

HB 600: Social and Behavioral Sciences in Public Health
UNC Gillings School of Global Public Health, Fall 2018

HB 600 is based on the assumption that public health is a multi-disciplinary, population-oriented field aimed at reducing preventable morbidity and premature mortality, and promoting a higher quality through health intervention. Although we recognize that biological, physical, and medical care factors contribute to population health outcomes, this course emphasizes the relationship of *behaviors* to health. We will explore the individual, social and contextual reasons why people engage in specific health-related behaviors. We will then examine several educational and environmental strategies that can be employed to change these behaviors to improve public health. HB 600 is intentionally designed as a broad introduction to health promotion planning and practice. Specific concepts and methods are introduced to exemplify, and encourage an appreciation of, the wealth of approaches in the social and behavioral sciences that can inform public health practice and research.

Public Health Knowledge, Competencies and Course Objectives:

The UNC Gillings School of Global Public Health is in the process of updating the foundational public health knowledge and competencies on which its MPH and MSPH terminal degrees are built. This course was designed to help bachelor's and master's students achieve the following competencies, in effect through 2018:

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

This course will also help students achieve these [newly articulated knowledge and competency areas](#) for master's students:

- Explain behavioral and psychological factors that affect a population's health
- Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities
- 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
- Assess population needs, assets, and capacities that affect communities' health

- Apply awareness of cultural values and practices to the design or implementation of public health policies or programs
- Design a population-based policy, program, project or intervention
- Select methods to evaluate public health programs
- Communicate audience-appropriate public health content, both in writing and through oral presentation

This course also has specific objectives. By the end of the course, students will be able to:

1. Understand the role of behavior (e.g., diet, smoking, substance use, physical activity, sexual behaviors) in determining individual, group and population patterns of mortality and morbidity.
2. Apply social and behavioral science theories, concepts and models to identify causes of health-related behaviors, as well as individual, organizational and community factors that impact the potential success of health behavior interventions.
3. Identify ethically appropriate, evidence/theory-based options for addressing a specific health behavior in a specific population.
4. Describe steps and procedures for planning, implementing and evaluating programs or policies to enhance healthy behavior, in collaboration with appropriate partners.
5. Communicate social and behavioral science concepts with other practitioners and lay audiences.

Course Structure

Course Website: Readings (links to .pdf files), presentations (online lectures featuring Powerpoint slides and an audio lecture), instructions for discussion activities, assignments, and exams will all be made available through the course website, found by entering your onyen and password at <http://sakai.unc.edu>. You will need to familiarize yourself with the Course Materials, Tests & Quizzes, Assignments and (for online students) Forums tabs. Note: the presentations require the RealPlayer plug-in. *If you are having technical problems with the course website, please contact your TA for assistance, rather than the UNC IT Response Center. If your TA is unavailable, please contact the course instructor, Abigail Shapiro (abigailw@email.unc.edu)*

Course Requirements:

Recitation/Discussion Activities (25% of grade): During most weeks of the course, students will meet in small groups to apply the course material to a specific public health example. Using topics and questions developed by the instructor, students will take turns moderating the discussions. In-person recitation groups meet for a specified 50 minute interval each week; online recitation groups complete discussion activities asynchronously through the Forums link in the website. Each person will receive a group participation grade at the end of the semester, based on your TA's assessment of your participation in the discussion activities over the course of the semester (15% of overall grade), and your efforts at moderating one discussion (10% of overall grade). Specifically:

Participation points will be based on the extent to which the student consistently:

1. Participates in discussion in a timely manner:

- Participate in *each* discussion activity. Students who are unable to participate in a specific discussion activity should contact their TA in advance (as feasible) to discuss alternative means of contributing.
- In-person recitation: Arrive on time, refrain from doing other work during recitation
- Online recitation: Make initial posts between Monday-Thursday and additional posts between Friday-Sunday (posting at two different time points is required)

2. Contributes to each discussion substantively:

- Offer new ideas and perspectives (avoid simply agreeing with your classmates)
- Apply the week's course materials to the specific topic of discussion (completing the readings and presentations prior to participation will facilitate this)
- Integrate prior course material, or outside materials, in discussion
- Respectfully respond to points made by your classmates

Moderation points will be based on the extent to which a student successfully does the following during the week he or she is assigned to moderate:

- Develops a plan for discussion in conjunction with the teaching assistant in advance of the start of recitation.
- Encourages all people to participate, seeking clarification when needed, asking follow-up questions, or guiding discussion to new, relevant topic areas, if appropriate.
- Summarizes the key points of the discussion (i.e. synthesize postings for the group, or doing a "wrap-up" at the end of the section meeting).

Midterm (20% of grade): Students will complete a midterm examination comprised of a mix of multiple choice, true/false and short answer questions. This is a "take-home" style exam (with no time limit) that will be made available about one week in advance of the due date in Sakai. The exam will be open book, but students will not be permitted to discuss the exam with anyone other than the instructor or their teaching assistant. The exam will focus on basic course concepts and the application of course content to specific behaviors and/or populations. Students must submit their responses to each question through an assignment in the "Tests and Quizzes" tab in Sakai **by 11:59 p.m. on Sunday, October 7.**

Group Health Promotion Project Proposal (25% of grade): In small groups, students will choose a health topic and associated health behavior of interest to them and design an intervention and/or policy for improving behavioral outcomes in a specific target population. Groups will propose a topic, behavior and population by the end of the day on **October 17** and then submit a proposed logic model and brief summary of their intervention to their teaching assistant for review by the end of the day on **November 4** (10% of overall grade). Then, using a powerpoint presentation, groups will present background about the problem and behavior; suggested intervention strategies, a program logic model, and ideas about program evaluation (15% of overall grade). Presentations will occur during recitation on **November 28** (in-person recitations) and at a mutually agreed upon time using real-time online software between **November 26-December 2** (online recitations). Specific instructions for the assignment are available in the course website. *Powerpoint presentations must be provided to the TA at least 24 hours in advance of the presentation.*

Final Exam (30% of grade): The final exam will consist of 60-65 multiple choice questions. The exam is open book, but because you will only have 2 hours to complete the exam, you should study and organize

your notes to make efficient use of your time. The exam is comprehensive, covering all presentations and readings in the class. **Students will take the exam online during a two hour window of their choosing between Saturday December 8 (at 11:59 a.m.) and Thursday, December 13 (at 11:59 am).**

Honor Code: As a student at UNC-Chapel Hill, you are bound by the university's honor code, which can be viewed at <http://instrument.unc.edu/>. It is your responsibility to learn about and abide by the code. While the honor code prohibits students from lying, cheating and stealing, at its essence it is a means through which UNC maintains standards of academic excellence and community values. Receiving a degree from a university with a reputation for academic integrity conveys increased value to that degree. Abiding by the honor code takes many forms. In all assignments, students should appropriately credit ideas that are not their own, treat the opinions of others with respect, and work independently on non-group assignments. We treat suspected Honor Code violations very seriously. Instructors are required to report suspected violations of the honor code, including inappropriate collaborative work or problematic use of secondary materials, to the Honor Court. Honor Court sanctions can include receiving a zero for the assignment, failing the course and/or suspension from the university. If you have questions about the application of the honor code in this course, you can ask the instructor or TAs. Other resources:

- *Honor system tutorial:* <http://studentconduct.unc.edu/students/honor-system-module>
- *UNC library's plagiarism tutorial:* <https://guides.lib.unc.edu/plagiarism>
- *UNC Writing Center handout on plagiarism:*
<https://writingcenter.unc.edu/tips-and-tools/plagiarism/>

Academic Writing: All written assignments or presentations (group projects) should be completed in a manner that demonstrates academic integrity and excellence. Work should be completed in your own words, but your ideas should be supported with well-cited evidence and theory. The UNC Writing Center provides resources sheets and writing assistance (<http://www.unc.edu/depts/wcweb/>).

Student Evaluation: Final course grades will be assessed on a 100-point scale:

Assignment	Percent
Discussion Activity Participation and Moderation	25
Midterm (Due October 7)	20
Group Health Promotion Project Proposal	25
Topic Posted (October 17)	
Proposed Logic Model & Project Summary (Nov. 4)	10
Final Project Presentation (Nov. 26- Dec. 2)	15
Final Exam (Taken through Sakai during a two hour window of student's choosing, between Saturday, December 8 at 11:59 a.m. and Thursday, December 13 at 11:59 a.m.)	30
Total	100

This course includes both graduate and undergraduate students. Each assignment will receive a point score; the letter grade system below can be used to convert assignment and total scores to letter grades. **The H/A/A- grades reflect mastery of course content at the highest level of attainment and the P/B+/B grades reflect strong performance demonstrating a high level of attainment.**

Letter Grade Criteria

- 94-100% H/A
- 90-93% H/A-
- 87-89% P/B+
- 83-86% P/B
- 80-82 P/B-
- 75-79% P/C
- 55-74% L/D
- <55% F

Course Schedule, Readings, Assignments

WEEK OF:	FORMAT	TOPIC
OVERVIEW AND COURSE LOGISTICS		
8/22	Presentation Objectives Required Reading	Course Introduction and Logistics <ul style="list-style-type: none"> • Become familiar with course structure and student responsibilities Course Syllabus
Finish by: 8/26	Discussion	Course Introduction Note: All residential sections will meet in their assigned rooms at the assigned times. Online sections will be provided instructions via Sakai/email.
Finish by: 8/26	Assignment	Health Behavior Quiz (Note: this quiz is not graded, but some questions will re-appear for grades on the final. The quiz is designed for us to get a sense of student knowledge at the start of the semester.)
UNIT 1: BEHAVIORAL AND ECOLOGICAL APPROACHS TO PUBLIC HEALTH		
8/27	Presentation Objectives Required Reading	Lesson 1: Behavior as a Key Risk Factor for Mortality and Morbidity <ul style="list-style-type: none"> • Get to know your discussion group members • Identify national and global goals for several prominent health-related behaviors • Describe current prevalence/patternings of these behaviors • Understand the influence of these behaviors on key health outcomes • Ezzati M & Riboli E. (2012). Can noncommunicable disease be prevented? Lessons from studies of populations and individuals. <i>Science</i>. 337:1482-1487. • Huffman, MD et al. (2012). Cardiovascular health behavior and health factor changes (1988-2008) and projections to 2020: Results from the National Health and Nutrition Examination Surveys. <i>Circulation</i>. 125:2595-2602.

- Chowdhury PP, et al. (2016). Surveillance for Certain Health Behaviors, Chronic Diseases, and Conditions, Access to Health Care, and Use of Preventive Health Services Among States and Selected Local Areas — Behavioral Risk Factor Surveillance System, United States, 2012. *MMWR Surveillance Summaries*. 65(4);1-142. Available at: <https://www.cdc.gov/mmwr/volumes/65/ss/ss6504a1.htm> (don't worry about learning all the details but get a sense of how behaviors of interest to you are measured, and general patterns).
- Explore the data visualizations from the Global Burden of Disease Study at: <http://www.healthdata.org/gbd/data-visualizations>

Finish by: 9/2	Discussion	The Role of Individual Behavior in Public Health
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9/3	Presentation	Lesson 2: Overview of the Social Ecological Model
	Objectives	<ul style="list-style-type: none"> • Be introduced to the application of a four-level ecological framework for approaching specific public health problems
	Required Reading:	<ul style="list-style-type: none"> • Sallis, J.F., Owen, N. (2015). Ecological models of health behavior. In K. Glanz, B. K. Rimer & K. Viswanath (Eds.), <i>Health behavior and health education: Theory, research, and practice</i> (pp. 43-64). San Francisco: Jossey-Bass. • Sacks R., Yi, SS & Nonas C. (2015). Increasing access to fruits and vegetables: Perspectives from the New York City experience. <i>American Journal of Public Health</i>, 105(5):e29-e37. • In preparation for section, read the following New York Times article and watch embedded video clips: Grady, D. (2013). Uganda fights stigma and poverty to take on breast cancer. October 15, 2013. Available at: http://www.nytimes.com/2013/10/16/health/uganda-fights-stigma-and-poverty-to-take-on-breast-cancer.html?ref=international-home&_r=1&

Finish by: 9/9	Discussion	The SEM Applied to Breast Cancer Screening and Treatment in Uganda
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UNIT 2: DETERMINANTS OF HEALTH BEHAVIOR

9/10	Presentation	Lesson 1: Individual Level Determinants: Constructs of the Health Belief Model and the Theory of Planned Behavior.
	Objectives	<ul style="list-style-type: none"> • Describe the components of the Health Belief Model & the Theory of Planned Behavior, and apply them to a given health problem. • Describe strengths and limitations of individual-level theories
	Required Reading:	<ul style="list-style-type: none"> • Glanz, K. & Rimer, B.K. (2005). Excerpts: Foundations of Theory, Health Belief Model, Theory of Planned Behavior. In: <i>Theory at a Glance: A Guide for Health Promotion Practice</i>. National Cancer Institute. Excerpts available in Sakai, but full guide is available at: http://www.cancer.gov/cancertopics/cancerlibrary/theory.pdf • Aghamolaei, T., Tavafian, S. S., & Madani, A. (2011). Prediction of helmet use among Iranian motorcycle drivers: an application of the

health belief model and the theory of planned behavior. *Traffic injury prevention*, 12(3), 239-243.

- Gerend, M.A. & Shepherd, J.E. (2012). Predicting Human Papillomavirus vaccine uptake in young adult women: Comparing the Health Belief Model and Theory of Planned Behavior. *Annals of Behavioral Medicine*. 44:171-180.

Finish by: 9/16 Discussion Individual Determinants of Vaccine Uptake in Boys

9/17	Presentation	<p>Lesson 2: Interpersonal/Relationship Level Determinants: Social Support and Social Networks</p> <ul style="list-style-type: none"> • To define the types of social support and the characteristics of social networks • Identify mechanisms through which social support can influence health behaviors • Holt-Lunstad J & Uchino BN. (2015). Social support and health. In K. Glanz, B. K. Rimer & K. Viswanath (Eds.), <i>Health behavior and health education: Theory, research, and practice</i> (pp. 183-204). San Francisco: Jossey-Bass Publishers. • Shelton RC, et al. (2011). The association between social factors and physical activity among low-income adults living in public housing. <i>American Journal of Public Health</i>. 101:2102-2110. • TED Talk by Nicholas Christakis: http://www.ted.com/talks/nicholas_christakis_the_hidden_influence_of_social_networks.html <p>Optional (cited in discussion activity):</p> <ul style="list-style-type: none"> • Simons-Morton, B.G. & Farhat, T. (2010). Recent findings on peer group influences on adolescent smoking. <i>Journal of Primary Prevention</i>. 31:191-208.
	Objectives	
	Required Reading:	

Finish by: 9/23 Discussion Social Relationships and Smoking Among Youth

9/24	Presentation	<p>Lesson 3: Community and Society Level Determinants: Fundamental Cause Theory and the Physical, Political and Social Environment</p> <ul style="list-style-type: none"> • Describe characteristics of neighborhoods, workplaces, economic markets and political systems that can influence health behaviors. • Define fundamental cause of disease and how it relates to these behaviors • Identify mechanisms through which community and societal factors impact health behaviors • Cockerham, W.C., Hambry, B.W. & Oates, G.R. (2017). The social determinants of chronic disease. <i>American Journal of Preventive Medicine</i>. 52(1,Suppl1): S5-S12. • Underwood E. (2014). Can disparities be deadly? <i>Science</i>. 344(6186): 829-831.
	Objectives	
	Required Reading:	

- New York City Health Commissioner Mary Bassett discussed neighborhoods and health:
http://bigthink.com/videos/mary-bassett-on-new-york-city-health-disparities?utm_campaign=Echobox&utm_medium=Social&utm_source=Twitter#link_time=1446301074
- TEDx Talk by Camara Jones: Allegories of Race and Racism, available at: <https://www.youtube.com/watch?v=GNhcY6fTyBM>
- Last Week Tonight with John Oliver: Tobacco. From HBO. Clip available at: <https://www.youtube.com/watch?v=6UsHHOCH4q8>
[Note: some language is appropriate only for adults.]

Optional:

- Phelan, J.C., Link, B.G. & Tehranifar, P. (2010). Social conditions as fundamental causes of health inequalities: Theory, evidence and policy implications. *Journal of Health and Social Behavior*, 51(s): S28-S40.
- Yamanis, T.J., Maman, S., Mbwambo, J.K., Earp, J.E. & Kajula, L.J. (2010). Social venues that protect against and promote HIV risk for young men in Dar es Salaam, Tanzania. *Social Science & Medicine*. 71(9): 1601-9.
- Ham DC, Przybeck T, Strickland JR, Luke DA, Bierut LJ, Evanoff BA.(2011). Occupation and workplace policies predict smoking behaviors: analysis of national data from the current population survey. *Journal of Occupational and Environmental Medicine*, 53(11):1337-1345.

Finish by: 9/30 Discussion Applying Fundamental Cause Theory in the Marshall Islands

UNIT 3: INTERVENING TO IMPROVE HEALTH

10/1	Presentation	<p>Lesson 1: Program Planning through Intervention Mapping & Additional Presentation from the Orange County Department of Aging</p>
	Objectives	<ul style="list-style-type: none"> • Identify individual, organizational and community concerns, assets, resources and deficits as a first step in planning health promotion programs. • Identify program objectives based on changeable determinants of health behavior • Apply ethical principles to health promotion program planning
	Required Reading:	<ul style="list-style-type: none"> • Jacobs JA, Jones E, Gabella BA, Spring B & Brownson RC. (2012). Tools for implementing an evidence-based approach in public health practice. <i>Preventing Chronic Disease</i>. 9:110324. • Michie S, et al. (2011). The behaviour change wheel: A new method for characterising and designing behaviour change interventions. <i>Implementation Science</i>. 6:42. [Skim search methods and focus on the components of the wheel.]

- Kass, N. E. (2001). An ethics framework for public health. *American Journal of Public Health*, 91(11), 1776-1782.

Skim for discussion activity:

- Leavy JE et al. (2015). A review of drowning prevention interventions for children and young people in high, low and middle income countries. *Journal of Community Health*. Online ahead of print. 1-18.
- Rahman A, et al. (2010). Initial community response to a childhood drowning prevention programme in a rural setting in Bangladesh. *Injury Prevention*. 16:21-25.

Finish by: 10/7 Discussion Program planning for drowning prevention

Finish by: 10/7 **Assignment** **The midterm exam must be completed through the “Tests & Quizzes” tab in Sakai by Sunday, Oct. 7 at 11:59 p.m.**

10/8	Presentations	Lesson 2: Education Strategies for Promoting Healthy Behaviors
	Objectives	<ul style="list-style-type: none"> ● Identify strategies for enhancing health promotion efforts by refining program messages and identifying and training effective messengers. ● Compare and contrast several educational strategies employed by health promotion efforts, including Motivational Interviewing, tailored messages, targeted messages, and Lay Health Advisors.
	Readings	<ul style="list-style-type: none"> ● Farley, T.A., et al. (2017). Mass Media Campaign to Reduce Consumption of Sugar-Sweetened Beverages in a Rural Area of the United States. <i>AJPH</i>. 107(6):989-995. <ul style="list-style-type: none"> ● Also view videos from campaign at http://livesugarfreed.org ● Schoenberg, N.E., et al. (2016). A randomized controlled trial of a faith-placed, lay health advisor delivered smoking cessation intervention for rural residents. <i>Preventive Medicine Reports</i>. 3: 317–323 <ul style="list-style-type: none"> ● <i>Note:</i> The statistical methods used to evaluate this intervention may be unfamiliar to you. When reading this article, focus on how the intervention was developed, and the findings described in the discussion.] ● Noar, S. M. & Harrington, N. G. (2016). Tailored communications for health-related decision making and behavior change. In M.A. Diefenbach et al. (Eds.), <i>Handbook of Health Decision Science</i>. (p 251-263). New York: Springer

Finish by: 10/17 Discussion Health Promotion in Rural America

Finish by: 10/17 **Assignment** **Group project teams must email their proposed health topic, associated health behavior and population of interest for their group project to their teaching assistant for feedback.**

10/22 Presentations **Lesson 3: Policy and Environmental Interventions for Promoting Healthy Behaviors**

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|-------------------|---|
| Objectives | <ul style="list-style-type: none"> ● Identify strategies for modifying the physical, economic or political environment to enhance health promoting behaviors ● Identify settings in which policy interventions can be implemented ● Identify the advantages and disadvantages of voluntary vs. mandatory, and active vs. passive, environmental and policy approaches. |
| Required Reading: | <ul style="list-style-type: none"> ● Katz MH (2009). Structural interventions for addressing chronic health problems. <i>The Journal of American Medical Association</i>, 302(6):683-685. ● Kerrigan, D., Moreno, L., Rosario, S., et al. (2006). Environmental-structural interventions to reduce HIV/STI risk among female sex workers in the Dominican Republic. <i>American Journal of Public Health</i>. 96:120-125. ● Schober DJ & Fawcett SB. (2015). Using action planning to build organizational capacity for the prevention of intimate partner violence. <i>Health Education & Behavior</i>. 42(4): 449-457. ● Sorg A., et al. (2013). Regulating price discounting in Providence, RI. Innovative point-of-sale policies: Case study #1. Produced by the Center for Public Health Systems Science at the George Warren Brown School of Social Work at Washington University in St. Louis. Available at: http://countertobacco.org/sites/default/files/ProvidenceCaseStudy_Oct2013.pdf |

Finish by: 10/28 Discussion Policy Debate (Topic TBA)

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| 10/29 | Presentation | <p>Lesson 4: Health Promotion Program and Policy Logic Models</p> <ul style="list-style-type: none"> ● Apply multilevel approach to intervention development and implementation among a specific population ● Understand how logic models can work as a tool for multilevel intervention development |
| | Objectives | |
| | Reading: | |
| | | <ul style="list-style-type: none"> ● Scholmerich, V.L.N. & Kawachi, I.(2016). Translating the Socio-Ecological Perspective Into Multilevel Interventions: Gaps Between Theory and Practice. <i>Health Education & Behavior</i>. 43(1) 17–20. ● WK Kellogg Foundation. (2004). <i>Logic Model Development Guide</i>. Note: pp. 1-34 are required for this week; the rest of the guide is optional, and likely useful as we transition to program evaluation. ● Review material related to the health behavior you are targeting for your group project at: http://www.thecommunityguide.org/index.html. (Note: you might also consider the Cochrane Libraries at www.cochrane.org.) |

Finish by 11/4 (11:59 p.m.)	Assignment	No formal discussion activity. Recitation time will be used by group project teams to develop project ideas and logic models. Teams must complete a
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draft version of their proposed program logic model and for the [Residential groups email](#) it to their residential TA, or for the [Online groups post it in the Discussion Forum](#) for their group project in Sakai. More information about the group project assignment is available in the Course Materials tab.

UNIT 4: EVALUATING CHANGE ON MULTIPLE LEVELS

11/5	<p>Presentation</p> <p>Objectives</p> <p>Required Reading:</p>	<p>Lesson 1: Program and Policy Evaluation using RE-AIM</p> <ul style="list-style-type: none"> • Introduce a framework for program evaluation and improvement • Define dimensions about intervention implementation and intervention impact along which evaluation should be assessed. • Write evaluation questions and “SMART objectives” for specific health promotion programs. <p>• Jilcott, S., Ammerman A., Sommers, J., & Glasgow, R.E. (2007). Applying the RE-AIM framework to assess the public health impact of policy change. <i>Annals of Behavioral Medicine</i>, 34 (2), 105-114.</p> <p>• Glasgow RE, Vogt TM, Boles SM. (1999). Evaluating the public health impact of health promotion interventions: the RE-AIM framework. <i>American Journal of Public Health</i>, 89(9):1322-1327.</p> <p>• Handout on SMART objective writing</p> <p>• <i>For discussion activity:</i> Torres, A., Sarmiento, O.L., Stauber, C. & Zarama, R. (2013). The Ciclovía and Cicloruta programs: Promising interventions to promote physical activity and social capital in Bogotá, Colombia. <i>American Journal of Public Health</i>. 103: e23-e30.</p> <p><i>Optional (examples of RE-AIM applied to health promotion programs):</i></p> <ul style="list-style-type: none"> • Glasgow RE, Whitlock EP, Eakin EG, Lichtenstein E. (2000). A brief smoking cessation intervention for women in low-income planned parenthood clinics. <i>American Journal of Public Health</i>, 90(5):786-789. • Dunton GF, Lagloire R, Robertson T. (2009). Using the RE-AIM framework to evaluate the statewide dissemination of a school-based physical activity and nutrition curriculum: "Exercise Your Options". <i>American Journal of Health Promotion</i>, 23(4):229-232.
Finish by: 11/11	Discussion	Evaluating a multi-level intervention using the RE-AIM framework

11/12	<p>Presentation</p> <p>Objectives</p>	<p>Lesson 2: Conducting Program and Policy Evaluation</p> <ul style="list-style-type: none"> • To identify strategies for collecting information about the intervention process, as well as level-specific, behavioral and environmental change during an intervention process. • Understand data collection modes and their advantages and disadvantages
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Required Reading:

- Tips & Tools #1: Choosing A Data Collection Method. Produced by the Center for Evaluation and Research, Tobacco Control Evaluation Center. Note: full set of tools available at: <http://tobaccoeval.ucdavis.edu/tools.php>
- Painter, T.M., Ngalmé, P.M., Lucas, B., Lauby, J.L. & Herbst, J.H. (2010). Strategies used by community-based organizations to evaluate their locally developed HIV prevention interventions: Lessons learned from the CDC's innovative interventions project. *AIDS Education and Prevention*. 22(5): 387-401.
- For recitation discussion: Elliott, K. R., Solomon, M. G., & Preusser, D. F. (2014, November). *Evaluation of a high-visibility enforcement seat belt program on the Blue Ridge Parkway*. (Report No. DOT HS 812 085). Washington, DC: National Highway Traffic Safety Administration. [EXCERPTS]

Optional (examples of program evaluation)

- Phillips, M.M., Raczynski, J.M., West, D.S., Pulley, L., Bursac, Z. & Leviton, L.C. (2013). The evaluation of Arkansas Act 1220 of 2003 to reduce childhood obesity: Conceptualization, design, and special challenges. *American Journal of Community Psychology*. 51: 289-298.
- Cohen JFW, Richardson S, Austin SB, Economos CD & Rimm EB. (2013). School lunch waste among middle school students: nutrients consumed and costs. *American Journal of Preventive Medicine*. 44(2):114-121.
- Boles M, Adams A, Gredler A & Manhas S. (2014). Ability of a mass media campaign to influence knowledge, attitudes, and behaviors about sugary drinks and obesity. *Preventive Medicine*. 67(Supp. 1): S40-5.

Finish by: 11/18 Discussion Collecting data to evaluate seat belt use interventions

No class the week of 11/19

SYNTHESIS

11/26		<p>Lesson 1: Preparing Group Project Presentations</p> <p>No readings or formal recitation, TAs will be available to assist groups in preparing their group presentations.</p> <p>Optional: http://www.youtube.com/watch?v=KbSPPFYxx3o</p>
11/26	Presentation	<p>Lesson 2: Group Project Presentations</p> <p><i>No formal presentation. Students will present the results of their group projects.</i></p>
	Objectives	<ul style="list-style-type: none"> • Integrate and apply course concepts to specific health topics and populations
	Reading:	<ul style="list-style-type: none"> • No readings assigned this week.
Finish by 12/2	Discussion	Group Project Presentations (online groups will schedule real-time presentations)
12/3	Presentation	<p>Lesson 3: Reflections on the Field.</p> <p><i>No formal presentation. Discussion based on assigned readings.</i></p>

- Objectives
 - Identify outstanding issues in health promotion research and practice.
 - Discuss intersections of health behavior and other public health fields.
 - Provide meaningful feedback about course to TAs and instructors.
- Reading:
 - Hirsch G, Homer J, Trogdon J, Wile K & Orenstein D. (2014). Using simulation to compare 4 categories of intervention for reducing cardiovascular disease risks. *American Journal of Public Health*. 104(7): 1187-1195.
 - Golden SD & Earp JL. (2012). Social ecological approaches to individuals and their contexts: Twenty years of HEB health promotion interventions. *Health Education & Behavior*. 39: 364-372.

Finish by 12/5	Discussion	Reflections on the field
	Assignment	Course evaluations (please bring laptops to residential sections to complete online evaluation; online students complete evaluations during the week).

12/8- 12/13	Final Exam Available (students choose 2 hour window between Saturday December 8 at 11:59 a.m. EST (i.e. noon) and Thursday December 13 at 11:59 a.m. (i.e. noon) in which to complete the exam online)
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Please complete your course evaluation!