

**University of Florida  
College of Public Health and Health Professions  
Spring, 2009**

**Course:**       **PHC 6410**  
**Psychological, Social, and Behavioral Issues in Public Health (3 credits)**

**Times:**       Lecture: Online on WebCt: <https://lss.at.ufl.edu/>  
Discussion: Tuesdays 6<sup>th</sup> Period 12:50- 1:40pm G-109

**Video**         Barbara Curbow, Ph.D.  
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**Online and**    Evelyn C. King, MPH, CHES  
**Discussion**   Graduate Assistant Fellow and Graduate Student  
**Instructor:** Department of Behavioral Science and Community Health  
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**Office**  
**Hours:**       Tuesdays 5<sup>th</sup> period\* and by appointment

\* Subject to change

**Course Overview:** This is the core social and behavioral sciences course for the MPH degree. There are three major aims for this course. (1) The Association of Schools of Public Health (ASPH) has drafted a list of competencies that all MPH students should be able to meet upon graduation. Our first aim is to address the 10 SBS competencies and to use them as the course objectives (see the attached table). (2) Our second aim is to explore how social and behavioral sciences theories and public health concepts and methods can be applied throughout the health-illness experience. (3) Our third aim is to promote an appreciation for the role of the social and behavioral sciences in public health and, perhaps, to encourage those of you in other tracks to seek additional training. We will use a variety of instructional methods to address these aims, including lectures, discussion groups, prevention groups, class presentations, and in-class activities. ***The success of the course will depend heavily upon active participation by the students so you are strongly encouraged to feel free to present your ideas and to listen respectfully to the ideas of others. 100% attendance of all discussion sections and lectures is expected.***

**Course Goals:** The course goals are listed with the SBS competencies in the attached table.

**Course Dynamics:** This is a unique course set up which allows for the majority of the class to be conducted online with the exception of a live discussion hour held once weekly. Each student is responsible for watching the lectures **PRIOR** to coming to discussion as well as completing all the readings. All assignments except those otherwise noted will be submitted online via E-Learning.

### Course Assignments:

1. **Prevention Project.** The class will use behavioral indicators listed in the *Healthy People 2010* report ([www.healthypeople.gov](http://www.healthypeople.gov)) as a starting point for the major course assignment. The class will be divided into small groups during the second week – each group will have a **behavioral indicator** (physical activity, overweight/obesity, tobacco use, substance abuse, sexual behavior, suicide, depression, violence, or injury) and a **level of prevention** (primary, secondary, tertiary). Each group will be given a “starter package” that includes some information about the problem from *Healthy People 2010* and at least one article that illustrates a study or review applicable to the indicator/prevention level combination. Students will be asked to stay in their prevention group throughout the semester. The specific assignments for the prevention project include:

- b. Final prevention project poster presentation. **(15 points)**
- c. Final prevention project oral presentation, **(10 points)**
- d. Final prevention project paper – 20 pages **(25 points)**

4. **Cultural Illustration.** Each student will be asked to locate a cultural illustration of a topic discussed in class or in the readings (e.g., an article about teen driving perils in a magazine). Students will be asked to critique the cultural illustration in terms of its accuracy and quality in a two-page paper. **(5 points)** *Time permitting, students who are willing can present their findings in discussion section for 1 bonus point.*

**Detailed instructions and grading criteria will be provided for all assignments.**

Assignment	Description	Points	Due Date
1	Participation in weekly discussion (portfolio)	15	4/27/09
2	Weekly Written Assignments (submit 10)	30	Through out semester
3	Cultural illustration: oral/ written presentation	5	Through out semester
5	Final Prevention Project Oral Presentation	10	4/7/09, 4/14/09, 4/21/09
6	Final Prevention Project Poster Presentation	15	4/7/09, 4/14/09, 4/21/09
7	Final Prevention Project Paper	25	4/27/09

**Total Points Possible: 100**

**\* Students participate in only one prevention group report**

**Grading Scale:** The final grade will be computed on the basis of the following assessments: 90.0-100 points = A; 85.0-89.9 points = B+; 80.0-84.9 points = B; 75.0-79.9 points = C+; 70.0-74.9 points = C; 65.0-69.9 points = D+; 60.0-64.9 points = D; Below 60 points = F

**Late Assignments:** Will not be accepted unless arrangements have been made prior to the due date with the instructor, or in case of approved emergencies.

**Attendance:** *Students are expected to complete all reading assignments and to come to class prepared for discussion and debate.* Attendance is required: Students who anticipate they will miss a class must contact the instructor before class; students who have an emergency absence must contact the instructor as soon as possible. ***Two absences will result in a 3% decrease in total class points and more than two absences will result in a 5% decrease in total class points unless there are extenuating circumstances.***

**Laptops:** Laptops may be used in class for taking notes, viewing slides, or accessing websites that are associated with ongoing class activities. Students are not allowed to use laptops in class for any other reason. ***Students violating this policy will receive one warning; a second offense will result in a 5% reduction in class points.***

**Turn-it-in:** The Turn-it-in program will be used for clearance of all papers. Instructions on how to use the papers will be provided.

**Academic Integrity:** Each student is bound by the academic honesty guidelines of the University that state: "The students of the University of Florida recognize that academic honesty and integrity are fundamental values of the university community. Students who enroll at the university commit to holding themselves and their peers to the high standard of honor required by the honor code. Any individual who becomes aware of a violation of the honor code is bound by honor to take corrective action. The quality of a University of Florida education is dependent upon community acceptance and enforcement of the honor code."

And, each student, upon submission of an assignment, implies the pledge: : "**On my honor, I have neither given nor received unauthorized aid in doing this assignment.**"

**Students with Disabilities:** Students with disabilities will be accommodated. Students must follow the written University procedure: "Students requesting classroom accommodation must first register with the Dean of Students Office. The Dean of Students Office will provide documentation to the student who must then provide this documentation to the Instructor when requesting accommodation."

### **Readings**

Edberg, M. (2007). *Essentials of Health Behavior. Social and Behavioral Theory in Public Health.* Jones and Bartlett Publishers.

***And the following articles and websites in order of use:***

- (1) Giovanni Frazzetto (2008). The drugs don't work for everyone. Doubts about the efficacy of antidepressants renew debates over the medicalization of common distress. *EMBO Reports*, 9, 605-608.
- (2) Battles, H.T. & Manderson, L. (2008). The Ashley Treatment: Furthering the Anthropology of/on Disability. *Medical Anthropology*, 27, 219-226.
- (3) Barker, K.K. (2008). Electronic Support Groups, Patient-Consumers, and Medicalization: The Case of Contested Illness. *Journal of Health and Social Behavior*, 49, 20–36.
- (4) Lantz, P.M. et al. (1998). Socioeconomic factors, health behaviors, and mortality. *Journal of the American Medical Association*, 279, 1703-1708.
- (5) Stafford, M. et al. (2005). Gender differences in associations between health and neighborhood environment. *Social Science & Medicine*, 60, 1681-1692.
- (6) Cohen, S. & Lemay, E.P. (2007). Why would social networks be linked to affect and health practices? *Health Psychology*, 26, 410-417.
- (7) Kobus, K (2003). Peers and Adolescent Smoking. *Addiction*, 98 (Suppl 1) 37-55.
- (8) Williams, D.R. et al. (2003). Racial/Ethnic discrimination and health: Findings from community studies. *American Journal of Public Health*, 93, 200-208.
- (9) Mahalik, J.R. et al. (2007). Masculinity and perceived normative health behaviors as predictors of men's health behaviors. *Social Science & Medicine*, 64, 2201-2209.
- (10) Sayeed, S, Fishbein, M, Hornik, R, Cappella, J, & Ahern, RK (2005). Adolescent Marijuana Use Intentions: Using Theory to Plan an Intervention. *Drugs: education, prevention and policy*, 12, 19-34.
- (11) Armstrong, M.I. et al. (2005). Pathways between social support, family well being, quality of parenting, and child resilience: What we know. *Journal of Child and Family Studies*, 14, 269-281.
- (12) Curbow, B, McDonnell, KA, Dreyling, E, Hall, AF, Fitzgerald, S, & Ewart, CK (2005). Assessing Cardiovascular Reactivity in Working Women With the Social Competence Interview. *Journal of Women & Health*, 41, 51-68.
- (13) Richardson, G., van Woerden, H.C., Morgan, L. Edwards, R., Harries, M., Hancock, E., Sroczynsk, S., & Bowley, M. (2008). Healthy Hearts – A community-based primary prevention programme to reduce coronary heart disease. *BMC Cardiovascular Disorders*, 8:18.
- (14) Yeo, M., Berzins, S. & Addington, D. (2007). Development of an early psychosis public education program using the PRECEDE\_PROCEED model. *Health Education Research*, 22, 639-647.
- (15) Campbell, R., Starkey, F., Holliday, J., Audrey, S., Bloor, M., Parry-Langdon, N., Hughes, R. & Moore, L. (2008). An informal school-based peer-led intervention for smoking prevention in adolescence (ASSIST): a cluster randomised trial. *Lancet*, 371, 1595–1602.
- (16) Bryant, C.A. et al. (2007). Community-based prevention marketing: Organizing a community for health behavior intervention. *Health promotion Practice*, 8, 154-163.
- (17) Wilcox, S., et al. (2007). Increasing physical activity among church members. Community-based participatory research. *American Journal of Preventive Medicine*, 32, 131-138.
- (18) Huhman, H., Bauman, A., & Bowles, H.R. (2008). Initial Outcomes of the VERB™ Campaign Tweens' Awareness and Understanding of Campaign Messages. *American Journal of Preventive Medicine*, 34, S241–S248.
- (19) Swaim, R.C. & Kelly, K. (2008). Efficacy of a Randomized Trial of a Community and School-based Anti-violence Media Intervention Among Small-town Middle School Youth. *Prevention Science*.
- (20) LaVeist, T.A. & Nuru-Jeter, A. (2002). Is doctor-patient concordance associated with greater satisfaction with care? *Journal of Health & Social Behavior*, 43, 296-306.
- (21) Zavestoski, S. et al. (2003). Patient activism and the struggle for diagnosis: Gulf War illnesses and other medically unexplained physical symptoms in the US. *Social Science & Medicine*, 161-175.
- (22) Hsu, L. & Alden, L.E. (2008). Cultural Influences on Willingness to Seek Treatment for Social Anxiety in Chinese- and European-Heritage Students. *Cultural Diversity and Ethnic Minority Psychology*, 14, 215–223.
- (23) Curbow, B, Bowie, J, Garza, M, McDonnell, KA, Scott, LA, Coyne, CA, & Chiappelli, T (2004) Community-Based Cancer Screening Programs in Older Populations: Making Progress But Can We Do Better? *Preventive Medicine*, 38, 676-693.

- (24) Becker, AE, Franko, DL, Nussbaum, K, & Herzog, DB (2004). Secondary Prevention for Eating Disorders: The Impact of education, Screening, and Referral in a College-Based Screening Program. *International Journal of Eating Disorders*, 36, 157-162.
- (25) Shumway-Cook, A., Silver, I. F., LeMier, M., York, S., Cummings, P. & Koepsell, T.D. (2007). Effectiveness of a Community-Based Multifactorial Intervention on Falls and Fall Risk Factors in Community-Living Older Adults: A Randomized, Controlled Trial. *Journal of Gerontology: MEDICAL SCIENCES*, 62A, 1420–1427.
- (26) Edwards, A. et al. (2008). Interventions to Improve Risk Communication in Clinical Genetics: Systematic Review. *Patient Education and Counseling*, 71, 4-25.
- (27) Mast M.S. (2007). On the Importance of Nonverbal Communication in the Physician-Patient Interaction. *Patient Education and Counseling*, 67, 315-318.
- (28) Talen, M.R., Grampp, K., Tucker, A., Schultz, J. (2008). What Physicians Want From Their Patients: Identifying What Makes Good Patient Communication. *Families, Systems, & Health*, 26, 58–66.
- (29) Eiser, A.R. & Ellis, G. (2007). Viewpoint: Cultural competence and the African American experience with health care: The case for specific content in cross-cultural education. *Academic Medicine*, 82, 176-183.
- (30) Mahon, SM (2005). Tertiary Prevention: Implications for Improving the Quality of Life of Long-Term Survivors of Cancer. *Seminars in Oncology Nursing*, 21, 260-270.
- (31) McNeely, ML, Campbell, KL, Rowe, BH, Klassen, TP, Mackey, JR, & Courneya, KS (2006). Effects of Exercise on Breast Cancer Patients and Survivors: A Systematic Review and Meta-analysis. *Canadian Medical Association Journal*, 175, 34-41.
- (32) Eakin, E.G. et al. (2007). Resources for health: A primary-care-based diet and physical activity intervention targeting urban Latinos with multiple chronic conditions. *Health Psychology*, 26, 392-400.
- (33) Fekete, E.M. et al. (2007). Couples' support provision during illness: The role of perceived emotional responsiveness. *Families, Systems, & Health*, 25, 204-217.
- (34) Redman, B.K. (2007). Responsibility for control; ethics of patient preparation for self-management of chronic disease. *Bioethics*, 5, 243-250.
- (35) Smith, SL, & Tessaro, IA (2005). Cultural Perspectives on Diabetes in an Appalachian Population. *American Journal of Health Behavior*, 29, 291-301.
- (36) Bullock, K (2006). Promoting Advance Directives among African Americans: A Faith-Based Model. *Journal of Palliative Medicine*, 9, 183-195.
- (37) Dorff, EN (2005). End-of-Life: Jewish perspectives. *Lancet*, 366, 862-865.
- (38) [www.cancercontrolplanet.cancer.gov](http://www.cancercontrolplanet.cancer.gov)
- (39) [www.thecommunityguide.org](http://www.thecommunityguide.org)
- (40) Zaza, S, Briss, PA, & Harris, KW (2005). *The Guide to Community Preventive Services: What Works to Promote Health?* (Introduction, pp. xxv-xxxvi). New York: Oxford University Press.
- (41) Kahn, EB et al. (2002). The Effectiveness of Interventions to Increase Physical Activity: A Systematic Review. *American Journal of Preventive Medicine*, 22 (4S), 73-107. **(skim only)**

<b>SBS Competency</b>	<b>PHC 6406 Course Objective, Based on ASPH Competencies</b>
1. Critically describe and evaluate the state of public health social and behavioral science research and literature.	O-8. Describe the merits of social and behavioral science interventions and policies.
2. Apply social and behavioral science theories and concepts to public health problems.	O-1. Describe the role of social and community factors in both the onset and solution of public health problems. O-3. Identify basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health research and practice.
3. Describe and apply the social ecological framework to public health problems.	O-1. Describe the role of social and community factors in both the onset and solution of public health problems. O-3. Identify basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health research and practice. O-5. Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies.
4. Understand and apply the principles of community participation in public health research and interventions.	O-4. Apply ethical principles to public health program planning, implementation and evaluation O-6. Identify individual, organizational and community concerns, assets, resources and deficits for social and behavioral science interventions O-10. Identify critical stakeholders for the planning, implementation, and evaluation of public health programs, policies and interventions.
5. Demonstrate the knowledge and skills necessary to conduct social and behavioral science research	O-4. Apply ethical principles to public health program planning, implementation and evaluation O-7. Use evidenced-based approaches in the development and evaluation of social and behavioral science interventions. O-9. Describe the steps and procedures for the planning, implementation and evaluation of public health programs, policies and interventions.
6. Demonstrate an understanding of health disparities in the US and the underlying role of power differentials to disparities.	O-2. Identify the causes of social and behavioral factors that affect the health of individuals and populations. O-6. Identify individual, organizational and community concerns, assets, resources and deficits for social and behavioral science interventions.
7. Demonstrate knowledge and skills needed to design and implement a public health information campaign.	
8. Demonstrate communication skills key to public health workforce participation and advocacy.	

Week	Topic/Readings
<b>Section 1: Levels of Explanation</b>	
<b>Week 1: 1/6/09</b>	
Discussion	Introduction to the class
Lecture	<p>a. What are health, illness, and disease?  b. Social and behavioral science perspectives on the study of health  c. What is health behavior?  d. Levels of prevention</p> <p><b>Readings:</b></p> <ol style="list-style-type: none"> <li>1. Edberg chapters 1, 2, 3</li> <li>2. <sup>(1)</sup> Giovanni Frazzetto (2008). The drugs don't work for everyone. Doubts about the efficacy of antidepressants renew debates over the medicalization of common distress. <i>EMBO Reports</i>, 9, 605-608.</li> <li>3. <sup>(2)</sup> Battles, H.T. &amp; Manderson, L. (2008). The Ashley Treatment: Furthering the Anthropology of/on Disability. <i>Medical Anthropology</i>, 27, 219-226.</li> <li>4. <sup>(3)</sup> Barker, K.K. (2008). Electronic Support Groups, Patient-Consumers, and Medicalization: The Case of Contested Illness. <i>Journal of Health and Social Behavior</i>, 49, 20-36.</li> </ol>
<b>Week 2: 1/13/09</b>	
Discussion	Formation of prevention groups
Lecture	<p>a. Multilevel frameworks: Macro level explanations of health, illness, and disease</p> <p><b>Readings:</b></p> <ol style="list-style-type: none"> <li>1. Edberg chapter 6</li> <li>2. <sup>(4)</sup> Lantz, P.M. et al. (1998). Socioeconomic factors, health behaviors, and mortality. <i>Journal of the American Medical Association</i>, 279, 1703-1708.</li> <li>3. <sup>(5)</sup> Stafford, M. et al. (2005). Gender differences in associations between health and neighborhood environment. <i>Social Science &amp; Medicine</i>, 60, 1681-1692.</li> </ol> <p><b>Assignment:</b>  Writing assignment A due</p>
<b>Week 3: 1/20/09</b>	
Discussion	Discussion/exercise on macro level factors
Lecture	<p>a. Multilevel frameworks: Social and interpersonal level explanations of health, illness, and disease</p> <p><b>Readings:</b></p> <ol style="list-style-type: none"> <li>1. Edberg chapter 5</li> <li>2. <sup>(6)</sup> Cohen, S. &amp; Lemay, E.P. (2007). Why would social networks be linked to affect and health practices? <i>Health Psychology</i>, 26, 410-417.</li> <li>3. <sup>(7)</sup> Kobus, K (2003). Peers and Adolescent Smoking. <i>Addiction</i>, 98 (Suppl 1) 37-55.</li> <li>4. <sup>(8)</sup> Williams, D.R. et al. (2003). Racial/Ethnic discrimination and health: Findings from community studies. <i>American Journal of Public Health</i>, 93, 200-208.</li> </ol> <p><b>Assignment:</b>  Writing assignment B due</p>

<b>Week 4: 1/27/09</b>	
Discussion	Discussion/exercise on social and interpersonal level factors
Lecture	<p>a. Multilevel frameworks: Individual level explanations of health, illness, and disease</p> <p><b>Readings:</b></p> <ol style="list-style-type: none"> <li>1. Edberg chapter 4</li> <li>2. <sup>(9)</sup> Mahalik, J.R. et al. (2007). Masculinity and perceived normative health behaviors as predictors of men's health behaviors. <i>Social Science &amp; Medicine</i>, 64, 2201-2209.</li> <li>3. <sup>(10)</sup> Sayeed, S, Fishbein, M, Hornik, R, Cappella, J, &amp; Ahern, RK (2005). Adolescent Marijuana Use Intentions: Using Theory to Plan an Intervention. <i>Drugs: education, prevention and policy</i>, 12, 19-34.</li> </ol> <p><b>Assignment:</b> Writing Assignment C due</p>
<b>Week 5: 2/3/09</b>	
Discussion	Discussion and exercise on model building
Lecture	<p>a. Major Concepts: Stress, Coping, and Social Support</p> <p><b>Readings:</b></p> <ol style="list-style-type: none"> <li>1. <sup>(11)</sup> Armstrong, M.I. et al. (2005). Pathways between social support, family well being, quality of parenting, and child resilience: What we know. <i>Journal of Child and Family Studies</i>, 14, 269-281.</li> <li>2. <sup>(12)</sup> Curbow, B, McDonnell, KA, Dreyling, E, Hall, AF, Fitzgerald, S, &amp; Ewart, CK (2005). Assessing Cardiovascular Reactivity in Working Women With the Social Competence Interview. <i>Journal of Women &amp; Health</i>, 41, 51-68.</li> </ol> <p><b>Assignment:</b> Writing Assignment D due</p>
<b>Section 2: Primary and Secondary Prevention</b>	
<b>Week 6: 2/10/09</b>	
Discussion	Exercise on measuring stress
Lecture	<p>a. How can we promote health? Part 1: Primary Prevention</p> <p>b. Community assessments</p> <ol style="list-style-type: none"> <li>1. Edberg, chapter 7</li> <li>2. <sup>(13)</sup> Richardson, G., van Woerden, H.C., Morgan, L. Edwards, R., Harries, M., Hancock, E., Sroczyński, S., &amp; Bowley, M. (2008). Healthy Hearts – A community-based primary prevention programme to reduce coronary heart disease. <i>BMC Cardiovascular Disorders</i>, 8:18.</li> <li>3. <sup>(14)</sup> Yeo, M., Berzins, S. &amp; Addington, D. (2007). Development of an early psychosis public education program using the PRECEDE_PROCEED model. <i>Health Education Research</i>, 22, 639-647.</li> <li>4. <sup>(15)</sup> Campbell, R., Starkey, F., Holliday, J., Audrey, S., Bloor, M., Parry-Langdon, N., Hughes, R. &amp; Moore, L. (2008). An informal school-based peer-led intervention for smoking prevention in adolescence (ASSIST): a cluster randomised trial. <i>Lancet</i>, 371, 1595–1602.</li> </ol> <p><b>Assignment:</b> Writing assignment E due</p>

<b>Week 7: 2/17/09</b>	
Discussion	Discussion and exercise on community assessment
Lecture	<p>a. Working with communities to promote health</p> <p><b>Readings:</b></p> <ol style="list-style-type: none"> <li>1. Edberg, chapters 8, 9</li> <li>2. <sup>(16)</sup> Bryant, C.A. et al. (2007). Community-based prevention marketing: Organizing a community for health behavior intervention. <i>Health promotion Practice, 8</i>, 154-163.</li> <li>3. <sup>(17)</sup> Wilcox, S., et al. (2007). Increasing physical activity among church members. Community-based participatory research. <i>American Journal of Preventive Medicine, 32</i>, 131-138.</li> </ol> <p><b>Assignment:</b> Writing Assignment F</p>
<b>Week 8: 2/24/09</b>	
Discussion	Discussion and exercise on working with communities
Lecture	<p>a. Communications campaigns</p> <p><b>Readings:</b></p> <ol style="list-style-type: none"> <li>1. Edberg, chapter 10</li> <li>2. <sup>(18)</sup> Huhman, H., Bauman, A., &amp; Bowles, H.R. (2008). Initial Outcomes of the VERB™ Campaign Tweens' Awareness and Understanding of Campaign Messages. <i>American Journal of Preventive Medicine, 34</i>, S241–S248.</li> <li>3. <sup>(19)</sup> Swaim, R.C. &amp; Kelly, K. (2008). Efficacy of a Randomized Trial of a Community and School-based Anti-violence Media Intervention Among Small-town Middle School Youth. <i>Prevention Science</i>.</li> </ol> <p><b>Assignment</b> Writing assignment G due</p>
<b>Week 9: 3/3/09</b>	
Discussion	Exercise on developing a public service announcement
Lecture	<p>a. Within the health care system: Seeking Care</p> <p>b. Within the health care system: Differences in patients' experiences based on race, gender, ethnicity, and literacy</p> <p><b>Readings:</b></p> <ol style="list-style-type: none"> <li>1. Edberg, chapter 14</li> <li>2. <sup>(20)</sup> LaVeist, T.A. &amp; Nuru-Jeter, A. (2002). Is doctor-patient concordance associated with greater satisfaction with care? <i>Journal of Health &amp; Social Behavior, 43</i>, 296-306.</li> <li>3. <sup>(21)</sup> Zavestoski, S. et al. (2003). Patient activism and the struggle for diagnosis: Gulf War illnesses and other medically unexplained physical symptoms in the US. <i>Social Science &amp; Medicine, 161-175</i>.</li> <li>4. <sup>(22)</sup> Hsu, L. &amp; Alden, L.E. (2008). Cultural Influences on Willingness to Seek Treatment for Social Anxiety in Chinese- and European-Heritage Students. <i>Cultural Diversity and Ethnic Minority Psychology, 14</i>, 215–223.</li> </ol> <p><b>Assignment:</b> Writing assignment H due</p>

<b>Week 10: 3/10/09 Spring Break!!!</b>	
<b>Week 11: 3/17/09</b>	
Discussion	Role play on health care seeking
Lecture	<p>a. How can we promote health? Part 2: Secondary Prevention</p> <p><b>Readings:</b></p> <ol style="list-style-type: none"> <li>1. Edberg, chapter 12</li> <li>2. <sup>(23)</sup> Curbow, B, Bowie, J, Garza, M, McDonnell, KA, Scott, LA, Coyne, CA, &amp; Chiappelli, T (2004) Community-Based Cancer Screening Programs in Older Populations: Making Progress But Can We Do Better? <i>Preventive Medicine</i>, 38, 676-693.</li> <li>3. <sup>(24)</sup> Becker, AE, Franko, DL, Nussbaum, K, &amp; Herzog, DB (2004). Secondary Prevention for Eating Disorders: The Impact of education, Screening, and Referral in a College-Based Screening Program. <i>International Journal of Eating Disorders</i>, 36, 157-162.</li> <li>4. <sup>(25)</sup> Shumway-Cook, A., Silver, I. F., LeMier, M., York, S., Cummings, P. &amp; Koepsell, T.D. (2007). Effectiveness of a Community-Based Multifactorial Intervention on Falls and Fall Risk Factors in Community-Living Older Adults: A Randomized, Controlled Trial. <i>Journal of Gerontology: MEDICAL SCIENCES</i>, 62A, 1420–1427.</li> </ol> <p><b>Assignment:</b> Writing assignment I due</p>
<b>Week 12: 3/24/09</b>	
Discussion	Discussion and exercise on working with communities to improve screening
Lecture	<p>a. Within the health care system: Doctor-Patient Communication</p> <p>b. Within the health care system: Treatment decision-making</p> <p><b>Readings:</b></p> <ol style="list-style-type: none"> <li>1. <sup>(26)</sup> Edwards, A. et al. (2008). Interventions to Improve Risk Communication in Clinical Genetics: Systematic Review. <i>Patient Education and Counseling</i>, 71, 4-25.</li> <li>2. <sup>(27)</sup> Mast M.S. (2007). On the Importance of Nonverbal Communication in the Physician-Patient Interaction. <i>Patient Education and Counseling</i>, 67, 315-318.</li> <li>3. <sup>(28)</sup> Talen, M.R., Grampp, K., Tucker, A., Schultz, J. (2008). What Physicians Want From Their Patients: Identifying What Makes Good Patient Communication. <i>Families, Systems, &amp; Health</i>, 26, 58–66.</li> <li>4. <sup>(29)</sup> Eiser, A.R. &amp; Ellis, G. (2007). Viewpoint: Cultural competence and the African American experience with health care: The case for specific content in cross-cultural education. <i>Academic Medicine</i>, 82, 176-183.</li> </ol> <p><b>Assignment:</b> Writing assignment J due</p>
<b>Section 3: Tertiary Prevention</b>	
<b>Week 13: 3/31/09</b>	
Discussion	Exercise on treatment decision making
Lecture	<p>a. How can we promote health? Part 3: Tertiary Prevention</p> <p><b>Readings:</b></p> <ol style="list-style-type: none"> <li>1. <sup>(30)</sup> Mahon, SM (2005). Tertiary Prevention: Implications for Improving the Quality of Life of Long-Term Survivors of Cancer. <i>Seminars in Oncology</i></li> </ol>

	<p><i>Nursing</i>, 21, 260-270.</p> <p>2. <sup>(31)</sup> McNeely, ML, Campbell, KL, Rowe, BH, Klassen, TP, Mackey, JR, &amp; Courneya, KS (2006). Effects of Exercise on Breast Cancer Patients and Survivors: A Systematic Review and Meta-analysis. <i>Canadian Medical Association Journal</i>, 175, 34-41.</p> <p>3. <sup>(32)</sup> Eakin, E.G. et al. (2007). Resources for health: A primary-care-based diet and physical activity intervention targeting urban Latinos with multiple chronic conditions. <i>Health Psychology</i>, 26, 392-400.</p> <p><b>Assignment:</b> Writing assignment K due</p>
<b>Week 14: 4/7/09</b>	
Discussion	Final Presentations Part 1
Lecture	<p>a. Within the health care system: Managing chronic disease</p> <p>b. Within the health care system: Dying and Death</p> <p><b>Readings:</b></p> <p>1. <sup>(33)</sup> Fekete, E.M. et al. (2007). Couples' support provision during illness: The role of perceived emotional responsiveness. <i>Families, Systems, &amp; Health</i>, 25, 204-217.</p> <p>2. <sup>(34)</sup> Redman, B.K. (2007). Responsibility for control; ethics of patient preparation for self-management of chronic disease. <i>Bioethics</i>, 5, 243-250.</p> <p>3. <sup>(35)</sup> Smith, SL, &amp; Tessaro, IA (2005). Cultural Perspectives on Diabetes in an Appalachian Population. <i>American Journal of Health Behavior</i>, 29, 291-301.</p> <p>4. <sup>(36)</sup> Bullock, K (2006). Promoting Advance Directives among African Americans: A Faith-Based Model. <i>Journal of Palliative Medicine</i>, 9, 183-195.</p> <p>5. <sup>(37)</sup> Dorff, EN (2005). End-of-Life: Jewish perspectives. <i>Lancet</i>, 366, 862-865.</p> <p><b>Assignment:</b></p> <p>1. Writing assignment L due</p> <p>2. Final project poster presentations</p>
<b>Week 15: 4/14/09</b>	
Discussion	Final Presentations, part 2
Class	<p>a. Assessing our progress in promoting health</p> <p><b>Readings:</b></p> <p>1. Edberg, chapter 13</p> <p>2. <sup>(38)</sup> <a href="http://www.cancercontrolplanet.cancer.gov">www.cancercontrolplanet.cancer.gov</a></p> <p>3. <sup>(39)</sup> <a href="http://www.thecommunityguide.org">www.thecommunityguide.org</a></p> <p>4. <sup>(40)</sup> Zaza, S, Briss, PA, &amp; Harris, KW (2005). <i>The Guide to Community Preventive Services: What Works to Promote Health?</i> (Introduction, pp. xxv-xxxvi). New York: Oxford University Press.</p> <p>5. <sup>(41)</sup> Kahn, EB et al. (2002). The Effectiveness of Interventions to Increase Physical Activity: A Systematic Review. <i>American Journal of Preventive Medicine</i>, 22 (4S), 73-107. (<b>skim only</b>)</p> <p><b>Assignment:</b> Final project poster presentations</p>

<b>Week 16: 4/21/09</b>	
Discussion	Final presentations part 3
Lecture	Learning from each other: Student Poster Presentations <b>Assignments:</b> 1. Final project poster presentations 2. Deadline turn in written cultural illustration
<b>4/27/09</b>	<b>Assignments:</b> <b>1. Turn in written final project paper</b> <b>2. Turn in portfolio with all class work.</b>

<sup>(1)-(41)</sup> Additional readings available on the course website.