

**University of Florida
College of Public Health and Health Professions**

Course: PHC 6406
Psychological, Social, and Behavioral Issues in Public Health (3 credits)
Fall, 2007

Instructor: Barbara Curbow, Ph.D.
Professor and Chair
Department of Behavioral Science and Community Health
College of Public Health and Health Professions
e-mail: bcurbow@phhp.ufl.edu; phone: (352) 273-6075

Office

Hours: Wednesdays 1-2, and by appointment

Teaching Assistants: Joanna Adderly
Heather Rawls
D.J. Reid

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, discussions, prevention groups, class presentations, and class exercises. ***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.***

Course Goals:

The course goals are listed with the SBS competencies in the attached table.

Course Assignments:

1. **Prevention Project.** The class will use behavioral indicators listed in the ***Healthy People 2010*** report (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:

- a. Brief oral presentation of the prevention topic and approach. **(5 points)**
- b. Final prevention project poster presentation. **(10 points)**
- c. Final prevention project oral presentation. **(5 points)**
- d. Final prevention project paper – 10 pages, written individually. **(25 points)**

2. **Journal.** Weekly topics will be posed that integrate ideas from the readings and lectures. Students will write a one-page, typed discussion of the topic (approximately 250 to 300 words). Journal entries will be due in three installments. Each of the 12 entries will be worth 4 points. **(48 total points)**

3. **Exercise folder.** Four exercises will be completed during class time throughout the semester. The purpose of the exercises will be to practice skills introduced during lectures. These exercises are due at the end of the semester and are worth 1 point each. **(4 points total)**

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 one-page paper. **(3 points)** *Time permitting, students who present their findings in class will receive 1 bonus point.*

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

Assignment Timeline:

- | | | | |
|--------|-------------------------------------|-----------|---------------|
| • 1a. | Journal assignments 1-4 | 16 points | Due: 9/26/07 |
| • 2a.1 | Primary Prevention group reports* | 5 points* | Due: 10/3/07 |
| • 2a.2 | Secondary Prevention group reports* | 5 points* | Due: 10/24/07 |
| • 1b. | Journal assignments 5-8 | 16 points | Due: 10/31/07 |
| • 2a.3 | Tertiary Prevention group reports* | 5 points* | Due: 11/7/07 |
| • 1c. | Journal assignments 9-12 | 16 points | Due: 12/5/07 |
| • 2b. | Final project poster presentation | 10 points | Due: 12/5/07 |
| • 2c | Final oral presentation | 5 points | Due: 12/5/07 |
| • 2d | Final project paper | 25 points | Due: 12/10/07 |
| • 3. | Exercise Folder | 4 points | Due: 12/10/07 |
| • 4. | Cultural illustration | 3 points | Due: 12/10/07 |
| • | Total Points Possible: 100 | | |

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

Note: Points subtotal to 48 for the journal; 45 for the final project and related activities; and 7 for other activities.

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

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. More than two absences may result in a 5% decrease in total class points.

Laptops: Laptops may be used in class for taking notes, viewing slides, or accessing websites that are associated with ongoing class activities.

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

Marks, DF, Murray, M, Evans, B, Willig, C, Woodall, C, & Sykes, CM (2005). *Health Psychology: Theory, Research, and Practice, Second Edition*. Thousand Oaks, CA: Sage Publications.

And the following articles and websites in order of use:

(1) Conrad, P & Leiter, V (2004). Medicalization, markets and consumers. *Journal of Health and Social Behavior, 45, Extra Issue: Health and Health Care in the United States: Origins and Dynamics*, 158-176.

(2) Berry, D, Urban, A, & Grey, M. (2006). Understanding the development and prevention of type 2 diabetes in youth (Part 1). *Journal of Pediatric Health Care, 20*, 3-10.

(3) Lantz, P.M. et al. (1998). Socioeconomic factors, health behaviors, and mortality. *Journal of the American Medical Association, 279*, 1703-1708.

(4) Stafford, M. et al. (2005). Gender differences in associations between health and neighborhood environment. *Social Science & Medicine, 60*, 1681-1692.

- ⁽⁵⁾ Cohen, S. & Lemay, E.P. (2007). Why would social networks be linked to affect and health practices? *Health Psychology, 26*, 410-417.
- ⁽⁶⁾ Kobus, K (2003). Peers and adolescent smoking. *Addiction, 98 (Suppl 1)* 37-55.
- ⁽⁷⁾ Williams, D.R. et al. (2003). Racial/ethnic discrimination and health: Findings from community studies. *American Journal of Public Health, 93*, 200-208.
- ⁽⁸⁾ 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.
- ⁽⁹⁾ 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.
- ⁽¹⁰⁾ 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.
- ⁽¹¹⁾ 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.
- ⁽¹²⁾ Caballero, B (2004). Obesity prevention in children: Opportunities and challenges. *International Journal of Obesity, 28*, S90-S95.
- ⁽¹³⁾ Brown, P. et al. (2004). Embodied health movements: new approaches to social movements in health. *Sociology of Health & Illness, 26*, 50-80.
- ⁽¹⁴⁾ Bryant, C.A. et al. (2007). Community-based prevention marketing: Organizing a community for health behavior intervention. *Health promotion Practice, 8*, 154-163.
- ⁽¹⁵⁾ Wilcox, S., et al. (2007). Increasing physical activity among church members. Community-based participatory research. *American Journal of Preventive Medicine, 32*, 131-138.
- ⁽¹⁶⁾ 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.
- ⁽¹⁷⁾ 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*.
- ⁽¹⁸⁾ 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.
- ⁽¹⁹⁾ 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.
- ⁽²⁰⁾ 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.

- (21) 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.
- (22) 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.
- (23) 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.
- (24) Burns, J.J. et al. (2006). Managing the adolescent with a chronic illness. *Psychiatric Annals*, 36, 714-718.
- (25) Fekete, E.M. et al. (2007). Couples' support provision during illness: The role of perceived emotional responsiveness. *Families, Systems, & Health*, 25, 204-217.
- (26) Redman, B.K. (2007). Responsibility for control; ethics of patient preparation for self-management of chronic disease. *Bioethics*, 5, 243-250.
- (27) Smith, SL, & Tessaro, IA (2005). Cultural perspectives on diabetes in an Appalachian population. *American Journal of Health Behavior*, 29, 291-301.
- (28) Duncan, J. et al. (2006). Program interventions for children at the end of life and their siblings. *Child and Adolescent Psychiatric Clinics of North America*, 15, 739-758.
- (29) Bingley, AF, McDermott, E, Thomas, C, Payne, S, Seymour, JE, & Clark, D (2006). Making sense of dying: A review of narratives written since 1950 by people facing death from cancer and other diseases. *Palliative Medicine*, 20, 183-195.
- (30) Bullock, K (2006). Promoting advance directives among African Americans: A faith-based model. *Journal of Palliative Medicine*, 9, 183-195.
- (31) Dorff, EN (2005). End-of-Life: Jewish perspectives. *Lancet*, 366, 862-865.
- (32) www.cancercontrolplanet.cancer.gov
- (33) www.thecommunityguide.org
- (34) 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.
- (35) 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)**

SBS Competency	PHC 6406 Course Objective, Based on ASPH Competencies
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
Section 1: Levels of Explanation	
1 8/29/07	<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>Readings: 1. Marks et al. chapter 1 2. ⁽¹⁾ Peter Conrad & Valerie Leiter (2004). Medicalization, markets and consumers. <i>Journal of Health and Social Behavior</i>, 45, Extra Issue: Health and Health Care in the United States: Origins and Dynamics, 158-176. 3. ⁽²⁾ Berry, D, Urban, A, & Grey, M. (2006). Understanding the Development and Prevention of Type 2 Diabetes in Youth (Part 1). <i>Journal of Pediatric Health Care</i>, 20, 3-10.</p> <p>Assignment: 1. Journal entry 1</p>
2 9/5/07	<p>a. Multilevel frameworks: Macro level explanations of health, illness, and disease</p> <p>b. Section breakouts 1: Formation of prevention groups</p> <p>Readings: 1. Marks et al. chapters 2, 3, & 4 2. ⁽³⁾ Lantz, P.M. et al. (1998). Socioeconomic factors, health behaviors, and mortality. <i>Journal of the American Medical Association</i>, 279, 1703-1708. 3. ⁽⁴⁾ Stafford, M. et al. (2005). Gender differences in associations between health and neighborhood environment. <i>Social Science & Medicine</i>, 60, 1681-1692.</p> <p>Assignment: 1. Journal entry 2</p>
3 9/12/07	<p>a. Multilevel frameworks: Social and interpersonal level explanations of health, illness, and disease</p> <p>b. Exercise 1</p> <p>Readings: 1. ⁽⁵⁾ Cohen, S. & Lemay, E.P. (2007). Why would social networks be linked to affect and health practices? <i>Health Psychology</i>, 26, 410-417. 2. ⁽⁶⁾ Kobus, K (2003). Peers and Adolescent Smoking. <i>Addiction</i>, 98 (Suppl 1) 37-55. 3. ⁽⁷⁾ 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.</p> <p>Assignment: 1. Journal entry 3</p>
4 9/19/07	<p>a. Multilevel frameworks: Individual level explanations of health, illness, and disease</p> <p>b. Section breakouts 2: Model building</p> <p>Readings: 1. Marks et al. chapter 12</p>

	<p>2. ⁽⁸⁾ Mahalik, J.R. et al. (2007). Masculinity and perceived normative health behaviors as predictors of men's health behaviors. <i>Social Science & Medicine</i>, 64, 2201-2209.</p> <p>3. ⁽⁹⁾ Sayeed, S, Fishbein, M, Hornik, R, Cappella, J, & Ahern, RK (2005). Adolescent Marijuana Use Intentions: Using Theory to Plan an Intervention. <i>Drugs: education, prevention and policy</i>, 12, 19-34.</p> <p>Assignment:</p> <p>1. Journal entry 4</p>
5 9/26/07	<p>a. Major Concepts: Stress, Coping, and Social Support</p> <p>b. Section breakouts 3</p> <p>Readings:</p> <p>1. Marks et al. chapter 13</p> <p>2. ⁽¹⁰⁾ 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.</p> <p>3. ⁽¹¹⁾ Curbow, B, McDonnell, KA, Dreyling, E, Hall, AF, Fitzgerald, S, & Ewart, CK (2005). Assessing Cardiovascular Reactivity in Working Women With the Social Competence Interview. <i>Journal of Women & Health</i>, 41, 51-68.</p> <p>Assignment:</p> <p>1. Turn in Journal entries 1-4</p>
Section 2: Primary and Secondary Prevention	
6 10/3/07	<p>a. How can we promote health? Part 1: Primary Prevention</p> <p>b. Primary prevention groups present</p> <p>Readings:</p> <p>1. Marks et al. chapter 20</p> <p>2. ⁽¹²⁾ Caballero, B (2004). Obesity Prevention in Children: Opportunities and Challenges. <i>International Journal of Obesity</i>, 28, S90-S95.</p> <p>Assignment:</p> <p>1. Journal entry 5</p>
7 10/10/07	<p>a. Working with communities to promote health</p> <p>b. Exercise 2</p> <p>Readings:</p> <p>1. ⁽¹³⁾ Brown, P. et al. (2004). Embodied health movements: new approaches to social movements in health. <i>Sociology of Health & Illness</i>, 26, 50-80.</p> <p>2. ⁽¹⁴⁾ Bryant, C.A. et al. (2007). Community-based prevention marketing: Organizing a community for health behavior intervention. <i>Health promotion Practice</i>, 8, 154-163.</p> <p>3. ⁽¹⁵⁾ Wilcox, S., et al. (2007). Increasing physical activity among church members. Community-based participatory research. <i>American Journal of Preventive Medicine</i>, 32, 131-138.</p> <p>Assignment:</p> <p>1. Journal entry 6</p>
8 10/17/07	<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>c. Breakout sections 4</p> <p>Readings:</p>

	<p>1. Marks et al. chapter 11</p> <p>2. ⁽¹⁶⁾ LaVeist, T.A. & Nuru-Jeter, A. (2002). Is doctor-patient concordance associated with greater satisfaction with care? <i>Journal of Health & Social Behavior</i>, 43, 296-306.</p> <p>3. ⁽¹⁷⁾ 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 & Medicine</i>, 161-175.</p> <p>Assignment:</p> <p>1. Journal entry 7</p>
9 10/24/07	<p>a. How can we promote health? Part 2: Secondary Prevention</p> <p>b. Secondary prevention groups present</p> <p>Readings:</p> <p>1. ⁽¹⁸⁾ 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? <i>Preventive Medicine</i>, 38, 676-693.</p> <p>2. ⁽¹⁹⁾ 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. <i>International Journal of Eating Disorders</i>, 36, 157-162.</p> <p>Assignment:</p> <p>1. Journal entry 8</p>
10 10/31/07	<p>a. Within the health care system: Doctor-Patient Communication</p> <p>b. Within the health care system: Treatment decision-making</p> <p>c. Exercise 3</p> <p>Readings:</p> <p>1. Marks et al. chapters 14 and 15</p> <p>2. ⁽²⁰⁾ 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. <i>Academic Medicine</i>, 82, 176-183.</p> <p>Assignment:</p> <p>1. Turn in Journal entries 5-8</p>
Section 3: Tertiary Prevention	
11 11/7/07	<p>a. How can we promote health? Part 3: Tertiary Prevention</p> <p>b. Tertiary prevention groups present</p> <p>Readings:</p> <p>1. ⁽²¹⁾ Mahon, SM (2005). Tertiary Prevention: Implications for Improving the Quality of Life of Long-Term Survivors of Cancer. <i>Seminars in Oncology Nursing</i>, 21, 260-270.</p> <p>2. ⁽²²⁾ 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. <i>Canadian Medical Association Journal</i>, 175, 34-41.</p> <p>3. ⁽²³⁾ 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>Assignment:</p>

	1. Journal entry 9
12 11/14/07	<p>a. Within the health care system: Managing chronic disease</p> <p>b. Section breakouts 5</p> <p>Readings:</p> <ol style="list-style-type: none"> 1. Marks et al. chapter 10 2. ⁽²⁴⁾ Burns, J.J. et al. (2006). Managing the adolescent with a chronic illness. <i>Psychiatric Annals</i>, 36, 714-718. 3. ⁽²⁵⁾ Fekete, E.M. et al. (2007). Couples' support provision during illness: The role of perceived emotional responsiveness. <i>Families, Systems, & Health</i>, 25, 204-217. 4. ⁽²⁶⁾ Redman, B.K. (2007). Responsibility for control; ethics of patient preparation for self-management of chronic disease. <i>Bioethics</i>, 5, 243-250. 5. ⁽²⁷⁾ Smith, SL, & Tessaro, IA (2005). Cultural Perspectives on Diabetes in an Appalachian Population. <i>American Journal of Health Behavior</i>, 29, 291-301. <p>Assignment:</p> <ol style="list-style-type: none"> 1. Journal entry 10
13 11/21/07	<p>a. Within the health care system: Dying and Death</p> <p>b. Exercise 4</p> <p>Readings:</p> <ol style="list-style-type: none"> 1. ⁽²⁸⁾ Duncan, J. et al. (2006). Program interventions for children at the end of life and their siblings. <i>Child and Adolescent Psychiatric Clinics of North America</i>, 15, 739-758. 2. ⁽²⁹⁾ Bingley, AF, McDermott, E, Thomas, C, Payne, S, Seymour, JE, & Clark, D (2006). Making Sense of Dying: A Review of Narratives Written Since 1950 by People Facing Death from Cancer and Other Diseases. <i>Palliative Medicine</i>, 20, 183-195. 3. ⁽³⁰⁾ Bullock, K (2006). Promoting Advance Directives among African Americans: A Faith-Based Model. <i>Journal of Palliative Medicine</i>, 9, 183-195. 4. ⁽³¹⁾ Dorff, EN (2005). End-of-Life: Jewish perspectives. <i>Lancet</i>, 366, 862-865. <p>Assignment:</p> <ol style="list-style-type: none"> 1. Journal entry 11
Section 4: Wrap-up	
14 11/28/07	<p>a. Assessing our progress in promoting health</p> <p>b. Section breakouts 6</p> <p>Readings:</p> <ol style="list-style-type: none"> 1. ⁽³²⁾ www.cancercontrolplanet.cancer.gov 2. ⁽³³⁾ www.thecommunityguide.org 3. ⁽³⁴⁾ Zaza, S, Briss, PA, & 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. 4. ⁽³⁵⁾ 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. (skim only) <p>Assignment:</p> <ol style="list-style-type: none"> 1. Journal entry 12

15 12/5/07	Learning from each other: Student Poster Presentations Assignments: 1. Final project poster presentations 2. Final project oral presentations 3. Turn in Journal entries 9-12
16 12/10/07	Assignments: 1. Turn in final project paper 2. Turn in exercise folder 3. Turn in cultural illustration

(1)-(35) Additional readings available on the course website.