



Syllabus
HBEH 730: Theoretical Foundations of Behavioral and Social Science
Fall 2018
3 Credit Hours | Residential

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Course Overview

Course Description This course will provide an overview of social and behavioral science theories and frameworks that are currently used to: 1) understand health related behaviors; and 2) guide development of interventions and policies designed to prevent, reduce or eliminate major public health problems. We will use an ecological framework to examine theories at multiple levels of the social ecology, focusing on applications that will impact health at the population level.

Prerequisites None.

Instructors	Kurt M. Ribisl, PhD Professor and Department Chair Department of Health Behavior 303 Rosenau Hall Phone: 919- 843-8042 Email: kurt_ribisl@unc.edu	Melissa Gilkey, PhD Assistant Professor Department of Health Behavior 317 Rosenau Hall Phone: 919- 966-8650 Email: gilkey@email.unc.edu
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Teaching Assistant	Ginny Savage, MPH Email: vsav@live.unc.edu	Becky Payne Email: rebpayne@live.unc.edu
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Course Website Your UNC ONYEN will provide you with access to the course website on Sakai (sakai.unc.edu). The website includes course announcements, handouts, lecture slides, readings, assignments, and external links. Please contact Ginny for assistance with Sakai if needed.

Class Days, Times, Location Monday/Wednesday: 3:35pm – 4:50pm
McGavran-Greenberg 2306

Office Hours TA office hours will be held in the first floor atrium of the Michael Hooker Research Center. Ginny will hold office hours on **Tuesdays from 12:30pm – 1:30pm**, and Becky will hold office hours on **Thursdays from 11am – noon**. Please feel free to schedule time outside of office hours with TAs if needed. Dr. Ribisl will usually be in his office the hour before class and available for students. You can also make an appointment by writing Riley Smith <rileysmith@unc.edu>.

Course Texts

There is one required text for the course, which will be supplemented by selected journal articles, book chapters, and online multimedia. There will be 1-3 assigned required readings for most class sessions. Optional, supplementary readings and resources are listed in an appendix to this syllabus, organized by topic.

Textbook:

Glanz, K., Rimer, B.K., & Viswanath, K. (2015). *Health Behavior: Theory, Research and Practice*, 5th Edition. San Francisco, Jossey-Bass. **Noted below as “Glanz et al. 2015”**

Additional Readings: additional readings will be available via the course website on Sakai. Go to “Resources” then “Course Content” and then “Readings” and click on the folder for the date for which the readings are assigned. Supplementary readings and other resources will be available in a separate folder on the resources page.

Course Format

The course format will consist of a lecture-style class that meets twice weekly. Students are expected to complete the readings before class and to come to each class prepared to discuss the texts. Lectures will be supplemented with in-class discussions, skill-building activities, case studies, presentations from guest speakers, written assignments, two quizzes, and a group presentation.

Course Policies and Resources

Recognizing, Valuing and Encouraging Inclusion and Diversity in the Classroom

We share the School's [commitment to diversity](#). We are committed to ensuring that the School is a diverse, inclusive, civil and welcoming community. Diversity and inclusion are central to our mission — to improve public health, promote individual well-being and eliminate health inequities across North Carolina and around the world. Diversity and inclusion are assets that contribute to our strength, excellence and individual and institutional success. We welcome, value and learn from individual differences and perspectives. These include but are not limited to: cultural and racial/ethnic background; country of origin; gender; age; socioeconomic status; physical and learning abilities; physical appearance; religion; political perspective; sexual identity and veteran status. Diversity, inclusiveness and civility are core values we hold, as well as characteristics of the School that we intend to strengthen.

We are committed to expanding diversity and inclusiveness across the School— among faculty, staff, students, on advisory groups, and in our curricula, leadership, policies and practices. We measure diversity and inclusion not only in numbers, but also by the extent to which students, alumni, faculty and staff members perceive the School's environment as welcoming, valuing all individuals and supporting their development.”

In this class, we practice these commitments in the following ways:

- Develop classroom participation approaches that acknowledge the diversity of ways of contributing in the classroom and foster participation and engagement of *all* students.
- Structure assessment approaches that acknowledge different methods for acquiring knowledge and demonstrating proficiency.
- Encourage and solicit feedback from students to continually improve inclusive practices.

As a student in the class, you are also expected to understand and uphold the following UNC policies:

- **Diversity and Inclusion at the Gillings School of Global Public Health:**
<http://sph.unc.edu/resource-pages/diversity/>
- **UNC Non-Discrimination Policies:**
<http://policy.sites.unc.edu/files/2013/04/nondiscrim.pdf>
- **Prohibited Discrimination, Harassment, and Related Misconduct at UNC:**
<https://deanofstudents.unc.edu/incident-reporting/prohibited-harassmentsexual-misconduct>

Accessibility

UNC-CH supports all reasonable accommodations, including resources and services, for students with disabilities, chronic medical conditions, a temporary disability, or a pregnancy complication resulting in difficulties with accessing learning opportunities. All accommodations are coordinated through the UNC Office of Accessibility Resources & Services (ARS), <https://ars.unc.edu/>; phone 919-962-8300; email ars@unc.edu. Students must document/register their need for accommodations with ARS before accommodations can be implemented.

Counseling and Psychological Services

CAPS is strongly committed to addressing the mental health needs of a diverse student body through timely access to consultation and connection to clinically appropriate services, whether for short or long-term needs. Go to their website: <https://caps.unc.edu> or visit their facilities on the third floor of the Campus Health Services building for a walk-in evaluation to learn more.

UNC Honor Code

As a student at UNC-Chapel Hill, you are bound by the university's [Honor Code](#), through which UNC maintains standards of academic excellence and community values. It is your responsibility to learn about and abide by the code. All written assignments or presentations (including team projects) should be completed in a manner that demonstrates academic integrity and excellence. Work should be completed in your own words, but your ideas should be supported with well-cited evidence and theory. To ensure effective functioning of the [Honor System](#) at UNC, students are expected to:

- a. Conduct all academic work within the letter and spirit of the Honor Code, which prohibits the giving or receiving of unauthorized aid in all academic processes.
- b. Learn the recognized techniques of proper attribution of sources used in written work; and to identify allowable resource materials or aids to be used during completion of any graded work.
- c. **Sign a pledge on all graded academic work certifying that no unauthorized assistance has been received or given in the completion of the work.**
- d. Report any instance in which reasonable grounds exist to believe that a fellow student has violated the Honor Code.

Instructors are required to report suspected violations of the Honor Code, including inappropriate collaborative work or problematic use of secondary materials, to the Honor Court. Honor Court sanctions can include receiving a zero for the assignment, failing the course and/or suspension from the university. If you have any questions about [your rights and responsibilities](#), please consult the Office of Student Conduct at <https://studentconduct.unc.edu/>, or consult these other resources:

- Honor system [module](#).
- UNC library's [plagiarism tutorial](#).
- UNC Writing Center [handout on plagiarism](#).

Instructor Expectations

Email

Please direct most general questions to the Teaching Assistants, who will typically respond to emails and phone calls within 24 hours if sent Monday through Friday. If you receive an out of office reply when emailing, it may take longer to receive a reply. Instructors and TAs will provide advance notice, if possible, when they will be out of the office.

- Feedback** All graded assignments will receive written feedback that coincides with the assessment rubric. Feedback is meant to be constructive and help the student continue to build upon their skills.
- Grading** Assignments, projects, and quizzes will be graded no more than two weeks after the due date. Assignments that contribute to the subsequent assignment will be graded as soon as possible to allow sufficient time to complete everything before the final due date. Early submissions will not be graded before the final due date.

Student Expectations

- Appropriate Use of Course Resources:** The materials used in this class, including, but not limited to, syllabus, exams, quizzes, and assignments are copyright protected works. Any unauthorized copying of the class materials is a violation of federal law and may result in disciplinary actions being taken against the student. Additionally, the sharing of class materials without the specific, express approval of the instructor may be a violation of the University's Student Honor Code and an act of academic dishonesty, which could result in further disciplinary action. This includes, among other things, uploading class materials to websites for the purpose of sharing those materials with other current or future students.

Assignments

Depending on the assignment, we may ask you to upload your file in the Sakai Drop Box, Assignments, or Group Folders feature. When asked to submit an assignment electronically, please refer to the following directions:

1. **For submission via "Assignments" feature:** Select Assignments from the left sidebar menu. Select the appropriate assignment. Scroll down and select a file to attach. After you find the file and select it, click the "upload files now" button at the bottom of the screen.
2. **For submission via "Drop Box" feature:** Select Drop Box from the left sidebar menu. Click "add" next to your name and select "upload file". After you find the file and select it, click the "upload files now" button at the bottom of the screen.
3. **For submissions via Group Folders:** Select Resources from the left sidebar menu. Select "Group Folders" and then on your group's folder. Click "add" next to your group's name and select "upload file". After you find the file and select it, click the "upload files now" button at the bottom of the screen.

File Names: We have developed a file naming convention for all assignments. The teaching team needs to organize, grade, and return these assignments very quickly, and consistent naming assists us in this objective. Please adhere to the naming conventions for each assignment when submitting electronic files.

- In the instructions for each assignment, we will give an assignment filename to use. Please use this general naming convention for your assignments: **LastName_FirstName_AssignmentName**
 - For example, if Ginny were submitting the final version of her Theory Application Paper, her file name would look like:
Savage_Ginny_PaperFinal.docx

Course Evaluation Informal feedback throughout the course is appreciated. There will also be a mid-course evaluation that will benefit current students, as well as a final evaluation to benefit future students. The final evaluation will be completed electronically and all students are expected to complete these evaluations during the two-week time window at the end of the course as listed on the UNC academic calendar.

Technical support The UNC Information Technology Services (ITS) department provides technical support 24-hours per day, seven days per week. If you need computer help, please contact the ITS Help Desk by phone at +1-919-962-HELP (919-962-4357), or by email at help@unc.edu, or by visiting their website at <http://help.unc.edu>, or by UNC Live Chat at <http://its.unc.edu/itrc/chat>.

Competencies, Learning Objectives, and Assessment

Map

Competencies taught in this course, learning objectives mapped to these competencies, and assignments that assess attainment of these competencies.

Health Behavior Concentration Competencies Highlighted in This Course	Relevant Class Session Numbers	Assessment Assignment
1. Identify health behavior and social science theories, integrate constructs across levels of social ecological framework and apply conceptual models to public health practice.	2, 3, 4, 5, 6, 7, 9, 10, 12, 13, 15, 23 8, 11, 15, 16, 22, 23, 26	Theory Application Paper; Quiz 1 & 2 Theory Application Paper; Group Project
2. Develop, adapt, and evaluate health behavior programs and policies.	13, 14, 15, 16, 19, 20, 21, 22, 26, 27, 28, 29	Theory Application Paper; Media Advocacy Assignment; Group Project

Course Assignments and Assessments

Grades will be based on the following six activities:

Assignments	Points	Percentages
1. Theory Application Paper	150	30%
2. Quiz 1	50	10%
3. Media Advocacy Assignment	75	15%
4. Quiz 2	25	5%
5. Health Behavior Change Group Presentation	150	30%
6. Class Participation	50	10%
TOTAL	500	100%
*Extra Credit	10	N/A

Grading Scale

Final course grades will be determined using the following [UNC Graduate School grading scale](#). The relative weight of each course component is shown in the table above.

Grade	Total Points	Interpretation
H	475-500	High Pass: Clearly excellent graduate work
H-	460-474	High Pass Minus
P+	440-459	Pass Plus
P	420-439	Pass: Entirely satisfactory graduate work
P-	400-419	Pass Minus
L	375-399	Low Pass: Inadequate graduate work
F	<375	Fail

Note: this grading scale is intended to help you interpret your grades on HBEH 730 assignments. Final course grades, in conformance with University policy, will be limited to H, P, L or F.

Assignment Descriptions

Descriptions of the assignments are listed below and the specific grading rubrics can be found in the Appendix.

1. Theory Application Paper (30%)

You will write an 8 to 10 page paper that discusses theory applied to health behavior and cites research on how well it has worked. You can choose to write about how one health behavior, such as condom use, has been explained and/or modified using two behavioral theories or concepts. Alternatively, you can write about one theory and its utility in explaining two behaviors. The paper should focus on how the chosen theory(ies) have been used to examine or intervene upon the chosen behavior(s) and include an assessment of how well the theory(ies) fit the behavior(s). For this assignment, please refrain from choosing the Social Ecological Framework. Detailed assignment guidelines and a grading rubric are available on Sakai.

This assignment has several interim products and due dates:

2. Draft Paper (Due 10/1)
3. Peer Feedback (Due 10/8)
4. Final Paper (Due 10/15)

2. Quizzes (15% in total for Quiz 1 and Quiz 2)

Both Quiz 1 and Quiz 2 are closed-book multiple choice and short answer quizzes. **Quiz 1 will be available on Sakai at 11:00am and must be completed by 11:55pm on Monday, September 24th. Quiz 2 will be available at noon on Friday, November 9th and must be completed by 5:00pm on Saturday November, 10th.** You will have only one opportunity to take each quiz (so do not start it until you are prepared to complete it in one sitting) and will have 1 hour to complete it once you have started. The quiz will close at the previously listed times on the due dates, even if it interrupts your hour, so be sure to begin an hour in advance of the deadline time on the quiz date.

3. Media Advocacy Assignment (15%)

Using your group project topic, you will practice using media advocacy tools and tactics to promote change in health policy. You will write an opinion-editorial (op-ed) or press release on the public health topic to which you are assigned for the group presentation. You may coordinate topics within your team, but all writing must be done individually. Detailed assignment guidelines, additional resources, and a grading rubric are available on Sakai. **Due on Monday, November 19th by 5 pm.** *Publishing your op-ed before 12/5 will earn you 10 points of extra credit.

4. Health Behavior Change Group Presentation (30%)

Policy change has been one of the most effective ways to modify health behavior in large populations. Many policies are explicitly or implicitly based on theory. In this assignment, you will work in groups to develop a project including (i) a policy advocacy campaign and (ii) a theory-based program addressing a relevant health behavior. Detailed assignment guidelines, the group presentation worksheet, a grading rubric, a PPT template, and additional resources will be available on Sakai.

The health behavior topics for Fall 2018 are:

1. *Oral health among the homeless*
2. *Heat*
3. *Ticks*
4. *Plastic*
5. *Vaping*
6. *Breastfeeding*
7. *Screen-time reduction*
8. *School cafeterias*

You will rank all topics in order of preference, and the Teaching Team will assign all students to groups.

This assignment has two due dates:

1. Group Presentation Worksheet (**Due 10/24**)
2. Group Oral Presentations (**in class on: 11/28, 12/3, 12/5**)

5. Class Participation (10%)

You are expected to read all of the assigned readings, to participate in class discussions, and to attend class regularly and on time. Please note that you will be graded on the quality, not quantity, of your class participation. Incorporating a solid knowledge of the readings is desired, whereas viewing websites and checking email is not. Your participation also entails being a “good citizen” of the class, e.g. completing tasks on time, communicating with the teaching assistants as needed regarding absences, questions, etc., and following directions for both in-class and out-of-class assignments.

Course-at-a-Glance

The instructor reserves the right to make changes to the syllabus, including project due dates and test dates. These changes will be announced as early as possible.

Class #	Date		Topic and Competency	Presenter	TA	Assignment & Notes
1	W	22-Aug	Intro: Course overview, objectives, relevance, assignments, Sakai	Ribisl/Gilkey	VS	
2	M	27-Aug	Why Theory? Behavior and Mortality & Morbidity	Ribisl/Gilkey	BP/VS	
3	W	29-Aug	Social Ecological Framework, Health Impact Pyramid	Gilkey	VS	
	M	3-Sep	No Class – Labor Day			
4	W	5-Sep	Health Belief Model	Gilkey	VS	
5	M	10-Sep	Social Cognitive Theory	Gilkey	BP/VS	Paper Topic Proposal Worksheet available.
6	W	12-Sep	Integrated Behavioral Model, Theories of Reasoned Action and Planned Behavior	Moracco	VS	
7	M	17-Sep	Transtheoretical Models	Gilkey	BP/VS	Paper Topic Proposal Worksheet due.
8	W	19-Sep	Theory Application Exercise	Gilkey	VS	
9	M	24-Sep	Social Networks	Barrington/Payne	BP/VS	Take Quiz 1. State group project preference.
10	W	26-Sep	Diffusion of Innovations	Ribisl	VS	
11	M	1-Oct	From Communication to Action	Sheeran	BP/VS	Draft Paper due. Group projects assigned. Group Presentation Worksheet available.
12	W	3-Oct	Social Support	Fisher	VS	
13	M	8-Oct	Social Influence	Ribisl	BP/VS	Mid-Course Evaluation. Peer Feedback due.
14	W	10-Oct	How Social and Economic Policy Affects Behavior	Ribisl	VS	

15	M	15-Oct	Internet and Mobile Interventions and Behavior Change Techniques (BCTs)	Tate	BP/VS	Final Paper due.
16	W	17-Oct	Theory Informed Intervention Materials Activity	Ribisl	VS	Fall Break begins at 5pm.
17	M	22-Oct	Tailoring Health Communication	Ribisl	BP/VS	
18	W	24-Oct	Class Project Team Meetings	All	VS	Group Presentation Worksheet due.
19	M	29-Oct	Policy and Media Advocacy #1	Ribisl	BP/VS	Media Advocacy Assignment available.
20	W	31-Oct	Policy and Media Advocacy #2	Ribisl	VS	
21	M	5-Nov	Behavioral Economics	Ribisl	BP/VS	
22	W	7-Nov	Social Marketing	Ribisl	VS	Take Quiz 2 on November 10.
23	M	12-Nov	Health Equity and Critical Race Theories	Savage	BP/VS	
24	W	14-Nov	Community Organizing	Ribisl/TBD	VS	
25	M	19-Nov	Price and Behavior	Ribisl	BP/VS	Media Advocacy Assignment due.
	W	21-Nov	No Class- Thanksgiving			
26	M	26-Nov	Case Study: California Tobacco Control	Ribisl	BP/VS	
27	W	28-Nov	Health Behavior Change Group Presentations	Student Groups	All	Group Presentations
28	M	3-Dec	Health Behavior Change Group Presentations	Student Groups	All	Group Presentations
29	W	5-Dec	Health Behavior Change Group Presentations	Student Groups	All	Group Presentations

Course Schedule

The instructor reserves the right to make changes to the syllabus, including project due dates and test dates. These changes will be announced as early as possible.

W 8/22 – Session 1: Course overview, objectives, relevance, assignments, and Sakai.

No Readings.

M 8/27 – Session 2: Why Theory? Behavior and Mortality & Morbidity

Required Readings:

Glanz et al, 2015. Chapter 2: Theory, Research, and Practice in Health Behavior and Health Education (The Editors).

Rothman AJ. 2004. Is there nothing more practical than a good theory? Why innovations and advances in health behavior change will arise if interventions are used to test and refine theory. *International Journal of Behavioral Nutrition and Physical Activity*, 1(11), 1-7.

Wolff, S.H. (2008). The Power of Prevention and What It Requires. *The Journal of the American Medical Association*, 299(20), 2437-2439.

Krieger, N. (2016). Living and Dying at the Crossroads: Racism, Embodiment, and Why Theory Is Essential for a Public Health of Consequence. *American Journal of Public Health*, 106(5), 832.

W 8/29 – Session 3: Social Ecological Framework (SEF) and Health Impact Pyramid

Required Readings:

Glanz et al, 2015. Chapter 3: Ecological Models of Health Behavior (James F. Sallis and Neville Owen).

Frieden, T. R. (2010). A framework for public health action: The health impact pyramid *American Journal of Public Health*, 100: 590-595.

Schölmerich, V. L., & Kawachi, I. (2016). Translating the Social-Ecological Perspective Into Multilevel Interventions for Family Planning: How Far Are We?. *Health Education & Behavior*, 43(3), 246-255.

Optional Readings:

Mack, K. A., Liller, K. D., Baldwin, G., & Sleet, D. (2015). Preventing unintentional injuries in the home using the Health Impact Pyramid. *Health education & behavior*, 42(1_suppl), 115S-122S.

McLeroy et. al. (1988). An Ecological Perspective on Health Promotion Programs. *Health Education & Behavior*, 15(4), 351-377.

W 9/5 – Session 4: Health Belief Model

Required Readings:

Glanz et al, 2015. Chapter 5: The Health Belief Model (Celette Sugg Skinner, Jasmin Tiro, and Victoria L. Champion).

Sadeghi, R., et al. (2018). "The impact of educational intervention based on the health belief model on observing standard precautions among emergency center nurses in Sirjan, Iran." *Health Education Research* 33(4): 327-335.

Optional Readings:

De Paoli, M. M., Manongi, R., & Klepp, K. I. (2004). Factors influencing acceptability of voluntary counselling and HIV-testing among pregnant women in Northern Tanzania. *AIDS care*, 16(4), 411-425.

M 9/10 – Session 5: Social Cognitive Theory

Required Readings:

Glanz et al, 2015. Chapter 9: How Individuals, Environments, and Health Behaviors Interact: Social Cognitive Theory (Steven H. Kelder, Deanna Hoelscher, and Cheryl L. Perry).

Knowlden, A. & Sharma, M. (2016). One-year efficacy testing of enabling mothers to prevent pediatric obesity through web-based education and reciprocal determinism (EMPOWER) randomized control trial. *Health Education & Behavior* (2016), 43(1) 94–106.

Optional Readings:

Bandura, A. (2004). Health promotion by social cognitive means. *Health Education & Behavior*, 31(2), 143-164.

W 9/12 – Session 6: Integrated Behavioral Model (Theory of Reasoned Action/Theory of Planned Behavior)

Required Readings:

Glanz et al, 2015. Chapter 6: Theory of Reasoned Action, Theory of Planned Behavior, and the Integrated Behavioral Model (Daniel E. Montañó and Danuta Kasprzyk).

Roncancio, A. M., Ward, K. K., Sanchez, I. A., Cano, M. A., Byrd, T. L., Vernon, S. W., ... & Fernandez, M. E. (2015). Using the theory of planned behavior to understand cervical cancer screening among Latinas. *Health Education & Behavior*, 1090198115571364.

Potente S., Coppa K., Williams A, and Engels R., (2011). Legally brown: using ethnographic methods to understand sun protection attitudes and behaviours among young Australians 'I didn't mean to get burnt—it just happened!' *Health Educ. Res.* (2011) 26(1): 39-52

M 9/17 – Session 7: Transtheoretical Models

Required Readings:

Glanz et al, 2015. Chapter 7: The Transtheoretical Model and Stages of Change (James O. Prochaska, Colleen A. Redding, and Kerry E. Evers).

Marcus, B., H., Hartman, S. J., Pekmezi, D., Dunsiger, S. I., Linke, S., ... Rojas, Carlos. (2015). Using interactive Internet technology to promote physical activity in Latinas: Rationale, design and

baseline findings of Pasos Hacia La Salud. *Contemporary Clinical Trials*. pp.
doi:10.1016/j.cct.2015.08.004.

W 9/19 – Session 8: Theory Application Exercise

Review “Theories at a Glance Document”

M 9/24 – Session 9: Social Networks

Required Readings and Materials:

Glanz et al, 2015. Chapter 11: Social Networks and Health Behavior (Thomas W. Valente).

Barrington et al 2009. Talking the talk, walking the walk: Social network norms, communication patterns, and condom use among the male partners of female sex workers in La Romana, Dominican Republic. *Social Science & Medicine*, 68(11), 2037-2044

TED Talk by Nicholas Christakis. “The hidden influence of social networks” 2010 (18 minutes)
http://www.ted.com/talks/nicholas_christakis_the_hidden_influence_of_social_networks.html

Optional Readings:

Christakis, N. A., & Fowler, J. H. (2007). The spread of obesity in a large social network over 32 years. *New England journal of medicine*, 357(4), 370-379.

W 9/26 – Session 10: Diffusion of Innovations

Required Readings :

Glanz et al, 2015. Chapter 16: Implementation, Dissemination, and Diffusion of Public Health Interventions (Ross C. Brownson, Rachel G. Tabak, Katherine A. Stamatakis, Karen Glanz).

Dodson, E. A., Geary, N. A., & Brownson, R. C. (2015). State legislators’ sources and use of information: bridging the gap between research and policy. *Health education research*, 30(6), 840-848.

Optional Readings:

Heri, S., & Mosler, H. J. (2008). Factors affecting the diffusion of solar water disinfection: a field study in Bolivia. *Health Education & Behavior*, 35(4), 541-560.

M 10/1 – Session 11: From Communication to Action

Required Readings:

Sheeran, P., & Webb, T. L. (2016). The intention-behavior gap. *Social and Personality Psychology Compass*, 10(9), 503-518.

W 10/3 – Session 12: Social Support

Required Readings:

Glanz et al, 2015. Chapter 10: Social Support and Health (Julianne Holt-Lunstad and Bert N. Uchino).

Fisher, E. B., Coufal, M. M., Parada, H., Robinette, J. B., Tang, P. Y., Urlaub, D. M., ... & Xu, C. (2014). Peer Support in Health Care and Prevention: Cultural, Organizational, and Dissemination Issues. *Annual review of public health, 35*, 363-383.

Optional Readings:

Holt-Lunstad, J., Robles, T. F., & Sbarra, D. A. (2017). Advancing social connection as a public health priority in the United States. *American Psychologist, 72*(6), 517.

M 10/8 – Session 13: Social Influence

Required Readings:

Cialdini RB (2003). Crafting Normative Messages to Protect the Environment. *Current Directions in Psychological Science, 12, 4*: 105-109.

Goldstein, N. J., Cialdini, R. B., & Griskevicius, V. (2008). A room with a viewpoint: Using normative appeals to motivate environmental conservation in a hotel setting. *Journal of Consumer Research. Vol 35*(3), *Special issue: Consumer welfare*. pp. 472-482.

Byron, M. J., et al. (2016) "Using the theory of normative social behavior to understand compliance with a smoke-free law in a middle-income country." *Health education research, 31.6*, 738-748.

Optional Readings:

Neighbors, C., O'connor, R. M., Lewis, M. A., Chawla, N., Lee, C. M., & Fossos, N. (2008). The relative impact of injunctive norms on college student drinking: The role of reference group. *Psychology of Addictive Behaviors, 22*(4), 576.

W 10/10 – Session 14: How Social and Economic Policy Affects Behavior (and vice versa)

Required Readings:

Ainsworth, M, Beyrer, C, & Soucat, A. (2003). AIDS and Public Policy: the Lessons and Challenges of 'Success' in Thailand. *Health Policy, 64*, 13-37.

Fell et al (2009). The Impact of Underage Drinking Laws on Alcohol-Related Fatal Crashes of Young Drivers. *Alcoholism: Clinical and Experimental Research, 33* (7), 1208-1219.

M 10/15 – Session 15: Internet and Mobile Interventions and Behavior Change Techniques (BCTs)

Required Readings:

Winett, RA, Tate, DF, Anderson, ES, Wojcik, JR, & Winett, SG (2005). Long-term weight gain prevention: A theoretically based internet approach. *Preventive Medicine, 41*(2):629-41.

Noar, SM et al (2011). Using computer technology for HIV prevention among African-Americans: development of a tailored information program for safer sex (TIPSS). *Health Educ. Res.* (2011) 26(3): 393-406.

W 10/17 – Session 16: Theory-Informed Intervention Materials Activity

Review Glanz individual level theory chapters

M 10/22 – Session 17: Tailoring Health Communication

Required Readings:

Glanz et al, 2015. Chapter 17: Communication and Health Behavior in a changing Media Environment (K. Viswanath, John R. Finnegan Jr., and Sarah Gollust).

Hawkins, R. P., Kreuter, M., Resnicow, K., Fishbein, M., & Dijkstra, A. (2008). Understanding tailoring in communicating about health. *Health Educ Res*, 23(3), 454-466.

Rawl, S. M., Skinner, C. S., Perkins, S. M., Springston, J., Wang, H. L., Russell, K. M., ... & Champion, V. L. (2012). Computer-delivered tailored intervention improves colon cancer screening knowledge and health beliefs of African-Americans. *Health education research*, 27(5), 868-885.

Optional Reading:

Walsh-Childers, K., Odedina, F., Poitier, A., Kaninjing, E., & Taylor III, G. (2018). Choosing Channels, Sources, and Content for Communicating Prostate Cancer Information to Black Men: A Systematic Review of the Literature. *American journal of men's health*, 1557988318786669.

W 10/24 – Session 18: Group Project team meetings

No Readings.

M 10/29 – Session 19: Policy and Media Advocacy, Part 1

Required Readings:

Dorfman, L., & Wallack, L. (2007). Moving nutrition upstream: the case for reframing obesity. *J Nutr Educ Behav*, 39(2 Suppl), S45-50.

Wallack, L., & Dorfman, L. (1996). Media advocacy: a strategy for advancing policy and promoting health. *Health Educ Q*, 23(3), 293-317.

W 10/31 – Session 20: Policy and Media Advocacy, Part 2

Required Readings:

News for a change: An advocates guide to working with the media. Chapters 1 - 4.

Jou, J., Niederdeppe, J., Barry, C. L., & Gollust, S. E. (2014). Strategic Messaging to Promote Taxation of Sugar-Sweetened Beverages: Lessons From Recent Political Campaigns. *American journal of public health*, 104(5), 847-853.

Optional Readings:

Franck, C., Grandi, S. M., & Eisenberg, M. J. (2013). Taxing junk food to counter obesity. *American journal of public health*, 103(11), 1949-1953.

M 11/05 – Session 21: Behavioral Economics

Required Readings:

Glanz et al, 2015. Behavioral Economics and Health (Kevin Volpp, George Lowenstein, and David Asch).

García-Romero, M. T., Geller, A. C., & Kawachi, I. (2015). Using behavioral economics to promote healthy behavior toward sun exposure in adolescents and young adults. *Preventive medicine, 81*, 184-188.

"Why Money Alone Can't (Always) "Nudge" Physician: The Role of Behavioral Economics in the Design of Physician Incentives David A. Lubarsky, M.D., M.B.A., Michael T. French, Ph.D., Howard S. Gitlow, Ph.D., Lisa F. Rosen, M.A., Steven G. Ullmann, Ph.D. Anesthesiology. 2018 Aug 2. doi: 10.1097/ALN.0000000000002373. "

Wolfers, J. (2015, September 25). A Better Government, One Tweak at a Time. *The New York Times*.
http://www.nytimes.com/2015/09/27/upshot/a-better-government-one-tweak-at-a-time.html?_r=0

W 11/7 – Session 22: Social Marketing

Required Readings:

Glanz et al, 2015. Chapter 21: Social Marketing (J. Douglas Storey, Ronald Hess, and Gary Saffitz).

Cerdeño, F.A., Martínez-Donate AP, Zellner JA, Sañudo F, Carrillo H, Engelberg M, Sipan C, Hovell M. (2012). Marketing HIV Prevention for Heterosexually Identified Latino Men Who Have Sex with Men and Women: The Hombres Sanos Campaign. *Journal of Health Communication, 17*(6):61-58.

Lumpkins, C. Y., Vanchy, P., Baker, T. A., Daley, C., Ndikum-Moffer, F., & Greiner, K. A. (2016). Marketing a healthy mind, body, and soul: An analysis of how African American men view the church as a social marketer and health promoter of colorectal cancer risk and prevention. *Health Education & Behavior, 43*(4), 452-460.

Optional Reading:

Andrade, E. L., Evans, W. D., Barrett, N. D., Cleary, S. D., Edberg, M. C., Alvayero, R. D., ... & Beltran, A. (2018). Development of the place-based Adelante social marketing campaign for prevention of substance use, sexual risk and violence among Latino immigrant youth. *Health education research, 33*(2), 125-144.

M 11/12 – Session 23: Health Equity and Critical Race Theory

Required Readings:

Ford, C. L., & Airhihenbuwa, C. O. (2018). Commentary: Just What is Critical Race Theory and What's it Doing in a Progressive Field like Public Health?. *Ethnicity & Disease, 28*(Supp 1), 223-230.

Roberts, L., Tamene, M., & Orta, O. R. (2018). The intersectionality of racial and gender discrimination among teens exposed to dating violence. *Ethnicity & Disease, 28*(Supp 1), 253-260.

W 11/14 – Session 24: Community Organizing

Required Readings:

Glanz et al, 2015. Chapter 15: Improving Health Through Community Engagement, Community Organization, and Community Building (Nina Wallerstein, Meredith Minkler, Lori Carter Edwards, Magdalena Avila, and Victoria Sanchez).

Blaine, T., Forster, J., Hennrikus, D., O'Neill, S., Wolfson, M., & Pham, H. (1997). Creating tobacco control policy at the local level: Implementation of a direct action organizing approach. *Health Education & Behavior*, 24(5), 640-651.

M 11/19 – Session 25: Price and Behavior

Required Readings:

Faith MS, Fontaine KR, Baskin ML, Allison DB. (2007) Toward the reduction of population obesity: macrolevel environmental approaches to the problems of food, eating, and obesity. *Psych Bull.* , 133:205–26

Frieden, T. R., & Bloomberg, M. R. (2007). How to prevent 100 million deaths from tobacco. *Lancet*, 369(9574), 1758-1761.

M 11/26 – Session 26: Case Study: California Tobacco Control Program

Required Readings:

Roeseler A, Burns D. (2010) The Quarter that Changed the World. *Tob Control*, 19, i13-i12.

Lightwood, J., & Glantz, S. A. (2013). The effect of the California tobacco control program on smoking prevalence, cigarette consumption, and healthcare costs: 1989–2008. *PloS one*, 8(2), e47145.

W 11/28 – Session 27: Health Behavior Change Group Presentations

M 12/3 – Session 28: Health Behavior Change Group Presentations

W 12/5 – Session 29: Health Behavior Change Group Presentations

Appendix: Rubrics

Assignment Grading Rubric: Theory Application Paper (30%)

Criteria	Poor, needs work	Decent	Excellent	Possible Points
Content				110 total
	5	10	15	15
Rationale for paper	Weak topic, little justification for why this issue deserves attention	Some justification provided, but still is not compelling	Compelling issue that addresses significant public health issue; If focused on a health problem or condition, sound data are presented on the extent of the problem	
	5	10	15	15
Quality and Breadth of Literature cited	Few research studies or reviews cited, mostly opinion or Websites cited with little empirical evidence	Paper cites only couple of well-done studies or reviews	Balanced literature cited, cites several high quality studies or review articles. <i>(the journals recommended in the syllabus often have high quality articles)</i>	
	7	20	30	30
Synthesis of literature	Little integration, a collection of scattered facts and statistics, does not mention theory	Paper has some integration of findings, but little cohesion, includes discussion of use of theory, but superficially; needs critical thinking	Findings from diverse literature are unified, and topic addressed in a coherent fashion, excellent research summary and critique of the literature; fully integrates theory into discussion of the literature	
	10	30	50	50
Application of theory	Little description of theory(s); does not define constructs; Application of theory broad and/or vague	Some description of theory(s) included, but not complete; describes some constructs, but in general terms; application of theory does not go beyond "common sense"	Thorough yet concise description of theory(s) and component constructs; utility of theory(s) for either understanding or modifying behavior is explained in a clear and compelling fashion	
Mechanics				40 total
	5	15	25	25
Organization and writing quality	Paper is disorganized and incoherent, missing an overview, lacks clarity, a chore to read	Organization could be improved, overview is weak transitions and topic sentences attempted, but needs work	Clear organization, succinct overview of paper's purpose and structure, smooth transitions, clear focus on the topic, effortless to read	
	1	3	5	5
APA style	Margins, headers, citations, references rarely consistent with journal format	Paper has occasional mistakes in journal format	Margins, headers, citations, references all consistent with journal format	

Typos and spelling	1 Paper has frequent spelling and grammatical errors.	5 Paper has occasional spelling and grammatical errors.	10 Paper has virtually no spelling and grammatical errors.	10
Total Points				150 overall

Assignment Grading Rubric: Media Advocacy Assignment (15%)

Criteria	Poor, needs work	Decent	Excellent	Possible Points
Description of problem	8 Weak description, with little justification as to why this issue deserves attention.	16 General description of problem. Provides some evidence in a compelling way, but doesn't provide a full enough picture of the problem.	20 Clear description of public health problem; provides very compelling reasons why readers should care.	20
Recommendations	5 No recommendations provided	12 Gives general recommendations without sufficient detail or suggestions that cannot be realistically achieved.	15 Promotes very specific policy and/or program that addresses public health problem described and is feasible.	15
Audience	2 Audience mentioned is not appropriate or no audience discussed.	8 General audience mentioned, but not very specific in which individuals/groups being targeted.	10 Specific audience is targeted and called on to act (individuals or groups).	10
Action	2 Little to no description of action provided (or steps not appropriate for identified audience).	8 Provides a general call to action without providing specific steps	10 Clear description of specific actions that targeted audience should take	10
Newsworthiness	2 Unclear use of newsworthiness sources.	8 Use of only one newsworthiness tactic; use of newsworthiness tactic that does not fit well with argument being made.	10 Two or more compelling uses of newsworthiness tactics that strengthen the argument. See definitions below.	10
Writing Style	2 Op-ed is disorganized and lacks flow or does not engage reader.	8 Organization could be improved, lacks strong transitions, or overall is not very compelling.	10 Writing is clear, easy to follow, uses active voice and is free of jargon. Reader feels inspired to act.	10
Total Points:				75 overall