Time: Thursdays 9:00-11:50 a.m.

Location: Drachman Hall A116

Instructor(s) and Contact Information: Naqib Safi, MD, MCommH
safi@arizona.edu

Instructor Availability: By appointment or email Q&A. Students are encouraged to reach out to the instructor whenever desired. Emails will be checked frequently, expect a reply within 48 hours.

Co-instructor is listed as a back-up.

Teaching Assistant: None

TA Office Hours: N/A

Catalog Description: This course aims to advance leadership development knowledge, attitudes, and practice among Doctor of Public Health Students to advance public health policy and systems change efforts.

Course Description: This class will combine some leadership theory with students’ personal attributes to address real life public health and health equity issues. Practical perspectives and several real-world examples will be emphasized. Student projects will include participation in current issues and initiatives. It is hoped that students will gain practical insight and skills for careers in public health leadership.

Course Prerequisites: This course is geared toward DrPH students in their second year of doctoral study. Other graduate students in public health are more than welcome with instructor approval.
Course Objectives and Expected Learning Outcomes:

- **Course Objectives:** During this course students will:
  - Learn about different leadership theory, methods and styles.
  - Learn about their own personality attributes and how to use that understanding to choose their own leadership methods.
  - Learn how to use group decision making and the perspective of multiple professions and views to impact public health issues, including the development of a strategic plan.
  - Explore the complex interaction of social and environmental factors that impact health outcomes, and how this might be addressed through principles of health equity.
  - Compare ideal approaches to address health equity with the practical limitations of political realities and discuss decision-making under various conditions.
  - Compare communication strategies for fact-based decision-making for different audiences and different world views.
  - Analyze examples of leadership as applied to public health issues in the past.
  - Participate in a current public health issue or decision using leadership principles.
  - Monitor and participate in the legislative process as it is applied to a public health issue.
  - Develop a personal plan for providing future leadership in public health.

- **Learning Outcomes (Competencies Obtained):** Upon completion of this course, students should be able to:
  - Assess their own strengths and weaknesses in leadership capacities, including cultural proficiency, and use this to plan their future leadership styles and methods.
  - Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behaviors and policies.
  - Integrate knowledge, approaches, methods, values, and potential contributions from multiple professions and systems in addressing public health problems.
  - Propose interprofessional team approaches to improving public health.
  - Facilitate shared decision-making through negotiation and consensus-building methods.
  - Create a strategic plan.

**Course Notes:** Course notes are the responsibility of the student. The D2LWebsite will provide the course syllabus, selected readings, handouts, all class assignments, and announcements of significant course changes and updates. To access the D2L website, go to: http://d2l.arizona.edu/index.asp. You must have a valid UANetID and Password (this is the same ID and password that you use for UA WebMail). Students enrolled in the class have automatically been added to the mailing list for this class.

**Required Texts or Readings:** Required readings will be posted to the D2L website. Reference readings that students might find of interest include: Heath C. and Heath D. (2010). Switch: How to Change Things when Change is Hard. New York: Broadway Books (crownpublishing.com).

**Required or Special Materials:** Students may choose optional activities through the University’s “Leadership on Demand” site. A variable fee may be attached to these activities.

**Course Requirements:**
Class attendance and participation; assigned readings; group projects; individual projects; oral and written reports; work with outside groups/organizations.

**Grading Scale/Student Evaluation and Policies:** Five class projects will be required (as described below under “Required examinations, papers and projects”). The group projects regarding: i) a current public health issue, and ii) proposal for, and participation in, addressing a current public health issue are each worth 10% of the grade. The other four projects are each worth 20%. 
Late submissions of projects will result in 10% deduction per week for presentations, and 5% per day for written assignments. No project may be submitted beyond the final date of the course, 5/20/2020.

Final total at the end of the course:
90-100% = A  
80-89% = B  
70-79% = C  
60-69% = D  
Less than 60% results in failing grade.

Requests for incompletes (I) and withdrawal (W) must be made in accordance with University policies.

University policy regarding grades and grading systems is available at: [http://catalog.arizona.edu/policy-type/grade-policies](http://catalog.arizona.edu/policy-type/grade-policies)

**Required examinations, papers and projects:** There will be no quizzes, exams, or final exam. However, five projects/reports will be required. Two of these will be performed in small groups, and three individually. Specifically:

1. **Evaluation of leadership** demonstrated in a past public health issue or event, and how that leadership impacted the outcome. Group project delivered as a classroom presentation. *(Appendix 1; 15% of grade)*.

2. Proposal for, and participation in, addressing a current public health issue. (Group project, delivered as a classroom presentation, due by the last regular class of the semester. *(Appendix 2; 15% of grade)*.

3. **Knowledge integration assignment:** This individual assignment requires you to identify one public health issue you consider a priority for your local community, and which you believe can be best addressed through collaboration among multiple disciplines and systems—e.g., opioid epidemic, unintended teenage pregnancy, domestic violence, child abuse, etc. Examples of disciplines that can be involved include public health, behavioral sciences, medicine, nursing, computer/data science, pharmacy, etc. Examples of systems that may be involved include law enforcement, education, social welfare services, housing, etc. You will interview at least 20 individuals, ensuring that you include individuals from a diversity of disciplines and systems. Your interviews should elicit the opinions of the stakeholder regarding their knowledge of your selected public health issue, their approaches and methods for addressing the issue in multidisciplinary and multi-system fashion, their values and potential contributions. Based on your findings, your own professional knowledge, and evidence from the literature and from the course materials, you will prepare a 6-page (double spaced, excluding references) report that presents how you will address your selected public health issue by integrating knowledge, approaches, methods, values, and contributions from the multiple disciplines and systems you worked with. Your report must be prepared in APA format, and must include at least 5 supporting references. *(Individual mid-term project, including classroom presentation. (Appendix 3; 20% of grade)*.

4. **Leadership Communication Assignment:** For this individual assignment, you will provide evidence to demonstrate your ability to effectively communicate public health science to diverse stakeholders in your county. You will propose an action plan for addressing a chosen health issue in your county or community. To build consensus to change behavior towards this public health issue, you will develop a communication strategy targeted at faculty, staff and students within the four colleges of the University of Arizona Health Sciences, University of Arizona main campus faculty and students, and local community members, including staff of the Pima County Health Department, and lay members who serve on the community advisory board of the Arizona Prevention Research Center), or...
newspaper). This assignment will be a semester long activity that will culminate in a final paper, presentation, and a press release (Appendix 4; 20% of grade).

5. Journal of the student’s insights throughout the semester and development of a personal leadership plan. Journal entries must be linked to each lecture (Appendix 5; 20% of grade).

6. Positive classroom participation, including attendance, is worth the remaining 10%. Up to 10% extra credit may be awarded for either: 1) participation in the University’s “Leadership on Demand” program, with areas of participation chosen jointly between the student and instructor; and/or 2) demonstration of actual impact in the outcome of a current public issue in the group project dedicated to a current issue.

**Required extracurricular activities**: The two group projects will require students to meet together outside of class as necessary (due to COVID19, this could be a virtual meeting). The group project re: a current public health issue will require outreach to organizations or groups as necessary in order to participate in addressing the issue. Time commitment as a group would be expected to total at least 40 hours, or more depending upon the intervention. The report on a piece of legislation should include attendance at a legislative committee hearing, and provision of public testimony, if the bill makes it to that point. The student should budget up to a full day at such a hearing, while external work with an advocacy organization or group adequate to provide this testimony may vary by the specific issue.

**Absence and Class Attendance/Participation**: (Expected attendance, participation levels)

Online courses: Student participation in class discussions is an important part of the course, and active attendance and participation is expected. As there are only 15 class dates, absences will be limited. Up to 3 excused absences, with advanced instructor approval, will be tolerated. Only one unexcused absence is acceptable (no more than 3 absences in total). The UA’s policy concerning class attendance, participation, and administrative drops is available at: [http://catalog.arizona.edu/policy/class-attendance-participation-and-administrative-drop](http://catalog.arizona.edu/policy/class-attendance-participation-and-administrative-drop)

The UA policy regarding absences for any sincerely held religious belief, observance or practice will be accommodated where reasonable, [http://policy.arizona.edu/human-resources/religious-accommodation-policy](http://policy.arizona.edu/human-resources/religious-accommodation-policy).

Absences pre-approved by the UA Dean of Students (or Dean Designee) will be honored, [http://deanofstudents.arizona.edu/](http://deanofstudents.arizona.edu/)

Throughout this course you will take a series of 4 short courses developed by the MEZCOPH Western Region Public Health Training Center that have been approved by professional organizations for continuing education units. These courses include course certificates that demonstrate you have successfully completed the assessments. You must upload the certificates to the D2L assignment site.

**Course Schedule**: All sessions will be on Thursdays at 09:00am MST via Zoom.

Jan 21: Introduction to course
- Introduction to your fellow students
- Introduction to “Real Colors”
- Options for projects discussed
- Small group team selection

Jan 28: Leadership theory
- Leadership vs. management
- Leadership theory
- Introduction to types and methods of leadership
- Styles and approaches for different needs

Feb 4: The stuff of government
- Guest Lecturer - Will Humble, Exec Director, Arizona Public Health Association, former Director,
Arizona Dept of Health Services
Group report-outs on progress to date
Governmental public health structure and issues related to organizational change strategies
Legislative process issues

Feb 11: Being strategic
Guest Lecturer – Alan Bergen, Senior Program Manager, Pima County Health Department
Strategic planning
Cultural competency/proficiency
Required homework: WRPHTC course on “Strategic Planning” and complete the course assessment. https://moodle.publichealth.arizona.edu/course/view.php?id=145

Feb 18: Bang for your buck
Overview of group dynamics
Overview of health equity
Introduction to Policy, Systems and Environmental change work
Multi-professional teamwork
Required homework: WRPHTC Course and turn in assessment on “Systems Thinking for Childhood Obesity Prevention.” https://moodle.publichealth.arizona.edu/course/view.php?id=274#section-1

Feb 25: Who are you?
Guest Lecturer - Molly McNamara, Training Officer, Maricopa County Dept of Public Health
Real Colors exercise

Mar 4: Communication
Guest Lecturer - Will Humble, Exec Director, Arizona Public Health Association, former Director, Arizona Dept of Health Services
Classic vs. social media Crisis communication
Communicating to the audience World view
Evidence-based communication in an era of science denial

Mar 11: Group presentations on historical leadership
Group presentations on historical public health issues
Examples of leadership and change efforts

Mar 18: NO CLASS – Spring Break

Mar 25: Creating change
Group report-outs on progress to date
Introduction to creating change

Apr 1: When it gets tough.
Further examples of leadership and change efforts Dealing with confrontation
Leading within bureaucracy and dealing with personnel management issues
Homework: WRPHTC Course and Provide Certificate of Completion for “Leadership Training: Communication and Negotiation Strategies” by Elizabeth Kent, JD. https://moodle.publichealth.arizona.edu/course/view.php?id=103

Apr 8: More on communication and other confusing stuff
Guest Lecturer - Jeanene Fowler, Program Operations Administrator & Public Information Officer, Maricopa County Dept of Public Health
Group report-outs on progress to date Further examples of communications issues

Apr 15: The end game
Guest Lecturer - Will Humble, Exec Director, Arizona Public Health Association, former Director, Arizona Dept of Health Services
Ethical issues in leadership Using
April 22: Last chance on current issues
Homework: WRPHTC Course on “Working Interprofessionally on Obesity Care” and complete the course assessment. https://moodle.publichealth.arizona.edu/course/view.php?id=171#section-1
Group report-outs on progress to date with class discussion

April 29: Individual presentations on legislation
Individual presentations on legislative proposals and process

May 6: Group presentations on current issues
Group presentations on current public health issue projects

May 13: Reading Day – no class (instructor available as needed)
Final written reports on legislative proposals and process due

May 20: Finals week – no class, no final exam
Final written journals on student insights and plans due

Communications: You are responsible for reading emails sent to your UA account from your instructor and the announcements that are placed on the course web site. Information about readings, news events, your grades, assignments and other course related topics will be communicated to you with these electronic methods. The official policy can be found at: https://www.registrar.arizona.edu/personal-information/official-student-email-policy-use-email-official-correspondence-students

Accessibility and Accommodations:
At the University of Arizona, we strive to make learning experiences as accessible as possible. If you anticipate or experience physical or academic barriers based on disability or pregnancy, you are welcome to let me know so that we can discuss options. You are also encouraged to contact Disability Resources (520-621-3268) to explore reasonable accommodation. If our class meets at a campus location: Please be aware that the accessible table and chairs in this room should remain available for students who find that standard classroom seating is not usable. For additional information on Disability Resources and reasonable accommodations, please visit http://drc.arizona.edu/students

Code of Academic Integrity
Students are encouraged to share intellectual views and discuss freely the principles and applications of course materials. However, graded work/exercise must be the product of independent effort unless otherwise instructed. Students are expected to adhere to the UA Code of Academic Integrity, available through the office of the UA Dean Students: http://deanofstudents.arizona.edu/policies-and-codes/code-academic-integrity

Classroom Behavior: (Statement of expected behavior and respectful exchange of ideas:
Present policies to foster a positive learning environment, including use of cell phones, mobile devices, etc.). Students are expected to be familiar with the UA Policy on Disruptive Student Behavior in an Instructional Setting found at: http://policy.arizona.edu/education-and-student-affairs/disruptive-behavior-instructional-setting

Threatening Behavior Policy: The UA Threatening Behavior by Students Policy prohibits threats of physical harm to any member of the University community, including to one’s self, http://policy.arizona.edu/education-and-student-affairs/threatening-behavior-students

Nondiscrimination and Anti-Harassment Policy:
The University of Arizona is committed to creating and maintaining an environment free of discrimination, http://policy.arizona.edu/human-resources/nondiscrimination-and-anti-harassment-policy
UA Smoking and Tobacco Policy:
The purpose of this Policy is to establish the University of Arizona’s (University) commitment to protect the health of University faculty, staff, students, and visitors on its campuses and in its vehicles, [http://policy.arizona.edu/ethics-and-conduct/smoking-and-tobacco-policy](http://policy.arizona.edu/ethics-and-conduct/smoking-and-tobacco-policy)

**Syllabus Changes:** Information contained in the course syllabus, other than the grade and absence policies, may be subject to change with reasonable advance notice, as deemed appropriate by the instructor.
Appendix 1

Evaluation of Leadership

Leadership Theories, Methods and Styles

Doug Sundheim
https://hbr.org/2014/05/the-trouble-with-leadership-theories

DrPH Competency:
Assess their own strengths and weaknesses in leadership capacities, including cultural humility and proficiency, and use this to plan their future leadership styles and methods (note: reflects DrPH Foundational Competency #11).

TECHNICAL LEARNING
Leadership Approach:
Leadership Style: Method of providing direction, implementing, and motivating people
Leadership Theory: Thought provided to explain how and why leaders behave, including how they become leaders which could be positional or situational. Theories tend to emphasize traits over action.

A. Pre-modern approaches to leadership

• The Trait Approach: viewing the traits of individuals (great leader approach) and how it influences their leadership
• Behaviour Approach: Considers behaviours that make leadership successful, personalizes leadership based on personality
• Contingency Approach- considers situation in addition to behaviours and traits

B. Modern Approaches

Transformational Leadership

**Idealized Influence**

- Personification: Transformed leaders motivate and inspire.
- Idealized Considerations: Behavioral role models.

**Intellectual Stimulation**

- Scale: Transformed leaders stimulate innovation and creativity.

**Individualized Consideration**

- Scale: Transformed leaders act as coaches and mentors.

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### 4 Dimensions:

- Idealized Influence
- Idealized Consideration,
- Intellectual stimulation
- Inspirational motivation

This represents a move away from positional power and focuses on mutual benefits.

Kouzes and Posner Model of Transformational leadership brings more clarity to the dimensions.

### Servant Leadership:

- Listening, situational awareness,
- Persuasion, conceptualization, foresight, stewardship,
- Healing, committing to growth of people and building community.

### Authentic Leadership:

- in its formative stage: self-awareness, unbiased/balanced processing, being true to self and motivated by personal convictions, relational authenticity or transparency

### Emotional Leadership:

- Has 6 aspects or elements

### Visionary/Authoritative:

- Dramatic to provide new direction or vision. Use with caution! Don’t do it too frequently and can be a challenge when you work with people who are more experienced than you.

### Coaching:

- Connect personal goals to organization’s goals, skill building. Useful when the team is not as connected or motivated as you want them to be. Caution: Do not use with unwilling employees.

### Affirmative:

- Harmony, connection. Use when there is tension or conflict or in time of stress. Caution: Not a crutch to avoid unpleasant conversation.

### Democratic:

- About collaboration and seeking inputs from people around us. Useful when direction is not sure. Use with caution when unwilling or unable to act. Not a crutch to avoid decision-making.

### Pacesetting:

- Performance, meeting goals, excellence, little guidance. Us with a highly motivated team but do not use frequently to prevent burnout.

### Coercive:

- Authoritative, orders, threats of punishment. Useful when working with a challenging employee and long-term use.

### My personal leadership statements

I am an authentic leader who values other people and works with other people to reduce inequities and improve health outcomes.

### Personal Reflection

Leadership can be viewed from a variety of dimensions that rely on multiple attributes of a person including personality, situation and most importantly, decision-based values and actions. For me, it is also important to see leadership not as an opportunity that stems from a position, rather an individual at any level within a group or organization can choose to be proactive and rise up to the challenge to be a leader. Leadership looks different but we can learn other styles that do not come natural to us.

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### My Personality and Leadership attributes: REAL Colors, Cultural Competence and Humility

> “The world in which you were born is just one model of reality. Other cultures are not failed attempts at being you; they are unique manifestations of the human spirit.”

> — Wade Davis

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DrPH Competency:
Assess their own strengths and weaknesses in leadership capacities, including cultural humility and proficiency, and use this to plan their future leadership styles and methods (note: reflects DrPH Foundational Competency #11).

Real Colors Personality Test
- This lesson provided a valuable insight on how to approach and analyze personalities by using a four-colored personality test.
- Specifically, the tests helps to understand human behavior, gain insight to motivation factors for temperament and improve our communication.

Personal reflection
- Most people are a blend of the four color and may have dominant personalities that could be keen to a specific color.
- Understanding inherent personalities of the people we work with can help to refine our expectations of them, how we communicate, and it may provide insights to why they behave in certain ways. A striking lesson from real colors is its categorization of how some personalities are thinkers (Green) and would require more information before making decisions. This type of processing may appear slow to Golds who are more focused on delivering on tasks.
- Personal color: Green with second major Gold

Cultural Humility and Competency
Cultural competency is “a lifelong process of self-reflection and self-critique whereby the individual not only learns about another’s culture, but one starts with an examination of her/his own beliefs and cultural identities.” IOM

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The first step to cultural competence is awareness. Cultural humility is a lifetime commitment to self-reflection; seeking to understand one’s background, eliminating stereotypes and recognizing biases. Critical attributes of cultural humility are self-reflection and self-critique. Cultural competence is the ability to effectively communicate with people across cultures. Culture is way more than race and ethnicity. Race and ethnicity are socially constructed.

Explicit Bias: Also known as prejudices that are intentional and within the control of the person.

Implicit Bias: The unconscious belief or association or attitude towards any social group. This type of bias may cause stereotyping but notably, the person is unaware of this bias.

Everyone is susceptible to implicit bias because the human brain processes information and is always making associations or judgements based on previous experiences or learned behaviors. A constant checking of one’s biases will create the awareness and opportunity to check and readjust our biases. This constant check and adjustment creates a cultural humility that helps a leader to interact with a diversity of people or culture.


Cultural Competence
Having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviours and needs presented by consumers and communities.

Cultural Humility
“Ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]”

https://policylab.chop.edu/understanding-physician-implicit-racial-bias
DrPH Competencies
Create a strategic plan (note: reflects DrPH Foundational Competency #7).

Highlights from lecture and personal study:
What is Strategic Planning
- Developing roles, objectives and road map for an organization the next 3-5 years
- Identifies resources, objectives that they want to achieve and decide on how to measure achievements
- It is important to apply health equity lens in strategic planning for health care or public health organizations

http://lynnecarbone.com/strategic-planning

Vital Steps
1. Laying the groundwork: Situational analysis
2. Develop mission, vision and values of the organization
3. Environmental scanning
4. Analyzing results.

A critical process that needs to occur before strategic planning begins is for you to assess the readiness of the organization and employees to embark on the process of strategic planning. Stakeholder identification is important and necessary to ensure readiness for strategic planning and to ensure that appropriate groups or individuals are engaged for positive outcomes. As a consultant, you do not want to facilitate a process that key decision makers will not find useful at the end of the exercise. Stakeholders may comprise of

Vision: Your aspirational view of what you want to achieve as an organization. High-level in its approach
Mission: Is what you are doing or currently doing to get to your aspirational vision. It should have the ‘how’ and the ‘why’.
Values: Guiding principles, beliefs that are going to guide all of our work

Environmental Scanning
This aspect is important in strategic planning. Skilled planners frequently emphasize that environmental scanning needs to be front and center in developing a strategic plan. Environmental scanning should:
- Focus on anticipating the future instead of describing current situation
- Not focus only on data collection, it also considers a broad range of assumptions and factors such as social, economic, political and technical factors that could cause major impacts on the organization.
Be internal and external to the organization

<table>
<thead>
<tr>
<th>Helpful in achieving your Vision</th>
<th>Harmful to achieving your Vision</th>
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<tbody>
<tr>
<td><strong>STRENGTHS</strong></td>
<td><strong>WEAKNESSES</strong></td>
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<tr>
<td>1. Do you have a deep,</td>
<td>1. What areas do you need to</td>
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<tr>
<td>experienced, engaged Board of</td>
<td>improve on?</td>
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<tr>
<td>Directors?</td>
<td>2. What necessary expertise</td>
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<td>2. What differentiates you from</td>
<td>(among Board and staff) do you</td>
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<tr>
<td>others that provide similar</td>
<td>currently lack?</td>
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<td>programs?</td>
<td>3. In what areas do other non-</td>
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<td>3. What unique resources do you</td>
<td>profits have an edge?</td>
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<tr>
<td>have?</td>
<td>4. In what ways has the</td>
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<td>4. What makes you stand out from</td>
<td>organization failed to bring</td>
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<td>other organizations in your</td>
<td>new ideas and programs to the</td>
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<tr>
<td>general field?</td>
<td>community? Give examples.</td>
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<td>5. Has the organization</td>
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<tr>
<td>demonstrated the ability to</td>
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<tr>
<td>adapt and change?</td>
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**External Origin**

<table>
<thead>
<tr>
<th>OppORTUnITIES</th>
<th>THREATS</th>
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<tr>
<td>1. What trends might impact your</td>
<td>1. What if your top funders don’t continue funding in the future?</td>
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<tr>
<td>services/programs? Are there</td>
<td>2. Are there emerging trends that amplify any of your weaknesses?</td>
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<tr>
<td>emerging trends that fit with</td>
<td>3. Are there nonprofits that provide similar services and/or programs</td>
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<td>your organization’s strengths?</td>
<td>that have a stronger presence or impact than your organization? Which</td>
</tr>
<tr>
<td>2. Is there an unmet need/want</td>
<td>services or program areas?</td>
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<td>that you can fulfill?</td>
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<tr>
<td>3. Can you geographically expand</td>
<td></td>
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<tr>
<td>your footprint?</td>
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<td>4. Are there potential partners</td>
<td></td>
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<td>or opportunities for collaboration</td>
<td></td>
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<tr>
<td>that have not yet been tapped?</td>
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SWOT Analysis
Strengths: Internal characteristics that the organizations have that want to stand out. Keep these characteristics as leverage
Weaknesses are also internal to the organization
Opportunities and Threats are external things that can be disruptive to what we want to do. E.g legislature that opposes what we want to achieve.


Communication: Strategy, World view, Judging your audience

DrPH Competencies:
Communicate public health science to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behaviors and policies (note: reflects DrPH Foundational Competency #5).

Leadership in Action
1. Technical Preparedness is necessary for effective communication
2. Engage press and media to allow for questions and transparency
3. Good open line of communication, that increases the level of trust is essential
4. Consider delegation based on trust and skill set of subordinates
5. Create an environment where people are encouraged to think creatively

Personal reflection:

Creating Change & Negotiation

“Each has an emotional Elephant side and a rational Rider side. You have got to reach both” Switch.


- Surprising notes on how to effect change
  1. What looks like people problem is often a situational or context issue
2. What looks like laziness is often exhaustion. Make change easy.
3. Resistance to change is usually a lack of clarity: Be as clear as possible.

- **Actions that should be considered when you are trying to create change**

1. Direct the rider: is the rational part of humans that knows the right thing to do but often does not have authority over the elephant that is a main driving force for change.
2. Motivate the Elephant: The elephant often drives the will but may not be rational enough to do the right thing. This is
3. Shape the path: Help people make the connections, make the decision making simple and create the right environments that will empower the rider and deploy the might of the emotions for the change desired.

![4 Stages of Negotiation](image)

**Negotiation**

**Personal reflection on Negotiation**
I listened to presentations and read up on the topic and pulled out points that I consider crucial to be successful at negotiation. These highlights may not apply to everyone because these were are based on self-identified weaknesses that may limit my negotiation skills.
1. Preparation is key. You cannot go to a negotiation without doing your homework first. It is very important and key to your success and sense of achievement after negotiations.
2. Master your emotions before embarking on a negotiation. Emotions tend to be volatile especially when the differing side makes demands that we consider unreasonable or unrealistic.
3. Listen is an important skill to take into negotiation. It is twice as important as getting out your demands.

**System-level Interventions to Address a Public Health Issue**
DrPH Competency: Design a system-level intervention to address a public health issue (reflects DrPH Foundational Competency #14)
System-level interventions refer to programs that aim to improve the functioning of a system or organization as well as delivery of its services to community.
Important lessons on design
1. Define and understand the problem and its causes.
2. Conduct a root cause analysis and clarify which causal factors or contextual factors are malleable and has significant impact on change.
3. Develop a framework for the change, identify barriers and select intervention components
4. Identify how to deliver the intervention
5. Test intervention on a small scale while engaging end-users
6. Include monitoring and evaluation in your design
7. Think Policy, Systems and Environment in solving public health problems
8. Deemphasize interventions that require individual proactivity rather, focus on systemic and policy levels that have the potential to impact large numbers of people.
9. Work further upstream

FRAMEWORK FOR HEALTH EQUITY INTERVENTIONS

https://healthequityguide.org/strategic-practices/

Health Disparities
Differences in health status between population groups

Health Inequities
Differences in health status between population groups that are systemic, avoidable, unfair, and unjust
Appendix 2

Proposal for, and participation in, addressing a current public health issue

For this assignment, you will identify a current public health issue and submit a proposal on your chosen issue to the instructor for approval. In your one-page outline, you will indicate the topic, why you think it is a current public health issue and how you intend to participate as a public health practitioner. Your outline should be supported by a minimum of one reference.

You may propose to participate in a border health intervention, an on-going public health discourse or in a new intervention to address a chronic public health condition. If you choose to participate in a public health issue outside Arizona, you should provide a statement on the possibility to remotely participate from Arizona.

After your proposal has been approved by the instructor, you would be required to do an in-class presentation and submission on the chosen public health issue later in the semester, under the following sub-headings:

- Background and objectives of the public health issue
- Leadership structure
- Your participation and involvement
- Leadership style (kindly relate the style to the different leadership styles taught in the course).
- Achievements of the goals/ objectives of the issue
- Communication/ information dissemination
- Your reflection on the public health issue
- Page limit (5-8 pages for report and 6 slides for in-class presentation)
Appendix 3

Knowledge integration assignment

For this assignment, you will identify one public health issue that you consider a priority for your local community, and which you believe can be best addressed through collaboration with multiple disciplines and systems. Examples of such issues may include but are not limited to the opioid epidemic, unintended teenage pregnancy, domestic violence, child delinquency, etc. Examples of disciplines that can be involved include public health, behavioral sciences, medicine, nursing, computer/data science, pharmacy, etc. Examples of systems that may be involved include law enforcement, education, social welfare services, housing, etc. You will interview at least 20 individuals, ensuring that you include individuals from a diversity of disciplines and systems.

Within the fourth week of the semester, you will develop your interview guide based on a review of relevant literature. Your interviews should elicit the opinions of the stakeholder regarding their knowledge of your selected public health issue, their approaches and methods for addressing the issue in multidisciplinary and multi-system fashion, their values and potential contributions. You will submit your interview guide and a-one page proposal that explains the background and rationale that you will include in your institutional review board application for approval of your survey. The University of Arizona’s Institutional Review Board (IRB) forms can be found here:


Your completed application should be submitted to Suzanna Trejo at: suzanna@arizona.edu. It is most likely that your application will be readily approved as exempt, since this is not necessarily research, and your findings will not lead to generalizable knowledge.

Based on your findings, your own professional knowledge, and evidence from the literature and from the course materials, you will prepare a 6-page (double spaced, excluding references) report that presents how you will address your selected public health issue by integrating knowledge, approaches, methods, values, and contributions from the multiple disciplines and systems you worked with. Your report must be prepared in APA format, and must include at least 5 supporting references.
Appendix 4

Leadership Communication Assignment

For this assignment you will provide evidence to demonstrate your ability to effectively communicate public health science to diverse stakeholders in your county. You will propose an action plan for addressing a chosen health issue in your county or community. To build consensus to change behavior towards this public health issue, you will develop a communication strategy targeted at faculty, staff and students within the four colleges of the University of Arizona Health Sciences, University of Arizona main campus faculty and students, and local community members, including staff of the Pima County Health Department, and lay members who serve on the community advisory board of the Arizona Prevention Research Center). This assignment will be a semester long activity that will culminate in a final paper and presentation on the last day of class.

Assume that you have been hired as the director of a new agency your county health department has created to tackle health disparities. You will undertake activities that will enable to first understand the priority health disparity issues in the county using scientific approaches, develop an action plan to address the priority issue, and then communicate this plan to diverse stakeholders, including individuals at all levels of health literacy, for purposes of influencing behavior and policy around the issue. Thus, you will:

1. Conduct a quick needs assessment using secondary (literature review and analysis of secondary data – e.g., PRAMS of BRFSS data) and primary data (interviews of key local stakeholders- health administrators, researchers and local community organizations). Following these brief needs assessment, you will develop an initial statement that describes your community, and the health challenges you identified. You will use a prioritization matrix (using the 'strategy grid' technique: (https://www.naccho.org/uploads/downloadable-resources/Guide-to-Prioritization-Techniques.pdf) or the Hanlon Method (Choi et al. 2019) to arrive at a decision regarding the health problem you will select and address for your leadership communication project.

2. Conduct a quick assessment of the factors that are associated with the specific health priority you have selected. Using the socioecological approach, discuss the factors that are associated with the health issue and how they relate to each other. Use a visual diagram such as a conceptual framework or a problem tree diagram to briefly discuss how factors at various levels of the socioecological model contribute to or are affected by the issue.

3. Conduct a quick systematic review that will involve assessment of the scientific base of at least 5 interventions that have been conducted in the US and globally to address the health issue you have chosen for your specific population. You may also consult with professionals and agencies working on the subject to obtain additional practice-based evidence. Present your information in a table (the instructor will provide a template) and include a brief critical appraisal.

4. Based on the scientific evidence available, propose an action plan for addressing this health issue in your county.

5. To build consensus to influence public attitudes towards this public health issue, develop:
a. a communication strategy for (i) your in-class presentation to the diverse stakeholders that are invited for as described above. The post-presentation questionnaire will be given for your audience that will ask three questions: (i) how your presentation has changed their perspective on the health issue (ii) how convinced they feel that your communication of the plan was effective, and (iii) how willing they are to contribute to your
plan if they had the resources (time, money, etc.) to do so. The instructor will collect, analyze and integrate stakeholder perspectives in grading the assignment.

b. Prepare a press release for submission to your local media (this could be TV or newspaper). The press release must be designed to raise awareness about your priority health issue and must be designed at the sixth-grade level to ensure accessibility to individuals at different language skills. The Communications Director of the College will review all press releases and select the best two for actual submission to a local media.
Appendix 5

Journal Entries

Journal of the student’s insights throughout the semester and development of a personal leadership plan. Journal entries must be linked to each lecture. In terms of your Foundational DrPH Competencies the following information must be included in your journal entries:

- 2/11: Competency #7 and #9: Journal entries must include a strategic plan for how to accomplish a goal for an organization including strategies for organizational change.
- 2/18: Competency #14: Journal entry must include a design of a system-level intervention.
- 2/27: Competency #5: Journal entry must demonstrate how you use different language for all levels of health literacy.
- 3/4: Competency #8: Journal entry must include how you would facilitate shared decision making through negotiation and consensus-building methods.
- 4/22: Competency #6 and #17: Journal entries must draw approaches and contributions from multiple professions and systems, including those outside of traditional public health disciplines

Provide your personal leadership plan a summary of how your journal entries have led to your personal leadership plan using D2L assignments site and upload your complete plan by May 20 (20% of grade).