HBEH 815/816: Module 3

Theoretical and Conceptual Foundations:
Foundations of Health Behavior and Health Education:

Spring 2019

Class Schedule: Mondays 1:25 pm – 4:15 pm

332 Rosenau Hall

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Course Description

This module of the HBEH 815/816 series 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 understanding and critique of institutional/ organizational, interpersonal, and intrapersonal/individual-level theories of health behavior as well as a consideration of future directions for the field.

Course 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.

Recommended Book: K. Glanz, B. Rimer, & K. Viswanath (Eds.), 2015, *Health behavior and health education: Theory, research, and practice.* California: Jossey-Bass.

Grading: The grade for this module will be based on the 2 activities described below including: 1) four written reflections and 2) leading class discussions. In addition, bonus points are available to incentivize class attendance and turning assignments in on time.

Written reflections: (80% of grade) Each student will be required to complete 4 written reflections on course materials throughout the semester. The purpose of these reflections is to have students integrate information from the readings with discussions in class. Due dates and topics are described below. Please submit assignments via the Sakai Dropbox **by noon** before class on the day that it is due. Late assignments are not acceptable except under emergency circumstances with approval. Unexcused late assignments will be penalized by a half letter grade for every 12 hours they are late. Close attention and adherence to assignment instructions, including formatting, is expected.

Grading rubric for written reflections: Each written reflection will include between 4-6 questions relating to the previous weeks' readings and in-class work. Each question will indicate the possible points for that question. Points will be awarded according to the completeness and quality of each answer.

Discussion leading: (20% of grade) 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. Students leading the discussion and the instructor will meet prior to class to develop discussion questions and 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**. 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 20 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.

Grading rubric for discussion leading: The total points available for leading a discussion is 20 points. Points will be assigned as follows:

Quality of the discussion questions (Are important aspects of the week's articles covered?)   8 points

Breadth of the discussion questions (Is the breadth of the content covered in the week's readings covered across the discussion questions?)   5 points

Techniques used to generate discussion (Have the students planned for ways to engage the class in the discussion?)   5 points

Preparation for leading the discussion (Did students prepare a draft of their discussion and meet with the instructor and/or TA before class to get feedback?)   2 points

Bonus points: Each student can earn up to 6 bonus points: 0.5 point for turning in reflection papers on time (total of 2 points) and 0.5 points for attending class (total of 4 points). These bonus points will be applied to the student's total points earned at the end of the semester.

Since this is the first module of 816, a grade will not be given for the module, rather, a final grade given at the end of the spring semester will reflect points earned in this module and grades earned from assignments in the second module. While each student's earned points, rather than a grade, will be passed onto Dr. Golden, in general points earned and grades correspond as follows:

H	≥ 90
P	76-89
L	65-75
F	< 65

**Topics and due dates for each reflection paper**
(Details for each paper will be provided at least one week before they are due)

- **Reflection paper #1**   **Due 1/14**
  Understanding the difficulty in changing one's own health behavior; a personal attempt at change through a social ecological framework (5 points)

- **Reflection paper #2**   **Due 2/4**
  How the intrapersonal environment (including our knowledge, beliefs, attitudes and values as well as how we understand and assess risk) impact health and health behavior (25 points)

- **Reflection paper #3**   **Due 2/18**
  How organizational change happens and how policy is related to health behavior change (25 points)

- **Reflection paper #4**   **Due 3/4**
  How the social and physical environment impacts health behavior change (25 points)

Throughout the module, 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:

o *Honor system tutorial*: http://studentconduct.unc.edu/students/honor-system-module
o *UNC library's plagiarism tutorial*: http://www.lib.unc.edu/plagiarism/
o *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.

Overview of Module 3

January 14: Challenges in individual behavior change (Reflective paper #1) and the value of using a SEM to examine and modify public health problems.

> 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.

> 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.

> 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.

January 28: Intrapersonal aspects of behavior change: Intra-individual behavior change theories (HBM; TRA; Transtheoretical model)-Differences between theories of the problem and theories of action

> Glanz and Rimer, Theory at a Glance; A guide for health promotion practice (1997). National Cancer Institute; NIH publication NO. 97-3896.

> 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.

> 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.

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.

Wethington, E., Glanz, K. and Schwartz, M. (2015). Stress, coping and health behavior. In K. Glanz, B. Rimer, & K. Viswanath (Eds.), *Health behavior and health education: Theory, research, and practice* (pp. 223-243). California: Jossey-Bass.

Volpp, K., Loewenstein, G. and Asch, D. (2015). Behavioral economics and health, In K. Glanz, B. Rimer, & K. Viswanath (Eds.), *Health behavior and health education: Theory, research, and practice* (pp. 389-410). California: Jossey-Bass.

February 4: A closer look at Health Behavior theories. How well do they work and what are they good for? How does a behavioral economist look at health behavior change? **Student led discussion**

Weinstein, N. Misleading tests of health behavior theories (2007*). Annals of Behavioral Medicine;* Vol 33 (1) 1-10.

Brug, J., Conner, M., Harre, N., Kremers, S., McKellar, S., & Whitelaw, S. (2005). The Transtheoretical Model and stages of change: a critique: Observations by five commentators on the paper by Adams, J. and White, M. (2004) Why don't stage-based activity promotion interventions work? *Health Education Research, 20(2)*, 244-258.

Adams, J. and White, M. (2003) Are activity promotion interventions based on the transtheoretical model effective? A critical review. *British Journal of Sports Medicine*. 37, 106-114.

Sniehotta, F.F., Presseau J., & Arauho-Soares, Time to retire the theory of planned behavior. 2014, *Health Psychology Review*, Volume 8.

Pearlin, L., Schieman, S., Fazio, E.M. and Meersman, S.C. (2005) Stress, health and the life course: Some conceptual perspectives. *Journal of Health and Social Behavior*. 46 (2): 205-219.

February 11: Organizational and policy change **Student led discussion**

Brownson, R.C., Tabak, R.G., Stamatakis, K.A., and Glanz, K. (2015), Implementation, Dissemination, and Diffusion of Public Health Interventions. In K. Glanz, B. Rimer, & K. Viswanath (Eds.), *Health behavior and health education: Theory, research, and practice* (pp. 301-326). California: Jossey-Bass.

Rogers, E.M. (2003). Chapter 1. Elements of diffusion. *Diffusion of Innovations, 5th Ed.* Pp. 1-37. New York: The Free Press.

Rohrbach, L.A., Ringwalt, C.R., Ennett, S.T., & Vincus, A.A. (2005). Factors associated with adoption of evidence-based substance use prevention curricula in US school districts. *Health Education Research, 20*, 514-526.

Wallerstein, Minkler, Carter-Edwards, et al. Improving health through community engagement, community organization and community building. In K. Glanz, B. Rimer, & K. Viswanath (Eds.), *Health behavior and health education: Theory, research, and practice* (pp. 227-300). California: Jossey-Bass.

Cummins, S. & Macintyre, S. "Food deserts"- evidence and assumption in health policy making. *BMJ* 2002: 325:436-438.

Toomey, T. & Wagenaar. Policy options for Prevention: the case of alcohol. Journal of Public Health Policy 1999: Vol 20 (2):192-213.

February 18: How do social networks and the social environment impact health and health behavior? **Student led discussion**

Holt-Lunstad, J. and Uchino, B.N. (2015), Social Support and Health. In K. Glanz, B. Rimer, & K. Viswanath (Eds.), *Health behavior and health education: Theory, research, and practice* (pp. 183-204). California: Jossey-Bass.

Valente, T.W. (2015). Social Networks and Health Behavior. In K. Glanz, B. Rimer, & K. Viswanath (Eds.), *Health behavior and health education: Theory, research, and practice* (pp. 205-222). California: Jossey-Bass.

Holt-Lunstad, J., Smith, T.B., & Layton, J.B. (2010). Social Relationships and Mortality Risk: A Meta-analytic Review. *PLoS Med 7*(7): e1000316. doi:10.1371/ journal.pmed.1000316

McNeil LH, Krueter M and Subramanian SV; Social environment and physical activity: A review of concepts and evidence. Social Science and Medicine. Vol 63: issue 4, August 2006: 1011-1022

Christakis, NA, Fowler JH, The spread of obesity in a large social network over 32 years, (2007). *New England Journal of Medicine*, 357: 370-379.

Maher CA, Lewis LK, Ferrar K et al, Are health behavior change interventions that use online social networks effective? A systematic review. *Journal of Medical Internet research*, 2014. Feb; 16 (2); e40.

Umberson D and Montex JK, Social relationships and health, a Flashpoint for Health policy. *Journal of health and social behavior*, 2010.Vol 51; issue 1- supplement

February 25: How does the physical environment affect health and health behavior? **Student led discussion**

Gladwell, M, The Tipping Point (excerpts) - Intro and Chapter 1 (pp 3-29); Chapter 4 133-168

Thaler and Sunstein, Nudge (excerpts) - Introduction (pp 1-16); Chapter 4 and 5 (pp 53-82)

Powell L, Slater S, Mitchevea D, et al, Food store availability and neighborhood characteristics in the United States. *Prev Medicine* 2007: 44: 189-195

D'Angelo H, Ammerman A, Gordon-Larsen P, Linnan LA, Lytle LA, Ribisl KM. Sociodemographic disparities in proximity of schools to tobacco outlets and fast-food restaurants. *American Journal of Public Health*. Sept 2016, 106(9):1556-1562. PMCID: PMC4981785

Diez Roux AV, Mair C. Neighborhoods and health. *Ann N Y Acad Sci.* Feb 2010;1186:125-145.

March 4: Putting it together: How the physical, social and intrapersonal environment affect change in health and health behavior. Where do we go from here? **Student led discussion**

Kelder, S.H., Hoelscher, D. and Perry, C.L. (2015), How Individuals, Environments, and Health Behaviors Interact. In K. Glanz, B. Rimer, & K. Viswanath (Eds.), *Health behavior and health education: Theory, research, and practice* (pp. 159-182). California: Jossey-Bass.

Diez J, Valiente R, Ramos C et al, The mismatch between observational measures and residents' perspectives on the retail food environment: a mixed-methods approach in the Heart Healthy Foods study (2017) *Public Health Nutrition*: 20(16), 2970–2979

Giske K, van Lenthe F, Brug H, et al, "Socioeconomic inequalities in food purchasing: the contribution of respondent-perceived and actual (objectively measured) price and availability of foods. *Prev. Med* 2007; 45: 41-48.

Lytle LA. Measuring the Food Environment: State of the Science and Issues. *American Journal of Preventive Medicine.* 2009;36(4S):S134-S144. PMCID: PMC2716804

Kenneth Resnicow PhD, and Scott E. Page PhD, Embracing Chaos and Complexity: A Quantum Change for Public Health. (2007); *Amer J Public Health*. 98;8: 1382-1389