

18-17 points - The student knows the topic fundamentally, thinks, delivers information consistently and concisely, but answers are less credible. The answers involve the proper terminology. The possession and application of the core and additional literature is evident.

16-15 points - The student knows the topic fundamentally, thinks, delivers information consistently, but answers are less concise. The answers involve the proper terminology. The possession and application of the core and additional literature is evident.

14-13 points - The student knows the topic less fundamentally, answers are full, but inconsistent, has difficulties to answer a problematic question. The answers involve the partially proper terminology, displays average level of knowledge, the possession of the literature is evident, but has difficulties in making conclusions.

12-11 points – The answer is full, but inconsistent, uses partially proper terminology, the possession of the literature is evident, but has difficulties in making conclusions.

10-9 points - The answer is inconsistent, uses partially proper terminology, displays average level of knowledge, has difficulties in making conclusions.

8-7 points – The answers are general, not in possession of terminology, inconsistent, not in possession of the literature.

6-5 points - The answers are general, inconsistent, has difficulties in judgement, not in possession of the literature.

4-3 points – The answer is general, no ability of judgement, can not use terminology, inconsistent.

2-1 point – The answer is unsatisfactory, does not possess terminology, delivery of information is chaotic and frequently inappropriate, is not acquainted with the literature.

0 – The student can not display any knowledge of the topic in question.

The class participation points get allocated by the end of the course through student activity observation.

Evaluation criteria for the project presentation:

10 points – The presentation is fundamental, consistent and concise, terminology is proper, the core and additional literature is effectively used, answers to the topic related questions full and adequate, an adequate comparative analysis of health systems has been performed.

9 points – The presentation is fundamental, consistent and concise, terminology is proper, the core and additional literature is effectively used, answers to the topic related questions adequate.

8 points – The presentation is fundamental, consistent, but not concise, terminology is proper, the core and additional literature is effectively used, answers to the topic related questions adequate, but not concise.

7 points – The presentation is fundamental, consistent, but not concise, terminology is partially proper, the core and additional literature is effectively used, answers to the topic related questions adequate, but not concise.

6 points – The presentation in general reflects the topic, but is delivered in an unsystematic way, the terminology is partially proper, the literature has been used, the answers are general.

5 points - The presentation in general reflects the topic, but is delivered in an unsystematic way, the terminology is improper, the literature use is not full, the difficult questions can not be answered, the level of knowledge is average, there are difficulties in making conclusions.

4 points – The presentation is very general, inconsistent, the literature use is not sufficient. 3 points - The presentation is very general, inconsistent, difficulties in making judgement and conclusions, the literature use is not sufficient.
2 points – The presentation is very general, no ability of judgement, terminology use is improper, inconsistency.
1 point – The presentation is unsatisfactory, terminology use is improper, delivered chaotically and falsely, no acquaintance with the literature.
0 points – No ability to display any knowledge around the topic in question.

Discussion

Critical thinking – 2 points
Culture of discussion – 2 points
Making arguments – 2 points
Time Management – 2 points
The academic and visual quality of the material – 2 points

Midterm Exam- Individual presentation - 20 points;

Evaluation criteria for the individual presentation:

19-20 points – The presentation is fundamental, consistent and concise, terminology is proper, the core and additional literature is effectively used, answers to the topic related questions full and adequate. The critical analysis of article's main findings is evident.
17-18 points – The presentation is fundamental, consistent and concise, terminology is proper, the core and additional literature is effectively used, answers to the topic related questions adequate.
15-16 points – The presentation is fundamental, consistent, but not concise, terminology is proper, the core and additional literature is effectively used, answers to the topic related questions adequate, but not concise.
13-14 points – The presentation is fundamental, consistent, but not concise, terminology is partially proper, the core and additional literature is effectively used, answers to the topic related questions adequate, but not concise.
11-12 points – The presentation in general reflects the topic, but is delivered in an unsystematic way, the terminology is partially proper, the literature has been used, the answers are general.
9-10 points - The presentation in general reflects the topic, but is delivered in an unsystematic way, the terminology is improper, the literature use is not full, the difficult questions can not be answered, the level of knowledge is average, there are difficulties in making conclusions.
7-8 points – The presentation is very general, inconsistent, the literature use is not sufficient.
5-6 points - The presentation is very general, inconsistent, difficulties in making judgement and conclusions, the literature use is not sufficient.
3-4 points – The presentation is very general, no ability of judgement, terminology use is improper, inconsistency.
1-2 points – The presentation is unsatisfactory, terminology use is improper, delivered chaotically and falsely, no acquaintance with the literature.
0 – No ability to display any knowledge around the topic in question.

3. Final Exam - 40 points

The class instructor will give students a topic related to the concepts covered in the class. Student will be required to write an essay of no more than 4 pages long. The essay is expected to: a. Describe a problem in question; and b. Elaborate critically and provide policy proposals. Students are free to use any published sources (with properly documenting/referencing them), but still they are primarily expected to develop their own ideas.

Criteria for evaluating the essay:

	<p>40-35 points – The essay is fundamental, consistent and concise, the terminology is properly used, the literature is well possessed and used, ideas of referred authors and the student are clearly demarcated, hard evidence-based innovative ideas are offered and critical analysis is performed.</p> <p>34-30 points - The essay is fundamental, consistent and concise, the terminology is properly used, the literature is well possessed and used, ideas of referred authors and the student are clearly demarcated.</p> <p>29-25 points - The essay is fundamental, consistent and concise, the terminology partially is properly used, the literature is well possessed and used.</p> <p>24-20 points - The essay generally reflects the topic, sporadically consistent, the terminology partially is properly used, the literature is well possessed and used, no clear conclusions are made.</p> <p>19-15 points - The essay partially reflects the topic, sporadically consistent, the terminology is improperly used, the literature is possessed and used, no clear conclusions are made.</p> <p>14-10 points - The essay partially reflects the topic, sporadically consistent, the terminology is improperly used, the literature is partially possessed and used, no conclusions are made whatsoever.</p> <p>9-5 points - The essay weakly reflects the topic, sporadically consistent, the terminology is improperly used, the literature is not possessed and used, no conclusions are made whatsoever.</p> <p>4-0 points – The essay is completely inadequate.</p> <p>The passing score for the final exam should be or exceed 50% ($40 \times 50 / 100 = 20$ points). If the overall score (ongoing score + midterm score + final score) is less than 51%, the course is not credited and should be re-taken.</p> <p>The students' assessment has to be done in the following way:</p> <p>Positive rate:</p> <ul style="list-style-type: none"> • (A) Excellent- 91 or more points; • (B) Very Good- 81-90 points; • (C) Good- 71-80 points; • (D) Satisfactory- 61-70 point; • (E) Enough- 51-60 points; <p>Negative rate:</p> <ul style="list-style-type: none"> • (FX) Failure - 41-50 points, which means that a student needs to work more and an independent and considerable further work is required to pass the exam once again to be re-awarded; • (F) Fail - 40 points or less, which means that the student's diligence is not sufficient and student has to learn the subject all over again. <p>After the results of final exams are available, students with FX assessment have a right to retake an exam during an additional exam week in the same semester.</p> <p>An interval between a final and a corresponding additional exam must be at least 5 days after the results of a final exam become available</p>
The core literature	<p>1. PHYSIOLOGY OF BEHAVIOR WITH NEUROSCIENCE ANIMATIONS AND STUDENTS STUDY GUIDE cd ROM. NEIL R CARLSON, 8TH ED, 2003.</p>
The auxiliary literature	<p>Albee, G. W; Fryer, D. M. Praxis: Towards a public health psychology <i>Journal of Community & Applied Social Psychology</i> 13(1) Jan-Feb 2003</p> <p>David W. Lounsbury and Shannon G. Mitchell, "Introduction to Special Issue on Social Ecological</p>

NQF*	COURSE LEARNING OUTCOMES	PROG. LO	LECTURE	SEMINAR	MIDTERM EX.	FINAL EXAM	ASSES. METH.
KNOWLEDGE AND AWARENESS	<ul style="list-style-type: none"> Identifies how behavioral, social and cultural factors influence individual, community and population health and wellbeing. Describes the connection of social class, race, gender, sexuality with health status and evaluates the empirical evidence which underlines this connection. Describes the theories of behavioral and social sciences applied in public health at individual, interpersonal, community and political levels. Describe The social and ecological frameworks applied in public health at individual, interpersonal, community and political levels. Describes the social determinants of dental and general health, assesses the importance of behavior change and limitations. 	10.1	X	X	X	X	<ul style="list-style-type: none"> Class participation Group presentation Individual presentation Essay
SKILL	<ul style="list-style-type: none"> Student is capable to apply the learned concept in everyday life and clinical practice. Ability to elaborate the materials and conduct simple health promotion activities. Student is able to effectively communicate the learned concept verbally and in writing. Student is capable of critical thinking, analysis and synthesis. 	10.1		X	X	X	<ul style="list-style-type: none"> Class participation Group presentation Individual presentation Essay

RESPONSIBILITY AND AUTONOMY	<ul style="list-style-type: none"> ● Student understands the importance of ethically conducting behavior analysis, health promotion and health education in socially sensitive environment. ● student has ability to renew knowledge permanently 	1.1 11.5		X		X	<ul style="list-style-type: none"> ● Class participation ● Group presentation
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Learning course content (Day by Day)

weeks №	Subjects	Lecture (hour)	Seminar (hour)
1	Historical perspectives, what is behavioral sciences?	1	2
2	Social Ecological Framework and Approaches	1	2
3	<p>Person and the problem of context: HBM, TTM, Social Cognitive</p> <p>Core Literature</p> <p>Robert W. Buckingham, et al., "Factors associated with condom use among brothel-based female sex workers in Thailand," <i>AIDS Care</i> 17(5) (July 2005): 640-647.</p> <p>Christopher Bridle, et al., "A Systematic review of the effectiveness of health behavior interventions based on the transtheoretical model," <i>Psychology & Health</i> 20 (3) (June 2005): 283-301.</p> <p>MJ Dutta-Bergman, "Theory and practice in health communication campaigns: a critical</p>	2	2

	interrogation," Health Communication 18 (2) (2005):103-122.		
4	<p>Social capital, interpersonal social networks</p> <p>Core Literature</p> <p>A.M. Almedon, "Social Capital and Mental Health: an Interdisciplinary Review of Primary Evidence," Social Science and Medicine 61 (2005): 943-964.</p> <p>W. Yip, et al., "Does social capital enhance health and well-being: evidence from rural China," Social Science and Medicine 64 (2007): 35-49.</p> <p>CE. Sterk, KW Elifson, "Individual action and community context: the Health Intervention Project," American Journal of Preventive Medicine 32(6 Suppl) (Jun 2007): S177-81.</p>	1	2
5	<p>Evaluation of public demand and intervention</p> <p>Core Literature</p> <p>Corona, R., Gonzalez, T., Cohen, R. Edwards, C., & Edmonds, T. (2009). Richmond Latino Needs Assessment: A Community-University Partnership to Identify Health Concerns and Service Needs for Latino Youth. J Community Health. 34. 195-201.</p> <p>Annemarie Wagemakers, et al., "Community health promotion: a framework to facilitate and evaluate supportive social environments for health," Evaluation and Program Planning 33 (2010): 428-435.</p> <p>Kreuter, Kegler, et al., "The Impact of implementing selected CBPR strategies to address disparities in urban Atlanta: a retrospective study," Health Education Research 27(4) (2012): 729-741.</p>	1	2
6	<p>Program evaluation</p> <p>Core Literature</p> <p>Saunders, R. (2005). Developing a Process-Evaluation Plan for Assessing Health Promotion Program Implementation: A How-To Guide. Health Promotion Practice. 6(2). 134-147.</p> <p>Hargreaves et al. (2010). Process evaluation of the Intervention with Microfinance for AIDS and Gender Equity (IMAGE) in rural South Africa. Health Education Research. 25(1). 27-40.</p> <p>Take a look at: http://www.cdc.gov/eval/</p>	1	2

7-8	Midterm exam	1	
9	<p>Social marketing, media communication, mass communication outlets</p> <p>Core Literature</p> <p>Lorien C. Abrams and Edward W. Maibach, "The Effectiveness of Mass Communication Campaigns to Change Public Behavior," Annual Review Public Health 29 (2008): 219-34.</p> <p>Sonya Grier and Carol A. Bryant, "Social Marketing in Public Health," Annual Review Public Health 26 (2005): 319-339.</p>	1	2
10	<p>marketing, media communication, mass communication outlets (continued)</p> <p>Core Literature</p> <p>Lorien C. Abrams and Edward W. Maibach, "The Effectiveness of Mass Communication Campaigns to Change Public Behavior," Annual Review Public Health 29 (2008): 219-34.</p> <p>Sonya Grier and Carol A. Bryant, "Social Marketing in Public Health," Annual Review Public Health 26 (2005): 319-339.</p>	1	2
11	<p>SES, Economic Inequality, and Health Disparities</p> <p>Core Literature</p> <p>J.C. Phelan, B.G. Link, et al, "Fundamental causes" of social inequalities in mortality: A test of the theory" Journal of Health and Social Behavior 45 (3) (2004): 265-285.</p> <p>Michael Marmot, "Understanding Social Inequalities in Health," Perspectives in Biology and Medicine," 46(Supplement) (2003): s9-s23.</p>	1	2
12	<p>Race, ethnicity and health disparities</p> <p>Core Literature</p> <p>D.R. Williams and P.B. Jackson, "Social Sources of Racial Disparities in Health," Health Affairs 24(2) (2005): 325-334</p> <p>CL Ford and CO Airhihenbuwa, "Critical Race Theory, Race Equity, and Public Health: Toward Antiracism Praxis," American Journal Public Health 100(S1) (2010): S30-S35.</p> <p>Derek M. Griffith, "Cultural Context and a Critical Approach to Eliminating Health Disparities," Ethnicity & Disease 20 (2010): 71-76.</p> <p>C. Airhihenbuwa & L. Liburd, "Eliminating Health Disparities in the African American Population: The Interface of Culture, Gender, and Power," Health Education and Behavior 33 (2006): 488-501..</p> <p>Robert W. Buckingham, et al., "Factors associated with condom use among brothel-based female sex workers in Thailand," AIDS Care 17(5) (July 2005): 640-647.</p> <p>Christopher Bridle, et al., "A Systematic review of the effectiveness of health behavior interventions based on the transtheoretical model," Psychology & Health 20 (3) (June 2005): 283-301.</p>	1	2

	MJ Dutta-Bergman, "Theory and practice in health communication campaigns: a critical interrogation," Health Communication 18 (2) (2005):103-122.		
13	<p style="text-align: center;">Gender</p> <p style="text-align: center;">Core Literature</p> <p>Dunkle, K. & Decker, M. (2012) Gender-Based Violence and HIV: Reviewing the Evidence for Links and Causal Pathways in the General Population and High-risk Groups. American Journal of Reproductive Immunology, pp. 1-7.</p> <p>Dworkin, S. L., M. S. Dunbar, et al. (2011). "Uncovering tensions and capitalizing on synergies in HIV/AIDS and antiviolence programs." Am J Public Health 101(6): 995-1003</p> <p>Feinberg, L. (2001). Trans health crisis: For us it's life or death. AJPH, 91, 897-900.</p> <p>Howard I. Kushner and Claire E. Sterk, "The Limits of Social Capital: Durkheim, Suicide, and Social Cohesion," American Journal of Public Health 95(7) (Jul 2005): 1139-1143.</p>	1	2
14	<p style="text-align: center;">Sexuality</p> <p style="text-align: center;">Core Literature</p> <p>Jeanne M. Marrazzo "Even NHANES evolves: Some surprising findings about women who have sex with women." Sexually Transmitted Diseases 37(7):414-5, 2010 Jul.</p> <p>Diaz, R.M., et al. (2001). "The impact of homophobia, poverty, and racism on the mental health of gay and bisexual Latino men: Findings from 3 US cities." AJPH, 91, 927-932.</p> <p>R.M. Young and I.H. Meyer, "The trouble with "MSM" and WSW": Erasure of the sexual minority person in public health discourse," AJPH 95 (2005): 1144-1149</p> <p>Richard G. Parker, "Sexuality, Health, and Human rights," American Journal of Public Health 97 (6) (June 2007): 972-973.</p> <p>Higgins, J. A., S. Hoffman, et al. (2010). "Rethinking gender, heterosexual men, and women's vulnerability to HIV/AIDS." Am J Public Health 100(3): 435-445.</p>	1	3
15	<p style="text-align: center;">Researching social ecology in cases: San-Francisco HIV/AIDS prevention</p> <p style="text-align: center;">Core Literature</p> <p>Stephen J. Fallon and David W. Forrest, "Unexamined Challenges to Applying the Treatment as Prevention Model Among Men Who have Sex with Men in the United States: A Community Public Health Perspective, AIDS Behavior (15 July 2012): 1-4.</p> <p>Auerbach, J.D., et al., Addressing Social Drivers of HIV/AIDS: Some Conceptual, Methodological, and Evidentiary Considerations: New York: aids2031 Working paper #24: August 2009.</p>	1	3

16	<p>Communication in healthcare</p> <p>Core Literature Enrico Coiera, Communication Systems in Healthcare, Clin Biochem Review, Vol 27, May, 2006, pp. 89-98</p>	1	3
17	<p>Communication in healthcare (continued)</p> <p>Core Literature Enrico Coiera, Communication Systems in Healthcare, Clin Biochem Review, Vol 27, May, 2006, pp. 89-98</p>	1	3
	<p>Final Exam</p>		1