Syllabus
SPHG 713: Understanding Public Health Issues
2 Credits | Online

Course Overview

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. More information about the new MPH core be found here.

Public health practitioners work to improve population-wide health outcomes and reduce health disparities. To succeed at this, they must first be able to understand health issues in depth, within a specific context. This course is designed to provide students the skills to do this, and the opportunity to apply those skills to contemporary health issues. Specifically, we will explore 1) what constitutes a public health issue and why, 2) what factors determine population health patterns and inequities, and 3) strategies for communicating in culturally appropriate ways with diverse audiences about public health issues. Over the course of the semester, students will work in interdisciplinary teams on an assigned health topic, integrating what they learn in this course with the methodological and analytical skills developed in other courses this semester. They will refine the focus of their project, describe how the health issue is patterned within a given population in a particular place, advocate for why that health issue deserves public attention, conduct a literature review and use a systems orientation to describe the likely determinants of the health issue in that context, and reflect on further information that would be needed to permit deeper understanding of the issue. Throughout the course we will also focus on developing a shared public health vocabulary that spans our individual disciplines and examining how implicit and structural bias can undermine public health practice. Students will leave this course with in-depth knowledge of a particular health topic, which will serve as the basis for the spring semester, when training focuses on identifying and implementing public health solutions. |
Corequisites	SPHG 712: Methods and Measures for Public Health Practice
Office Hours	Office Hours will be identified by individual instructors.
Course Texts	There is no required textbook. Readings will be noted in the Course Schedule.
Course Format	This course uses a flipped-classroom model. Live session time will be used primarily to work in large and small groups to apply course material to specific public health topics, case activities or discussion topics. To inform these sessions, students are expected to complete all weekly readings, online lectures and assignments in advance of each class meeting.

Course Policies

Recognizing, Valuing and Encouraging Inclusion and Diversity in the Classroom

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

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

In this class, we practice these commitments in the following ways:
- Develop participation approaches that acknowledge the diversity of ways of contributing in the classroom and foster participation and engagement of *all* students.
- Structure assessment approaches that acknowledge different methods for acquiring knowledge and demonstrating proficiency.
- Encourage and solicit feedback from students to continually improve inclusive practices.

As a student in the class, you are also expected to understand and uphold the following UNC policies:
- **Diversity and Inclusion at the Gillings School of Global Public Health**: http://sph.unc.edu/resource-pages/diversity/
- **UNC Non-Discrimination Policies**: https://eoc.unc.edu/our-policies/policy-statement-on-non-discrimination/
- **Prohibited Discrimination**, Harassment, and Related Misconduct at UNC: https://deanofstudents.unc.edu/incident-reporting/prohibited-harassmentsexual-misconduct

Accessibility

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

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

UNC Honor Code

As a student at UNC-Chapel Hill, you are bound by the university's Honor Code, through which UNC maintains standards of academic excellence and community values. It is your responsibility to learn about and abide by the code. All written assignments or presentations (including team projects) should be completed in a manner that demonstrates academic integrity and excellence. Work should be completed in your own words, but your ideas should be supported with well-cited evidence and theory. To ensure effective functioning of the Honor System at UNC, students are expected to:

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

Instructors are required to report suspected violations of the Honor Code, including inappropriate collaborative work or problematic use of secondary materials, to the Honor Court. Honor Court sanctions can include receiving a zero for the assignment, failing the course, and/or suspension from the university. If you have any questions about your rights and responsibilities, please consult the Office of Student Conduct at https://studentconduct.unc.edu/, or consult these other resources:

- Honor system module.
- UNC library's plagiarism tutorial.
- UNC Writing Center handout on plagiarism.

Instructor Expectations

Email

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

Feedback	All graded assignments will receive written feedback that coincides with the assessment rubric. Feedback is meant to be constructive and help the student continue to build upon their skills. Feedback is a tool that you as a learner can use to understand the areas in which you are succeeding and what you can do to improve in other areas.
Grading	Assignments will be graded no more than two weeks after the due date. Early submissions will not be graded before the final due date.

Student Expectations

Appropriate Use of Course Resources	The materials used in this class, including, but not limited to the syllabus and assignments, are copyright protected works. Any unauthorized copying of the class materials is a violation of federal law and may result in disciplinary actions being taken against the student. Additionally, the sharing of class materials without the specific, express approval of the instructor may be a violation of the University's Student Honor Code and an act of academic dishonesty, which could result in further disciplinary action. This includes, among other things, uploading class materials to external websites for the purpose of sharing those materials with other current or future students.
Asychronous Material	In advance of live sessions, students are expected to complete readings, listen to lectures or other videos, and complete any questions or discussion wall assignments described in the course website. Components of live session preparedness will be assessed as part of your grade.
Attendance/ Participation in Live Sessions	Your attendance in live sessions is an integral part of your learning experience in this course. If you anticipate being unavoidably absent, please notify the course instructor. Attendance and contributions to the live session learning environment will be assessed as part of your grade.
Assignments	Submit all assignments through 2CH. Specific details about how to use the 2CH technologies is available in COMPASS. Emailing assignments is not acceptable unless prior arrangements have been made. If you are having trouble submitting assignments, try a different web browser first. If switching browsers does not work, email the instructor for guidance.
Late Work	Late, missed, or rescheduled work: Assignment due dates will not be changed because of exams or assignments in other courses or because of conflicting vacation travel plans. Late submissions will receive a 10% point reduction for every day that they are late. After seven days, late submissions will receive no points. Corrected submissions will not be accepted unless stated otherwise. You should inform the instructor during the first week of class if you anticipate not being able to attend an exam or presentation due to extenuating circumstances, such as medical procedures or professional travel. Should a medical or family emergency that impacts submission of work arise during the course, inform the instructor as soon as possible.

Communication	You are expected to follow common courtesy in all communication to include email, discussion boards, and face-to-face. All electronic communications sent should follow proper English grammar rules and include complete sentences.

All email correspondence between student/instructor and peer/peer will be conducted in a professional manner following email etiquette.
View the following link for more information on email etiquette:
http://metropolitanorganizing.com/etiquette-professional-organizing-services/essential-email-etiquette-tips/ |
| **Technical Support** | If you have technical questions or concerns you can contact the support team for assistance. Students please call 855-770-2159 or email studentsupport@onlinemph.unc.edu. Faculty, please call 877-552-0628 or email facultysupport@2u.com. |

Competencies, Learning Objectives, and Assessment
Foundational Public Health Knowledge
You will develop the following graduate-level public health foundational learning objectives and MPH foundational competencies in this course.

Map of Graduate-level Foundational Learning Objectives
Graduate-level Public Health Foundational Learning Objectives mapped to course sessions.

Foundational Learning Objective	Class Session
FLO01. Explain public health history, philosophy and values	Week 1
FLO02. Identify the core functions of public health and the 10 Essential Services	Week 1
FLO04. List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program	Week 1, 4
FLO07. Explain effects of environmental factors on a population's health	Week 7
FLO08. Explain biological and genetic factors that affect a population's health	Week 10
FLO09. Explain behavioral and psychological factors that affect a population's health	Week 9
FLO10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities	Week 8
FLO11. Explain how globalization affects global burdens of disease	Week 6, 11
FLO12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g., One Health)	Week 7

Map of MPH Foundational Competencies, Learning Objectives, and Assessments.

Competencies	Learning Objectives	Assessment Assignments with brief descriptions
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	• 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. • Describe strategies for using evidence to identify structural bias in public health efforts.	**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. **Completion of Week 8** discussion in which students apply concept of structural bias to gender-based violence in the United States and Peru. Review of implicit association test in **Week 12**.
MPH19. Communicate audience-appropriate public health content, both in writing and through oral presentation	• 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.	**Participation in Week 12 discussion** in which students critique public health infographics, as well as their own team project drafts for clarity **Final team white paper** includes an infographic designed for the impacted population and other lay audiences.

	• 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.	**Final team white paper** is assessed for clarity and coherence of writing. **Final team presentation** is assessed for clarity and coherence of oral presentation.
MPH20. Describe the importance of cultural competence in communicating public health content	• Define cultural humility and cultural competence. • Identify how your privilege and assumptions can influence your public health practice. • Critique the effectiveness of public health communications for professional and lay audiences.	**Cultural Humility/Competence reflection paper**: Students will write a 1-2 page reflection describing cultural humility and a time in which they employed principles of cultural humility in communicating a health issue. Students will describe the relevance of cultural humility to public health practice and their white paper topic. **Participation in Week 12 discussion** in which students critique public health infographics, as well as their own team project drafts for effective and culturally appropriate communication. **Final team white paper** includes an infographic designed for the impacted population and other lay audiences.
MPH22. Apply systems thinking tools to a public health issue	• 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.	**Participation in Week 5 discussion** in which students work in teams to practice building a social ecological framework and a causal loop diagram for an example health topic and population. Students then receive a "model" framework and CLD with which they can assess their performance. **Final team white 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 particular population. Note: These white paper components are drafted early in the semester, and students receive grades and feedback on the draft.

Course Assignments and Assessments

This course will include graded assignments and/or exams.

Assignments	Points	Due Date
Team Project		
• Team charter (team deliverable)	3	Start of Week 2 live session
• Health issue matrix (individual deliverable)	3	Start of Week 3 live session
• Draft *Background, Scope and Rationale* section of white paper (team deliverable)	8	Start of Week 5 live session
• Midpoint team peer evaluation (individual deliverable)	1	Start of Week 7 live session
• Draft *Determinants* section of white paper (team deliverable)	8	Start of Week 10 live session
• White paper presentation (team deliverable)	10	48 hours before Week 13 live session
• Final white paper (team deliverable)	20	48 hours after Week 13 live session
• Final team peer evaluation (individual deliverable)	6	48 hours after Week 13 live session
Additional Individual Assignments		
• Certification of COMPASS completion	2	Start of Week 2 live session
• Cultural humility reflection paper	10	24 hours after Week 3 live session
• Structural bias paper	10	24 hours after Week 8 live session
Live session Preparation		
• Live session preparation (asynch questions/discussion walls)	4	Weekly
• GBD compare worksheet	1	Start of Week 11 live session
• White paper presentation questions	1	Start of Week 13 live session
Live session Attendance	13	Weekly
TOTAL	100	

Grading
Final course grades will be determined using the following scale, consistent with UNC Graduate School grading policies.

H	Greater than or equal to 93	High Pass: Clear excellence
P	Greater than or equal to 80	Pass: Entirely satisfactory graduate work
L	Greater than or equal to 70	Low Pass: Inadequate graduate work
F	Less than 70	Fail

Note: We do not round up your final average grade (so, for example a grade of 92.96 can be assigned a P).

Assignment Descriptions and Rubrics

Team Project
Students will be assigned to groups of ~4-5 people who will work as a team throughout the course to compile a white paper. The term "white paper" refers to an authoritative text, sometimes used to argue a particular position. The white 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 recorded online oral presentation. 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 (see grading rubric below).

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).

Team charter: Using a template provided in the Sakai 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.

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 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)

- **Health Equity:** Explain how this issue in this population and context can be understood from a health equity perspective. (1/2 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. If you draw on information already presented in this section, you do not need to repeat it, but can simply reference it. (~¼-1/2 page)*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. **Literature Review**: 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)
        o At least 2 of the papers in your review should use a qualitative or mixed methods approach.
        o Depending on the topic, there may be more information about some types of factors than others.
        o 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. **Social Ecological Framework**: 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)
        o 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.
    C. **Globalization:** Explain how **globalization** plays a role in the health issue in the population/area. (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 SEF.

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 CLD): 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 CLD 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). Note: references are assessed based on quality, not quantity. We expect most papers can be written with 20-30 strongreferences.

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.

Assignment Components, Drafts, and Rubrics (for due dates, see assignments table above)

Team Charter (team deliverable)
Using a template provided by the teaching team, teams will submit a single team charter that summarizes their plans for communicating and working effectively as a team.

Criteria	Clear Excellence (3 points)	Satisfactory (2.5 points)	Inadequate (0-2 points)
Proportion of Components Completed	All team charter sections completed thoroughly.	All team charter sections completed, but some seem incomplete.	Significant numbers of incomplete sections, or blank sections of team charter.

Health Issue Matrix (individual assignment)

In preparation for the Week 3 live session, each student will complete a data matrix focused on the health issue for their team project. The goal of this assignment is to build each student's skills in data gathering and assessment, while also facilitating the start of the first team draft. A matrix template is available in the asynchronous materials; in brief, students will use data and literature to answer the following, and reflect on the data sources they used in answering:

- How many people are affected by this issue?
- What population groups, if any, are disproportionately impacted?
- 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?
- How many deaths are associated with the issue?
- 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?
- Given what you have learned so far, write 1 paragragph articulating a reason for why this health issue, in this population, in their geographic context, should be a public health priority.

Criteria	Clear Excellence	Satisfactory	Inadequate
Matrix completion (1 point)	All components completed with enough detail to be incorporated into a paper draft or notes about limited data availability. (1 point)	Most components completed with enough detail to be incorporated into a paper draft or notes about limited data availability. (0.8-0.9 points)	Few components completed with enough detail to be incorporated into a paper draft or notes about limited data availability. (<0.8 points)
Data sources (1/2 point)	Matrix reflects student exploration of surveillance data systems and other key data sources related to the health issue	Matrix reflects student exploration of some surveillance data systems and other key data sources related to the health issue, but 1-2 easily locatable key data sources are missing	Matrix reflects little student exploration of surveillance data systems and other key data sources related to the health issue, with several easily locatable data sources absent.
Data source reflections (1/2 point)	At least one plausible strength and one limitation of each data source are identified and reflect student understanding of different types of data	At least one plausible strength and one limitation of each data source are identified and but student's understanding of different types of data is unclear.	Fewer than one strength and one limitation of each data source are identified, and/or strength/limitations are not plausible or reflect poor understanding of different data types.
Draft rationale (1 point)	Rationale paragraph (last template section) is clear and concise, and makes a compelling argument for addressing the issue, drawing on key facts uncovered in the matrix activity.	Rationale paragraph draws on some facts uncovered in the matrix activity, but could be improved with editing, re-organization or different identification of key points	Rationale paragraph fails to draw on key facts uncovered in the matrix, and/or is unclear, overly verbose, or confusing for the reader to understand.

Draft of Background, Scope and Rationale (Part 3) of the paper (team deliverable)

A single version submitted by the team for feedback from the instructor. The instructor 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 (8)	Satisfactory (7.3)	Inadequate (6.2 or below)
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.

Draft Determinants section (Part 4) of the paper (team deliverable)

A single version submitted by the team for feedback from the instructor. The instructor 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 SEF 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 (7.3)	Inadequate (6.2 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.

White Paper Presentation (team deliverable)

Teams will produce a 10-minute oral recording, accompanied by PowerPoint slides, summarizng the key elements of their white paper. All members of the team should participate in the recording (unless special arrangements have been discussed with the instructor). Teams should plan their slides and time to

ensure they briefly cover all components of the paper, but should choose one or two key messages they want the audience to remember after watching.

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 appropriately health issue is clear, 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)	Two to three takeaway messages are clear, and are appropriate given the data/literature presented.	Two to three takeaway messages are presented, but at least one seems an inappropriate or minor conclusion to draw.	Takeaway messages not presented, or do not capture key conclusions of the data and literature.
Participation (1 point)	All team members participate.	Most team members participate.	Few team members participate.
Clarity (2 points)	Oral delivery is clear, logical flow of the presentation is strong, and delivery reflects likely advance practice.	Good logical flow to the presentation, but some difficulties in oral delivery or transitions.	Poor logical flow, poor oral delivery; significantly more practice would be recommended.
Visual Appeal (1 point)	All graphs, images, and text were well organized and easy to read; slides included appropriate balance of white space, text, and graphics.	Most slides were well organized, easy to read, and balanced in terms of white space, text, and graphics.	Slides were difficult to read, contained excessive text, or had limited or poor visuals.
Time Management (1 point)	Presentation stays within time limits, appropriately distributed across parts, no rushing.	Presentation stays within time limits, but some parts are given insufficient time.	Presentation runs long; time is poorly allocated across sections.

Final White Paper (team deliverable)
Final written deliverable submitted by the team

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, 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)	Problem context and problem statement are concisely and clearly described and evidence-based. Rationale for	Problem context or problem statement are somewhat unclear or inadequately described. The importance of the	Problem context, and problem statement are missing or are not sufficiently described. No evidence is provided to

	solving this problem is well-articulated and compelling.	issue and rationale for addressing it may not be clearly demonstrated or sufficiently supported by appropriate evidence.	argue the importance of the issue and rationale for addressing it.
Health equity (1 point)	Paper demonstrates strong understanding of issues related to health equity as applied to the specific health topic	Paper demonstrates satisfactory understanding of issues related to health equity as applied to the specific health topic, but this sections could be improved with more elaboration or focus	Paper demonstrates insufficient understanding of issues related to health equity as applied to the specific health topic
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)	SEF highlights key determinants reviewed in the literature, and is legible and clear.	SEF 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 (1 point)	Paper demonstrates strong understanding of issues related to globalization as applied to the specific health topic	Paper demonstrates satisfactory understanding of issues related to globalization as applied to the specific health topic, but this sections could be improved with more elaboration or focus	Paper demonstrates insufficient understanding of issues related to globalization as applied to the specific health topic
Priority interventions (1 point)	Paper identifies two determinants of the health issue that operate at different levels of the SEF 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 SEF 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 (1 point)	Causal loop diagram is clear and limited 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 (1 point)	Organization and structure very evident: document organized according to instructions, subheadings are used, 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.	Organization and structure mostly clear and in accordance with instructions. Many major points are separated through the use of subheadings, 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 .	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.
Improvements from drafts (1/2 point)	Final paper incorporates of all key feedback from previous drafts, or	Paper incorporates most key feedback from previous drafts, but a few	Paper reflects little feedback from previous drafts, and

	otherwise addresses identified weaknesses	identified concerns remain.	significant identified concerns remain.
Spelling/ grammar/ writing style/ supporting material (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. All of the supporting materials were relevant and appropriately cited.	Very few spelling or grammatical errors. Most sentences are clear and flow logically. Instructions for page limitations and other requirements were mostly followed. Most supporting materials were relevant and appropriately cited.	Multiple spelling or grammatical errors on the majority of pages. Difficult to understand sentences and logical flow of paper. Alternatively, several instructions for page limitations and other requirements were not followed, and/or ultiple supporting materials were irrelevant or inappropriately cited.

Midpoint and Final Team Peer Evaluations (teamwork)

Using a survey provided by the teaching team, students will evaluate themselves and their team members, using the rubric below, at two points during the semester. Midterm peer feedback will be provided to students for self-reflection, and final peer scores will be averaged to create a performance score for each team member. Extenuating circumstances or vastly conflicting reports of individual performance will be reviewed by the instructor before a final grade is assigned. Students who fail to submit peer reviews for other team members will be docked points, per the rubric below.

Midpoint team peer evaluation grading rubric

Criteria	Clear Excellence	Satisfactory	Inadequate
Completed Midpoint Peer Evaluation (1 point)	Completed a midpoint peer evaluation form for themselves and all of their team members.	Completed a midpoint 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 midpoint evaluation or a significant portion of the evaluation was incomplete.

Final team performance review grading rubric

Criteria	Clear Excellence	Satisfactory	Inadequate
Attendance and Communication (1 point)	Attends almost all of our 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	Attends most of our 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	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.

	are doing/thinking as it relates to the project.	work/thoughts related to the project is not always clear.	
Substantive and Meaningful Contribution (1 point)	Routinely provides useful ideas when participating in the team discussions. Has played an important role in shaping the focus of the project.	Usually provides useful ideas when participating in the team discussion; sometimes diverges from the topic but generally plays a meaningful role in the project.	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.
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 Work (1 point)	Almost always produces high-quality work that requires minimal revisions or corrections.	Produces moderate quality work that usually requires some revisions/corrections.	Produces low-quality work that always requires significant revisions/corrections.
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 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 evaluationa was incomplete.

Note: Scores from team member evaluations will be averaged and added to the final peer evaluation completion point to determine your final peer evaluation score.

COMPASS Tracker (individual assignment):
Students will certify their completion of the following COMPASS components using the COMPASS Tracker (information in parentheses indicate where these materials will be used in the course):

_____ Leadership reflection writing (used to develop team charter in this course)
_____ Ethics: What is healthy? (will be re-posted in this course in Week 4)
_____ Ethics: Discussion questions from Implicit association test (discussed in Weeks 1 and 12 of this course)
_____ Library scavenger hunt and quiz (used for literature review for this course)

____ Plagiairism tutorial and quiz (skills used in all coursework)

Criteria	Clear Excellence (2 points)	Satisfactory (1.5-1.75 points)	Inadequate (0-1 points)
Proportion of Components Completed	Certified completion of all 5 components	Certified completion of 4 components	Certified completion of fewer than 4 components

Cultural Humiliy Reflection Paper (individual assignment)

Principles of culture humility include openness/curiosity, appreciation, acceptance, adaptability and non-judgement. Choose one of the above-listed principles of cultural humility. Briefly define the principle in your own words and explain why it is an important skill to practice, especially for cross-cultural engagement. Next 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. (1/2 to 3/4 of a page).

Next consider how cultural humility is relevant to your white paper project topic to date.
- 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 particular 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)

Your paper should be 1-2 pages double-spaced.

Criteria	Clear Excellence	Satisfactory	Inadequate
Definition and importance of CH principle (1 points)	Definition of the CH principle is clear, using common language and its importance to cross-cultural engagement is articulated.	Definition of the CH principle is vague and/or its importance to cross-cultural engagement is vague.	No definition of the CH principle is provided and/or its importance to cross-cultural engagement is absent.
Depth of reflection on CH application (3 points)	Provides an in-depth reflection, thoroughly describing how the CH principles were or can be applied.	Provides some details on how the CH principles were or can be applied, but the description is vague.	Provides few or no details about how CH principles were or can be applied.
Self-awareness (2 points)	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.	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.	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	Examples illustrate an in-depth understanding of how your identity/culture can	Examples illustrate a moderate understanding of how your	No examples are provided, or examples given illustrate limited understanding of how

(3 points)	impact your public health practice	identity/culture can impact your public health practice	your identity/culture can impact your public health practice
Writing (1 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 are 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.

Structural Bias Paper (individual assignment)

Students will imagine that they have been appointed to lead a health equity initiative in the Orange County Health Department, and have been asked to prepare a 1-2 single-spaced page summary of structural bias in the county and its potential impact on health. Students will begin by reading the Orange County State of Exclusion Report to get background about the county. The submitted summary should include the following:

1) A definition of structural bias that is developed from this week's course materials and described for a county resident audience
2) A discussion of how (through what mechanisms) two examples of structural bias, social inequities, and/or racism, illustrated in the report, could impact the health of Orange County residents
3) Two recommendations for how local organizations, community groups, or local government could counter structural bias to improve community health

Criteria	Clear Excellence	Satisfactory	Inadequate
Structural Bias Definition (2 points)	Definition uses common language to explain roles of institutions and culture in creating bias against groups who share social characteristics.	Definition recognizes institutional components of structure but fails to adequately describe bias or use common language.	Definition does not describe structure or its role in producing bias against social groups is limited or absent.
Report Examples (1 point)	Paper clearly describes two examples from the report that illustrate structural bias.	Examples in paper illustrate structural bias but the description of this illustration is limited.	Fewer than two examples are offered, and/or examples fail to illustrate structural bias.
Impact of Structural Bias on Health (3 points)	Paper articulates appropriate and plausible mechanisms linking each of two examples to health.	Paper articulates mechanisms linking each of two examples to health, but appropriateness or plausibility is questionable,	Paper fails to articulate two mechanisms, or mechanisms are both implausible/inappropriate, or incomplete.

		or the explanation of the mechanism is incomplete.	
Recommendations (2 points)	Both recommended strategies address structural factors described earlier in the paper, and seem plausible	Two good strategies are recommended, but the structural target or plausibility of one recommended stratey is unclear.	Paper offers only one recommended strategy, fails to describe structural targets of recommended strategies, or strategies both seem implausible.
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 are 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.

Live Session Preparation

In most weeks of the semester, students will not only complete readings and listen to lectures or videos describing course content, but also complete short questions or activities. These are designed to help you master course material and come to the live session prepared to actively participate.

Criteria	Clear Excellence	Satisfactory	Inadequate
Quality of Open Response Questions* and Discussion Wall participation (4 points)	Responses fully answer the questions and reflect incorporation of course material as appropriate.	Responses are complete, but fail to fully address all aspects of the question or reflect limited understanding of course material.	Responses are incomplete, reflect little understanding of course material.
GBD worksheet (1 point)	Students submit the GBD compare worksheet (week 11) in advance of live session (1 point)	Student submits a GBD compare worksheet in advance of live session, but significant portions are incomplete (1/2 point)	Students fail to submit the GBD worksheet in advance of live session (0 points)
White paper presentation questions (1 point)	Questions for each group are posted before week 13 live session (1 point)		Questions not posted for any group in advance of live session (0 points) or posted for only some groups/posted late (0.5 points

*Based on a random selection of 2 open-ended responses by the instructor

Live Session Attendance
All students are expected to contribute to the collaborative learning environment through attendance and effective participation in live sessions.

Criteria	Clear Excellence	Satisfactory	Inadequate
Attendance (0.25 point per session)	Attends live session except when absences are approved by instructor. (0.25 points per session)		Fails to attend live session or get an approved absence. (0 points per session)
Contribution to the Learning Community (0.75 points per session)	Attempts to motivate the group discussion; presents creative approaches to the topic. (0.75 points per session) **1. Validating**–Validates the contributions of others and explains why their contributions resonate. **2. Resourceful**–Shares or creates resources that contribute to the discussions. **3. Inquiring**–Offers feedback, asks questions, provides reflection or commentary. **4. Community Expander**–Leads a section of community to a new and deeper discourse.	Attempts to motivate the group discussion but does not always succeed; sometimes presents creative approaches to the topic. (0.65 points per session) **1. Validating**–Partially validates the contributions of others and explains why their contributions resonate. **2. Resourceful**–Does not always share or create resources that contribute to the discussions. **3. Inquiring**–Does not always offer feedback, ask questions, provide reflection or commentary. **4. Community Expander**–Partially leads a section of community to a new and deeper discourse.	Does not attempt to motivate the group discussion; does not present creative approaches to the topic. (0.5 points per session) **1. Validating**–Does not validate the contributions of others nor explain why their contributions resonate. **2. Resourceful**–Does not share or create resources that contribute to the discussions . **3. Inquiring**–Does not offer feedback, ask questions, provide reflection or commentary. **4. Community Expander**–Does not lead a section of community to a new and deeper discourse.

Course-at-a-Glance

Unit	Week/Topic	Assignment Due
Unit 1: What Is Public Health?	1. History and functions of public health	
	2. Building a shared vocabulary for interprofessional teamwork	Team charter due by start of live session (Team) COMPASS Tracker due by start of live session (Individual)
Unit 2: What Are Key Public Health Priorities and Why?	3. Sources of public health knowledge and evidence	Health issue matrix due by start of live session (Individual) Cultural Humillity Reflection Paper (due 24 hrs *after* live session (individual)
	4. Framing a health issue as a public health priority	
Unit 3: What factors Determine Public Health Patterns and Inequities?	5. Systems thinking and social ecological frameworks	Draft *Background, Scope, Rational* section of the team project due by the start of live session (Team)
	6. Globalization as a determinant of health	
	7. Environmental determinants of health	Mid-term peer evaluations due before live session (Individual)
	8. Social, political and economic determinants of health	Structural bias reflection paper due 24 hours *after* live session (Individual)
	9. Behavioral and psychosocial determinants of health	
	10. Biological and genetic determinants of health	Draft *Determinants* section of team project due by start of live session (Team)
Unit 4: How Can We Estimate the Impact of Health Determinants?	11. Quantifying the disease burden associated with determinants of health	GBD worksheet should be submitted before live session, and also brought to live session (see asynch materials) (Individual)
Unit 5: Communicating Public Health Information	12. Intercultural communication and effective engagement to understand public health	
	13. Team Project Presentations	Presentations posted 48 hours in advance of live session (Team) Presentations of other teams reviewed by start of live session (Individual) Final white papers due 48 hours *after* live session (Team) Final peer evaluations due 48 hours *after* live session (Individual)

Course Schedule

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

Week/Topic	1. History and Functions of Public Health
Competency or Foundational Knowledge	• Explain public health history, philosophy and values • Identify the core functions of public health and the 10 Essential Services • Perform effectively on interprofessional teams
Learning Objectives	• Identify two frameworks (social ecological and planning frameworks) to be used throughout Core training • Explain public health history, philosophy, and values • Identify the core functions of public health and the 10 Essential Services
Required Readings	• Milestones in Public Health. Review the table of contents for the book and choose one topic of interest to you. Briefly skim the chapter, and read the "vignette" page in more depth (before beginning lectures). • Fairchild, A. L., Rosner, D., Colgrove, J., Bayer, R., & Fried, L. P. (2010). The EXODUS of public health: What history can tell us about the future. *American Journal of Public Health, 100*(1), 54–63. • Fairchild, A. L., & Johns, D. M. (2012). Beyond bioethics: Reckoning with the public health paradigm. *American Journal of Public Health, 102*(8), 1447–50. • Becker, M. H. (1993). A medical sociologist looks at health promotion. *Journal of Health and Social Behavior*, 1–6.
Asynchronous Material	Preparation: Complete Milestones in Public Health (under readings) before beginning asynchronous material. Lectures: • Highlights in public health • 10 essential public health services Interviews with public health professionals: • Dr. Lewis Margolis, Associate Professor, Maternal and Child Health, Gillings School of Global Public Health • Alice Ammerman, Director Center for Health Promotion and Disease Prevention and the Mildred Kaufman Distinguished Professor of Nutrition at the Gillings School of Global Public Health.
Live Session	Applying public health values in public health practice
Assignments/Deadlines	Complete team project topic interest survey (before live session)

Week/Topic	2. Building a Shared Vocabulary for Interprofessional Teamwork
Competency or Foundational Knowledge	• Communicate audience-appropriate public health content, both in writing and through oral presentation
Learning Objectives	• Define commonly used terms in public health practice • Explain the importance of shared language when working in inter-professional teams.

	• Define cultural humility and cultural competence. • Differentiate between terms that are clearly defined and used consistently, terms that are used often but less clearly defined, and terms that always require definition when being used in interprofessional teams.
Required Readings	• Hall, P. (2005). Interprofessional teamwork: Professional cultures as barriers. *Journal of Interprofessional Care, 19*(sup1), 188–196. • Arah, O. A. (2009). On the relationship between individual and population health. *Med. Health Care and Philos., 12*: 235–244. • Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of health care for the poor and underserved, 9*(2), 117–125. • RWJ Definition of Health Equity. Brief report available at: *https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html* Skim: • Iowa Dept of Health Glossary of Terms: https://idph.iowa.gov/Portals/1/Files/LPHS/LBOH%2010_glossary.pdf • CDC Public Health Information Network Vocabulary https://www.cdc.gov/phin/resources/vocabulary/index.html
Asynchronous Material	Online lectures • Interprofessional education and collaborative practice • Interprofessional discussion with alumni Sara Thatch and Wayne Psek
Live Session	Defining ambiguous public health terms
Assignments/Deadlines	• Team charter (before live session) • Certify completion of COMPASS materials (before live session)

Week/Topic	3. Sources of Public Health Knowledge and Evidence
Competency or Foundational Knowledge	Explain the critical importance of evidence in advancing public health knowledge
Learning Objectives	• Identify different sources of public health knowledge. • Define evidence-based practice and practice-based evidence. • Describe a mixed methods approach to gathering evidence.
Required Readings	• Classen, S Lopez ED, Winter S, Awadzi KD, Ferree N, Garvan CW. Population-based health promotion perspective for older driver safety: conceptual framework to intervention plan.Clinical Interventons in Aging. 2007; 2(4):677-93. 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.

Asynchronous Material	Lectures: • What is public health knowledge? • Evidence-based practice and practice-based evidence Video: Mixed methods example
Live Session	Identifying evidence for your team project topic
Assignments/Deadlines	Health issue matrix due before live session (also bring to live session) Cultural Humilty Reflection Paper due 24 hrs after the live session (individual)

Week/Topic	4. Building a Rationale for a Public Health Issue
Competency or Foundational Knowledge	Communicate audience-appropriate public health content, both in writing and through oral presentation
Learning Objectives	• Identify multiple criteria used by public health professionals to prioritize a health issue. • Describe the public health importance of a specific health issue. • Articulate a rationale for addressing a specific public health issue in a particular population.
Required Readings	• NIH Rock Talk Blogpost: Burden of disease and NIH funding priorities • CDC Winnable Battles Final Report (2016). pp. 1–40. Note: Focus on how winnable battle topics were identified, and then choose one or two battles of interest to you and read those in depth. • Hale, C. R. (2001). What is activist research? *Social Science Research Council, 2*(1–2): 13–15.
Asynchronous Material	Discussion wall: How do we decide what is healthy? Lecture: How do you frame a public health problem as a key priority?
Live Session	Framing and justifying a public health problem
Assignments/Deadlines	none

Week/Topic	5. Systems Thinking and Social Ecological Frameworks
Competency or Foundational Knowledge	Apply systems thinking tools to a public health issue
Learning Objectives	• Describe a social ecological approach to understanding public health issues. • Describe how systems thinking can be used to better understand public health issues. • Use a systems tool to illustrate potential determinants of a specific public health problem.
Required Readings	• 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. • Villarosa, L. (2017, June 6). America's hidden HIV crisis: Why do America's black gay and bisexual men have a higher HIV rate than any country in the world? *The New York Times*. https://www.nytimes.com/2017/06/06/magazine/americas-hidden-hiv-epidemic.html
Asynchronous Material	Online Lectures: • Understanding skin cancer from the individual and population perspective • Public health frameworks • The Gillings MPH social ecological model • Systems models and tools
Live Session	A systems approach to HIV in gay and bisexual black men in the United States
Assignments/Deadlines	Draft *Background, Scope and Rationale* section of white paper

Week/Topic	6. Globalization as a Determinant of Health
Competency or Foundational Knowledge	Explain how globalization affects global burdens of disease.
Learning Objectives	• 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.

Required Readings	• McMichael, A. J., & Beaglehole, R. (2000). The changing global context of public health. *The Lancet, 356*(9228): 495–499.
	• Ali, H., et al. (2016). The social and political dimensions of the Ebola outbreak: Global inequality, climate change and infectious diseases. In Filho, W. L., Azeiteiro, U., & Alves, F. (Eds.) (2016) *Climate change and health*: *Improving resilience and reducing risks.* New York: Springer, 151–169.
	• Kunitz, S. J. (2000). Globalization, states, and the health of indigenous peoples. *American Journal of Public Health, 90*(10): 1531–1539.
	• Choose one of:
	   ○ Clark, S., et al. (2012). Exporting obesity: How US farm and trade policy is transforming the Mexican food environment. IATP summary of original article.
	   ○ Trade, investment and tobacco: Phillip Morris vs. Uruguay (2016). *JAMA, 316*(20): 2085–2086.

Asynchronous Material	Lecture: Globalization: economic, cultural and political aspects Videos: • Sustainable Development Goals • What is global health?
Live Session	Part 1: From global to local: what's lost and what's gained? Part 2: Globalization and the burden of disease
Assignments/Deadlines	None.

Week/Topic	7. Environmental Determinants of Health
Competency or Foundational Knowledge	• Explain effects of environmental factors on a population's health • Explain an ecological perspective on the connections among human health, animal health and ecosystem health
Learning Objectives	• 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	• Willis, H, H., Gibson, J. M., Shih, R. A., Geschwind, S., Olmstead, S., Hu, .J., . . . Moore, M. (2010). Prioritizing environmental health risks in the UAE. *Risk Analysis, 30*(12):1842–1856. • MacDonald Gibson, J. (In press). Environmental determinants of health. Ch. 37 in *Chronic illness care: Principles and practice*. New York: Springer. • Zinsstag, J., Schelling, E., Wyss, K., & Mahamat, M. B.. (2005). Potential of cooperation between human and animal health to strengthen health systems. *The Lancet, 366*(9503): 2142–2145.
Asynchronous Material	Lectures: • Environmental determinants of health • Human exposure to environmental hazards Podcast: Perspectives from the field Michael Regan, Secretary, North Carolina Dept of Enviornmental Quality (NC DEQ) Video: A tale of two zip codes
Live Session	Prioritizing environmental health risks.
Assignments/ Deadlines	Complete midpoint team peer evaluations by start of live session.

Topic	8. Social, Political, and Economic Determinants of Health

Competency or Foundational Knowledge	• Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities • Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels
Learning Objectives	• Identify social, political, and economic institutions that influence health • Describe multiple pathways through which these institutions impact the population health and produce health inequities.
Required Readings	• Solar, O., & Irwin, A. (2010). A conceptual framework for action on the social determinants of health. *Social Determinants of Health Discussion Paper 2* (Policy and Practice). Executive summary (pp. 4–7) • Bailey, Z. D., Krieger, N., Agenor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the US: Evidence and interventions. *The Lancet, 389*: 1453–1463. • Shannon, G. D., Motta, A., Cáceres, C. F., Skordis-Worrall, J., Bowie, D., & Prost, A. (2017). ¿Somos iguales? Using a structural violence framework to understand gender and health inequities from an intersectional perspective in the Peruvian Amazon. *Global Health Action, 10*(2): 1–12. http://dx.doi.org/10.1080/16549716.2017.1330458 (For discussion in live session) • UNC Center for Civil Rights. State of Exclusion Report, Orange County, NC. Available at: http://www.uncinclusionproject.org/documents/ orangecountyreportfinal.pdf (Basis of writing assignment)
Asynchronous Material	Lectures • Social patterning of health • Stratification and the structure that supports it • How social inequities affect health Video: Allegories on race and racism
Live Session	Structural bias and intersectionality applied to gender-based violence
Assignments/ Deadlines	Structural bias reflection paper due 24 hours after the live session

Week/Topic	9. Behavioral and Psychosocial Determinants of Health
Competency or Foundational Knowledge	Explain behavioral and psychological factors that affect a population's health
Learning Objectives	• Describe the burden of disease attributable to health behaviors • Define psychological and environmental constructs from one health behavior theory and describe how they are related to health behaviors • Critique rational notions of health behavior
Required Readings	• 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. • Burke, N. J., Joseph, G., Pasick, R. J., & Barker, J. C. (2009). Theorizing social context: Rethinking behavioral theory. *Health Education & Behavior, 36*(Suppl 1): 55S–70S.
Asynchronous Material	Lectures: • The importance of health behavior • Which health behaviors contribute to the burden of disease • Why do people behave the way they do? Online debate: Behaviors as autonomous choices
Live Session	Applying theory to the occurrence and co-occurrence of youth risk behaviors.
Assignments/Deadlines	None.

Week/Topic	10. Biological and Genetic Determinants of Health
Competency or Foundational Knowledge	Explain biological and genetic factors that affect a population's health
Learning Objectives	• 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 lifecourse
Required Readings	• Fejerman, L., et al. (2008). Genetic ancestry and risk of breast cancer among US Latinas. *Cancer Research, 68*(23): 9723–9728. • Goodlin, G. T., Roos, T. R., Roos, A. K., & Kim, S. K. (2015). The dawning age of genetic testing for sports injuries. *Clin J Sport Med., 25*(1): 1–5. • 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. • 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.
Asynchronous Material	Lectures: • Genetic and epigenetic determinants • Body structure and function as determinants • Biological determinants of lead toxicity Videos: • Ancestral ghosts in your genome

	• Biological determinants of lead toxicity
Live Session	Flint water crisis: Case study
Assignments/Deadlines	Draft determinants section of team project due by start of live session

Week/Topic	11. Quantifying the Disease Burden Associated with Determinants
Competency or Foundational Knowledge	Interpret results of data analysis for public health research, policy, or practice
Learning Objectives	• 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	• Oberg, M., Jaakkola, M. S., Woodward, A., Peruga, A., & Prüss-Ustün, A. (2011). Worldwide burden of disease from exposure to second-hand smoke: A retrospective analysis of data from 192 countries. *The Lancet, 377*(9760): 139–146. • 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.
Asynchronous Material	Demonstration: GBD Compare Tool Interview: Dr Annette Prüss-Ustün, Team Leader, Department of Public Health and Environmental and Social Determinants, World Health Organization
Live Session	Computing burden of disease
Assignments/Deadlines	Submit GBD Compare worksheet by the start of the live session, and bring to live session.

Week/Topic	12. Intercultural Communication and Effective Engagement to Understand Public Health
Competency or Foundational Knowledge	• Describe the importance of cultural competence in communicating public health content • 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 • Communicate audience-appropriate public health content, both in writing and through oral presentation
Learning Objectives	

	• Identify how your privilege and assumptions can influence your public health practice. • Critique the effectiveness of public health communications for professional and lay audiences.
Required Readings	• Airhihenbuwa, C. O. (2007). 2007 SOPHE presidential address: On being comfortable with being uncomfortable: Centering an Africanist vision in our gateway to global health. *Health Education & Behavior, 34*(1), 31–42. • Minkler, M. (1994). Ten commitments for community health education. *Health Education Research, 9*(4): 527–534. (As you read, try to apply commitments to public health practice in general.) • 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. *Annual Review of Public Health, 19*(1), 173–202. • Tips for persuasive communication handout (attached below) • Review videos on cross-cultural communications from COMPASS if needed
Asynchronous Material	Lecture: Principles of community engagement Videos: • Voices of care • Privilege Walk • Are you confused about health information? • President Obama discusses mass shooting
Live Session	Privilege, community engagement, and public health communication
Assignments/Deadlines	None

Topic	13. Final Team Projects
Competency or Foundational Knowledge	Communicate audience-appropriate public health content, both in writing and through oral presentation
Learning Objectives	• Describe the prevalence of a health issue in a specific population in a specific area, both orally and in writing. • Summarize literature describing determinants of a specific public health problem for professional. • Create a visual aid to describe a problem and its causes for an impacted population. • 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

Asynchronous material	Asychronous time is dedicated to finalizing your team presentation and reviewing the presentations of the other teams in your class.
Live session	Team project presentation Q&A
Assignments/Deadlines	Team presentations must be recorded and posted 48 hours in advance of the live session. Questions on other team presentations must be posted by the start of the live session. Final team white paper due 48 hours *after* the live session.