UNIVERSITY OF KENTUCKY
APPLICATION FOR CHANGE IN EXISTING COURSE: MAJOR & MINOR

1. Submitted by College of Medicine ____________________________ Date December 12, 2001
Department/Division offering course School of Public Health

2. Changes proposed:
   (a) Present prefix & number SPH 801 Proposed prefix & number SPH 604
   (b) Present Title Health Enhancement and Disease Prevention
       New Title Public Health and Disease Prevention
   (c) If course title is changed and exceeds 24 characters (Including spaces), include a sensible title (not to exceed 24 characters) for use on transcripts:
       Publ Hlth & Disease Prev
   (d) Present credits: 3 Proposed credits: SAME
   (e) Current lecture: laboratory ratio ________________ Proposed: ________________
   (f) Effective Date of Change: (Semester & Year) Fall 2003

3. To be Cross-listed as: ____________________________________________
   Prefix and Number ____________________________
   Signature: Department Chair ____________________________

4. Proposed change in Bulletin description:
   (a) Present description (including prerequisite(s)): NO CHANGE
   (b) New description: NO CHANGE
   (c) Prerequisite(s) for course as changed: NO CHANGE

5. What has prompted this proposal?
The MPH degree was originally submitted as a professional degree, however the degree is now a Graduate School degree. The 600 number is needed to reflect this change. Refer to the cover letter for details.
Title change will clarify content of course. See cover letter for details.

6. If there are to be significant changes in the content or teaching objectives of this course, indicate changes:
NO CHANGE

7. What other departments could be affected by the proposed change?
N/A

8. Will changing this course change the degree requirements in one or more programs?* ☐ Yes ☒ No
   If yes, please attach an explanation of the change.*

9. Is this course currently included in the University Studies Program? ☐ Yes ☒ No
   If yes, please attach correspondence indicating concurrence of the University Studies Committee.

10. If the course is a 100-200 level course, please submit evidence (e.g., correspondence) that the Community College System has been consulted.

*NOTE: Approval of this change will constitute approval of the program change unless other program modifications are proposed.
11. Is this a minor change? □ Yes  ☑ No
   (NOTE: See the description on this form of what constitutes a minor change. Minor changes are sent directly from the Dean of the College to the Chair of the Senate Council. If the latter deems the change not to be minor, it will be sent to the appropriate Council for normal processing.)

12. Within the Department, who should be consulted for further information on the proposed course change?
   Name: Joel Lee, Dr.P.H. Phone Extension: 323-5059 x285

Signatures of Approval:

______________________________  ____________________________  ____________________________
Department Chair  Date  Dean of the College  Date  Date of Notice to the Faculty

______________________________  ____________________________
**Undergraduate Council  Date

______________________________  ____________________________
**Graduate Council  Date

______________________________  ____________________________
**Academic Council for the Medical Center  Date

______________________________  ____________________________
**Senate Council  Date of Notice to University Senate

**If applicable, as provided by the Rules of the University Senate.

ACTION OTHER THAN APPROVAL

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The Minor Change route for courses is provided as a mechanism to make changes in existing courses and is limited to one or more of the following:

a. change in number within the same hundred series;
b. editorial change in description which does not imply change in content or emphasis;
c. editorial change in title which does not imply change in content or emphasis;
d. change in prerequisite which does not imply change in content or emphasis;
e. cross-listing of courses under conditions set forth in item 3.0;
f. correction of typographical errors. [University Senate Rules, Section III - 3.1]

Rev 11/98
Fall 2002
SPH 801: Health Enhancement and Disease Prevention

Instructor:
Richard Clayton, PhD
Good Samaritan Foundation Chair in Health Behavior
Kentucky School of Public Health

Offices:
Center for Prevention Research
2365 Harrodsburg Road, Suite B100
Lexington, KY 40504-3381

Department of Preventive Medicine
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Telephone: (859) 257-5588
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Teaching Assistant:
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Telephone: (859) 257-5588
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Course Location and Time: 3 to 5:30 Mondays Pharmacy 223

Course Description: This is the beginning course on health behavior and its change in the MPH curriculum. It is a required core course, the basis and foundation for subsequent courses in the social and behavioral sciences area of the Kentucky School of Public Health. The official title of the course, Health Enhancement and Disease Prevention is a reflection of two things. First, this core area is built upon disciplinary traditions that have focused largely on either health education/health promotion or disease prevention. Both of these traditionally have targeted change at the individual or interpersonal levels and often use a clinical perspective. There is nothing inherently incorrect about this approach. Individual level change is required for there to be changes in rates of healthy/unhealthy behavior at the population level and changes in the consequences of behavior. The second thing reflected in the title is the diversity of orientations among faculty in the SPH; some of us are more clinically oriented, some more population base oriented. The 801 course this fall will be taught with a strong emphasis on a balance between individual-level and macro-level change. Individuals are nested within a variety of contexts and the action is probably in the interaction between individual-level and contextual-level influences.

Course Objectives:
The curricula that constitute the programs in the Kentucky School of Public Health are based on a simple learning objective: to develop, improve, and enhance the competencies of its graduates so that they may be efficient and effective in the important work they will be doing in their communities and around the world.

Assumption 1: Individuals working in public health are increasingly being called upon to implement science/research/evidence based initiatives to reduce the health consequences from behaviors that can be changed. In order to do so, one must first know how to find the materials that are appropriate. There is an inscription above the entrance to the library at Florida State University that I think is worth repeating: “the half of knowledge is to know where to find it.” After access, the other half is to be able to read the scientific/research/evidence based literature critically, understand the strengths and weaknesses of the arguments being made, and then make strategic and tactical decisions about implementation. One objective of this course is to facilitate your skills in accessing and especially in critically evaluating the existing science/research/evidence based literature dealing with changing health behaviors.

Assumption 2: Individuals working in public health are often responsible for mounting a credible response to a perceived public health threat; a threat that often requires changes in behavioral patterns. The evidence on which the response will be based is usually epidemiological data that are not specific to the population and area for which one is responsible. Therefore, one objective of this course is to improve skills for critically evaluating epidemiologic data. This means that one must estimate the nature and extent of the threat in one’s community and determine how best to get individuals and groups to change the behaviors that exacerbate the likelihood of consequences occurring.
Assumption 3: Individuals working in public health must be able to critically examine assertions about causality among a complex group of variables, determine what are the malleable risk and protective risk factors, and implement efforts to change those risk and protective factors. This requires the skills to take complex statistical analyses, assess their reliability and validity, and determine if the assertions made about causality are correct and applicable in the local situation. A good working knowledge of both biostatistics and epidemiology are essential to the implementation of efficacious and effective health behavior interventions.

Assumption 4: Individuals working in public health must be able to understand the linkages that exist between environmental risk factors that have a negative impact on health and changes in health behavior that will be protective. All of us are embedded in environmental contexts and, sometimes to often, the changes that need to be made require a coordinated interaction of individual-level and environmental-level changes.

Assumption 5: Individuals working in public health are always involved in multidisciplinary, interdisciplinary, and even transdisciplinary activities to change health behaviors and that their work involves interventions in and with various health care systems. In order to be successful in public health, one must first recognize the importance of working collaboratively across systems and disciplines. Thus, it is impossible to understand health behavior change without understanding better the issues concerning health services management. Leadership skills are critical for each and every MPH student, and these leadership skills will most often be evident at the intersection of and by collaboration with various systems at the local level.

Assumption 6: one key to success in any endeavor is effective persuasive communications. Considering the assumptions described above, you must be able to clearly define the nature and extent of existing problems, evaluate evidence from the existing scientific/research/evidence based literature, articulate the options available for addressing the problem, and persuade the individuals and groups in your community to move decisively to address the problem.


Please note: We discovered that the 3rd edition of the text is due out at about the time that this course is to begin. We were not able to secure a copy of the text so, at this time, we are not identifying which chapters are to be read by which dates. As soon as the text comes in, you will be given a detailed set of instructions about reading assignments from the text.

Please note: I expect you to be in class every time and to participate.

Course Calendar:

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<tr>
<th>Date</th>
<th>Topic</th>
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<tr>
<td>September 9</td>
<td>Orientation – Course, Health Behavior Change</td>
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<td>September 16</td>
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<td>September 23</td>
<td>Guest Lecturer: Dr. Linda Jouridine</td>
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<td>November 4</td>
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<td>November 11</td>
<td>American Public Health Association Meetings, 9-13</td>
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<td>November 25</td>
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Requirements:

Although this is a “survey” and “introductory” course, it is a graduate level course. I expect you to be on time to class, to have read all the material assigned, to participate in the discussions in class, and to be intellectually curious. Graduate school is not about doing the minimum necessary for the class – it is about close to total immersion in all the classes you take. It is about enthusiasm for learning and a craving for knowledge that drives you to read as much as you can about a variety of topics because what you learn will be used to help individuals and groups to improve their life chances and health.

You will be assigned chapters from the book each week. In addition, each week you will be expected to read and briefly summarize articles from the science/research/evidence based literature. Some of those articles will be assigned, some will be ones you choose because of some special interests you may have. When I say summarize, I don’t mean copying or re-writing the abstract.

There will be one written test at the end of the semester. It will not be a multiple choice or true-false. It will require you to write answers to several discussion questions.
Papers:
You will be expected to write two papers. These papers will be on a specific health behavior topic of your choosing that must be
approved by me. These papers should be no shorter than 10 pages. Complex topics require some in-depth review on your part. They
should be no longer than 20 pages. If you can say what you need succinctly, you don’t have a grasp of the problem or topic. Each
paper will include a one-page summary that states the problem, identifies the options that can be used to address the problem, and
some recommendations on what are the best options. This is to prepare you for preparing briefs to decision-makers, many of whom
will only read a one or two page brief.

Grading:
Grading in this class will be rigorous. You may have made outstanding grades in undergraduate school – congratulations if that is so.
This is graduate school. Everyone in this class is a college graduate. The pool has shrunk. Your classmates have demonstrated
excellence. In most graduate classes in most universities a C is considered an unacceptable. If your performance rates it, I will assign a
C. Only truly exceptional performance will receive an “A.” If a bell-shaped curve was the expectation, 7% of your would receive a
failing grade (F) and 7% an exceptional grade (A), with 24% receiving a B or a D, and 38% receiving a C. There is a compression in
graduate school. Therefore, an average grade will be a B with only a few receiving an A and hopefully, very few receiving a C.

Your grade will consist of scores on your two papers and one test. At the end of the semester I will make an assessment of your
participation in class and discussions. If taking that into consideration would move you from a lower grade to a higher grade, I will use
participation in that way.

Some of you will undoubtedly not like your grade. Let’s be clear at the beginning. When I read your papers there will be some degree
of subjectivity involved. However, I have been teaching at the college level for 35 years, most of that time teaching both
undergraduates and graduate students. I will make every effort to be as objective as I can. I will read the papers and assign the grades.
I will be helped by my teaching assistant, but she will have no decision-making authority in assigning grades.