



Syllabus

SPHG 713 Systems Approaches to Understanding Public Health Issues
Fall 2022
2 Credits

Course Description

This course is part of the MPH core curriculum and provides students with the skills to identify and describe public health issues in specific contexts.

Co-requisites: SPHG 712 or PUBH 760. Components of the COMPASS modules are pre-requisites.

Co-instructors

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Teaching Assistant

None

Office Hours: Available by appointment.

Course Website: [Canvas site](#): SPHG713.404.FA22, use your ONYEN and password.

Class Days, Times, Location: Tue & Thu 2:00 – 3:00 pm ET, 235 Rosenau Hall
<https://sph.unc.edu/resource-pages/sph-labs-classrooms-and-spaces/>

Course Format

This course is taught in a hybrid fashion where lecture content has been recorded. Students are expected to complete assigned readings and view recorded lectures prior to class. In person class time will be used to verify understanding and application of the concepts in the lessons.

Required Readings

Required readings are provided on the course Canvas website.

Course-at-a-Glance – Revised to include Sep 6 Well-being Day

The instructor reserves the right to make changes to the syllabus, including topics, readings, assignments, and due dates. Any changes will be announced as early as possible. For session-by-session course schedule details, please see the course site.

| Unit | Date | Topic | Assignment Due |
|--------|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Unit 1 | Aug 16 | <ul style="list-style-type: none"> Course introduction History and functions of public health | Complete team project interest survey due Aug 17 by 11:59 pm |
| | Aug 18 | <ul style="list-style-type: none"> Public health values and building interdisciplinary teams Cultural humility | Cultural humility Discussion post due Aug 19 by 11:59 pm |
| Unit 2 | Aug 23 | <ul style="list-style-type: none"> Sources of public health knowledge and evidence Prioritizing and framing public health priorities | |
| Unit 3 | Aug 25 | <ul style="list-style-type: none"> Systems thinking and social ecological framework | |
| | Aug 30 | | Schedule team meeting with Marie Lina between Sep 2 – 9 |
| Unit 4 | Sep 1 | <ul style="list-style-type: none"> Globalization as a determinant of health Environmental determinants of health | Team charter due Sep 2 by 11:59 pm |
| | Sep 5 | No class – Labor Day Holiday | |
| | Sep 6 | No class – Well-being Day | <ul style="list-style-type: none"> Midterm peer evaluations due Sep 7 by 11:59 pm Individual Paper-Assignment 1 due Sep 9 by 11:59 pm |
| Unit 5 | Sep 8 | <ul style="list-style-type: none"> Social, political and economic determinants of health Behavioral and psychosocial determinants of health | <ul style="list-style-type: none"> COMPASS requirements tracker due Sep 12 by 11:59 pm COMPASS - Core Online Modules to promote and accelerate student success |

| Unit | Date | Topic | Assignment Due |
|-------------------------|---------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Unit 6 | Sep 13 | Clinical Guest lecturer: Cynthia Feltner, MD, MPH Biological and genetic determinants of health | <ul style="list-style-type: none"> ○ Global Burden of Disease worksheet via Canvas before the start of class (bring to class on Sep 15) ○ Individual Paper-Assignment 2 due Sep 14 by 11:59 pm |
| Unit 7 | Sep 15 | <ul style="list-style-type: none"> • Quantifying the disease burden associated with determinants of health | <ul style="list-style-type: none"> ○ Team draft <i>Background, Scope and Rationale</i> sections of team project due Sep 16 by 11:59 pm ○ Team draft Determinants section of team project due Sep 16 by 11:59 pm |
| Unit 8 | Sep 20 | <ul style="list-style-type: none"> • Community engagement • Communicating public health issues | |
| | Sept 22 | <ul style="list-style-type: none"> • Teams meeting Time to work on Semester project | |
| Putting it all together | Sept 22 | Teams' project Posters presentations | <ul style="list-style-type: none"> ○ Team presentation slides posted 30 minutes in advance. ○ Presentation reviews due the end of class on Sept 22 at 3:00 pm ○ Final peer evaluation due on Sept 23 at 11:59 pm |
| | Sept 30 | Teams' project final white paper | Team final white paper due Sep 30 by 11:59 pm |

Course Assignments and Assessments

This course will include the following graded assignments that contribute to your final grade in the course. For assignment descriptions and assignment grading rubrics, please see Appendix A and the Canvas course site.

| Graded Assignments | Percentages of Final Course Grade |
|---------------------------|-----------------------------------|
| 1. Course Discussions | 10 |
| 2. Article Critique | 15 |
| 3. Individual Assignments | 25 |
| 4. Group Project | 25 |
| 5. Presentation | 25 |
| TOTAL | 100 |

Course Grading Scale(s)

Final course grades will be determined using the following [UNC Graduate School grading scale](#). The relative weight of each course component is shown in the Graded Assignments section.

- **H**—High Pass (93-100): Clear excellence
- **P**—Pass (80-92): Entirely satisfactory graduate work
- **L**—Low Pass (70-79): Inadequate graduate work
- **F**—Fail (0-69)

A final grade of H will be assigned to all students who:

- Receive "satisfactory" grades on all individual assignments graded with this system
- Receive "satisfactory" grades on all team assignments graded with this system
- Receive H grades on at least 2 of the 3 assignments graded with this system

A final grade of P will be assigned to all students who do not qualify for the H grade, and who:

- Receive "satisfactory" grades on at least 4 of 5 individual assignments, graded with this system; including a requirement to receive "satisfactory" grades for the discussion forums and recitation attendance
- Receive "satisfactory" grades on all team assignments graded with this system
- Receive P grades (or better) on all 3 assignments graded with this system

Students who are worried they may not meet the criteria for a P grade (e.g., because they received an L grade on an assignment, or unsatisfactory grades on multiple assignments) can reach out to their teaching assistant or instructor to discuss options to complete or iterate assignments during or after the semester. Ideally, students should reach out as soon as possible when they realize their grade may be in jeopardy to provide the most possible time to identify a plan.

Map of Competencies to Learning Objectives and Assessment Assignments

Below you will see the program competency(ies) you will develop in this course, the learning objectives that comprise the competency, and the assignment(s) in which you will practice demonstrating each competency.

Competency: MPH06: 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.

Learning Objectives:

- Define structural bias.
- Define institutionalized and structural racism.
- Identify the ways in which structural bias influences the way we understand public health problems and produces health inequities.

Assessment Assignment: Structural bias paper: Students prepare a 1-2 page summary of structural bias in a NC county and its potential impact on health, including a definition of structural bias, examples of how structural bias in a community undermines health, and how organizations, communities and local government could respond.

Competency: MPH19. Communicate audience-appropriate public health content, both in writing and through oral presentation.

Learning Objectives:

- Describe, in writing designed for a public health professional audience, the prevalence and determinants of a public health issue among a specific population in a particular area.
- Provide a brief verbal summary of the prevalence and determinants of a public health issue verbally.
- Create a visual summary of a public health topic for a lay audience.

Assessment Assignment:

- **Final team paper** includes an infographic designed for impacted population/other lay audiences.
- **Final team paper** is assessed for clarity and coherence of writing.
- **Final team presentation** is assessed for clarity and coherence.

Competency: MPH20. Describe the importance of cultural competence in communicating public health content.

Learning Objectives:

- Define cultural humility and cultural competence.
- Identify how your privilege and assumptions can influence your public health practice.
- Identify strategies for incorporating cultural humility in public health practice.

Assessment Assignment:

- **Cultural humility discussion forum post:** Students post their 1 page reflection describing a time they employed tenets of cultural humility to communicate, and then apply similar principles in their team, paper project.
- **Final team paper** includes an infographic designed for the impacted population and other lay audiences

Competency: MPH22. Apply systems thinking tools to a public health issue.

Learning Objectives:

- Describe a social ecological approach to understanding public health issues.

- Describe an example of using a community-based systems thinking approach to understanding a problem.
- Draw a social ecological framework depicting individual, social and contextual influences on a specific health outcome.
- Draw a causal loop diagram depicting one possible reciprocal association within a social ecological framework of a specific health outcome.

Assessment Assignment:

Final team project paper includes:

- A social ecological framework describing the environmental, social, political, behavioral, psychosocial, biological and genetic contributors to a specific public health problem in a specific population.
- A causal loop diagram depicting an association between 3-5 contributing factors to a particular health problem in a specific population.

Assignment Descriptions

Team Project Paper – Issue Description and System Analysis

Students will be assigned to groups of ~4-5 people who will work as a team throughout the course to compile a team project paper. The paper you write for this class will describe the prevalence of, and contributors to, a health issue in a specific area and population. The paper will also argue for the importance of the issue as a public health priority. During the semester, student teams will complete a team charter, meet with the TA and instructor to discuss their topics, submit drafts of several sections of the paper to the teaching team for feedback, complete the final paper, and review their teammates' contributions via midterm and final team evaluations. A detailed description of this project, as well as grading rubrics for each component, is provided in the assignments section below.

Topic Presentation (Team Project)

As an extension of the paper, student teams will present their team project via slides and an oral presentation in class. This presentation is designed for a public health professional audience and describes your public health issue in a specific context and makes a case for prioritizing that issue as a critical public health problem in that context. A detailed description of this project, as well as grading rubrics for each component, are available below.

COMPASS Requirements Tracker (Individual)

Components of COMPASS (Core Online Modules to Promote and Accelerate Student Success) completed by students during the summer are considered required preparation for SPHG 713, as well as other courses. As you work through COMPASS you will complete a COMPASS Requirements Tracker. You will submit this document in the Submit Assignments tab near the start of the semester. We will draw on some material from COMPASS throughout the course.

Note: there is no grading rubric for COMPASS. Full credit will be assigned if all components are completed thoroughly; points will be deducted for incomplete trackers, based on the amount of the tracker that is incomplete. Module 3 and 4 submissions are NOT required for SPHG 713.

Cultural Humility Discussion Forum Post (Individual)

In 1 page, students will define cultural competence and humility, and apply the concepts to a specific public health issue identified by the teaching team. As part of the paper, students will identify strategies for using a cultural competency/humility lens to communicate public health information and engage in public health practice. A detailed description of this discussion forum post, as well as a grading rubric, is available below.

Individual Paper – Assignments 1 & 2 (Individual)

In this paper you will take a systems thinking approach to a public health issue of interest to you by outlining some components of an iceberg model, a systems thinking tool, and ultimately creating a concept map to illustrate some of the contributors to the issue. Specifically, you will argue for the importance of a public health issue of interest to you, identify one inequity in its prevalence, and analyze some of the structural underpinnings of that inequity. **The paper is divided into two graded assignments**; due dates for each are listed in the syllabus. A detailed description of this paper, as well as a grading rubric, is available below.

Structural Bias Concept Map (Individual)

Students will construct a visual representation of systems thinking, an example is a concept map to detail the hierarchy along with the relationships for their identified public health problem and the structural bias identified.

Class Preparation (Individual)

In advance of all class sessions, students are expected to complete readings and listen to lectures or videos describing course content. Each student will select one session (via the signup sheet) and summarize key points of one assigned reading for that session. These summaries will be due before the start of the class. In addition, students should prepare one question based on the reading that may be used in class discussion. Summaries will be compiled into a single document at the end of the semester, which will serve as a helpful guide when you take comprehensive exams (“comps”). Summaries must include 1) full citation and bulleted synopsis of the reading.

Class Attendance (Individual)

There are only 10 meetings of this class (plus the final presentations), and your attendance in class meetings is an integral part of your learning experience in this course. *Grading:* We will take attendance at each class, and will assign 1/2 point for each class attended, for up to 5 points. We excuse one absence for all students; absences beyond that will result in point deduction, except in extenuating circumstances. Only in the event of extenuating circumstances should you contact the instructor to discuss a plan. If you miss a class, it is your responsibility to touch base with your project team about white paper discussions or decisions made during class.

Appropriate Use of Course Resources

The materials used in this class, including, but not limited to, syllabus, 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 websites for the purpose of sharing those materials with other current or future students.

Course and Peer Evaluation

Receiving and providing professional feedback is a key public health skill. The teaching team wants to hear your feedback, both positive and critical, if provided in a constructive manner. We will use several techniques to get feedback, one of which is Poll Everywhere. To access the feedback forms for this class in Poll Everywhere:

- Open an internet window on your phone or laptop or tablet;
 - Type in the browser this link: [PollEv.com/marielinaexc801](https://poll-ev.com/marielinaexc801)
 - Once the Poll is activated you will see the question and will be able to answer accordingly;
- Please do not identify yourself as your answers must be anonymous to facilitate sharing of constructive comments for timely improvement whenever possible!

In addition, students will be asked to provide feedback to their peers. We encourage direct communication to resolve disputes, and specific communication about issues of concern and strategies for addressing them.

Email

The instructors will typically respond to email within 24 to 48 hours, though responses that require consensus among the teaching team may take longer. If you email on the weekend, or receive an out of office reply, it may take longer to receive a reply. The instructors will indicate, if possible, when their responses will be limited.

Syllabus Changes

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

Expectations, Policies, and Resources

Accessibility at UNC Chapel Hill

The University of North Carolina at Chapel Hill facilitates the implementation of reasonable accommodations, including resources and services, for students with disabilities, chronic medical conditions, a temporary disability or pregnancy complications resulting in barriers to fully accessing University courses, programs and activities. Accommodations are determined through the Office of Accessibility Resources and Service (ARS) for individuals with documented qualifying disabilities in accordance with applicable state and federal laws. See the [ARS Website](#) for contact information or email ars@unc.edu.

Attendance/ Participation

Your attendance and active participation are an integral part of your learning experience in this course. If you are unavoidably absent, please notify the course instructor (and Teaching Assistant if one is assigned). No right or privilege exists that permits a student to be absent from any class meetings, except for these University Approved Absences:

1. Authorized University activities
2. Disability/religious observance/pregnancy, as required by law and approved by [Accessibility Resources and Service](#) and/or the [Equal Opportunity and Compliance Office](#).

3. Significant health condition and/or personal/family emergency as approved by the [Office of the Dean of Students](#), [Gender Violence Service Coordinators](#), and/or the [Equal Opportunity and Compliance Office](#).

Community Standards in Our Course and Mask Use.

UNC-Chapel Hill is committed to the well-being of our community – not just physically, but emotionally. The indoor mask requirement was lifted for most of campus on March 7, 2022. If you feel more comfortable wearing a mask, you are free to do so. There are many reasons why a person may decide to continue to wear a mask, and we respect that choice. For additional information, see [Carolina Together](#).

Counseling and Psychological Services at UNC Chapel Hill

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 the [CAPS website](#), call them at 919-966-3658, or visit their facilities on the third floor of the Campus Health Services building for a walk-in evaluation to learn more.

Honor Code

You are not permitted to upload any content from this course to the web in any form, including but not limited to Chegg, Course Hero, Coursera, Google Drive, etc. If you post my course content, you may be violating my intellectual property rights. If you post your own work from this course, you are allowing sites to profit from your intellectual property. In utilizing web sources to upload or download course content, you risk violating the University's Honor Code.

If you have any questions about your rights and responsibilities, consult the [Office of Student Conduct](#) or review the following resources: [Honor System](#); [Honor System module](#); [UNC Library's plagiarism tutorial](#); [UNC Writing Center's handout on plagiarism](#).

We expect all students to follow the guidelines of the UNC Honor Code. Students are expected to refrain from "lying, cheating, or stealing" in the academic context. You can read more about the honor code at [Office of Student Conduct](#). In any course, including mine, what constitutes cheating can change from one activity to another. For example, collaboration may be encouraged for an assignment but qualify as cheating during an exam. Please see my guidelines for each activity, and if you are unsure, please ask me to clarify. In remote classes, there may be many temptations for using online exchange sites, such as Chegg. Note that these sites provide names of students who have used their materials, and they routinely cooperate with institutions around academic integrity issues. Please don't get caught up with honor code issues just because it appears to be simple and untraceable. It is not!

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. To ensure an effective Honor System at UNC, in this course students are expected to:

- 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.

- Learn and apply 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.
- Students may use materials they wrote for other courses, but only if the student themselves produced the work.
- For homework, students may verbally discuss approaches to the problems but each student should independently write up the answer and verify solutions.
- For take-home tests, students must work completely independently without communicating with other students, tutors, or anyone else about any material related to the test questions. The test is 'open book' and 'open notes.'

Inclusive Excellence

We are committed to expanding diversity and inclusiveness across the School — among faculty, staff, 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.

For more information about how we are practicing inclusive excellence at the Gillings School, visit the following webpages: [Inclusive Excellence](#), [Inclusive Excellence Action Plan](#), [Minority Health Conference](#), and [National Health Equity Research Webcast](#).

Additional campus resources include: the [LGBTQ Center](#); [Non-Discrimination Policies at UNC Chapel Hill](#); [Ombuds](#); and [Prohibited Discrimination, Harassment, and Related Misconduct at UNC Chapel Hill](#).

In this class, we practice the Gillings School's commitment to inclusion, diversity, anti-racism and equity in the following ways.

- Develop classroom 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.
- Treat all members of the Gillings community (students, faculty, and staff) as human persons of equal worth who deserve dignity and respect, even in moments of conflict and disagreement.
- Contribute to creating a welcoming and inclusive classroom environment, where all are able to learn and grow from one another.
- Acknowledge and respect the diversity of experiences that others bring to the classroom and the ways in which this richness enhances everyone's learning
- Strive to maintain a spirit of curiosity and generosity, particularly in the face of new and/or seemingly contradictory information and perspectives Encourage and solicit feedback from students to continually improve inclusive practices.

Land Acknowledgement

Please read The Gillings School's [Land Acknowledgement](#).

Student Feedback and Equity Concerns

The Gillings School has in place a [mechanism for students to provide feedback](#), including specifically equity concerns and bias-related issues. You can use this form to describe feedback, both positive and negative, about anything including issues related to your experience as a student at Gillings, administrative processes, and classroom activities. This form will also allow you to specifically describe incidents in which racial or other equity-related bias, or microaggressions, occurred. You may submit this form anonymously. However, for us to follow up and provide the necessary support, we encourage you to include your contact information. For further information, please visit the [Student Feedback and Equity Concerns FAQ](#). Please note that this form does not take the place of any University process or policy. If you would like to report an incident under the University's policy on [Prohibited Discrimination, Harassment, and Related Misconduct including Sexual and Gender Based Harassment, Sexual Violence, Interpersonal Violence, and Stalking](#), please visit [Safe At UNC](#) or the [Equal Opportunity and Compliance Office](#) (EOC) for additional information, including resources, contact, and reporting options.

Technical support

The best way to help prevent technical issues from causing problems for assignments and quizzes is to submit them at least 24-36 hours before the due date and time. Your instructor cannot resolve technical issues, but it's important to notify them if you are experiencing issues. If you have problems submitting an assignment or taking a quiz in Canvas, immediately do the following:

1. Contact the UNC Information Technology Services (ITS) department with the time you attempted to do your course action and what the course action was.
2. Email your instructor with the information you sent to ITS and what time you sent the information.

The 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 (4357), or by [online help request](#), or by [UNC Live Chat](#).

Title IX at UNC Chapel Hill

Any student who is impacted by discrimination, harassment, interpersonal (relationship) violence, sexual violence, sexual exploitations, or stalking is encouraged to seek resources on campus or in the community. Please contact the Director of Title IX Compliance / Title IX Coordinator ([Adrienne Allison](#)), [Report and Response Coordinators in the Equal Opportunity and Compliance Office](#), Counseling and Psychological Services (confidential), or the [Gender Violence Services Coordinators](#) (confidential) to discuss your specific needs. Additional resources are available at the ["Safe at UNC" website](#).

Weekly Course Schedule: SPHG713.404 Fall 2022

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| Unit 1 Aug 16 | Course Introduction and History and Functions of Public Health |
| Learning Objectives | <ul style="list-style-type: none"> · Identify the goals and primary assignments for SPHG 713. · Identify milestones in public health history. · Identify the core functions of public health and the 10 Essential Services. |
| Required Readings | <ul style="list-style-type: none"> • Ten Great Public Health Achievements --- Worldwide, 2001-2010. MMWR, 60(24), 814-818. https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6024a4.htm <p>Essential Public Health Services</p> |
| Class Preparation | Watch the videos and complete any tasks under this lesson in Canvas course website. |
| Assignments/Deadlines | Complete team project topic interest survey by Aug 17 by 11:59 pm (Individual) |

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| Unit 1 Aug 18 | Public Health Values and Teamwork Cultural Humility and Community Engagement |
| Competency/Learning Objectives | <ul style="list-style-type: none"> · Discuss select public health values · Identify strategies to work together as a team. · Discuss current public health research/practice happening within the school and how it is connected to public health values. <p>MPH Competency 20: Describe the importance of cultural competence in communicating public health content-</p> <ul style="list-style-type: none"> • Define cultural humility and cultural competence. • Identify how your privilege and assumptions can influence your public health practice. <p>Identify strategies for incorporating cultural humility in public health practice.</p> |
| Required Readings | <ul style="list-style-type: none"> • Lee, LM and Zarowsky C. Foundational values for public health. <i>Public Health Reviews</i>. Vol 36, 2 (2015) https://publichealthreviews.biomedcentral.com/articles/10.1186/s40985-015-0004-1 • Airhihenbuwa, C. O. (2007). 2007 SOPHE presidential address: On being comfortable with being uncomfortable: Centering an Africanist vision in our gateway to global health. <i>Health Education & Behavior</i>, 34(1), 31–42. • Israel, B. A., Schulz, A. J., Parker, E. A., & Becker, A. B. (1998). Review of community-based research: Assessing partnership approaches to improve public health. <i>Annual Review of Public Health</i>, 19(1), 173–202. |

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| Unit 1 Aug 18 | Public Health Values and Teamwork Cultural Humility and Community Engagement |
| | <ul style="list-style-type: none"> 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. |
| Class Preparation | Watch the videos and complete any tasks under this lesson in Canvas course website. |
| Assignments/Deadlines | Complete team project topic interest survey by Aug 17 by 11:59 pm (Individual) Cultural humility discussion forum post by Aug 19 by 11:59 pm (Individual) |

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| Unit 2 Aug 23 | Sources of Public Health Knowledge and Evidence Prioritizing and Framing Public Health Issues |
| Learning Objectives | <ul style="list-style-type: none"> Describe 3 research paradigms employed in public health: post-positivism, critical theory and constructivism Identify different sources of public health knowledge, and describe a mixed methods approach to gathering evidence. Gain skills in searching for identifying public health literature through UNC library systems. Describe multiple processes and criteria used by public health professionals to prioritize public health issues Identify strengths and challenges in developing empirical and community-based public health priorities. Describe a public health issue as a key priority. |
| Required Readings | <ul style="list-style-type: none"> The nature and design of mixed methods research. In: Creswell JW, Klassen AC, Plano Clark VL, Smith KC for the Office of Behavioral and Social Sciences Research. <i>Best practices for mixed methods research in the health sciences</i>. August 2011. National Institutes of Health. Pages 4-6 are required, rest is optional. (PDF available at: https://obsr.od.nih.gov/sites/obsr/files/Best_Practices_for_Mixed_Methods_Research.pdf) Terwindt F, Rajan D, Soucat A. (2016). Chapter 4: Priority-setting for national health policies, strategies and plans. <i>In Strategizing national health in the 21st century: a handbook. World Health Organization: Geneva.</i> Pp 1-47 are required, though you can skim pp 33-37 to just get a sense of different methods available. The rest of the chapter is optional. <p>Students should also become familiar with the UNC Library guide to data and statistics: http://guides.lib.unc.edu/health_statistics. This site includes links to many data sources, and links to two tutorials about using health statistics. Ensure that at least one team project member has listened to each tutorial and explored each link that is relevant to your team project.</p> |

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| Unit 2 Aug 23 | Sources of Public Health Knowledge and Evidence Prioritizing and Framing Public Health Issues |
| Class Preparation | Watch the videos and complete any tasks under this lesson in Canvas course website. |
| Assignments/Deadlines | |

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| Unit 3 Aug 25 | Systems Thinking and Social Ecological Frameworks |
| Learning Objectives | <p>MPH Competency 22: Apply systems thinking tools to a public health issue</p> <ul style="list-style-type: none"> · Describe an example of using a community-based systems thinking approach to understanding a problem. · Describe a social ecological approach to understanding public health issues. <p>Draw a social ecological framework depicting individual, social and contextual influences on a specific health outcome.</p> <ul style="list-style-type: none"> · Draw a causal loop diagram depicting one possible reciprocal association within a social ecological framework of a specific health outcome |
| Required Readings | <ul style="list-style-type: none"> ● Institute of Medicine. (2003). Who will keep the public healthy? National Academies Press, pp. 31–34 only. ● Peters, D. H. (2014). Application of systems thinking in public health: Why use systems thinking? Health Research Policy and Systems, 12, 51. doi:10.1186/1478-4505-12-51 ● Rwashana et al. (2014). Advancing the application of systems thinking in health: Understanding the dynamics of neonatal mortality in Uganda. Health Res Policy Syst., 12, 50. |
| Class Preparation | Watch the videos and complete any tasks under this lesson in Canvas course website. |
| Assignments/Deadlines | |

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| Unit 3 Aug 30 | Systems Thinking and Social Ecological Frameworks |
| Learning Objectives | <p>MPH Competency 22: Apply systems thinking tools to a public health issue</p> <ul style="list-style-type: none"> · Describe an example of using a community-based systems thinking approach to understanding a problem. · Describe a social ecological approach to understanding public health issues. <p>Draw a social ecological framework depicting individual, social and contextual influences on a specific health outcome.</p> <ul style="list-style-type: none"> · Draw a causal loop diagram depicting one possible reciprocal association within a social ecological framework of a specific health outcome |

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| Unit 3 Aug 30 | Systems Thinking and Social Ecological Frameworks |
| Required Readings | |
| Class Preparation | Team meeting agenda |
| Assignments/Deadlines | |

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| Unit 4 Sep 1 | Globalization and Environmental Determinants of Health |
| Learning Objectives | <ul style="list-style-type: none"> · Define globalization and global health. · Describe how economic, sociocultural, political and environmental aspects of globalization impact public health and disease burden. · Explain the opportunities and challenges of addressing health inequities in a global context. · Identify key environmental factors that influence health and the types of illnesses associated with these factors. · Define the term “environmental burden of disease.” · Define the term “One Health.” |
| Required Readings | <ul style="list-style-type: none"> · McMichael, A. J., & Beaglehole, R. (2000). The changing global context of public health. The Lancet, 356(9228): 495–499. · Kunitz, S. J. (2000). Globalization, states, and the health of indigenous peoples. American Journal of Public Health, 90(10): 1531–1539. · MacDonald Gibson, J. (2018) Environmental determinants of health. Ch. 37 in Chronic illness care: Principles and practice. New York: Springer. · Megahed N. A. & Ghoneim E.M. (2020). “Antivirus-built environment: Lessons learned from COVID-19 pandemic.” Sustainable Cities and Society 61. |
| Class Preparation | Watch the videos and complete any tasks under this lesson in Canvas course website. |
| Assignments/Deadlines | Schedule team meeting with Marie Lina between Sep 2-9 |

No Class Sep 5 – UNC Holiday – Labor Day

No Class Sep 6 – UNC Well-being Day

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| <p>Unit 5 Sep 8</p> | <p>Social, Political Economic, Psychosocial and Behavioral Determinants of Health</p> |
| <p>Learning Objectives</p> | <p>MPH Competency 06: Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels</p> <ul style="list-style-type: none"> ● Identify social, political and economic institutions that influence health. ● Describe multiple pathways through which these institutions impact the population health and produce health inequities. ● Define structural bias, institutionalized and structural racism. ● Identify the ways in which structural bias influences the way we understand public health problems and produces health inequities. ● Describe strategies for using evidence to identify structural bias in public health efforts. <p>Describe the burden of disease attributable to health behaviors.</p> <p>Define psychological and environmental constructs from one health behavior theory and describe how they are related to health behaviors</p> <p>Critique rational notions of health behavior.</p> |
| <p>Required Readings</p> | <ul style="list-style-type: none"> ● Mechanic D. (2002). "Disadvantage, Inequality, And Social Policy." Health Affairs 2002;21(2):48-59. ● Montez JK et al. (2020). "US State Policies, Politics, and Life Expectancy." The Milbank Quarterly 2020 (in press). ● Williams DR, Lawrence JA, Davis BA. (2019). "Racism and Health: Evidence and Needed Research." Annual Review of Public Health 2019; 40:105-25. ● Kelder et al. (2015). How individuals, environments, and health behaviors interact: Social cognitive theory. In K. Glanz, B. K. Rimer, & K. Vishwanath (Eds.), Health behavior and health education (Chapter 8). San Francisco, CA: Jossey-Bass. ● Rice, T. (2013). The behavioral economics of health and health care. Annual Review of Public Health, 34: 431–447. ● Nandi A, Glymour MM, Subramanian SV. (2014). "Association Among Socioeconomic Status, Health Behaviors, and All-Cause Mortality in the United States." Epidemiology 2014;25:170-177. |
| <p>Class Preparation</p> | <p>Watch the videos and complete any tasks under this lesson in Canvas course website.</p> <p>TED MED Video: "How Racism Makes Us Sick" David R. Williams https://youtu.be/VzyjDR_AWzE [17:27]</p> |
| <p>Assignments/ Deadlines</p> | <p>Schedule team meeting with Marie Lina between Sep 2-9</p> <p>Midterm peer evaluation due Sep 7 by 11:59 pm (Individual)</p> <p>Individual Paper – Assignment 1 due Sep 9 by 11:59 pm (Individual)</p> |

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| Unit 6 Sep 13 | Dr. Cindy Feltner, Guest Lecture Biological and Genetic Determinants of Health |
| Learning Objectives | <ul style="list-style-type: none"> · Explain how genetic and epigenetic inheritance contribute to disease risk. · Explain the public health importance of genetic screening in pregnant women, newborns and individuals with family/ancestral history of certain diseases. · Describe how age, sex and other biological factors impact exposure and disease susceptibility. · Describe the concept of allostatic load and the physiological impacts of repeated/ chronic stress across the life course. |
| Required Readings | <p>· Selevan, S. G., Kimmel, C. A., & Mendola, P. (2000). Identifying critical windows of exposure for children’s health. Envr Health Persp., 108(Supp3): 451–455.</p> <p>· Merkin, S. S., Karlamangla, A., Roux, A. V., Shrager, S., & Seeman, T. E. (2014). Life course socioeconomic status and longitudinal accumulation of allostatic load in adulthood: Multi-ethnic study of atherosclerosis. American Journal of Public Health, 104(4): e48–e55.</p> |
| Class Preparation | Watch the videos and complete any tasks under this lesson in Canvas course website. |
| Assignments/Deadlines | Individual Paper – Assignment 1 due Sep 9 by 11:59 pm (Individual) |

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| Unit 7 Sep 15 | Quantifying the Disease Burden Associated with Determinants |
| Learning Objectives | <ul style="list-style-type: none"> · Describe, in general terms, the method that the World Health Organization and Institute for Health Metrics and Evaluation have used to quantify the environmental burden of disease. · Interpret global burdens of disease data to identify common risk factors, and global trends. · Describe the types of data needed to quantify the environmental burden of disease, and identify potential sources for such data. · Be able to calculate a central estimate of the environmental burden of disease for a specific risk factor in a specific community. |
| Required Readings | <p>· Degenhardt, L., et al. (2013). Global burden of disease attributable to illicit drug use and dependence: Findings from the Global Burden of Disease Study 2010. The Lancet, 382(9904):1564–74.</p> <p>· Weinberger DM et al. (2020). "Estimation of Excess Deaths Associated with the COVID-19 Pandemic in the United States, March to May 2020." JAMA Internal Medicine (published online July 1, 2020).</p> |
| Class Preparation | Watch the videos and complete any tasks under this lesson in Canvas course website. |

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| Unit 7 Sep 15 | Quantifying the Disease Burden Associated with Determinants |
| | Complete Global Burden of Disease worksheet via Canvas before start of class & bring completed worksheet to class today |
| Assignments/Deadlines | Individual Paper – Assignment 2 due Sep 14 by 11:59 pm (Individual) Team draft of <i>Background, Scope and Rationale</i> section of the team paper due Sep 16 by 11:59 p.m. Team draft of Determinants section of the team paper due Sep 16 by 11:59 p.m. |

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| Unit 8 Sep 20-22 | Intercultural Communication and Effective Engagement to Understand Public Health |
| Learning Objectives | MPH Competency 19: Communicate audience-appropriate public health content, both in writing and through oral presentation ID some specific to this week (separate from next) (e.g., learn basic design principles) |
| Required Readings | · Islam et al. (2020). “COVID-19-Related Infodemic and Its Impact on Public Health: A Global Social Media Analysis.” Am J Trop Med Hyg, 130(4): 1621-1629. |
| Class Preparation | Watch the videos and complete any tasks under this lesson in Canvas course website. |
| Assignments/Deadlines | Team Poster presentations posted on Canvas page 30 minutes in advance on Sept 22, 2022 Team Poster Presentations’ reviews due at the end of class on September 22, 2022 at 3:00 pm (Individual) |

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| Sept 22 & 30, 2022 | Final Team Presentations & White paper narrative |
| Competency or Foundational Knowledge | Communicate audience-appropriate public health content, both in writing and through oral presentation |

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| Learning Objectives | <p>MPH Competency 19: Communicate audience-appropriate public health content, both in writing and through oral presentation</p> <ul style="list-style-type: none"> • Describe, in writing designed for a public health professional audience, the prevalence and determinants of a public health issue among a specific population in a particular area. • Provide a brief verbal summary of the prevalence and determinants of a public health issue verbally. • Create a visual summary of a public health topic for a lay audience. • Identify limitations to using existing data and literature to understand a public health issue, as well as next steps for furthering that understanding and addressing the issue. |
| Required Readings | None |
| Preparation | Prepare final deliverables |
| Class Meeting | Team project presentation |
| Final Assignments/Deadlines | <p>Team Poster presentations posted on Canvas page 30 minutes in advance on Sept 22, 2022</p> <p>Team Poster Presentations' reviews due at the end of class on September 22, 2022 at 3:00 pm (Individual)</p> <p>Final peer evaluations due on September 23, 2022 at 11:59 pm (Individual)</p> <p>Teams Final white paper due on September 30, 2022 at 11:59 pm in Canvas</p> |

Description of Assignments

Cultural Humility Post (individual Assignment)

Principles of Culture Humility: Openness/Curiosity, Appreciation, Acceptance, Adaptability, Non-judgement

Choose one of the above-listed principles of cultural humility, and describe an instance in which you used this principle while communicating/interacting with someone about an important health-related issue. Reflect on what went well during your application of the principle and what you could have done differently to improve your communication. (3/4 of a page to 1 page).

Next consider how cultural humility is relevant to your white paper project topic.

- In what ways might your identity and culture differ from the population in your white paper? (1 paragraph)
- How might these differences influence your understanding of the health issue within the specific population? (1 paragraph)
- If given an opportunity to engage with the population directly, how would you approach your communication in a culturally humble way? Choose at least 1 principle above (different from the one selected for your reflection) to apply to your answer. (1 paragraph)

| Criteria | Clear Excellence | Satisfactory | Inadequate |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Appropriate selection of health-related issue (2 points) | Topic selected for reflection is clearly related to health and/or the paper successfully articulates the health relevance of the selected topic. | Topic selected is not clearly related to health, but the author makes a moderately successful attempt to draw connections to health. | Topic selected is not clearly related to health and the author does not successfully draw connections for the reader. |
| Depth of reflection on CH application (3 points) | The paper provides an in-depth reflection, thoroughly describing how the CH principles were or can be applied. | The paper provides some details on how the CH principles were or can be applied, but the description is vague. | The paper provides few or no details about how CH principles were or can be applied. |
| Self-awareness (2 points) | The paper articulates a deep understanding of the author's identity/culture and how it is distinct from that of the population of interest for the white paper. | The paper offers a surface-level description of the author's identity/culture and how it is distinct from the population of interest for the white paper. | The paper offers little or no description of the author's identity/culture and/or fails to draw distinctions with the population of interest for the white paper. |
| Consideration of positionality (3 points) | Paper provides clear, multiple and varied examples of how the author's understanding of the white paper topic may be influenced by their own identity/culture. | Paper provides some examples of how the author's own identity/culture might influence their understanding of the white paper topic and/or the examples could be described more clearly and with more detail. | Paper provides few, vague or no examples of how the author's own identity/culture influences their understanding of the white paper topic. |
| Writing (2 points) | Paper is well-organized. No spelling or grammatical errors. Sentences are clear and flow in logical order. All ideas are appropriately cited. | Quality of writing and paper organization does not inhibit comprehension of main ideas, but is unclear in some details. Very few spelling or grammatical errors. Most sentences clear and flow logically. Most ideas are appropriately cited. | Writing quality or organization is poor enough to inhibit the ability of instructors to give constructive feedback. Multiple spelling or grammatical errors on the majority of pages. Difficult to understand sentences and logical flow of paper. Draft fails to include citations in multiple places. |

Team Charter Guidelines

Team charter: Using a template provided in the Canvas site, teams will submit a single team charter that summarizes their plans for communicating and working effectively. *Grading:* Full credit will be assigned if all components are completed thoroughly; points will be docked for incomplete charters, based on the amount of the charter that is incomplete.

Team charters are a tool to help teams “form” and ease the ongoing process that is team development. Outlining goals, values, roles and processes at the onset will allow you to spend more time doing project-related work and less time navigating complex situations as the semester progresses. You will have this document to refer to as your agreement for how you plan to communicate with one another, work together as a team and independently, achieve project goals and deal with conflict.

Discuss each of the following sections as a group. You may find that you agree on many points but have one or two stickling points. These are important and should not be glanced over to help ensure your team’s success later. When you are satisfied that you have reached consensus on the issues that are important to you, document your thoughts on each section below in writing for a total of 2-3 pages, sign the document (esignatures acceptable), save it as SPHG 713_Group[TEAM NAME] Charter, and submit electronically in the designated location on the course site. As your team develops, consider re-visiting your charter and modify as needed, perhaps at the midterm reflection.

Team Charter Template

Team Name:

Objective:

Define the purpose and mission of the team. Discuss what opportunities the team can hope to discover together.

Goals/Values:

Define how the team will know that it has been successful. Discuss individual values and goals and ensure that they align with the team’s.

Team Strengths:

Identify the skills and strengths of individual team members or the overall team. Consider communication, professional experience and leadership styles.

Topic:

Briefly describe the health topic on which you propose to focus, including specific public health outcomes or exposures, and a particular geographic area and population of interest. Note: it is possible you will revise or narrow your topic following feedback from, and discussions with, your TA.

Deliverables:

Define the major activities and timeframes for the project. You can identify those deliverables described in the syllabus, adding other internal dates as relevant (e.g., for team drafts, feedback).

Milestones:

Define how the team will track progress toward your goals to ensure you stay on track to meet course deadlines.

Roles/Responsibilities:

Considering team member skills and professional experiences, define roles and responsibilities for each team member. For course purposes, one person should be designated as the person who will submit the assignments on behalf of the team. Other roles to consider include setting meeting agendas, taking meeting minutes, serving as the team liaison to the teaching assistant or instructors, etc

Expectations:

Discuss and define expectations for at least 3 of the following:

- member work styles
- ground rules
- performance
- participation
- conduct
- leadership
- professional development
- skills development

Decision Making, Communication and Feedback:

Discuss what the group norms will be around decision making and communication– methods, response time, etc. Also, indicate each member’s preferred means of providing and receiving constructive feedback.

Meetings:

Identify a regular meeting day/time (you can cancel if it is not needed). Discuss how the group will coordinate meetings, how often, punctuality, agenda setting, notetaking

Limitations/Constraints:

Discuss any limitations, challenges or constraints that may impact the team or individuals

Conflict Resolution

Describe strategies for handling conflict when it arises.

| Team Member’s Name | Team Member’s Signature |
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For Team Meeting - UPHI Team Project Health Issue Matrix

For the health issue assigned to your team, work individually to complete the following matrix to the best of your ability. You will share your individual work with your team to build the first sections of your team project report.

| Question | Answer | Source of Information | Strengths/Limitations/Comments About Source |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------|---------------------------------------------|
| How many people are affected by this issue? What population groups, if any, are disproportionately impacted? (Include prevalence, risk, and rate estimates for subgroups if possible,) | | | |
| What trends have been documented about the issue? Is the rate/prevalence expected to rise in the future? | | | |
| What health outcomes or other issues are associated with the team project issue? (Quantify relationships if possible.) | | | |
| How many deaths are associated with the issue? (How does this compare to other health issues among your population?) | | | |
| How much is the health issue costing society (financially and in other ways)? | | | |
| What potentially useful information about the issue are you unable to find? | | | |

Team meeting with Faculty

To ensure that teams have chosen topics that fit within the scope of the assignment, receive early feedback on their ideas, and discuss team dynamics, we are requiring each team to schedule and attend a 30-minute meeting with faculty. Teams should bring a copy of their team charter and health issue matrices that includes their initial ideas for their project topic. Grading: Full credit will be assigned for meetings held in the timeframe noted in the assessment table.

Draft of Background, Scope and Rationale

The teaching team will provide feedback related to each of the following:

- Is the health issue appropriately narrow, clearly specific to a population and geographic context?
- Is most or all of the epidemiological data calculated and/or identified by the team appropriate to the health issue and described accurately?
- Are two strong rationales for addressing the health problem identified and justified?
- Is the writing clear, well-organized and compelling?
- Has the draft been proofread and spell-checked?

| Criteria | Clear Excellence | Satisfactory | Inadequate |
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| Draft quality | Strong draft requiring only minor revisions to rationale, organization and/or content. | Good draft requiring moderate revisions to the rationale, organization and/or content of some sections. | Ineffective draft requiring substantial revisions, including re-organization and/or significant changes to content throughout the document. |

Midterm Team Peer Evaluation

You will assess each of your teammates (and yourself) along the following criteria. In the midpoint team peer evaluation, grades will only be based on completing your evaluation of others, but you will receive feedback from others' assessment. Your final team peer evaluation grade will be based on an equal weighting of your reviews in these categories, plus one point for completing your peer evaluation of others.

| Criteria | Clear Excellence (H) | Satisfactory (P) | Inadequate (L-F) |
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| Attendance and Communication | Attends almost all team meetings and arrives on time, or communicates in a timely manner when unable to attend. Responsive to team emails and communicates clearly and effectively about the project. Almost always describes clearly what they are | Attends most team meetings but on more than one occasion has been late or absent for a reason not previously communicated. Responses to emails are outside of the timeframe originally agreed upon in team charter; communication about work/thoughts related to the project is not always clear. | Frequently late or absent from meetings for a reason not previously communicated. Response to written communications is seldom timely. Communication about work/thoughts related to the project is often unclear. |

| Criteria | Clear Excellence (H) | Satisfactory (P) | Inadequate (L-F) |
|-------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | doing/thinking as it relates to the project. | | |
| Substantive and Meaningful Contribution | Routinely provides useful ideas when participating in the team discussions. Has played an important role in shaping the focus of the project. Contributions reflect strong ability to apply a systems approach to understanding public health issues. | Usually provides useful ideas when participating in the team discussion; sometimes diverges from the topic but generally plays a meaningful role in the project. Contributions reflect good ability to apply a systems approach to understanding public health issues. | Seldom provides useful ideas when participating in the team discussions and is often off topic. Has not played a meaningful role in shaping the project focus. Contributions fail to reflect ability to apply a systems approach to understanding public health issues. |
| Supportive and Collaborative Team Member | Almost always listens to team members and supports the efforts of others. Tries to keep people working well together. Always has a positive attitude about the task. | Usually listens to team members and supports the efforts of others. Generally has a positive attitude about the task, with one or two exceptions. | Rarely listens to team members or supports the efforts of others. Often divisive and disruptive to team spirit. Seldom has a positive attitude about the task. |
| High Quality Writing | Almost always produced high quality work, including strong audience appropriate writing that communicated public health content | Produced moderate quality work. Written work sometimes requires some revisions/corrections to effectively communicate audience-appropriate public health content. | Produced low-quality work. Written work usually required some revisions/corrections to effectively communicate audience-appropriate public health content. |
| Contributed Fair Share | Often initiates work and volunteers to take on tasks. Has contributed more than their share of work toward the team project. | Completes what they have been assigned to do. Generally has completed their share of work toward the team project. | Seldom volunteers or initiates to take on a task and often does not complete what they have been assigned. Has completed less than their share of the group project. |

Individual Paper – Assignments 1 & 2 Instructions (individual assignment)

In this paper you will take a systems thinking approach to a public health issue of interest to you by outlining some components of an iceberg model, a systems thinking tool, and ultimately creating a concept map to illustrate some of the contributors to the issue. Specifically, you will argue for the importance of a public health issue of interest to you, identify one inequity in its prevalence, and analyze some of the structural underpinnings of that inequity. The paper is divided into two graded assignments; due dates for each are listed in the syllabus.

Assignment 1: Issue Description, Rationale and Inequity (max 2 single spaced pages not counting references) **Due Sep 9, 2022 by 11:59 pm**

- A. In 1 paragraph or less, describe the issue in enough detail for any public health professional (including someone focused on a different topic) to understand.

- B. In 1 paragraph or less, explain any language or terminology choices you have made about the topic and define any terms that may be unclear to the reader.
- C. In 1 paragraph, describe three reasons the topic is an important public health issue to address.
- 1) In 1 paragraph, identify patterns in the issue, including the prevalence of the issue overall (be clear about the place/context to which this applies).
 - 2) One inequity (geographic location or population group that experiences worse than usual health outcomes related to this issue). Use available data or data summaries to demonstrate differences across geographic locations or population groups and describe why this pattern constitutes an inequity, rather than just a difference.
- D. In 1 paragraph, describe the importance of cultural humility in communicating about the public health inequity, including:
- 1) One reason it is important to consider culture of the population that is disproportionately impacted by the issue when communicating about the public health inequity, and one potential consequence of failing to do so.
 - 2) Two strategies you would recommend a public health professional employ to learn more about the intended audience in order to communicate in a culturally appropriate manner. Ensure your response is specific to the health issue and/or population described.

RUBRIC: INDIVIDUAL PAPER ASSIGNMENT 1

| Criteria | Demonstrated knowledge and skills exceeds expectations (H) | Demonstrated knowledge and skills meets high expectations (P+) | Demonstrated knowledge and skills meets expectations (P) | Demonstrated knowledge and skills approach expectations (P-) | Demonstrated knowledge and skills require more development (L) | Knowledge/skills cannot be assessed due to incomplete/unsubmitted work (F) |
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| Issue (10%) | Paper identifies a health issue in sufficient detail for reader comprehension. No edits are required for clarity. | Paper identifies a health issue in sufficient detail for reader comprehension. Few edits are required for clarity. | Paper identifies a health issue in sufficient detail for reader comprehension, though editing would improve clarity | Paper identifies a health issue, but more detail is required for comprehension or significant editing is required for clarity | Paper appears to identify a health issue but remains unclear to the reader . | No health issue is described in the paper. |
| Language (10%) | All critical language choices are identified; and justification reflects a deep | At least one language choice is identified and justification reflects a good understanding of relevant cultural and | At least one language choice is identified and a reasonable justification is provided. | At least one language choice is identified but requires a stronger justification | Language choices are unclear , or are not well justified and applied inconsistently in the paper. | No language choices are described or discussed. |

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| | understanding of relevant cultural and historical factors. | historical factors. | | n, or isn't applied consistently in the paper. | | |
| Rationale (20%) | 3 distinct and strong arguments for the topic importance are made and well supported , covering at least 2 WECARE categories. | 3 distinct and good arguments for the topic importance are made and supported ; at least 2 WECARE categories are covered. | 3 distinct and reasonable arguments for the importance of the topic are made and supported with evidence. | Some arguments for the topic importance are made, but 3 distinct arguments are not clear , or some are not supported by evidence. | Arguments for the importance of the topic are underdeveloped or poorly supported throughout. | Paper does not identify arguments in support of the topic. |
| Patterns (25%) | Paper identifies prevalence and geographic or population-based difference in the health issue, effectively using data/summaries as evidence. Argument for why the difference is an inequity is convincing . | Prevalence and geo/pop-based difference in the health issue are identified using data/summaries as evidence. Argument for why the difference is an inequity requires minor editing or additional information to be convincing. | Prevalence and geo/pop-based difference in the health issue are identified, using data/summaries as evidence. Argument for why the difference is an inequity requires moderate editing or additional information to be convincing. | Prevalence and geo/pop-based difference in the health issue are identified, using data/summaries to support the response. Substantial editing is needed to support why the difference is an inequity. | Paper fails to identify either issue prevalence or a geo/pop-based difference in the health issue, or does both but does not use data/summaries as evidence or provides no argument for why the difference is an inequity. | No prevalence or inequities are included. |
| Cultural Humility (25%) | Paper demonstrates an advanced understanding of | Paper demonstrates a thorough understanding of principles of cultural | Paper demonstrates a good understanding of principles of cultural | Paper demonstrates a partial understanding of | Paper demonstrates a limited understanding of principles of | Paper demonstrates little to no understanding of principles of cultural |

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| | principles of cultural humility and their importance and details two appropriate strategies for applying cultural humility to a specific topic of public health communication. | humility and their importance and describes 2 appropriate strategies for applying cultural humility to a specific topic of public health communication . | humility and their importance and lists two possible strategies for applying cultural humility to a specific topic of public health communication . | principles of cultural humility and their importance. Strategies to apply cultural humility would benefit from more explanation or specific application to the public health topic. | cultural humility and their importance. Strategies to apply cultural humility to a specific topic of public health communication are underdeveloped. | humility and their importance. Strategies to apply cultural humility to a specific topic of public health communication are absent. |
| Instructions (10%) | The product is very thorough with complete adherence to instructions and formatting guidelines . | The product is mostly thorough with non-adherence to 1 or 2 minor components of instructions/formatting. | The product is sufficient with non-adherence to 3+ minor components of instructions/formatting. | The product is adequate with non-adherence to 1 or 2 major of instructions/formatting guidelines . | The product is insufficient with non-adherence to several major of instructions/formatting guidelines. | The product fails to adhere to any of the instructions/formatting guidelines. |

Assignment 2: Organizations, Structures and Mental Model Underpinning the Inequity (max 5 single spaced pages (4 for text, 1 for concept map), not counting references) **Due Sep 14 by 11:59 pm**

- A. In 1-2 pages, resubmit Parts A-D of Assignment 1. Make any edits requested by your TA to clarify the public health issue and identified inequity. Other edits are not required unless specifically requested by the TA.
- B. In 1-2 paragraphs, describe two groups or organizations who have a vested interest in the health inequity (i.e., organizational/group components of structure). Specifically, identify:
 - 1) One population group or organization who has called attention to the inequity you identified as something to be addressed. Reference organizational material, websites, or media when describing their efforts.

- 2) One population group or organization that benefits from the existing inequity. Explain how they likely benefit. Note: the group or organization does not need to actively be supporting the inequity in order to benefit from it. For example, food retailers in lower income neighborhoods might benefit from more consumption of sugar-sweetened beverages in those neighborhoods.
- C. In 2 paragraphs, describe how one existing policy or practice intentionally or unintentionally perpetuates the inequity you identified. Provide details about the policy and/or practice, as well as the institutions or organizations that implement it (which could be the same or different from the one identified above). Offer evidence or detailed reasoning for how the policy or practice perpetuates the inequity, rather than just conjecture.
- D. In 1 paragraph, describe a mental model that may be supporting the policy or practice, and therefore inhibiting efforts to change the policy or practice in order to reduce the health inequity. Provide evidence that illustrates the mental model (e.g., other current or historical actions/policies/comments consistent with it), and offer detailed reasoning for how the shared idea or belief supports the policy or practice.
- E. **Concept Map**: Students will construct a visual representation of systems thinking, an example is a concept map to detail the hierarchy along with the relationships for their identified public health problem and the structural bias identified.

RUBRIC: INDIVIDUAL PAPER ASSIGNMENT 2

| Criteria | Demonstrated knowledge and skills exceeds expectations (H) | Demonstrated knowledge and skills meets high expectations (P+) | Demonstrated knowledge and skills meets expectations (P) | Demonstrated knowledge and skills approach expectations (P-) | Demonstrated knowledge and skills require more development (L) | Knowledge/skills cannot be assessed due to incomplete/unsubmitted work (F) |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Issue/ Inequity Description (5%) | | Edits for clarification from Assignment 1 (if requested) sufficiently improve issue/inequity description and clarity. | | Requested edits for from Assignment 1 are insufficient to improve issue/inequity description and clarity. | | Requested edits from Assignment 1 were not made, or information from Assignment 1 was not provided. |
| Groups or Orgs (10%) | Paper identifies two orgs/groups (one working to change the inequity and one that benefits from it) and provides st | Paper identifies two orgs/groups (one working to change the inequity and one that benefits from it) and provides good evidence for why they have a vested interest in the issue. | Paper identifies two orgs/groups (one working to change the inequity and one that benefits from it) and provides some evidence for why they have a vested interest in the issue. | Paper identifies two orgs/groups but provides limited evidence for why they have a vested interest in the issue. Or, paper | Paper identifies two orgs/groups but provides insufficient evidence for why they have a vested interest in the issue. Or, paper identifies one org/group, with some evidence for their vested interest. | No orgs/groups are described. |

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| | rong evidence for why they have a vested interest in the issue. | | | identifies one org/group, with strong evidence for their vested interest. | | |
| Policy or Practice (25%) | Paper reflects strong understanding of how a policy/practice can produce social and health inequities. Strong reasoning is offered to support the connection between a specific policy/practice and outcome. | Paper reflects good understanding of how a policy/practice can produce social and health inequities. Good reasoning is offered to support the connection between a specific policy/practice and outcome, but minor edits would make the argument convincing. | Paper reflects a basic understanding of how a policy/practice can produce social and health inequities. Sufficient reasoning is offered to support the connection between a policy/practice and outcome, but moderate edits would make the argument convincing. | Paper reflects a basic understanding of how a policy/practice can produce inequities. Some reasoning is offered to support the connection between a specific policy/practice and outcome, but substantial edits would make the argument convincing. | Paper reflects only a limited understanding of how policies and practices can produce social and health inequities. Insufficient evidence or rationale is offered to support the connection between a specific policy/practice and outcome. | No policy or practice is described. |
| Shared Idea or Belief (20%) | Paper provides strong evidence of an existing shared belief, and reflects a strong understanding of how that shared belief could lead to the named practice or policy. | Paper provides good evidence of an existing shared belief, and reflects a good understanding of how that shared belief could lead to the named practice or policy, but needs minor edits. | Paper provides some evidence of an existing shared belief, and reflects a basic understanding of how that shared belief could lead to the named practice or policy but needs moderate edits. | Paper reflects limited understanding of how a shared belief could lead to the practice or policy. Or paper provides this understanding, but fails to provide evidence of the existence of the shared belief. | Paper reflects insufficient understanding of how a shared belief could lead to the name practice or policy. | No shared belief is described. |
| Concept Map (20%) | | | | | | |
| Instructions (10%) | The product is very thorough with complete adherence | The product is mostly thorough with non-adherence to 1 or 2 minor components of | The product is sufficient with non-adherence to 3+ minor components of instructions/for matting. | The product is adequate with non-adherence to 1 or 2 major of | The product is insufficient with non-adherence to several major of instructions/ | The product fails to adhere to any of the instructions/for matting guidelines. |

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| | to instructions and formatting guidelines. | instructions/formatting. | | instructions / formatting guidelines. | formatting guidelines. | |
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Summary of Week’s Reading & Discussion Question

In advance of all class sessions, students are expected to complete readings and listen to lectures or videos describing course content. Each student will select one reading (via the signup sheet) and summarize key points of that reading (no more than 1-page). In addition, students should submit one question that draws on the reading, to be used in class discussion. Summaries will be compiled into a single document at the end of the semester, which will serve as a helpful guide when you prepare for the comprehensive exams (“comps”). Summaries must include a full citation and bulleted synopsis of the reading.

Grading: This assignment is worth 11 points.

Draft Determinants Section

- The teaching team will provide feedback related to each of the following:
- Does the literature review include key articles focused on biological/genetic, behavioral/psychosocial, social/political/economic and environmental determinants and outcomes of the health issue? Are determinants and outcomes categorized appropriately into these categories? If determinants or outcomes in one of these categories are not available in the literature, does the team posit additional determinants or outcomes?
- Are the data and reviewed literature relevant to the health issue in the population and area of focus? Are they drawn from appropriate sources?
- Does the draft Social Ecological Framework summarize key factors from the literature review at 4 different levels of the model? Is it clear and relatively easy to read?
- Does the description of how globalization and health equity influence the health issue reflect sophisticated understandings of both concepts and their application?
- Is the writing clear, well-organized and compelling?
- Has the draft been proofread and spell-checked?

| Criteria | Clear Excellence (8) | Satisfactory (7.4) | Inadequate (6.4 or below) |
|---------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Draft quality | Strong draft requiring only minor revisions to organization and/or content. | Good draft requiring moderate revisions to the organization and/or content of some sections. | Ineffective draft requiring substantial revisions, including re-organization and/or significant changes to content throughout the document. |

Team Project Paper

Students will be assigned to groups of ~4-5 people who will work as a team throughout the course to compile an issue analysis paper. The paper you write for this class will describe the prevalence of, and contributors to, a health issue in a specific geographic area and population. The paper will also argue for the importance of the issue as a public health priority. In addition to the paper, you will summarize your work in a presentation designed for a public health professional audience (see separate instructions). White papers will be used as the foundation for team solution development projects in SPHG 722. Teams will draw on scientific literature, frameworks and/or theories, publicly available data summaries, and skills taught in other core courses to write the paper and create the oral presentation.

To facilitate effective teamwork, ensure that you draw on the skills in courses to develop this paper, and are given feedback as you work, you will complete a team charter (see separate template) and draft sections 3 and 4 of the final white paper over the course of the semester. In addition, to build professional skills in giving and receiving feedback, each student will be asked to confidentially review their teammates' contributions via midterm and final team evaluations.

Audience: Each team will write a white paper for a public health practitioner audience (imagine submitting to your boss at a local public health organization, who could then share it with other public health practitioners). The final component of the white paper, an infographic, should be designed for a non-professional audience (more information below).

Paper Structure and Components: Final white papers are limited to 15 single-spaced pages (excluding title page, references and appendix). Draft sections and the final paper should be submitted as Microsoft Word documents. The page notes below are flexible guidelines but the final page limit is enforced. Note: we will ask each team to submit two versions of their final paper: 1) a complete version as a Microsoft Word Document and 2) a de-identified pdf copy that removes the title page, if the team agrees to share a de-identified copy with future students. This request is in part designed to ensure that students in SPHG 722 can read several background papers related to their assigned group project topic. Grading: Rubrics for each draft and the final paper are provided below.

The final papers should include:

1. Title page (1 page): Should include title of the paper, names of all team members.
2. Executive summary (1 page): Summary of overall paper, highlighting the breadth of the issue and key contributors
3. Background, Scope and Rationale (2-3 pages). The goal of this section is to describe a health issue for a specific geographic context and population, and convince the reader that the issue (in that context and population) deserves public attention. As part of that, this section will likely include the following components; teams should organize this section as is most clear and compelling for their topic:
 - **Health Issue**: Define the health issue in general, and describe the short- and or long-term impacts of the issue on physical and/or mental health outcomes. (½-1 page)
 - **Geographic and historical context**: Describe relevant information about the area where you are focused. This can include history of the area, demographics of the population, the economic environment, cultural values, and previous experience with the health issue or efforts to address it. (1 page)
 - **Priority population**: Describe the population of interest for this health issue within the geographic context. (½-1 page)

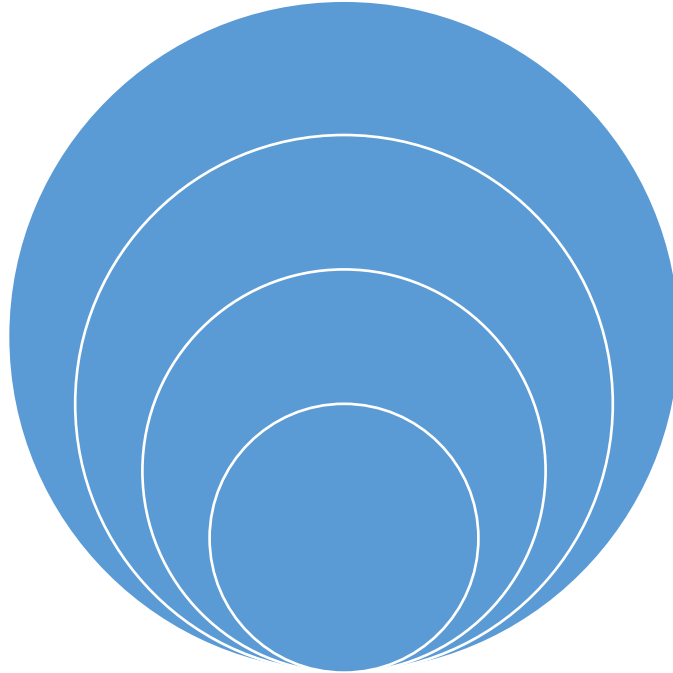
- **Measures of problem scope:** measures of occurrence (e.g., prevalence, risk) of the health issue in the population/area of interest (or, if local data are not available, at a larger geographic/population level). Either here, or in the rationale section below, teams should compare measures of occurrence across multiple populations or places. Teams should be judicious in their use of data and statistics, including only key information and not overwhelming the reader with too much information. (¼- ½ page)
- **Rationale/Importance:** Provide justification for why this issue is a public health priority in this geographic context, among this priority population. Several strategies for doing this are outlined in the Framing a Public Health Issue online lecture.

Note: Remember that the next section of the white paper focuses on determinants of the problem. However, if it makes sense to highlight one or more determinants as part of the rationale, you can do that briefly (e.g., Recent increasing temperatures have expanded the breeding area for mosquitos further into the area; Legislators have introduced legislation to regulate key environmental determinants of air pollution; An initiative to provide home visits to new mothers has recently been implemented.)

4. Determinants and outcomes of the issue (5 to 7 pages):

- A. Provide a **literature review** that explains how each of the following factors plays a role in the upstream production (i.e., determinants) and/or downstream results (i.e., outcomes) of the issue: a) environmental factors; b) social, political and economic structures; c) behaviors and psychosocial factors; and d) biology and genetics (in whatever order makes sense for your topic). (2-4 pages)
 - At least 2 of the papers in your review should use a qualitative or mixed methods approach.
 - Depending on the topic, there may be more information about some types of factors than others.
 - If there is insufficient information in the literature about determinants or outcomes of the specific health issue in the relevant context/population, teams can posit additional likely determinants or outcomes. These ideas, however, should be grounded in either theories, literature about the health issue in other contexts/populations or literature about related health issues.
- B. Present a **social ecological framework** (SEF) of the health issue in the population/geographic context that summarizes the factors identified in Part A (≤1 page)
 - SEFs need to be legible. As a result, it may be difficult to include more than 5 factors at each level of the SEF, so you may need to collapse a few factors under a particular heading, and you may need to use a pull out box to list determinants at the individual level.

- **New:** You can find the following template for the SEF model in Work/Insert/SmartArt/Relationship, or feel free to design your own.



- C. Explain how **globalization** plays a role in the health issue in the population/area. (1/2 page)
 - D. Explain how **health inequities** have contributed to disparities for your issue. (1/2 page)
5. Priorities for intervention (2 pages): Choose two determinants from your review in Part 3 that you believe to be high priority targets for intervention and that have sufficient data/literature to examine attributable risk and causal loops as described below. At least one of the two determinants should operate at the environmental or systems levels of the Social Ecological Framework.
 - A. **Priority determinant #1** (1/2 page): For one of the identified determinants, review any attributable risk calculations for this determinant available in the literature and/or calculate attributable risk yourself (if relevant data are available). If an attributable risk is not available nor calculable, explain what information you would need to calculate it. Then, briefly describe 1-2 interventions (programs or policies) that have targeted this determinant and the extent to which they were successful. If you cannot identify relevant interventions, identify potential barriers to intervening on this determinant.
 - B. **Priority determinant #2** (1 page plus the Causal Loop Diagram): For the second identified determinant, draw a half page causal loop diagram that illustrates linkages among this determinant and 1-2 additional determinants and/or health outcomes, with signs indicating expectations of positive vs. negative associations. Write a half page explanation of the Causal Loop Diagram in which you justify the connections you've drawn with empirical or theoretical support. Then, briefly describe 1-2 interventions that have targeted this determinant and the extent to which they were successful. If you cannot identify relevant interventions, identify potential barriers to intervening on this determinant.
 6. Limitations/Recommendations (2-2 ½ pages)
 - A. 1-2 pages: Analysis of the strength and limitations of the data and literature used to produce the white paper (e.g., conceptual, ethical, methodological). As part of this, identify additional qualitative and quantitative information/data that would be important to collect or consider to better understand the problem or plan intervention efforts
 - B. ½ page: Recommendations of additional lay and professional perspectives that would be valuable to gather to address the problem (justify your choices)

7. Implications: Global and local implications of the findings of the white paper for interventions (1 page)
8. References/Sources Cited (does not contribute to overall page limit)
9. Appendix: 1 page infographic describing the problem and determinants designed for a non-public health professional audience that makes sense for your topic, such as members of the impacted population, parents/caregivers, policymakers, healthcare providers, school administrators, employers, or funders.

Final Team Paper Rubric

| Criteria | Clear Excellence | Satisfactory | Inadequate |
|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Executive summary (2 points) | Summary accurately and succinctly summarizes contents of report. Presents essential facts about context/scope, major determinants/outcomes, and global implications of the health issue. | Summary may omit a few facts or provide an incomplete picture of the report. The context/scope, major determinants, or global implications of the issue may be unclear. | Summary is incomplete, leaving reader puzzled about what the team is providing in its larger report. The context/scope, major determinants, and global implications of the issue are missing. |
| Problem description (2 points) | Health issue and context are concisely and clearly described and evidence-based. Rationale for solving this problem is well-articulated and compelling. | Health issue and context are somewhat unclear or inadequately described. The importance of the issue and rationale for addressing it may not be clearly demonstrated or sufficiently supported by appropriate evidence. | Health issue and context are missing or are not sufficiently described. No evidence is provided to argue the importance of the issue and rationale for addressing it. |
| Determinants (3 points) | Determinants in all categories have been defined accurately. Causal or associative links between the determinants and the health issue are theorized rationally and/or supported by provided evidence. | One of the determinants may be misclassified or the causal or associative link between the determinants and the health issue are not fully explained or well-supported by evidence. Alternatively, one key category of determinants is insufficiently covered or omitted. | More than one determinant is misclassified and the relationship between the determinants and the health issue is not supported by evidence or rationally theorized. Alternatively, multiple categories of determinants are insufficiently covered or omitted. |
| Social ecological framework (1 point) | Social Ecological Framework highlights key determinants reviewed in the literature, and is legible and clear. | Social Ecological Framework highlights most key determinants reviewed in the literature, but may omit 1-2; figure is mostly legible but could be better organized or improved. | Key determinants from the review are omitted, and/or figure is difficult to read and understand. |
| Globalization and health equity (2 points) | Paper demonstrates strong understanding of issues related to globalization and health equity as applied to the specific health topic | Paper demonstrates satisfactory understanding of issues related to globalization and health equity as applied to the specific health topic, but these sections could be | Paper demonstrates insufficient understanding of issues related to globalization and health equity as applied to the specific health topic |

| Criteria | Clear Excellence | Satisfactory | Inadequate |
|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | improved with more elaboration or focus | |
| Priority interventions (1 point) | Paper identifies two determinants of the health issue that operate at different levels of the Social Ecological Framework that, according to literature or theory, are strong potential targets for intervention. | Paper identifies two determinants of the health issue, but determinants either operate at the same Social Ecological Framework level, or are only partially justified as strong potential targets for intervention. | Paper fails to identify two determinants of the health issue as key targets for intervention. Alternatively, two determinants are identified, but are poorly justified as strong potential targets for intervention. |
| Attributable risk (1 point) | Paper demonstrates understanding of attributable risk and the components needed to calculate it. | Paper demonstrates some gaps in understanding of attributable risk and the components needed to calculate it. | Paper demonstrates significant gaps in understanding of attributable risk and the components needed to calculate it. |
| Causal loop diagram (CLD) (1 point) | Causal loop diagram is clear and specific in scope, and illustrates hypothesized directions of association that are supported by provided evidence. | Causal loop diagram is clear, but 1-2 associations are not sufficiently described or supported by evidence. | Causal loop diagram is unclear or missing; alternatively CLD is clear, but more than 2 associations are not sufficiently described or supported by evidence. |
| Limitations, recommendations and implications (2 points) | Insightfully discusses in detail relevant and supported limitations, additional professional support for the health issue and implications of the findings. | Limitations, professional support and /or implications are only partially described or the relevance of those discussed is not clear. | Limitations, professional support and/or implications are missing. |
| Infographic (2 points) | Infographic includes key information, is visually appealing, and is designed for appropriate audience (including literacy level). | Infographic includes most of the key information and appears targeted to the appropriate audience but could benefit from text editing or redesign for clarity. | Infographic is lacking key information, contains material or text inappropriate for the audience and/or is visually unclear. |
| Document Organization and Writing Style (2 points) | White paper makes a compelling argument for focusing on the health issue as a key public health problem. Organization and structure very evident: major points are 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 implications effectively related to the whole. | White paper makes a good argument for focusing on the health issue as a key public health problem. 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 implications are somewhat effective. | White paper makes an insufficient argument for focusing on the health issue as a key public health problem. 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 implications are lacking or ineffective. |

| Criteria | Clear Excellence | Satisfactory | Inadequate |
|----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Spelling/ grammar/ writing style (1/2 point) | No spelling or grammatical errors. Sentences are clear and flow in logical order. Instructions for page limitations and other requirements were followed. | Very few spelling or grammatical errors. Most sentences are clear and flow logically. Instructions for page limitations and other requirements were mostly followed. | Multiple spelling or grammatical errors on the majority of pages. Difficult to understand sentences and flow of paper. Alternatively, several instructions for page limitations and other requirements were not followed. |
| Supporting material (1/2 point) | All of the supporting materials were relevant, and information listed was incorporated using valid sources. Document cites all data obtained from other sources using an accurate citation style. | Most of the supporting materials were relevant, and information listed was incorporated using valid sources. Document cites most data obtained from other sources. Citation style is accurate. | Few of the supporting materials were relevant and information listed was incorporated using valid sources. Document does not cite sources or cites only some data obtained from other sources. Citation style is either inconsistent or incorrect. |

Team Paper Presentation

- **New:** The presentation should be designed to convey scientific information to a public health practitioner audience.
- Identify 2-3 key messages that you will convey orally and through your paper. These should be the points you think are most important for your audience to remember.
- Teams should prepare a 15-minute presentation including description of what they studied and what they learned, and then allow 5 minutes for question & answer.
- Be sure your presentation quickly conveys your health topic, geographic area and population.
- Your presentation does not need to (can't!) include everything from your paper, but the audience should hear the health issue in context, the likely determinants of it, the limitations, and future steps.
- Your title and names are listed at the start of the slideset.
- Graphics should contain captions.
- References should be cited.

The rubric for the presentation:

| Criteria | Clear Excellence | Satisfactory | Inadequate |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Scope (3 points) | Presentation includes sufficient discussion of the health issue, the population/area, determinants, limitations and future steps. | An appropriate health issue is clear from the presentation, but the population and/or area is not sufficiently specified. | The health issue is too broad, and/or does not include specificities about the population or area. |
| Key Messages (2 points) | 2-3 take away messages are clear from the slides and the verbal presentation, and are appropriate given the data/literature presented. | 2-3 take away messages are presented, but at least one seems an inappropriate or minor conclusion to draw. | Take away messages not presented, or do not capture key conclusions of the data and literature. |
| Participation (1 point) | All team members have speaking parts in the presentation. | Most team members participate. | Few team members participate. |

| Criteria | Clear Excellence | Satisfactory | Inadequate |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Visual Appeal (2 points) | Slides include graphs, images and text that are well organized and easy to read. | Presentation is mostly well-designed and organized, but some sections are crowded or lack visual appeal. | Several aspects of the presentation slides were difficult to read, contained excessive text, or included limited or poor visuals. |
| Clarity of Verbal Description (1 point) | Oral delivery is clear and reflects likely having practiced in advance. The logical flow of the presentation is strong. | Some difficulties in oral delivery, including transitions and timing that could be improved with practice. Logical flow to the presentation is good. | Poor oral delivery, significantly more practice would be recommended. Poor logical flow. |
| Audience Engagement (1 point) | Presenters engage with attendees, respond effectively to questions. | Presenters generally engage well, but may hesitate to interact or struggle to answer a few questions. | Presenters often fail to engage with the audience or fail to answer multiple questions effectively. |

Note: Grades will be determined based on peer feedback as well as instructor & faculty assessment

Final Team Peer Evaluation

You will assess each of your teammates (and yourself) along the following criteria. Your final team peer evaluation grade will be based on an equal weighting of your reviews in these categories, plus one point for completing your peer evaluation of others.

| Criteria | Clear Excellence (H) | Satisfactory (P) | Inadequate (L-F) |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Attendance and Communication | Attends almost all team meetings and arrives on time, or communicates in a timely manner when unable to attend. Responsive to team emails and communicates clearly and effectively about the project. Almost always describes clearly what they are doing/thinking as it relates to the project. | Attends most team meetings but on more than one occasion has been late or absent for a reason not previously communicated. Responses to emails are outside of the timeframe originally agreed upon in team charter; communication about work/thoughts related to the project is not always clear. | Frequently late or absent from meetings for a reason not previously communicated. Response to written communications is seldom timely. Communication about work/thoughts related to the project is often unclear. |
| Substantive and Meaningful Contribution | Routinely provides useful ideas when participating in the team discussions. Has played an important role in shaping the focus of the project. Contributions reflect strong ability to apply a systems approach to understanding public health issues. | Usually provides useful ideas when participating in the team discussion; sometimes diverges from the topic but generally plays a meaningful role in the project. Contributions reflect good ability to apply a systems approach to understanding public health issues. | Seldom provides useful ideas when participating in the team discussions and is often off topic. Has not played a meaningful role in shaping the project focus. Contributions fail to reflect ability to apply a systems approach to understanding public health issues. |
| Supportive and Collaborative Team Member (1 point) | Almost always listens to team members and supports the efforts of others. Tries to keep people working well together. Always has a positive attitude about the task. | Usually listens to team members and supports the efforts of others. Generally has a positive attitude about the task, with one or two exceptions. | Rarely listens to team members or supports the efforts of others. Often divisive and disruptive to team spirit. Seldom has a positive attitude about the task. |
| High Quality Writing (1 point) | Almost always produced high quality work, including strong | Produced moderate quality work. Written work | Produced low-quality work. Written work usually required |

| Criteria | Clear Excellence (H) | Satisfactory (P) | Inadequate (L-F) |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | audience appropriate writing that communicated public health content | sometimes requires some revisions/corrections to effectively communicate audience-appropriate public health content. | some revisions/corrections to effectively communicate audience-appropriate public health content. |
| Contributed Fair Share (1 point) | Often initiates work and volunteers to take on tasks. Has contributed more than their share of work toward the team project. | Completes what they have been assigned to do. Generally has completed their share of work toward the team project. | Seldom volunteers or initiates to take on a task and often does not complete what they have been assigned. Has completed less than their share of the group project. |
| Completed Final Peer Evaluation (1/2 point) | Completed a final peer evaluation form for themselves and all of their team members. | Completed a final peer evaluation form but may not have completed the self-evaluation portion or may have left a small portion of the evaluation incomplete. | Did not complete a final peer evaluation or a significant portion of the evaluation was incomplete. |