

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

Course: PHC 6410 – Section 1644
Psychological, Social, & Behavioral Issues in Public Health (3 credits)

Times: **Discussion:** Wednesdays, 9:35 to 10:25
Lecture: Wednesdays, 10:40 to 12:35

Room: G301 HPNP

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Office Hours: Barbara Curbow: Wednesdays 1-2, and by appointment, room HPNP 4157A
Eric Soule: Thursdays 9-12, and by appointment, room HPNP 4173

Teaching Assistants: Nicole Cranley: ncranley@phhp.ufl.edu, discussion section room G201
Felix Lorenzo, florenzo001@ufl.edu, discussion section room G210
Jennifer Nguyen; jennifernguyen@ufl.edu, discussion section room G301

Course Overview: This is the core social and behavioral sciences course for the MPH degree. There are three major aims for this course. (1) The Association of Schools of Public Health (ASPH) has drafted a list of competencies that all MPH students should be able to meet upon graduation. Our first aim is to address the 10 SBS competencies and to use them as the course objectives (see the attached table). (2) Our second aim is to explore how social and behavioral sciences theories and public health concepts and methods can be applied throughout the health-illness experience. (3) Our third aim is to promote an appreciation for the role of the social and behavioral sciences in public health and, perhaps, to encourage those of you in other tracks to seek additional training. We will use a variety of instructional methods to address these aims, including lectures, discussion groups, prevention groups, class presentations, and in-class activities. ***The success of the course will depend heavily upon active participation by the students so you are strongly encouraged to feel free to present your ideas and to listen respectfully to the ideas of others. 100% attendance of all discussion sections and lectures is expected.***

Course Goals:

The course goals are listed with the SBS competencies in the attached table.

Course Assignments Overview: (Note: Detailed instructions will be given for each assignment as it draws near.)

1. **Exams.** (a) Two **midterm** exams will be held throughout the semester. Each exam will be worth 50 points and will contain: 22 multiple choice items at 1 point each; 6 short answer items at 3 points each; 1 essay question at 10 points. Students will be given options for parts 2 and 3 of the exam. Midterms will be held during discussion sections. (b) The **final** exam will be a take home integrative essay that will serve as the **culminating** exam. Essay questions for the culminating exam will be handed out approximately two weeks in advance. The essay will be worth 100 points. **(200 total points for exams)**

2. **Social Media Project.** We will use the topics list in the **Healthy People 2020** report as a starting point for this assignment <http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>. The discussion sections will be divided into small groups during the second week – each group will select an issue from the Healthy People 2020 report and build a social media project around it. Students will be asked to stay in their social media group throughout the semester. The specific assignments for the social media project include:

- a. Social media project oral presentation and demonstration, in discussion group. **(50 points)**
- b. Social media project paper, 750 words minimum, **written individually.** **(50 points)**

3. **Tobacco experience/ATTAC-IT.** Tobacco is a leading cause of morbidity and mortality and its control is a major challenge facing the health of Americans. Because of its importance, we will pay special attention to it in this course. Students have two options: (1) Attend the 3-hour ATTAC-IT session with other students throughout the health science center and participate in the day of learning session with middle school students. (2) Work with their TA to construct, run, and report on a discussion section debate on tobacco issues. All students will participate in the discussion but those not attending ATTAC-IT will be responsible for it. **(25 points)**

4. **Section Challenge.** Each discussion section will identify a complex public health issue for online discussion. Issues will be posed online and members of a second section will respond to them; following this, members of the originating section will respond to those comments. The third section will examine the entire set of comments and choose the “winning” section. Over the semester, each student will make a total of 2 posts. See below. **(25 points)**

Section	Topic 1	Topic 2	Topic 3
Nicole	Pose issue; respond 2nd	Judge	Respond 1st
Felix	Respond 1st	Pose issue; respond 2nd	Judge
Jennifer	Judge	Respond 1st	Pose issue; respond 2nd

5. **Portfolio.** Copies of all assignments (graded and ungraded) must be turned in using a single portfolio; further instructions will be given during the semester.

BONUS POINTS. Opportunities for bonus points will be presented throughout the semester. **No more than 6 extra bonus points (non-exam) can be applied to the final grade.** Examples include the following:

1. Leading a discussion of a required reading during discussion section: 1 each article (must sign up with your TA).
2. Providing a song suggestion and accompanying slide for lecture: 1 point.
3. Presentation at Public Health Fright Day: 1 point for participating; *or* 2 points for being class winner.
4. Participation in approved research project: 1 point.

Dates of assignments/tests are listed below.

Detailed instructions and grading criteria will be provided for all assignments.

Assignment	Description	Points	Due Date
Midterm #1	22 multiple choice; 6 short answer; 1 essay	50	9/25/13 in discussion section
Midterm #2	22 multiple choice; 6 short answer; 1 essay	50	10/30/13 in discussion section
Tobacco discussion	Day of Learning or plan, run, and report on discussion	25	11/13/13 in discussion section
Social media project part 1	Social media project presentation	50	11/20/13 or 12/4/13 in discussion section
Social media project part 2	Social media project 750 word paper	50	11/20/13 by 5 pm via <i>Turn-it-in</i>
Section challenge	Sections pose, respond to, or judge public health issues	25	ongoing
Integrative Essay	Select one essay to tie together course concepts	100	12/9/13 by 5 pm via <i>Turn-it-in</i>
Portfolio	ALL class work turned in using a folder – paper or electronic	----	12/9/13 in BSCH office by 5 pm

Total Points Possible 350

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

Grade	Percent	Points	Grade	Percent	Points
A	93-100	325-350+	C	70-77	245-272
A-	90-92	315-324	C-	68-69	238-244
B+	88-89	308-314	D+	66-67	231-237
B	83-87	290-307	D	60-65	210-230
B-	80-82	280-289	D-	58-59	203-209
C+	78-79	273-279	E	<58	≤ 202

Late Assignments: Will have a 5% deduction for each day late unless arrangements have been made ahead of the due date with the instructor or the TA.

Attendance: *Students are expected to complete all reading assignments and to come to class prepared for discussion and debate.* Attendance is required: Students who anticipate they will miss a class **must** contact the instructor before class; students who have an emergency absence must contact the instructor as soon as possible. **Two unapproved absences will result in a 3% decrease in total class points and more than two unapproved absences will result in a 5% decrease in total class points unless there are extenuating circumstances.**

Laptops: Laptops may be used in class for taking notes, viewing slides, or accessing websites that are associated with ongoing class activities. Students are **not** allowed to use laptops in class for any other reason. **Students violating this policy will receive one warning; a second offense will result in a 5% reduction in class points.**

Cell phones: Cell phones are absolutely forbidden to be out during lecture unless being used for a class activity. **Students violating this policy will receive one warning; a second offense will result in a 5% reduction in class points.**

Turn-it-in: The Turn-it-in program will be used for clearance of the social media project paper and the integrative essay (final exam). Instructions on how to use the program will be provided.

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 and integrity are fundamental values of the university community. Students who enroll 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."**

Students with Disabilities: Students with disabilities will be accommodated. Students must follow the written University procedure: "Students requesting classroom 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 University of Florida Counseling and 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.

Readings

Edberg, M. (2007). *Essentials of Health Behavior. Social and Behavioral Theory in Public Health*. Jones and Bartlett Publishers. (new edition expected 11/13)

CDC (2011). *The health communicator's social media toolkit. (Also on class website.)*
http://www.cdc.gov/socialmedia/tools/guidelines/pdf/socialmediatoolkit_bm.pdf

And the following articles in order of use:

- (1) Battles, HT & Manderson, L (2008). The Ashley Treatment: Furthering the Anthropology of/on Disability. *Medical Anthropology*, 27, 219-226.
- (2) Conrad, P, et al. (2010). Estimating the costs of medicalization. *Social Science & Medicine*, 70, 1943-1947.
- (3) Frazzetto, G (2008). The drugs don't work for everyone. Doubts about the efficacy of antidepressants renew debates over the medicalization of common distress. *EMBO Reports*, 9, 605-608.
- (4) Lantz, PM et al. (1998). Socioeconomic factors, health behaviors, and mortality. *Journal of the American Medical Association*, 279, 1703-1708.
- (5) Orsi, JM, et al. (2010). Black-White health disparities in the United States and Chicago: a 15-year progress analysis. *American Journal of Public Health*, 100, 349-356.
- (6) Collins, JW, et al. (2009). Women's lifelong exposure to neighborhood poverty and low birth weight: a population-based study. *Maternal and Child Health Journal*, 13, 326-333.
- (7) Diez Roux, A & Mair, C. (2010). Neighborhoods and health. *Annals of the New York Academy of Sciences*, 1186, 125-145.
- (8) West, JH et al. (2010). Does proximity to retailers influence alcohol and tobacco use among Latino adolescents? *Journal of Immigrant Minority Health*, 12, 626-633.
- (9) Cunradi, CB, et al. (2011). The relationship of alcohol problems to the risk for unidirectional and bidirectional intimate partner violence among a sample of blue-collar couples. *Violence and Victims*, 26, 147-158.
- (10) Simons-Morton, BG & Farhat, T (2010). Recent findings on peer group influences on adolescent smoking. *Journal of Primary Prevention*, 3, 191-208.
- (11) Valente, TW, et al. (2009). Adolescent affiliations and adiposity: a social network analysis of friendships and obesity. *Journal of Adolescent Health*, 45, 202-204.
- (12) Hankonen, N et al. (2010). What is setting the stage for abdominal obesity reduction? A comparison between personality and health-related social cognitions. *Journal of Behavioral Medicine*, 33, 415-422.
- (13) Mahalik, JR et al. (2007). Masculinity and perceived normative health behaviors as predictors of men's health behaviors. *Social Science & Medicine*, 64, 2201-2209.
- (14) Dunne, EM et al. (2013). Impulsivity, expectancies, and evaluations of expected outcomes as predictors of alcohol use and related problems. *American Journal of Drug and Alcohol Abuse*, 39, 204-210.
- (15) Brady, SS, et al. (2009). Supportive friendships moderate the association between stressful life events and sexual risk taking among African American adolescents. *Health Psychology*, 28, 238-248.
- (16) Curbow, B, et al. (2005). Assessing Cardiovascular Reactivity in Working Women With the Social Competence Interview. *Journal of Women & Health*, 41, 51-68.
- (17) Pollet, TV et al. (2011). Use of social network sites and instant messaging does not lead to increased offline social network size, or to emotionally closer relationships with offline network members. *Cyberpsychology, Behavior, and Social Networking*, 14, 253-258.
- (18) Richman, LS, et al. (2010). The effects of perceived discrimination on ambulatory blood pressure and affective responses to interpersonal stress modeled over 24 hours. *Health Psychology*, 29, 403-411.
- (19) Wilcox, S et al. (2007). Increasing physical activity among church members. Community-based participatory research. *American Journal of Preventive Medicine*, 32, 131-138.
- (20) Williams, RL et al. (2010). Ethics of research in communities: perspectives from the Southwestern United States. *Annals of Family Medicine*, 8, 433-439.
- (21) Auger, N et al. (2011). Children and youth perceive smoking messages in an unbranded advertisement from a NIKE marketing campaign: a cluster randomized controlled trial. *BMC Pediatrics*, 11, 1-8.
- (22) Lowe, JB et al. (2010). Description of a media campaign about alcohol use during pregnancy. *Journal of Study of Alcohol and Drugs*, 71, 739-741.

- ⁽²³⁾ Vallone, DM et al. (2011). A national mass media smoking cessation campaign: effects by race/ethnicity and education. *American Journal of Health Promotion*, 25, S38-S50.
- ⁽²⁴⁾ LaVeist, TA & Nuru-Jeter, A (2002). Is doctor-patient concordance associated with greater satisfaction with care? *Journal of Health & Social Behavior*, 43, 296-306.
- ⁽²⁵⁾ Penner, LA, Dovidio, JF, Edmondson, D, Dailey, RK, Markova, T, Albrecht, TL, & Gaertner, SL (2009). The experience of discrimination and Black-White health disparities in medical care. *Journal of Black Psychology*, 35, 180-203.
- ⁽²⁶⁾ Curbow, B et al (2004) Community-Based Cancer Screening Programs in Older Populations: Making Progress But Can We Do Better? *Preventive Medicine*, 38, 676-693.
- ⁽²⁷⁾ Fisher, JD et al. (2010). Secondary prevention of HIV in the United States; past, current, and future perspectives. *Acquired Immune Deficiency Syndrome*, 55, S106-S115.
- ⁽²⁸⁾ Moorhouse, MD et al. (2013) Assessing alcohol use in college: is it time for a new approach to identify risky drinking behavior? *Journal of Substance Abuse*, early online, 1-6.
- ⁽²⁹⁾ Talen, MR et al. (2008). What Physicians Want From Their Patients: Identifying What Makes Good Patient Communication. *Families, Systems, & Health*, 26, 58–66.
- ⁽³⁰⁾ Eiser, AR & Ellis, G (2007). Viewpoint: Cultural competence and the African American experience with health care: The case for specific content in cross-cultural education. *Academic Medicine*, 82, 176-183.
- ⁽³¹⁾ Reyna, V (2008). A theory of medical decision making and health: Fuzzy Trace Theory. *Medical decision Making*, 28, 850-865.
- ⁽³²⁾ Eakin, EG et al. (2007). Resources for health: A primary-care-based diet and physical activity intervention targeting urban Latinos with multiple chronic conditions. *Health Psychology*, 26, 392-400.
- ⁽³³⁾ Kozminski, MA et al, (2011). How long and how well: oncologists' attitudes toward the relative value of life-prolonging v. quality of life-enhancing treatments. *Medical Decision Making*, 31, 380-385.
- ⁽³⁴⁾ Loiselle, CG et al. (2010). The impact of a multimedia informational intervention on psychosocial adjustment among individuals with newly diagnosed breast or prostate cancer: A feasibility study. *Patient Education and Counseling*, 80, 48-55.
- ⁽³⁵⁾ Hafetz, J & Miller, VA (2010). Child and parent perceptions of monitoring in chronic illness management; a qualitative study. *Child: care, health and development*, 655-662.
- ⁽³⁶⁾ Smith, SL, & Tessaro, IA (2005). Cultural Perspectives on Diabetes in an Appalachian Population. *American Journal of Health Behavior*, 29, 291-301.
- ⁽³⁷⁾ Bullock, K (2006). Promoting Advance Directives among African Americans: A Faith-Based Model. *Journal of Palliative Medicine*, 9, 183-195.
- ⁽³⁸⁾ Dorff, EN (2005). End-of-Life: Jewish perspectives. *Lancet*, 366, 862-865
- ⁽³⁹⁾ Dingfelder, HE & Mandell, DS (2011). bridging the research-to-practice gap in autism intervention: an application of diffusion of innovation theory. *Journal of Autism Developmental Disorder*, 41, 597-609.
- ⁽⁴⁰⁾ Gorman, DM & Conde, E (2009). The making of evidence-based practice: the case of Project Alert. *Children and Youth Services Review*, 32, 214-222.

Section 1: Levels of Explanation of Health, Illness, and Disease	
8/21/13: Week 1 (Lecture 1)	
Discussion	No discussion groups
Lecture Barbara	a. What are health, illness, and disease? b. Social and behavioral science perspectives on the study of health c. What is health behavior? d. Levels of prevention Readings: 1. Edberg chapters 1, 3 2. ⁽¹⁾ Battles, HT & Manderson, L (2008). The Ashley Treatment: Furthering the Anthropology of/on Disability. <i>Medical Anthropology</i> , 27, 219-226. 3. ⁽²⁾ Conrad, P et al. (2010). Estimating the costs of medicalization. <i>Social Science & Medicine</i> , 70, 1943-1947. 4. ⁽³⁾ Frazzetto, G (2008). The drugs don't work for everyone. Doubts about the efficacy of antidepressants renew debates over the medicalization of common distress. <i>EMBO Reports</i> , 9, 605-608.
8/28/13: Week 2 (Lecture 2)	
Discussion	Formation of social media groups; discussion of public health issues for section challenge
Lecture Barbara	a. Multilevel frameworks: Macro level explanations Readings: 1. Edberg chapter 6 2. ⁽⁴⁾ Lantz, PM et al. (1998). Socioeconomic factors, health behaviors, and mortality. <i>Journal of the American Medical Association</i> , 279, 1703-1708. 3. ⁽⁵⁾ Orsi, JM et al. (2010). Black-White health disparities in the United States and Chicago: a 15-year progress analysis. <i>American Journal of Public Health</i> , 100, 349-356.
8/29/13: ATTAC-IT training day: 1 pm to 4 pm	
9/4/13: Week 3 (Lecture 3)	
Discussion	Social media projects: Who is at risk...?
Lecture Barbara	a. Multilevel frameworks: Communities and community level explanations Readings: 1. ⁽⁶⁾ Collins, JW et al. (2009). Women's lifelong exposure to neighborhood poverty and low birth weight: a population-based study. <i>Maternal and Child Health Journal</i> , 13, 326-333. 2. ⁽⁷⁾ Diez Roux, A & Mair, C (2010). Neighborhoods and health. <i>Annals of the New York Academy of Sciences</i> , 1186, 125-145. 3. ⁽⁸⁾ West, JH et al. (2010). Does proximity to retailers influence alcohol and tobacco use among Latino adolescents? <i>Journal of Immigrant Minority Health</i> , 12, 626-633.
9/11/13: Week 4 (Lecture 4)	
Discussion	Activity: A Perfect School – the role of education in public health
Lecture Barbara	a. Multilevel frameworks: Social and interpersonal level explanations Readings: 1. Edberg chapter 5 2. ⁽⁹⁾ Cunradi, CB, et al. (2011). The relationship of alcohol problems to the risk for unidirectional and bidirectional intimate partner violence among a sample of blue-collar couples. <i>Violence and Victims</i> , 26, 147-158.

	<p>3. ⁽¹⁰⁾ Simons-Morton, BG & Farhat, T (2010). Recent findings on peer group influences on adolescent smoking. <i>Journal of Primary Prevention</i>, 3, 191-208.</p> <p>4. ⁽¹¹⁾ Valente, TW et al. (2009). Adolescent affiliations and adiposity: a social network analysis of friendships and obesity. <i>Journal of Adolescent Health</i>, 45, 202-204.</p>
9/18/13: Week 5 (Lecture 5)	
Discussion	If I grew up in...my health would be....
Lecture Eric	<p>a. Multilevel frameworks: Individual level explanations</p> <p>Readings:</p> <ol style="list-style-type: none"> 1. Edberg chapter 4 2. ⁽¹²⁾ Hankonen, N et al. (2010). What is setting the stage for abdominal obesity reduction? A comparison between personality and health-related social cognitions. <i>Journal of Behavioral Medicine</i>, 33, 415-422. 3. ⁽¹³⁾ Mahalik, JR et al. (2007). Masculinity and perceived normative health behaviors as predictors of men's health behaviors. <i>Social Science & Medicine</i>, 64, 2201-2209. 4. ⁽¹⁴⁾ Dunne, EM et al. (2013). Impulsivity, expectancies, and evaluations of expected outcomes as predictors of alcohol use and related problems. <i>American Journal of Drug and Alcohol Abuse</i>, 39, 204-210.
Section 2: Primary and Secondary Prevention	
9/25/12: Week 6 (Lecture 6)	
Discussion	Midterm #1
Lecture Eric	<p>a. Major Concepts: Stress, Coping, and Social Support</p> <p>Readings:</p> <ol style="list-style-type: none"> 1. ⁽¹⁵⁾ Brady, SS, et al. (2009). Supportive friendships moderate the association between stressful life events and sexual risk taking among African American adolescents. <i>Health Psychology</i>, 28, 238-248. 2. ⁽¹⁶⁾ Curbow, B et al.(2005). Assessing Cardiovascular Reactivity in Working Women With the Social Competence Interview. <i>Journal of Women & Health</i>, 41, 51-68. 3. ⁽¹⁷⁾ Pollet, TV et al. (2011). Use of social network sites and instant messaging does not lead to increased offline social network size, or to emotionally closer relationships with offline network members. <i>Cyberpsychology, Behavior, and Social Networking</i>, 14, 253-258. 4. ⁽¹⁸⁾ Richman, LS et al. (2010). The effects of perceived discrimination on ambulatory blood pressure and affective responses to interpersonal stress modeled over 24 hours. <i>Health Psychology</i>, 29, 403-411.
10/02/13: Week 7 (Lecture 7)	
Discussion	Social network projects: Building a conceptual model
Lecture Barbara	<p>a. How can we promote health? Part 1: Primary Prevention</p> <p>b. Working with communities</p> <ol style="list-style-type: none"> 1. Edberg, chapters 7, 8 2. ⁽¹⁹⁾ Wilcox, S et al. (2007). Increasing physical activity among church members. Community-based participatory research. <i>American Journal of Preventive Medicine</i>, 32, 131-138. 3. ⁽²⁰⁾ Williams, RL et al. (2010). Ethics of research in communities: perspectives from the Southwestern United States. <i>Annals of Family Medicine</i>, 8, 433-439.

10/9/13: Week 8 (Lecture 8)	
Discussion	Designing a community intervention
Lecture Eric	<p>a. Community assessments b. Communications campaigns</p> <p>Readings:</p> <ol style="list-style-type: none"> 1. Edberg, chapter 10 2. ⁽²¹⁾ Auger, N et al. (2011). Children and youth perceive smoking messages in an unbranded advertisement from a NIKE marketing campaign: a cluster randomized controlled trial. <i>BMC Pediatrics</i>, 11, 1-8. 3. ⁽²²⁾ Lowe, JB et al. (2010). Description of a media campaign about alcohol use during pregnancy. <i>Journal of Study of Alcohol and Drugs</i>, 71, 739-741. 4. ⁽²³⁾ Vallone, DM et al. (2011). A national mass media smoking cessation campaign: effects by race/ethnicity and education. <i>American Journal of Health Promotion</i>, 25, S38-S50.
10/16/13: Week 9 (Lecture 9)	
Discussion	Public Service Announcement development
Lecture Barbara	<p>a. Within the health care system: Seeking Care b. Within the health care system: Differences in patients' experiences based on race, gender, ethnicity, and literacy</p> <p>Readings:</p> <ol style="list-style-type: none"> 1. Edberg, chapter 14 2. ⁽²⁴⁾ LaVeist, TA & Nuru-Jeter, A (2002). Is doctor-patient concordance associated with greater satisfaction with care? <i>Journal of Health & Social Behavior</i>, 43, 296-306. 3. ⁽²⁵⁾ Penner, LA, et al. (2009). The experience of discrimination and Black-White health disparities in medical care. <i>Journal of Black Psychology</i>, 35, 180-203.
10/18/13 ATTAC-IT middle school teaching day (all day)	
10/23/13: Week 10 (Lecture 10)	
Discussion	Social network projects
	Special event: Public Health Fright Day
Lecture Eric	<p>a. How can we promote health? Part 2: Secondary Prevention</p> <p>Readings:</p> <ol style="list-style-type: none"> 1. Edberg, chapter 12 2. ⁽²⁶⁾ Curbow, B et al. (2004) Community-Based Cancer Screening Programs in Older Populations: Making Progress But Can We Do Better? <i>Preventive Medicine</i>, 38, 676-693. 3. ⁽²⁷⁾ Fisher, JD et al. (2010). Secondary prevention of HIV in the United States; past, current, and future perspectives. <i>Acquired Immune Deficiency Syndrome</i>, 55, S106-S115. 4. ⁽²⁸⁾ Moorhouse, MD et al. (2013) Assessing alcohol use in college: is it time for a new approach to identify risky drinking behavior? <i>Journal of Substance Abuse</i>, early online, 1-6.
Section 3: Tertiary Prevention, Chronic Disease, and the Future	
10/30/13: Week 11 (Lecture 11)	
Discussion	Midterm #2
Lecture Barbara	<p>a. Within the health care system: Doctor-Patient Communication b. Within the health care system: Treatment decision-making</p>

	<p>Readings:</p> <ol style="list-style-type: none"> ⁽²⁹⁾ Talen, MR et al. (2008). What Physicians Want From Their Patients: Identifying What Makes Good Patient Communication. <i>Families, Systems, & Health</i>, 26, 58–66. ⁽³⁰⁾ Eiser, AR & Ellis, G (2007). Viewpoint: Cultural competence and the African American experience with health care: The case for specific content in cross-cultural education. <i>Academic Medicine</i>, 82, 176-183. ⁽³¹⁾ Reyna, V (2008). A theory of medical decision making and health: Fuzzy Trace Theory. <i>Medical decision Making</i>, 28, 850-865.
11/6/13: Week 12 (Lecture 12)	
Discussion	Role play on doctor-patient interactions
Lecture Barbara	<ol style="list-style-type: none"> How can we promote health? Part 3: Tertiary Prevention Quality of Life <p>Readings:</p> <ol style="list-style-type: none"> ⁽³²⁾ Eakin, EG et al. (2007). Resources for health: A primary-care-based diet and physical activity intervention targeting urban Latinos with multiple chronic conditions. <i>Health Psychology</i>, 26, 392-400. ⁽³³⁾ Kozminski, MA et al, (2011). How long and how well: oncologists' attitudes toward the relative value of life-prolonging v. quality of life-enhancing treatments. <i>Medical Decision Making</i>, 31, 380-385. ⁽³⁴⁾ Loiselle, CG, et al. (2010). The impact of a multimedia informational intervention on psychosocial adjustment among individuals with newly diagnosed breast or prostate cancer: A feasibility study. <i>Patient Education and Counseling</i>, 80, 48-55.
11/13/13: Week 13 (Lecture 13)	
Discussion	Tobacco discussion
Lecture Barbara	<ol style="list-style-type: none"> Within the health care system: Managing chronic disease Within the health care system: Dying and Death <p>Readings:</p> <ol style="list-style-type: none"> ⁽³⁵⁾ Hafetz, J & Miller, VA (2010). Child and parent perceptions of monitoring in chronic illness management; a qualitative study. <i>Child: care, health and development</i>, 655-662. ⁽³⁶⁾ Smith, SL, & Tessaro, IA (2005). Cultural Perspectives on Diabetes in an Appalachian Population. <i>American Journal of Health Behavior</i>, 29, 291-301. ⁽³⁷⁾ Bullock, K (2006). Promoting Advance Directives among African Americans: A Faith-Based Model. <i>Journal of Palliative Medicine</i>, 9, 183-195. ⁽³⁸⁾ Dorff, EN (2005). End-of-Life: Jewish perspectives. <i>Lancet</i>, 366, 862-865
11/20/13: Week 14 (Lecture 14)	
Discussion	Social Media Presentations, part 1
Lecture Eric	<ol style="list-style-type: none"> Diffusion of innovations Assessing our progress in promoting health <p>Readings:</p> <ol style="list-style-type: none"> Edberg, chapter 13 www.cancercontrolplanet.cancer.gov www.thecommunityguide.org ⁽³⁹⁾ Dingfelder, HE & Mandell, DS (2011). bridging the research-to-practice gap in autism intervention: an application of diffusion of innovation theory. <i>Journal of Autism Developmental Disorder</i>, 41, 597-609.

	5. ⁽⁴⁰⁾ Gorman, DM & Conde, E (2009). The making of evidence-based practice: the case of Project Alert. <i>Children and Youth Services Review</i> , 32, 214-222.
11/28/13: Thanksgiving Week – No lecture	
Discussion	No Discussion Group
12/4/13: Week 15 (Last Class)	
Discussion	Social media presentations, part 2
Lecture Barbara and Eric	a. The well-trained social and behavioral scientist b. Social media Examples
12/9/13	Assignments Due: 1. Integrative essay (final exam) 2. Portfolio with all class work.

SBS Competency	PHC 6410 Course Objectives, Based on ASPH Competencies
1. Critically describe and evaluate the state of public health social and behavioral science research and literature.	O-8. Describe the merits of social and behavioral science interventions and policies.
2. Apply social and behavioral science theories and concepts to public health problems.	O-1. Describe the role of social and community factors in both the onset and solution of public health problems. O-3. Identify basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health research and practice.
3. Describe and apply the social ecological framework to public health problems.	O-1. Describe the role of social and community factors in both the onset and solution of public health problems. O-3. Identify basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health research and practice. O-5. Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies.
4. Understand and apply the principles of community participation in public health research and interventions.	O-4. Apply ethical principles to public health program planning, implementation and evaluation O-6. Identify individual, organizational and community concerns, assets, resources and deficits for social and behavioral science interventions O-10. Identify critical stakeholders for the planning, implementation, and evaluation of public health programs, policies and interventions.
5. Demonstrate the knowledge and skills necessary to conduct social and behavioral science research	O-4. Apply ethical principles to public health program planning, implementation and evaluation O-7. Use evidenced-based approaches in the development and evaluation of social and behavioral science interventions. O-9. Describe the steps and procedures for the planning, implementation and evaluation of public health programs, policies and interventions.
6. Demonstrate an understanding of health disparities in the US and the underlying role of power differentials to disparities.	O-2. Identify the causes of social and behavioral factors that affect the health of individuals and populations. O-6. Identify individual, organizational and community concerns, assets, resources and deficits for social and behavioral science interventions.
7. Demonstrate knowledge and skills needed to design and implement a public health information campaign.	
8. Demonstrate communication skills key to public health workforce participation and advocacy.	