



Syllabus
HBEH 815: Theoretical & Conceptual Foundations
of Health Behavior and Health Education (Part 1)
3 Credits | Residential

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Course Overview

Course Description

HB 815 (and 816) are designed to introduce HB doctoral students to the foundational theories and concepts that underpin health behavior and health education research and practice. The sequence is designed to provide an intermediate to advanced level understanding of population patterns of health and health behaviors, and the mechanisms that drive those patterns, including global processes, social structures and institutions, community resources, interpersonal relationships and individual attitudes and beliefs. Material in this course is designed to prepare students, in part, for the doctoral comprehensive exam. HB 815 has two modules:

1. **Population Health: Theoretical and Conceptual Foundations:** This module provides an overview of concepts, frameworks and normative underpinnings of population health and behavior. Course readings and discussions will cover: 1) population approaches to health and health behavior, 2) patterns of morbidity, mortality and behavior, 3) frameworks for conceptualizing health and health behavior and 4) normative dimensions of public health research and practice.
2. **Global Health: Theoretical and Conceptual Foundations:** This module introduces students to key concepts, theories and topics in global health. The course readings and discussions will cover: 1) transition perspectives in global health; 2) theories and concepts of globalization and health; 3) description and analysis of the implications of global development and health reform policies for population health; 4) the application of social and behavioral theories and interventions in a global context; and 5) migration and health.

Prerequisites

HBEH 730 or equivalent

Instructor(s)

Shelley Golden, PhD
Assistant Professor
Health Behavior

Rosenau 364
Email: sgolden@email.unc.edu

Laura Villa-Torres, PhD
Post Doctoral Research Associate
Center for Health Equity Research,
Social Medicine
McNider 319A
Email: villal@live.unc.edu

Teaching Assistant

Megan Evans, Email: sundeme@live.unc.edu

Class Days, Times, Locations

Mondays, 1:25-4:15, Rosenau 332

Office Hours

There are no set office hours for this course. Students may request an appointment by email.

Course Texts

Readings will be noted in the Course Schedule and provided in Sakai. Required book for Global Health Module:
Foley, EE. (2010). Your Pocket is what Cures You: The Politics of Health in Senegal. New Brunswick; Rutgers University Press.

Course Format

The course format will consist of a seminar-style class that meets weekly. Students are expected to complete the readings before class and come to each class prepared to discuss the texts.

Course Policies

Recognizing, Valuing and Encouraging Inclusion and Diversity in the Classroom

We share the School's [commitment to diversity](#). We are committed to ensuring that the School is a diverse, inclusive, civil and welcoming community. Diversity and inclusion are central to our mission — to improve public health, promote individual well-being and eliminate health inequities across North Carolina and around the world. Diversity and inclusion are assets that contribute to our strength, excellence and individual and institutional success. We welcome, value and learn from individual differences and perspectives. These include but are not limited to: cultural and racial/ethnic background; country of origin; gender; age; socioeconomic status; physical and learning abilities; physical appearance; religion; political perspective; sexual identity and veteran status. Diversity, inclusiveness and civility are core values we hold, as well as characteristics of the School that we intend to strengthen.

We are committed to expanding diversity and inclusiveness across the School— among faculty, staff and students; on advisory groups; and in our curricula, leadership, policies, and practices. We measure diversity and inclusion not only in numbers, but also by the extent to which students, alumni, faculty and staff members perceive the School's environment as welcoming, valuing all individuals and supporting their development.

In this class, we practice these commitments in the following ways:

- Develop participation approaches that acknowledge the diversity of ways of contributing in the classroom and foster participation and engagement of *all* students.
- Structure assessment approaches that acknowledge different methods for acquiring knowledge and demonstrating proficiency.
- Encourage and solicit feedback from students to continually improve inclusive practices.

As a student in the class, you are also expected to understand and uphold the following UNC policies:

- **Diversity and Inclusion at the Gillings School of Global Public Health:**
<http://sph.unc.edu/resource-pages/diversity/>
- **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>

Accessibility

UNC-CH supports all reasonable accommodations, including resources and services, for students with disabilities, chronic medical conditions, a temporary disability, or a pregnancy complication resulting in difficulties with accessing learning opportunities.

All accommodations are coordinated through the UNC Office of Accessibility Resources & Services (ARS), <https://ars.unc.edu/>; phone 919-962-8300; email ars@unc.edu. Students must document/register their need for accommodations with ARS before accommodations can be implemented.

Counseling and Psychological Services

CAPS is strongly committed to addressing the mental health needs of a diverse student body through timely access to consultation and connection to clinically appropriate services, whether for short or long-term needs. Go to their website: <https://caps.unc.edu> or visit their facilities on the third floor of the Campus Health Services building for a walk-in evaluation to learn more.

UNC Honor Code

As a student at UNC-Chapel Hill, you are bound by the university's [Honor Code](#), through which UNC maintains standards of academic excellence and community values. It is your responsibility to learn about and abide by the code. All written assignments or presentations (including team 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. To ensure effective functioning of the [Honor System](#) at UNC, students are expected to:

- a. Conduct all academic work within the letter and spirit of the Honor Code, which prohibits the giving or receiving of unauthorized aid in all academic processes.
- b. Learn the recognized techniques of proper attribution of sources used in written work; and to identify allowable resource materials or aids to be used during completion of any graded work.
- c. **Certify that no unauthorized assistance has been received or given in the completion of graded work.**
- d. Report any instance in which reasonable grounds exist to believe that a fellow student has violated the Honor Code.

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 any questions about [your rights and responsibilities](#), please consult the Office of Student Conduct at <https://studentconduct.unc.edu/>, or consult these other resources:

- Honor system [module](#).
- UNC library's [plagiarism tutorial](#).
- UNC Writing Center [handout on plagiarism](#).

Instructor Expectations

Email

The instructors will typically respond to email within 24-48 hours. If you email on the weekend, or receive an out of office reply when emailing, it may take longer to receive a reply. The instructors will provide advance notice, if possible, when their responses will be limited.

Feedback

All graded assignments will receive written feedback that coincides with the assessment rubric. Feedback is meant to be constructive and help the student continue to build upon their skills. Feedback is a tool that you as a learner can use to understand the areas in which you are succeeding and what you can do to improve in other areas.

Grading

Assignments will be graded no more than two weeks after the due date. Assignments that build on the next assignment will be graded within one week of the final due date. Early submissions will not be graded before the final due date.

Syllabus Changes

The instructors reserve to right to make changes to the syllabus, including project due dates and test dates. These changes will be announced as early as possible.

Student Expectations

Appropriate Use of Course Resources:

The materials used in this class, including, but not limited to, syllabus, exams, quizzes, and assignments are copyright protected works. Any unauthorized copying of the class materials is a violation of federal law and may result in disciplinary actions being taken against the student. Additionally, the sharing of class materials without the specific, express approval of the instructor may be a violation of the University's Student Honor Code and an act of academic dishonesty, which could result in further disciplinary action. This includes, among other things, uploading class materials to external websites for the purpose of sharing those materials with other current or future students.

Course Preparation

Course readings are the foundation for learning in this course. While instructors may review key points from the articles and chapters assigned, class time is designated for integration and critical examination of the topics in the readings. Students should thoroughly read all required materials in advance of the class meeting, and should be prepared to discuss, apply and extrapolate from the material in class.

Class Participation

Every member of this class brings a unique perspective to the classroom. Through your academic and personal experiences, it is likely that you each have developed specific ways of viewing and analyzing problems; adopted certain styles of intellectual exchange; and cultivated strong beliefs about what is right and wrong. In this class, we expect you to share your perspectives with the class, while remaining open and respectful to new ideas and opinions. In addition, we encourage you to apply core principles of academic inquiry to course materials and your own ideas through thorough consideration of theoretical and empirical evidence. Students should be

active participants in our discussions, while also helping ensure that all voices are heard and valued.

In each module, you will be asked to help facilitate class discussion. We view this as a key skill to develop over the course of your training, so will aim to give you resources and constructive feedback. We encourage you to think creatively and constructively about how to best use class time to meet learning objectives and wrestle with important concepts. Advance preparation will be essential to do this successfully.

Assignments

All assignments will be submitted through the course Sakai site unless otherwise directed. In your written submissions, you should: 1) construct an informed argument; 2) integrate course readings with your own critical perspective; 3) follow a linear, logical thought process; 4) ground your ideas in theoretical and empirical evidence; 5) refrain from including personal opinion statements, unless specifically directed to do so; 6) cite ideas that are not your own; and 6) avoid slang, colloquialisms and other informal language. The UNC Writing Center provides resources sheets and one-on-one writing assistance (<http://www.unc.edu/depts/wcweb/>).

Late Work

Late, missed, or rescheduled work:

Assignment due dates will not be changed because of exams or assignments in other courses or because of conflicting vacation travel plans. Late submissions will receive a 10% point reduction for every day that they are late. After seven days, late submissions will receive no points. Corrected submissions will not be accepted unless stated otherwise. Should a medical or family emergency that impacts submission of work arise during the course, inform the instructor as soon as possible.

Communication

You are expected to follow common courtesy in all communication including email, discussion boards, and face-to-face. All email correspondence between student/instructor and peer/peer will be conducted in a professional manner following email etiquette.

Students should take an active role in their academic development. If you have questions about course content or have concerns about your performance in the class, please contact an instructor. Students can contact instructors to schedule meeting times; all office hours are by appointment.

Technical support

The UNC Information Technology Services (ITS) department provides technical support 24-hours per day, seven days per week. If you need computer help, please contact the ITS Help Desk by phone at +1-919-962-HELP (919-962-4357), or by email at help@unc.edu, or by visiting their website at <http://help.unc.edu>, or by UNC Live Chat at <http://its.unc.edu/itrc/chat>.

Competencies, Learning Objectives, and Assessment

You will develop the following competencies of the Health Behavior doctoral program during this course.

Map of HBEH PhD Competencies, Learning Objectives, and Assessments.

Competencies	Learning Objectives	Assessment Assignments with brief descriptions
Integrate social science and behavioral theories and empirical research to critically assess how health behaviors are formed and changed.	<ul style="list-style-type: none"> • Contrast different ontologies and epistemologies relevant for public health. • Define theory as applied in public health • Articulate the value of theory for health behavior research and practice. • Define the concepts of rationality that underlie many health behavior theories. • Identify sources of individual and group power that can influence population health profiles. 	<p>Required participation and discussion board posting for Module/Session 1.2, 1.4, 1.5, 2.1, 2.5, 2.7</p> <p>Module 1 final paper presentation and paper require students to reflect on the role of theories and/or empirical research as they have been applied to a specific health topic.</p> <p>Module 2 final paper requires students to reflect on key concepts of globalization and global health and apply them to a specific health topic.</p>
Identify essential and compelling gaps in understanding of determinants and outcomes of health behaviors and develop appropriate research questions to address these gaps.	<ul style="list-style-type: none"> • Identify and critique key strategies employed in public health interventions. • Identify challenges facing the ongoing development of health behavior theory • Critically consider ethical questions that underpin health behavior and health education research and practice. • Summarize literature related to a key public health issue of interest to you and critically reflect on gaps in that literature. • Identify compelling questions that need answering to advance public health work related to a specific health issue. 	<p>Required participation and discussion board posting for Module/Session 1.3, 1.4, 1.6, 2.2, 2.3, 2.6, 2.7</p> <p>Module 1 final presentation and paper require students to use a brief literature review to identify key questions facing public health researchers and practitioners working on a particular health topic.</p> <p>Module 2 final paper requires students to identify ethical and practical concerns in researching and developing interventions in global settings.</p>
Communicate health behavior research to diverse audiences via presentations and publications.	<ul style="list-style-type: none"> • Summarize literature related to a key public health issue of interest to you and critically reflect on gaps in that literature. • Develop skills in oral presentation. • Provide constructive feedback to your peers. 	<p>Module 1 includes presentation and written paper to be submitted.</p> <p>Module 2 includes a written paper to be submitted</p>

Course Assignments and Assessments

This course will include graded assignments and/or exams.

Assignments	Percent	Due date
Module 1		
• Pre-class reflection	5	Sundays, by 11:59 p.m.
• Class participation	10	During class
• Class co-facilitation	5	Date varies by student
• Module 1 draft paper and feedback	5	10/10, 11:55 pm (draft) 10/16, 11:55 pm (feedback)
• Module 1 presentation	5	October 15, in class
• Module 1 class paper	20	October 17, by 5 p.m.
Module 2		
• Pres-class reflection	5	Sundays, by 11.59 p.m.
• Class participation	10	During class
• Class co-facilitation	5	Dates varies by student
• Module 2 draft paper and feedback	5	November 20 th , 11:55 pm (draft) November 27 th , 11:55 pm (feedback)
• Final paper	25	December 5 th , by 5 p.m.
TOTAL	100	

Grading

Final course grades will be determined using the following scale, consistent with [UNC Graduate School grading policies](#).

H	Greater than or equal to 90	High Pass: Clear excellence
P	Greater than or equal to 80	Pass: Entirely satisfactory graduate work
L	Greater than or equal to 70	Low Pass: Inadequate graduate work
F	Less than 70	Fail

Assignment Descriptions and Rubrics

Pre-class reflection:

BOTH MODULES: To encourage active reading and provide suggestions for facilitators, each student should post **one discussion question or comment** to the weekly discussion board (which you can find in Sakai). Comments or questions should draw on at least two readings and should do one of the following: 1) reflect on how theory or evidence from one paper supports or contrasts with those of another; 2) describe how one reading provides a response to an unanswered question or limitation in another reading, 3) identify important issues or questions that remain unanswered by both readings; 4) respond to a post of a classmate, drawing on another reading or an experience from your own work; or 5) reflect on how the readings, taken together, inform your own thinking about a topic of particular interest to you. To keep these manageable for everyone, please keep your entire post to 5 sentences or fewer, and post by 11:59 pm the night before class.

Grading rubric for pre-class reflection			
Criteria	Clear Excellence	Satisfactory	Inadequate
Frequency (1 point)	Reflection comments posted in Sakai by the deadline for all required weeks	Reflection comments posted in Sakai by the deadline for most required weeks, or occasionally posted late	Reflection comments posted in Sakai by the deadline for fewer than 80% of the required weeks, or frequently posted late
Contribution to the Learning Community (4 points)	All questions or comments apply and extend course material by : <ul style="list-style-type: none"> Integrating the student's previous experience Comparing or contrasting with other course material Probing key questions or issues in the health behavior field or a topic of interest to the student 	Most questions or comments apply and extend course material by : <ul style="list-style-type: none"> Integrating the student's previous experience Comparing or contrasting with other course material Probing key questions or issues in the health behavior field or a topic of interest to the student <p>However, some questions fail to delve deeply or extend thinking about course material.</p>	Some questions or comments apply and extend course material by : <ul style="list-style-type: none"> Integrating the student's previous experience Comparing or contrasting with other course material Probing key questions or issues in the health behavior field or a topic of interest to the student <p>However, many questions fail to delve deeply or extend thinking about course material.</p>

Class participation:

BOTH MODULES: All students are expected to contribute to the collaborative learning environment through effective participation in class. If missing class is unavoidable due to illness, personal emergency, or professional development opportunity, students should discuss the absence with the instructor (in advance when possible) and submit a one page reflection paper exploring and comparing concepts covered in a least 3 readings.

Grading rubric for class participation			
Criteria	Clear Excellence	Satisfactory	Inadequate
Attendance (2 points)	Attends all classes except when absences are approved by instructor (and reflection paper is completed).	Misses one class without approval by instructor or when no reflection paper is completed.	Misses at least two classes without approval by instructor, or without completing a reflection paper.
Contribution to the Learning Community (8 points)	Attempts to motivate the group discussion; presents creative approaches to the topic. Strong contributions include 1. Validating – Validates the contributions of others and	Attempts to motivate the group discussion but does not always succeed; sometimes presents creative approaches to the topic. Satisfactory contributions include: 1. Validating – Partially validates the contributions of	Does not attempt to motivate the group discussion; does not present creative approaches to the topic. Inadequate contributions may include: 1. Validating – Does not validate the contributions of

	<p>explains why their contributions resonate.</p> <p>2. Resourceful – Shares experiences or resources that contribute to the discussions.</p> <p>3. Inquiring – Offers feedback, asks questions, provides reflection or commentary</p> <p>4. Expander – Offers a new and deeper discourse of course materials.</p>	<p>others and explains why their contributions resonate.</p> <p>2. Resourceful – Does not always share or create resources that contribute to the discussions.</p> <p>3. Inquiring – Does not always offer feedback, ask questions, provide reflection or commentary</p> <p>4. Expander – Partially offers new and deeper discourse of course materials.</p>	<p>others nor explain why their contributions resonate.</p> <p>2. Resourceful – Does not share or create resources that contribute to the discussions</p> <p>3. Inquiring – Does not offer feedback, ask questions, provide reflection or commentary</p> <p>4. Expander – Does not offer new and deeper discourse of course material.</p>
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Class Co-Facilitation

BOTH MODULES: Although the instructor will introduce the topic, clarify course material, and ensure that key points are covered in the discussion, some or all of the discussions will be facilitated by students in each class. Each week, 1-2 students will create a discussion plan that includes a set of probing questions for large or small groups discussion, and/or small or large group activities designed to help students apply course material to public health topics or enhance their understanding of concepts and their limitations. Students will schedule a meeting with the instructor in advance of the class they are facilitating. At that meeting, students will share a draft class plan, including timetable, that outlines discussion questions and activities. The students and instructor will discuss the plan, and students will revise the plan and provide it to the instructor in advance of class. The revised plan should include a detailed timetable, and also include options for changing or extending the plan as needed (e.g., additional probing questions, options for activities to add or cut). Students who are collaborating to facilitate should ensure the preparation and facilitation tasks are balanced between them. Additional resources related to facilitation activities and styles are available in Sakai.

Grading rubric for class co-facilitation			
Criteria	Clear Excellence	Satisfactory	Inadequate
Advance Planning (1 point)	Student(s) come to instructor meeting with a drafted class plan and have identified questions or areas for feedback. Students submit a revised plan to the instructor that includes a reasonable timetable, and provides options for flexibility during discussion.	Students submit draft and final plan at appropriate times, but include a timetable that might be unreasonable, or fails to consider options for flexibility during class discussion.	Student(s) fail to bring a draft plan to the instructor meeting or fail to submit a final plan in advance of class. Alternatively, draft or final plan is incomplete or fails to specify a potentially reasonable timeframe.
Posed Questions (1 point)	Posed questions were clear and specific, yet open-ended. Questions were designed to build upon, apply or critique key course concepts (rather	Most posed questions were open-ended and designed to extend course materials, but some were overly simplistic, or difficult for students to	Only some posed questions were open-ended and designed to extend course materials, whereas many were overly simplistic,

	than simply summarize them). Follow-up questions furthered course discussion, and transitions to new questions were smooth.	understand. Follow-up questions and transitions were occasionally awkward or inhibited discussion.	difficult for students to understand, or failed to address key concepts. Follow-up questions and transitions often inhibited rather than enhanced course discussion.
Activity execution (1 point)	Activity purpose and instructions were clear. Activity helped students apply, compare or identify strengths and limitations of course concepts. Activity de-brief fostered further reflection (instead of simply summarizing small group discussions).	Activity purpose and instructions were mostly clear but needed some additional explanation. Activity generally helped students apply, compare or identify strengths and limitations of course concepts, but slight changes to the activity plan might have enhanced this. De-brief was conducted, but could have better fostered further reflection.	Activity purpose and instructions unclear, Activity failed to extend course materials in appropriate ways, and/or activity debrief was missing or insufficient to foster further reflections.
Facilitation (2 points)	Discussion followed the class plan except when changes were needed to accommodate learning objectives. Facilitators were well-prepared, budgeted their time well, appropriately shared roles, and paid close attention to group dynamics.	Discussion mostly followed the class plan but got off track on occasion without appropriate redirection by facilitators. Facilitators were mostly well-prepared and shared their roles, but more attention to timetables or group dynamics would have enhanced discussion.	Discussion strayed significantly from the class plan in a way that resulted in limited achievement of learning objectives. Facilitation would have been improved by further advance preparation, better time management, and/or more attention to group dynamics.

Module 1 Paper and Presentation

Each student will write a 5-7 page (double-spaced, 12 point font) paper on a public health topic of personal/professional interest. They will also present a companion 10 minute Powerpoint presentation in which they will share their ideas with the full class (each presentation will be followed by 3-4 minutes of questions from the class). In order to develop skills providing and integrating professional feedback, students will also trade paper drafts with a colleague a provide a brief written summary and critique.

Module 1 Draft Paper and Feedback

Prepare a draft of the final paper using the instructions and guidelines under *Module 1 Final Paper* below, and provide a copy to your assigned peer reviewer. Read the paper draft provided to you by that peer. Using no more than one single-spaced page, write a critique that includes the following:

- 3-5 sentences summarizing the paper (or what you, as the reader, think the paper is about).
- Description of paper strengths, including, as appropriate, both the ideas/approach of the paper and writing/organization style.
- Description of paper limitations (e.g., sections that were confusing, key points left unaddressed, etc.).
- Present at least 1-2 suggestions for what could be done differently to improve the paper. These suggestions can include additional questions for the author to consider. As possible and appropriate,

indicate why you are making the suggestions you are. Remember to keep the tone constructive and respectful. This section can be in bullet form if you prefer.

Module 1 Draft Paper and Feedback Rubric			
Criteria	Clear excellence	Satisfactory	Inadequate
Draft (2 points)	Student provides a complete paper draft to an assigned peer for review by the assignment deadline.	Student provides a mostly complete paper draft to an assigned peer for review by the assignment deadline, but certain sections appear incomplete.	Student provides an incomplete or late draft to an assigned peer for review, or fails to provide a draft in time to receive review.
Peer Critique (3 points)	Critique provides a brief summary of the paper, identifies key strengths and limitations of the paper, and includes constructive suggestions for improvement.	Critique provides a brief summary of the paper, identifies some strengths and/or limitations of the paper. However, suggestions for improvement are limited or less helpful, or key strengths/limitations are absent.	Critique is incomplete, failing to include a summary and/or include strengths or limitations of the paper. Suggestions for improvement are limited or absent.

Module 1 Final Paper

Final papers should include the following (not necessarily in this order):

- Description of a public health problem that is relatively brief, but includes enough information so that someone with different public health interests would feel oriented to the topic. Depending on the topic you might include information about health outcomes, associated behaviors, specific populations/disparities, regions/geographies etc.
- Summary of the factors that public health experts believe may contribute to the public health problem, and the key strategies that have been used to address it.
- Examples of how a) theory/theoretical ideas, b) empirical research, c) grounded/community-based approaches and/or d) social justice or other value-based/ethical systems have informed our understanding of the problem and potential solutions. (Please include at least 2 of these 4 example areas.)
- Your thoughts on 2-3 key questions facing public health researchers and practitioners interested in this topic. For each, be sure to explain why answering the question is important, and how the answers could be used to improve public health research or practice.
- Bibliography of sources cited (not included in page limits)

Papers/presentations will draw on two key sources of information: 1) 8-10 empirical and/or theoretical articles specific to the topic of interest identified by the student, and 2) material from the course (focus on material that is most appropriate, and do not feel obliged to use material that isn't directly applicable).

Although not required, we strongly recommend that read and annotate your 8-10 topic-specific articles using the following template to organize your ideas:

Pub. Year	Authors	Title	Journal	Research questions or main topic	Main findings	Theories used	Data sources used	Ethical issues raised	Conceptual or empirical limitations

Resources:

- HSL video on literature searching: <https://hsl.lib.unc.edu/videos/literature-searching>
- Public health guides/tutorials/librarian: <https://guides.lib.unc.edu/public-health>
- Citing/writing tools: <http://hsl.lib.unc.edu/citing> (it's a good time to start using a citation manager if you haven't started already)

Module 1 Final Paper Rubric			
Criteria	Clear excellence	Satisfactory	Inadequate
Problem Framing (4 points)	Problem context and description are concisely and clearly described. Problem estimates or statistics are provided but not limited to facts. Author makes a compelling case for the problem as a critical issue that deserves attention.	Problem is described, but could be more concise or clear, or could have been better supported by different estimates or statistics. Author's case for the problem as deserving attention is good, but could be strengthened.	Problem is insufficiently described, no estimates or statistics provided, and/or author's case for the problem as a critical issue deserving attention is unconvincing.
Summary of risk factors and intervention strategies (2 points)	Effective summary of risk factors and intervention strategies.	Basic summary of risk factors and intervention strategies.	Risk factors and intervention strategies poorly summarized.
Application of Course Content (4 points)	Strong illustrations of how two of course content areas (theory, empirical research, participatory approaches, ethics issues) have been described in the literature. Paper moves beyond simply summarizing to reflect on key gaps and/or apply course material effectively.	Illustrations of how two of course content areas (theory, empirical research, participatory approaches, ethics issues) have been described in the literature are included but lacks sufficient reflection on key gaps or is only briefly connected to other course material.	Fewer than two course content areas (theory, empirical research, participatory approaches, ethical issues) illustrated or discussed.
Questions and Justification (5 points)	At least two questions are identified. Questions flow logically from summary of literature provided. Author makes a compelling case for	At least two questions are identified. Questions mostly flow from the summary of the literature. Justification for the questions and/or how they	Fewer than two questions are identified, questions fail to flow logically from the summary of the literature, justification for the questions

	why answering the questions is important and offers plausible ideas for how answers to the questions would impact the field.	might impact the field is somewhat limited.	is poor or absent, and impact on the field is implausible or absent.
Document Organization (2 points)	Organization and structure very evident: major points divided into paragraphs and signaled by use of transitions. Each paragraph has a topic sentence; sentences within each paragraph relate to each other and are subordinate to the topic. Introduction and conclusions effectively related to the whole.	Organization and structure mostly clear. Many major points are separated into paragraphs and signaled by transitions. Most points are logically developed. There may be a few minor digressions but no major ones. Introduction and conclusions implications are somewhat effective.	The organization and structure must be inferred by the reader. Only some major points are set off by paragraphs and are signaled by transitions. There are many points that are not logically connected. There are several major digressions. Introduction and conclusions are lacking or ineffective.
Supporting Material (1 point)	All of the supporting materials were relevant and information listed was incorporated using valid sources.	Most of the supporting materials were relevant and information listed was incorporated using valid sources.	Few of the supporting materials were relevant and information listed was incorporated using valid sources.
Documentation of Sources (1 point)	Cites all data obtained from other sources. Citation style is accurate.	Cites most data obtained from other sources. Citation style is accurate.	Does not cite sources or cites only some data obtained from other sources. Citation style is either inconsistent or incorrect.
Spelling/ Grammar (1 point)	No spelling or grammatical errors. Sentences are clear and flow in logical order	Very few spelling or grammatical errors. Most sentences clear and flow logically.	Multiple spelling or grammatical errors on the majority of pages. Difficult to understand sentences and logical flow of paper.

Module 1 Paper Presentation

On the last day of the module, students will present a companion 10 minute Powerpoint presentation in which they will share their paper ideas with the full class. Each presentation will be followed by 3-4 minutes of questions from the class. The presentation should draw on all parts of the paper, with emphasis on the illustrations of course content areas and questions to be posed in the paper. Students can use the presentation to ask for feedback on issues they are struggling with as they draft their papers, but the majority of the presentation should reflect near-final paper ideas.

Module 1 Paper Presentation Rubric			
Criteria	Clear Excellence	Satisfactory	Inadequate
Scope (2 points)	Presentation includes sufficient discussion of the health issue, course content	Presentation includes discussion of health issue, course content areas and	Presentation fails to include discussion of health issue, course content areas, and/or

	areas, and student-generated questions about the field.	questions, but one of these is under-developed.	questions. Alternatively all are included but 2-3 are under-developed.
Key messages (1 point1)	Presentation ends with 1-3 key take away messages that are clear and appropriate.	Presentation ends with 1-3 take away messages, but at least one seems an inappropriate or minor conclusion to draw.	Presentation take away messages not clear, or do not capture key conclusions.
Clarity (1 point)	Oral delivery is clear, logical flow of the presentation is strong, reflects likely advance practice	Good logical flow to the presentation, but some difficulties in oral delivery or transitions	Poor logical flow, poor oral delivery, significantly more practice would be recommended
Visual appeal (1/2 point)	All graphs, images and text were well organized and easy to read, slides included appropriate balance of white space, text and graphics	Most slides were well organized, easy to read, and balanced in terms of white space, text and graphics	Slides were difficult to read, contained excessive text, limited or poor visuals
Time management (1/2 point)	Presentation stays within time limits, appropriately distributed across parts, no rushing	Presentation stays within time limits, but some parts are given insufficient time	Presentation runs long, time is poorly allocated across sections

Note: grades will be determined based on peer feedback as well as instructor assessment

Module 2 Paper

Each student will write a 8-10 page (double-spaced, 12 point font) paper to encourage critical thinking on the concepts learned in module 2 and to apply them to a health interest of the student. In order to develop skills providing and integrating professional feedback, students will also trade paper drafts with a colleague and provide a brief written summary and critique.

Module 2 Draft Paper and Feedback

Prepare a draft of the final paper using the instructions and guidelines under *Module 2 Final Paper* below, and provide a copy to your assigned peer reviewer. Read the paper draft provided to you by that peer.

Using no more than one single-spaced page, write a critique that includes the following:

- 3-5 sentences summarizing the paper (or what you, as the reader, think the paper is about).
- Description of paper strengths, including, as appropriate, both the ideas/approach of the paper and writing/organization style.
- Description of paper limitations (e.g., sections that were confusing, key points left unaddressed, etc.).
- Present at least 1-2 suggestions for what could be done differently to improve the paper. These suggestions can include additional questions for the author to consider. As possible and appropriate, indicate why you are making the suggestions you are. Remember to keep the tone constructive and respectful. This section can be in bullet form if you prefer.

Module 2 Draft Paper and Feedback Rubric			
Criteria	Clear excellence	Satisfactory	Inadequate
Draft (2 points)	Student provides a complete paper draft to an	Student provides a mostly complete paper draft to an assigned peer for review by	Student provides an incomplete or late draft to an assigned peer for review, or

	assigned peer for review by the assignment deadline.	the assignment deadline, but certain sections appear incomplete.	fails to provide a draft in time to receive review.
Peer Critique (3 points)	Critique provides a brief summary of the paper, identifies key strengths and limitations of the paper, and includes constructive suggestions for improvement.	Critique provides a brief summary of the paper, identifies some strengths and/or limitations of the paper. However, suggestions for improvement are limited or less helpful, or key strengths/limitations are absent.	Critique is incomplete, failing to include a summary and/or include strengths or limitations of the paper. Suggestions for improvement are limited or absent.

Module 2 Final Paper

Final papers should include the following (not necessarily in this order):

- Description of a public health problem that is relatively brief, but includes enough information so that someone with different public health interests would feel oriented to the topic. Depending on the topic you might include information about health outcomes, associated behaviors, specific populations/disparities, regions/geographies, etc. (you are allowed to use the same topic chosen for Module 1)
- An analysis of the chosen public health problem of your interest utilizing at least 2 concepts or theories from Module 2.
- A reflection on how your chosen public health problem relates to globalization, and ethical and practical concerns related to conducting research/ interventions at a global level.

Papers will draw on two key sources of information: 1) 8-10 empirical and/or theoretical articles specific to the topic of interest identified by the student, and 2) material from Module 2 (focus on material that is most appropriate, and do not feel obliged to use material that isn't directly applicable).

[Rubric coming soon.]

Course-at-a-Glance

Module 1

Date	Session/Topic	Assignment Due
MODULE 1		
8/27	1. What is Public Health? What is the Field of Health Behavior?	
<i>No class on Labor Day</i>		
9/10	2. Understanding and Prioritizing Public Health Problems	
9/17	3. Public Health Approaches to Health Problems	
9/24	4. The Use of Theories and Rational Behavior Concepts in Research and Practice	
10/1	5. Community and Participatory Strategies in Public Health	
10/8	6. Public Health and Health Promotion Ethics	Module 1 draft papers due 10/10 by 11:55 pm Module 1 draft paper feedback due by 10/16 at 11:55 pm
10/15	7. Module 1 Presentations	Module 1 presentations done in class. Module 1 papers due 10/17 by 5 pm
MODULE 2		
10/22	1. Key Concepts in Globalization and Health	
10/29	2. Global Flows of Politics and Policies	
11/5	3. Global Flows of Aid, Trade and Finance	
11/12	4. Guest lecture: TBD	
11/19	5. Global Flows of People: Migration and Health	Module 2 draft papers due 11/20 by 11:55 pm Module 2 draft paper feedback due 11/27 by 11:55 pm
11/26	6. Global Flows of Pathogens-Epidemics and Infectious Diseases	
12/3	7. Health Behavior Interventions in Global Contexts	Module 2 papers due 12/5 by 5 pm

Course Schedule

The instructor reserves the right to make changes to the syllabus, including project due dates and test dates. These changes will be announced as early as possible.

FIRST MODULE

August 27	M1.1 What is Public Health? What is the Field of Health Behavior?
Competency or Foundational Knowledge	<ul style="list-style-type: none"> N/A
Learning Objectives	<ul style="list-style-type: none"> Be introduced to classmates and instructors. Identify groundrules for classroom discussion. Discuss initial perceptions of public health and the health behavior field. Identify key issues currently facing public health and health behavior experts.
Required Readings	<ul style="list-style-type: none"> Weber Canon, L. (1990). Fostering Positive Race, Class, and Gender Dynamics in the Classroom. <i>Women's Studies Quarterly</i>. 18(1): 126-134. McGavran EB. (1953). What is public health? <i>Canadian Journal of Public Health</i>. 44(12): 441-451. Diez Roux, AV. (2016). On the distinction-or lack of distinction-between population health and public health. <i>American Journal of Public Health</i>. 106(4): 619-620. Farley TA. (2016). Asking the right questions: Research of consequence to solve problems of significance. <i>American Journal of Public Health</i>. 106(10): 1778-1779. O'Donnell (2009). Definition of Health Promotion 2.0: Embracing Passion, Enhancing Motivation, Recognizing Dynamic Balance, and Creating Opportunities. <i>American Journal of Health Promotion</i>. 24(1): iv.
Assignments/Deadlines	None

September 10	M1.2 Understanding and prioritizing public health problems
Competency or Foundational Knowledge	Integrate social science and behavioral theories and empirical research to critically assess how health behaviors are formed and changed.
Learning Objectives	<ul style="list-style-type: none"> Contrast different ontologies and epistemologies relevant for public health. Identify prevalent public health and health behavior problems in the U.S., and around the world. Define disparity, inequity and inequality as they apply in public health. Describe characteristics of a strong justification for prioritizing a public health problem.

Required Readings	<ul style="list-style-type: none"> • Moon K & Blackman D. (2014). A guide to understanding social science research for natural scientists. <i>Conservation Biology</i>. 28(5): 1167-1177. • Murray CJL & Lopez AD. (2013). Measuring the global burden of disease. <i>The New England Journal of Medicine</i>. 369:448-57. • Saint Ong JM & Krueger PM. (2017). Health lifestyle behaviors among U.S. adults. <i>SSM-Population Health</i>. 3: 89-98. <p>Student-led discussion: <i>Health disparities and health equity as a goal of public health</i></p> <ul style="list-style-type: none"> • Braveman P. et al. (2011). Health disparities and health equity: The issue is justice. <i>American Journal of Public Health</i>. 101: S149-S155 • Kindig D. (2017). Population health equity: Rate and burden, race and class. <i>JAMA</i>. 317(5): 467-468. (Please read the response to this article by Hardeman and colleagues as well as Kindig’s response to them (both in same .pdf)). • Galea S & Vaughan RD. (2018). Making the invisible causes of population health visible: A public health of consequence, August 2018. <i>American Journal of Public Health</i>. 108(8): 985-986.
Additional Resources (optional)	<ul style="list-style-type: none"> • Data and reports from the Demographic and Health Surveys: http://www.dhsprogram.com/ • Publications, data, and cool data visualizations from the Global Burden of Disease Study: http://www.healthdata.org/gbd or https://vizhub.healthdata.org/gbd-compare/ • Country-specific data and comparisons on risks related to chronic disease: https://apps.who.int/infobase/Index.aspx • Centers for Disease Control and Prevention. (2013). CDC Health Disparities and Inequalities Report – United States 2013. <i>Mortality and Morbidity Weekly Report</i>. Suppl. (62)3. Available at: http://content.govdelivery.com/accounts/USCDC/bulletins/95ee91 • MMWR Surveillance summaries of BRFSS: http://www.cdc.gov/brfss/publications/ssummaries.htm • County Health Rankings: http://www.countyhealthrankings.org/
Assignments/Deadlines	None

September 17	M1.3 Public Health Approaches to Health Problems
Competency or Foundational Knowledge	Identify essential and compelling gaps in understanding of determinants and outcomes of health behaviors and develop appropriate research questions to address these gaps.
Learning Objectives	<ul style="list-style-type: none"> • Define “population” for public health purposes.

	<ul style="list-style-type: none"> • Distinguish between, and critique, high risk, population and vulnerable population approaches to health problems. • Identify targets for public health action among individuals, groups, healthcare systems and broader institutions. • Identify and critique key strategies employed in public health interventions.
Required Readings	<ul style="list-style-type: none"> • Rose G. (2001 (reiteration from 1985)). Sick individuals and sick populations. <i>International Journal of Epidemiology</i>. 30:427-432. • Frohlich KL & Potvin L. (2008). The inequality paradox: The population approach and vulnerable populations. <i>American Journal of Public Health</i>. 98(2): 216-221. • Lantz PM, Lichtenstein RL & Pollack HA. (2007). Health policy approaches to population health: the limits of medicalization. <i>Health Affairs</i> 26(5): 1253–1257. • Frieden TR. (2010). A framework for public health action: the health impact pyramid. <i>American Journal of Public Health</i>. 100(4): 590-595. <p>Student-led discussion: <i>To what extent do health behavior interventions reflect proposed public health approaches?</i></p> <p>Choose 2 of the following to read more in depth and skim the other two:</p> <ul style="list-style-type: none"> • Puska P & Stahl T. (2010). Health in all policies - The Finnish initiative: Background, principals and current issues. <i>Annual Review of Public Health</i>. 31: 315-328. • Earp, J.A., Eng., E., O'Malley, M.S., et al. (2002). Increasing Use of Mammography Among Older, Rural African American Women: Results from a Community Trial. <i>American Journal of Public Health</i>. 92(4):646-654. • Weber LA, Catallier DJ, Lytle LA, et al. (2008). Promoting physical activity in middle school girls: Trial of activity for adolescent girls. <i>American Journal of Preventive Medicine</i>. 34(3):173–184. • Description of the Project Silk project and outcomes at: https://www.hishealth.org/models-of-care/project-silk.
Assignments/Deadlines	None

September 24	M1.4 The Use of Theories and Rational Behavior Concepts in Research and Practice
Competency or Foundational Knowledge	<ul style="list-style-type: none"> • Integrate social science and behavioral theories and empirical research to critically assess how health behaviors are formed and changed. • Identify essential and compelling gaps in understanding of determinants and outcomes of health behaviors and develop appropriate research questions to address these gaps.

Learning Objectives	<ul style="list-style-type: none"> • Define theory as applied in public health • Articulate the value of theory for health behavior research and practice. • Define the concepts of rationality that underlie many health behavior theories. • Identify dimensions along which theories can be evaluated. • Identify challenges facing the ongoing development of health behavior theory.
Required Readings	<ul style="list-style-type: none"> • Carpiano, R. M., & Daley, D. M. (2006). A guide and glossary on postpositivist theory building for population health. <i>Journal of Epidemiology & Community Health</i>. 60(7): 564-570. • van Ryn M & Heaney CA. (1992). What's the Use of Theory? <i>Health Education & Behavior</i>. 19(3): 315-330. • Krieger N. (2016). Living and Dying at the Crossroads: Racism, Embodiment and Why Theory Is Essential for a Public Health of Consequence. <i>American Journal of Public Health</i>. 106(5):832-833. • Cawley J. (2004). An Economic Framework for Understanding Physical Activity and Eating Behaviors. <i>American Journal of Preventive Medicine</i>. 27(3S):117–125. [Note: this article may seem out of place with the other readings, but I assign it so we can talk about the principles of rational behavior that underlie many health behavior theories] <p>Student-led discussion: <i>Critiques of health behavior theory</i></p> <ul style="list-style-type: none"> • Crosby R & Noar SM. (2010). Theory development in health promotion: are we there yet? <i>Journal of Behavioral Medicine</i>. 33(4): 259-263. • Burke NJ, Joseph G, Pasick RJ & Barker JC. (2009). Theorizing social context: Rethinking behavioral theory. <i>Health Education & Behavior</i>. 36(Suppl 1): 55S-70S.
Assignments/Deadlines	None

October 1	M1.5 Community and Participatory Strategies in Public Health
Competency or Foundational Knowledge	Integrate social science and behavioral theories and empirical research to critically assess how health behaviors are formed and changed.
Learning Objectives	<ul style="list-style-type: none"> • Define “community” and reflect on its relevance to public health, historically and today. • Identify sources of individual and group power that can influence population health profiles. • Reflect on the role of public health professionals in community-based or collaborative approaches to public health issues.
Required Readings	<ul style="list-style-type: none"> • 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.

	<ul style="list-style-type: none"> • Wallerstein N. (1992). Powerlessness, empowerment and health: Implications for health promotion programs. <i>American Journal of Health Promotion</i>. 6(3): 197-205. • Cyril S, Smith BJ & Renzaho AMN. (2016). Systematic review of empowerment measures in health promotion. <i>Health Promotion International</i>. 31(4): 809-826. • Woodall JR, Warwick-Booth L & Cross R. (2012). Has empowerment lost its power? <i>Health Education Research</i>. 27(4): 742-745 <p>Student-led discussion: <i>Community-based participatory research</i></p> <ul style="list-style-type: none"> • Cargo M & Mercer SL. (2008). The value and challenges of participatory research: Strengthening its practice. <i>Annual Review of Public Health</i>. 29:325-50. • Muhammad M, Wallerstein N, Sussman AL, Avila M, Belone L & Duran B. (2015). Reflections on researcher identify and power: The impacts of positionality on community-based participatory research (CBPR) processes and outcomes. <i>Critical Sociology</i>. 41(7-8): 1045-1063. • Optional: Peterson, J.C., Gubrium,A. (2011). Old wine in new bottles? The positioning of participation in 17 NIH-funded CBPR projects. <i>Health Communication</i>. 26:724-734
Additional Resources (optional)	VIDEO: Out in the Rural: A Health Center in Mississippi. Available at: http://vimeo.com/6659667
Assignments/Deadlines	None

October 8	M1.6 Public Health and Health Promotion Ethics
Competency or Foundational Knowledge	Identify essential and compelling gaps in understanding of determinants and outcomes of health behaviors and develop appropriate research questions to address these gaps.
Learning Objectives	<ul style="list-style-type: none"> • Identify normative frameworks, including social justice paradigms, that have traditionally guided public health practice. • Define autonomy and paternalism as applied in public health work. • Critically consider ethical questions that underpin health behavior and health education research and practice.
Required Readings	<ul style="list-style-type: none"> • Levy BS & Sidel VW. The nature of social injustice and its impact on public health. In Levy & Sidel (Eds.). <i>Social Injustice and Public Health</i>. • Beauchamp DE. (1976). Public health as social justice. <i>Inquiry</i>. 13: 1-14. • Carter SM, Cribb A & Allegrante J. (2012). How to think about health promotion ethics. <i>Public Health Reviews</i>. 34(1): 1-24. <p>Student-led discussion: <i>Autonomy and paternalism</i></p>

	<ul style="list-style-type: none"> • Buchanan DR. (2008). Autonomy, paternalism, and justice: Ethical priorities in public health. <i>American Journal of Public Health</i>. 98(1): 15-21. • Verweij M & van den Hoven. (2012). Nudges in public health: Paternalism is paramount. <i>The American Journal of Bioethics</i>. 12(2): 16-17. • Arnowitz R, et al. (2015). Cultural reflexivity in health research and practice. <i>American Journal of Public Health</i>. 105(S3): S403-S408.
Additional Resources (optional)	Carter SM, et al. (2011). Evidence, ethics and values: A framework for health promotion. <i>American Journal of Public Health</i> . 101(3): 465-472.
Assignments/Deadlines	<ul style="list-style-type: none"> • Module 1 draft papers due 10/10 by 11:55 pm • Module 1 draft paper feedback due by 10/16 at 11:55 pm

October 15	M1.7 Module 1 Presentations
Competency or Foundational Knowledge	Identify essential and compelling gaps in understanding of determinants and outcomes of health behaviors and develop appropriate research questions to address these gaps.
Learning Objectives	<ul style="list-style-type: none"> • Summarize literature related to a key public health issue of interest to you and critically reflect on gaps in that literature. • Identify compelling questions that need answering to advance public health work related to a specific health issue. • Develop skills in oral presentation. • Provide constructive feedback to your peers.
Required Readings	None
Assignments/Deadlines	<ul style="list-style-type: none"> • Send a copy of your slides to the TA by 10 a.m. on the morning of class. • Module 1 presentations done in class. • Module 1 papers are due October 17 by 5 p.m. • Note: Class on Oct. 29 includes a book, so you may want to begin reading it.

SECOND MODULE

October 22	M2.1 Key Concept in Globalization and Health
Competency or Foundational Knowledge	Integrate social science and behavioral theories and empirical research to critically assess how health behaviors are formed and changed.
Learning Objectives	<ul style="list-style-type: none"> • Discuss the definitions of globalization. • Describe the key tenets, and contrast the strengths and limitations of the epidemiologic and nutrition transitions.

	<ul style="list-style-type: none"> Analyze the health implications of the health transition and globalization processes.
Required Readings	<ul style="list-style-type: none"> Kawachi I & Wamala S. (2007). Globalization and Health: Challenges and Prospects. In <i>Globalization and Health</i>. Kawachi & Wamala (eds). Oxford University Press: New York. pp 3-7. Labonte R, Mohindra K, Schrecker T. (2011). The Growing Impact of Globalization for Health and Public Health Practice. <i>Annual Review of Public Health</i>, 32:263-83. McKeown RE. (2009). The Epidemiologic Transition: Changing Patterns of Mortality and Population Dynamics. <i>American Journal of Lifestyle Medicine</i>, 3(Suppl 1): 19S-26S. Popkin B. What is the Nutrition Transition? Available at: http://www.cpc.unc.edu/projects/nutrans/whatis Skim: Scott A, Ejikeme CS, Clotney EN, Thomas JH. (2012). Obesity in sub-Saharan Africa: development of an ecological theoretical framework. <i>Health Promotion International</i>; 28(1):4-16.
Assignments/ Deadlines	None

October 29	M2.2 Global Flows of Politics and Policies
Competency or Foundational Knowledge	Identify essential and compelling gaps in understanding of determinant and outcomes of health behaviors and develop appropriate research questions to address these gaps.
Learning Objectives	<ul style="list-style-type: none"> Describe the global health reform policies implemented during the 1980s and 1990s. Discuss the impact of the health reform policies in Senegal. Analyze the social and behavioral implications of global health reform policies Critique the contribution of ethnographic data in public health research.
Required Readings	<ul style="list-style-type: none"> Breman A and Shelton C. (2007). Structural Adjustment Programs and Health. In <i>Globalization and Health</i>. Kawachi I and Wamala S. (eds) Oxford University Press: New York. pp 219-233. Foley, EE. (2010). <i>Your Pocket is what Cures You: The Politics of Health in Senegal</i>. New Brunswick; Rutgers University Press.
Assignments/ Deadlines	None

November 5	M2.3 Global Flows of Aid, Trade and Finances
Competency or Foundational Knowledge	Identify essential and compelling gaps in understanding of determinants and outcomes of health behaviors and develop appropriate research questions to address these gaps.
Learning Objectives	<ul style="list-style-type: none"> Recognize the public health responses to the impact of globalized markets on health.

	<ul style="list-style-type: none"> • Discuss and analyze the global tobacco epidemic as a case study. • Examine the impact of globalization on work and health outcomes.
Required Readings	<ul style="list-style-type: none"> • Pfeiffer J. (2013). Chapter 6 The Struggle for a Public Sector. In <i>When People Come First: Critical Studies in Global Health</i>. Biehl J and Petryna A. (eds). Princeton University Press: Princeton. pp 166-181. • Yach D, Wipfli H, Hammond R, Glantz S. (2007). Globalization and Tobacco. In <i>Globalization and Health</i>. Kawachi I and Wamala S. (eds) Oxford University Press: New York. pp 39-67. • Hurt RD, Ebbert JO, Anhari A, Croghan IT. (2012). Roadmap to a tobacco epidemic: transnational tobacco companies invade Indonesia. <i>Tobacco Control</i>;21:306-312. • Schnall PL, Dobson M, Landsbergis P. (2016). Globalization, Work, and Cardiovascular Disease. <i>International Journal of Health Services</i>, 46(4), pp 656-692.
Additional Resources (optional)	<ul style="list-style-type: none"> • Tim Lang & Michael Heasman (2015). <i>Food Wars: The Global Battle for Mouths, Minds and Markets</i>. Second Edition. Routledge Taylor and Francis Group, London and New York. Chapters 1 and 2.
Assignments/Deadlines	None

November 12	M2.4 Guest Lecture: Ethics and Reflexivity in Global Health Research Willa Dong, MSPH, Doctoral Student
Competency or Foundational Knowledge	Identify essential and compelling gaps in understanding of determinants and outcomes of health behaviors and develop appropriate research questions to address these gaps.
Learning Objectives	<ul style="list-style-type: none"> • Debate the role of identity and the ethical considerations when working on health globally. • Examine how the frameworks of social justice and community empowerment might change public health intervention priorities and approaches. • Assess the relevance of globalization and global health on US health.
Required Readings	<ul style="list-style-type: none"> • Tucker J, Ren X, Sapio F. (2010). Incarcerated sex workers and HIV prevention in China: Social suffering and social justice countermeasures. <i>Social Science & Medicine</i>, 70(1): 121-9. • Smarajit J, Basu I, Rotheram-Borus MJ, Newman PA. (2004). The Sonagachi Project: A Sustainable Community Intervention Program. <i>AIDS Education and Prevention</i>, 16(5):405-14. • VIDEO: Roy A. (2014). The #GlobalPOV Project: "Who Sees Poverty?" https://www.youtube.com/watch?v=Xg0MgrF_DLs&t=633s
Assignments/Deadlines	None

November 19	M2.5 Global Flows of People- Migration and Health
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Competency or Foundational Knowledge	Integrate social science and behavioral theories and empirical research to critically assess how health behaviors are formed and changed.
Learning Objectives	<ul style="list-style-type: none"> Identify key concepts and theories related to migration and health. Analyze the health implications of different types of migration. Define and critique the concepts of acculturation, intersectionality, and transnationalism in the study of migration and health.
Required Readings	<ul style="list-style-type: none"> Zimmerman C, Kiss L, Hossain M. (2011). Migration and health: a framework for 21st century policy-making. <i>PLoS Medicine</i>, 8(5). pp 1-7. Allotey P and Zwi A. (2007). Population Movements. In <i>Globalization and Health</i>. Kawachi I. and Wamala S. (eds) Oxford University Press: New York. pp 219-233. Abraido Lanza AF, Armbrister AN, Florez KR, Acirre AN. (2006). Toward a theory-driven model of acculturation in public health research. <i>American Journal of Public Health</i>, 96(8):1342-1346. Kapilashrami, A., & Hankivsky, O. (2018). Intersectionality and why it matters to global health. <i>The Lancet</i>, 391(10140), 2589-2591. Viruell-Fuentes EA, Miranda PY, Abdulrahim S. (2012). More than culture: Structural racism, intersectionality theory, and immigrant health. <i>Social Science and Medicine</i>, 74:2099-2106. Villa-Torres, L., González-Vázquez, T., Fleming, P. J., González-González, E. L., Infante-Xibille, C., Chavez, R., & Barrington, C. (2017). Transnationalism and health: A systematic literature review on the use of transnationalism in the study of the health practices and behaviors of migrants. <i>Social Science & Medicine</i>, 183, 70-79.
Assignments/Deadlines	<p>Module 2 draft papers due 11/20 by 11:55 PM</p> <p>Module 2 draft paper feedback due 11/27 by 11:55 pm</p>

November 26	M2.6 Global Flows of Pathogens-Epidemics and Infectious Diseases
Competency or Foundational Knowledge	Identify essential and compelling gaps in understanding of determinants and outcomes of health behaviors and develop appropriate research questions to address these gaps
Learning Objectives	<ul style="list-style-type: none"> Identify and analyze the impacts of globalization on the spread of infectious diseases. Discuss the public health responses to global epidemics. Evaluate the role of epidemics on shaping global health policies.
Required Readings	<ul style="list-style-type: none"> Saker L, Lee K, Cannito B (2007). Infectious Disease in the Age of Globalization. In <i>Globalization and Health</i>. Kawachi & Wamala (eds). Oxford University Press: New York. pp 19-38. Fidler DP. (2004) Germs, governance, and global public health. <i>Journal of Clinical Investigation</i>, 113:799–804. Wild V et al. (2017). Tuberculosis, human rights and ethics considerations along the route of a highly vulnerable migrant from

	<p>sub-Saharan Africa to Europe. <i>Int J Tuberc Lung Dis.</i> 21(10):1075-1085.</p> <ul style="list-style-type: none"> • Yamanis T et al. (2016). Fears and Misperceptions of the Ebola Response System during the 2014-2015 Outbreak in Sierra Leone. <i>PLOS Neglected Tropical Diseases.</i> 10(10): e0005077.
Assignments/ Deadlines	None

December 3	M2.7 Health Behavior Interventions in Global Health
Competency or Foundational Knowledge	<p>Integrate social science and behavioral theories and empirical research to critically assess how health behaviors are formed and changed.</p> <p>Identify essential and compelling gaps in understanding determinants and outcomes of health behaviors and develop appropriate research questions to address these gaps.</p>
Learning Objectives	<ul style="list-style-type: none"> • Describe how social and behavioral theories of health have been used to conceptualize and design interventions in diverse settings • Discuss and evaluate the process of developing, adapting, and scaling up public health interventions • Appraise critiques of how public health models have been implemented in diverse settings.
Required Readings	<ul style="list-style-type: none"> • Panter-Brick C. et al. (2006). Culturally compelling strategies for Behavior Change: A Social Ecology Model and Case Study in Malaria Prevention. <i>Social Science and Medicine</i>, 62, 2810-25. • Moran-Thomas A. (2013). Chapter 8 A Salvage Ethnography of the Guinea Worm: Witchcraft, Oracles and Magic in a Disease Eradication Program. In <i>When People Come First: Critical Studies in Global Health</i>. Biehl J and Petryna A. (eds). Princeton University Press: Princeton. pp 207-239. • Shiu CS et al. (2013). The Chinese Life-Steps Program: A Cultural Adaptation of a Cognitive-Behavioral Intervention to Enhance HIV Medication Adherence. <i>Cognitive and Behavioral Practice</i>; 20(2): 202–212. • Simoni J et al. (2011). A preliminary randomized controlled trial of a nurse-delivered medication adherence intervention among HIV-positive outpatients initiating antiretroviral therapy in Beijing, China. <i>AIDS and Behavior</i> 2011 Jul;15(5):919-29. • Kajula L et al. (2016). Vijana Vijiweni II: a cluster-randomized trial to evaluate the efficacy of a microfinance and peer health leadership intervention for HIV and intimate partner violence prevention among social networks of young men in Dar es Salaam. <i>BMC Public Health.</i> 2016 Feb 3;16:113.
Assignments/ Deadlines	Module 2 final paper due 12/5 by 5 pm