

HB 815 (Fall 2016) Theoretical and Conceptual Foundations of Health Behavior and Health Education

HB 815/816 is a yearlong, four-module sequence.

This document includes the overview plus the two modules for HB 815 Fall 2016

1. **Population Health: Theoretical and Conceptual Foundations (Fall):** This module provides an overview of concepts, frameworks and normative underpinnings of population health and behavior. Course readings and discussions will cover: 1) population approaches to health and health behavior, 2) patterns of morbidity, mortality and behavior, 3) frameworks for conceptualizing health and health behavior and 4) normative dimensions of public health research and practice.
2. **Global Health: Theoretical and Conceptual Foundations (Fall):** This module introduces students to key concepts, theories and topics in global health. The course readings and discussions will cover: 1) transition perspectives in global health; 2) theories and concepts of globalization and health; 3) description and analysis of the implications of global development and health reform policies for population health; 4) the application of social and behavioral theories and interventions in a global context; and 5) migration and health.

**HB 815/816 (2016-7): Theoretical and Conceptual Foundations
of Health Behavior and Health Education**
Mondays, 332 Rosenau, 1:25 – 4:15 p.m.

OVERVIEW

Instructors:

Shelley Golden (Modules 1, 3 & 4), 364 Rosenau, sgolden@email.unc.edu, 919-843-1209

Kate Muessig (Module 2), 306 Rosenau, kate_muessig@med.unc.edu, 919-962-5059

Teaching assistant: Tainayah Thomas, tainayah@email.unc.edu

Description:

HB 815 and 816 are designed to introduce HB doctoral students to the foundational theories and concepts that underpin health behavior and health education research and practice. The sequence is designed to provide an intermediate to advanced level understanding of population patterns of health and health behaviors, and the mechanisms that drive those patterns, including global processes, social structures and institutions, community resources, interpersonal relationships and individual attitudes and beliefs. Material in this course is designed to prepare students, in part, for the doctoral comprehensive exam. The course is divided into four modules:

3. **Population Health: Theoretical and Conceptual Foundations** (Fall): This module provides an overview of concepts, frameworks and normative underpinnings of population health and behavior. Course readings and discussions will cover: 1) population approaches to health and health behavior, 2) patterns of morbidity, mortality and behavior, 3) frameworks for conceptualizing health and health behavior and 4) normative dimensions of public health research and practice.
4. **Global Health: Theoretical and Conceptual Foundations** (Fall): This module introduces students to key concepts, theories and topics in global health. The course readings and discussions will cover: 1) transition perspectives in global health; 2) theories and concepts of globalization and health; 3) description and analysis of the implications of global development and health reform policies for population health; 4) the application of social and behavioral theories and interventions in a global context; and 5) migration and health.
5. **Social Determinants: Theoretical and Conceptual Foundations** (Spring): This module is designed to facilitate student understanding of the ways in which social structures might impact opportunities, lived experiences and choices related to health. Course readings and discussions will cover: 1) mechanisms of social stratification; 2) influence of stratification on distribution of resources, exposure to stressors, and expectations for beliefs and behavior; and 3) aspects of the social environment currently under exploration in health behavior research and practice, including social capital, neighborhood factors, income distributions, and experiences of discrimination.
6. **Health Behavior and Health Education: Theoretical and Conceptual Foundations** (Spring): This module is designed to provide an in-depth understanding of the theoretical and

conceptual foundations that have traditionally served the field of health behavior and health education. Course readings and discussions will describe 1) the theoretical role of individual beliefs, social networks, stress and coping mechanisms and organizations in producing health and health behaviors; and 2) the cumulative and reinforcing effects of multi-level determinants of health at critical times over the lifecourse.

Learning Objectives

- Describe health and health behavior issues from a population perspective.
- Identify and critique core concepts that underpin health behavior research and health education practice.
- Evaluate the utility of selected theories and concepts for advancing research in health behavior and health education and examining determinants of important public health problems and issues.
- Critically analyze empirical research for the appropriate application and interpretation of theoretical constructs and concepts related to health behavior.
- Generate integrative theoretical frameworks for resolving public health problems.
- Develop professional skills related to discussion facilitation, academic writing, and the presentation of professional ideas.

Expectations of Students in all Modules:

Each course module includes specific requirements for student preparation, participation and assignments. Throughout the sequence, students are expected to:

- **Actively prepare for every class meeting.** Course readings are the foundation for learning in this course. While instructors may review key points from the articles and chapters assigned, class time is designated for integration and critical examination of the topics in the readings. Students should thoroughly read all required materials in advance of the class meeting, and should be prepared to discuss, apply and extrapolate from the material in class.
- **Take a leadership role in classroom learning.** In each module, you will be asked to help facilitate class discussion. We view this as a key skill to develop over the course of your training, so will aim to give you resources and constructive feedback. We encourage you to think creatively and constructively about how to best use class time to meet learning objectives and wrestle with important concepts. Advance preparation will be essential to do this successfully.
- **Respectfully engage with other members of the class.** These courses are designed as seminars; class time is generally dedicated to student-directed discussion. Every member of this class brings a unique perspective to the classroom. Through your academic and personal experiences, it is likely that you each have developed specific ways of viewing and analyzing problems; adopted certain styles of intellectual exchange; and cultivated strong beliefs about what is right and wrong. In this class, we expect you to share your perspectives with the class, while remaining open and respectful to new ideas and opinions. In addition, we encourage you to apply core principles of academic inquiry to course materials and your own ideas through thorough consideration of theoretical and empirical evidence.
- **Employ an academic writing style.** In your written submissions, you should: 1) construct an informed argument; 2) integrate course readings with your own critical perspective; 3) follow a linear, logical thought process; 4) ground your ideas in theoretical and empirical

evidence; 5) refrain from including personal opinion statements, unless specifically directed to do so; 6) cite ideas that are not your own; and 6) avoid slang, colloquialisms and other informal language. The UNC Writing Center provides resources sheets and one-on-one writing assistance (<http://www.unc.edu/depts/wcweb/>).

- **Initiate communication with course instructors about questions or concerns.** Students should take an active role in their academic development. If you have questions about course content or have concerns about your performance in the class, please contact an instructor. Students can contact instructors to schedule meeting times; all office hours are by appointment.
- **Abide by the UNC honor code.** As a student at UNC-Chapel Hill, you are bound by the university's honor code, which can be viewed at <http://instrument.unc.edu/>. It is your responsibility to learn about and abide by the code. While the honor code prohibits students from lying, cheating and stealing, at its essence it is a means through which UNC maintains standards of academic excellence and community values. Receiving a degree from a university with a reputation for academic integrity conveys increased value to that degree. Abiding by the honor code takes many forms. In all written assignments, students should take care to appropriately credit ideas that are not their own, treat the opinions of others with respect, and work independently on non-group assignments. We treat suspected Honor Code violations very seriously. Honor Court sanctions can include receiving a zero for the assignment, failing the course and/or suspension from the university. If you have questions about the application of the honor code in this course, you can ask the instructors or TA. More information about the honor code at UNC is available through the following resources:
 - *Honor system tutorial:* <http://studentconduct.unc.edu/students/honor-system-module>
 - *UNC library's plagiarism tutorial:* <http://www.lib.unc.edu/plagiarism/>
 - *UNC Writing Center handout on plagiarism:* <http://writingcenter.unc.edu/handouts/plagiarism/>.

Valuing, Recognizing, and Encouraging Diversity

We use the term “diversity” to include consideration of (1) the variety of life experiences others have had, and (2) factors related to “diversity of presence” including age, economic circumstances, ethnic identification, disability, gender, geographic origin, race, religion, sexual orientation, social position and more. Promoting and valuing diversity in the classroom enriches learning and broadens everyone's perspectives. Inclusion and tolerance can lead to respect for others and their opinions and is critical to maximizing the learning that we expect in this course. Furthermore, public health research and practice is traditionally conducted through diverse partnerships, and often explicitly aims to promote social justice and eliminate inequities. In the classroom we will therefore work to promote an environment where everyone feels safe and welcome, and where we can learn from the diversity of individual beliefs, backgrounds, and experiences represented by the participants in this class. At times, this may be difficult; our own closely held ideas and personal comfort zones may be challenged, and we may feel the need to challenge the ideas of our peers. If we can approach these interactions using

principles of inclusion, respect, tolerance, and acceptance, we hope to create a sense of community and promote excellence in the learning environment. Suggestions for classroom interaction in the service of these goals include:

- Listen respectfully, without interrupting.
- Be willing to respectfully share your own perspectives, even if they differ from those of your peers or the teaching team.
- Listen actively and with an ear to understanding others' views. (Don't just think about what you are going to say while someone else is talking.)
- Criticize or respond to ideas, not individuals.
- Commit to learning, not debating. Comment in order to share information, not to persuade.
- Avoid blame, speculation, and inflammatory language.
- Allow everyone the chance to speak.
- Avoid assumptions about any member of the class or generalizations about social groups.
- Do not ask individuals to speak for their (perceived) social group.

Course Website:

You can access course materials, announcements, and the class discussion board at sakai.unc.edu. You will need to enter your UNC username and password (the same as your UNC email account), and find the tab for either HBEH 815 or 816.

Grading:

Students will receive a course grade for HBEH 815 in the fall and HBEH 816 in the spring. In accordance with the university's graduate grading system, each student will receive an H, P, L or F as their final grade for each course. Each module of the course is graded independently in accordance with the grading specifications for that module. The module instructors will meet to determine a student's final grade based on his or her performance in each module, and the relative length of each module in the semester.

Written assignments and presentations will be graded according to the extent to which they demonstrate the student's ability to 1) critically apply course materials and 2) clearly and logically communicate ideas, consistent with the assignment instructions.

Class participation grades will be graded based on the following criteria: 1) preparation in advance of class meetings, 2) quality of comments during class, 3) respectful and productive engagement with other students, and 4) co-facilitation of assigned class sessions.

Module participation grades and each assignment will be awarded a grade of **H** (work exceeds expectations), **H/P** (work meets and in parts exceeds expectations, with room for minor improvements), **P** (work meets minimum expectations, but contains room for significant improvement) or **L** (work fails to meet minimum expectations).

POPULATION

HB 815/816 MODULE #1
Population Health: Theoretical and Conceptual Foundations
Shelley Golden, sgolden@email.unc.edu, Office hours by appointment in 364
Rosenau

This module is designed to provide an overview of concepts, frameworks and normative underpinnings of population health and behavior. Course readings and discussions will cover: 1) population approaches to health and health behavior, 2) patterns of morbidity, mortality and behavior, 3) frameworks for conceptualizing health and health behavior and 4) normative dimensions of public health research and practice.

Class Participation (*20% of module grade*)

The primary function of class time is to discuss the readings, and their application to the HBHE field, in depth. In advance of class, the instructor will provide a set of comprehension and discussion questions related to the readings that students can use as guides during the preparation for discussion, but students should take an active role in the classroom discussion.

Pre-Class Reflection (*10% of module grade*)

To encourage active reading and to help the weekly discussion leaders (see below), each student should post **one discussion question or comment** to the weekly discussion board (which you can find in Sakai). Comments or questions should draw on at least two readings and should do one of the following: 1) reflect on how theory or evidence from one paper supports or contrasts with those of another; 2) describe how one reading provides a response to an unanswered question or limitation in another reading, 3) identify important issues or questions that remain unanswered by both readings; 4) respond to a post of a classmate, drawing on another reading or an experience from your own work; or 5) reflect on how the readings, taken together, inform your own thinking about a topic of particular interest to you. To keep these manageable for everyone, please keep your entire post to 5 sentences or fewer, and post by 3 p.m. on Sunday before class.

Discussion Leading (*15% of module grade*)

Although the instructor will introduce the topic, provide a brief summary of the material at the close of the class, clarify course material, and ensure that key points are covered in the discussion, the primary discussion will be facilitated by students. Each week, 2-3 students will create a discussion plan that includes a set of key questions chosen from the list provided by the instructor or of their own creation. Students should plan a timetable for discussion that incorporates 10-15 minutes for instructor introduction of the material, a 15 minute break toward the middle of class time and 5-10 minutes for instructor wrap-up. Students should schedule a brief meeting with the instructor before class to finalize their discussion plan. *Due to anticipated course size and the different structure of class this fall, we will begin student facilitation of this module after the global health module.*

Paper and Presentation (45% of the module grade, comprised of draft paper (5%), presentation (15%) and final paper (25%))

Drawing on material from the course, other literature in a field of interest, as well personal or professional experiences, each student will write a 5-7 page (double-spaced, 12 point font) paper on a public health topic of personal/professional interest. They will also present a companion 10 minute Powerpoint presentation in which they will share their ideas with the full class (each presentation will be followed by 3-4 minutes of questions from the class). Papers/presentations should include the following (not necessarily in this order):

- Description of a public health problem that is relatively brief, but includes enough information so that someone with different public health interests would feel oriented to the topic. Depending on the topic you might include information about health outcomes, associated behaviors, specific populations/disparities, regions/geographies etc.
- Summary of the factors that public health experts believe may contribute to the public health problem, and the key strategies that have been used to address it.
- Examples of how a) theory/theoretical ideas, b) empirical research, c) grounded/community-based approaches and/or d) social justice or other value-based/ethical systems have informed our understanding of the problem and potential solutions. (Please include at least 2 of these 4 example areas.)
- Your thoughts on 2-3 key issues, questions or tasks facing public health researchers and practitioners interested in this topic.

This paper is mostly an academic review of a topic, but may also include some of your own reflections and the topic and how the field has addressed it. If you write parts of the paper in the first person, be sure to substantiate or support your opinions and ideas, as best as possible, using outside literature or by building a strong argument that leads to your conclusions. Each paper should draw on some material from the course, but you should not feel obliged to use lessons or material that isn't directly applicable to your argument. You are also welcome to use outside literature as appropriate. You should include a bibliography for all cited sources (not included in the page limits).

Timeline:

- Paper Draft: Posted in Sakai Discussion Board by **Friday, October 14 at 5 p.m.**
- Presentation: Given during class on **Monday, October 24** (slides emailed to TA by 10 a.m.)
- Final Paper: Submitted through the Sakai Assignment tool by **Wednesday, October 26 at 11:59 p.m.**

Grading:

- Draft papers will earn full credit if they are submitted on time and are a complete draft.
- The presentation will be assessed based on 1) the quality of the content, 2) the extent to which you are well-prepared to give the presentation, 3) the visual and

- verbal clarity of your presentation (including adhering to time restrictions), and 4) the quality of your responses to questions or comments posed by the class.
- Final papers will be assessed based on 1) sufficient yet concise summary of the problem, identified causes and solutions; 2) effective description of the ways in which the field has developed its understanding of the problem and identified potential solutions; 3) effective application of course concepts to a specific public health issue; and 4) writing clarity and style (including appropriate use of sources).

Peer feedback on paper (10% of module grade)

Because peer feedback (giving and receiving) is a necessary and useful skill in academia, you will exchange a draft of your paper with another student for feedback, and provide a response with constructive criticism (target length \leq 1 single spaced page). In your feedback, I suggest you do the following:

- Start with a few sentences that summarize the paper (or what you, as the reader, think the paper is about).
- Comment on the things the author did particularly well. This can be pretty brief, and can focus on both the ideas/approach of the paper and writing style.
- Note things you do not understand or that were confusing, present suggestions for what could be done differently, and/or pose questions for the author to consider. As possible and appropriate, indicate why you are making the suggestions you are. Remember to keep the tone constructive and respectful. This section can be in bullet form if you prefer.

Peer feedback will be assessed based on the quality and clarity of the constructive comments.

Readings

August 29: What is Public Health? What is the field of Health Behavior?

Objectives for the class: 1) Be introduced to classmates and instructors; 2) Identify groundrules for classroom discussion; 3) Discuss initial perceptions of public health and the health behavior field; 4) Identify key issues currently facing public health and health behavior experts.

- McGavran EB. (1953). What is public health? *Canadian Journal of Public Health*. 44(12): 441-451.
- Kickbucsh I. (2003). The contribution of the World Health Organization to a new public health and health promotion. *American Journal of Public Health*. 93(3):383-388.
- Weber Canon, L. (1990). Fostering Positive Race, Class, and Gender Dynamics in the Classroom. *Women's Studies Quarterly*. 18(1): 126-134.

September 12: Understanding and prioritizing public health problems

Objectives for the class: 1) Identify prevalent public health problems in the U.S., and around the world; 2) Define disparity, inequity and inequality as they apply in

public health; 3) Identify populations at highest risk for poor health outcomes; 4) Identify factors that contribute to the prioritization of different public health issues.

For these three articles, please read the introduction and methods (for Lim just try to get the gist of what they are doing; you can skim the details), look through the results for diseases/risk factors of interest to you, and read the discussion (for Lim feel free to read overall message and discussion of any topic of particular interest to you).

- Blair Johnson N, Hayes LD, Brown K, Hoo EC & Ethier KA. (2014). CDC national health report: Leading causes of morbidity and mortality and associated behavioral risk and protective factors – United States, 2005-2013. *MMWR*. 63(4):3-27. (please read erratum too)
- GBD 2013 Risk Factor Collaborators. (2015) Global, regional, and national comparative risk assessment of 79 behavioural, environmental and occupational, and metabolic risks or clusters of risks in 188 countries, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. *The Lancet*. 386: 2287–323.
- Mokdad AH, Marks JS, Stroup DF & Gerberding JL. (2004). Actual causes of death in the U.S., 2000. *JAMA*. 291(10): 1238-1245. (Please read correction as well). [Note: the data in this article is somewhat outdated, so focus on the methods and their implications more than the results themselves.]

Read these three articles in more depth:

- Braveman P. et al. (2011). Health disparities and health equity: The issue is justice. *American Journal of Public Health*. 101: S149-S155
- Murray CJL, Kulkarni SC, Michaud C, Tomijima N, Bulzacchelli MT, et al. (2006). Eight Americas: Investigating mortality disparities across races, counties, and race-counties in the United States. *PLoS Med* 3(9): e260. Pp. 1513-1524.
- Krieger N. et al. (2008). The fall and rise of US inequities in premature mortality: 1960-2002. *PLoS Medicine* 5(2): e46.

Optional/Resources

- Data and reports from the Demographic and Health Surveys: <http://www.dhsprogram.com/>
- Publications, data, and cool data visualizations from the Global Burden of Disease Study: <http://www.healthdata.org/gbd>
- Country-specific data and comparisons on risks related to chronic disease: <https://apps.who.int/infobase/Index.aspx>
- Centers for Disease Control and Prevention. (2013). CDC Health Disparities and Inequalities Report – United States 2013. *Mortality and Morbidity Weekly Report*. Suppl. (62)3. Available at: <http://content.govdelivery.com/accounts/USCDC/bulletins/95ee91>
- MMWR Surveillance summaries of BRFSS: <http://www.cdc.gov/brfss/publications/ssummaries.htm>

- County Health Rankings: <http://www.countyhealthrankings.org/>

September 19: Public Health Approaches to Health Problems

Objectives for the class: 1) Distinguish between, and critique, high risk and population approaches to health problems; 2) Distinguish vulnerable and at-risk populations; 3) Identify targets for public health action among individuals, groups, healthcare systems and broader institutions.

- Rose G. (2001 (reiteration from 1985)). Sick individuals and sick populations. *International Journal of Epidemiology*. 30:427-432.
- Frohlich KL & Potvin L. (2008). The inequality paradox: The population approach and vulnerable populations. *American Journal of Public Health*. 98(2): 216-221.
- Richard L, Gauvin L & Raine K. (2011). Ecological models revisited: Their uses and evolution in health promotion over two decades. *Annual Review of Public Health*. 32: 307-326.
- Frieden TR. (2010). A framework for public health action: the health impact pyramid. *American Journal of Public Health*. 100(4): 590-595.
- Lantz PM, Lichtenstein RL & Pollack HA. (2007). Health policy approaches to population health: the limits of medicalization. *Health Affairs* 26(5): 1253-1257.

September 26: Normative Foundations of Theory and Practice: Social Justice & Public Health Ethics

Objectives for the class: 1) Identify normative frameworks, including social justice paradigms, that have traditionally guided public health practice; 2) Critically consider ethical questions that underpin health behavior and health education research and practice.

- Beauchamp DE. (1976). Public health as social justice. *Inquiry*. 13: 1-14.
- Carter SM, Cribb A & Allegrante J. (2012). How to think about health promotion ethics. *Public Health Reviews*. 34(1): 1-24.
- Mikesell L, Bromley E & Khodyakov D. (2013). Ethical community-engaged research: A literature review. *American Journal of Public Health*. 103(12):e7-e14.
- Buchanan DR. (2008). Autonomy, paternalism, and justice: Ethical priorities in public health. *American Journal of Public Health*. 98(1): 15-21.
- Verweij M & van den Hoven. (2012). Nudges in public health: Paternalism is paramount. *The American Journal of Bioethics*. 12(2): 16-17.
- Ruger PJ. (2006). Ethics and governance of global health inequalities. *Journal of Epidemiology and Community Health*. 60: 998-1003.

Optional:

- Daniels N. (2001). Justice, health and healthcare. *The American Journal of Bioethics*. 1(2): 2-16.

- Carter SM, et al. (2011). Evidence, ethics and values: A framework for health promotion. *American Journal of Public Health*. 101(3): 465-472.

October 3: Community-Based Foundations of Theory and Practice

Objectives for the class: 1) Define “community” and reflect on its relevance to public health, historically and today; 2) Identify sources of individual and group power that can influence population health profiles; 3) Reflect on the role of public health professionals in community-based or collaborative approaches to public health issues.

- MacQueen KM et al. (2001). What is community? An evidence-based definition for participatory public health. *American Journal of Public Health*. 91(12): 1929-1938.
- Wallerstein N & Duran B. (2010). Community-based participatory research contributions to intervention research: The intersection of science and practice to improve health equity. *American Journal of Public Health*. 100(S1): S40-S46.
- Wallerstein N. (1992). Powerlessness, empowerment and health: Implications for health promotion programs. *American Journal of Health Promotion*. 6(3): 197-205.
- Woodall JR, Warwick-Booth L & Cross R. (2012). Has empowerment lost its power? *Health Education Research*. 27(4): 742-745
- O’Mara-Eves, A., et al. (2015). The effectiveness of community engagement in public health interventions for disadvantaged groups: a meta-analysis. *BMC Public Health*. 15:129.
- Weber L & Hilfinger Messias DK. (2012). Mississippi front-line recovery work after Hurricane Katrina: An analysis of the intersections of gender, race, and class in advocacy, power relationships, and health. *Social Science & Medicine*. 74(11): 1833-1841. [Focus on parts of article most relevant to other readings this week.]

Optional

- VIDEO: Out in the Rural: A Health Center in Mississippi. Available at: <http://vimeo.com/6659667>

October 10: Theoretical Foundations of Theory and Practice: Rational Behavior and its Boundaries

Objectives for the class: 1) Define key concepts from economics, psychology, biology and sociology that influence health behavior theories, research and practice; 2) Identify strengths and limitations of viewing behavior “rationally.”

- Rice T. (2013). The behavioral economics of health and health care. *Annual Review of Public Health*. 34:431-447.
- Ames SL & McBride C. (2006). Translating genetics, cognitive science, and other basic science research findings into applications for prevention. *Evaluation & the Health Professions*. 29:277-301.

- **Umberson D, Crosnoe R & Reczek C. (2010). Social relationships and health behavior across life course. *Annual Review of Sociology*. 36:139-157.**
- Cockerham W.C. (2013). Bourdieu and an update on health lifestyle theory. New York: Springer Publishing. In Cockerham, W.C. (ed). *Medical Sociology on the Move*. Pp. 127-154.

Optional

- **Burke NJ, Joseph G, Pasick RJ & Barker JC. (2009). Theorizing social context: Rethinking behavioral theory. *Health Education & Behavior*. 36(Suppl 1): 55S-70S.**
- Magzamen S, Brandt SJ & Tager IB. (2014). Examining household asthma management behavior through a microeconomic framework. *Health Education & Behavior*. 41(6): 651-662.
- Lowenstein G, Brennan T & Volupp KG. (2007). Asymmetric paternalism to improve health behaviors. *JAMA*. 298(20): 2415-7.
- **Abel T & Frohlich KL. (2012). Capitals and capabilities: Linking structure and agency to reduce health inequalities.**

October 17: The Use of Theories and Concepts in Research and Practice
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Objectives for the class: 1) Define theory as applied in health education; 2) Identify the strengths and weaknesses of developing research and practice agendas with a theoretical orientation.

- van Ryn M & Heaney CA. (1992). What's the Use of Theory? *Health Education & Behavior*. 19(3): 315-330.
- Noar SM & Zimmerman RS. (2005). Health Behavior Theory and cumulative knowledge regarding health behaviors: are we moving in the right direction? *Health Education Research*. 20(3): 275-290.
- Batholomew LK & Mullen PD. (2011). Five roles for using theory and evidence in the design and testing of behavior change interventions. *Journal of Public Health Dentistry*. 71(Suppl. 1): S20-33.
- Glanz K & Bishop DE. (2010). The role of behavioral science theory in development and implementation of public health interventions. *Annual Reviews of Public Health*. 31:399-418.
- Carpiano, R. M., & Daley, D. M. (2006). A guide and glossary on postpositivist theory building for population health. *Journal of Epidemiology & Community Health*. 60(7): 564-570.

Optional

- Nigg, C. R., Allegrante, J. P., & Ory, M. (2002). Theory-comparison and multiple-behavior research: common themes advancing health behavior research. *Health Education Research*, 17(5), 670-679.

- Earp, J. A., & Ennett, S. T. (1991). Conceptual models for health education research and practice. *Health Education Research*. 6(2): 163-171.

October 24: Feedback and Presentations

Objectives for the class: 1) Summarize and critically reflect on a key public health issue of interest to you; 2) Develop skills in oral presentation; 3) Provide constructive feedback to your peers.

- No readings, but please send a copy of your slides to the teaching assistant by 10 a.m. Wednesday morning.

October 26: Final papers due by 11:59 p.m.

HBHE 815/816

Global Health Module, Fall 2015 (FALL 2016 Available in October)

Wednesdays, 1:25-4:15pm in Rosenau 332

Instructor: Kate Muessig, kmuessig@med.unc.edu, office hours by appointment in 306 Rosenau

Teaching Assistant: Nivedita (Nev) Bushan, nbhushan@live.unc.edu

Goal of the module: The overall goal of the module is to introduce students to major concepts, theories and topics in the field of global health.

Description of the module: The format of the module is a discussion seminar. Students will rotate as co-facilitators each week. The course readings and discussions will cover: 1) key concepts in globalization and health; 2) perspectives on development and foreign aid; 3) an ethnographic case study in globalization, development, and health; 4) migration and health; and 5) social, behavioral and structural interventions in a global context.

Module requirements and evaluation

In class participation and module facilitation (40 points):

A significant portion of the grade for this course will be based on in-class participation during the weekly seminars and final presentations. Students are expected to come to each session prepared to discuss readings critically and in-depth. In addition, students will select one class to co-facilitate with the instructor.

****If a student misses a session (due to planned or unplanned circumstances), she/he will be expected to complete a brief (1-2 pages single spaced) Reflection Paper integrating the key points addressed in the reading(s) and considering their relevance for social and behavioral health research and interventions. Papers should be submitted through Sakai within one week of the missed class. Failure to submit the Reflection Paper within this time will result in a loss of 5 points from the participation grade.**

*Final paper (50 points): **due by 5pm on Monday, October 12th***

Students will write one 6-8 page paper (double spaced, 12 point font). The objectives of the paper are to stimulate thinking and critical reflection on 1) how key concepts and theories in global health are related to each student's research interests and 2) how globalization shapes the topics they study. The paper should integrate readings from across the module towards one or both of the objectives and reference other relevant literature as needed. The paper is not expected to include an extensive literature review though students should reflect familiarity with their topic of interest.

Alternative paper option: As an alternative, students may opt to write their paper in an Editorial or Letter to the Editor format. In this case, the student will choose a topic of interest to them related to Global Health/Globalization and/or respond to a particular article (published during the past year) on a topic or study that has significance for global public health. In either case, the student should choose a specific journal to which they plan to submit the editorial and format the paper for that journal's requirements including word/page limits, instructions on tables, figures, etc. The editorial should be accompanied by a cover letter to the journal editor explaining why the issue is important and why the editorial is good match for the journal's target readership.

**Papers submitted after the deadline will lose 2 points for each 24 hour period late or portion thereof.

Final oral presentation (10 points):

During the last class session each student will give an 8-10 minute presentation of their final paper or editorial followed by 2 minutes of audience questions. The presentation can be done as a power point (please limit to 10 slides or less) or students may read an overview of their paper. A grading rubric for the oral presentations will be provided on the first day of the module.

**If you are planning to use slides, these must be uploaded to Sakai prior to 10 a.m. on the day of the final class. Please bring two paper copies of your slides to class in handout with notes format (3 slides per page) for the TA and instructor.

Readings for module: All readings are available on Sakai or E-reserves. There are two paperback books for the course. They are on short-term reserve at the Health Services Library or can be purchased online.

Class 1: September 9th: Key concepts in globalization and health

Objectives for the class: 1) Review the key tenets, strengths and limitations of the epidemiologic and nutrition transitions; 2) Review definitions of globalization; 3) Discuss the health implications of health transition and globalization processes.

- McKeown RE. (2009). The Epidemiologic Transition: Changing Patterns of Mortality and Population Dynamics. *American Journal of Lifestyle Medicine*, 3(Suppl 1): 19S-26S.
- Scott A, Ejikeme CS, Clotey EN, Thomas JH. (2012). Obesity in sub-Saharan Africa: development of an ecological theoretical framework. *Health Promotion International*; 28(1):4-16.
- Kawachi I & Wamala S. (2007). Globalization and Health: Challenges and Prospects. In *Globalization and Health*. Kawachi & Wamala (eds). Oxford University Press: New York. pp 3-7.
- Labonte R, Mohindra K, Schrecker T. (2011). The Growing Impact of Globalization for Health and Public Health Practice. *Annual Review of Public Health*, 32:263-83.

Class 2: September 16th: Globalization and Development: A critical perspective on foreign aid

Objectives for the class: 1) Review a critical perspective on the role of international aid in development processes in Africa; 2) Discuss alternative models for promoting more equitable global development; 3) Consider the role of health in development processes and the influence of development on health.

- Moyo D. (2009). *Dead Aid: Why aid is not working and how there is a better way for Africa*. Farrar, Strauss and Giroux: New York.

Class 3: September 23rd: Globalization, Development and Health: Case Study from Senegal

Objectives for the class: 1) Review global health reform policies implemented during the 1980s and 1990s and consider their impact on health in Senegal; 2) Consider the social and behavioral implications of global health reform policies.

- Breman A and Shelton C. (2007). Structural Adjustment Programs and Health. In *Globalization and Health*. Kawachi I and Wamala S. (eds) Oxford University Press: New York. pp 219-233.
- Foley, EE. (2010). *Your Pocket is what Cures You: The Politics of Health in Senegal*. New Brunswick; Rutgers University Press.

Class 4: September 30th: Migration and health

Objectives for the class: 1) Review key concepts and theories related to migration and health; 2) Analyze the health implications of different types of migration; 3) Define and critique the concept of acculturation in Latino health.

- Allotey P and Zwi A. (2007). Population Movements. In *Globalization and Health*. Kawachi I. and Wamala S. (eds) Oxford University Press: New York. pp 219-233.
- Zimmerman C, Kiss L, Hossain M. (2011). Migration and health: a framework for 21st century policy-making. *PLoS Medicine*, 8(5).
- Massey DS. (1990). The Social and Economic Origins of Immigration. *Annals of the American Academy of Political and Social Science*, 510:60-72.

Case study: Acculturation and health among Latino migrants in the US

- Holmes SM. (2006). An Ethnographic Study of the Social Context of Migrant Health in the United States. *PLoS Med* 3(10).
- Abraido Lanza AF, Armbrister AN, Florez KR, Aquirre AN. (2006). Toward a theory-driven model of acculturation in public health research. *American Journal of Public Health*, 96(8):1342-1346.

- Viruell-Fuentes EA, Miranda PY, Abdulrahim S. (2012). More than culture: Structural racism, intersectionality theory, and immigrant health. *Social Science and Medicine*, 74:2099-2106.

Class 5: October 7th: Social, behavioral, and structural interventions in a global context
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Objectives for the class: 1) Identify how social and behavioral theories of health have been used to conceptualize and design interventions in diverse settings; 2) Consider the process of developing, adapting, or scaling up structural public health interventions; 3) Review critiques of how public health models have been implemented in diverse settings.

- Pfeiffer J. (2013). Chapter 6 The Struggle for a Public Sector. In *When People Come First: Critical Studies in Global Health*. Biehl J and Petryna A. (eds). Princeton University Press: Princeton. pp 166-181.
- Panter-Brick C. et al. (2006). Culturally compelling strategies for Behavior Change: A Social Ecology Model and Case Study in Malaria Prevention. *Social Science and Medicine*, 62, 2810-25.
- Moran-Thomas A. (2013). Chapter 8 A Salvage Ethnography of the Guinea Worm: Witchcraft, Oracles and Magic in a Disease Eradication Program. In *When People Come First: Critical Studies in Global Health*. Biehl J and Petryna A. (eds). Princeton University Press: Princeton. pp 207-239.

Case study: Implementing effective structural interventions to address global tobacco use (Guest Discussant: Justin Byron, PhD, postdoctoral research fellow, Health Behavior)

- Yach D, Wipfli H, Hammond R, Glantz S. (2007). Globalization and Tobacco. In *Globalization and Health*. Kawachi I and Wamala S. (eds) Oxford University Press: New York. pp 39-67.
- Byron MJ, Cohen J, Frattaroli S, Gittelsohn J, Jernigan D. (2015, *Under Review*). "That's the nature of Bogor People": Using the Theory of Normative Social Behavior to improve compliance with smoke-free laws in a middle-income country.

*****PAPERS ARE DUE MONDAY, OCTOBER 12th by 5 PM*****

Class 6: October 14th: Student Presentations
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Each student will give an 8-10 minute presentation of their final paper followed by 2 minutes of audience questions. The presentation can be done as a power point (limit to 10 slides) or students may read an overview of their paper. See description above. A grading rubric for the presentations will be provided on the first day of the module.