

COURSE SYLLABUS

A. Overview

Course Description	This introductory course provides MPH students and public health minors with a broad and comprehensive overview of concepts, empirical research, and public health practice in community health sciences with an emphasis on: (1) social context and determinants of population health and (2) principles of planning interventions to protect and improve public health. The first half of the course describes ways to define and measure health and illness, the social construction of illness, social and behavioral determinants of health, and health disparities, including socioeconomic status (SES), race/ethnicity, gender, and age. In the second half of the course, students will learn about social and behavioral theories of health-related behavior change, health promotion strategies and methods, and public policy. The course provides case studies of evidence-based health promotion programs. It includes lectures, assigned readings, and in-class discussions.
Prerequisites	The course is open to MPH students in the Fielding School of Public Health and in other disciplines and to undergraduates in the public health minor program. Not open for credit to students with credit for course 200A, 200B, or 200C. A limited number of other qualified undergraduate students may be admitted if there is adequate room in the course by permission of the instructor.
Instructor	May Sudhinaraset, PhD Assistant Professor Community Health Sciences UCLA Fielding School of Public Health (FSPH) Office: 21-245 CHS Phone: 310-794-9276 Email: msudhinaraset@ucla.edu
Special Reader	Shelley Jung Email: shelleyjung@ucla.edu Office Hours: Thursday 2-3PM – 21-245 CHS
Class Days, Times, Location	Tuesday & Thursday 3:00 pm - 4:50pm Room: 33-105A
Office Hours	By Appointment 21-245 CHS
Course Texts	There is no required textbook. Reading materials will be posted online at

	<p>https://ccle.ucla.edu/course/view/18S-COMHLT100-1</p> <p>Log-in using BOL userid and password</p> <ul style="list-style-type: none">• View course syllabus and schedule• Access course readings• Get and hand in assignments• View lecture presentations• Read and submit postings to course discussion board
Required Readings	<p>You may access one personal use copy of each article from the password protected website for the class. Use your BOL username and password to log on. All readings must be completed before coming to class – you will be asked in class about issues in the readings. <u>Please see ‘List of Required Readings’ in the Course Outline section of this syllabus.</u></p>
Course Format	<p>The course format is a 2-hour lecture twice a week (4 hours). The lecture will be supplemented with small group discussions, out-of-class activities, case studies, and examples from the public health literature.</p>
Course Website	<p>https://ccle.ucla.edu/course/view/18S-COMHLT100-1</p>
Classroom Atmosphere	<p>Students are expected to behave like professionals who come to class to learn. The most important part of each class is to make sure you and all other students get as much out of the course material and class as possible. Therefore, anyone using laptops, phones, or other electronics during class in a way that detracts from participation or distracts other students will be required to sit in the front row and refrain from using all electronics for the remainder of the quarter.</p>
UCLA ADA Policy	<p>Students needing academic accommodations based on a disability should contact the Center for Accessible Education (CAE) at (310) 825-1501 or in person at Murphy Hall A255. When possible, students should contact the CAE within the first two weeks of the term as reasonable notice is needed to coordinate accommodations. For more information visit www.cae.ucla.edu.</p>
ADA Contact	<p>Nickey Woods, Center for Accessible Education A255 Murphy Hall, Phone: (310) 825-1501, TTY / TTD: (310) 206-6083 Fax: (310) 825-9656</p>
Inclusivity	<p>UCLA’s Office for Equity, Diversity, and Inclusion provides resources, events, and information about current initiatives at UCLA to support equality for all members of the UCLA community. I hope that you will communicate with me or your TA if you experience anything in this course that does not support an inclusive environment, and you can also report any incidents you may witness or experience on campus to the Office of Equity, Diversity, and Inclusion on their website (https://equity.ucla.edu/).</p>

B. Learning Objectives:

The course is designed with the following learning objectives in mind. These learning objectives map to the Council on Education for Public Health (CEPH) Learning Experience and Competencies as shown below. These learning objectives will be achieved by students completing all the course readings, attending lectures and class discussions, and completing the assignments and exams.

Learning Objectives	CEPH Competency/Learning Experience	Assessment
<p><i>Upon completion of this course, students should be able to:</i></p> <p>1. Identify key cultural, social, political, economic, and psychological determinants of health and health-related behaviors.</p>	<p>LE9: Explain behavioral and psychological factors that affect a population's health</p> <p>LE10: Explain the social, political and economic determinants of health and how they contribute to population health and health inequities</p>	<ul style="list-style-type: none"> • Midterm Exam (Q3-8)
<p>2. Describe how health and health-related behavior are conceptualized and measured at the individual, community, and societal levels.</p>	<p>LE11: Explain how globalization affects global burdens of disease</p> <p>C6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels</p>	
<p>3. Explain theories of health-related behavior and behavior change</p>		
<p>4. Define the basic elements of program planning and intervention.</p>	<p>C4. Interpret results of data analysis for public health research, policy or practice</p> <p>C7. Assess population needs, assets and capacities that affect communities' health</p>	<ul style="list-style-type: none"> • Midterm Exam (Q1 and Q2) • Final Exam (Section 1)

Learning Objectives	CEPH Competency/Learning Experience	Assessment
<p><i>Upon completion of this course, students should be able to:</i></p> <p>5. Describe community organizing and community- based participatory research, as well as societal level initiatives.</p>	<p>C13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes</p> <p>C20. Describe the importance of cultural competence in communicating public health content</p>	<ul style="list-style-type: none"> • Final Exam (Section1) • Final Exam (Section 3 Q1)
<p>6. Identify the major modes of advocacy for changing health policy pertaining to populations.</p>	<p>C14. Advocate for political, social or economic policies and programs that will improve health in diverse populations</p>	<ul style="list-style-type: none"> • Opinion Editorial Essay

C. Course Assignments

1. Class attendance and participation

- a. Maximum 2 missed classes— points will be subtracted from your grade for class participation for each additional class missed without a valid excuse
- b. You must complete readings **before** class, participate in class discussion and activities, and respond to and ask questions during class
- c. TA will lead discussion session to help you practice and master the material covered in class and in readings.

2. Social Entrepreneur Project

- a. You will work in teams of five to represent social entrepreneurs tackling a public health problem in Los Angeles. By the end of the quarter, you will identify a relevant public health problem in LA, choose a community to explore the prevalence of this public health problem, and apply concepts and theories learned in class. Additionally, you will present with your team in class and “pitch” an intervention in a Shark Tank 3-minute presentation.
- b. Assignments will be conducted in class throughout the quarter (3% for participation in discussions)
- c. Presentations will occur on March 14

3. Four Quizzes on Readings and Lectures

- a. Distributed through CCLE on week 2, week 4, week 7, and week 9
- b. **Each will be available by Thursday at 5pm of the week it is distributed**
- c. **Must be completed by Friday 11:59 pm of that week**
- d. Covers material in readings, videos, and class lectures/discussions
- e. Each quiz can be completed twice and only the highest grade will be counted

4. Exam 1 (Midterm)

- a. **Take home exam distributed on February 7 at 3pm on the CCLE site**
- b. **Due February 9 by 11:59 pm— LATE exams will not be accepted without a valid excuse**
- c. Covers first half of quarter
- d. The exam will be completed at home and uploaded onto CCLE
- e. Short essays

5. Op-Ed Essay 1

- a. **Assignment available on February 12 at 3 pm on the CCLE site**
- b. **Due February 19 by 11:59 pm— LATE essays will not be accepted without a valid excuse**
- c. 500-800 word essay written in op-ed style addressing a community health issue in response to a recent news story. Students write an op-editorial based on a current news article or online news source about a community health issue. Students are asked to take a stance and advocate for a political, social, or economic policy or program.

6. Exam 2 (Final):

- a. **Take home exam distributed at the end of the last day of class (March 14) on the CCLE site**

- b. **Due on March 18 by 5 pm— LATE exams will not be accepted without a valid excuse**
- c. Covers second half of quarter
- d. The exam will be completed at home and uploaded onto CCLE
- e. Short essays

Grading:

1.	Class attendance and participation	10%
2.	Social Entrepreneur Project	10%
3.	Four Quizzes on Readings and Lectures	10%
4.	Exam 1 (Midterm)	25%
5.	Op-Ed Essay 1	15%
6.	Exam 2 (Final)	<u>30%</u>
	Total	100 %

Grading Policy:

Grades on exams, essay, participation, and course are final and not open to discussion. Corrections will be made, however, if a response is clearly and unambiguously incorrectly marked wrong or points have been totaled incorrectly.

Grading Scale: The grading scale for the course is shown below.

Grade Point:	4.0	4.0	3.67	3.33	3.0	2.67	2.33	2.0	1.67	1.33	1.0	0.67	0
Final Percentage:	100-98	97-93	92-90	89-88	87-83	82-80	79-78	77-73	72-70	69-68	67-63	62-60	<60
Letter Grade:	A+	A	A-	B+	B	B-	C+	C	C-	D+	D	D-	F

D. Course Policies & UCLA Policies

Message about Academic Integrity to all UCLA Students from UCLA Dean of

Students: UCLA is a community of scholars. In this community, all members including faculty, staff and students alike are responsible for maintaining standards of academic honesty. As a student and member of the University community, you are here to get an education and are, therefore, expected to demonstrate integrity in your academic endeavors. You are evaluated on your own merits. Cheating, plagiarism, collaborative work, multiple submissions without the permission of the professor, or other kinds of academic dishonesty are considered unacceptable behavior and will result in formal disciplinary proceedings usually resulting in **suspension** or **dismissal**.

Forms of Academic Dishonesty: As specified in the UCLA Student Conduct Code, violations or attempted violations of academic dishonesty include, but are not limited to, cheating, fabrication, plagiarism, multiple submissions or facilitating academic dishonesty:

Cheating: Unauthorized acquiring of knowledge of an examination or part of an examination

- Allowing another person to take a quiz, exam, or similar evaluation for you
- Using unauthorized material, information, or study aids in any academic exercise or examination – textbook, notes, formula list, calculator, etc.
- Unauthorized collaboration in providing or requesting assistance, such as sharing information
- Unauthorized use of someone else's data in completing a computer exercise
- Altering a graded exam or assignment and requesting that it be regraded

Plagiarism: Presenting another's words or ideas as if they were one's own

- Submitting as your own through purchase or otherwise, part of or an entire work produced verbatim by someone else
- Paraphrasing ideas, data or writing without properly acknowledging the source
- Unauthorized transfer and use of someone else's computer file as your own
- Unauthorized use of someone else's data in completing a computer exercise

Multiple Submissions: Submitting the same work (with exact or similar content) in more than one class without permission from the instructor to do so. This includes courses you are currently taking, as well as courses you might take in another quarter

Facilitating Academic Dishonesty: Participating in any action that compromises the integrity of the academic standards of the University; assisting another to commit an act of academic dishonesty

- Taking a quiz, exam, or similar evaluation in place of another person
- Allowing another student to copy from you

- Providing material or other information to another student with knowledge that such assistance could be used in any of the violations stated above (e.g., giving test information to students in other discussion sections of the same course)

Fabrication: Falsification or invention of any information in an academic exercise

- Altering data to support research
- Presenting results from research that was not performed
- Crediting source material that was not used for research

While you are here at UCLA, if you are unsure whether what you are considering doing is cheating, **don't take chances**, ask your professor. In addition, avoid placing yourself in situations which might lead your professor to **suspect you of cheating**.

Alternatives to Academic Dishonesty

- **Seek out help** – Meet with your professor, ask for assistance as needed.
- **Ask for an extension** – if you explain your situation to your professor, she/he might be able to grant you an extended deadline for an upcoming assignment.
- **See a counselor** at Student Psychological Services, and/or your school, college or department – UCLA has many resources for students who are feeling the stresses of academic and personal pressures.

If you would like more information, please come see us at the Dean of Students' Office in 1206 Murphy Hall, call us at (310) 825-3871 or visit their website at www.deanofstudents.ucla.edu.

E. Course Outline

Class(week)	Date	Topics and Readings
1-2(1)	01/08	Overview: What is Community Health?
	01/10	Defining Health and Illness
UNIT 2: METHODS OF STUDYING HEALTH AND ILLNESS		
3-4(2)	01/15	Indicators of Population Health Status
	01/17	Measuring Health Status and Programs: Surveys and Qualitative Methods
Q1		
UNIT 3: SOCIAL DETERMINANTS OF HEALTH AND HEALTH-RELATED BEHAVIOR		
5-6(3)	01/22	Health Disparities: Basic Concepts
	01/24	Socioeconomic Status (SES)
7-8(4)	01/29	Race, Ethnicity and Immigration Status
	01/31	Gender and Health
Q2		
UNIT 4: CHANGING HEALTH-RELATED BEHAVIOR AND OUTCOMES		
9-10(5)	02/05	Neighborhood and Spatial Health Effects
	02/07	Exam 1 (Midterm) – Take home
11-12(6)	02/12	Theories of Health-Related Behavior and Change Op-Ed Essay Assigned
	02/14	Theories of Health-Related Behavior and Change
13-14(7)	02/19	Health Outcome Case Study: Obesity, Diet, and Physical Activity Op-Ed Essay Due
	02/21	Community Organizing and Community-Based Participatory Research (Michael Prelip?)
Q3		
15-16(8)	02/26	Health Policy and Advocacy (Paula Tavrow)
	02/28	Chronic stress: How disadvantage gets under the skin? (Courtney Thomas)
17-18(9)	03/05	Health Communication Interventions
	03/07	Health Promotion in Schools, Worksites and Clinics (Panel Discussion)
19-20(10)	03/12	Intervention Planning and Evaluation: General Principles
	03/14	Review class Shark Tank Presentations Exam 2 (Final) – Take home

List of Required Readings:

Class (Week)	Date	Topics and Readings
1(1)	01/08	<p>Overview: What is Community Health?</p> <p>Contrasts community health sciences approach with other areas of public health (epidemiology, biostatistics, health services, environmental health sciences) and medicine. Specifically, CHS focuses on: (1) <i>populations</i> (not only patients, clinical populations, or people who are sick), (2) <i>prevention</i> (rather than solely treatment) of health problems and <i>promotion</i> of healthy behaviors, and (3) the cultural, social, economic, and psychological determinants of health and health-related behavior.</p> <p>Readings Hemenway, D. 2010. Why We Don't Spend Enough on Public Health. New England Journal of Medicine. 362:1657-1658.</p> <p>Koh, H. K. 2010. A 2020 Vision for Healthy People. New England Journal of Medicine. 362:1653-1656.</p> <p>Cutler, D., & Miller, G. 2005. The role of public health improvements in health advances: The twentieth-century United States. Demography, 42, 1-22.</p> <p>Video The Biomedical and Social Model of Health (simplistic, but it makes a clear point) https://www.youtube.com/watch?v=FRuy2I9yi0E</p>
2(1)	01/10	<p>Defining Health and Illness</p> <p>The WHO definition of health, which is not limited to absence of disease. Contrasts "differential diagnosis" used in clinical medical practice to diagnose and define illness with the social construction of health and illness: how health/illness is defined in each paradigm, determining whether someone is healthy or ill, and the obligations of people perceived as ill.</p> <p>Readings Alma-Ata Declaration http://www.who.int/publications/almaata_declaration_en.pdf</p> <p>Ottawa Charter http://www.who.int/healthpromotion/conferences/previous/ottawa/en/</p> <p>Conrad, P., & Barker, K.K. 2010. The social construction of illness key insights and policy implications. Journal of Health and Social Behavior, 51, S67-S79.</p>

UNIT 2: METHODS OF STUDYING HEALTH AND ILLNESS

3(2) 01/15 **Indicators of Population Health Status**

Measures of the health status and health-related behaviors of a population (as distinct from an individual): mortality rates, morbidity rates (disease registries or survey data), and DALYs and disability-free life expectancy types of measures. Sources of data such as: vital registration system, population registers in other countries, censuses, disease registries, and surveys.

Readings

Parrish RG. Measuring population health outcomes. *Prev Chronic Dis* 2010;7(4):A71. http://www.cdc.gov/pcd/issues/2010/jul/10_0005.htm

McFall, J.A. 2007. *Population: A Lively Introduction*. Washington, DC: Population Reference Bureau. **READ Pages 4-22.**

Jylhä, M. 2009. What is Self-Rated Health and Why Does and Why Does it Predict Mortality? Towards a Unified Conceptual Model. *Social Science & Medicine*. 69:307-316.

Video

The DALY Show: <https://www.youtube.com/watch?v=Exce4gy7aOk>

4(2) 01/17 **Measuring Health Status and Programs: Surveys and Qualitative Methods**

Key aspects of quantitative and qualitative methods used in community health research, including: quantitative surveys and qualitative methods based on focus group and interview data collection.

Readings

Scheuren, F. What Is a survey? 2004. American Statistical Association. **Read Chapters 1-6.**

CDC. Using Qualitative Methods. http://www.cdc.gov/dhdsp/pubs/docs/cb_november_8_2011.pdf

Blum, L.S., et al. 2009. Childhood Drowning in Matlab, Bangladesh: An in-depth Exploration of Community Perceptions and Practices. *Social Science & Medicine*. 68:1720-1727.

OPTIONAL READING: Wang, C., & Burris, M. A. (1997). Photovoice: Concept, methodology, and use for participatory needs assessment. *Health education & behavior*, 24(3), 369-387.

UNIT 3: SOCIAL DETERMINANTS OF HEALTH AND HEALTH-RELATED BEHAVIOR

5(3) 01/22 **Heath Disparities: Basic Concepts**

Social stratification of society by gender, age, race/ethnicity, immigrant status, socioeconomic status (SES), and other categories; defining health disparity; examples by national income (GDP), race/ethnicity, gender, age, and SES; measurement of health disparities; main hypotheses for the relationship between SES and health.

Readings

Braveman, P. 2006. Health Disparities and Health Equity: Concepts and Measurement. Annual Review of Public Health. 27:167-194.

Phelan, J.C., Link, B.G., and Tehranifar, P. 2010. Social Conditions as Fundamental Causes of Health Inequalities: Theory, Evidence, and Policy Implications. Journal of Health and Social Behavior. 51:S28-S40.

Smedley BD. 2012. The lived experience of race and its health consequences. American Journal of Public Health. 102(5):933-935.

6(3) 01/24 **Socioeconomic Status (SES)**

The social gradient between SES and health; main hypotheses about the reasons for this relationship: SES differences in health care; health-related behavior; stressful occupations, home lives, environments; and discrimination.

Video

Unnatural Causes: Health in America.

http://www.unnaturalcauses.org/video_clips_detail.php?res_id=213

Unnatural Causes: There is no such thing as small stuff

http://www.unnaturalcauses.org/video_clips_detail.php?res_id=409

Readings

Williams, D.R., et al. 2008. Moving Upstream: How Interventions that Address the Social Determinants of Health Can Improve Health and Reduce Disparities. Journal of Public Health Management & Practice. 14:S8-S17.

Kawachi, I., S.V. Subramanian, Kim, D. 2008. Social Capital and Health. A Decade of Progress and Beyond. Social Capital and Health, 1-26

7(4) 01/29 **Race, Ethnicity and Immigration Status**

Definitions of race, ethnicity and culture; race, ethnic, and immigrant status differentials in health outcomes; the role of group differences in SES; group differences in health-related behaviors and access to care; cultural influences; measurement issues related to acculturation and promotion of cultural competency.

Video

Unnatural Causes: How Racism Impacts Pregnancy Outcomes.
http://www.unnaturalcauses.org/video_clips_detail.php?res_id=70

Unnatural Causes: Marshallese Displaced from Home Islands:
http://www.unnaturalcauses.org/video_clips_detail.php?res_id=218

Readings

Lee, S.S.-J., Mountain, J., and Koenig, B. 2001. The Meanings of “Race” in the New Genomics: Implications for Health Disparities Research. *Yale Journal of Health Policy, Law, and Ethics*. 1:33- 75.

Singh, G.K. and Hiatt, R.A. 2006. Trends and Disparities in Socioeconomic and Behavioural Characteristics, Life Expectancy, and Cause-specific Mortality of Native-born and Foreign-born Populations in the United States, 1979-2003. *International Journal of Epidemiology*. 35:903-919.

Braveman PA, Kumanyika S, Fielding J, et al. 2011. Health disparities and health equity: the issue is justice. *American Journal of Public Health*. 101 Suppl 1:S149-155.

8(4) 01/31 **Gender and Health**

Gender differences in health and mortality across the life course including, fetal survival to birth and sex ratios at birth, childhood, adolescents and young adults, middle adulthood, and old age; and, reasons for differentials, including biological differences in survival (e.g., survival in prenatal period), risk taking, reproductive, sexual, and maternal health, health-related behaviors.

Video:

SOPHIE. Gender Equality and Health
https://www.youtube.com/watch?v=L98_NaNIzGc

Readings

Murtagh, K.N., & Hubert, H. B. 2004. Gender differences in physical disability among an elderly cohort. *American Journal of Public Health*, 94, 1406-1411.

Rieker, P.P. and Bird, C.E. 2005. Rethinking Gender Differences in Health: Why We Need to Integrate Social and Biological Perspectives. *Journals of Gerontology*. 60B:40-47

Explore the CDC Websites

Men’s Health <http://www.cdc.gov/men/> Women’s Health
<http://www.cdc.gov/women/> LGBTQ Health <http://www.cdc.gov/lgbthealth/>

UNIT 4: CHANGING HEALTH-RELATED BEHAVIOR AND OUTCOMES

9(5) 02/05 **Neighborhood and Spatial Health Effects**

Theories and hypotheses about the relationship between neighborhood characteristics and health. Methods and issues in measuring neighborhoods.

Video:

Unnatural Causes: Living in Disadvantaged Neighborhoods Is Bad for Your Health http://www.unnaturalcauses.org/video_clips_detail.php?res_id=217

Readings

Osypuk, TL et al. Are immigrant enclaves healthy places to live? The Multi-ethnic study of atherosclerosis. *Social Science and Medicine* 69 (2009). 110-120.

Diez-Roux, A.V. 2007. Neighborhoods and Health: Where are we and where do we go from here? *Rev Epidemiol Sante Publique*. 55:13-21.

Optional Readings

Kawachi, I. and SV Subramanian, 2007. Neighbourhood influences on health. *J Epidemiol Community Health* 2007;**61**:3-4

Johnson R. 2011. Health dynamics and the evolution of health inequality over the life course: the importance of neighborhood and family background *The B.E. Journal of Economic Analysis & Policy*. 11(3):1-66.

10(5)	02/07	Exam 1 (Midterm)– Take home [NO CLASS]
11-12(6)	02/12	Theories of Health-Related Behavior and Change
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	02/14	Intrapersonal and interpersonal theories that explain behavior change, including: (1) Health Belief Model, (2) the Trans-theoretical Model, (3) the Theory of Reasoned Action/Theory of Planned Behavior (5) Precaution Adoption Process Model, and (6) Social Cognitive Theory. Theories of behavior change that take a larger frame, including social ecological theory, organizational theories, social networks effects and the diffusion of innovations.
		Required readings:
		National Cancer Institute 2005. Theory at a Glance: A Guide for Health Promotion Practice. Part 1 and Part 2, Pp. 3-31. Available at: http://www.cdph.ca.gov/programs/cpns/Documents/SNAP-Ed%20FFY%2015%20Att%2015%20Theory%20at%20a%20Glance.pdf
		Burke, N. J., Joseph, G., Pasick, R. J., & Barker, J. C. 2009. Theorizing social context: Rethinking behavioral theory. <i>Health Education & Behavior</i> , 36(5 suppl), 55S-70S.
		Stokols, D. 1996. Translating Social Ecological Theory into Guidelines for Community Health Promotion. <i>American Journal of Health Promotion</i> . 10:282-298.

Optional readings:

James, D.C.S et al. 2012. Using the Health Belief Model to Develop Culturally Appropriate Weight-Management Materials for African-American Women. Journal of the Academy of Nutrition and Dietetics. 112(5): 664-670.

Johnson S.S. et al. 2008. Transtheoretical Model-based multiple behavior intervention for weight management: Effectiveness on a population basis. Preventive Medicine. 46:238-246.

Wammes B. et al. 2005. Correlates of motivation to prevent weight gain: a cross-sectional survey. International Journal of Behavioral Nutrition and physical Activity. 2:1

Kelley, K. and Abraham, C. 2003. RCT of a theory-based intervention promoting healthy eating and physical activity amongst out-patients older than 65 years. Social Science and Medicine. 59:787-797.

Anderson E, et al. 2007. Self-regulation, self-efficacy, outcome expectations, and social support: social cognitive theory and nutrition behavior. Ann Behav Med, 34:304-312.

Schwartz, L., et al. 2010. The Central California Regional Obesity Prevention Program: Changing Nutrition and Physical Activity Environments in California's Heartland. American Journal of Public Health. 100:2124-2128.

13(7) 02/19 **Health outcome case study: Obesity, Diet, and Physical Activity**

Prevalence and trends in overweight and obesity, association with health status, costs to the healthcare system, measurement issues. Prevention strategies.

Video

Unnatural Causes. Wealth Equals Health:

http://www.unnaturalcauses.org/video_clips_detail.php?res_id=492

Unnatural Causes: The Importance of Culturally Appropriate Care for Native Americans http://www.unnaturalcauses.org/video_clips_detail.php?res_id=77

Readings

Swinburn, B. A., et al. 2011. The Global Obesity Pandemic: Shaped by Global Drivers and Local Environments. Lancet, 378, 804-814.

Wang Y, et al. 2008. Will all Americans become overweight or obese? Estimating the progression and cost of the US obesity epidemic. Obesity (Silver Spring). 16:2323-30.

Explore the CDC websites

Adult overweight and obesity: <http://www.cdc.gov/obesity/adult/index.html>

Childhood overweight and obesity:

<http://www.cdc.gov/obesity/childhood/index.html>

14(7) 02/21 **Community Organizing and Community-Based Participatory Research**

Different models for organization of communities from social planning or community mobilization through Freire's conceptualization to today's community-based participatory research and coalition building.

Guest Lecture: Dr. Marie Kennedy, Visiting Professor, Department of Urban Planning, UCLA Luskin School of Public Affairs

Readings

Kennedy, Marie with the Roofless Women's Action Research Mobilization researchers. (1996). A hole in my soul: Experiences of homeless women. In Diane Dujon and Ann Withorn, eds. For Crying Out Loud: Women's Poverty in the United States, 2nd edition. Boston: South End Press. 41-55. (Link provided in CCLE)

Nina Wallerstein and Bonnie Duran. (2003). The Conceptual, Historical and Practice Roots of Community Based Participatory Research and Related Participatory Traditions. In Meredith Minkler and Nina Wallerstein, eds., Community-Based Participatory Research for Health. Jossey-Bass. 27-52.

15(8) 02/26 **Health Policy and Advocacy**

Health promotion through changing the policy environment in which people live; major modes of advocacy/affecting policy: (1) changing the law through legislation (Congress or legislatures), (2) changing regulations or enforcement (Administrative branch), (3) changing the law through law suits (Judicial system), and (4) changing public opinion (mass media campaigns); major elements of advocacy.

Guest Lecturer: Dr. Paula Tavrow, Director, Bixby Program in Population and Reproductive Health, Associate Professor at the CHS department, UCLA

Readings

Christoffel, K.K. 2000. Public Health Advocacy: Process and Product. American Journal of Public Health. 90:722-726.

Freudenberg, N. 2005. Public Health Advocacy to Change Corporate Practices: Implications for Health Education Practice and Research. Health Education and Behavior. 32:2998-319.

Brownson RC, Ewing R, McBride TD, Royer C. 2006. Researchers and

policymakers: travelers in parallel universes. *American Journal of Preventive Medicine* 30(2): 164-172.

16(8) 02/28 **Chronic stress: How disadvantage gets under the skin?**

Basic principles and hypothesis of the stress process model. Types of stressors, measurement of stress, stressors versus stress experience. Allostatic load. Disparities in outcomes associated with chronic stress exposure.

Guest Lecture: Courtney Thomas

Video

Unnatural Causes: Growing Wealth Divide is Bad for Health

http://www.unnaturalcauses.org/video_clips_detail.php?res_id=219

Unnatural Causes: How unemployment affects families

http://www.unnaturalcauses.org/video_clips_detail.php?res_id=69

Readings

American Psychological Association, APA Working Group on Stress and Health Disparities. (2017). Stress and health disparities: Contexts, mechanisms, and interventions among racial/ethnic minority and low-socioeconomic status populations. Retrieved from

<http://www.apa.org/pi/health-disparities/resources/stress-report.aspx>

17(9) 03/05 **Health Communication Interventions**

Basic strategies used to communicate with public and professionals, including social marketing and health campaigns, media interventions, and risk communications.

Readings

Maibach, E.W., Abrams, L.C., and Marosits, M. 2007. Communication and Marketing as Tools to Cultivate the Public's Health: A Proposed "People and Places" Framework. *BMC Public Health*. 7:1-15.

Kahle, E.M. 2009. Evaluation of the Impact of News Coverage of an HIV Multiclass Drug-resistant Cluster in Seattle, Washington. *American Journal of Public Health*. 99:S131-S136.

Evans, W.D., et al. 2012. Mobile Health Evaluation Methods: The Text4baby case study. *Journal of Health Communications*. 17:22-29.

18(9) 03/07 **Health Promotion in Schools, Worksites and Clinics**

Panel Discussion: Sang Leng Trieu (The LA Trust), Kevin Riley (Worksites), Laura Vargas (Planned Parenthood LA-Promotoras Comunitarias Program)

Video

Unnatural Causes: YES! Program

http://www.unnaturalcauses.org/video_clips_detail.php?res_id=217

Readings

Beresford, S. A. A., et al. 2001. Seattle 5-a-Day Worksite Program to Increase Fruit and Vegetable Consumption. *Preventive Medicine*. 32: 230–238.

Veugelers, P. J. and Fitzgerald, A. L. 2005. Effectiveness of school programs in preventing childhood obesity: A multilevel comparison. *American Journal of Public Health*. 95:432-435.

19(10) 03/12 **Intervention Planning and Evaluation: General Principles**

Basic steps in planning for community or organization-based interventions, including: (1) needs assessments, (2) formative research, (3) creating objectives, (4) picking a strategy and implementation plan, (5) monitoring implementation, and (6) understanding outcomes.

Readings

Glasgow, R.E., Vogt, T.M. and Boles, S.M. 1999. Evaluating the Public Health Impact of Health Promotion Interventions: The RE-AIM Framework. *American Journal of Public Health*. 89:1322- 1327.

Layde, P.M., Christiansen A.L., Petersdon, D.J. 2012. A Model to Translate Evidence-Based Interventions Into Community Practice *Am J Public Health*. 2012;102:617–624.

Fagen, M. C., Redman, S. D., Stacks, J., Barrett, V., Thullen, B., Altenor, S., & Neiger, B. L. 2011. Developmental evaluation: Building innovations in complex environments. *Health Promotion Practice*, 1524839911412596.

20(10) 03/14 Review class