

# HBEH 700: Foundations of Health Behavior

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Fall 2016

## Instructors

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## COURSE DESCRIPTION

*Foundations of Health Behavior* (HBEH 700) is a required survey course for first year master's students in the Department of Health Behavior. The course will expose students to the broad context through which health behavior practitioners and researchers understand and address public health issues. It will provide students with an overview of our field as well as an introduction to concepts and topics that are relevant across the MPH curriculum: public health history; population health; community engagement; cultural humility; health equity and social determinants of health; and public health ethics.

**Prerequisites:** None

**Units:** 3 credits

**Meetings:** Mondays/Wednesdays, 11:15am-12:30pm, Rosenau 235

**Course Website:** <https://sakai.unc.edu/portal/site/hbeh700>

**Class Materials:** All journal articles, lecture slides, and assignments will be available via Sakai.

Required books are to be purchased:

- Rose's Strategy of Preventive Medicine by Geoffrey Rose, Kay-Tee Khaw, and Michael Marmot
- The Immortal Life of Henrietta Lacks by Rebecca Skloot

**Accessibility:** To obtain disability-related academic accommodations, students with disabilities must contact as soon as possible:

- Alexandra Lightfoot and
- Department of Disability Services at 919-962-8300 (Voice/TDD) or <http://disabilityservices.unc.edu>

## **COURSE OBJECTIVES**

By the end of the course students will be able to:

1. Summarize key events and trends in the history of public health and health education.
2. Differentiate between high risk and population perspectives of health.
3. Explain the contribution of history and social factors to present-day health inequities.
4. Apply a social determinants of health perspective to a public health problem.
5. Describe ethical challenges that face public health practitioners and researchers.

### **Core Competencies**

The Council on Education for Public Health accrediting body requires MPH students to demonstrate competence in a specific discipline as well as cross-cutting areas

(<http://www.asph.org/document.cfm?page=851>). HBEH 700 addresses the following areas:

#### *Social and Behavioral Sciences*

- Identify the causes of social and behavioral factors that affect health of individuals and populations
- Describe the role of social and community factors
- Apply ethical principles to public health program planning, implementation, and evaluation
- Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies

#### *Cross-Cutting Competencies*

- Communication: Engage in collective information sharing, discussion, and problem solving
- Diversity: Demonstrate awareness of and sensitivity to the varied perspectives, norms, and values of others based on individual and ethnic/cultural differences (e.g., age, disability, gender, race, religion, sexual orientation, region, and social class)

## **COURSE POLICIES**

### **Communication Platform**

This course will use Sakai. Please contact ITS (<http://its.unc.edu/>) for Sakai training, as necessary. The teaching team will communicate with students through their unc.edu email address. Non-university email accounts are disregarded for this course.

### **Expectations of Professionalism**

- While collaborative learning is encouraged and very typical of our discipline, all individual assignments should be completed individually.
- Please place cell phones and other electronic media on silent during class and refrain from use except in emergency situations.
- Laptops and tablets can facilitate and provide complementary learning experiences for students when used in a respectful manner. Laptops will be allowed in class for note-taking and for topic-relevant use. Not acceptable uses of a laptop or tablet during class, however, are: checking email, CHATTING, conducting work for other classes, and surfing the web.
- Please be prepared to begin class promptly at 11:15 am. Habitual lateness will be addressed on an individual basis.

## Discussion Guidelines (UNC Center for Faculty Excellence, 2004)

- Always listen carefully, with an open mind, to the contributions of others.
- Ask for clarification when you don't understand a point someone has made.
- If you challenge others' ideas, do so with factual evidence and appropriate logic.
- Always critique ideas or positions, not people.
- If others challenge your ideas, be willing to change your mind if they demonstrate errors in your logic or use of the facts.
- Point out the relevance of issues that you raise when their relevance might not be obvious to others in the class.
- If others have made a point with which you agree, only repeat it when you have something important to add.
- Be efficient in your discourse; make your points and then yield to others—take turns speaking.
- Above all, avoid ridicule and try to respect the beliefs of others even if they differ from yours.

## Submission of Assignments

Papers will only be accepted via Sakai, not email.

## Late Work Policy

Assignments will be penalized half a letter grade for every 24 hours late.

## Honor Code

As a student at UNC-Chapel Hill, you are bound by the university's honor code (<http://instrument.unc.edu/>). It is your responsibility to learn about and abide by the code. While the honor code essentially prohibits students from lying, cheating and stealing, at its essence it is a means through which the university aims to maintain standards of academic excellence and community values. If you have questions about the application of the honor code, please see <http://honor.unc.edu> or ask the instructor or teaching assistants. 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.

## Academic Writing

Work should be generally completed in your own words (direct quotes used only when necessary), but your ideas should be supported with evidence and theory. *Cite, cite, cite!* When supporting your ideas with the work of others, however, consider the source. There is a continuum of materials (from a peer-reviewed journal to CDC reports, to Wikipedia, to your best friend's blog), but only some of these will provide strong support and are therefore appropriate in academic writing. Ask yourself if a source is *scholarly, credible, and original* – the strongest sources have all of these characteristics. The UNC Writing Center provides resources sheets and one-on-one writing assistance (<http://www.unc.edu/depts/wcweb/>).

## Attendance

Attendance is crucial to both your learning experience and the learning of others in this course. It is your responsibility and an Honor Code statute to notify the instructor *in advance* if you will miss class.

## Readings

You are responsible for reading ALL assigned material before the class date for which they are assigned. These readings will provide the background you need to fully understand, benefit from, and participate in the class discussion.

## EVALUATION

Your grade in this course will be based on the following assignments; additional details will be available on Sakai.

1. **Reflection 1: Module 1 and 2**

*Due (via Sakai):* Monday, September 26, 2016 by 11:15 am

2. **Paper: Module 3**

*Due (via Sakai):* Monday, November 7, 2016 by 11:15 am

3. **Reflections 2 and 3: Module 4**

*Due (via Sakai):* Wednesday, November 30, 2016 by 11:15 am and Wednesday, December 07, 2016 by 11:15 am

4. **Participation:** Class participation includes such things as reading all assigned materials before class, being prepared to discuss readings and assignments, sharing your opinions on the topic at hand, facilitating the participation of others, and engaging with guest speakers. This also includes arriving to class on time and attending all class sessions. To maximize everyone's learning, we rely on the contributions and insights of both students and the teaching team when issues are discussed.

<b>ASSIGNMENT</b>	<b>GRADE %</b>
Reflection (1): Module 1 and 2	15
Paper (1): Module 3	30
Reflections (2): Module 4	30
Participation	25
<i>Total:</i>	100

Your assignments will be graded according to the H, P, L, or F grading scale:

**H** - high pass; clear excellence

**P** – pass; entirely satisfactory graduate work

**L** – low pass; inadequate graduate work

**F** – fail

In accordance with university policy, all final course grades will be limited to H/P/L/F.

**Course evaluations** are important to improving the class and the teaching team appreciates your feedback anytime during the semester. The online evaluation system will be available during the last two weeks of classes and there will also be time reserved during our last class to complete them.

## COURSE SCHEDULE

We reserve the right to modify the schedule and readings as needed.

MODULE	DATES	TOPIC
-	8/24	Course Overview
1	8/29-9/14	Ethics in Research and Practice
2	9/19-9/21	Defining Our Roles
3	9/26-11/02	Framing the Problem and Identifying Solutions
4	11/07-12/05	Working with Communities
-	12/07	Course wrap up and evaluation

## TOPICS AND READINGS

**W 8/24:** Course overview and Group Resume activity

### **MODULE 1. Ethics in Research and Practice**

**M 8/29:** Public health ethics - Guest lecture by Jim Thomas

1. The Belmont Report (National Institutes of Health, 1979):
2. Principles of the Ethical Practice of Public Health (Public Health Leadership Society/American Public Health Association, 2002)
3. Code of Ethics for the Health Education Professions (Society for Public Health Education):

**W 8/31:** Human subjects training

1. Complete CITI ethics training before coming to class: <http://research.unc.edu/offices/clinical-trials/training/citi/>  
Human Subjects Research (HSR) course, Social-Behavioral-Educational track (SBE)

**M 9/5** Labor Day: No Class

**W 9/7:** Get to know YOU

**M 9/12:** Henrietta Lacks, part 1

**W 9/14:** Henrietta Lacks, part 2; End of module assessment

## **Module 2: Defining our Roles**

### **M 9/19:** History of health education, part 1

1. Public Health History Timeline (NC Institute for Public Health)
2. The Evolving Role of Public Health (National Association of City and County Health Officials)
3. McGavran EG. (1953) 'What is public health?' *Canadian Journal of Public Health*, 441-451.
4. What is public health? (NC Institute of Public Health Training Website)

### **W 9/21:** Scope of the field and history of health education, part 2; End of module assessment

1. Watch "Out in the Rural" before coming to class (23 minutes)
2. Minkler M. (1994) Ten commitments for community health education. *Health Education Research*, 9(4): 527-534.
3. Steckler, A., Dawson, L., Israel, B. & Eng, E. (1993) Community health development: An overview of the works of Guy W. Steuart. *Health Education Quarterly*. Supplement 1, S3-S20.

## **MODULE 3. Framing the Problem and Identifying Solutions**

### **M 9/26:** Population and high risk approaches, part 1

1. Rose, G. (1994). The strategy of preventive medicine.

### **Reflection on Ethics in Research and Practice due by class time (via Sakai)**

### **W 9/28:** Population and high risk approaches, part 2

1. Rose, G. (1994). The strategy of preventive medicine.
2. Discussion questions will be posted

### **M 10/03:** Health disparities vs. health equity

1. Braveman, P. (2006) Health disparities and health equity: Concepts and measurement. *Annual Review of Public Health*. 27:167-94.
2. Docteur, E. & Berenson, R. A. (2014) *In pursuit of health equity: Comparing US and EU approaches to eliminating disparities*. Robert Wood Johnson Foundation.

### **W 10/05:** Social determinants of health, part 1

1. Barr, D. A. (2008). Chapter 4: Understanding how low social status leads to poor health. In *Health disparities in the United States: Social class, race, ethnicity, and health* (pp. 73-81). Baltimore, MD: The Johns Hopkins University Press.  
*Also see the figure on pp. 103*
2. Barr, D. A. (2008). Chapter 6: Race/ethnicity, socioeconomic status, and health: Which is more important in affecting health status?. In *Health disparities in the United States: Social*

*class, race, ethnicity, and health* (pp. 134-168). Baltimore, MD: The Johns Hopkins University Press.

3. Watch “Bad Sugar” before coming to class - Unnatural causes: Is inequality making us sick? (2008)

*Recommended readings:*

1. Link BG, Phelan J, and Tehranifar P. (2010) Social conditions as fundamental causes of health inequalities: theory, evidence, and policy implications. *Journal of Health and Social Behavior*, 51(1 Suppl):S28-S40.
2. Jones CP. (2000) Levels of racism: a theoretic framework and a gardener’s tale. *American Journal of Public Health*, 90(8):1212-1215.

**M 10/10:** Social determinants of health, part 2

1. Watch “Naming and addressing racism” (APHA webinar) before coming to class: sign in with your name and email; Start at minute 16 and watch through the end.
2. Gilligan, H. T. (2015, February 17). Hope in a hidden public health crisis. *California Health Report*.
3. Reif, S. & McAllaster, C. (2015, April 22). Stigma and poverty make HIV/AIDS deadlier in the Deep South. *New Republic*.
4. Tavernise, S. (2015, April 29). Health problems take root in a West Baltimore neighborhood that is sick of neglect. *The New York Times*.

*Recommended reading:*

1. Aronowitz, R. et. al. (2015). Cultural reflexivity in health research and practice. *American Journal of Public Health*, 105: S403-S408.

**W 10/12:** Review activity (Team)

**M 10/17:** Built environment - Guest lecture: Tim Schwantes

1. Frumkin, H., Frank, L. & Jackson, R. (2004). Urban sprawl and public health: Designing, planning, and building for healthy communities. Washington, DC: Island Press.
2. Northridge, M. E. & Sclar, E. (2003). A joint urban planning and public health framework: Contributions to health impact assessment. *American Journal of Public Health*; 93:118-121.

**W 10/19: FALL BREAK**

**M 10/24:** Levels of prevention and intervention

1. Defining the scope of prevention. (1994) Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities. National Academies Press.
2. Golden, S. & Earp, J. (2012) Social ecological approaches to individuals and their contexts: Twenty years of health education & behavior health promotion interventions. *Health Education & Behavior*, 39(3):364-372.
3. Levels of Risk, Levels of Intervention – SAMHSA Prevention training and technical assistance

**W 10/26:** Levels of prevention and intervention: activity and review; End of module assessment

**M/W 10/31 + 11/2 Class Canceled: American Public Health Association (APHA) Annual Meeting**

#### **MODULE 4. Working with Communities**

**M 11/07:** Community engagement, part 1

1. 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.
2. Arnstein S. (1969) A ladder of citizen participation. *Journal of the American Institute of Planners*, 35(4): 216-224.

**Paper on Module 3 due by class time (via Sakai)**

**W 11/09:** Community engagement, part 2

1. The National HIV/AIDS Strategy Plenary Session <http://bit.ly/1hjsC4I>

**M 11/14:** Research and the community – Guest lecture: Clare Barrington; Wizdom Powell

**W 11/16:** Community partners panel

**M 11/21:** Cultural humility, part 1

1. Watch “Cultural Humility: People, Principles, and Practices” before coming to class: Vivian Chavez, San Francisco State University, 2012 [parts 1-4]
2. Tervalon, M. & Murray-Garcia, J. (1998) Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9(2): 117-125.

**W 11/23 No Class Thanksgiving Holiday**

**M 11/28:** Cultural humility, part 2

1. Kauffman K. S. (1994). The insider/outsider dilemma: Field experience of a White researcher “getting in” a poor black community. *Nursing Research*, 40(3):179-183.
2. Kivel, P. (2011). *How white people can work for racial justice*. New Society Publishers

**W 11/30:** Implicit Bias, part 1



1. Hall W. J., Chapman M. V., Lee K. M., et. al. (In press). Implicit racial/ethnic bias among healthcare professionals and its influence on healthcare outcomes: A systematic review. *American Journal of Public Health*

### **Reflection on Community Engagement and Cultural Humility due by class time (via Sakai)**

#### **M 12/5: Implicit Bias, part 2**

1. Take the Implicit Association Test (IAT) before coming to class
2. Barr, D. A. (2008). Chapter 8: Why does race/ethnicity affect the way physicians treat patients?. In *Health disparities in the United States: Social class, race, ethnicity, and health* (pp. 200-227). Baltimore, MD: The Johns Hopkins University Press.
3. Devine, P. G., Forscher, P. S., Austin, A. J., & Cox, W. T. L. (2012). Long-term reduction in implicit race bias: A prejudice habit-breaking intervention. *Journal of Experimental Social Psychology*, 48:1267-1278.

#### **W 12/7: Course wrap up and evaluation; End of module assessment**

### **Reflection on Implicit Bias due by class time (via Sakai)**