health, 119*(9), 825-836.

Sumartojo, E. (2000). Structural factors in HIV prevention: concepts, examples, and implications for research. *AIDS, 14*, S3-S10.

Center for Disease Control and Prevention. (2010). Establishing a holistic framework to reduce inequities in HIV, viral hepatitis, STD, and tuberculosis in the United States. [Online: <http://www.cdc.gov/socialdeterminants/docs/SDH-White-Paper-2010.pdf>]

Latkin, C., Weeks, MR., Glasman, L., Galletly, C., Albarracin, D. (2010). A dynamic social systems model for considering structural factors in HIV prevention and detection. *AIDS Behavior*, 14, S222-238.

Reif, S, Geonnotti, KL & Whetten, K (2006). HIV infection and AIDS in the Deep South. *AJPH*, 96, 970-973.

Rhodes, SD et al. (2010). Latino men who have sex with men and HIV in the rural south-eastern USA: Findings from ethnographic in-depth interviews. *Culture, Health, & Sexuality*, 12, 797-812.

Rhodes, SD et al. (2010). Boys must be men, and men must have sex with women: A qualitative CBPR study to explore sexual risk among African American, Latino, and White gay men and MSM. *American Journal of Men's Health*, 5(2), 140-151.

Operario, D, Smith, CD, Kegeles, S. (2008). Social and psychological context for HIV risk in non-gay-identified African American men who have sex with men. *AIDS Education and Prevention*, 20(4), 347-359.

Foster, PP & Gaskins, SW (2009). Older African American's management of HIV/AIDS stigma. *AIDS Care*, 21, 1306-1312.

Phillips, KD, Moneyham, L, Thomas, SP, Gunther, M & Vyavaharkar, M. (2011). Social context of rural women with HIV/AIDS. *Issues in Mental Health Nursing*, 32(6), 374-381.

Cene, CW et al. (2011). Understanding social capital and HIV risk in rural African American communities. *Journal of General Internal Medicine*, 26(7), 737-744.

Rhodes, SD et al. (2010). HIV and sexually transmitted disease risk among male Hispanic/Latino migrant farmworkers in the Southeast: Findings from a pilot CBPR study. *Am J Industrial Medicine*, 53, 976-983.

Bowden, WP, Rhodes, SD, Wilkin, AM & Jolly, CP. (2006). Sociocultural determinants of HIV/AIDS risk and service use among immigrant Latinos in North Carolina. *Hispanic Journal of Behavioral Sciences*, 28(4), 546-562.

Painter, TM. (2008). Connecting the dots: When the risks of HIV/STD infection appear high but the burden of infection was not known – the case of male Latino migrants in the southern United States. *AIDS Behav*, 12, 213-226.

Weis, KE et al. (2010). Associations of rural residence with timing of HIV diagnosis and stage of disease at diagnosis. *The Journal of Rural Health*, 26, 105-112.

Sutton, M, Anthony, MN, Vila, C, McLellan-Lemal, E & Weidle, PJ. (2010). HIV testing and HIV/AIDS treatment services in rural counties in 10 southern states: Service provider perspectives. *The Journal of Rural Health*, 240-247.

Vyavaharkar, M et al. (2011). HIV-disclosure, social support, and depression among HIV-infected African American women living in the rural southeastern United States. *AIDS Education and Prevention*, 23, 78-90.

Gaskins, S, Payne Foster, P, Sowell, R, Lewis, T, & Parton, J. (2011). Reasons for HIV disclosure and non-disclosure: An exploratory study of rural African American men. *Issues in Mental Health Nursing*, 32(6), 367-373.

Krawczyk, CS, Funkhouser, E, Kilby, JM, & Vermund, SH (2006). Delayed access to HIV diagnosis and care: special concerns for the Southern United States. *AIDS Care*, 18(suppl1), 35-44.

Corbie-Smith, G et al. (2011). Project GRACE: A staged approach to development of a community-academic partnership to address HIV in rural African American communities. *Health Promotion Practice*, 12(2), 293-302.

Rhodes, SD et al. (2009). Outcomes from a community-based, participatory lay health adviser HIV/STD prevention intervention for recently arrived immigrant Latino men in rural North Carolina. *AIDS Education and Prevention*, 21(Suppl B), 103-108.]

The HIV Modeling Consortium Treatment as Prevention Editorial Writing Group (2012). HIV treatment as prevention: Models, data, and questions – towards evidence-based decision-making. *PLoS Med*, 9(7): e1001259. Doi:10.1371/journal.pmed.1001259.

Wu, E., El-Bassel, N., McVinney, L.D., Fontaine, Y.M. & Hess, L. (2010). Adaptation of couple-based HIV intervention for methamphetamine-involved African American men who have sex with men. *The Open AIDS Journal*, 4, 123-131.

Garofalo, R., Johnson, AK., Kuhns, LM., Cotton, C., Joseph, H. & Margolis, A. (2012). Life skills: evaluation of a theory-driven behavioral HIV prevention intervention for young transgender women. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 89(3), 419-431.

Hergenrath, KC, Rhodes, SD, Clark, G. (2006). Windows to work: Exploring employment-seeking behaviors of persons with HIV/AIDS through photovoice. *AIDS Education and Prevention*, 18(3), 243-258.

Maguire, CP, McNally, CJ, Britton, PJ, Werth, JL & Borges, NJ. (2008). Challenges of work: Voices of persons with HIV disease. *The Counseling Psychologist*, 46(1), 42-89.

Martin, DJ, Chernoff, RA, Buitron, M, Comulada, WS, Liang, LJ, & Wong, FL. (2012). Helping people with HIV/AIDS return to work: A randomized clinical trial. *Rehabilitation Psychology*, 57(4), 280-289.

Pence, BW et al. (2006). Prevalence of DSM-IV defined mood, anxiety, and substance use disorders in an HIV clinic in the southeastern United States. *Journal of Acquired Immune Deficiency Syndrome*, 42, 298-306.

Pence, BW. (2009). The impact of mental health and traumatic life experiences on antiretroviral treatment outcomes for people living with HIV/AIDS. *Journal of Antimicrobial Chemotherapy*, 63, 636-640.

Whetten, K et al. (2006). Improving health outcomes among individuals with HIV, mental illness, and substance use disorders in the southeast. *AIDS Care*, 18S, S18-S26.

Stewart, KE et al. (2011). Social services utilization and need among a community sample of persons living with HIV in the rural south. *AIDS Care*, 23, 340-347.

Vyavaharkar, MV, Moneyham, L & Corwin, S (2008). Health care utilization: the experiences of rural HIV-positive African American women. *J Health Care Poor Underserved*, 19(1), 294-306.

Akers, AY et al., (2010). Views of young, rural African Americans of the role of community social institutions' in HIV prevention. *J Health Care Poor Underserved*, 21 (2 Suppl), 1-12. Doi:10.1353/hpu.0.0280.

Table 2. Course Outline

Week	Date	Topics, Readings, and Assignments
<p>Section 1: Why is the rural south different? In this section we focus on applying the ecological framework to understand why the rural south is different from other areas (nationally and internationally) as it relates to causal factors for HIV.</p>		
1	8/21-8/25	<p>Topic: (1) Picture of the Deep South (2) The Ecological Perspective</p> <p>Readings:</p> <p>(1) Phillips, CD & McLeroy, KR (2004). Health in Rural America: Remembering the Importance of Place. <i>American Journal of Public Health, 94 (10)</i>, 1661-1663.</p> <p>(2) Probst, JC, Bellinger, JD, Walsemann, KM, Hardin, J & Glover, SH. (2011). Higher risk of death in rural Blacks and Whites than urbanites is related to lower incomes, education, and health coverage. <i>Health Affairs, 30(10)</i>, 1872-1879.</p> <p>(3) Burton, LM, Lichter, DT, Baker, RS, & Eason, JM. (2013). Inequality, family processes and health in the “new” rural America. <i>American Behavioral Scientist</i>, published online, http://abs.sagepub.com/content/early/2013/05/13/0002764213487348</p>
2	8/26-9/1	<p>Topic: (1) Ecological Perspective of Health and HIV/AIDS</p> <p>Readings:</p> <p>(1) DiClemente, RJ, Salazar, LF, Crosby, RA & Rosenthal, SL. (2005). Prevention and control of sexually transmitted infections among adolescents: the importance of a socio-ecological perspective – a commentary. <i>Public Health, 119(9)</i>, 825-836.</p> <p>(2) Sumartojo, E. (2000). Structural factors in HIV prevention: concepts, examples, and implications for research. <i>AIDS, 14</i>, S3-S10.</p> <p>(3) Latkin, C., Weeks, MR., Glasman, L., Galletly, C., Albarracin, D. (2010). A dynamic social systems model for considering structural factors in HIV prevention and detection. <i>AIDS Behavior, 14</i>, S222-238.</p> <p>(4) Center for Disease Control and Prevention. (2010). Establishing a holistic framework to reduce inequities in HIV, viral hepatitis, STD, and tuberculosis in the United States. [Online: http://www.cdc.gov/socialdeterminants/docs/SDH-White-Paper-2010.pdf]</p>
3	9/2-9/8	<p>Topic: (1) Ecological Perspective of HIV/AIDS in the Rural South</p> <p>Readings:</p>

		<p>(1) Reif, S, Geonnotti, KL & Whetten, K (2006). HIV infection and AIDS in the Deep South. <i>AJPH</i>, 96, 970-973.</p> <p>(2) Skerritt, A.J. (2011). <i>Ashamed to Die: Silence, Denial, and the AIDS Epidemic in the South</i>. Chicago, IL: Chicago Review Press. Chapters 1-3.</p> <p>(3) UNC-TV. (2006). <i>The New Age of HIV/AIDS Part 5</i>. [Podcast]. Available from http://www.podcast.tv/video-episodes/the-new-age-of-hiv-aids-part-5-3629477.html</p> <p>Assignment: Discussion Post #1 by 9/8 at 11:55 pm</p>
<p>Section 2: Segments of the Population. While African American men make up a large percentage of the cases of HIV/AIDS in the rural south, rates among African American women are increasing rapidly and other groups either continue to be at risk (e.g., men who have sex with men) or are emerging risk groups (e.g., immigrants and migrant workers). In this section, the focus will be on understanding risk factors associated with varying segments of the rural south population.</p>		
4	9/9-9/15	<p>Topic: Men Who Have Sex with Men, HIV/AIDS, and the Rural South</p> <p>Readings:</p> <p>(1) Rhodes, SD et al. (2010). Latino men who have sex with men and HIV in the rural south-eastern USA: Findings from ethnographic in-depth interviews. <i>Culture, Health, & Sexuality</i>, 12, 797-812.</p> <p>(2) Rhodes, SD et al. (2010). Boys must be men, and men must have sex with women: A qualitative CBPR study to explore sexual risk among African American, Latino, and White gay men and MSM. <i>American Journal of Men's Health</i>, 5(2), 140-151.</p> <p>(3) Operario, D, Smith, CD, Kegeles, S. (2008). Social and psychological context for HIV risk in non-gay-identified African American men who have sex with men. <i>AIDS Education and Prevention</i>, 20(4), 347-359.</p> <p>Assignment: Reflection paper #1 by 9/15 at 11:55 pm</p>
5	9/16-9/22	<p>Topic: Women, HIV/AIDS and the Rural South</p> <p>Readings:</p> <p>(1) Phillips, KD, Moneyham, L, Thomas, SP, Gunther, M & Vyavaharkar, M. (2011). Social context of rural women with HIV/AIDS. <i>Issues in Mental Health Nursing</i>, 32(6), 374-381.</p> <p>(2) Skerritt, A.J. (2011). <i>Ashamed to Die: Silence, Denial, and the AIDS Epidemic in the South</i>. Chicago, IL: Chicago Review Press. Chapters 4-8.</p>

6	9/23-9/29	<p>Topic: Migrant Workers, Immigrants, HIV/AIDS, and the Rural South</p> <p>Readings:</p> <p>(1) Rhodes, SD et al. (2010). HIV and sexually transmitted disease risk among male Hispanic/Latino migrant farmworkers in the Southeast: Findings from a pilot CBPR study. <i>Am J Industrial Medicine</i>, 53, 976-983.</p> <p>(2) Bowden, WP, Rhodes, SD, Wilkin, AM & Jolly, CP. (2006). Sociocultural determinants of HIV/AIDS risk and service use among immigrant Latinos in North Carolina. <i>Hispanic Journal of Behavioral Sciences</i>, 28(4), 546-562.</p> <p>(3) Painter, TM. (2008). Connecting the dots: When the risks of HIV/STD infection appear high but the burden of infection was not known – the case of male Latino migrants in the southern United States. <i>AIDS Behav</i>, 12, 213-226.</p> <p>Assignment: Discussion Post #2 by 9/29 at 11:55 pm</p>
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Week	Date	Topics, Readings, and Assignments
<p>Section 3: Transition Points. In this section we will explore factors that are influential in major transition points such as seeking testing, disclosure to others, disclosure to partners, and seeking health care.</p>		
7	9/30-10/6	<p>Topic: HIV Testing and Community Responses</p> <p>Readings:</p> <p>(1) Weis, KE et al. (2010). Associations of rural residence with timing of HIV diagnosis and stage of disease at diagnosis. <i>The Journal of Rural Health</i>, 26, 105-112.</p> <p>(2) Sutton, M, Anthony, MN, Vila, C, McLellan-Lemal, E & Weidle, PJ. (2010). HIV testing and HIV/AIDS treatment services in rural counties in 10 southern states: Service provider perspectives. <i>The Journal of Rural Health</i>, 240-247.</p> <p>(3) Skerritt, A.J. (2011). <i>Ashamed to Die: Silence, Denial, and the AIDS Epidemic in the South</i>. Chicago, IL: Chicago Review Press. Chapters 9-12.</p> <p>Assignment: Reflection paper #2 by 10/6 at 11:55 pm</p>
8	10/7-10/13	<p>Topic: HIV/AIDS Disclosure and Community Responses</p> <p>Readings:</p> <p>(1) Vyavaharkar, M et al. (2011). HIV-disclosure, social support, and depression among HIV-infected African American women living in the rural southeastern United States. <i>AIDS Education and Prevention</i>, 23, 78-90.</p>

		<p>(2) Gaskins, S, Payne Foster, P, Sowell, R, Lewis, T, & Parton, J. (2011). Reasons for HIV disclosure and non-disclosure: An exploratory study of rural African American men. <i>Issues in Mental Health Nursing</i>, 32(6), 367-373.</p> <p>(3) California STD/HIV Prevention Training Center (2011). <i>Prevention with Positives: Disclosure</i> [Podcast] Available from http://www.stdhivtraining.org/Podcasts.html</p> <p>(4) Skerritt, A.J. (2011). <i>Ashamed to Die: Silence, Denial, and the AIDS Epidemic in the South</i>. Chicago, IL: Chicago Review Press. Chapters 13-15.</p>
9	10/14-10/20	<p>Topic: HIV Treatment and Community Responses</p> <p>Readings:</p> <p>(1) Krawczyk, CS, Funkhouser, E, Kilby, JM, & Vermund, SH (2006). Delayed access to HIV diagnosis and care: special concerns for the Southern United States. <i>AIDS Care</i>, 18(suppl1), 35-44.</p> <p>(2) Moneyham, L et al. (2010). Perceived barriers to HIV care among HIV-infected women in the deep south. <i>Journal of the Association of Nurses in AIDS Care</i>, 21(6), 467-477.</p> <p>(3) Skerritt, A.J. (2011). <i>Ashamed to Die: Silence, Denial, and the AIDS Epidemic in the South</i>. Chicago, IL: Chicago Review Press. Chapters 16-18.</p> <p>Assignment: Discussion Post #3 by 10/20 at 11:55 pm</p>
<p>Section 4: Consideration of Interventions. In this section of the course, students will be tasked with identifying evidence-based interventions that may be appropriate to rural south high risk groups. These interventions can be situated along the spectrum of primary to tertiary prevention.</p>		
10	10/21-10/27	<p>Topic: Approaches to Prevention</p> <p>Readings (Note that there are several readings assigned. These papers were selected to expose you to development, adaptation and evaluation of interventions and will hopefully provide ideas as you develop your grant proposal):</p> <p>(1) Corbie-Smith, G et al. (2011). Project GRACE: A staged approach to development of a community-academic partnership to address HIV in rural African American communities. <i>Health Promotion Practice</i>, 12(2), 293-302.</p> <p>(2) Rhodes, SD et al. (2009). Outcomes from a community-based, participatory lay health adviser HIV/STD prevention intervention for recently arrived immigrant Latino men in rural North Carolina. <i>AIDS Education and Prevention</i>, 21(Suppl B),</p>

		<p>103-108.]</p> <p>(3) The HIV Modeling Consortium Treatment as Prevention Editorial Writing Group (2012). HIV treatment as prevention: Models, data, and questions – towards evidence-based decision-making. <i>PLoS Med</i>, 9(7): e1001259. Doi:10.1371/journal.pmed.1001259.</p> <p>(4) Wu, E., El-Bassel, N., McVinney, L.D., Fontaine, Y.M. & Hess, L. (2010). Adaptation of couple-based HIV intervention for methamphetamine-involved African American men who have sex with men. <i>The Open AIDS Journal</i>, 4, 123-131.</p> <p>(5) Garofalo, R., Johnson, AK., Kuhns, LM., Cotton, C., Joseph, H. & Margolis, A. (2012). Life skills: evaluation of a theory-driven behavioral HIV prevention intervention for young transgender women. <i>Journal of Urban Health: Bulletin of the New York Academy of Medicine</i>, 89(3), 419-431.</p> <p>Assignment: Reflection paper #3 by 10/27 at 11:55 pm</p>
11	10/28-11/3	<p>Guest Lecture: Professor Andrew Skerritt Author: <i>Ashamed to Die: Silence, Denial, and the AIDS Epidemic in the South</i>.</p> <p>Assignment: Discussion Post #4 by 11/3 at 11:55 pm</p>
12	11/4-11/10	<p>BOOK DISCUSSION – See course documents for instructions on signing up for the book discussion.</p>
<p>Section 5: Related Problems and Needs. In this section we will explore physical, mental, and social health issues and service needs.</p>		

Week	Date	Topics, Readings, and Assignments
13	11/11-11/17	<p>Topic: Working While Positive: Employment Issues</p> <p>Readings:</p> <p>(1) Hergenrath, KC, Rhodes, SD, Clark, G. (2006). Windows to work: Exploring employment-seeking behaviors of persons with HIV/AIDS through photovoice. <i>AIDS Education and Prevention</i>, 18(3), 243-258.</p> <p>(2) Maguire, CP, McNally, CJ, Britton, PJ, Werth, JL & Borges, NJ. (2008). Challenges of work: Voices of persons with HIV disease. <i>The Counseling Psychologist</i>, 46(1), 42-89.</p> <p>(3) Martin, DJ, Chernoff, RA, Buitron, M, Comulada, WS, Liang, LJ, & Wong, FL. (2012). Helping people with HIV/AIDS return to work: A randomized clinical trial. <i>Rehabilitation Psychology</i>, 57(4), 280-289.</p>
14	11/18-11/24	<p>Topic: Mental Health Needs</p>

	Thanksgiving	<p>Readings:</p> <p>(1) Pence, BW et al. (2006). Prevalence of DSM-IV defined mood, anxiety, and substance use disorders in an HIV clinic in the southeastern United States. <i>Journal of Acquired Immune Deficiency Syndrome</i>, 42, 298-306.</p> <p>(2) Whetten, K et al. (2006). Improving health outcomes among individuals with HIV, mental illness, and substance use disorders in the southeast. <i>AIDS Care</i>, 18S, S18-S26.</p> <p>(3) Pence, BW. (2009). The impact of mental health and traumatic life experiences on antiretroviral treatment outcomes for people living with HIV/AIDS. <i>Journal of Antimicrobial Chemotherapy</i>, 63, 636-640.</p>
15	11/25-12/1	<p>Topic: Social Services – Can They Take the Place of Friends?</p> <p>Readings:</p> <p>(1) Stewart, KE et al. (2011). Social services utilization and need among a community sample of persons living with HIV in the rural south. <i>AIDS Care</i>, 23, 340-347.</p> <p>(2) Vyavaharkar, MV, Moneyham, L & Corwin, S (2008). Health care utilization: the experiences of rural HIV-positive African American women. <i>J Health Care Poor Underserved</i>, 19(1), 294-306.</p> <p>(3) Akers, AY et al., (2010). Views of young, rural African Americans of the role of community social institutions' in HIV prevention. <i>J Health Care Poor Underserved</i>, 21 (2 Suppl), 1-12. Doi:10.1353/hpu.0.0280.</p> <p>Assignment: Reflection paper #4 by 12/1 at 11:55 pm</p>
16	12/2-12/7	<p>Topic: Use this week to work on your grant proposals</p> <p>Readings: none</p>
17	12/9	Grant Proposal due by 11:55 PM through Turnitin

Table 3
MPH Core Competencies

Competency
<i>Social and behavioral Science</i>
Critically describe and evaluate the state of public health social and behavioral science research and literature.
Apply social and behavioral science theories and concepts to public health problems.
Describe and apply the social ecological framework to public health problems.
Understand and apply the principles of community participation in public health research and interventions.
Demonstrate an understanding of health disparities in the US and the underlying role of power differentials to disparities.
<i>Communication</i>
Deliver oral presentations using recognized criteria for effective information dissemination
Demonstrate accurate comprehension and interpretation when listening to others
Adapt language and delivery modalities to specific audiences
Facilitate collective information sharing, discussion and problem solving
<i>Diversity and Cultural Proficiency</i>
Demonstrate sensitivity to varied cultural, ethnic socioeconomic backgrounds of individuals and groups, such as: education, health literacy, race, gender, age, profession, political preferences, health conditions, religion/spirituality, place of origin, sexual orientation and gender identity
Identify the impact cultural of values on attitudes and expectations of others
Recognize the varied levels of health access among individuals and within communities