University at Albany School of Public Health

HPM 627 Program Development in Health Promotion Non-DrPH Student Syllabus SPH C4, Tuesdays 1:15 pm – 4:05 pm Spring 2020

INSTRUCTOR:

Christine T. Bozlak, PhD, MPH Associate Professor, HPMB

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OFFICE HOURS: Thursdays, 9:30 am – 11:30 am, and by appointment.

COURSE CREDIT HOURS: 3 credits

<u>COURSE PREREQUISITES/COREQUISITES</u>: HPM 525 or its equivalent is a prerequisite for this course. Students who have not taken HPM 525 must have the instructor's permission to enroll in this course.

COURSE DESCRIPTION:

This course provides students with the opportunity to apply theory and evidence to the development of health promotion interventions. Students will continue to develop their skills in the major steps in program planning, and will apply these steps to design their own health promotion intervention. The course takes an ecological approach to health promotion, and also gives students the opportunity to critically evaluate a variety of health promotion interventions targeting change at the individual, interpersonal, organizational, community, public policy, and systems levels, and to examine how behavioral science theories have been applied to the design of these interventions. Students are also asked to integrate knowledge of cultural values and practices in the design of their interventions.

COURSE LEARNING OBJECTIVES

Upon completion of this course, students will be able to:

- Conduct a systematic assessment to define a particular health issue or problem, to identify the behavioral and environmental factors relevant to that health problem, and to identify appropriate priority populations and levels of intervention.
- Distinguish between individual, group, organizational, community, and policy levels of intervention, and identify the strengths and limitations of each.
- Identify and apply relevant theory and research to intervention design.
- Develop a health promotion intervention using a systematic program planning process.

PUBLIC HEALTH FOUNATIONAL KNOWLEDGE DOMAINS AND COMPETENCIES:

The Council on Education in Public Health (CEPH) requires accredited degree programs in public health to address certain knowledge domains and competencies.

MPH Foundational Competencies:

MPH Foundational Competency	How the competency is assessed in the
	course
Assess population needs, assets and	Professional development assignment;
capacities that affect communities' health.	Virtual assignment; Final project; Individual
	assessment
Apply awareness of cultural values and	Professional development assignment;
practices to the design or implementation of	Virtual assignment; Final project; Individual
public health policies or programs.	assessment
Design a population-based policy, program,	Final project
project or intervention.	
Explain basic principles and tools of budget	Final project
and resource management.	
Select methods to evaluate public health	Final project
programs.	
Communicate audience-appropriate public	Final project
health content, both in writing and through	
oral presentation.	
Describe the importance of cultural	Individual assessment; Final Project
competence in communicating public health	
content.	

COURSE MATERIALS:

Required Text: available at the campus bookstore and online via retailers, such as Amazon.com.

Planning, Implementing & Evaluating Health Promotion Programs: A primer (7th ed.). 2017. JF McKenzie, BL Neiger, R Thackeray. Pearson Education, Inc.

The following book would also be a useful resource in this course, but it is not required:

Glanz, K., Rimer, B. K., & Viswanath, K. (2015) Health Behavior and Health Education: Theory, Research, and Practice. 5th Edition. John Wiley & Sons, Inc. San Francisco, CA.

Additional readings: Available on the Blackboard course website. Unless otherwise stated, all readings and reading-related assignments are to be completed prior to the class date under which they are listed. Reading assignments may be subject to minor additions or revisions over the semester.

COURSE REQUIREMENTS:

Your grade for the course reflects a combination of individual and team activities and assignments.

Component A: Individual and Small Group Activities/Assignments

55% of course grade

Class attendance and participation (10%)

This course depends on active engagement by all class members. This is not exclusively a lecture course, and students are expected to attend class ready to participate in both large-group and small-group discussions. Class preparation and participation is evaluated on the basis of class attendance, being on time for class, participating thoughtfully in class discussions and small group exercises, and demonstrating familiarity with assigned readings during class activities. All students are given one excused absence. After this excused absence, points will be deducted from the attendance and participation grade for the course. Note: Missing class due to an internship interview is strongly discouraged.

Professional Development Assignment (15%)

Sometimes, there is a difference between program planning in theory, and how it is done in practice. In addition, some of you may be considering job opportunities in program development and/or health promotion, and it is helpful to start researching organizations who conduct this type of work to see how it is done in practice. For this individual assignment, each student will complete a written paper based on written assignment guidance provided by Dr. Bozlak on January 28th, the first day of class. Papers must be submitted in Blackboard by 1:15 pm on February 18th. Students will also be asked to share what they learned in small groups on February 18th in class.

March 24th Virtual Assignment (10%)

For this assignment, you will view a planning-related webinar and complete a worksheet provided by Dr. Bozlak. Additional information about this assignment will be provided in class by Dr. Bozlak. This is an individual assignment and should be completed alone. This assignment is due in Blackboard no later than Friday, March 27th at 11:59 pm. Please note that this virtual assignment is in place of the March 24th class session. Class will not be held on March 24th due to Dr. Bozlak's required federal meeting.

Final Individual Assessment (20%)

On April 14th, there will be an in-class closed-book assessment in which you will read an article describing an intervention and critique the intervention by providing written answers to questions based on what has been learned in the course. Additional information will be provided by Dr. Bozlak.

Final Team Project (25%)

Your team will fully develop a **proposal for a two-level health promotion intervention** on a public health topic chosen by your group from a list provided by Dr. Bozlak. The final project is due by Monday, May 11th at 11:59 pm in Blackboard. A detailed description of this assignment will be handed out separately.

Semester Team Project Part I (5%)

On March 6th, your team will be asked to submit a written assignment that will present a <u>draft</u> of the needs assessment, problem identification, goals, and objectives of your multilevel intervention. This assignment will be returned to each team with detailed comments. This section of the final project should then be revised and incorporated into the final project due on May 11th.

NOTE: If you would like additional feedback from Dr. Bozlak, you may turn in your draft theory and logic model sections by March 31st for review. This is optional, and it will not count as a grade. Please give Dr. Bozlak ten days to provide feedback on this section.

Group Project Presentations (10%)

On Tuesday, April 28thand Monday, May 5th, teams will present their intervention proposal. Grades for the presentation will be based on the overall presentation and your team's responses to questions. Dr. Bozlak will provide the reviewers' feedback to each group after the presentation. Each team is expected to review the feedback and make changes to the final paper, as appropriate. Please note that representatives from our community partner organization will be invited to attend these presentations.

Peer Evaluations (5%)

Peer evaluations are an essential component of group work. This component of your grade will be based on evaluations completed by you and your other team members related to how you contributed to your team members' learning and overall team performance. You will also be required to complete an evaluation of the other members of your team. Peer evaluations must be turned in on time (no later than 11:59 pm on May 12th) or the submitter will receive a deduction on this required assignment. Additional instructions and tools for completing this component will be distributed separately.

GRADING:

Course Average	Final Grade
94-100	Α
90-93	A-
87-89	B+
83-86	В
80-82	B-
77-79	C+
73-76	С
<73	E

CLASS POLICIES:

Attendance Policy: All students are expected to attend class, participate in class discussions, and complete the required readings. Class absences must be justified ahead of time. All students are given one excused absence. In addition, missing class due to internship interviews is strongly discouraged. Due to the significant group project in this course and the course material, it is essential that students attend each class session.

Late Assignment Policy: All assignments are to be handed in on time. A minimum of 5% per day will be deducted for late papers/assignments. A deduction will also be taken if the assignment is handed in on the due-date but after the deadline.

UNIVERSITY POLICIES:

Academic Integrity: Academic dishonesty, such as plagiarism or unauthorized collaboration on any assignment, may result in a fail grade for that assignment, and could result in a fail grade for the class. The policies and procedures regarding Standards of Academic Integrity were revised by action of the University Senate as of Fall 2013. See full text in the <u>Graduate Bulletin</u>. Also, an excellent guide to plagiarism (including a self-test) is available <u>here</u>. You will be expected to review these materials before the second class.

"Every student has the responsibility to become familiar with the standards of academic integrity at the University. Faculty members must specify in their syllabi information about academic integrity, and may refer students to this policy for more information.

Nonetheless, student claims of ignorance, unintentional error, or personal or academic pressures cannot be excuses for violation of academic integrity. Students are responsible for familiarizing themselves with the standards and behaving accordingly, and UAlbany faculty are responsible for teaching, modeling and upholding them. Anything less undermines the worth and value of our intellectual work, and the reputation and credibility of the University at Albany degree." (University's Standards of Academic Integrity Policy, Fall 2013)

Reasonable Accommodations: Any student in this course who has a disability that may prevent him/her from fully demonstrating his/her abilities should contact me during the first week of class, if possible, to discuss accommodations necessary to ensure full participation and facilitate your educational experience.

Reasonable accommodations will be provided for students with documented physical, sensory, systemic, cognitive, learning and psychiatric disabilities. If you believe you have a disability requiring accommodation in this class, please notify the Director of the Disability Resource Center (Campus Center 130, 518-442-5490, DRC@albany.edu). That office will provide the course instructor with verification of your disability and will recommend appropriate accommodations.

Mental Health

As a student there may be times when personal stressors interfere with your academic performance and/or negatively impact your daily life. The University at Albany Counseling and Psychological Services (CAPS) provides free, confidential services including individual and group psychological counseling and evaluation for emotional, social and academic concerns. Students may consult with CAPS staff by telephone, email or in person regarding issues that impact them or someone they care about. CAPS is located in Suite 104 at 400 Patroon Creek Blvd near the UAlbany uptown campus. For questions or to make an appointment, call (518) 442-5800. Email consultation@albany.edu, or visit www.albany.edu/caps/ for hours of operation, directions, and additional information.

If your life or someone else's life is in danger, please call 911. If you are in a crisis and need help right away, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Students dealing with heightened feelings of sadness or hopelessness, increased anxiety, or thoughts of suicide may also text "GOT5" to 741741 (Crisis Text Line).

Title IX Reporting

The SUNY-wide Sexual Violence Prevention and Response Policies prohibit offenses defined as sexual harassment, sexual assault, intimate partner violence (dating or domestic violence), sexual exploitation, and stalking. The SUNY-wide Sexual Violence Prevention and Response Policies apply to the entire University at Albany community, including students, faculty, and staff of all gender identities. The University at Albany provides a variety of resources for support and advocacy to assist individuals who have experienced sexual offenses.

Confidential support and guidance can be found through the Counseling Center (518-442-5800, https://www.albany.edu/counseling_center/), the University Health Center (518-442-5454, https://www.albany.edu/health_center/), and the Interfaith Center (518-489-8573, https://www.albany.edu/spirituality/onCampus.shtml). Individuals at these locations will not report crimes to law enforcement or university officials without permission, except for in extreme circumstances, such as a health and/or safety emergency. Additionally, the Advocates at the University at Albany's Advocacy Center for Sexual Violence are available to assist students without sharing information that could identify them (518-442-CARE, https://www.albany.edu/advocacycenter/).

Sexual offenses can be reported non-confidentially to the Title IX Coordinator within The Office for Equity and Compliance (518-442-3800, https://www.albany.edu/equity-compliance/, Building 25, Room 117) and/or the University Police Department (518-442-3131, http://police.albany.edu/).

Please note, faculty members are considered "responsible employees" at the University at Albany, meaning that they are required to report all known relevant details about a complaint of sexual violence to the University's Title IX Coordinator, including names of anyone involved or present, date, time, and location. In case of an emergency, please call 911.

COURSE SCHEDULE AND READING LIST: Notes: We will do our best to keep on the following schedule. However, due to the nature of the course and the material, some topics may continue to the following week. Coursework is due before class in Blackboard unless otherwise indicated.

Session # and Date	Topics	Readings	Coursework Due
#1 January 28 th	 Overview of course History and foundations of program planning Introduction of individual P.D. assignment 	McKenzie Chapter 1: Health Education, Health Promotion, Health Education Specialists, and Program Planning Chapter 2: Starting the Planning Process	
#2 February 4 th	 Models for program planning in health promotion Needs assessment Course project introduction; Group time 	 McKenzie Chapter 3: Program Planning Models in Health Promotion Chapter 4: Assessing Needs To be discussed on 2/11, but it would be good to read ahead: Health Program Planning and Evaluation: A Practical, Systematic Approach for Community Health (3rd Edition). 2013. L.M. Issel. Jones & Bartlett Publishers. Chapter 5: Characterizing and Defining the Health Problem, 141-175. 	
#3 February 11 th	 Problem identification and definition Community building and involvement Begin, Goals, objectives and setting priorities Group Time 	 McKenzie Chapter 9: Community Organizing and Community Building Chapter 5: Measurement, Measures, Measurement Instruments, and Sampling (strongly recommended) Chapter 6: Mission Statement, Goals, and Objectives Frieden, T.R. (2010). A framework for public health action: The Health Impact Pyramid. AJPH, 100(4), 590-595. Make sure to have read: Health Program Planning and Evaluation: A Practical, Systematic Approach for Community Health (3rd Edition). 2013. L.M. Issel. Jones & Bartlett Publishers. Chapter 5: Characterizing and Defining the Health Problem, 141-175. CDC SMART objectives document 	Topic selection for final projects – Submit to Dr. Bozlak no later than 12 pm on 2/14 via email – all group members should be copied on the email.

#4 February 18 th	- Goals, objectives and setting priorities (continued) - Intervention Design: Program Theory (refresher) - Group Time	 McKenzie Make sure to have read Chapter 6 Chapter 7: Theories and Models Commonly Used for Health Promotion Interventions Strongly encouraged: Bartholomew et. al. (2011). Planning Health Promotion Programs (3rd edition). Chapters 2 & 3. Holt, C., et. al. (2009). Development of a spiritually based educational intervention to increase informed decision-making for prostrate cancer screening among church-attending African American men. Journal of Health Communication, 14(6), 590-604. Additional resource: National Cancer Institute. (2005). Theory at a Glance: A Guide for Health Promotion Practice 	Individual Professional Development Assignment due in Blackboard by 1:15 pm; Be prepared to briefly discuss this assignment in small groups.
#5	Guest Presenter: Cassie Diorio, MPH,	McKenzie	
February 25 th	CHES, CLC, Community Advocate, Community Engagement, CDPHP®	☐ Chapter 8: Interventions	
l cordary 25	Topic: CDPHP Health Promotion Initiatives	□ Chapter 12: Implementation: Strategies and Associated Concerns (pages 319-323)	
	- Intervention Design: Logic Models - Begin: Intervention strategies and	Page, M., Parker, S.H., Renger, R. (2009). How using a logic model refined our program to ensure success. <i>Health Promotion Practice</i> , 10(1), 76-82.	
	activities - Evidence-based programs	McCawley, PF. (n.d.) The logic model for program planning and evaluation. University of Idaho Extension. Document.	
		Brownson, R.C., Fielding, J.E., Maylahn, C.M. (2009). Evidence-based public health: A fundamental concept for public health practice. <i>Annu. Rev. Public Health</i> , 30. 175-201.	
		Wight, D, Wimbush, E, Jepson, R, Doi, L. (2016). Six steps in quality intervention development (6SQuID). <i>J Epidemiol Community Health</i> , 70, 520-525.	

March 17 th		Spring Break – No Class	
		implementation of a community, school, and family-based intervention to modify behaviors related to childhood obesity. BMC Public Health, 8:223.	
March 10 th	- Group Project Time – focus on intervention design	environmental change. Journal of Community Health, 37(5): 1081-1090. Eisenmann, J.C., et. al., (2008). SWITCH: Rationale, design, and	
#7	- Intervention Design, Continued – Focus on multi-level interventions	Burnell, et. al. (2012). Fifty Communities Putting Prevention to Work: Accelerating chronic disease prevention through policy, systems, and	
		35. Bergman, et. al. (2014). Stepping up to the challenge: The development, implementation, and assessment of a statewide, regional, leadership program for school nutrition directors. <i>Health Promotion Practice</i> , doi: 10.1177/1524839914530399.	member must submit on behalf of the group.)
	- Group Time	Card, J.J., Solomon, J., Cunningham, S.D. (2011). How to adapt effective programs for use in new contexts. <i>Health Promotion Practice</i> , 12(1), 25-	This assignment may be submitted prior to this date. Only one group
	 Intervention Design: Strategies continued Intervention setting, planning activities Group Time 	through Online Video, Health Communication, DOI: 10.1080/10410236.2018.1564956 Intervene One-pager	the following sections: Needs Assessment and Problem Identification, Goals & Objectives. (Note:
#6 March 3 rd	- Guest Presenter: Laura Santacrose, MPH, Assistant Director, Skorton Center for Health Initiatives, Cornell Health, Topic: Intervene	McKenzie Chapter 8: Interventions (continued) Laura B. Santacrose, Anne C. Laurita & Timothy C. Marchell (2019): Intervene: Modeling Pro-Social Bystander Behavior in College Students	for Final Project due to Dr. Bozlak by 1:15 pm in Blackboard by March 6th. Part I consists of drafts of
		Additional suggested reading: Ribero, et. al., (2010). Using logic models as iterative tools for planning and evaluating physical activity promotion programs in Curitiba, Brazil. Journal of Physical Activity and Health, 7(Suppl 2), S155-S162.	

#9 March 24 th	No class- Dr. Bozlak at mandatory federal grantee meeting – Virtual assignment due no later than March 27 at 11:59 pm	Virtual Assignment: 727 students: View assigned webinar, complete community organizing strategies assignment, and submit in Blackboard by 11:59 pm on March 27 th . 627 students: View assigned planning webinar and complete the accompanying worksheet. Submit to Dr. Bozlak via Blackboard by 11:59 pm on March 27 th .	The completed worksheet for both groups is due in Blackboard no later than March 27 th at 11:59 pm.
#10 March 31st	- Program adoption and implementation, including timelines	McKenzie Chapter 12: Implementation: Strategies and Associated Concerns Durlak, J.A., DuPre, E.P. (2008). Implementation matters: A review of research on the influence of implementation on program outcomes and the factors affecting implementation. <i>Am J Community Psychology</i> . 41: 327-350. van Nassau, F., Singh, A.S., van Mchelen, W., Paulussen, T.G., Brug, J., Chinapaw, M.J. (2013). Exploring facilitating factors and barriers to the nationwide dissemination of a Dutch school-based obesity prevention program "DOiT": a study protocol. <i>BMC Public Health</i> , 13:1201. Vogl, L.E., et. al. (2012). Developing a school-based drug prevention program to overcome barriers to effective program implementation: The CLIMATE schools: Alcohol module. <i>Open Journal of Preventive Medicine</i> , 2(3):410-422.	Optional: If you would like feedback from Dr. Bozlak on your group's theory and logic model for your project, you may turn it in via Blackboard for her review by March 31st. Note: This is the last day to submit this optional section for her review.
#11 April 7 th	 Resource Allocation, Budgeting, Marketing Group Time 	 McKenzie Chapter 10: Identification and Allocation of Resources Chapter 11: Marketing: Developing Programs That Respond to the Wants and Needs of the Priority Population View webinar (56 minutes) Grantspace. Introduction to Project Budgets. Available at: https://grantspace.org/training/introduction-to-project-budgets/ 	

		View sample budget from Recovery Resources – Grantspace resource. (https://www.grantspace.org) Budget Preparation document. SAMPLE budget justification instructions and sample document Additional Resource:	
		Lairson, D.R., NewMark, G.R., Rakowski, W., Tiro, J.A., Vernon, S.W. (2004). Development costs of a computer-generated tailored intervention. <i>Evaluation and Program Planning</i> , 27, p:161-169. Community Health Improvement Resources.	
#12 April 14 th	- In-class Individual Assessment	No assigned readings this week.	
#13 April 21 st	Program Sustainability & Planning for Evaluation *Guest Presenter: Jackson P. Sekhobo, Ph.D., M.P.A., Director, Evaluation, Research and Surveillance Unit, Division of Nutrition, New York State Department of Health	McKenzie Chapter 13: Evaluation: An Overview Chapter 14: Evaluation Approaches and Designs Sekhobo, J.P., Peck, S.R., Byun, Y., Allsopp, M.A.K., Holbrook, M.K., Edmunds, L.S., Chengzuan, Y. (2017). Use of a mixed-method approach to evaluate the implementation of retention promotion strategies in the New York State WIC program. Evaluation and Program Planning, 63, 7-17. Reid, KS, Sekhobo, JP, Gantner, LA, Holbrook, MK, Allsopp, M, Whalen, LB, Koren-Roth, A. (2018). A mixed-method evaluation of the New York State Eat Well Play Hard Community Projects: Building local capacity for sustainable childhood obesity prevention. Evaluation and Program Planning, 67, 79-88. Saunders, R.B., Evans, M.H., Joshi, P. (2005).Developing a process-evaluation plan for assessing health promotion program implementation: A how-to guide. Health Promotion Practice, 6(2), 134-147.	

		Hanson, H.M., Salmoni, A.W. (2010). Stakeholders' perceptions of programme sustainability: Findings from a community-based fall prevention programme. <i>Public Health</i> . 125, 525-532. Additional resources/Suggested reading: Glasgow, RE, Lichtenstein, E, Marcus, AC. (2003). Why don't we see more translation of health promotion research to practice? Rethinking the efficacy-to-effectiveness transition. <i>American Journal of Public Health</i> , 93(8), 1261-1267. Stevens, B., Peikes, D. (2006). When the funding stops: Do grantees of the local Initiative Funding Partners Program sustain themselves? <i>Evaluation and Program Planning</i> , 29, 153-161. (strongly recommended) Leviton, L.C., Khan, L.K., Rog, D., Dawkins, N., Cotton, D. (2010).	
		Evaluability assessment to improve public health policies, programs, and practices. Annu. Rev. Public Health, 31, p: 213-33.	
#14	- Group Presentations		Each group that is
A :Looth			presenting must submit a
April 28 th			PowerPoint presentation or presentation outline in
			Blackboard by 1:15 pm.
#15	- Group Presentations		Each group that is
			presenting must submit a
May 5 th			PowerPoint presentation
			or presentation outline in
D. d. a. a. d.	Finds an World No. 1		Blackboard by 1:15 pm.
Monday,	- Final Exam Week – No class meeting – GROUP PROJECTS AND PEER		Group proposal due in Blackboard by 11:59 pm
May 11 th & Tuesday,	EVALUATION FORMS DUE THIS WEEK.		on May 11.
May 12th	PLEASE SEE DUE DATES IN LAST COLUMN.		On Ividy 11.
, 12			Peer evaluations due in Blackboard by 11:59 pm on May 12.