

PH 203: Public Health Action: Programs, Policy, and Advocacy

3.0 Credits

Prerequisites: Students must either complete PH 202: Public Health Assessment: Data, Determinants, and Systems in advance of this course, or enroll in both PH 202 and PH 203 concurrently.

Summer 2023
Wednesday 9:00am-12:00pm, MedEd 604
Course Director

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Best way to find me: Wenhui.Feng@tufts.edu
I typically response to emails within 24 hours during workdays. Emails that came during the weekend will be responded by Monday.

Teaching Assistant

N/A

Office Hours

I am always happy to meet with you during my office hours. You can come by on your own, in pairs, or even small groups. Students come to my office hours for all kinds of reasons, including:

- Ask questions or for more information about course material
- Share ideas about projects and assignments
- Get advice about completing assignments
- Talk about other issues related to the class (e.g. “How can I improve participation?”)

- Talk about issues effecting your performance in class (e.g. “My family member is sick and I am stressed out, is there anything we can do about this?” Or “I am juggling work and school and am wondering about advice to make sure I complete the class.”)
- Discuss disability accommodations (make sure you do this early in the semester)
- Ask questions about the program
- Just say hi!

You can come to my office (M&V 127) without an appointment Tuesday 11am-12pm. If you want to see me outside of this time, or setting up a meeting over zoom. You can make an appointment using the link below:

<https://calendly.com/wenhuifeng/30min>

Course Description

This course will introduce concepts, frameworks, and skills for how public health professionals intervene at multiple levels to address critical public health problems of our time, and to improve population health and health equity. This course will build on the foundational health equity content, public health frameworks, systems thinking, and evidence synthesis and assessment skills developed in PH 202: Public Health Assessment. Students will leverage their knowledge of individual behavior, social determinants of health, health care systems, occupational health, and environmental health and apply this content to new situations and contexts. Specifically, students will engage in a variety of active learning scenarios, including case discussions, role plays, simulations, and project development and implementation.

This course will provide a foundational skillset for how to effectively leverage action at multiple levels to make meaningful contributions to improve population health. Students will be introduced to an array of strategies for action and will practice these public health skills throughout the semester, including: working in teams, engaging stakeholders, building coalitions, program planning and design, evaluating policies, health impact assessment, and advocacy. Throughout the class, we will examine how the public health infrastructure functions across multiple levels of government, and the role of evidence, politics, stakeholders, and power in influencing public health action and social change. We will apply our action-at-all-levels skills to three significant public health challenges throughout the semester and students will work in groups to prepare an action-at-all-levels strategy to address a specific public health problem through a semester-long

PH 203: Public Health Action
project.

Other Tufts Courses

This course is a foundational component of the Tufts Public Health core curriculum. If you want to build on the skills introduced in this course, we invite you to explore the following courses.

1. PH 204: Occupational & Environmental Health (Elective)
2. PH 249: Policy Analysis (HSMP)
3. PH 254: Program Planning for Public Health Interventions (PHP)
4. PH 276: Implementation Science: Bridging the Gap Between Knowledge and Practice (PHP)
5. PH 277: U.S. Health Care (HSMP)
6. PH 289: Field Course: Introduction to Building Healthy Neighborhoods and Communities (Elective)

And these additional core courses will further support your development of foundational public health skills:

1. PH 285: Evaluation of Health Programs (Core)
2. PH 301 & PH 302: ALE – Your opportunity to apply these skills in the field! (Core)

Course Learning Objectives

By the end of this course, students will be able to:

- Demonstrate effective problem solving as a member of a team.
- Identify stakeholders to engage in public health action.
- Design an intervention to address a defined public health problem.
- Apply cultural humility in the design of an intervention.
- Explain mechanisms for government action to address a public health problem.
- Assess health policies based on effectiveness, equity, and political feasibility.
- Advocate for specific government actions on a public health issue.
- Communicate effectively in written and oral formats.

Competency Chart and Statement

This is a required core course in the Tufts MPH program. This course delivers foundational public health knowledge required for the MPH degree.

Learning Objective	Sessions Where Learning Objective is Taught
K5. Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc.	Session 5
K6. Explain the critical importance of evidence in advancing public health knowledge.	Session 3 Session 9
K12. Explain an ecological perspective on the connections among human health, animal health, and ecosystem health (e.g., One Health).	Session 7

This course delivers foundational competencies required for the MPH degree. To pass this course, you must successfully complete each competency-based assignment. If you do not get a passing grade on the competency-based assignment, please arrange to meet with me to discuss next steps so we can ensure you attain the competency.

Competency	Sessions Where Competency is Taught	Competency Assessment
C8. Apply awareness of cultural values and practices to the design, implementation, or critique of public health policies or programs.	Session 6	Assignment 2: Letter of Intent
C9. Design a population-based policy, program, project, or intervention.	Session 5	Assignment 2: Letter of Intent
C12. Discuss the policy-making process, including the roles of ethics and evidence.	Session 1 Session 9	Assignment 3: Evidence-Based Policy Analysis
C13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes.	Session 4	Assignment 2: Letter of Intent
C14. Advocate for political, social, or economic policies and programs that will improve health in diverse populations.	Session 11 Session 12	Assignment 4: Legislative Testimony
C15. Evaluate policies for their impact on public health and health equity.	Session 8 Session 9	Assignment 3: Evidence-Based Policy Analysis

C21. Integrate perspectives from other sectors and/or professions to promote and advance population health.	Session 2	Assignment 1: Interprofessional Team Analysis
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Required Textbooks and Materials

There is no textbook for this course. Assigned readings are available on Canvas.

Expectations, Values, and Climate

- I want us to collectively create a supportive, inclusive, and positive learning environment for this course. I look forward to learning from all of you and I expect you to come to class prepared to learn and engage in a respectful and thoughtful way.
- I expect that students arrive to class on time and attend all class sessions. If you will not be able to attend class for any reason, please notify me in advance. Your engagement grade will be impacted by class attendance and engagement.
- All course wide communications will be sent out via Canvas. Make sure your Canvas notifications are enabled so that you get emails when an announcement is distributed.
- Students should complete assigned pre-work and readings prior to class and come ready to engage deeply in the material. In-class time will be more useful if students are ready and willing to participate actively.
- As part of preparation for our weekly live sessions, you are asked to read, watch, or review a variety of materials that describe policy analysis methods, offer examples of policy analysis products, and/or provide background information on the policy content area for that class. These resources have been carefully curated to prepare you for the live session. You will get the most of out of this class if you come to our live session having reviewed all the assigned materials. To help you focus this effort, I have created Reading Guides for each session. These Reading Guides provide a framework for notetaking and offer you insight into why that resource was assigned for that session.

Assignment and Assessment Information

Assignment Title	Group or Individual (G/I)	Due	% of Total Course Grade	Linked to a Competency
Engagement	I	All Sessions	20%	
Interprofessional Team Analysis	I	Session 3	5%	Yes
Action at All Levels: Letter of Intent	I	Session 7	20%	Yes
Action at All Levels: Evidence-Based Policy Analysis	I	Session 10	20%	Yes
Action at All Levels: Legislative Testimony	I	Session 13	15%	Yes
Action at All Levels: Coalition Presentation	G	Session 14	15%	
Team Member Assessment	I	Session 14	5%	
Total			100%	

Assignment Details

ENGAGEMENT (20%)

Simply attending class is not active engagement. It is expected that all students will attend every class session and actively engage in this course. If you need to miss a class, you should notify the instructors prior to that class session. Engagement can take a variety of forms, including asking questions or offering a comment to the full class or small group, and reflecting on class material in written form in class. Active engagement in this course is about more than simply how many times you speak up in class. Part of the learning that happens in graduate school comes from engaging with your peers and challenging your previously held assumptions. As instructors, we also learn from the diverse perspectives of the students in this course. We hope that this course provides an opportunity for you to engage thoughtfully and critically in an inclusive and constructive environment.

RUBRIC

	Exemplary (20)	Proficient (18-19)	Developing (16-17)	Beginning (0-15)
Quality	Comments are consistently responsive to the topic and move the discussion forward and/or offer a	Comments are often responsive to the topic and engage with the course material.	Comments aim to be responsive to the topic, but sometimes take the discussion off course.	Comments are often unrelated or disruptive to the topic, and/or take the conversation off track.

	different perspective.			
Frequency	Comment in the large group sessions several times each week and do not dominate the discussion. Actively participate in small group work.	Comment at least weekly in the large group discussion and do not dominate the discussion. Participate consistently in small group work.	Comment every other week in the large group discussion and/or regularly dominate the discussion. Participate moderately in the small group work.	Comment less than every other week, and/or regularly dominate the discussion. Participate very minimally or not at all in small group discussions.
Critical Thinking	Comments consistently reflect a thoughtful analysis and/or synthesis across readings and discussion.	Comments often provide additional insights drawing on readings and discussion, but not always.	Comments often only summarize or restate readings or discussion materials or are not well-linked to class materials, without offering new insights.	Comments show limited or no engagement with course materials and discussion insights.
Respect	Comments show respect to peers and faculty by appropriately challenging assumptions and demonstrating mutual respect.	Comments reasonably highlight perspectives and assumptions, showing understanding of peer and faculty perspectives.	Comments are occasionally dismissive or disrespectful, showing a lack of awareness for how they may impact others.	Comments are consistently dismissive or disrespectful, showing a lack of mutual understanding and respect.
Presence and Attendance	Video is on at all times throughout the live sessions in both the large group and breakout sessions. Attend all class sessions on time, with no more than one excused absence.	Video is on the majority of the time throughout the live sessions in both the large groups and breakout sessions. Attend all class sessions mostly on time, with no more than two excused absences.	Video is on about half of the time throughout the live sessions, in both the large groups and breakout sessions. Three excused absences, and/or often arriving late to class.	Video is never on in either the large group or breakout sessions. Missing more than three classes and/or not notifying the instructor of two or more absences in advance.

ASSIGNMENT 1: INTERPROFESSIONAL TEAM ANALYSIS (5%)

This assignment will assess the following CEPH competency:

- Integrate perspectives from other sectors and/or professions to promote and advance population health (CEPH, C21).

Due Session 3

Assignment Guidance

Review the power point presentation and the watch the [team work video](#) (14 minutes) of four professionals seeking to work together to solve a public health problem.

Reflect on the video discussion as an example of interprofessional teamwork. Be sure to address the following points:

1. What were the professions represented and how did they describe their expertise as it related to the project? How were they different? Where were the common areas? How did their perspective add value to the project?
2. Identify the extent to which team skills were or were not used to incorporate multiple professional perspectives in addressing the issue under discussion.
3. Reflect on the conflict that emerged. In what ways did different professional perspectives lead to the conflict?
4. If you were at the table, what points would you have wanted to make and what professional lens (or lenses) informs them?

Your response should be approximately 3-4 pages double spaced, 12-point font, with one-inch margins, written clearly, and well organized with appropriate grammar. References to class material related to teamwork are expected throughout the response, but no additional research or resources are needed, and no works cited page is needed at the end.

Please review the rubric when you are preparing your assignment to ensure you are responding robustly to each component of the assignment.

RUBRIC

If any components of this assignment are in the “Beginning” category, remediation will be required to pass this course.

Component	Exemplary (20)	Proficient (18-19)	Developing (16-17)	Beginning (0-15)
Description of Professional Roles and Added Value (C21)	Thoughtful, persuasive, and succinct description of the unique expertise offered by each of the four professionals as well as their added value to the project.	Describes expertise offered by the four professionals and offers useful commentary on the value they add to the project.	Some mention of the diverse expertise and value-added perspective of the four professionals, but either not all four are developed or there is limited depth and discussion.	Limited attention to differences in perspective, expertise, and value offered by these four professionals. Descriptions are superficial, incomplete, or inaccurate.
Identification of Team Skills	Several team skills are identified and explained with thoughtful and specific examples from the video, clearly demonstrating an understanding and application of the identified skills.	Team skills are identified and explained with some reference to examples from the video.	Some team skills are identified, but they are not explained sufficiently, and/or examples linking these skills to the video are not provided.	Team skills are either not identified, or they are explained in a way that is incoherent, inaccurate, or not linked directly to the video and/or scenario.
Reflection on Conflict	Clear, accurate, and thoughtful reflection on the conflict that emerged in the video, with recognition of how different professional perspectives contributed to the conflict.	Reasonable reflection on the conflict that emerged in the video, with some recognition of how different professional perspectives contributed to the conflict.	Some reflection on the conflict, but limited integration of the role of different professional perspectives in contributing to that conflict.	The conflict from the video was either not identified accurately, or there was little reflection on how it came about. Limited to no discussion of how different professional perspectives contributed to the conflict.

Component	Exemplary (20)	Proficient (18-19)	Developing (16-17)	Beginning (0-15)
Integration of perspectives from other sectors and professions (C21)	Detailed, thoughtful, and nuanced discussion of how you would have contributed to the conversation with a discussion of how your perspective is informed by your public health training, as well as how it relates to other professionals' and/or sectors' perspectives.	Thoughtful reflection of how you would have contributed to the conversation, with insights on how your view may be informed by the public health profession as well as other professionals and or sectors represented in this scenario.	Some suggestions offered for how you would contribute to the conversation, with limited reflection on this perspective as informed by public health and/or other professionals and/or sectors.	Few or no suggestions for how you would contribute to this conversation, and limited reflection on how these suggestions would be grounded in a particular profession's and/or sector's perspective.
Writing and Organization	Writing is free from errors, flows seamlessly, and class materials related to teamwork are referenced.	Writing is mostly error free, and mostly flows well, with very few typos. Relevant class material is cited with only minimal recommendations for improvement.	Writing needs further development. This may include awkward phrases, long sentences, unclear arguments, typos, or other errors. AND/OR class material is cited inadequately or incorrectly throughout.	Writing is hard to follow, making it difficult to understand the arguments presented. There are many typos, awkward phrases, and run-on or fragmented sentences. AND/OR class material is not cited at all or completely inadequate or inaccurate.

MULTIPART ASSIGNMENT: ACTION AT ALL LEVELS

Action at All Levels: Major public health problems are too large and complex to be effectively addressed by any one individual or organization. To effect change, we need to foster community action, engage stakeholders, and build coalitions to strategize for change together. At the same time, critical aspects of coalition efforts are the combination of individual and organizational initiatives moved forward by all members of the coalition. To be successful, change efforts must target multiple levels for action and employ varied strategies, including program design and implementation within organizations or communities; policy development and analysis at the local, state, federal, and even international levels; and advocacy for specific policies as well as broader social change.

Identify a Public Health Challenge: Throughout this semester, you will choose a public health challenge that you are interested in addressing alongside your colleagues. You will be in a group of 4-5 students, all with a shared interest in addressing a specific public health problem. When thinking about your topic, we want you to be attentive to dimensions of the problem related to equity and social justice, as well the social, political, and historical contexts that have shaped the problem, and ultimately actions to address the problem.

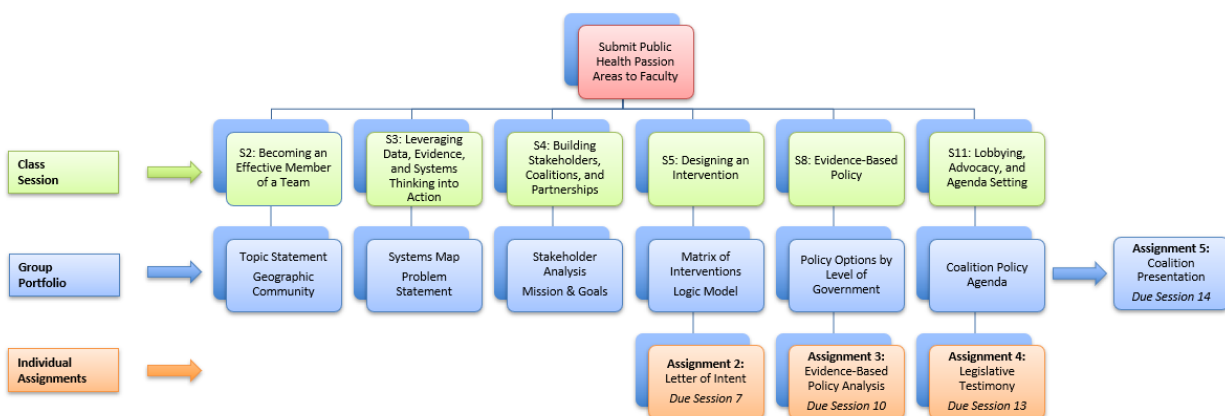
Skill Building: You will learn to work together as a team, build a diverse coalition, design an intervention, identify and evaluate evidence-based policies, prepare written testimony to advocate for those policy changes, and share the work of your coalition with other members of the class. The goal of these tasks will be to address your problem as you have defined it and develop action-oriented strategies that target different levers for change. We have set aside dedicated class time for learning these skills and building the work of your coalition.

Build on Prior Knowledge: Building on the foundational knowledge you have built in PH 202: Public Health Assessment, the strategies that you develop should relate to the broad array of focus areas in the field of public health, including the social determinants of health, individual behavior and agency, occupational health, environmental health, the health care system, and other dimensions of the public health. You should also leverage your foundational skills of synthesizing data to craft a problem and using systems thinking tools to illuminate multiple complex causes of public health problems.

The Deliverables: This project will require individual deliverables that you turn in for a grade. These individual assignments are described in this

syllabus and on Canvas. You will also produce materials as a team as part of your Group Portfolio. As you move throughout this project, you will upload each Group Portfolio deliverable on Canvas. The Group Portfolio deliverables are not graded individually. Each Group Portfolio element is noted throughout the class sessions and will inform your final group presentations on the last day of class, when you will share how you and the members of your team developed strategies to act at all levels to address your chosen public health problem. In addition, in the last class, you will assess each coalition member’s performance as a member of your team.

Action at All Levels Assignments Relationship Between Class Sessions, Group Portfolio, and Individual Assignments



ASSIGNMENT 2: ACTION AT ALL LEVELS: LETTER OF INTENT (20%)

This assignment will assess the following CEPH competencies:

1. Apply awareness of cultural values and practices to the design, implementation, or critique of public health policies or programs (CEPH, C8).
2. Design a population-based policy, program, project, or intervention (CEPH C9).
3. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes (CEPH C13).

Due Session 7

Assignment Guidance

Students will choose an aspect of their coalition's public health problem and develop a public health intervention from the perspective of an organization that seeks to address this problem (likely a member of your coalition!). Students will design their intervention as though they are applying for grant funding from a private foundation through a Letter of Intent.

To give you a taste of the real world, we have created this assignment to reflect actual funding opportunities. We have loosely modeled this Letter of Intent on a request for proposals by the [Blue Cross Blue Shield Foundation of Louisiana](#).

While no budget is required for this assignment, the proposed intervention should be designed to be completed in one year with a proposed budget of no more than \$50,000.

The Letter of Intent should be typed in black, 12-point Arial font. The narrative, including the section headings below, should be no more than three to four pages with double spacing and one-inch margins on the top, bottom, and sides of the page. The logic model and references do not count toward the page limit. Citations should be in APA or AMA format.

The Letter of Intent should include:

Title: Title of the proposed intervention

Name of Applicant Organization: Name the primary organization that is applying for this grant.

Summary of Proposed Intervention: Provide a succinct summary of the proposed intervention. (This often serves as a short form description of funded proposals on a foundation website).

Key Stakeholders and Partners: Name the key stakeholders and partners and the role that they will play in the intervention. Describe how you will engage each partner and how their participation will contribute to the success of the intervention.

Statement of Need: Briefly describe the specific public health problem that this intervention will address.

Target Population and Setting: Clearly define the target population for the intervention and the setting and/or community in which the intervention will take place. Describe how this proposed intervention will impact populations most impacted by this public health issue.

Intervention Strategy: Describe the aims of the intervention. Building on the stated aims, describe the design of the proposed intervention, where the intervention fits in the health impact pyramid, how the intervention relates to the health behavior/health promotion of the target population, and the theory of change guiding the intervention.

Equity and Cultural Humility: Explain how the proposed intervention addresses issues of health equity, how you will incorporate cultural values and practices in the design of the intervention, and how cultural humility can inform equitable implementation of this intervention.

APPENDIX

Logic Model: Use the logic model template to provide a summary of the inputs (resources), activities, outputs (deliverables), short, medium, and long-term outcomes (goals).

Works Cited: Include all references cited throughout the narrative. Both internal and works cited page should be formatted using APA or AMA.

Please review the rubric when you are preparing your assignment to ensure you are responding robustly to each component of the assignment.

RUBRIC

If any components of this assignment are in the “Beginning” category, remediation will be required to pass this course.

Component	Exemplary (10)	Proficient (9)	Developing (8)	Beginning (0-7)
Title and Organization. Title of the proposed intervention. Name the primary organization that is applying for this grant.	Proposal title and applicant organization are appropriate to the intervention and reflect thoughtful strategic placement within an organization.	Proposal title and applicant organization place the intervention within an organization but are not as obviously appropriate to the intervention.	Proposal title and applicant organization place the intervention within an organization but are incomplete or ambiguous.	Missing proposal title and/or name of applicant organization.
Summary of Proposed Intervention. Provide a succinct summary of the proposed intervention. (This often serves as a short form description of funded proposals on a foundation website).	Section provides a succinct, cohesive overview of the intervention that aligns well with the overall proposal narrative.	Section provides a reasonable overview of the intervention and aligns mostly with the overall proposal narrative.	Section provides incomplete or vague overview of the intervention and does not clearly summarize the proposal narrative.	Section is too vague or incomplete to understand the intervention and/or is not aligned at all with the proposal narrative.
Key Stakeholders and Partners. Name the key stakeholders and partners and the role that they will play in the intervention. Describe how you will engage each partner and how their participation will contribute to the success of the intervention. (C13)	Named partners are complete and relevant with descriptive roles defined. There is a clear and persuasive justification for how their participation is relevant to the problem and the intervention with thoughtful explanation of strategies for how you will engage them in this initiative.	Adequate list of partners with roles defined but some key partners are lacking and/or the roles are less well-defined. There is a reasonable justification for why their engagement is important with reasonable strategies for how you will engage them in this initiative.	Incomplete list of key partners and/or poorly defined roles. Underdeveloped and/or superficial explanation for why their engagement is important with some strategies for how you will initiate their engagement.	Missing key partners and/or lack of defined roles. Lack of justification for why their engagement is important. Lack of detailed strategies for how you will engage them in your initiative.

Component	Exemplary (10)	Proficient (9)	Developing (8)	Beginning (0-7)
Statement of Need. Briefly describe the specific public health problem that this intervention will address.	The statement of need is clear, with robust data to define the scope, magnitude, and importance of the public health problem. The evidence incorporated is compelling and convincing, making it clear that the need is significant and should be addressed.	The statement of need is clear, and some reasonable data are included to support the existence of the problem. The evidence is reasonably persuasive that something should be done to address this problem.	There is a statement of need, but the details are unclear and/or vague. The data used to support the problem are incomplete or unclear. The statement of need only moderately conveys that this problem is significant.	The statement of need is vague or underdeveloped. Relevant data to support the need are lacking, outdated, or poorly aligned with the statement of need. The evidence presented does little to convince the reader this is a significant problem worth addressing.
Target Population and Setting. Clearly define the target population for the intervention and the setting and/or community in which the intervention will take place. Describe how this proposed intervention will impact populations most impacted by this public health issue.	Description of the intervention's target population, community, and the setting(s) are clearly defined, specific, and appropriate to the problem and proposed intervention.	Description of the intervention's target population, community, and the setting(s) are defined and relevant to the problem and intervention but lacking in specificity.	Description of the intervention's target population, community, and the setting(s) are not well defined and/or lack clear relevance to the problem and proposed intervention.	Description of the intervention's target population, community, and the setting(s) are missing and/or too vague to understand the reach of the proposed intervention.

Component	Exemplary (10)	Proficient (9)	Developing (8)	Beginning (0-7)
<p>Intervention Strategy. Describe the aims of the intervention. Building on the stated aims, describe the design of the proposed intervention, where the intervention fits in the health impact pyramid, how the intervention relates to the health behavior/health promotion of the target population, and the theory of change guiding the intervention. (C9)</p>	<p>Intervention aims are clear with relevant and appropriate outcomes based on the intervention. Section includes a clear, thorough, and succinct description of the intervention, the guiding theory of change, and appropriate key activities or strategies to reach intervention aims. Clear, concise description of where intervention fits on the health impact pyramid.</p>	<p>Intervention aims are relevant and appropriate based on the intervention but could be more specific and detailed as related to intervention outcomes. Section includes an adequate description of the intervention, some information on the guiding theory of change, and some mention of key activities related to intervention aims. However, some of these components lack sufficient detail or clarity. Reasonable description of where the intervention fits on health impact pyramid.</p>	<p>Intervention aims are unclear, not relevant based on intervention overview, or not well linked to appropriate outcomes. Section includes an incomplete or vague description of the intervention, and presentation of the guiding theory of change is underdeveloped. There is some mention of key activities or strategies, but the relationship to the intervention aims are not well developed. Vague or incomplete description of where the intervention fits on the health impact pyramid.</p>	<p>Intervention aims are too vague or unclear to understand the expected outcomes. Description of the intervention, the theory of change guiding the intervention, and key activities or strategies are missing, inaccurate, or too vague to be understood. Vague, inaccurate, or missing description of where the intervention fits on the health impact pyramid.</p>
<p>Equity and Cultural Humility. Explain how the proposed intervention addresses issues of health equity, how you will incorporate cultural values and practices in the design of the intervention, and how cultural humility can inform equitable implementation of this intervention. (C8)</p>	<p>Section explicitly, appropriately, and thoughtfully discusses how the intervention addresses health equity, and how cultural values inform equitable implementation.</p>	<p>Section discusses how the intervention addresses health equity, and how cultural values inform equitable implementation but lacks specificity and/or thoroughness.</p>	<p>Discussion of how the intervention addresses health equity, and how cultural values inform equitable implementation is incomplete or not well matched to the intervention.</p>	<p>Discussion of how the intervention addresses health equity, and how cultural values inform equitable implementation is missing or too vague.</p>

Component	Exemplary (10)	Proficient (9)	Developing (8)	Beginning (0-7)
<p>Logic Model. Use the logic model template to provide a summary of the inputs (resources), activities, outputs (deliverables), short, medium, and long-term outcomes (goals). (C9)</p>	<p>Logic model clearly and effectively presents the theory of change for the intervention. The visual is clean, compelling and appropriately summarizes the inputs, activities, outputs, short, medium, and long-term outcomes.</p>	<p>Logic model is unclear and/or does not effectively present the theory of change for the intervention. The visual includes all components of inputs, activities, outputs, short, medium, and long-term outcomes, with some opportunities for refinement.</p>	<p>Logic model is underdeveloped and unclear and/or does not clearly present the theory of change for the intervention. The visual does not appropriately summarize the inputs, activities, outputs, short, medium, and long-term outcomes and/or uses the terms inaccurately.</p>	<p>Logic model is hard to follow, the theory of change for the intervention is too vague or unclear. The visual does not accurately apply the inputs, activities, outputs, short, medium, and long-term outcomes to the intervention.</p>
<p>Writing Style and Organization</p>	<p>Writing and tone are professional and well suited to public health funders. Text is free from errors and flows seamlessly. The organization is exceptionally clear, focused, and well-structured with smooth transitions, clear headers, and topic sentences.</p>	<p>Tone is reasonable for public health funders. Writing is mostly error free, and mostly flows well, with very few typos. The organization is adequate with good headers.</p>	<p>Writing needs further development and is not well aligned with external funder audience. Organization is unclear. This may include awkward phrases, long sentences, unclear arguments, typos, or other errors.</p>	<p>Writing is unprofessional and/or hard to follow, making it difficult to understand the arguments presented. There are many typos, awkward phrases, and run-on or fragmented sentences.</p>
<p>Works Cited. Include all references cited throughout the narrative. Both internal and works cited page should be formatted using APA or AMA.</p>	<p>Source material is cited appropriately using APA or AMA both internally throughout the text and at the end of the paper.</p>	<p>Source material is cited with either APA or AMA with only minimal recommendations for improvement both throughout the text and at the end of the paper.</p>	<p>Source material is cited inadequately or incorrectly throughout and/or lacks a clear and consistent citation style.</p>	<p>Source material is not cited at all or completely inadequate.</p>

ASSIGNMENT 3: ACTION AT ALL LEVELS: EVIDENCE-BASED POLICY ANALYSIS (20%)

This assignment will assess the following CEPH competencies:

- Discuss the policy-making process, including the roles of ethics and evidence (CEPH, C12).
- Evaluate policies for their impact on public health and health equity (CEPH, C15).

Due Session 10

Assignment Guidance

In Session 8, your coalitions brainstormed a set of Policy Options by Level of Government that could address your public health problem and be the focus of a policy agenda for your coalition. Now, your job as a member of that coalition is to choose one of these policies (whichever you would like!) and learn more about it. Specifically, you want to gather information on your policy that can help inform policymakers whether this would be a good policy to adopt and why. There are two parts to this assignment (1) Describe the Policy and (2) Analyze the Policy.

Part 1: Describe the Policy

In about one page, describe your policy and answer the following questions about your policy. These details should go beyond what you came up with as a coalition and describe in detail what the policy is and how it would work.

- What is the policy? Briefly describe the policy.
- What are the objectives of this policy? What aspect of your public health problem is this policy trying to address? (Think back to your systems map). What is the policy trying to accomplish?
- How would the policy work? Briefly describe the logic of the policy. (Think of this as similar to a logic model for a program or intervention but without the formal categorization of inputs, activities, etc.) You have a clear objective that this policy is trying to achieve. How would the policy as you have described it work to achieve the objective? What would it do specifically?
- Level of government and mechanism? Would the policy be implemented at the local, state, or federal level? Explain why you chose that level of government. What are the advantages and disadvantages of implementing your chosen policy at this level of

government? If at the state or federal level, would you envision the policy enacted by legislation (i.e., Congress) or via regulation (i.e., Executive Branch)? Why?

Part 2: Analyze the Policy

Now, your job is to present an analysis of this policy to inform a policymaker whether they should support this policy. How would you expect this policy to perform based on effectiveness, equity, and political feasibility? Draw on the definitions for these three criteria in the Policy Analysis 101 pre-recorded lecture and your group work during Session 8. Incorporate and cite evidence to make your case. Your analysis should be presented in narrative form with clear headers.

Criteria	Questions
<p>Effectiveness</p> <p>How well would the policy achieve your stated objective?</p>	<ul style="list-style-type: none"> • Based on best available evidence, how well will the policy achieve the objective and address the problem as you have defined it? • How would you quantify the impact of this policy? (e.g., will it reduce the problem by 50%? 10%? Reduce the number of people impacted by this problem?) • When will it address the problem? Consider short-term vs. long-term impacts.
<p>Equity</p> <p>To what extent would the policy have a disproportionate impact on different groups?</p>	<ul style="list-style-type: none"> • What population(s) will benefit? Why? How much? • Would you expect some populations to benefit more than others? Why or why not? Is this by design or unintended? • What population(s) might be negatively impacted? Why? • How could these unintended and/or negative impacts be mitigated?
<p>Political Feasibility</p> <p>Given what you know about the policymaking process, how likely is it that this policy can be passed in the current political climate?</p>	<ul style="list-style-type: none"> • What current political forces may influence the likelihood of this policy being passed? • Which stakeholders would you expect to support this policy? • Which stakeholders would you expect to oppose this policy? How does their relative power influence political feasibility? • How effective do you think your evidence will be in influencing relevant stakeholders and policymakers?

The final paper should be typed in black, 12-point Arial font. The narrative should be approximately three pages with double spacing and one-inch margins on the top, bottom, and sides of the page. We recommend about one page for your description of the policy (Part 1), and about two pages for your analysis of the policy (Part 2). The references do not count toward the page limit. Citations should be in APA or AMA format.

Please review the rubric when you are preparing your assignment to ensure you are responding robustly to each component of the assignment.

RUBRIC

If any components of this assignment are in the “Beginning” category, remediation will be required to pass this course.

Component	Exemplary (20)	Proficient (18-19)	Developing (16-17)	Beginning (0-15)
Policy Description, Objective, and Logic	Policy is clearly and robustly described. Policy objective is clear, detailed, and reflects thoughtful strategic placement based on systems thinking. Explanation for how the policy would work is clear, detailed, and well aligned with policy objectives.	Policy is clearly described with key components noted. Policy objective is clearly stated and reflects some insights based on systems thinking. Explanation for how the policy would work is clear and makes sense with the policy objectives.	Policy description is incomplete or vague. Policy objectives are ambiguous and/or not clearly aligned with the policy description. Explanation for how the policy would work is unclear or superficial.	Policy description, objective, and/or explanation for how the policy would work are missing or too vague or incomplete to understand what the policy is or how it would work.
Level of Government and Policy Mechanism (i.e., legislative or regulatory) (C12)	Level of government is identified, explained, and well-aligned with government policy structures in U.S. Advantages and disadvantages are discussed fully and are compelling and robust. Policy mechanism is described clearly and robustly justified.	Level of government is stated and makes sense with U.S. government policy structures. Advantages and disadvantages are presented and reasonably persuasive. Policy mechanism is described.	Level of government does not make sense within U.S. government structures and/or advantages and disadvantages are lacking in clarity or accuracy. Policy mechanism is vaguely described and/or unclear.	Level of government is not identified, and/or its advantages and disadvantages are missing or incoherent. Policy mechanism is missing or inaccurate.

Component	Exemplary (20)	Proficient (18-19)	Developing (16-17)	Beginning (0-15)
Effectiveness (C15)	Section includes thoughtful details on how the policy would address the stated objective as it relates to the public health problem. Analysis is clear and robust with some form of quantitative assessment of how much of an impact the policy would have on the stated objective. This expected impact is thoughtfully quantified, evidence-based, detailed, and robust. An explanation for when the policy would address the problem is described and clear.	Section includes details on how the policy would address the stated objective with some broader insights into the overall public health problem. There is some quantifiable estimate for how much the policy would impact the problem, based on relevant and reasonable evidence. An explanation of when the policy would be expected to address the problem is included.	Section mentions how the policy would address the stated objective or some aspect of the public health problem but lacks specificity or details. The expected impact of the policy on the problem is not adequately supported by evidence or numbers describing impact. There is a lack of detail on when the policy would address the problem.	Section lacks details and clarity on how the policy would address the stated objectives and/or public health problem. There is little attention to numbers or evidence describing the expected impact of the policy on the problem. Detail on when the policy would address the problem is missing or unclear.
Equity (C15)	Section includes a clear, thorough, and succinct description of equity considerations, including attention to potential differential impact of the policy on specific populations. Unintended consequences related to equity are described thoughtfully and clearly. Insightful suggestions are provided for how the policy could be modified to address potential equity issues.	Section includes a description of equity considerations, including some details on the potential disproportionate impact of the policy on specific populations. Unintended consequences as they relate to equity are mentioned and align with the policy presented, with some attention to mitigation strategies.	Section includes an incomplete or vague description of equity considerations. Description of implications of the policy for specific populations are lacking in detail, accuracy, or clarity. Unintended consequences as they relate to equity are not fully developed or are incomplete with little to no attention to strategies to address equity considerations.	Equity considerations are missing, inaccurate, or too vague to be understood. There is a lack of attention to the potential disproportionate impact of the policy on specific populations and/or detail on unintended consequences are missing, incomplete, or misguided.

Component	Exemplary (20)	Proficient (18-19)	Developing (16-17)	Beginning (0-15)
Political Feasibility (C12)	Section explicitly and thoughtfully discusses the political feasibility of the policy. Stakeholders for and against policy are discussed with relevant detail. There is a robust discussion of how existing evidence may inform political feasibility.	Section reasonably discusses the political feasibility of the policy. Stakeholders for and against policy are included and justified. There is some detail on how evidence may inform political feasibility.	Section lacks detail on political feasibility of the policy and/or the discussion is not well matched to the policy. There are vague or incomplete description of stakeholder positions and little attention to the role of evidence to inform political feasibility.	Section lacks attention to political feasibility, and stakeholders' positions are missing or misguided. Connection of evidence to political feasibility is missing or too vague to be informative.

ASSIGNMENT 4: ACTION AT ALL LEVELS: LEGISLATIVE TESTIMONY (15%)

This assignment will assess the following CEPH competency:

- Advocate for political, social, or economic policies and programs that will improve health in diverse populations (CEPH, C14).

Due Session 13

Assignment Guidance

This is amazing. The hard work of your coalition is paying off. There is growing support for your policy ideas, and a bill/proposal has been put forth by a representative of your local, state, and/or federal government (depending on the targeted level of government action by your coalition!). There is a public hearing next week related to your coalition's policy agenda. Your coalition is mobilizing to get members to testify in support of your policy agenda.

Expectations

- Prepare a written testimony from the position of a specific organization and professional role that is a member of your coalition. Make sure to state your organization and role and present appropriate background information to establish credibility. Your written testimony should be between 400 and 500 words.
- You can choose how you want to frame the policy proposal being considered, depending on your coalition's policy agenda. In other words, each group member may frame your advocacy argument slightly differently. Feel free to take some liberties with this as you desire.
- Clearly state your position on the policy proposal and use your professional organization or role to inform that stated position and selected evidence.
- Use advocacy framing techniques discussed in Sessions 11 and 12.
- Draw on diverse, appropriate, and persuasive forms of evidence to make your case.

- Submit the written testimony to Canvas.

We encourage you to review these resources for additional tips for preparing testimony (note, some of these are also about preparing to give oral testimony):

- Center for Lobbying in the Public Interest, [Presenting Testimony](#).
- Connecticut Health Foundation, [5 Tips for Testifying at a Public Hearing](#)
- Community Associations Institute, [Advocate’s Guide to Written and Oral Testimony](#)

Please review the rubric when you are preparing your assignment to ensure you are responding robustly to each component of the assignment.

RUBRIC

If any components of this assignment are in the “Beginning” category, remediation will be required to pass this course.

Component	Exemplary (20)	Proficient (18-19)	Developing (16-17)	Beginning (0-15)
Clear Policy Proposal and Recommendation (C14)	Policy proposal you are testifying about is explained clearly and succinctly. Position you are advocating for in the policy proposal is clear from the start, well supported throughout the narrative, and persuasive.	Policy proposal you are testifying about is stated. Position you are advocating for in the policy proposal is stated and supported reasonably well throughout the narrative.	Policy proposal you are testifying about is stated, but vague or incomplete. Position you are advocating for in the policy proposal is included but lacks robust support throughout the narrative.	Policy proposal you are testifying about is not clear, incomplete, or hard to interpret. Position you are advocating for in the policy proposal lacks clarity, relevance, and/or is poorly supported throughout the narrative.

Component	Exemplary (20)	Proficient (18-19)	Developing (16-17)	Beginning (0-15)
Effective Use of Framing	Distinct framing techniques are thoughtfully and effectively threaded throughout the testimony, resulting in a clear and persuasive argument and effective communication strategies targeted to policymakers.	Some framing techniques are used in the testimony, resulting in a reasonably effective and convincing communication targeted to policymakers.	Minimal or fragmented framing techniques are used in the testimony, resulting in an acceptable but lackluster communication to policymakers.	Poor framing techniques are used in the testimony, resulting in an ineffective or poorly targeted communication to policymakers.
Evidence to Support Your Position (C14)	Relevant, timely, and persuasive evidence is incorporated to support the position. Different types of evidence are used effectively.	A range of relevant and persuasive evidence is incorporated to support the stated position.	Evidence is incorporated that is relevant to the policy and position but is poorly organized or incomplete.	There is a lack of relevant, timely, and/or persuasive evidence to support the position.
Perspective of Organization or Role (C14)	The position and organization of the speaker is stated clearly and relates meaningfully to the policy topic establishing credibility on the issue. The framing and evidence included aligns well with the organization and role, drawing on relevant perspectives and arguments.	The position and organization of the speaker is stated. The framing and evidence included aligns well with the organization and role identified.	The position or the organization of the speaker is incomplete or not clearly related to the policy proposal. The framing and evidence included does not fully align with the organization and/or role identified.	The position and/or the organization of the speaker is missing.

Component	Exemplary (20)	Proficient (18-19)	Developing (16-17)	Beginning (0-15)
Flow and Organization	The narrative flows seamlessly, captures the listener, is well organized, has a coherent flow, is free from grammatical errors and typos, and is between 400 and 500 words.	The narrative is well organized, has a coherent flow, is mostly free from grammatical errors and typos, and is between 400 and 500 words.	The narrative is a bit choppy or hard to follow. There are some grammatical errors and/or typos, and/or the testimony is either significantly longer or shorter than 400 to 500 words.	The narrative lacks a coherent flow and is poorly organized. There are several grammatical errors and/or typos, and/or the testimony is either significantly longer or shorter than 400 to 500 words.

ASSIGNMENT 5: ACTION AT ALL LEVELS: COALITION PRESENTATION (15%)

Due Session 14

Assignment Guidance

In the last session of class, groups will share the work they have done throughout the semester. Using the Group Portfolio materials and individual deliverables as a guide, students will present their coalition activities, demonstrating Action at All Levels on their public health issue. Groups should put this presentation together as though they are reporting to a funder on the coalition's collective activities. The presentation should be no more than 20 minutes plus time for questions and comments from the class and include the following Group Portfolio components:

1. Systems Map
2. Problem Statement
3. Stakeholder Analysis
4. Mission and Goals
5. Coalition Logic Model
6. Matrix of Interventions
7. Policy Options by Level of Government
8. Coalition Policy Agenda

Expectations

- All students in the group should contribute to the development of the presentation.
- All students must orally present part of the presentation during the live class session.
- We recognize that your Group Portfolio deliverables have been developed to varying stages throughout the semester. We expect that as a group, you share some aspect from each of the eight components noted above that addresses the expectations noted in the rubric. What you share may include one of the following versions:
 - As submitted during the original session
 - Revised based on faculty feedback and student learning throughout the semester

- In addition, the presentation should include one or more of the following reflections:
 - Reflect on the challenges your group encountered.
 - Highlight interesting discussions that came out through this group process.
 - Incorporate some aspect of the individual deliverables created throughout the semester and how they relate to or build on the Group Portfolio. This may include an example of an individual deliverable, reflection on the process, and/or other key insight from completing an assignment as an individual.

- The grade will be based on the rubric below and represents a group grade (unless there are extenuating circumstances that would require assigning individual grades).

RUBRIC

	Exemplary (10)	Proficient (9)	Developing (8)	Beginning (0-7)
Quality of Slides and Teamwork	Power point slides are very clear, visually appealing, readable, contain relevant and important information, and are well linked to oral presentation. The group manages handoffs seamlessly and all parts of the presentation are organized to provide the audience with a coherent vision for the range of coalition activities with clear contributions from all members.	Power point slides are clear, readable, contain relevant and important information, and are well linked to oral presentation. The group transitions are clean and clear, and presented as a cohesive whole with clear contributions from all members.	Power point slides are reasonably readable, contain relevant information, but may be busy or distracting. Some parts of slides are not well linked to oral presentation. The group transitions are choppy and appear unrehearsed and/or there is a lack of reasonable participation from some members of the group.	Power point slides are visually distracting, too crowded, or messy. The content of the slides is poorly aligned with the oral presentation. There is a lack of group cohesion in the presentation, and component parts of the presentation are poorly designed or do not align and/or there is a lack of participation from several members of the group.

	Exemplary (10)	Proficient (9)	Developing (8)	Beginning (0-7)
Systems Map of the Problem	The systems map visually represents the underlying social determinants of health and related causes of the problem and resulting impacts of the problem. Relationships are represented clearly using feedback loops and arrows to meaningfully capture the complexity of the problem.	The systems map is a clear visual representation of the problem and includes several determinants and known causes of the problem.	The systems map includes a visual representation of the problem, but the relationships are superficial and/or lack careful attention to the social determinants of health.	The systems map is inaccurate, incomplete, and/or hard to interpret.
Problem Statement	Problem statement accurately and specifically identifies the public health problem and is supported by timely, relevant, and convincing evidence to make the case for urgency and prioritization.	Problem statement identifies the public health problem and includes reasonable and relevant data and evidence to make the case that an important problem exists.	Problem statement identifies and defines a problem but lacks robust and persuasive evidence to justify swift action.	Public health problem is not clear or poorly defined and/or lacks relevant, timely, or persuasive evidence.
Stakeholder Analysis	A robust set of stakeholders are described, including thoughtful attention to allies and opponents, with justification for why they have relevant interest, expertise, and/or power that is pertinent to this public health issue.	Several reasonable stakeholders are described including justification for why they have relevant interest, expertise, and/or power that is pertinent to this public health issue.	Some stakeholders are described with minimal explanation for their relevant interest, expertise, and/or power that is pertinent to this public health issue.	Few stakeholders are included, and/or the stakeholders described lack explanation or justification for why they have an interest in this public health issue.

	Exemplary (10)	Proficient (9)	Developing (8)	Beginning (0-7)
Coalition Mission and Goals	The coalition mission is action-oriented and concise. Goals are clearly stated, specific, and give concrete direction to the coalition's mission, and align clearly with the stated public health problem.	The coalition mission is reasonably action-oriented and concise. Goals are clear with a strong rationale based on the defined problem.	The coalition mission lacks an action orientation. Goals are stated but vague or not clearly aligned to the mission and/or defined problem.	The coalition mission is missing or incomplete. Goals are not stated and/or are too vague to understand.
Logic Model of the Coalition	A logic model of the coalition's efforts as a whole is included, with inputs, activities, outputs, and outcomes applied appropriately.	A logic model of coalition efforts is included with most of the logic model components applied appropriately.	A logic model of coalition efforts is included with two or more dimensions needing further clarity or development.	No logic model is included.
Matrix of Interventions	A diverse, relevant, and creative set of interventions are described, based on persuasive evidence and/or relevant public health theories of change.	A set of relevant interventions are described, based on evidence and/or relevant public health theories of change.	Some interventions related to the public health problem are described. They lack detail and/or are not clearly supported by evidence or theory.	Few interventions are described and/or their details are too vague to comprehend. There is limited empirical or theoretical support for the interventions.
Policy Options	Several thoughtful relevant policy options are described, detailing the level of government and the mechanism for the policy with accuracy.	A range of relevant policy options are described with clear reference to an appropriate level of government.	Some policy options are described but there is a lack of clarity about what level of government would implement these policies or how these policies would operate.	Policy options described do not represent government actions, and or are vague or underdeveloped.

	Exemplary (10)	Proficient (9)	Developing (8)	Beginning (0-7)
Coalition Policy Agenda	A clear policy agenda is described and justified that is well aligned with the coalition mission and goals, public health problem, and policy options presented.	A clear policy agenda is described and justified to guide coalition advocacy efforts.	A policy agenda is stated, but it is underdeveloped or vague and/or lacks clear alignment with the rest of the coalition activities.	A policy agenda is missing, incomplete, poorly aligned with the policy structures in the U.S., and/or disconnected from the rest of the coalition activities.
Reflection and Insights	Several thoughtful reflections and insights are incorporated about how the individual assignments, group process, and challenges encountered shaped the group process and products.	There is thoughtful reflection on how the individual assignments, group process, and/or challenges encountered contributed to the group process and products.	There is only minimal reflection or insight provided about how the individual assignments and/or group process contributed to this group process or final products.	There is no reflection on how the individual assignments and/or group process contributed to this group process or final products.

ASSIGNMENT 6: TEAM MEMBER ASSESSMENT (5%)

Due Session 14

At the end of the last class session, students will have a chance to assess their team’s performance throughout the Action at All Levels project. The assessment will include both a peer and self-assessment and be based on an array of team skills and dynamics learned throughout the semester. This assessment will be conducted via Qualtrics and turned in at the end of class, Session 14. The assessment will include the following questions:

- Everyone participated and was heard in group discussions (Strongly agree → Strongly disagree).
- The team demonstrated effective decision making (Strongly agree → Strongly disagree).
- Communication was open and honest (Strongly agree → Strongly disagree).
- Problems and disagreements were not swept under the rug. The team worked through them openly (Strongly agree → Strongly disagree).
- Team members were accountable for their results and met deadlines (Strongly agree → Strongly disagree).
- Members supported each other, even if someone made a mistake (Strongly agree → Strongly disagree).
- The team atmosphere was comfortable and enjoyable (Strongly agree → Strongly disagree).
- Team meetings were well run and productive (Strongly agree → Strongly disagree).

Rate each of your team members, including yourself, on the following team skills.

Team Member Name:	Exemplary	Proficient	Developing	Beginning
Cooperation: Acknowledging and respecting other opinions and viewpoints while maintaining the willingness to examine and change personal beliefs and perspectives.				
Assertiveness: Supporting one’s own viewpoint with confidence.				
Responsibility: Accepting and sharing responsibilities in group decision-making and planning.				
Communication: Effective sharing of important information and exchanging of ideas and discussion.				
Autonomy: Ability to work independently.				

Team Member Name:	Exemplary	Proficient	Developing	Beginning
Coordination: Efficient organization of group tasks and assignments.				
Leadership: Inspires continuous growth and learning in others and takes initiative to solve problems.				

MPH Program Guidelines and Academic Resources

Grade Chart

Grade	Numerical Equivalent	Brief Descriptor	Expanded description
A +	97 and above	Outstanding	Exceptional work that is of the highest academic or professional quality.
A	94 – 96	Excellent	Superior work of distinction that fully meets academic or professional expectations.
A -	90-93	Very Good	High quality work that demonstrates robust understanding and application of course material.
B +	87-89	Good	Work that demonstrates understanding and application of course material.
B	83-86	Acceptable	Work that demonstrates basic understanding and application of course material.
B -	80-82	Fair	Minimally acceptable work that shows basic understanding of course material and a developing understanding of its application.
C +	77-79	Unsatisfactory	Work that does not yet demonstrate understanding of course material or its application.
C	70-76	Unsatisfactory	
D	60-69	Unsatisfactory	
F	0-59	Unsatisfactory	
S	80 and above	Satisfactory	Work that demonstrates at least minimally acceptable understanding of course material and its application.
U	79 and below	Unsatisfactory	Work that does not yet demonstrate understanding of course material or its application.

Tufts Public Health Anti-Racism, Diversity, and Inclusion Statement

The Tufts Public Health Program is committed to diversity, equity, and inclusion, which includes anti-racist teaching and practice. We believe that racism is a public health problem, and public health professionals should be engaged in efforts to address the racist and unjust structures, systems, and policies that foster inequitable access to resources and ultimately health. We strive to create a classroom environment where biases, discrimination, and inequities are named and interrogated, so that they can be acted upon. We

are part of the Tufts University School of Medicine's strategic plan to transform into an anti-racist institution and to achieve inclusive excellence. We recognize this is a collaborative process, which requires an ongoing commitment, humility, and a willingness to grow and learn together.

Academic Integrity Statement

Students are expected to abide by all policies in the PHPD Student Handbook that address Standards of Academic and Professional Conduct, which includes a commitment to academic integrity. As faculty, I am required to notify the program director if I have concerns about violations of academic integrity by any student in my course. Written assignments may be submitted to Turnitin to check for plagiarism.

Examples of violations of academic integrity include

- Plagiarism
- Copying or sharing exam or homework answers
- Altering or misrepresenting data

If you have any doubt at all as to what constitutes plagiarism review the Hirsh Health Sciences library guide on [Plagiarism](#) or contact Amy Lapidow, the PHPD research librarian, at amy.lapidow@tufts.edu. The library also has [workshops and one-on-one consultations](#) for students.

Good time management, careful notetaking, and use of [citation management tools](#) are critical in avoiding plagiarism. Review this Hirsh Health Sciences library guide on [Citing Information](#) to learn about standard citation formats to help manage your research and citation process.

Writing Assistance

Free writing assistance is available to all health sciences students through the [Hirsh Health Sciences Library](#). Writing coaches will help you plan, organize, draft, and fine-tune your papers as well as help improve your writing skills in the process. Whether you need to clarify your ideas, interpret the assignment, structure your thoughts, connect your paragraphs, or test your success at communicating complex information, the coaches can help. Make sure to allow enough time to schedule an appointment and incorporate feedback prior to the assignment due date. [See this link for more information and to schedule an appointment.](#)

Student Accessibility Services and Accommodations

The Tufts Public Health Program values the diversity of our students, staff, and faculty; we recognize the important contribution each student makes to our unique learning community. A student who requires accommodations due to a disability can contact the Associate Director of Student Programs and Affairs, Olivia Zimra-Turley, Olivia.Zimra_Turley@tufts.edu to determine if reasonable accommodations may be helpful. For more information, please go to [PHPD Accessibility Services](#).

Course-at-a-Glance

Grey: Frameworks and Systems Thinking

Orange: Applying Action at All Levels

Blue: Collaboration Skills

Yellow: Program Planning, Design, and Implementation

Green: Influencing Policy

Purple: Advocating for Change

Session	Session Name	Assignment Distributed	Assignment Due
1	Learning from Public Health Successes and Social Change		
2	Becoming an Effective Member of a Team	Interprofessional Team Analysis	
3	Leveraging Data, Evidence, and Systems Thinking into Action		Interprofessional Team Analysis
4	Stakeholders, Coalitions, and Partnerships		
5	Designing an Intervention	Letter of Intent	
6	Theory and Implementation in Action		
7	Action at All Levels: One Health and Climate Change		Letter of Intent
8	Evidence-Based Policy Health Impact Assessment	Evidence-Based Policy Analysis	
9	Health Impact Assessment		
10	Action at All Levels: Responding to Public Health Emergencies		Evidence-Based Policy Analysis
11	Lobbying, Advocacy, and Agenda Setting	Legislative Testimony	
12	Framing Advocacy Messages		
13	Action at All Levels: Police Brutality as a Public Health Issue (this may change)		Legislative Testimony
14	Action at All Levels: Coalition Presentations		Coalition Presentation Team Member Assessment

Session-by-Session Course Plan

Session 1: Learning from Public Health Successes and Social Change

Learning Objectives

1. Identify the contributions of local programs, government action, advocacy, and evidence to historical public health successes.
2. Discuss the policy-making process, including the roles of ethics and evidence (CEPH, C12).
3. Examine the role of public health professionals in social movements.
4. Describe the health impact pyramid in the context of public health interventions and health equity.

Required Pre-Work

1. CDC. (2022). [CDC 24/7](#).
2. Hunter, E.L. (2016). [Politics and public health—engaging the third rail](#). J Public Health Management Practice, 22(5): 436-441.
3. Frieden, T. (2010). [A framework for public health action: The Health Impact Pyramid](#). AJPH, 100(4): 590-595.
4. Wilson, S. (2015). [The crucial difference between policies and programs](#). The Deaconess Foundation blog.
5. Institute of Medicine (IOM). Chapter 2: [Lessons from Social Movements](#). In Supporting a movement for health and health equity: Workshop Summary. Washington, DC: The National Academies Press. (pp.5 – pp.20)

Class Plan

We will review the structure and content of the course, get to know each other, and discuss the relationship between public health practice and social movements. We will examine community health centers through the lens of historical public health successes and assess strategies for enacting change and addressing critical public health problems.

Optional Readings and Resources

Deeper Dive on Concepts

1. WATCH: Geiger, H. J. (2015). [Historical perspective](#). (Origins of community health centers). Massachusetts League of Community Health Centers. (44 minutes).
2. CDC. (n.d.) [Prevention](#).
3. Brown, L. (2010). [The political face of public health](#). Public Health Reviews, 32(1): 155-173.
4. IOM. (2014). [Supporting a movement for health and health equity: Workshop summary](#). Washington, DC: The National Academies Press. Full Report. 1: Introduction; 2: Lessons from Social Movements; 3: Lessons from Health-Related Movements; 4: Investing in Healthy Communities; 5: Lessons from Social Movements Beyond Health; 6: Reaction and Response.
5. Kegler, M.C., et al. (2019). [Strengthening our collaborative approaches for advancing equity and justice](#). Health Education & Behavior, 46(1S): 5S-8S.

Additional Examples and Applications

1. WATCH: [Community Health Centers: A Public Health Success Story \(faculty lecture, Anthony Schlaff\)](#)
2. Ditkoff, S.W., & Grindle, A. (2017). [Audacious philanthropy: Lessons from 15 world-changing initiatives](#). Harvard Business Review.
3. Bylander, J. (2016). [The United States' piecemeal approach to vaccine policy](#). Health Affairs, 35(2): 195-198.
4. CDC. (2016). Winnable battles: Final report. [Supporting web resources](#).
5. Reilly, M. (2007). [An agenda for change in the USA: Insights from a conversation about assessing social change in Washington, DC](#). Institute of Development Studies. Learning by Design.
6. Samba, E. (2007). [Sauti Ya Wanawake: The role of reflection in women's social change work. ActionAid International Kenya](#). Institute of Development Studies. Learning by Design.
Doin' the work podcast: [Frontline stories of social change](#).

Assignments

N/A

Session 2: Becoming an Effective Member of a Team

Learning Objectives

1. Describe the advantages and disadvantages of teamwork.
2. Explain the natural history of team development.
3. Diagnose sources of conflict within a team.
4. Choose strategies to intervene to improve team functioning.
5. Apply techniques to equalize power in a team setting and maximize opportunity for input from all members.
6. Integrate perspectives from other sectors and/or professions to promote and advance population health (CEPH, C21).

Required Pre-Work

1. Hall, P. (2005). [Interprofessional teamwork: Professional cultures as barriers](#). Journal of Interprofessional Care, 19(S1): 188-196.
2. Hassouneh, D. (2006). [Anti-racist pedagogy: Challenges faced by faculty of color in predominantly white schools of nursing](#). J Nursing Education 45(7): 255–262.
3. Edmondson, A. (2018). [How to turn a group of strangers into a team](#). TedTalk. (13 minutes).
4. WATCH: [Teamwork Why and When \(faculty lecture, Anthony Schlaff\)](#)
5. WATCH: [Teamwork and the Hierarchy of Conflict \(faculty lecture, Anthony Schlaff\)](#)
6. WATCH: [The Role of Personality in Team Conflict \(faculty lecture, Anthony Schlaff\)](#)
7. COMPLETE: The Hogan and Champagne short Myers-Briggs personal style inventory and make note of your 4-letter personality type. Students may, but are not required to, share their type with the class. (If you have previously done this in another context, remind yourself of your 4-letter personality type.)
8. Review the Hogan and Champagne explanation of the four-letter personality types.

Class Plan

We will reflect on our own experiences of teamwork and develop a vocabulary regarding teamwork and how to identify sources of conflict within teams. We will use Myers-Briggs as a method to identify differences in how people prefer to work and think in different ways and explore how these differences can lead to both conflict and opportunities to increase the value

of teamwork. We will review the purpose, logistics, and expectations for Assignment 1: Interprofessional Team Analysis.

ACTION AT ALL LEVELS: Students will work in groups to practice Nominative Group Technique to select the specific public health topic they will work on throughout the group work and individual assignments for this course.

GROUP PORTFOLIO DELIVERABLES:

- Topic Statement
- Geographic Community

Optional Readings and Resources

Deeper Dive on Concepts

1. [Nominal Group Technique and Multivoting](#). (4 minutes).

Additional Examples and Applications

1. N/A

Assignments

Assignment 1: Interprofessional Team Analysis Assigned

Session 3: Leveraging Data, Evidence, and Systems Thinking into Action

Learning Objectives

1. Explain the critical importance of evidence in advancing public health knowledge (CEPH, K6).
2. Apply systems thinking tools to assess complex problems and identify effective leverage points for action.
3. Synthesize data to craft a cohesive, evidence-based problem statement.

Required Pre-Work

1. COMPLETE: Interprofessional Team Analysis (Assignment 1).
2. READ: Peters, D. (2014). [The application of systems thinking in health: why use systems thinking?](#)
 - a. What are the benefits of applying system thinking?
 - b. Which ones of the theories, methods, and tools can you apply to health and health care? We will discuss some of them in class.
3. REVIEW: Acaroglu, L. (2017). [Tools for systems thinkers: system mapping](#)
 - a. Get familiar with concepts and steps. We will apply them in class.
4. SEEK AND FIND: Starting with the public health problem that your group identified in Session 2, gather resources, papers, and data on multiple dimensions of this problem and bring these resources to class. This is an essential step in laying the foundation for the work of your group throughout this semester. This should be a robust data and research gathering activity. The resources in the Reading Guide provide a starting point for finding some data on your problem.

Class Plan

ACTION AT ALL LEVELS: This session will be a highly interactive working session to bring robust data together to define the scope and magnitude of your chosen public health problem within a specific geographic community.

Students will work in groups to share the evidence that they gathered about their public health problem prior to class, including data on both needs and assets. Groups will assess the quality of existing data, identify data gaps, and determine how to address missing data.

Drawing on the skills developed in PH 202: Public Health Assessment and using the data students gathered prior to coming to this class session, students will work collaboratively in their groups to develop a Systems Map of their chosen public health problem. Students will use their Systems Map together with the data they gathered to prepare a robust and refined Problem Statement which will inform the Action-at-All Levels assignments throughout the semester.

GROUP PORTFOLIO DELIVERABLES:

- Systems Map
- Problem Statement

Optional Readings and Resources

Deeper Dive on Concepts

1. Leischow, S.J. (2006). [Systems thinking and modeling for public health practice](#). American Journal of Public Health, 96(3): 403-404. Note: This reading was assigned in PH 202. It is included here as a reminder of systems thinking in public health.
2. Dammann, O. (2019). [Data, information, evidence, and knowledge: A proposal for health informatics and data science](#). Online J Public Health Inform, 10(3): e224.
3. Jacobs, J.A., et al. (2012). [Tools for implementing an evidence-based approach in public health practice](#). Prev Chronic Dis, 9.
4. Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020. (2010). [Evidence-based clinical and public health: Generating and applying the evidence](#). Washington, DC: US Department of Health and Human Services.
5. NACCHO. (2012). [Model and Evidence-Based Public Health Programs and Policy Websites](#).

Additional Examples and Applications

1. Yeomans, H. (2013). [Blurred visions: Experts, evidence and the promotion of moderate drinking](#). The Sociological Review, 61(S2): 58-78.

Assignments

Assignment 1: Interprofessional Team Analysis Due

Session 4 Stakeholders, Coalitions, and Partnerships

Learning Objectives

1. Define stakeholders, coalitions, collaborations, and partnerships.
2. Review effective strategies for building and sustaining collective actions.
3. Examine the role of community organizing in health care and public health initiatives.
4. Conduct a stakeholder analysis.
5. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes (CEPH, C13).
6. Identify the rationale for engaging or creating a coalition to conduct public health work.
7. Identify and respond to some of the dynamics and challenges involved in community coalition development.
8. Identify community organizing skills for use in building and working with a coalition.
9. Create a coalition mission statement.
10. Promote a climate of mutual respect, shared values, and knowledge of roles among diverse stakeholders and coalition members.

Required Pre-Work

1. Varvasovszky, Z., & Brugha, R. (2000). How to do (or not to do) . . . A stakeholder analysis. *Health Policy Plan*, 15(3): 338-345. (pdf available on Canvas)
2. Cohen, L., Baer N., Satterwhite, P. (2002). [Developing effective coalitions: An eight-step guide](#). Oakland, CA: Prevention Institute.
3. Community Tool Box. [Section 5. Building a Coalition](#) (Main Section, Examples, Tools).
4. As part of the preparation for the role play, students should read:
 - a. Wang, B., et al. (2014). [The impact of youth, family, peer and neighborhood risk factors on developmental trajectories of risk involvement from early through middle adolescence](#). *Social Science & Medicine*, 106:43-52.
 - b. CDC. [About the Division of Adolescent and School Health](#).
5. PREPARE FOR IN-CLASS ROLE PLAY: Faculty will assign you a specific role to play. Your role may be either as a member of the coalition, or as an observer of the coalition role play with an assignment to observe and report on a specific dynamic that you may or may not observe

affecting the coalition role play. Students should come to class ready to do the role play or observer role assigned.

6. Group Portfolio: Session 4

Class Plan

Using the role play and role assignments distributed in the prior class session, students will engage in a short role play of a community coalition in development. Following the role play, the class will discuss the dynamics observed and review the skills needed to successfully launch and support a community-based coalition.

ACTION AT ALL LEVELS: Each group will formalize their group's efforts through the creation of a coalition. Each group will discuss stakeholders, determine the composition of their coalition, and draft a coalition mission and key goals.

GROUP PORTFOLIO DELIVERABLES:

- Stakeholder Analysis
- Mission and Goals

Optional Readings and Resources

Deeper Dive on Concepts

1. WATCH: [Community Engagement, Stakeholders, and Coalitions \(faculty lecture, Anthony Schlaff\)](#)
2. WATCH: [Community Organizing \(faculty lecture, Anthony Schlaff\)](#)
3. Minkler, M., Rebanal, R.D., Pearce, R., & Acosta, M. (2019). [Growing equity and health equity in perilous times: Lessons from community organizers](#). Health Education & Behavior, 46(S1): 9S-18S.
4. Wallerstein, N., et al. (2019). [Power dynamics in community-based participatory research: A multiple-case study analysis of partnering contexts, histories, and practices](#). Health Education & Behavior, 46(S1): 19S-32S.
5. CoalitionsWork Resources:
 - a. [Tools](#)
 - b. [Coalition Member Grid](#)
 - c. [Stages of team building](#)
 - d. [Coalition roles and job descriptions](#)
6. Pastor, M., Terriquez, V., & Lin, M. (2018). [How community organizing promotes health equity, and how health equity affects organizing](#). Health Affairs, 37(3): 358-363.

Additional Examples and Applications

1. Cooper, D.G., & Christens, B.D. (2019). [Justice system reform for health equity: A mixed methods examination of collaborating for equity and justice principles in a grassroots organizing coalition.](#) Health Education & Behavior, 46(1S): 62S-70S.
2. Bloemraad, I., & Terriquez, V. (2016). [Cultures of engagement: The organizational foundations of advancing health in immigrant and low-income communities of color.](#) Social Science & Medicine, 165: 214-222.
3. Wolf, L., Vigna, A.J., Inzeo, P.T., Ceraso, M., & Wolff, T. (2019). [From roots to results: A qualitative case study of the evolution of a public health leadership institute building capacity in collaborating for equity and justice.](#) Health Education & Behavior, 46(1S): 33S-43S.
4. LeBron, A.M.W., et al. (2019). [The Washtenaw ID project: A government-issued ID coalition working toward social, economic, and racial justice and health equity.](#) Health Education & Behavior, 46(1S): 53S-61S.
5. Johnston, J.E. et al. (2019). [A collaborative approach to assess legacy pollution in communities near a lead-acid battery smelter: The “Truth Fairy” project.](#) Health Education & Behavior, 46(1S): 71S-80S.

Assignments

N/A

Session 5: Designing an Intervention

Learning Objectives

1. Discuss the science of primary, secondary, and tertiary prevention in population health, including health promotion, screening, etc. (CEPH, K5).
2. Design a population-based policy, program, project, or intervention (CEPH C9).
3. Develop a logic model for a program.

Required Pre-Work

1. Levine, S.J. (n.d.) [Guide for writing a funding proposal](#).
2. Community Tool Box Resources on Program Development and Design
 - a. Community Tool Box 4. [Developing a Framework or Model of Change](#)
 - b. Chapter 17, Section 4. [Analyzing root causes of problems: The “But Why” Technique](#).
 - c. Toolkit 5: [Developing Strategic and Action Plans](#)
 - d. Chapter 2, Section 1. [Developing a logic model or theory of change](#)
 - e. Community Tool Box 7. [Developing an Intervention](#).
3. McKenzie, J.F., Neiger, B.L., Thackeray, R. (2017). Planning, implementing, and evaluating health promotion programs: A primer. 7th Edition. Chapter 8. Interventions.
4. New York State, Department of Health. [Promoting healthy women, infants, and children action plan: Recommended evidence-based programs, policies, and practices](#).
5. Logic Model Template and Logic Model Tips.
6. Group Portfolio: Session 5

Class Plan

We will discuss program planning, the social-ecological model, the health impact pyramid, levels of prevention, and logic models.

ACTION AT ALL LEVELS: Students will work in their coalition groups to brainstorm interventions to address their stated problem and create a logic model for their coalition.

GROUP PORTFOLIO DELIVERABLES:

- Matrix of Interventions

- Logic Model

As a class, we will discuss Assignment 2 and walk through the request for proposals to guide the Letter of Intent submission and discuss examples. Students will use their group-generated Matrix of Interventions to guide the focus of their individual assignment.

Optional Readings and Resources

Deeper Dive on Concepts

1. WATCH: [Program Planning and Design: Designing an Intervention \(faculty lecture, Anthony Schlaff\)](#)
2. WATCH: [Community Program: Proposal Elements \(faculty lecture, Anthony Schlaff\)](#)
3. WATCH: [Example: Community Public Health Program \(faculty lecture, Anthony Schlaff\)](#)
4. WATCH: [Logic Models \(faculty lecture, Anthony Schlaff\)](#)
5. WATCH: [Interview – Cultural Humility: Tailoring and Targeting \(Anthony Schlaff interviews Albert Pless\)](#)
6. Frieden, T.R. (2010). [A framework for public health action: The health impact pyramid](#). American Journal of Public Health, 100(4).
7. Kok, G., Schaalma, H., Ruiter, R.A.C., Van Empelen, P., Brug, J. (2004). [Intervention mapping: A protocol for applying health psychology theory to prevention programmes](#). Journal of Health Psychology, 9(1): 85-98.
8. Tervalon M., & Murray-García, J. (1998). [Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education](#). J. Health Care Poor Underserved, 9(2):117-25.
9. Gregg, J., & Saha, S. (2006). [Losing culture on the way to competence: The use and misuse of culture in medical education](#). Academic Medicine, 81(6): 542-547.
10. NCI. (2005). [Theory at a glance: A guide for health promotion practice](#). (2nd edition). National Cancer Institute. NIH Publication No. 05-3896.
11. Fisher-Borne, M., Cain, J.M., & Martin, S. (2015). [From mastery to accountability: Cultural humility as an alternative to cultural competence](#). Social Work Education, 34(2): 165-181.
12. WATCH: NSW Government, Evaluation Resource Hub. [Introduction to logic modeling](#). (3 minutes)

Additional Examples and Applications

1. The Community Guide: [Your online guide of what works to promote healthy communities.](#)
2. Frerichs, L., Lich, K.H., Dave, G., Corbie-Smith, G. (2016). [Integrating systems science and community-based participatory research to achieve health equity.](#) American Journal of Public Health, 106(2):215-222.
3. Golden, S.D., & Earp, J.L. (2012). [Social ecological approaches to individuals and their contexts: Twenty years of Health Education & Behavior health promotion interventions.](#) Health Education & Behavior, 39(3): 364-372.
CDC. (2016). [Strategies for reducing health disparities – selected CDC-sponsored interventions, United States.](#) MMWR, 65(1).

Assignments

N/A

Session 6: Theory and Implementation in Action

Learning Objectives

1. Apply theoretical models and methods to create change.
2. Apply awareness of cultural values and practices to the design, implementation, or critique of public health policies or programs (CEPH, C8).
3. Identify key elements and strategies for effective implementation of community health programs.

Required Pre-Work

1. Kreuter M, Wray R. (2003). [Tailored and targeted health communication: Strategies for enhancing information relevance.](#) American Journal of Health Behavior, 27 (Suppl 3). doi: 10.5993/ajhb.27.1.s3.6
2. Frieden, T.R. (2014). [Six components necessary for effective public health program implementation.](#) American Journal of Public Health, 104(1): 17-22.
3. Mihalic, S., Irwin, K., Fagan, A, et al. (2004). [Successful program implementation: Lessons from Blueprints.](#) Washington, DC: Office of Juvenile Justice and Delinquency Prevention.
4. SKIM: Planning Health Promotion Programs: An Intervention Mapping Approach; Fourth Edition by L. Kay Bartholomew Eldredge, Christine M. Markham, Robert A.C. Ruiter, Maria E. Fernandez, Gerjo Kok and Guy S. Parcel Jossey-Bass; San Francisco, CA: 2016. ISBN: 978-1-119-03549-7. Chapter 6: pp. 345 – 350; 355 – 417.
5. Community Tool Box Resources on Program Development and Design
 - o Community Tool Box 9: [Cultural Competence.](#)
 - o Chapter 19, Section 4: [Adapting Community Interventions for Different Cultures and Communities.](#)
 - o [Implementing Effective Interventions](#)

Class Plan

We will discuss how to apply theories to program design and identify effective strategies for implementation of community-based planning interventions. We will examine how to consider culture in the context of program design and implementation.

Optional Readings and Resources

Deeper Dive on Concepts

1. WATCH: [Program Activities: Communication and Culture \(faculty lecture, Anthony Schlaff\)](#)
2. WATCH: [Choosing Methods and Applications I: Breaking Down Complex Behavior \(faculty lecture, Anthony Schlaff\)](#)
3. WATCH: [Choosing Methods and Applications II: Linking Methods to Theory \(faculty lecture, Anthony Schlaff\)](#)
4. WATCH: [Choosing Methods and Applications III: Environmental Change \(faculty lecture, Anthony Schlaff\)](#)
5. WATCH: [Cultural humility: People, principles, and practice](#). (7 minutes).
6. WATCH: RAND. [Getting to outcomes: Improving community-based prevention](#). (6 minutes)
7. Health Resources in Action. [Community Health Training Institute \(CHTI\) Health Equity Toolkit](#).
8. National Cancer Institute. (2005). [Theory at a glance: A guide for health promotion practice](#). Washington, DC: US Department of Health and Human Services. (pgs. 1-31).

Additional Examples and Applications

1. US AID (2011). [Considerations for incorporating health equity into project designs: A guide for community-oriented maternal, neonatal, and child health projects](#). See: Chapter 3: What you can do to build equity issues into your design and M&E system: A six-step process to design an equity-focused project. (pp.16-30).
2. Kumanyika, S. (2017). [Getting to equity in obesity prevention: A new framework](#). National Academy of Medicine Discussion Paper.
3. Bodkin, A., & Hakami, S. (2020). Sustainable by design: A systematic review of factors for health promotion sustainability. BMC Public Health, 20: 964.

Assignments

N/A

Session 7: Action at All Levels: One Health and Climate Change

Learning Objectives

1. Describe the impact of climate change on the environment, human health, and animal health.
2. Explain an ecological perspective on the connections among human health, animal health, and ecosystem health (e.g., One Health) (CEPH, K12).
3. Assess the role for public health professionals in addressing climate change.
4. Propose strategies for local climate action through a public health lens.

Required Pre-Work

1. COMPLETE: Assignment 2: Letter of Intent.
2. Salas, R.N., Knappenberger, P., Hess, J.J. (2018). [2018 Lancet Countdown on Health and Climate Change Brief for the United State of America](#). Lancet Countdown: London, United Kingdom.
3. Fox, M., Zuidema, C., Bauman, B., Burke, T., & Sheehan, M. (2019). [Integrating public health into climate change policy and planning: State of practice update](#). International Journal of Environmental Research and Public Health.
4. CDC. [One health fact sheet: Saving lives by taking a one health approach](#).
5. Zinsstag, J., et al. (2018). [Climate change and one health](#). FEMS Microbiology Letters, 365.
6. Gamble, J.L., J. Balbus, M. Berger, et al. (2016). [Ch. 9: Populations of Concern. The Impacts of Climate Change on Human Health in the United States: A Scientific Assessment](#). U.S. Global Change Research Program, Washington, DC, 247–286. Read excerpt provided.
7. WATCH: [The BRACE Framework: Building Resilience Against Climate Effects](#). (3 minutes).

Class Plan

We will discuss the drivers of climate change and the effects of climate change on human and animal health. We will assess the role for public health professionals in addressing climate change. Students will work in groups to participate in an action-at-all-levels public health response to climate change, playing the role of local and state public health professionals engaged in climate action plans.

Optional Readings and Resources

Deeper Dive on Concepts

1. WATCH: [Action at All Levels: Climate Change \(faculty lecture, Anthony Schlaff\)](#)
2. WATCH: [One Health and Climate Change \(faculty lecture, Anthony Schlaff\)](#)
3. WATCH: [Climate Change: Role of Public Health in Addressing Climate Change \(faculty lecture, Anthony Schlaff\)](#)
4. WATCH: [Local Public Health and Climate Change \(faculty lecture, Anthony Schlaff\)](#)
5. Centers for Disease Control. [Resources for Public Health Professionals](#).
6. Robert Wood Johnson Foundation. Health & Climate Solutions. <https://healthandclimatesolutions.org/>
7. Maxwell, J., & Blashki, G. (2016). [Teaching about climate change in medical education: An opportunity](#). *Journal of Public Health Research*, 5:673.
8. Canadian Association of Physicians for the Environment (CAPE). Climate change health: [Background documents](#).
9. Perotta, K. (2019). [Climate change toolkit for health professionals](#). CAPE.
10. Watts, N., et al. (2017). [The Lancet countdown: Tracking progress on health and climate change](#). *The Lancet*, 389: 1151-64.
11. The Lancet. (2018). [The Lancet countdown on health and climate change: 2018 report: Global warming](#) (3 minutes).
12. Frumkin, H., Hess, J., Luber, G., Malilay, J. & McGeehin, M. (2008). [Climate change: The public health response](#). *AJPH*, 98(3): 435-445.
13. The Intergovernmental Panel on Climate Change ([IPCC](#)). Note: This is a United Nations body for assessing the science related to climate change. They have published many reports on climate change, including Greenhouse Gas Inventories; Climate Change and Land; and the Ocean and Cryosphere in a Changing Climate. There are also resources on the Physical Sciences basis for understanding climate change, mitigation, and adaptation. Many of their reports have short, easily digested chapter summaries.
14. Luber, G., Knowlton, K., et al. (2014). [Ch. 9: Human Health](#). In *Climate Change Impacts in the United States: The Third National Climate Assessment*, J. M. Melillo, Terese (T.C.) Richmond, and G. W. Yohe, Eds., U.S. Global Change Research Program, 220-256. doi:10.7930/J0PN93H5.

Additional Examples and Applications

1. WATCH: Griffiths, J. Air Pollution: A Public Health Success Story. (faculty lecture, 20 minutes)
2. WATCH: Patz, J. (2018). [Climate change is affecting our health. Is there a cure? TedxOshkosh](#). (19 minutes)
3. WATCH: [C40 Cities: How to tackle climate change and inequality jointly](#). (3 minutes)
4. APHA. (2018). [Adaptation in action Part II: Updated grantee success stories from CDC's climate and health program](#).
5. Cleaveland, S. et al. (2017). [One Health contributions towards more effective and equitable approaches to health in low- and middle-income countries](#). Philosophical Transactions Royal Society B, 372: 1-11.
6. AP News. (November 6, 2019). [‘This city is not livable’: New Delhi people decry dirty air](#).

Assignments

Assignment 2: Letter of Intent Due

Session 8: Evidence-Based Policy

Learning Objectives

1. Describe the policymaking process, including policy development and implementation.
2. Distinguish between policy and programs.
3. Explain the critical importance of evidence in advancing public health knowledge (CEPH, K6).
4. Assess the role of evidence in shaping health policies.
5. Discuss the policy-making process, including the roles of ethics and evidence (CEPH, C12).
6. Recognize the role of public health professionals as policy entrepreneurs.
7. Evaluate policies for their impact on public health and health equity (CEPH C15).

Required Pre-Work

1. Brownson, R.C., Chiqui, J.F., & Stamatakis, K.A. (2009). [Understanding evidence-based public health policy](#). American Journal of Public Health, 99(9): 1576-1583.
2. Craig, R. L., Felix, H. C., Walker, J. F., & Phillips, M. M. (2010). [Public health professionals as policy entrepreneurs: Arkansas's childhood obesity policy experience](#). American journal of public health, 100(11), 2047–2052.
3. PREPARE FOR ROLE PLAY: Review the evidence, warrant article, and testimony related to tobacco on Canvas.
 - a. Tobacco Policy Evidence Base
 - b. Brookline Warrant Article 8.23 Tobacco Control 2019, pages 37 – 44
 - c. Exhibit 1: Pro-Ban Testimony
 - d. Exhibit 2: Against the Ban Testimony
4. WATCH: Chomitz, V. [The Cambridge “Health Report Card” Story and How It Influenced Arkansas Childhood Obesity Policy](#). (Faculty Lecture, 16 minutes)
5. Group Portfolio: Session 8

Class Plan

We will review the policymaking process in the United States, including both legislative and regulatory processes. We will discuss the role of evidence in policymaking, and practice analyzing policy based on effectiveness, equity,

and political feasibility. We will demonstrate the role of using evidence to support policy claims and role play public health professionals in decision making. We will discuss expectations for Assignment 3: Evidence-Based Policy Analysis.

ACTION AT ALL LEVELS: Each group will brainstorm potential policy solutions to address their coalition's public health problem. The policy options may be at the local, state, or federal level, depending on the nature of your coalition and issue. Focus on an array of policies that would be reasonable priorities for your coalition, given your unique mission, target population, and political and social context.

GROUP PORTFOLIO DELIVERABLE:

- Policy Options by Level of Government

Optional Readings and Resources

Deeper Dive on Concepts

1. WATCH: [Policy Analysis 101 \(faculty lecture, Signe Peterson Flieger\)](#)
2. WATCH: [Policy Analysis Part II \(faculty lecture, Anthony Schlaff\)](#)
3. Wilson, S. D. (2015, November 2). [The Crucial Difference Between Policies and Programs](#). Retrieved December 20, 2019. Note: This is a refresher from session 1.
4. Centers for Disease Control and Prevention. (2013). [CDC's Policy Analytical Framework](#). Atlanta, GA: CDC, US Department of Health and Human Services.
5. Malekinejad, M., Horvath, H., Snyder, H., & Brindis, C.D. (2018). [The discordance between evidence and health policy in the United States: The science of translational research and the critical role of diverse stakeholders](#). *Health Research Policy and Systems*, 16:81.
6. WATCH: [Schoolhouse Rock: How a Bill Becomes a Law](#) (3 minutes).
7. WATCH: [The Rulemaking Process: A Primer by FDA](#). (2 minutes)

Additional Examples and Applications

1. Thornton, R.L.J., Gliber, C.M., Cene, C.W., Glik, D.C., Henderson, J.A., & Williams, D.R. (2016). [Evaluating strategies for reducing health disparities by addressing social determinants of health](#). *Health Affairs*, 35(8): 1416-1423.
2. The Stern Center for Evidence-Based Policy. (n.d.) [Addressing the health needs of an aging America: New opportunities for evidence-based policy solutions](#). Pittsburgh, PA: Health Policy Institute.

3. Cairney, P., & Oliver, K. (2017). [Evidence-based policymaking is not like evidence-based medicine, so how far should you go to bridge the divide between evidence and policy?](#) Health Research Policy and Systems, 15:35.
4. Kindig, D.A., & Milstein, B. (2018). [A balanced investment portfolio for equitable health and well-being is an imperative, and within reach.](#) Health Affairs, 37(4): 579-584.
5. Bylander, J. (2016). [The United States' piecemeal approach to vaccine policy.](#) Health Affairs, 35(2): 195-197.
6. Ettinger de Cuba, S., et al. (2019). [Loss of SNAP is associated with food insecurity and poor health in working families with young children.](#) Health Affairs, 38(5): 765-773.

Assignments

N/A

Session 9: Health Impact Assessment

Learning Objectives

1. Describe a health in all policies approach.
2. Discuss the role of public health professionals in bringing a health equity lens to decision-making processes.
3. Explain the goals and steps in health impact assessment.
4. Apply health impact assessment to a specific policy proposal.
5. Evaluate policies for their impact on public health and health equity (CEPH C15).

Required Pre-Work

1. Wyss, K., Dolan, K., & Goff, N. (n.d.) [Health in all policies: A framework for state health leadership](#). Arlington, VA: ASTHO.
2. WATCH: Lee, M. [Health Impact Assessment Part I](#) (18 minutes).
3. REVIEW HIA CASES: The next series of resources includes four different case studies of Health Impact Assessments. Two brief narrative case studies and two videos.
 - a. Case Study 2: California Paid Sick Days Health Impact Assessment (1 page).
 - b. Case Study 3: South Los Angeles Specific Plan Health Impact Assessment (1 page).
 - c. WATCH: [Kern County's land-use and transportation plan](#) (8 minutes)
 - d. WATCH: [Prison alternatives boosted by health impact assessment](#) (7 minutes)

Class Plan

We will discuss the overall framework of health in all policies, and how a health impact assessment can be conducted in this context. We will discuss: Why are health impact assessments done? Who decides if they are done? Who pays for them? What is their purpose/agenda? What is the role for public health professionals? How do health impact assessments relate to the social determinants of health? What about equity? We will review the key steps in Health Impact Assessment and practice applying these steps to real-world scenarios.

Optional Readings and Resources

Deeper Dive on Concepts

1. WATCH: [Health in All Policies \(faculty lecture, Signe Peterson Flieger\)](#)
2. WATCH: [Health Impact Assessment: Overview and Early Steps \(faculty lecture, Signe Peterson Flieger\)](#)
3. WHO. (2015). [Health in all policies: Training manual](#). Geneva: WHO.
4. Leaders of Massachusetts Public Health Schools and Programs. (October 28, 2021). [Massachusetts can lead in health equity by integrated it into all policies](#). Boston Globe.
5. Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. (2013). [Health in all policies: A guide for state and local governments](#). Washington, DC and Oakland, CA: American Public Health Association and Public Health Institute.
6. Health Impact Project. (2019). [Do health impact assessments promote healthier decision-making? Findings from a national study of the perspectives of HIA stakeholders](#). Robert Wood Johnson Foundation and Pew Trusts.
7. Bhatia, R., Gilhuly, K., Harris, C., Heller, J., Lucky, J., Farhang, L. (2011). [A health impact assessment toolkit: A handbook to conducting HIA, 3rd edition](#). Oakland, CA: Human Impact Partners.
8. WHO Health Impact Assessment Resources: [Guides](#) from around the world and [Tools](#).
9. Cole, B. L., & Fielding, J.E. (2007). Health impact assessment: A tool to help policy makers understand health beyond health care. *Annu Rev Public Health*, 28:393-412.
10. Metropolitan Area Planning Council [Website on Health Impact Assessment](#).
11. Gottlieb, L., Egarter, S., & Braveman, P. (2011). [Health Impact Assessment: A tool for promoting health in all policies](#). Princeton, NJ: Robert Wood Johnson Foundation.
12. National Research Council. (2011). [Improving health in the United States: The role of health impact assessment](#). Washington, DC: National Academies Press.
 - a. Chapter 3: Elements of a Health Impact Assessment. Washington, DC: National Academies Press.
 - b. Appendix E: Summary of health impact assessment guides. Washington, DC: National Academies Press.
13. HRIA. [Health Impact Assessment](#).
14. Community Tool Box [Health Impact Assessment Overview](#).
15. Pew Trusts [Resources on Health Impact Assessment](#).

Additional Examples and Applications

1. WHO. (2010). [Adelaide statement on health in all policies](#). Geneva: WHO.

2. WHO. (2013). [The Helsinki statement on health in all policies.](#) Geneva: WHO.
3. WHO. (2017). [Progressing the sustainable development goals through health in all policies: Case studies from around the world.](#) Geneva: WHO.
4. Wagner, L. (2013). [Using health impact assessments to evaluate bicycle and pedestrian paths.](#) Chapel Hill, NC: Pedestrian and Bicycle Information Center.
5. HIA. (2007). [Unhealthy Consequences: Energy Costs and Child Health: A child health impact assessment of the energy costs and the low-income home energy assistance program.](#) Boston, MA.
6. HIA. (2013). [Climate Smart Communities Scenarios: Health Impact Assessment.](#) Portland, OR: Oregon Health Authority.
7. HRIA. (2013). [Health impact assessments for community development corporations.](#) Boston, MA: HRIA.
8. ICMA. (2002). [Getting to smart growth: 100 policies for implementation.](#)

Assignments

N/A

Session 10: Action at All Levels: Responding to Public Health Emergencies

Learning Objectives

1. Describe roles and responsibilities across the public health infrastructure in responding to public health emergencies.
2. Assess the performance of the public health infrastructure in responding to historical public health emergencies.
3. Apply the 10 essential public health services to emergency preparedness and response activities.
4. Describe organizational and community stakeholders needed to effectively prepare for and respond to public health emergencies.
5. Identify capacity building strategies for improving the public health infrastructure, community preparedness, and community recovery.

Required Pre-Work

1. COMPLETE: Assignment 3: Evidence-Based Policy Analysis.
2. Salinsky, E. (2010). [Governmental public health: An overview of state and local public health agencies](#). Washington, DC: National Health Policy Forum.
3. Osterholm, M.T. (2005). [Preparing for the next pandemic](#). NEJM, 352(18): 1839-1842.
4. Centers for Disease Control and Prevention (CDC). (2019). [Public health emergency preparedness and response capabilities](#). Atlanta, GA: U.S. Department of Health and Human Services. Read pages 1-18.
5. Diamond, D. (2020). [Inside America's 2-decade failure to prepare for Coronavirus](#). Politico Magazine.
6. LISTEN: Kaiser Health News 'What the Health?'. (September 23, 2021). [The Autumn of Democrat's discontent](#). (50 minutes total, but focus on interview with Scott Gottlieb, 29:00-44:28)
7. Review your assigned role for the role play. Based on what you learned about public health infrastructure and pandemic preparedness in your pre-work, try to find out some information about your assigned role. When learning about your role, prepare some notes that addresses:
 - a. What is their role in a public health emergency?
 - b. What authority do they have?
 - c. Which of the core public health functions and ten essential services do they perform?
 - d. What additional insights or reflections did you have?

- e. Prior to coming to class, review your fellow classmates' roles to get a sense of what these different professionals do with respect to pandemic preparedness and response.

Class Plan

We will discuss the roles of the different levels of government and public health infrastructure in preparing for and responding to public health emergencies. Students will role play the different roles that you researched as part of a table-top simulation of an avian flu pandemic. We will conclude with reflections on areas for improvement in public health preparedness.

Optional Readings and Resources

Deeper Dive on Concepts

1. WATCH: [Public Health Infrastructure I \(faculty lecture, Anthony Schlaff\)](#)
2. WATCH: [Public Health Infrastructure II \(faculty lecture, Anthony Schlaff\)](#)
3. WATCH: [Principles of Pandemic Preparedness \(faculty lecture, Anthony Schlaff\)](#)
4. WATCH: [Public Health Infrastructure: Response to a Tuberculosis TB Outbreak \(faculty lecture, Anthony Schlaff\)](#)
5. WATCH: [Interview – Local Government Agency Work \(Anthony Schlaff interviews Swannie Jett\)](#)
6. HealthyPeople.gov. [Public Health infrastructure.](#)
7. Rose, D.A., Murthy, S., Brooks, J., & Bryant, J. (2017). [The evolution of public health emergency management as a field of practice.](#) *AJPH Perspectives*, 107(S2): S126-S133.
8. Gottlieb, S. (2021). [Uncontrolled spread: Why Covid-19 crushed us and how we can defeat the next pandemic.](#) New York: Harper Collins.

Additional Examples and Applications

1. Ruckart, P.Z., et al. (2019). [The Flint water crisis: A coordinated public health emergency reasons and recovery initiative.](#) *Journal of Public Health Management & Practice*, 25(S1): S84-S90.
2. Pickles, H. (2006). Avian influenza: Preparing for the pandemic. *BMJ*, 332: 783-786.

3. MMWR. (1985). [Epidemiologic notes and reports drug-resistant Tuberculosis among the homeless – Boston](#). MMWR Weekly, 34(28): 429-31.
4. Taylor, Z., Nolan, C.M., Blumberg, H.M. (2005). [Controlling Tuberculosis in the United States](#). MMWR Weekly, 54(RR12): 1-81
5. Akiyama, M.J., Spaulding, A.C., & Rich, J.D. (2020). [Flattening the curve for incarcerated populations – Covid-19 in jails and prisons](#). NEJM, 382: 2075-2077.
6. Emanuel, E.J., et al. (2020). [Fair allocation of scarce medical resources in the time of Covid-19](#). NEJM, 382: 2049-2055.
7. Newkirk, V.R. (2020). [The Coronavirus’s unique threat to the South](#). The Atlantic.
8. Page, K.R., Venkataramani, M., Beyrer, C., & Polk, S. (2020). [Undocumented U.S. immigrants and Covid-19](#). NEJM, 382: e62.
9. Shear, M.D., Goodnough, A., Kaplan, S., Fink, S., Thomas, K., & Weiland, N. (2020). [The lost month: How a failure to test blinded the U.S. to Covid-19](#). The New York Times.

Assignments

Assignment 3: Evidence-Based Policy Analysis Due

Session 11: Lobbying, Advocacy, and Agenda Setting

Learning Objectives

1. Differentiate between lobbying and advocacy.
2. Describe limitations on lobbying for non-profit organizations based on federal law.
3. Describe advocacy techniques and tools.
4. Identify reputable organizations committed to public health advocacy.
5. Identify multiple points of intervention to advocate for change.
6. Conduct agenda setting within a coalition.
7. Advocate for political, social, or economic policies and programs that will improve health in diverse populations (CEPH, C14).

Required Pre-Work

1. NACCHO. (2017). [The NACCHO Advocacy Toolkit](#).
2. SKIM: Vernick, J.S. (1999). [Lobbying and advocacy for the public's health: What are the limits of non-profit organizations?](#) Health Law and Ethics, 89:1425-1429.
3. Prosperity Now. (2020). [Exploring racial and economic equity in policy and advocacy](#). Prosperity Now. Skim first half, focus on pages 15-32.
4. Faculty will assign you one of the following resources from Public Health Awakened. We will use these as source documents for an activity in the live session.
 - a. [Protect SNAP for Health Equity](#)
 - b. [Invest in Infrastructure, Attend to Equity](#)
 - c. [Household Energy and Climate Justice](#)
 - d. [Protect Medicaid](#)
5. Group Portfolio: Session 11

Class Plan

We will discuss the role of advocacy in public health and differentiate between advocacy and lobbying. We will outline successful strategies for advocacy in public health. We will use prompts from Public Health Awakened to prepare a one-page “leave behind document.” We will introduce Assignment 4: Legislative Testimony, where each student will take on the role of a coalition member and prepare a written testimony in support of their coalition’s policy proposal.

ACTION AT ALL LEVELS: Based on the evidence-based policy analysis that each student conducted, groups will conduct agenda setting and identify their coalition's policy goals.

GROUP PORTFOLIO DELIVERABLE:

- Coalition Policy Agenda

Optional Readings and Resources

Deeper Dive on Concepts

1. WATCH: [Advocacy \(faculty lecture, Signe Peterson Flieger\)](#)
2. WATCH: Mike McCarthy. CNIB. [Advocacy 101 Training: What is Advocacy?](#) (8 minutes)
3. WATCH: Human Impact Partners. (2018). [Advocacy and Equity for Health Action](#). (5 minutes)
4. WATCH: [Morgan Freeman Reads Rep. John Lewis' Last Words, The Last Word, MSNBC](#)
5. Evans, C.H., & Dequtis, L.C. (2003). [What it takes for Congress to act](#). Am J Health Promotion, 18(2): 177-81.
6. Farrar, L., Marinetti, C., Cavaco, Y.K., & Costongs, C. (2015). [Advocacy for health equity: A synthesis review](#). Milbank Quarterly, 93(2): 392-437.
7. [Human Impact Partners](#)
8. [Public Health Awakened](#)
9. Community Tool Box 11: [Influencing Policy Development](#)
10. Advocacy e-lab. Module 1: Introduction to advocacy. [Unit 1: Defining Advocacy](#). World Vision. (3 minutes)
11. [Piano Stairs: The Fun Theory](#). (2 minutes)

Additional Examples and Applications

1. NICHQ. (2010). [Mobilizing health care professionals as community leaders in the fight against childhood obesity: Advocacy resource guide](#). Boston: NICHQ.
2. Lee, M.M. & Navarro, A. (2018). [Prioritizing racial equity: How efforts to advance racial equity helped shape the W.K. Kellogg Food and Fitness Initiative](#). Health Promotion Practice, 19(S1): 24S-33S.

Assignments

N/A

Session 12: Framing Advocacy Messages

Learning Objectives

1. Describe key components of effective testimony.
2. Employ effective messaging for public health advocacy.
3. Review tools and messaging used in public health advocacy, such as fact sheets, explainers, social media, op-eds, elevator speech, and testimony.
4. Advocate for political, social, or economic policies and programs that will improve health in diverse populations (CEPH, C14).

Required Pre-Work

1. Robert Wood Johnson Foundation. (2010). [A new way to talk about the social determinants of health](#). Princeton, NJ: Robert Wood Johnson Foundation. Read p.1-20, through Appendix A.
2. Saltmarshe, E., (2018). [Using story to change systems](#). Stanford Social Innovation Review.
3. Frameworks Institute. (2014). [Environmental health toolkit: A brief intro to strategic frame analysis](#).
4. Human Impact Partners # HealthyHours: [Fair Workweek Advocacy](#). Review the materials related to this advocacy effort including: Organizing for # HealthyHours Fact Sheet, Emeryville City Council Testimony, and the 5 LAANE posters.
5. REVIEW: In preparation for a discussion in advocacy framing, students should review the following materials regarding a proposed bill. After measles epidemics in California and New York sparked new concern about the number of people opting out of vaccines, Massachusetts Representative Andy Vargas in submitted a bill proposing an end to the religious exemption to the requirement that children be vaccinated to attend school.
 - a. Proposed [legislation](#) to eliminate the religious exemption for vaccines.
 - b. The referenced [law](#) to be amended by the proposed bill.
 - c. Written [testimony](#) to be presented by the Massachusetts Medical Society and made available to a coalition of supports of the bill prior to the hearing
 - d. Information on Vaccines from CDC:
 - i. CDC: [Immunization Schedule](#)
 - ii. CDC: [Vaccines for Your Children](#)
 - iii. CDC: [Vaccines and Immunizations](#)
 - iv. CDC: [Vaccines and Preventable Disease](#)

Class Plan

We will discuss effective strategies for framing advocacy message in different contexts. Students will review a variety of communication tools and messaging strategies to convey critical advocacy messages to different audiences. We will practice preparing persuasive and effective messaging on an array of public health issues.

Optional Readings and Resources

Deeper Dive on Concepts

1. WATCH: [Public Health Advocacy Framing \(faculty lecture, Anthony Schlaff\)](#)
2. Frameworks Institute, [Framing Files](#).

Additional Examples and Applications

1. Dorfman, L., Wallack, L., Woodruff, K. (2005). [More than a message: Framing public health advocacy to change corporate practices](#). Health Education & Behavior, 32(3): 320-336.
2. Frameworks Institute. [Framing food and fitness as a public issue](#).
3. Frameworks Institute. [Framing fundamentals for multigenerational approaches to mental health](#).

Assignments

N/A

Session 13: Action at All Levels: Police Brutality as a Public Health Issue

Learning Objectives

1. Define the problem of police brutality through a public health lens.
2. Describe how racism and white supremacy play a role in police brutality in the U.S.
3. Evaluate policy proposals to address systemic racism and police brutality.
4. Prepare an action-at-all levels strategy to address police brutality.

Required Pre-Work

1. COMPLETE: Assignment 4: Legislative Testimony
2. WATCH: [8 Minutes and 46 Seconds: The Killing of George Floyd | Full Documentary](#) (55 minutes)
3. Alang, S., McAlpine, D., McCreedy, E., & Hardeman, R. (2017). [Police brutality and black health: Setting the agenda for public health scholars](#). *AJPH*, 107(5): 662-665.
4. Officer A Cab. (June 6, 2020). [Confessions of a Former Bastard Cop](#). Medium.
5. Hannah-Jones, N. (2020). [What is owed](#). *New York Times Magazine*.
6. REVIEW: S13: Policy Proposals to Address Police Brutality.

Class Plan

We will discuss why police brutality is a public health issue and how racism and white supremacy are operating in the context of police brutality. Students will work together to frame the problem using a public health lens and evaluate policy proposals at multiple levels of government.

Optional Readings and Resources

Deeper Dive on Concepts

1. N/A

Additional Examples and Applications

1. Resnick, B., (June 1, 2020). [Police brutality is a public health crisis](#). Vox.

2. O'Neill Hayes, T. (June 18, 2020). [Recent federal proposals to police reform](#). American Action Forum.
3. Center for State Policy Analysis. (July 2020). [Addressing differences in the House and Senate bills on police reform](#). Medford, MA: Tufts University.
4. Li, W., & Lodhi, H. (2020). [Which states are taking on police reform after George Floyd?](#) The Marshall Project.
5. DeGue, S, et al. (2016). [Deaths due to use of lethal force by law enforcement](#). Am J Prev Med, 51(5 Suppl 3): S173-S187.
6. WATCH: AAPF. [Four years of #SayHerName](#) (4 minutes)
7. Pew Research Center. (2020). [Majority of public favors giving civilians the power to sue police officers for misconduct](#).
8. [Racial and Identity Profiling \(RIPA\) Data](#) in California
9. [Mapping Police Violence Database](#): Downloadable data tracking police killings by race, location, and other factors.
10. [Use of Force Project](#): Comparison of "Use of Force" policies from police departments around the country supported by data.
11. [Washington Post Fatal Force Database](#)
12. LISTEN: [Allies and Co-Conspirators: Stepping up to Support Anti-Racism](#) (39 minutes)
13. LISTEN: [American Police](#), Podcast - NPR Throughline (1 hour 4 minutes)
14. LISTEN: Demby, G. [Code Switch: An Immune System](#) (21 minutes).
15. WATCH: Jubilee. (2019). [Can rival gangs coexist peacefully?](#) (20 minutes)
16. [Addressing law enforcement violence as a public health issue: The 2018 statement formally adopted by the American Public Health Association](#) #endpoliceviolence
17. Smith, M. & Rodriguez, R.R. (June 10, 2020). [Police brutality is not just a criminal justice issue, but a public health issue](#). NCRC.
18. Organizing Toolkits and Resources
 - a. The CR Abolition Organizing Toolkit: A world without walls. [An organizers toolkit to end the prison industrial complex \(PIC\)](#).
 - b. ACLU. [Fighting police abuse: A community action manual](#).
 - c. NAACP (2016). [Pathways to police reform: Community Mobilization Toolkit](#).
19. Policy Proposals
 - a. [Campaign Zero](#)
 - i. [Police use of force policy analysis](#).
 - b. [Movement for Black Lives](#)
 - i. M4bl has a [robust policy platform](#), several of which touch on police reforms. Look at their policy proposals to:
 1. [Demilitarize Law Enforcement](#)

2. [End the War on Black Communities](#)
3. [Defund the Police](#)
- c. Peebles, L. (June 19, 2020). [What the data say about police brutality and racial bias – and which reforms might work.](#) Nature.
- d. Muggah, R. & Abt, T. (2020). [Calls for police reform are getting louder: Here is how to do it.](#) FP.
- e. Russonello, G. (August 4, 2020). [Have Americans warmed to calls to ‘defund the police’?](#) New York Times.
- f. Police Executive Research Forum (PERF). (2016). [Guiding principles on use of force.](#) Learn more about [PERF](#).
- g. Cochrane, E., & Broadwater, L. (June 23, 2020). [Here are the differences between Senate and House bills to overhaul policing.](#) New York Times.
- h. Justice Policy Institute. (2012). [Rethinking the blues: How we police in the US and at what cost.](#)
- i. Marshall Project
 - i. [Collection of Resources on Police Abolition](#)
 - ii. [Collection of Resources on Policing](#)
20. An Amazing Compendium of Resources on this topic: [Library Guide from Seattle Central College: Safety While Protesting: Research on Police Brutality and the Current Uprisings](#)

Assignments

Assignment 4: Legislative Testimony Due

Session 14: Action at All Levels: Coalition Presentations

Learning Objectives

1. Communicate public health content effectively.
2. Present evidence on the scope and magnitude of a public health problem.
3. Apply appropriate public health tools to address a public health challenge.

Required Pre-Work

1. COMPLETE: Assignment 5: Coalition Presentation
2. COMPLETE: Course Evaluations

Class Plan

Student groups will present on the full range of their Action at All Levels work throughout the semester. Group presentations should include all components of the Group Portfolio as described in Assignment 5. At the end of the class session, students will complete Assignment 6: Team Member Assessment, and assess their fellow group members and themselves on their performance as a member of the team throughout the semester.

Optional Readings and Resources

1. N/A

Assignments

Assignment 5: Coalition Presentation Due

Assignment 6: Team Member Assessment Due