HBEH 815/816 (2016-2017): Theoretical and Conceptual Foundations of Health Behavior and Health Education

Mondays, 332 Rosenau, 1:25 – 4:15 p.m.

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

Description:
HBEH 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:

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.

3. **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.

4. **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.
- Critical 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/.

<u>Valuing, Recognizing, and Encouraging Diversity</u>

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).

Syllabus for HBEH 816: Theoretical and Conceptual Foundations (Modules 3 & 4)
Instructor: Shelley Golden, sgolden@email.unc.edu, Office hours by appointment in 364 Rosenau
Teaching Assistant: Tainayah Thomas, tainayah@email.unc.edu

Note for 2017: In most years, HBEH 816 is taught as two separate modules by two different instructors. Due to other commitments of one of the instructors, as well as a change to the scheduling of the course for this year, we describe requirements for the full semester, rather than each module, in this course, but divided course material into two areas that correspond to the usual two modules:

- **Social Determinants of Health**: This section 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 public health and health behavior research and practice, including physical and social spaces, socioeconomic distributions, and social identity/experiences of discrimination.
- **Foundations of Health Behavior and Health Education:** This section is designed to provide an intermediate to advanced level understanding of the theoretical and conceptual foundations of health-related behavior. The primary emphasis is on the synthesis of institutional/ organizational, interpersonal, and intrapersonal/individual-level theories of health behavior.

Participation and Pre-Class Reflection (20% of grade)
The primary function of class time is to discuss the readings, and their application to the HB field, in depth. Grades will be based on three criteria: 1) preparation (see below), 2) quality of comments, and 3) respectful and productive engagement with other students. In addition to completing the readings in advance, arriving at class on time, and being attentive to discussion throughout the class period, in your discussions you should aim compare and critique the perspectives of different authors, and build on (or provoke!) comments from your peers. Attention to the group dynamic, including being sure to offer your perspective without over-dominating conversation, is also important.

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.

A note on optional readings: Due to time restrictions, optional readings are rarely discussed in class. Students are strongly encouraged to review those optional readings that pertain to theories incorporated into their theory integration paper, as well as any others of interest to them.

Discussion Leading (20% of grade)
Although the instructor will provide a brief introduction to the material at the start of the class, provide clarifications about course material, and ensure that key points are covered in the discussion, the primary discussion will be facilitated by students. Each week 2 students will create a class plan that guides discussion and interpretation of the readings; **over the course of the semester, each student is expected to be part of a discussion leading team twice**. Each class should include a variety of discussion techniques (e.g. large group discussion, small group discussion, application activity, individual reflection). Students should plan a timetable for discussion that incorporates 5 minutes for instructor introduction of the material, a 10-15 minute break toward the middle of class time and 5-10 minutes for instructor wrap-up. Later weeks will also incorporate time for draft conceptual model presentations.

Draft conceptual model workshops (10% of grade)
In the three weeks following spring break, we will set aside time for students to share drafts of the conceptual models they are developing for the theory integration paper (see below) with their classmates for feedback. In weeks when workshops are scheduled, 3-4 students will send their draft models and a one paragraph description of the model to a small sub-group of classmates, who will provide written and verbal feedback during class.

- Students who are **presenting** should plan to send a copy of their draft conceptual model and description by 5 p.m. on Friday in advance of Monday class to the people assigned to provide feedback, as well as the teaching team.
- Students who are **providing feedback** should bring written feedback to class and be prepared to provide verbal feedback during class.

Students will benefit most if they share drafts that have been iterated by the student and given considerable thought (and grades will reflect teaching team perception of preparation), though of course models shared earlier in the semester may be less well-developed than those shared later.

Theory Integration Presentation (10% of grade, 10 min for presentation, 5 min for Q&A)
In a powerpoint presentation on the last day of class, each student will present their Theory Integration Paper ideas. Although you should briefly introduce the health problem and population, please focus your time on the application of two theories to the health problem, the conceptual model you developed, and the potential limitations of this approach.

Theory Integration Paper (40% of grade, 7-10 single spaced pages, including one page for the conceptual model, but not including references)
The purpose of this paper is to:

- Build/demonstrate your ability to apply and evaluate health behavior theoretical ideas to a specific public health topic.

- Build/demonstrate your capacity to compare/integrate theories from a range of social and behavioral disciplines

Paper components:

- Description of a health problem affecting a specific population/group of interest (i.e., African American adolescent boys, rural White females, Syrian migrants in Greece), and why it is a public/population health concern. Please use epidemiologic evidence as support.
- Brief review of literature that previously offered theoretical explanations for the health problem you are addressing, including a critical evaluation of the theoretical gaps in the empirical literature.
- Identification and overview of two theories (or theoretical approaches/key constructs), each of which focus on a different level of the social ecological model, and why they are useful for explaining or predicting the health problem.
- Conceptual model of the health problem in the population/group of interest that integrates constructs from each theory. Use suggestions from both Earp and Ennett and Carpiano et al to develop a model to illustrate your integrative theoretical framework.
- Model description and justification: Describe each component of the model in detail, a present a theoretical or empirical justification for each proposed relationship between the constructs presented.
- Limitations/conclusions: Discuss potential limitations or criticism of your model and speculate about the (conceptual and/or methodological) contribution your integrated theoretical approach might make to the field of public health and our understanding of factors associated with health behavior.

Papers will be assessed based on 1) clear description of a health issue; 2) concise but clear descriptions of two theoretical perspectives at different ecological levels; 3) clarity of the conceptual model; 4) quality of logical argument in support of conceptual model (including appropriateness of evidence offered); 5) identification of clear limitations and appropriate conclusions; and 6) general writing clarity and style.

Due dates:

- Email the health problem, population and initial thoughts on theoretical perspectives to include by **Monday, February 20**.
- Present a draft conceptual model in class between **Monday, March 20 and Monday, April 3**.
- Present your final paper in class on Monday, April 24
- Upload your final paper into Sakai by 5:00 p.m. on **Sunday, April 30 at 11:59 p.m**.

January 11—January 18:	**Social Ecological Models (ONLINE DISCUSSION)**

REQUIRED READING

- Sallis, J.F. & Owen, N. (2015). Ecological models of health behavior. In K. Glanz, B. Rimer, & K. Viswanath (Eds.), *Health behavior and health education: Theory, research, and practice* (pp. 43-64). California: Jossey-Bass.
- Burke, N.J., Joseph, G., Pasick, R.J., & Barker, J.C. (2009). Theorizing social context: Rethinking behavioral theory. *Health Education & Behavior, 36 (Suppl. 1)*, 55S-70S.
- Stokols, D. (1992). Establishing and maintaining healthy environments. *American Psychologist, 47(1)*, 6-22.
- Golden, S.D. & Earp, J.L. (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.
- Larios, S.E, Lozada, R., Strathdee, S.A, Semple, S.J., Roesch, S., Staines. H. et. (2009). An exploration of contextual factors that influence HIV risk in female sex workers in Mexico: The Social Ecological Model applied to HIV risk behaviors. *AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV, 21(10)*, 1335-1342.

January 23: Background and General Theories of the Social Determinants of Health

REQUIRED READING

- Minkler M. (1999). Personal responsibility for health? A review of the arguments and evidence at century's end. *Health Education & Behavior*. 26(1): 121-140.
- Braveman P, Egerter S & Williams DR. (2011). The social determinants of health: Coming of age. *Annual Review of Public Health*. 32: 381-398.
- Phelan JC & Link BG. (2013). Fundamental cause theory. In Cockerham, W.C. (ed). Medical Sociology on the Move. New York: Springer Publishing. Pp. 105-125.
- Hatzenbuehler ML, Phelan JC & Link BG. (2013). Stigma as a fundamental cause of population health inequalities. *American Journal of Public Health.* 103: 813-21.
- Bauer GR. (2014). Incorporating intersectionality theory into population health research methodology: Challenges and the potential to advance health equity. *Social Science & Medicine*. 110:10-17.

OPTIONAL READING

- Marmot M, et al. (2008). Closing the gap in a generation: health equity through action on the social determinants of health. *The Lancet*. 372: 1661-1669.
- Williams LD. (2014). Understanding the relationships among HIV/AIDS-related stigma, health service utilization, and HIV prevalence and incidence in Sub-Saharan Africa: A Multi-level theoretical perspective. *American Journal of Community Psychology.* 53: 146-158.

January 30: Stratification and its Tools

REQUIRED READING

- Solar O, Irwin A. (2010). A conceptual framework for action on the social determinants of health. Social Determinants of Health Discussion Paper 2 (Policy and Practice). ***Executive summary (p 4-8) is required***, but I have provided the whole document as optional reading.
- Massey DS. (2007). How stratification works (Chapter 1). In *Categorically Unequal: The American Stratification System*. New York: Russell Sage Foundation. Pp. 1-27. (Chapter 2 is also included – this is optional).
- Pearlin LI, Scieman S, Fazio EM & Meersma SC. (2005). Stress, health and the life course: Some conceptual perspectives. *Journal of Health and Social Behavior*. 46:205-219.
- Overbeck J. (2010). Concepts and historical perspectives on power. In Guinote A & Vescio TK. (Eds.) *The Social Psychology of Power.* New York: The Guilford Press. Pp. 19-45.
- Bourdieu P. (1986). The forms of capital. In Biggart NW. (Ed.) (2002). *Readings in Economic Sociology*. Malden, MA: Blackwell Publishers Inc. Pp. 280-291.

OPTIONAL READING

- Neckerman KM & Torche F. (2007). Inequality: Causes and consequences. *Annual Review of Sociology*. 33:335–57.
- Massey DS. (2007). The Rise and Fall of Egalitarian Capitalism. (Chapter 2). In *Categorically Unequal: The American Stratification System*. New York: Russell Sage Foundation. Pp. 28-50.

February 6, 2014: Theoretical perspectives on social class

REQUIRED READING

- Braveman PA, et al. (2005). Socioeconomic status in health research: One size does not fit all. *Jama*. 294(22):2879-2888.
- Chetty R, Stepner M, Abraham S, Lin S, et al. (2016). The association between income and life expectancy in the United States, 2001-2014. *JAMA*. 315(16):1750-1766.
    - Deaton A. On death and money: History, facts and explanations. *Jama*. 3115(16):1703-1705 [Note: I know this feels like another reading, but it summarizes and expounds on the implications of the Chetty article, so it is offered as a companion piece)
- Pampel FC, Krueger PM & Denney JT. (2010). Socioeconomic disparities in health behaviors. *Annual Review of Sociology*, 36: 349-370.
- Cutler DM & Lleras-Muney A. (2010). Understanding differences in health behaviors by education. *Journal of Health Economics*. 29:1-28.
- Sweet E. (2010). 'If your shoes are raggedy you get talked about': Symbolic and material dimensions of adolescent social status and health. *Social Science & Medicine*. 70(2): 2029-2035.

OPTIONAL READING

- Sasson I. (2016). Trends in life expectancy and lifespan variation by educational attainment: United States, 1990-2010. *Demography*. 53(2): 269-93.
- Jin L & Tam T. (2015). Investigating the effects of temporal and interpersonal relative deprivation on health in China. *Social Science & Medicine*. 143: 26-35.

- Eibner C & Evans W. (2005). Relative deprivation, poor health habits and mortality. *The Journal of Human Resources*. 40(3): 591-620.
- Chen E & Miller GE. (2012). Socioeconomic status and health: Mediating and moderating factors. *Annual Review of Clinical Psychology*. 9:7230749.
- For folks interested in WORK/EMPLOYMENT/ECONOMIC CONDITIONS:
    - Clougherty JE, Souza K & Cullen MR. (2010). Work and its role in shaping the social gradient in health. *Annals of the New York Academy of Sciences*, 1186: 102–124.
    - Schneider D, et al. (2016). Intimate partner violence in the great recession. *Demography*. 53:471-505.

February 13: Minority Stress Hypothesis, Social Dominance Theory, and Theories of Gender

REQUIRED READINGS

- Meyer IH, Schwartz S & Frost DM. (2008). Social patterning of stress and coping: Does disadvantaged social statuses confer more stress and fewer coping resources? *Social Science & Medicine*. 67: 368-379.
- Gee GC, Walsemann KM & Brondolo E. (2012). A life course perspective on how racism may be related to health inequities. *American Journal of Public Health*. 102(5): 967-974.
- Pratto, F., Sidanius, J., & Levin, S. (2006). Social dominance theory and the dynamics of intergroup relations: Taking stock and looking forward. *European Review of Social Psychology, 17,* 271-320.
- Connell, R. (2012). Gender, health and theory: Conceptualizing the issue, in local and world perspective. *Social Science & Medicine, 74(11),* 1675-1683.
- Wingood, G. M. & DiClimente, R. J. (2000). Application of the theory of gender and power to examine HIV-Related exposures, risk factors, and effective interventions for women. *Health Education & Behavior 27 (5):* 539-565.
- Rosenthal, L. & Levy, S.R. (2010). Understanding women's risk for HIV infection using social dominance theory and the four bases of gendered power. *Psychology of Women Quarterly, 34,* 21-35.

OPTIONAL READINGS

- Pascoe EA & Richman LS. (2009). Perceived discrimination and health: A meta-analytic review. *Psychological Bulletin*. 135(4): 531-554.
- Courtenay WH. (2000). Constructions of masculinity and their influence on men's well-being: a theory of gender and health. *Social Science & Medicine*. 50: 1385-1401.
- Pachankis JE, Hatzenbuehler ML & Starks TJ. (2014). The influence of structural stigma and rejection sensitivity on young sexual minority men's daily tobacco and alcohol use. *Social Science & Medicine*. 103:67-75.

- Otiniano Verissimo AD, Grella CE., Amara H & Gee GC. (2014). Discrimination and substance use disorders among Latinos: The role of gender, nativity, and ethnicity. *American Journal of Public Health*. 104(8): 1421-1428.
- Mackenzie CR. (2014). 'It is hard for mums to put themselves first': How mothers diagnosed with breast cancer manage the sociological boundaries between paid work, family and caring for the self. *Social Science & Medicine*. 117:96-106.

February 20: Theories of Intersectionality and Resistance/Resilience

REQUIRED READING

- Shields S. (2008). Gender: An intersectionality perspective. *Sex Roles, 59 (5-6),* 301–311.
- Bowleg, L. (2012). The problem with the phrase women and minorities: Intersectionality—an Important theoretical framework for public health. *American Journal of Public Health.* 102(7):1267-73.
- Williams DR, Priest N & Anderson NB. (2016). Understanding associations among race, socioeconomic status, and health: patterns and prospects. *Health Psychology*. 35(4): 407-411.
- Factor R, Kawachi I & Williams DR. (2011). Understanding high risk behavior among non-dominant minorities: A social resistance framework. *Social Science & Medicine*. 73(9): 1292-1301.
- Geronimus AT. (2003). Damned if you do: culture, identity, privilege and teenage childbearing in the United States. *Social Science & Medicine*. 57(5): 881-893.
- Wexler LM, DiFluvio G & Burke TK. (2009). Resilience and marginalized youth: Making a case for personal and collective meaning-making as part of resilience research in public health. *Social Science & Medicine*. 69:564-570.

OPTIONAL READINGS

- Harding et al. (2015). The determinants of young adult social well-being and health (DASH) study: diversity, psychosocial determinants and health. *Soc Psychiatry Psychiatr Epid*. 50:1173-1188.
- Griffith DM, Gunter K && Allen JO. (2011). Male gender role strain as a barrier to African American men's physical activity. *Health Education & Behavior*. 38(5):482-491.
- Factor R, Williams DR & Kawachi I. (2013). Social resistance framework for understanding high risk behavior among nondominant minorities: Preliminary evidence. *American Journal of Public Health*. 103:2245-2251.

February 27: Theoretical understandings of place and social space

REQUIRED READINGS

- Diez Roux A & Mair C. (2010). Neighborhoods and health. *Annals of the New York Academy of Sciences*, 1186: 125-145.

- Bernard P. et al. (2007). Health inequalities and place: a theoretical conceptualization of neighborhood. *Social Science & Medicine*. 65: 1839–1852.
- Aiyer SM, Zimmerman MA, Morrel-Samuels S & Reischl TM. (2015). From broken windows to busy streets: A community empowerment perspective. *Health Education & Behavior*. 42(2): 137-147.
- Yamanis TJ et al. (2010). Social venues that protect against and promote HIV risk for young men in Dar es Salaam, Tanzania. *Social Science & Medicine*. 71: 1601-1609.
- Leslie HH, et al. (2015). Collective efficacy, alcohol outlet density, and young men's alcohol use in rural South Africa. *Health & Place*. 34: 190-198.
- Montez JK, Zajacova A, Hayward MD. (2016). Explaining inequalities in women's mortality between U.S. States. *SSM-Population Health*. 2:561-571.

OPTIONAL READINGS

- Eligon G & Gebeloff R. (2016). Affluent and Black, and Still Trapped by Segregation. *The New York Times*. Aug. 20, 2016.
- Campbell T & Campbell A. (2007). Emerging disease burdens and the poor in cities of the developing world. *Journal of Urban Health*. 84(1): i54-i64.
- Morland K, Wing S, Diez Roux A & Poole C. (2002). Neighborhood characteristics associated with the location of food stores and food service places. *American Journal of Preventive Medicine*. 22(1): 23-29.
- Sabatini F. (2009). Social capital as social networks: a new framework for measurement and an empirical analysis of its determinants and consequences. Journal of Socio-Economics. 38(3): 429-442.

March 6: Modifications to Social Structures to Enhance Health

REQUIRED READINGS

- Adler NE, Cutler DM, Fielding JE, Galea S, Glymour MM, Koh HW & Satcher D. (2016). Addressing social determinants of health and health disparities: A vital direction for health and health care. In National Academy of Medicine. (2016). Vital Directions for Health and Health Care.
- Wallerstein NB, Yen IH & Syme SL. (2011). Integration of Social Epidemiology and Community-Engaged Interventions to Improve Health Equity. *American Journal of Public Health*. 101(5): 822-830.
- Robert SA & Booske BC. (2011). US opinions on health determinants and social policy as health policy. *American Journal of Public Health*. 101(9): 1655-1663.
- Hardeman RR, Medina EM & Kozhimannil KB. (2016). Structural racism and supporting black lives – The role of health professionals. *The New England Journal of Medicine*. Online, pp. 1-3.

Read at least one of:

- Campbell C & Cornish F. (2012). How can community health programmes build enabling environments for transformative communication? Experiences from India and South Africa. *AIDS and Behavior*. 16(4): 847-857.

- Banerjee A, et al. (2015). A multifaceted program causes lasting progress for the very poor: Evidence from six countries. *Science*. 348(6236): 1260799(p. 1-16).
- Ludwig J et al. (2012). Neighborhood effects on low-income families: Evidence from Moving to Opportunity. *American Economic Review*. 103(3):226-331.

OPTIONAL READINGS

- Golden SD et al. (2015). Upending the social ecological model to guide health promotion efforts toward policy and environmental change. Health education & Behavior. 42(1S): 8S-14S.
- Lilla M. (2016). The end of identity liberalism. *The New York Times*. November 18, 2016.
- The World Bank. The state of social safety nets 2014. Available at: http://documents.worldbank.org/curated/en/302571468320707386/pdf/879840WP0FINAL00Box385208B00PUBLIC0.pdf
- Robert Wood Johnson Foundation. *A new way to talk about the social determinants of health*. Available at: http://www.rwjf.org/en/research-publications/find-rwjf-research/2010/01/a-new-way-to-talk-about-the-social-determinants-of-health.html

---------- **SPRING BREAK AND END OF MODULE 3** ----------

March 20: Healthcare Utilization Theories & Models

CONCEPTUAL MODEL WORKSHOP #1

REQUIRED READINGS

- Andersen, R. M. (1995). Revisiting the Behavioral Model and access to medical care: Does it matter? *Journal of Health and Social Behavior, 36(1)*, 1-10.
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- Saha, S., Komaromy, M., Koepsell, T. D., & Bindman, A. B. (1999). Patient-physician racial concordance and the perceived quality and use of health care. *Archives of Internal Medicine, 159(9)*, 997-1004.

March 27: Life Course Health Development/Health Socialization

CONCEPTUAL MODEL WORKSHOP #2

REQUIRED READINGS

- Halfon, N., & Hochstein, M. (2002). Life course health development: An integrated framework for developing health, policy, and research. *The Milbank Quarterly, 80(3)*, 433-479.
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- Lau, R., Quadrel, M.J., Hartman, K.A. (1990). Development and change of young adults' preventive health beliefs and behavior: Influence from parents and peers. *Journal of Health and Social Behavior, 31(3),* 240-259.

April 3: Stress, Coping and Social Support

CONCEPTUAL MODEL WORKSHOP #3

REQUIRED READING

- Wethington, E. Glanz K. & Schwartz, M.D. (2015). Stress, coping, and health behavior. In K. Glanz, B. Rimer, & K. Viswanath (Eds.), Health behavior and health education: Theory, research, and practice (pp. 223-242). California: Jossey-Bass.
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- Thoits, P.A. (1995). Stress, coping, and social support processes: Where are we? What next? *Journal of Health and Social Behavior, 35(Special),* 53-79.
- Geronimus, A. T., Hicken, M., Keene, D., & Bound, J. (2006). "Weathering" and age patterns of allostatic load scores among Blacks and Whites in the United States. *American Journal of Public Health, 96(5),* 826-833.
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April 10: Social Cognitive Theory and the Health Belief Model

REQUIRED READING

- Kelder, S.H., Hoeslscher, D., & Perry, C.L. (2015). How individuals, environments, and health behaviors interact: Social Cognitive Theory. In k. Glanz, B. Rimer, & K. Viswanath (Eds.), *Health behavior and health education: Theory, research, and practice* (pp. 159-182). California: Jossey-Bass.
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- Armitage CJ, & Conner M. (2000). Social cognition models and health behavior: A structured review. *Psychology & Health, 15(2),*173-189.
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- Skinner, C.G., Tiro J, & Champion, V.L. (2015). The Health Belief Model. In k. Glanz, B. Rimer, & K. Viswanath (Eds.), *Health behavior and health education: Theory, research, and practice* (pp. 75-94). California: Jossey-Bass.
- Balbach, E. D., E. A. Smith, & Malone, R.E. (2006). How the health belief model helps the tobacco industry: individuals, choice, and information. *Tobacco Control 15(suppl_4),* iv37-43.

OPTIONAL READINGS

- Giles-Corti, B. and R. J. Donovan (2002). The relative influence of individual, social and physical environment determinants of physical activity. *Social Science & Medicine, 54(12)*: 1793-1812.
- Miller, S. M., Y. Shoda, et al. (1996). Applying cognitive social theory to health-protective behavior: Breast self-examination in cancer screening. *Psychological Bulletin, 119(1),* 70-94.

April 17: Theory of Reasoned Action/Planned Behavior, Transtheoretical Model & Precaution Adoption Process Model

REQUIRED READING

- Montaño, D.E. & Kasprzyk, D. (2015). Theory of reasoned action, theory of planned behavior, and the integrated behavioral model. In k. Glanz, B. Rimer, & K. Viswanath (Eds.), Health behavior and health education: Theory, research, and practice (pp. 95-124). California: Jossey-Bass
- Russell, K.M., Champion, V.L., Monahan, P.O., Millon-Underwood, S., Zhao, Q., Spacey, N., Rush, N.L., Paskett, E.D. (2010). Randomized trial of a lay health advisor and computer intervention to increase Mammography Screening in African American Women. *Cancer Epidemiology, Biomarkers & Prevention, 19(1), 201-210.*
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- Prochaska, J.O., Redding, C.A., & Evers, K.E. (2015). The transtheoretical model and stages of change. In K. Glanz, B. Rimer, & K. Viswanath (Eds.), *Health behavior and health education: Theory, research, and practice* (pp. 125-148). California: Jossey-Bass.
- Nguyen, M. N., Potvin, L., & Otis, J. (1997). Regular exercise in 30- to 60-year-old men: Combining the stages-of-change model and the Theory of Planned Behavior to identify determinants for targeting heart health interventions. *Journal of Community Health, 22(4)*, 233-246.

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- Weinstein, N.D., Sandman, P.M., & Blalock, S.J. (2008). The precaution adoption process model. In k. Glanz, B. Rimer, & K. Viswanath (Eds.), *Health behavior and health education: Theory, research, and practice* (pp. 123-145). California: Jossey-Bass.
- Heesch, K. C., Brown, D. R., & Blanton, C. J. (2000). Perceived barriers to exercise and stage of exercise adoption in older women of different racial/ethnic groups. *Women & Health, 30(4*), 61-76.
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April 24: PRESENTATIONS OF FINAL PAPERS