

Course Title: Urban Public Health

Course Number: UGPH 0680

Course Location: 1 Riverfront Plaza, Suite 1020, Newark, NJ 07102

Course Date & Time: Wednesdays 6PM-8PM from 1/28/20 – 5/6/20

Course Instructor: **Devin English, PhD**
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Office Hours: By Appointment Only

Course Assistant: None

Course Website: <https://rutgers.instructure.com/courses/19032>

Required Course Text:

Galea, S., Ettman, C.K., & Vlahov, D. (Eds.). (2019). *Urban health*. New York, NY: Oxford University Press.

Kindle: \$42.75 (Amazon)

NOOK Book: \$36.99 (Barnes & Noble)

Paperback: \$45.00 Amazon Prime

Course Description: The course provides the student with basic information about how cities 'work' and the background needed to better promote health in urban settings. Cities are ultimately about their residents and visitors, and the many interactions among them within complex urban ecosystems. The course describes the multiple social and physical environments of cities and the ways by which race, class, power, socioeconomic status, development, and the natural and built environments interact to influence the health and well-being of urban populations and subpopulations.

Selected Concentration Competencies Addressed:

Each Concentration identifies competencies for each degree offered. The competencies addressed in this course for the MPH in Urban-Global Public Health include:

1. Analyze the role of individual, biological, social, economic, political, and environmental factors that influence the health status of urban populations.
2. Use relevant sources (including public health literature and qualitative and quantitative data) to identify the health status and disparities in urban populations and communities.

3. Examine the characteristics, unique health challenges, and opportunities of urban populations and communities.
4. Apply methods to develop and assess programs and strategies that protect or endanger the health and well-being of urban populations.
5. Describe the health status of urban populations and their related determinants using quantitative and qualitative information

Please visit the Concentration webpages on the School of Public Health's website at sph.rutgers.edu for additional competencies addressed by this course for other degrees and concentrations.

Course Objectives: By the completion of this course, students will be able to:

1. Identify the economic, cultural, social, technological, environmental and other forces that have created and are changing the world's cities.
2. Describe the importance of the natural and built environments in structuring urban life and influencing health.
3. Describe the diverse populations and subpopulations of cities and variations in health, wealth, power, history, social structure and other factors that interact to influence health equity.
4. Describe the economic and political structures that are often present in cities.
5. Envision healthy smart cities of the future.
6. Identify disparities in exposure and health outcomes.

Course Requirements and Grading:

Weekly Readings

Weekly reading assignments are listed on the course syllabus. Links have been provided for all articles, reports, and websites that are required for the weekly reading assignments. If you discover that one of the links is not working, please notify us immediately. The URL links were current as of 01/21.

Consider the following as you complete the readings so that you are prepared to discuss them in class:

1. What are the main questions the author is posing?
2. What is the methodology?
3. What are the main conclusions?
4. Do you agree or disagree with the conclusions?
5. What additional questions does the article raise?
6. How does this article have implications for health equity?

As needed, we will revise the reading list up until the week prior to when they are due. All readings are mandatory and must be read prior to each class. Lectures are not meant to substitute the reading materials.

Written Assignments

All written assignments for this class are to be submitted electronically through the course page in Canvas using Microsoft Word and following APA formatting. All references and in-text citations must use APA formatting only (pay particular attention to how to cite internet sources). Correct use of APA formatting is part of your grade for written assignments. The assignments should have a one inch -margin on all sides, double spaced, and use 11 point font size. Recommended fonts are Arial, Calibri or Times New Roman.

LATE ASSIGNMENTS WILL NOT BE ACCEPTED.

Reflection Papers

Students will submit 3 reflections essays focusing on the assigned readings from the course. Students will be able to select any article assigned between the most current reflection paper and the previous reflection paper. For example, for reflection paper 2 students can select an article between week 4 and week 10. You cannot select the same readings that you are using for the Journal Club. Each reflection paper should include the following:

1. Why you chose the article, what interested you?
2. What important questions are raised by the article?
3. How does the article critically (or not critically) engage health equity?
4. What else would you like to know about the topic covered in the article?
5. How does this article relate to the assigned topic?

The reflection papers should be no more than 2 pages long, with a one inch margin on all sides, double spaced, and in 11 point font Times New Roman. Each Reflection Paper should include the complete citation for the article, using APA formatting.

Journal Club

The purpose of the journal club is to develop your ability to lead a discussion, to critique the literature, and to learn how to communicate ideas. This will take place during last 30 minutes of each class will be devoted to a student-led journal club. During this time, the class will collectively examine the contents and implications of one or more of the assigned readings. Each student will be responsible for facilitating or co-facilitating a journal club. You are to review the syllabus and select the weeks that you want to facilitate no later than the second class.

You will select an article from the assigned readings for the week you facilitate. You will be responsible for leading the class discussion. You are expected to provide a brief overview of the article and then lead the class discussion. You are responsible for providing the class with a

brief summary of the article, focusing on the main concepts and ideas, as well as providing a critical analysis.

Prior to class, you are to provide your classmates and the professor with at least three (3) questions that will be used to guide the discussion. The questions are to be submitted using the Canvas email.

Public Health Policy Projects

In a series of public health policy projects, you will progressively identify a public health problem, explore its social and structural causes within urban environments, and advocate for an effective way to address the inequities caused by the problem. This is a process that is directly applicable to the grant application and policy advocacy projects that you may work on after you graduate from this program.

You will be graded on the quality of the projects and also the degree to which they improve based on feedback from the instructors and the integration of a critical health equity approach.

Public Health Statement

This is the first step in developing the final policy brief project for this class. The purpose of this project is to concisely draw the attention of a key decision maker or an elected official to a public health crisis. Student pairs (i.e., Groups of 2 assigned by the instructors) are required to prepare a one paragraph problem statement, a maximum of 1 page (excluding references and other supporting materials), to be used for in the first step of advocacy by you to a decision maker or an elected official. The public health statement should be a non-technical summary of a problem being faced by a population in the United States in order to draw attention to the subject.

You are to write the public health statement on a critical public health issue that has not been addressed in this course. Your public health statement should include information about the public health problem, the magnitude of the problem, and the inequities inherent to the problem.

The statement should address each of the following questions:

1. What is the urban public health issue and/or global health challenge?
2. What is the magnitude of the problem? What are the health consequences?

The submission of the public health statement should include a brief description of what each author contributed to the policy memo. Each student will be graded individually on their respective contribution to their statement.

Policy Memo

This is the second step in developing the final policy brief project for this class. For this assignment, student pairs should build off of the policy public health statement draft, and the feedback from your professors to flesh out your public health statement. In particular, for this project you should explore the social and/or structural drivers of the problem, the non-health consequences of the problem you identified, identify its links to other health challenges, and

review at least 2 available strategies/policies to address the problem. Students are required to prepare a 2.5-page (excluding references and other supporting materials) policy memo to be used for advocacy that shows the multidimensional nature of a public health problem and potential solutions by you to a decision maker or an elected official. As with the public health statement, the policy brief should be a non-technical summary of a problem being faced by a population in the United States in order to draw their attention to the subject.

You are to write the policy memo on a critical public health issue that has not been addressed in this course. Your policy memo should include information about your target population, the key risk factors, the social and economic costs of the problem, and the links between the issues with the social and economic development, and the most cost effective way to address the issue.

The brief should address each of the following questions:

1. What are the urban-based social and/or structural forces leading to this problem?
2. Who is most affected?
3. Are there non-health consequences (e.g., economic, social, political), from this problem?
4. How is this particular problem related to other global health challenges?
5. What are the available interventions, strategies and policies that address this problem?

(Adapted from: Harvard College. (2012). Student's Guide to Writing in Societies of the World
24. https://writingproject.fas.harvard.edu/files/hwp/files/2012_global_health_low_res_final-1.pdf)

Your memo should be concise and evidence-based, look at evidenced-based interventions that are available that address your topic.

The submission of the policy memo should include a brief description of what each author contributed to the policy memo. Each student will be graded individually on their respective contribution to their memo.

Policy Brief

This is the third step in the Policy Brief development. For this assignment, student pairs should build off of the policy memo draft and the feedback from your professors to flesh out your policy memo. In particular, for this project you should select an intervention that is the most effective (and cost effective) and to provide recommendations for addressing the problem you choose. Students are required to prepare a 5-page policy (excluding references and other supporting materials) brief to be used for advocacy for an intervention by you to a decision maker or an elected official. As with the policy memo, the policy brief should be a non-technical summary of a problem being faced by a population in the United States in order to draw their attention to the subject.

You are to write a five-page policy brief on a critical public health issue that has not been addressed in this course to present to a key decision maker or an elected official for possible funding and implementation. Your policy brief should include information about your target population, the key risk factors, the social and economic costs of the problem, the links between

the issues with the social and economic development, and the most cost effective way to address the issue.

You will be required to present your work to the class at the end of the semester.

In addition to developing a strong message on the topics covered in the memo, the brief should address each of the following *additional* questions:

1. What can be done that is most effective, for the least amount of money?
2. What are the pros and cons to this approach? Given the cons, why is this our best option?
3. What are your recommendations for addressing the problem you chose?

(Adapted from: Harvard College. (2012). Student's Guide to Writing in Societies of the World 24. https://writingproject.fas.harvard.edu/files/hwp/files/2012_global_health_low_res_final-1.pdf)

Your brief should be concise and evidence-based, look at evidenced based interventions that are available that address your topic.

The submission of the policy brief should include a brief description of what each author contributed to the policy brief. Each student will be graded individually on their respective contribution to their brief.

Formatting

For this assignment you are expected to use peer reviewed articles or organization reports, Fact Sheets and web-sites are not accepted references, their overuse will cause you to loose points when your paper is graded.

The assignment should be submitted electronically through the course page in Canvas using Microsoft Word and following APA formatting. All references and in-text citations must use APA format only (pay particular attention to how to cite internet sources). Correct use of APA format is part of your grade for written assignments.

The above directions will be taken into consideration when grading your paper.

Class Participation

Class participation will consist of two aspects:

- Contributions to in-class activities (e.g., attendance, polls, conversation)
- The completion of your **online 30s**. Online 30s are assignments that include watching videos and reviewing policy reports and writing a brief (i.e., one paragraph) reflection on the material. These are due biweekly. ONLINE 30s are DUE 24 HRS PRIOR TO CLASSTIME. So, Tuesdays by 6PM.

Grading Policy

LATE ASSIGNMENTS WILL NOT BE ACCEPTED.

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|------------------------------|----------------|
| 1. Reflection Paper 1 | 5 pts. |
| 2. Reflection Paper 2 | 5 pts. |
| 3. Reflection Paper 3 | 5 pts. |
| 4. Journal Club | 15 pts. |
| 5. Public Health Statement | 10 pts. |
| 6. Policy Memo | 15 pts. |
| 7. Policy Brief | 25 pts. |
| 8. Policy Brief Presentation | 10pts. |
| 9. Class Participation | <u>10 pts.</u> |
| Total: | 100 pts. |

Links to Course Competencies and Objectives

Competency	Course Objectives(s)	Lessons	Assessment(s)
1	1, 2, 3, 4	3, 4, 5, 6, 7, 8, 10	Journal Club Reflective papers Policy Projects
2	1, 3, 4	3, 4, 5, 6, 10	Journal Club Policy Projects
3	1, 3, 5	2, 6, 8, 10, 12, 14	Reflective papers Journal club
4	2, 5, 6	5, 7, 8, 13	Journal Club Policy Projects
5	1, 2, 3, 4	3, 4, 5, 6, 7, 8, 10	Journal Club Policy Projects

- Grading Policy: 94 – 100 A
- 90 – <94 A-
- 87 – <90 B+
- 84 – <87 B
- 80 – <84 B-
- 77 – <80 C+
- 70 – <77 C
- <70 F

Course Schedule:

Week	Topic
1	Introduction to the Course
2	<p>A History of Cities and Urbanization – Why Does Health Matter</p> <p>Reading assignments:</p> <p>Galea. Ettman, & Vlahov Chapter 1: The Present and Future of Cities, pp. 3-14. Chapter 2: Why Cities and Health? Cities as Determinants of Health, pp.15-23.</p> <p><u>Articles</u> Ezeh, A., Oyebode, O., Satterthwaite, D., Chen, Y., Ndugwa, R., Sartori, J., Mberu, B...Lilford, R.J. (2017). The history, geography, and sociology of slums and the health problems of people who live in slums. <i>Lancet</i>, 389, 547–58. doi.org/10.1016/S0140-6736(16)316506 http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)31650-6.pdf</p> <p>Ezeh, A., Oyebode, O., Satterthwaite, D., Chen, Y., Ndugwa, R., Sartori, J., Mberu, B...Lilford, R.J. (2017). Improving the health and welfare of people who live in slums. <i>Lancet</i>, 389,559-570. doi.org/10.1016/S0140-6736(16)31848-7 https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(16)31848-7.pdf</p> <p>Ford, C. L., & Airhihenbuwa, C. O. (2010). The public health critical race methodology: Praxis for antiracism research. <i>Social Science & Medicine</i>, 71(8), 1390-1398. https://doi.org/10.1016/j.socscimed.2010.07.030</p>
3	<p>Methods and Approaches to Understanding Health in Cities</p> <p>Reading assignments:</p> <p>Galea. Ettman, & Vlahov Chapter 18: Urban Public Health, pp. 169-178. Chapter 22: Health Services Research: Studying Healthcare Services in the City, pp. 207-216. Chapter 24: Multilevel Perspectives on Urban Health, pp. 230-238. Chapter 26: Social Networks, pp. 248-255. Chapter 29: Community-based participatory research: an approach to research in the urban context, pp. 272-285</p> <p><u>Articles</u> Gee, G. C., & Payne-Sturges, D. C. (2004). Environmental health disparities: A framework integrating psychosocial and environmental concepts. <i>Environmental Health Perspectives</i>, 112(17), 1645-1653. https://doi.org/10.1289/ehp.7074</p>
4	Health and Wellness in Cities - Housing

	<p>Reading assignments:</p> <p>Galea. Ettman, & Vlahov Chapter 3: Economic Conditions, pp. 27-36. Chapter 5: Housing, pp. 44-51. Chapter 6: Transport and Health, pp. 52-58.</p> <p><u>Articles:</u> Butala, N.M., VanRooyan, M.J., Patel, R.B. (2010). Improved health outcomes in urban slums through infrastructure upgrading. <i>Social Science & Medicine</i>, 71, 935-940. https://www.sciencedirect.com/science/article/pii/S0277953610004557</p> <p>Chatterjee, S. (2015). Making children matter in slum transformations: Lessons from India's National Urban Renewal Mission. <i>Journal of Urban Design</i>, 20(4), 479-506. http://dx.doi.org/10.1080/13574809.2015.1044506</p> <p>Ezeh, A.E., Satterthwaite, D., Chen, Y.F., Ndugwa, R., Satori, J., Mberu, B., . . . Lilford, R.J. (2017). The history, geography, and sociology of slums and the health problems of people who live in slums. <i>Lancet</i>, 389, 547-558. http://www.sciencedirect.com/science/article/pii/S0140673616316506?via%3Dihub</p> <p>Hyra, D., Moulden, D., Wetted, C., & Fullilove, M. (2019). A method for making the just city: Housing, gentrification, and health. <i>Housing Policy Debate</i>, 29(3), 421-431. https://doi.org/10.1080/10511482.2018.1529695</p> <p>Reflection Paper 1 Due.</p>
5	Neighborhoods and Poverty
	<p>Reading assignments:</p> <p>Galea. Ettman, & Vlahov Chapter 4: Reducing Poverty, Improving Health, pp.37-43</p> <p><u>Articles:</u> Agarwal, S., Satyavada, A., Kaushik, S., & Kumar, R. (2007). Urbanization, urban poverty and health of the urban poor: Status, challenges and the way forward. <i>Demography India</i>, 36(1), 121-134. https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3133050</p> <p>Graif, C., Gladfelter, A.S., & Matthews, S.A. (2014). Urban poverty and neighborhood effects on crime: Incorporating spatial and network perspectives. <i>Sociology compass</i>, 8(9), 1140-1155. https://onlinelibrary.wiley.com/doi/abs/10.1111/soc4.12199</p> <p>Sekkat, K. (2016). Urban concentration and poverty in developing countries. <i>Growth & Change</i>, 48(3), 435-458. https://onlinelibrary.wiley.com/doi/abs/10.1111/grow.12166</p> <p>PUBLIC HEALTH STATEMENT DUE</p>

6	<p>Health and Wellness in Cities - Neighborhoods</p> <p>Reading assignments:</p> <p>Galea. Ettman, & Vlahov Chapter 16: Improving Access to Healthy Food in Cities, pp. 148-155.</p> <p><u>Articles:</u> Gordon, C., Purciel-Hill, M., Ghai, N.R., Kaufman, L., Graham, R., & VanWye, G. (2011). Measuring food deserts in New York City's low-income neighborhoods. <i>Health & Place</i>, 17(2), 696-700. https://doi.org/10.1016/j.healthplace.2010.12.012</p> <p>Kolak, M., Bradley, M., Block, D.R., Pool, L. Garg, G., Kelly, C...Wolf, M. (2018). Urban foodscape trends: Disparities in healthy food access in Chicago, 2007-2014. <i>Health & Place</i>, 52, 231-239. https://doi.org/10.1016/j.healthplace.2018.06.003</p> <p>English, D., Lambert, S. F., Evans, M. K., & Zonderman, A. B. (2014). Neighborhood racial composition, racial discrimination, and depressive symptoms in African Americans. <i>American Journal of Community Psychology</i>, 54(3-4), 219-228. https://doi.org/10.1007/s10464-014-9666-y</p> <p>Vega, W. A., Ang, A., Rodriguez, M. A., & Finch, B. K. (2011). Neighborhood protective effects on depression in Latinos. <i>American Journal of Community Psychology</i>, 47(1-2), 114-126. https://doi.org/10.1007/s10464-010-9370-5</p> <p>Williams, D. R., & Collins, C. (2001). Racial residential segregation: A fundamental cause of racial disparities in health. <i>Public Health Reports</i>, 116(5), 404–416. https://doi.org/10.1093/phr/116.5.404</p> <p>Movie and Discussion: <i>Decade of Fire</i> <i>Decade of Fire covers a shocking but untold piece of American urban history, when the South Bronx was on fire in the 1970s. Left unprotected by the city government, nearly a quarter-million people were displaced as their close-knit, multiethnic neighborhood burned to the ground, reducing the community to rubble. Buildings burned almost continuously from an estimated forty fires a day that destroyed 80% of area housing stock and displaced a quarter-million residents...With the help of fellow survivors, Vivian Vázquez Irizarry, who grew up in the South Bronx, and other community leaders tell the story of how they banded together amidst the rubble and built a better future for their children.</i> (DecadeofFire.com)</p>
7	<p>Health and Wellness in Cities – Neighborhoods (continued)</p> <p>Reading assignments:</p> <p>Galea. Ettman, & Vlahov Chapter 16: Improving Access to Healthy Food in Cities, pp. 148-155.</p> <p><u>Articles:</u> Gordon, C., Purciel-Hill, M., Ghai, N.R., Kaufman, L., Graham, R., & VanWye, G. (2011). Measuring food deserts in New York City's low-income neighborhoods.</p>

	<p><i>Health & Place</i>, 17(2), 696-700. https://doi.org/10.1016/j.healthplace.2010.12.012</p> <p>Kolak, M., Bradley, M., Block, D.R., Pool, L. Garg, G., Kelly, C...Wolf, M. (2018). Urban foodscape trends: Disparities in healthy food access in Chicago, 2007-2014. <i>Health & Place</i>, 52, 231-239. https://doi.org/10.1016/j.healthplace.2018.06.003</p> <p>English, D., Lambert, S. F., Evans, M. K., & Zonderman, A. B. (2014). Neighborhood racial composition, racial discrimination, and depressive symptoms in African Americans. <i>American Journal of Community Psychology</i>, 54(3-4), 219-228. https://doi.org/10.1007/s10464-014-9666-y</p> <p>Vega, W. A., Ang, A., Rodriguez, M. A., & Finch, B. K. (2011). Neighborhood protective effects on depression in Latinos. <i>American Journal of Community Psychology</i>, 47(1-2), 114-126. https://doi.org/10.1007/s10464-010-9370-5</p> <p>Williams, D. R., & Collins, C. (2001). Racial residential segregation: A fundamental cause of racial disparities in health. <i>Public Health Reports</i>, 116(5), 404–416. https://doi.org/10.1093/phr/116.5.404</p> <p>Movie and Discussion: <i>Decade of Fire (continued)</i></p>
8	Health and Wellness in Cities – Crime, Alternative Economies and Incarceration
	<p>Reading assignments:</p> <p>Galea. Ettman, & Vlahov Chapter 15: Crime and Criminal Justice in Cities, pp. 139-147.</p> <p><u>Articles:</u> Bonnet, F. & Venkatesh, S. (2016). Poverty and informal economies. In D. Brady & L.M. Burton (Eds.), <i>The Oxford handbook of the social science of poverty</i> (pp. 637-659). New York, NY: Oxford University Press. https://halshs.archives-ouvertes.fr/halshs-01297260/document</p> <p>Culyba, A.J., Jacoby, S.F., Richmond, T.S., Fein, J.A., Hohl, B.C., & Branas, C.C. (2016). Modifiable neighborhood features associated with adolescent homicide. <i>JAMA Pediatrics</i>, 170(5), 473-80. doi:10.1001/jamapediatrics.2015.4697 https://jamanetwork.com/journals/jamapediatrics/fullarticle/2498560</p> <p>Gold, S., & Nepormnyaschy, L. (2018) Neighborhood physical disorder and early delinquency among urban children. <i>Journal of Marriage and Family</i>, 80(4), 919-933. https://doi.org/10.1111/jomf.12487</p> <p>Graif, C., Gladfelter, A. & Matthews, S.A. (2014). Urban poverty and neighborhood effects on crime: Incorporating spatial and network perspectives. <i>Sociology Compass</i>, 8(9), 1140-1155. http://onlinelibrary.wiley.com/doi/10.1111/soc4.12199/epdf</p>

	<p>Keene, D.E., Smoyer, A.B., & Blankenship, K.M. (2018). Stigma, housing and identity after prison. <i>The Sociological Review</i>, 66(4), 799-815. https://doi.org/10.1177/0038026118777447</p> <p>Raleigh, R. & Galster, G. (2014). Neighborhood disinvestment, abandonment, and crime dynamics. <i>Journal of Urban Affairs</i>, 37(4), 367-396. http://onlinelibrary.wiley.com/doi/10.1111/juaf.12102/full</p> <p>Ross, C. T. (2015). A multi-level Bayesian analysis of racial bias in police shootings at the county-level in the United States, 2011–2014. <i>PloS one</i>, 10(11), e0141854. https://doi.org/10.1371/journal.pone.0141854</p> <p>Wildeman, C. & Wang, E.A. (2017). Mass incarceration, public health, and widening inequality in the USA. <i>Lancet</i>, 389, 1464-1474. https://reader.elsevier.com/reader/sd/pii/S0140673617302593?token=FFC573FCA4E5C8D9BC3686C3914FF2F2ECE0EDE1CF849BA19A149C8416846D9073442EF1E6BFEEAE605C5AFC61032B9F</p> <p>POLICY MEMO DUE</p>
9	SPRING BREAK
10	Health and Wellness in Cities – Populations, Health Across the Lifespan
	<p>Reading assignments:</p> <p>Galea. Ettman, & Vlahov Chapter 7: Aging Populations, pp. 59-69. Chapter 8: Children and Adolescents in Cities, pp. 70-75. Chapter 12: Health Places to Play, Learn, and Develop, pp. 102-111.</p> <p><u>Articles/Reports:</u> Cooley-Strickland, M., Quille, T.J., Griffin, R.S., Stuart, E.A., Bradshaw, C.P., & Furr- Holden, D. (2009). Community violence and youth: affect, behavior, substance use, and academics. <i>Clinical Child And Family Psychology Review</i>, 12(2), 127-156. doi: 10.1007/s10567-009-0051-6</p> <p>Higo, M., & Khan, H.T.A. (2014). Global population aging: Unequal distribution of risks in later life between developed and developing countries. <i>Global Social Policy</i>, 15(2), 146-166. https://doi.org/10.1177/1468018114543157</p> <p>Metzler, M., Merrick, M.T., Klevens, J., Ports, K.A., & Ford, D.C. (2017). Adverse childhood experiences and life opportunities: Shifting the narrative. <i>Children and Youth Services Review</i>, 72, pp. 141-149. http://dx.doi.org/10.1016/j.childyouth.2016.10.021</p> <p>Routhier, G. (2018). State of the homeless 2018: Fate of a generation: How the city and state can tackle homelessness by bringing housing investment to scale. Retrieved from https://www.coalitionforthehomeless.org/wp-content/uploads/2018/03/CFHStateoftheHomeless2018.pdf</p>

	Reflection Paper 2 Due.
11	Health and Wellness in Cities – Populations, LGBTQ+ Communities
	<p>Articles: Bowleg, L., del Rio-Gonzalez, A. M., Holt, S. L., Perez, C., Massie, J. S., Mandell, J. E., & A. Boone, C. (2017). Intersectional epistemologies of ignorance: How behavioral and social science research shapes what we know, think we know, and don't know about US Black men's sexualities. <i>The Journal of Sex Research</i>, 54(4-5), 577-603. https://doi.org/10.1080/00224499.2017.1295300</p> <p>Cahill, S., & Makadon, H. (2014). Sexual orientation and gender identity data collection in clinical setting and in electronic health records: A key to ending LGBT health disparities. <i>LGBT Health</i>, 1(1), 34-41. http://online.liebertpub.com/doi/pdf/10.1089/lgbt.2013.0001</p> <p>Klein, A., Mountz, S., & Bartle, E. (2018). Factors associated with discrimination in social-service settings among a sample of transgender and gender-nonconforming adults. <i>Journal of the Society for Social Work and Research</i>, 9(3), 431-448. https://doi.org/10.1086/699538</p> <p>Mollon, L. (2012). The forgotten minorities: Health disparities of the Lesbian, Gay, Bisexual, and Transgendered communities. <i>Journal of Health Care for the Poor and Underserved</i>, 23(1), 1-6. http://muse.jhu.edu/journals/journal_of_health_care_for_the_poor_and_underserved/v023/23.1.mollon.pdf</p> <p>Stults, C.B., Javdani, S., Greenbaum, C.A., Kapadia, F., & Halkitis, P.N. (2016). Intimate partner violence and sex among young men who have sex with men. <i>Journal of Adolescent Health</i>, 5(2), 215-222. https://doi.org/10.1016/j.jadohealth.2015.10.008</p>
12	Health and Wellness in Cities – Assimilation and Acculturation
	<p>Reading assignments:</p> <p>Galea. Ettman, & Vlahov Chapter 10: Migration, 85-93.</p> <p>Articles: Abramitzky, R., Boustan, L.P., & Eriksson, K. (2014). A nation of immigrants: Assimilation and economic outcomes in the age of mass migration. <i>Journal of Political Economy</i>, 122(3), 467-506. http://www.journals.uchicago.edu/doi/pdfplus/10.1086/675805</p> <p>Fox, M., Thayer, Z.M., & Wadhwa, P.D. (2017). Acculturation and health: The moderating role of sociocultural context. <i>American Anthropologist</i>, 119(3), 405-421. http://onlinelibrary.wiley.com/doi/10.1111/aman.12867/full</p> <p>Tutu, R.A., Boateng, J., Ameyaw, E.E., & Busingye, J.D. (2016). Acculturation</p>

	<p>inclinations and subjective health status of internal migrants in James Town, an urban slum settlement in Accra. <i>Journal of population Research</i>, 34(2), 165-183. https://link.springer.com/article/10.1007/s12546-016-9182-z</p> <p>Viruell-Fuentes, E. A., Miranda, P. Y., & Abdulrahim, S. (2012). More than culture: Structural racism, intersectionality theory, and immigrant health. <i>Social Science & Medicine</i>, 75(12), 2099-2106. https://doi.org/10.1016/j.socscimed.2011.12.037</p> <p>Reflection Paper 3 Due.</p>
13	Disease and Disability in Urban Spaces
	<p>Reading assignments:</p> <p>Galea. Ettman, & Vlahov Chapter 33: New York City: The Fit City Example, pp. 309-215. Chapter 38: Rapid Urbanization in China, pp. 356-361.</p> <p><u>Articles:</u></p> <p>Burke-Miller, J.K., Weber, K., Cohn, S.E., Hershov, Sha, B.E., French, A.L., & Cohen, M.H. Neighborhood community characteristics associated with HIV disease outcomes in a cohort on urban women living with HIV. <i>AIDS Care</i>, 28(10). https://doi.org/10.1080/09540121.2016.1173642</p> <p>Egan, J. E., Frye, V., Kurtz, S. P., Latkin, C., Chen, M., Tobin, K., ... & Koblin, B. A. (2011). Migration, neighborhoods, and networks: approaches to understanding how urban environmental conditions affect syndemic adverse health outcomes among gay, bisexual and other men who have sex with men. <i>AIDS and Behavior</i>, 15(1), 35-50. https://doi.org/10.1007/s10461-011-9902-5</p> <p>Fullilove, M. T., & Cantal-Dupart, M. (2016). Medicine for the city: Perspective and solidarity as tools for making urban health. <i>Journal of Bioethical Inquiry</i>, 13(2), 215-221.</p> <p>Khabbaz, R.F., Moseley, R.R., Steiner, R.J., Levitt, A.M., & Bell, B.P. (2014). The Health of Americans 2: Challenges of infectious diseases in the USA. <i>Lancet</i>; 384: 53-63. http://dx.doi.org/10.1016/S0140-6736(14)60890-4</p> <p>Mendenhall, E., Kohrt, B.A., Norris, S.A., Ndeti, D., Prabhakaran, D. (2017). Non-communicable disease syndemics: poverty, depression, and diabetes among low-income populations. <i>The Lancet</i>, 389(10072), 951-963. https://doi.org/10.1016/S0140-6736(17)30402-6</p> <p>National Academies of Sciences, Engineering and Medicine. (2018). Urbanization and slums: Infectious disease in the urban environment: Proceedings of a workshop. Chapter 2: Perspectives on the prevention and control of infectious diseases in an urban and interconnected world (pp. 5-16). Washington, DC: The National Academies Press. https://doi.org/10.17226/25070</p> <p>National Academies of Sciences, Engineering and Medicine. (2018). Urbanization and slums: Infectious disease in the urban environment: Proceedings of a workshop.</p>

	Chapter 3: Understanding infectious disease transmission in urban built environments (17-34). Washington, DC: The National Academies Press. https://doi.org/10.17226/25070
14	Health and Wellness in Cities – Climate Change and Pollution & The Future of Cities
	<p>Reading assignments: Galea. Ettman, & Vlahov. Chapter 13: Pollution, pp. 112-128. Chapter 14: Climate Change and the Health of Urban Populations, pp. 129-138. Chapter 41: City Health Departments: Leading Urban Public Health Practice. Pp. 377-385. Chapter 42: City Leadership for Health, Equity, and Sustainable Development, pp. 386-393 Chapter 44: Urban Health: Looking to the Future, pp. 404-410</p> <p><u>Articles and Reports</u> Global report on urban health: equitable, healthier cities for sustainable development. <i>Chapter 6 Provide Safe Water and Sanitation for all. World Health Organization. 2016.</i> http://www.who.int/kobe_centre/measuring/urban-global-report/ugr_full_report.pdf</p> <p>Actions on Air Quality. UNEP 2016. https://wedocs.unep.org/bitstream/handle/20.500.11822/7677/actions_on_air_quality.pdf?sequence=3&isAllowed=y</p> <p>O'Neill MS, et al. Health, wealth, and air pollution: advancing theory and methods. <i>Environ Health Perspect.</i> 2003 Dec;111(16):1861-70. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1241758/pdf/ehp0111-001861.pdf</p> <p>Gomez-Baggerhun, E., Barton D.N. (2013). Classifying and valuing ecosystem services for urban planning. <i>Ecological Economics.</i> 86, 235-245. http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.870.7709&rep=rep1&type=pdf</p> <p>POLICY BRIEF DUE</p>
15	Student Presentations
16	Student Presentations

Learning Management System: Canvas will be used extensively throughout the semester for course syllabus, assignments, announcements, communication and/or other course-related activities. It is the student's responsibility to familiarize themselves with Canvas and check it regularly. If you have difficulties accessing Canvas, please inform the instructor and Canvas Support (help@canvas.rutgers.edu). Canvas is accessible at canvas.rutgers.edu.

School of Public Health Honor Code: The School of Public Health Honor Code is found in the School Catalog (sph.rutgers.edu/academics/catalog.html). Each student bears a fundamental responsibility for maintaining academic integrity and intellectual honesty in his or her graduate work. For example, all students are expected to observe the generally accepted principles of scholarly work, to submit their own rather than another's work, to refrain from falsifying data, and to refrain from receiving and/or giving aid on examinations or other assigned work requiring independent effort. In submitting written material, the

writer takes full responsibility for the work as a whole and implies that, except as properly noted by use of quotation marks, footnotes, etc., both the ideas and the works used are his or her own. In addition to maintaining personal academic integrity, each student is expected to contribute to the academic integrity of the School community by not facilitating inappropriate use of her/his own work by others and by reporting acts of academic dishonesty by others to an appropriate school authority. It should be clearly understood that plagiarism, cheating, or other forms of academic dishonesty will not be tolerated and can lead to sanctions up to and including separation from the Rutgers School of Public Health.

Students with Disabilities: Rutgers University welcomes students with disabilities into all of the University's educational programs. In order to receive consideration for reasonable accommodations, a student must apply for Services by first completing a Registration Form with the Rutgers Office of Disability Services (ODS) at ods.rutgers.edu. The student will also be required to participate in an ODS intake interview and provide documentation. If reasonable accommodations are granted, ODS will provide you with a Letter of Accommodations which should be shared with your instructors as early in your courses as possible.

Commitment to Safe Learning Environment: The Rutgers School of Public Health is committed to helping create a safe learning environment for all students and for the School as a whole. Free expression in an academic community is essential to the mission of providing the highest caliber of education possible. The School encourages civil discourse, reasoned thought, sustained discussion, and constructive engagement. Provocative ideas respectfully presented are an expected result. An enlightened academic community, however, connects freedom with responsibility. The School encourages all students to disclose any situations where you may feel unsafe, discriminated against, or harassed. Harassment or discrimination of any kind will be not tolerated and violations may lead to disciplinary actions.

Reporting Discrimination or Harassment: If you experience any form of gender or sex-based discrimination or harassment, including sexual assault, sexual harassment, relationship violence, or stalking, know that help and support are available. You may report such incidents to the [RBHS Title IX Office](#) or to the School of Public Health's [Office of Student Affairs](#). Rutgers University has staff members trained to support survivors in navigating campus life, accessing health and counseling services, providing academic and housing accommodations, and more. If you experience any other form of discrimination or harassment, including racial, ethnic, religious, political, or academic, please report any such incidents to the School's [Office of Student Affairs](#). The School strongly encourages all students to report any incidents of discrimination or harassment to the School. Please be aware that all Rutgers employees (other than those designated as confidential resources such as advocates, counselors, clergy and healthcare providers as listed in Appendix A to [Policy 10.3.12](#)) are required to report information about such discrimination and harassment to the School and potentially the University. For example, if you tell a faculty or staff member about a situation of sexual harassment or sexual violence, or other related misconduct, the faculty or staff member must share that information with the [RBHS Title IX Coordinator](#). If you wish to speak to a confidential employee who does not have this reporting responsibility, you can find a list of resources in Appendix A to University [Policy 10.3.12](#). For more information about your options at Rutgers, please visit [Rutgers Violence Prevention and Victim Assistance](#).

Graduate Student Computer Policy: Students are required to possess a personal laptop, no older than approximately two years, that must meet minimum requirements which may be found online at: sph.rutgers.edu/student-life/computer-support.html

Policy Concerning Use of Recording Devices and Other Electronic Communications Systems: When personally owned communication/recording devices are used by students to record lectures and/or classroom lessons, such use must be authorized by the faculty member or instructor who must give either oral or written permission prior to the start of the semester and identify restrictions, if any, on the use of mobile communications or recording devices.

Policy Concerning Use of Turnitin: Students agree that by taking this course all required papers may be subject to submission for textual similarity review to Turnitin.com (directly or via learning management system, i.e. Canvas) for the detection of plagiarism. All submitted papers will be included as source documents in the Turnitin.com reference database solely for the purpose of detecting plagiarism of such papers. Use of the Turnitin.com service is subject to the Usage Policy posted on the Turnitin.com site. Students who do not agree should contact the course instructor immediately.

Withdrawal/Refund Schedule: Students who stop attending their course(s) without submitting a completed [Add/Drop Course](#) form will receive a failing grade. Furthermore, students dropping to zero credits for the semester are considered withdrawn and must submit a completed [Leave of Absence](#) form from the School of Public Health's Office of Student Affairs. The School of Public Health refunds tuition only. Administrative and technology fees are non-refundable. You may find the Withdrawal/Refund Schedule on the School of Public Health website at: sph.rutgers.edu/academics/academic-calendar.html