

HBEH 700: Foundations of Health Behavior: Ethics, Engagement and Equity

Fall 2018

Instructors

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COURSE DESCRIPTION

Foundations of Health Behavior: Ethics, Engagement and Equity (HBEH 700) is a required survey course for first year master's students in the Department of Health Behavior. The course will expose students to the broad context through which health behavior practitioners and researchers understand and address public health issues. It will provide students with an overview of our field as well as an introduction to concepts and topics that are relevant across the MPH curriculum: public health history; population health; community engagement; cultural humility; health equity and social determinants of health; and public health ethics.

Prerequisites: None

Units: 3 credits

Meetings: Tuesdays and Thursdays 9:30 – 10:45 am McGavran-Greenberg 2306

Course Website: <https://sakai.unc.edu/portal/site/hbeh700>

Class Materials: All journal articles, lecture slides, and assignments will be available via Sakai.

Required book:

- [The Immortal Life of Henrietta Lacks](#) by Rebecca Skloot

Accessibility: To obtain disability-related academic accommodations, students with disabilities must contact as soon as possible:

- Alexandra Lightfoot and
- Department of Disability Services at 919-962-8300 (Voice/TDD) or <http://disabilityservices.unc.edu>

COURSE OBJECTIVES

By the end of the course students will be able to:

1. Describe ethical challenges that face public health practitioners and researchers.
2. Explore positionality as it relates to your role as a public health professional.
3. Explain the contribution of history and structural racism to present-day health inequities.
4. Differentiate between high risk and population perspectives of health.
5. Apply a social determinants of health perspective to a public health problem.
6. Differentiate between health disparities and health equity approaches.

7. Identify strategies to meaningfully engage communities in identifying community assets and addressing health problems.

Core Competencies

The Council on Education for Public Health (CEPH) accrediting body requires MPH students to demonstrate competencies. These competencies were revised in 2016 (see <https://ceph.org/assets/2016.Criteria.pdf>). HBEH 700 addresses the following competencies:

- (D1.1) Explain public health history, philosophy and values
- (D1.10) Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities
- (D2.6) 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
- (D2.20) Describe the importance of cultural competence in communicating public health content

COURSE POLICIES

Communication Platform

This course will use Sakai. Please contact ITS (<http://its.unc.edu/>) for Sakai training, as necessary. The teaching team will communicate with students through their unc.edu email address. Non-university email accounts are disregarded for this course.

Expectations of Professionalism

- While collaborative learning is encouraged and very typical of our discipline, all individual assignments should be completed individually.
- Please place cell phones and other electronic media on silent during class and refrain from use except in emergency situations.
- Laptops and tablets can facilitate and provide complementary learning experiences for students when used in a respectful manner. Laptops will be allowed in class for note-taking and for topic-relevant use. Not acceptable uses of a laptop or tablet during class, however, are: checking email or social media, CHATTING, conducting work for other classes, and surfing the web.
- Please be prepared to begin class promptly at 9:30 am. Habitual lateness will be addressed on an individual basis.

Discussion Guidelines (UNC Center for Faculty Excellence, 2004)

- Always listen carefully, with an open mind, to the contributions of others.
- Ask for clarification when you don't understand a point someone has made.
- If you challenge others' ideas, do so with factual evidence and appropriate logic.
- Always critique ideas or positions, not people.
- If others challenge your ideas, be willing to change your mind if they demonstrate errors in your logic or use of the facts.
- Point out the relevance of issues that you raise when their relevance might not be obvious to others in the class.
- If others have made a point with which you agree, only repeat it when you have something important to add.
- Be efficient in your discourse; make your points and then yield to others—take turns speaking.
- Above all, avoid ridicule and try to respect the beliefs of others even if they differ from yours.

Diversity and Inclusion

The Gillings School of Global Public Health embraces diversity as an ethical and societal value. Diversity includes, but is not limited to, consideration of race, ethnicity, gender, sexual orientation, age, national origin, religion, social class, family educational attainment, physical and learning ability, and veteran status. This class will follow principles of inclusion, respect, tolerance, and acceptance that support the values of diversity. Diversity requires an atmosphere of inclusion and tolerance, which often times challenges our own closely-held ideas, as well as our personal comfort zones. The results, however, create a sense of community and promote excellence in the learning environment. In addition, increasing diversity will create a health workforce better prepared to serve an increasingly diverse local and global population and address health inequities over time. Resources related to diversity and inclusion at Gillings and UNC include:

- Diversity and Inclusion at the Gillings School of Global Public Health: <http://sph.unc.edu/resource-pages/diversity>
- Office for Diversity & Inclusion at the University of North Carolina at Chapel Hill <http://diversity.unc.edu/>
- UNC Non-Discrimination Policies: <http://policy.sites.unc.edu/files/2013/04/nondiscrim.pdf>
- Prohibited Discrimination, Harassment, and Related Misconduct at UNC: <https://deanofstudents.unc.edu/incident-reporting/prohibited-harassmentsexual-misconduct>
- Resources for Equity in Public Health: <https://docs.google.com/spreadsheets/d/1ni3gMokYtxXP1l6bjhTSHqGITNwPBSsUuogavLXXJY/edit#gid=679802843>

The 700 teaching team is committed to fostering an affirming, inclusive, learning environment. We ask that students do the same, and engage in respectful inquiry and civil discourse in this class (and beyond). This course is embedded in a large department in a large school of public health in a large public university in the United States, and we recognize that we each come to this work with perspectives informed by our intersecting identities and individual experiences, including experiences of discrimination, oppression, and privilege. These unique experiences and the perspectives they inform are valuable to the shared learning process.

We also acknowledge that these lived experiences and other influences can lead to unintentional use of clumsy or offensive language and approaches—especially in the classroom as we seek to deepen our understanding of these issues and how they apply to our work as public health practitioners. We ask that we, as a learning community, compassionately hold each other accountable for the language we use and the underlying assumptions and attitudes they may represent, and, when possible, provide explanation and clarification. Please do not hesitate to raise issues and provide feedback or suggestions to the teaching team in- or outside of class so that we can continue to incorporate new perspectives and information into the course.

Principles of Social Justice Education (SJE) Pedagogy

Finally, we also strive within our class structure and process to incorporate the principles of Social Justice Education pedagogy which include:

1. SJE pedagogies balance the emotional and cognitive components of the learning process
2. SJE pedagogies encourages the use of experiential knowledge by the student as well as the intersecting systemic experiences that the student interacts with daily
3. SJE pedagogies acknowledge the inter-classroom dynamics between student and student as well as student and teacher
4. SJE pedagogies uses reflexivity in classroom discourse as a medium for student-centered learning
5. SJE pedagogies values self-awareness, personal growth and change as a measure of the learning process
6. SJE pedagogies acknowledge and seek to transform the many ways in which identity based social position and power, privilege, and disadvantage, shape participant interactions in the classroom and everyday contexts (Adams, 2010, p. 60-61).

Submission of Assignments

Papers will only be accepted via Sakai, not email.

Late Work Policy

Assignments will be penalized half a letter grade for every 24 hours late.

Honor Code

As a student at UNC-Chapel Hill, you are bound by the university's honor code (<http://instrument.unc.edu/>). It is your responsibility to learn about and abide by the code. While the honor code essentially prohibits students from lying, cheating and stealing, at its essence it is a means through which the university aims to maintain standards of academic excellence and community values. If you have questions about the application of the honor code, please see <http://honor.unc.edu> or ask the instructor or teaching assistants. 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.

Academic Writing

Work should be generally completed in your own words (direct quotes used only when necessary), but your ideas should be supported with evidence and theory. *Cite, cite, cite!* When supporting your ideas with the work of others, however, consider the source. There is a continuum of materials (from a peer-reviewed journal to CDC reports, to Wikipedia, to your best friend's blog), but only some of these will provide strong support and are therefore appropriate in academic writing. Ask yourself if a source is *scholarly, credible, and original* – the strongest sources have all of these characteristics. The UNC Writing Center provides resources sheets and one-on-one writing assistance (<http://www.unc.edu/depts/wcweb/>).

Attendance

Attendance is crucial to both your learning experience and the learning of others in this course. It is your responsibility and an Honor Code statute to notify the instructor *in advance* if you will miss class.

Readings

You are responsible for reading ALL assigned material before the class date for which they are assigned. These readings will provide the background you need to fully understand, benefit from, and participate in the class discussion.

EVALUATION

Your grade in this course will be based on the following assignments; additional details will be available on Sakai.

1. Reflection: Module 1

Due (via Sakai): 9/27 by 9:30 am (class time)

2. Reflection: Module 2

Due (via Sakai): 10/25 by 9:30 am (class time)

3. Paper

Due (via Sakai): 12/04 by 9:30 am (class time)

4. Discussion Leading:

During select class sessions (9/27, 10/11, 10/25, 11/6, 11/15, 11/29), groups of 6 or so students will create a class plan that guides questions, discussion and interpretation of the readings; over the course of the semester, each student is expected to be part of a discussion

leading team once. Each class should include a variety of discussion techniques (e.g. large group discussion, small group discussion, debate, application activity, individual reflection, arts-based approaches, etc.). Students are encouraged to relate the readings and discussion to prior course content, as relevant, as well as topical issues in the news. Students should plan a timetable for an activity/discussion that lasts approximately 45 minutes with opportunity to debrief and link to course content following. Student facilitation groups will be asked to submit a participation form detailing how each member contributed to the planning and facilitation of the session.

5. **Participation:** Class participation includes reading all assigned materials before class, being prepared to discuss readings and assignments, sharing opinions on the topic at hand, facilitating the participation of others, and engaging with guest speakers. This also includes arriving to class on time and attending all class sessions. To maximize everyone's learning, we rely on the contributions and insights of both students and the teaching team when issues are discussed.

ASSIGNMENT	GRADE %
Reflection: Module 1	10
Reflection: Module 2	10
Discussion Leading/Facilitation/Contribution	20
Participation	20
Paper	30
<i>Total:</i>	100

Your assignments will be graded according to the H, P, L, or F grading scale:

H - high pass; clear excellence

P – pass; entirely satisfactory graduate work

L – low pass; inadequate graduate work

F – fail

In accordance with university policy, all final course grades will be limited to H/P/L/F.

Course evaluations are important to improving the class and the teaching team appreciates and will ask for student feedback throughout the semester. The online evaluation system will be available during the last two weeks of classes.

COURSE SCHEDULE

We reserve the right to modify the schedule and readings as needed.

MODULE	DATES	TOPIC
1	8/21-9/13	Ethics in Research and Practice
2	9/18-10/04	Examining/Defining Our Roles
3	10/09-10/30	Framing the Problem
4	11/01-11/29	Working with Communities
-	12/04	Course Wrap Up

TOPICS AND READINGS

Date	Session	Class Preparation
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Module 1: Ethics in Research & Practice
Understanding Where we Have Been

8/21	<p>Course Overview & Introduction to Ethical Principles, Social Justice and Equity in Public Health</p> <p>Class objectives:</p> <ol style="list-style-type: none"> 1. Introduce students and course instructors 2. Review syllabus and course overview 3. Group Activity 	<p>Complete after class:</p> <ol style="list-style-type: none"> 1. Locate and start reading Henrietta Lacks
8/23	<p>Visit to the Ackland Museum</p> <p>Class objectives:</p> <ol style="list-style-type: none"> 1. Explore public health from a different perspective 2. Gain insights into classmates' interests in public health 	<p>Complete before class:</p> <ol style="list-style-type: none"> 1. Continue to read Henrietta Lacks
8/28	<p>Introduction to Ethical Principles, Social Justice and Equity in Public Health</p> <p>Guest Speaker: Jim Thomas</p> <p>Class objectives:</p> <ol style="list-style-type: none"> 1. Introduce ethical principles in public health 2. Describe various ethical frameworks for public health 	<p>Complete before class:</p> <ol style="list-style-type: none"> 1. Continue to read Henrietta Lacks 2. The Belmont Report (National Institutes of Health, 1979) 3. Code of Ethics for the Health Education Professions (Society for Public Health Education)
8/30	<p>Ethics and Equity in Research & Practice</p> <p>Class objectives:</p> <ol style="list-style-type: none"> 1. Review ethics in public health research and practice 2. Discuss implications 	<p>Complete before class:</p> <ol style="list-style-type: none"> 1. View Bill Jenkins at APHA https://www.youtube.com/watch?v=BragfuSDoow https://www.youtube.com/watch?v=9RSV4AGufwk 2. View TED Talk: Ethical Riddles in HIV Research – Boghuma Kabisen Titanji 3. Continue reading Henrietta Lacks
9/04	<p>Ethics and Equity in Research & Practice: Discussion of Henrietta Lacks</p> <p>Class objectives:</p> <ol style="list-style-type: none"> 1. Discuss ethical challenges and violations from the book <i>The Immortal Life of Henrietta Lacks</i> 	<p>Complete before class:</p> <ol style="list-style-type: none"> 1. Finish reading Henrietta Lacks
9/06	<p>Ethics and Equity in Research & Practice: Discussion of Henrietta Lacks, Part 2</p>	<p>Complete before class:</p> <ol style="list-style-type: none"> 1. Finish reading Henrietta Lacks

	<ol style="list-style-type: none"> Discuss ethical challenges and violations from the book <i>The Immortal Life of Henrietta Lacks</i> 	Assignment released (due 9/27) <ul style="list-style-type: none"> Reflection on Ethics in Research and Practice
9/11	Field Trip	
9/13	Scope of the Field and History of Health Education Guest Speaker: Geni Eng Class objectives <ol style="list-style-type: none"> Learn about the history of health education and the roots of UNC's health education department 	Complete before class: <ol style="list-style-type: none"> McGavran EG. (1953) 'What is public health?' <i>Canadian Journal of Public Health</i>, 441-451. Minkler M. (1994) Ten commitments for community health education. <i>Health Education Research</i>, 9(4): 527-534. Steckler, A., Dawson, L., Israel, B. & Eng, E. (1993) Community health development: An overview of the works of Guy W. Steuart. <i>Health Education Quarterly</i>. Supplement 1, S3-S20. View: "Out in the Rural" before coming to class (23 minutes) Recommended Reading: <ol style="list-style-type: none"> Korstad, 1990. <i>Dreaming of a Time: The School of Public Health : the University of North Carolina at Chapel Hill, 1939-1989</i>
Module 2: Examining/Defining Our Role		
9/18	Becoming Public Health Practitioners Class objectives <ol style="list-style-type: none"> Discuss positionality in public health practice 	Complete before class: View: <ol style="list-style-type: none"> Camara Jones at 2018 Gillings Graduation. Start at 21:30 and end at 52.24 https://www.youtube.com/watch?v=zQ8UgcXUi_I&t=821s Read: <ol style="list-style-type: none"> Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: evidence and interventions. <i>The Lancet</i>, 389(10077), 1453-1463. Cross, RI. (2018). Commentary: Can Critical Race Theory Enhance the Field of Public Health? A Student's Perspective. <i>Ethn Dis</i>. 2018;28(Suppl 1): 267-270; doi:10.18865/ed.28.S1.267. Hyde, C. (2018). Challenging Ourselves: Critical Self-Reflection on Power and Privilege. In Wallerstein et al., <i>CBPR for Health: Advancing Social and Health Equity</i>. Jossey-Bass: San Francisco.

<p>9/20</p>	<p>Critical Race Theory in Public Health</p> <p>Guest Speaker: Cristina Leos, MSPH</p> <p>Class objectives</p> <ol style="list-style-type: none"> 1. Describe theories of Racial Identity Formation and Critical Race Theory 	<p>Complete before class:</p> <ol style="list-style-type: none"> 1. Ford, C. L., & Airhihenbuwa, C. O. (2010). Critical race theory, race equity, and public health: toward antiracism praxis. <i>American journal of public health</i>, 100(S1), S30-S35. 2. Leos, C., et. al. Stories of Race and Resistance: A Critical Race Theory Perspective on the Educational Experiences of Latino Immigrant Young Men in North Carolina. (Under Review) 3. Ford, CL & Airhihenbuwa, CO. (2018) Commentary: Just What is Critical Race Theory and What's it Doing in a Progressive Field like Public Health? <i>Ethn Dis.</i> 2018;28(Suppl 1):223-230; doi:10.18865/ed.28.S1.223
<p>9/25</p>	<p>Implicit Bias</p> <p>Class objectives</p> <ol style="list-style-type: none"> 1. Discuss implicit bias and strategies for reducing biases 	<p>Complete before class:</p> <ol style="list-style-type: none"> 1. Devine, P. G., Forscher, P. S., Austin, A. J., & Cox, W. T. L. (2012). Long-term reduction in implicit race bias: A prejudice habit-breaking intervention. <i>Journal of Experimental Social Psychology</i>, 48:1267-1278. 2. DiAngelo, R. (2011). White fragility. <i>The International Journal of Critical Pedagogy</i>, 3(3), 54-70. 3. Cunningham, B. A., & Scarlato, A. S. (2018). Ensnared by colorblindness: discourse on health care disparities. <i>Ethnicity & Disease</i>, 28(Suppl 1), 235-240. 4. Chapman MV, Hall WJ, Lee K, Colby R, Coyne-Beasley T, Day S, Eng E, Lightfoot AF, Merino Y, Siman F, Thomas T, Thatcher K. (2018) Making a Difference in Resident Pediatricians' Implicit Bias toward Latino/Latina Patients: A Pilot Study of an Intervention to Modify Implicit and Explicit Attitudes. <i>Social Science and Medicine</i>. 199:202-208
<p>9/27</p>	<p>Student Led Discussion</p>	<p>Assignment due:</p> <ol style="list-style-type: none"> 1. Reflection on Ethics in Research and Practice due by class time (via Sakai)

10/2	<p>Cultural Competency? Cultural Humility? Structural Competency?</p> <p>Class objectives</p> <ol style="list-style-type: none"> 1. Compare and contrast cultural humility and cultural competence 2. Learn methods and strategies for applying cultural humility to research and practice 3. Examine structural competency as a new model 	<p>Complete before class:</p> <ol style="list-style-type: none"> 1. Tervalon, M. & Murray-Garcia, J. (1998) Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. <i>Journal of Health Care for the Poor and Underserved</i>, 9(2): 117-125. 2. Chavez, V. (2017). Cultural Humility: Reflections and Relevance for CBPR. In Wallerstein et al., <i>CBPR for Health: Advancing Social and Health Equity</i>. 3. Metzl, J. M., & Roberts, D. E. (2014). Structural competency meets structural racism: race, politics, and the structure of medical knowledge. <i>Virtual Mentor</i>, 16(9), 674. 4. View: https://www.youtube.com/watch?v=LLchs28ANj8 <p>Assignment released:</p> <ul style="list-style-type: none"> • Racial Identity Assignment (due 10/25) <p>Recommended reading:</p> <ol style="list-style-type: none"> 1. Metzl, J. M., & Hansen, H. (2014). Structural competency: Theorizing a new medical engagement with stigma and inequality. <i>Social Science & Medicine</i>, 103, 126-133. 2. Braun, L. (2017). Theorizing Race and Racism: Preliminary Reflections on the Medical Curriculum. <i>American journal of law & medicine</i>, 43(2-3), 239-256.
10/04	Caucus	
Module 3: Framing the Problem		
10/9	<p>Social Determinants of Health</p> <p>Class objectives</p> <ol style="list-style-type: none"> 1. Introduce social determinants of health frameworks and Fundamental Cause Theory 2. Apply racial equity lens to create solutions for public health problems 	<p>Complete before class:</p> <ol style="list-style-type: none"> 1. Braveman, P., Egerter, S., & Williams, D. R. (2011). The social determinants of health: coming of age. <i>Annual review of public health</i>, 32, 381-398. 2. Link BG, Phelan J, and Tehranifar P. (2010) Social conditions as fundamental causes of health inequalities: theory, evidence, and policy implications. <i>Journal of Health and Social Behavior</i>, 51(1 Suppl):S28-S40. 3. Reif, S. & McAllaster, C. (2015, April 22). Stigma and poverty make HIV/AIDS

		<p>deadlier in the Deep South. New Republic.</p> <p>4. Tavernise, S. (2015, April 29). Health problems take root in a West Baltimore neighborhood that is sick of neglect. The New York Times.</p> <p>5. View: “Bad Sugar” before coming to class - Unnatural causes: Is inequality making us sick? (2008)</p>
10/11	Student Led Discussion	
10/16	<p>Structural Racism and Intersectionality</p> <p>Class objectives</p> <ol style="list-style-type: none"> 1. Discuss structural racism and its role in producing health inequities 2. Define and apply intersectionality to public health research 	<p>Complete before class:</p> <ol style="list-style-type: none"> 1. Gee, G. C., & Ford, C. L. (2011). Structural racism and health inequities. <i>Du Bois review: social science research on race</i>, 8(1), 115-132. 2. https://www.theatlantic.com/magazine/archive/2018/07/being-black-in-america-can-be-hazardous-to-your-health/561740/ 3. Bauer GR. (2014). Incorporating intersectionality theory into population health research methodology: Challenges and the potential to advance health equity. <i>Social Science & Medicine</i>. 110:10-17. 4. Mason, C. N. (2010). Leading at the intersections: an introduction to the intersectional approach model for policy and social change. <i>Women of Color Policy Network</i>. 5. View: https://www.ted.com/talks/kimberle_crenshaw_the_urgency_of_intersectionality?referrer=playlist-10_great_talks_to_celebrate_bl 6. View Anna Deveare Smith: https://www.youtube.com/watch?v=XRhQTWX2zPw
10/18	Fall Break	
10/23	<p>Health Disparities vs. Health Equity</p> <p>Class objectives</p> <ol style="list-style-type: none"> 1. Compare and contrast health disparities vs. health equity perspectives 2. Evaluate an intervention using disparities and equity lenses 	<p>Complete before class:</p> <ol style="list-style-type: none"> 1. Braveman, P. (2014). What Are Health Disparities and Health Equity? We Need to Be Clear. <i>Public Health Reports</i>, 129(Suppl 2), 5–8. 2. Docteur, E. & Berenson, R. A. (2014) In pursuit of health equity: Comparing US and EU approaches to eliminating disparities. <i>Robert Wood Johnson Foundation</i>. 3. Eng E, Schaal, J, Baker S, Black K, Cykert S, Jones N, Lightfoot AF, Robertson L, Samuel C, Smith B, Thatcher K. (2017) <i>Partnership, Transparency, and Accountability: Changing Systems to</i>

		<p>Enhance Racial Equity in Cancer Care and Outcomes. In Wallerstein N, ed. Community-Based Participatory Research for Health: Advancing Social and Health Equity.</p> <p>4. View Measuring Racial Equity- A Ground Water Approach</p>
10/25	Student Led Discussion	<p>Assignment due:</p> <ol style="list-style-type: none"> 1. Racial Identity Assignment (via Sakai)
10/30	<p>Population and High Risk Approaches to Health & Levels of Prevention and Intervention</p> <p>Class objectives</p> <ol style="list-style-type: none"> 1. Describe population and high risk approaches to public health and levels of prevention 2. Discuss strengths and weaknesses of interventions based on these approaches 	<p>Complete before class:</p> <ol style="list-style-type: none"> 1. Rose, G. (2001). Sick individuals and sick populations. <i>International Journal of Epidemiology</i>, 30(3), 427-432. 2. Defining the scope of prevention. (1994) Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities. National Academies Press. 3. Golden, S. & Earp, J. (2012) Social ecological approaches to individuals and their contexts: Twenty years of health education & behavior health promotion interventions. <i>Health Education & Behavior</i>, 39(3):364-372. 4. Levels of Risk, Levels of Intervention – SAMHSA Prevention training and technical assistance <p>Assignment released:</p> <ul style="list-style-type: none"> • Paper (due 12/4)
Module 4: Working with Communities		
11/1	<p>Community Engagement (global)</p> <p>Class objectives</p> <ol style="list-style-type: none"> 1. Discuss global strategies for community engagement 	<p>Complete before class:</p> <ol style="list-style-type: none"> 1. Daley, J. (2017). San people of South Africa issue code of ethics. 2. View “An African’s Message for America” 3. Jana, S., Basu, I., Rotheram-Borus, M. J., & Newman, P. A. (2004). The Sonagachi Project: a sustainable community intervention program. <i>AIDS Education and Prevention</i>, 16(5), 405-414. 4. Pinto, R. M., Da Silva, S. B., Penido, C., & Spector, A. Y. (2011). International participatory research framework: triangulating procedures to build health research capacity in Brazil. <i>Health Promotion International</i>, 27(4), 435-444.
11/6	Student Led Discussion	
11/8	Community Engagement (local)	Complete before class:

	<p>Class objectives</p> <ol style="list-style-type: none"> 1. Discuss US based interventions and programs that utilize community engaged methods 	<ol style="list-style-type: none"> 1. MacQueen KM et al. (2001) What is community? An evidence-based definition for participatory public health. <i>American Journal of Public Health</i>, 91(12):1929-1938. 2. Arnstein S. (1969) A ladder of citizen participation. <i>Journal of the American Institute of Planners</i>, 35(4): 216-224. 3. View: The National HIV/AIDS Strategy Plenary Session
11/13	APHA No Class	
11/15	Student Led Discussion	
11/20	<p>Built Environment</p> <p>Class objectives</p> <ol style="list-style-type: none"> 1. Describe impact of built environment on health 2. Learn strategies for equitable urban planning 	<p>Complete before class:</p> <ol style="list-style-type: none"> 1. Read the blog and watch as much of the webinar as possible: http://la.streetsblog.org/2017/09/28/america-walks-walking-toward-justice-series-the-color-of-law-and-residential-segregation/ 2. Frumkin, H., Frank, L. & Jackson, R. (2004). <i>Urban sprawl and public health: Designing, planning, and building for healthy communities</i>. Washington, DC: Island Press. 3. Northridge, M. E. & Sclar, E. (2003). A joint urban planning and public health framework: Contributions to health impact assessment. <i>American Journal of Public Health</i>; 93:118-121.
11/27	<p>Looking towards Health Equity</p> <p>Class objectives</p> <ol style="list-style-type: none"> 1. Discuss how partnerships are working to achieve health equity in communities 	<p>Complete before class:</p> <ol style="list-style-type: none"> 1. Read: TBD 2. View: https://www.ted.com/talks/rishi_manchanda_what_makes_us_get_sick_look_upstream?referrer=playlist-how_to_mobilize_healthier_communities 3. View: https://www.youtube.com/watch?v=4KmhDkooahU
11/29	Student Led Discussion	
12/4	Course Wrap Up/Caucus	<p>Assignment due:</p> <ul style="list-style-type: none"> • Paper (via Sakai)