

 <p>THE UNIVERSITY OF <b>MEMPHIS</b><sup>®</sup> School of Public Health</p>	<p><b>PUBH 8161</b> <b>Advanced Psychosocial Theories of Health and Health Behavior</b> <b>School of Public Health</b> <b>The University of Memphis</b> <b>Fall 2014</b> Thursdays, 2:00-5:00pm 101 Dunn Hall</p>
---	---

**Instructor**

Kenneth D. Ward, PhD

Professor and Director, Division of Social and Behavioral Sciences, School of Public Health

Office: 201 Robison Hall

Phone: 678.1702

E-mail: [kdward@memphis.edu](mailto:kdward@memphis.edu)

Office Hours: by appointment

**Course Description**

This course provides a multidisciplinary theoretical approach to the study of health behavior. Emphasis on the use of psychosocial theories in health-related practice, policy-making, and research establishes the conceptual grounding. Other theoretical perspectives such as the ecological model are addressed in order to integrate these theoretical perspectives. The class will follow an interactive doctoral seminar format emphasizing student-led discussion and presentations.

**Course Prerequisite**

Enrollment as a Social and Behavioral Sciences doctoral student in the School of Public Health, or permission of the instructor

**Learning Objectives**

1. Provide an overview of the theoretical approaches to the study and practice of public health.
2. Conceptualize and synthesize theories in their application to public health.
3. Critically evaluate the public health literature using psychosocial theories.
4. Identify strategies to use theory in developing and evaluating public health programs.
5. Demonstrate critical thinking and synthesis of materials through discussion, leading the presentation of course materials, and writing assignments.

**Competencies**

Doctoral students will develop the following CEPH core competencies:

1. Identify individual, organizational, community, and societal influences on health, health behaviors, disease, illness, injury, and disability.
2. Develop, implement, and evaluate behavioral and structural interventions to promote health and health equity, prevent disease and injury, alleviate disability, and improve the quality of life.
3. Conduct and disseminate rigorous and innovative social and behavioral science research relevant to public health.
4. Utilize social and behavioral science principles and applications to advance public health research and practice.
5. Appreciate the history, philosophy, and professional standards of public health, as well as the social and behavioral sciences that inform public health.

**Communication**

All written assignments should be submitted via email to the instructor at [kdward@memphis.edu](mailto:kdward@memphis.edu). The instructor will communicate with you, including notifying you when assignments have been received, by email. In accordance with School of Public Health policy, and due to legal, ethical, and privacy concerns, only your official U of M email address will be used for communication. I will send emails only to your official U of M email address,

and only will accept emails from you through that account. It is the student's responsibility to regularly check this account.

### Required Text

Glanz, K., Rimer, B.K., & Lewis, F.M. (2008). Health Behavior and Health Education: Theory, Research, and Practice. (4<sup>th</sup> ed.) San Francisco, CA: Jossey-Bass.

### Supplemental Text

National Cancer Institute (2005). Theory at a Glance: A Guide for Health Promotion Practice. U.S. Department of Health and Human Services, National Institutes of Health [*I will not assign readings from this monograph but you may want to check it out: it provides useful summaries of the major health behavior theories*].

Additional readings will be assigned in addition to the textbook, as detailed in this syllabus, and will be available at: <https://umdrive.memphis.edu/kdward/public/PUBH8161>.

### Course Requirements and Grading Criteria

Class attendance & participation	20%
Class facilitation (two sessions)	50%
Discussion questions	15%
Term paper and presentation	15%

***Class attendance & participation (20%):*** As a community of scholars, it is expected that the instructor and students will work together at all times to create an atmosphere that fosters shared discovery and mutual respect. The instructor will be prepared for each class meeting, and, likewise, students are expected to arrive prepared to ask questions, discuss, and learn. Attendance and active participation are essential to the success of a graduate seminar such as this. As such, students are expected to be present for all classes, arrive on time, stay for the entire class session, and participate actively. Because serious illness or competing demands may occasionally interfere with class attendance, a student may miss one class without penalty. The penalty for a second missed class is 10% of the total course grade. The penalty for a third missed class is an additional 10% of the course grade. A third missed class will make it impossible to achieve a passing course grade, and is therefore grounds for dismissal from the course. In the event of an unavoidable absence, please notify the instructor beforehand, if at all possible.

Several behaviors are disruptive and disrespectful to the instructor and other students and are not acceptable. These include tardiness, leaving early, use of electronic devices, and engaging in side conversations while others are talking. If arriving late or leaving early is unavoidable, notify the instructor in advance, if possible. Set your cell phone to silent if you must be available for an emergency. Students who engage in any of these disruptive behaviors may be asked to leave and not allowed to return until a meeting with the instructor has occurred during which a plan to avoid future problems has been worked out.

The following rubric will be used to grade classroom performance:

Criteria considered in grading:	Not Passing	"C" Level	"B" Level	"A" Level
Class attendance	Substantially late to or absent from class; no advance explanation provided. (Note: absence from class means no participation credit is earned for that session).	Arrives late to class at least occasionally.	Arrives on time, is seated and ready to begin at class start time.	Arrives on time, is seated and ready to begin at class start time, immediately ceases other activities at the time the class actually starts.
Attention	Noticeably off-task during a portion of the class and/or distractive to others. Examples include, but are not limited to, attending to non-class matters (checking e-mails, PDAs and/or using a laptop for any task not directly relevant to what's going on in the class at the moment), cellphone/pager noise, off-topic conversations/passing notes/texts	Occasionally inattentive, such as engaging in side conversations or other off-task activities. Cellphone/pager noise is occasionally heard during class.	Generally attentive with most conversations focused on the in-class discussion. Rarely introduces peripheral noises or distractions (cellphones, pagers, and other devices).	Conversations are focused on the in-class discussion. No peripheral noises or distractions (cellphones, pagers, and other devices).
Participation	Does not ask/answer any questions; does not make comments (or relevant comments) during the session; or significantly derails the agenda of the class.	Does not contribute to class discussion, or participates but comments are off-topic and/or reflective of a lack of preparation (e.g. asking questions that the readings already clearly addressed).	Contributes at a good level (but without dominating); contributions add to (do not derail) the class discussion.	Contributions augment / add to comments from peers; synthesizes / incorporates readings and assignments into the class discussion.
Professional demeanor	Professionalism is lacking in one or more major ways (e.g. uses derogatory and/or other highly unprofessional language).	Professionalism is lacking in one or more minor ways (e.g. use of slang and/or marginally disrespectful or arrogant language).	Class participation reflects a good level of professionalism.	Class participation reflects a noticeably high level of professionalism.

**Class facilitation (50%):** As a doctoral seminar, student-led presentations and discussions will be emphasized and will be the basis for half (50%) of the grade. There will be 13 weekly class meetings. The instructor will be responsible for the first three sessions and each student will be responsible for two subsequent sessions. We will tackle several popular health behavior theories; several "core" theories will be selected by the instructor and students will choose a few "elective" theories. Core and elective theories are as follows:

Core theories	Elective theories
<ul style="list-style-type: none"> <li>• Transtheoretical Model (facilitated by Ken)</li> <li>• Stress and coping (facilitated by Ken)</li> <li>• Interpretive theories (facilitated by Satish Kedia)</li> <li>• Health Belief Model</li> <li>• Theory of Reasoned Action/Theory of Planned Behavior</li> <li>• Social Cognitive Theory</li> <li>• Socioecological Model</li> <li>• Diffusion of Innovations</li> <li>• Social Networks and Social Support</li> </ul>	<ul style="list-style-type: none"> <li>• Precaution Adoption Process Model</li> <li>• Community Organization and Community Building</li> <li>• Communication Theory</li> <li>• Social Marketing</li> <li>• Theories of Organizational Change</li> <li>• Behavioral Economics</li> <li>• Social Action Theory</li> <li>• Chronic Care Model</li> <li>• Student-selected theory (with permission of instructor)</li> </ul>

There are several goals for students being responsible for class facilitation. First, considering the adage that the best way to learn is to teach, it is hoped that preparing and leading sessions will help students master the material on particular theories that they find interesting and relevant to their professional goals. Second, for students who have not yet gained teaching experience, this experience will provide some hands-on exposure in a low-stress, supportive atmosphere, which should be helpful for those planning for academic careers. Lastly, having a variety of people leading the sessions should help to make our time together interesting.

To prepare a session, the student should consult with the instructor at least two weeks in advance. The instructor will provide a background reading about the theory, and the student facilitator will be expected to identify approximately 3 additional articles that will help students to critically evaluate the usefulness of the theory. Examples of relevant readings are empirical studies that utilize the theory (e.g., theory-based behavioral interventions), systematic reviews of the theory, and scholarly commentaries. The facilitator should be prepared to lead a two hour class. The third hour of each class will be used to provide extra time to the facilitator (if needed), for the instructor to present additional material, or occasional guest lectures. In consultation with the instructor, the facilitator will have considerable leeway in choice of pedagogical strategies. "Mini" or full lectures, facilitator-led discussions, provision and discussion of written and visual resources related to the theory and/or its application, and in-class exercises are all appropriate.

Grading for the class facilitation assignments will be based on instructor and student ratings completed at the end of each session (the rating form will be handed out in class and available on the umdrive). The instructor's evaluation will be weighted as 50% of the grade, and the average of student evaluations will be weighted as the other 50% of the grade. See the grading rubric below.

To give students ample time to prepare for class, facilitators must have their readings approved by the instructor, and submitted to him by 2:00pm on the Thursday preceding the scheduled class (i.e., readings are due one week in advance, and submitting them even earlier than this will be appreciated). The instructor will upload the articles on the umdrive (or provide hard copies if there are copyright or confidentiality issues).

The following rubric will be used to grade class facilitation performance:

Criteria considered in grading:	Not Passing	"C" Level	"B" Level	"A" Level
Preparation for the seminar	Substantial deficiencies in most or all criteria described for "A" level performance.	Most criteria described for "A" level performance are not accomplished on time, or readings are submitted more than a day late or are not relevant.	All criteria described for "A" level performance are met but some are accomplished slightly (less than 24 hours) late, or there are problems with the selected readings (e.g., too few are selected or they do not facilitate critical understanding of the theory).	The presenter meets with the instructor at least two weeks in advance of the seminar, selects readings and gets these approved by the instructor, and submits them to instructor at least one week prior to the class.
Knowledge and understanding	Presenter does not demonstrate knowledge of facts, terms, and concepts	Presenter demonstrates limited knowledge of facts, terms, and concepts. Delivery is at the level of what would be expected for an undergraduate class.	Presenter demonstrates reasonable knowledge of facts, terms, and concepts, appropriate for an entry level graduate course.	Presenter demonstrates considerable knowledge of facts, terms, and concepts, appropriate for a doctoral-level class. These include the theory's constructs, similarities and differences to other theories, and the state-of-the-science on its uses and misuses.
Oral Communication	Significant problems in most or all criteria described for "A" level performance.	Significant problems in at least some of the criteria described for "A" level performance.	Presenter demonstrated good oral communication skills on most but not all criteria described for "A" level performance.	Presenter spoke clearly and loudly enough for all to hear, made no grammatical errors, and used slides and/or other teaching tools effectively.
Facilitation of class discussion	Ineffective facilitation of class discussion – none of the criteria described for "A" level performance achieved.	Moderately effective facilitation of class discussion – some of the 5 criteria described for "A" level performance achieved.	Overall effective facilitation – most but not all of the 5 criteria described for "A" level performance achieved.	Very effective facilitation of class discussion, including (1) presenter was prepared, (2) handled questions well, (3) incorporated submitted discussion questions and readings into the presentation, (4) integrated relevant learning from previous classes into discussion, and (5) intervened when appropriate to ensure all students participated (i.e., handled under- and over-participation well).

Professional demeanor	No criteria described for "A" level performance achieved.	Some criteria described for "A" level performance achieved.	Most but not all criteria described for "A" level performance achieved.	A high level of professionalism demonstrated in terms of maintaining eye contact with other participants, using a suitable volume and tone when speaking, exhibiting a demeanor that conveys interest in others' opinions and contributions, and use of professional and respectful language (i.e., no slang or disrespectful/arrogant language) throughout.
Overall organization of the seminar	No criteria described for "A" level performance successfully achieved.	Some criteria described for "A" level performance successfully achieved.	Most but not all criteria described for "A" level performance successfully achieved.	Seminar was organized in a highly effective manner—the presenter kept participants engaged throughout, used slides and/or other teaching materials effectively, was able to modify presentation "on the fly" based on questions and comments; was aware of participants' reactions to the materials and level of understanding and was able to adapt effectively.

**Discussion questions (15%):** For each class, beginning with Session 2, all students (except the facilitator) should submit by email to the instructor and all fellow students 2-3 high quality discussion questions on the assigned readings. The questions should be submitted by noon on the Wednesday preceding the class meeting. The quality of each set of questions submitted will be graded on a 1-10 scale. One set of questions may be missed or tardy without penalty. A second missed or tardy submission will be penalized 5% of the course grade; a third missed or tardy submission is penalized 10% of the course grade. Any more than three missed or tardy submissions is grounds for dismissal from the course.

The questions are meant to assist the facilitator and fellow students to prepare for class by identifying areas of particular interest or confusion. These questions, along with class discussions based on the questions, are very important and should be taken seriously. Essentially, they replace examinations in a doctoral seminar. To justify lack of exams, the onus is on students to prove their mastery of the weekly readings through the submission of questions and resulting discussion.

Here are some tips on writing high quality discussion questions:

1. When reading the article, take notes and outline its major points. Ask yourself: What is the major “take home” point of the article? What are the major assumptions of the theory under discussion? Do these assumptions seem justified? What are the theory’s constructs and how are these operationalized? How strongly do the articles’ methods and findings support the validity and usefulness of the theory? How does the paper fit into what’s already known about the theory? What would it take to refute the central findings of the study? What other plausible explanations could there be for the findings? How does the paper fit into other readings assigned for this session or past sessions? Note that these are merely examples of points that may be raised in a critical analysis of the assigned articles – you are encouraged to formulate questions based on your own critical analysis, as well as your own understanding (and confusion) about the articles.
2. Think of questions that interest you, both personally and as a public health professional.
3. Think of *why* and *how* questions, instead of *who*, *when*, or *where* questions. *How* and *why* are more interesting, complex, and discussion-focused, whereas *who*, *when*, and *where* are more simple, close-ended, and less discussion-focused.
4. Avoid vague questions (e.g., “Do you think the findings are valid?” “How could the study have been done differently?” – these do not inspire discussion.
5. Avoid very specific and obvious questions (“Was the authors’ hypothesis supported?”, “What was the major finding?” “What are the study’s limitations?”) – the answers to such questions can be gleaned from a cursory reading of the article and they tend to generate brief responses rather than discussion.
6. High quality discussion questions help readers see patterns and connections or contradictions across readings. For example, how do the findings fit in with the existing body of literature? What are the study’s implications for existing theory or public health practice? What is the essential test of the research question that needs to be asked?

### **Term Paper (10%) and Oral Presentation of the Paper (5%)**

The term paper and oral presentation of the paper are optional and may be completed by students who wish to earn a grade of “A” in the course. It is possible to earn a grade of “B” without completing the term paper, which is the minimal passing grade for the Graduate School.

The term paper will require you to compare and contrast two theories that were discussed in class, as applied to a health issue of your choice. Prior approval of the instructor is required for selection of the topic. Students are encouraged to decide early in the semester if they wish to earn a grade of “A” and if so, to discuss the term paper topic with the instructor. Deadlines are described below.

The student should select a health behavior or outcome that is of interest to him or her, and review the literature to determine which health behavior theories have been applied to it most fruitfully. Two of these theories should be selected and the student should develop a critical analysis of the application of these theories to the particular health issue. The student is free to focus on whichever critical issues are most appropriate; examples of issues to address are: What are the similarities and differences between each of the theories as applied to this health issue? To what extent have the constructs of each theory been faithfully applied to the health issue and shown to mediate it? Have critical tests of the theories been applied to this health issue? If “yes” to the preceding question, what is your verdict regarding the usefulness of the theory for explanation and prediction of the health issue under study? If “no,” what are the critical tests that need to be applied? Overall, how strong is the evidence that the theories usefully explain and predict relevant behavior change?

The term paper should be approximately 10-12 pages (double spaced) exclusive of references, tables, or figures, one inch margins all around, 11 point font, formatted in Microsoft Word. This is a doctoral course, so I expect students will understand the assumptions, constructs, and appropriate application of the theory – you

do not need to demonstrate this foundational knowledge to me in your term paper. Instead, the purpose of the term paper is to provide a coherent, thorough, but relatively brief critical analysis comparing the usefulness of two theories to explain and predict a specific health behavior or outcome. As such, get right to the point and do not waste your time providing a lengthy review of theory components or other tangential issues.

For students who elect to write a term paper, a one-page paper proposal is due no later than the start of class on October 9<sup>th</sup> and should be submitted by email to [kdward@memphis.edu](mailto:kdward@memphis.edu) (no exceptions to this deadline). The instructor will approve or disapprove the topic and provide feedback. The paper is due by the start of class on November 13<sup>th</sup>. Presentations will occur on November 20<sup>th</sup>.

The term paper should be submitted by email to [kdward@memphis.edu](mailto:kdward@memphis.edu). Papers received after 2pm on November 13<sup>th</sup> will be penalized 5% (half of the grade). Papers received beyond 24 hours of the due date/time will receive no credit. It is the student's responsibility to ensure that the paper is received on time. Expect the unexpected – power outages, server malfunctions, hard drive crashes, etc – and don't wait until the last minute to submit your paper. The instructor will notify the student by email that the paper has been received. If no such notification is received with 24 hours, the student should assume that the paper was not received.

During the final class on November 20<sup>th</sup>, each student who completes a term paper will have 30 minutes to present his/her findings and lead a discussion of the topic. The oral presentation counts for 5% of the grade. Because presentations take place on the last day of class, there is no opportunity to make up the presentation in case of absence.

#### Summary of Assignment Deadlines:

- At least 2 weeks before the scheduled class you will facilitate: meet with the instructor to discuss article assignments and your teaching plan.
- At least one week before you are scheduled to facilitate the class (2:00pm on the preceding Thursday): submit readings to the instructor that will be distributed to the class.
- By noon of the Wednesday preceding each class (beginning the 2<sup>nd</sup> session): submit discussion questions to the instructor and all fellow students. (Note that the facilitator is exempt from submitting questions).
- By 2pm on October 9<sup>th</sup>: if electing to write the term paper, submit a one page proposal.
- By 2pm on November 13<sup>th</sup>: submit term paper
- November 20<sup>th</sup>: oral presentation of term paper

#### Grading Scale

Letter grades for the course are assigned based on numerical percentage grades earned for each evaluation component, including class facilitation, discussion questions, class attendance & participation, and (if elected by the student) the term paper and presentation of term paper.

Letter Grade	Percentage Grade	GPA	Letter Grade	Percentage Grade	GPA
A+	96%	4.00	C+	76%	2.33
A	93%	4.00	C	73%	2.00
A–	90%	3.84	C–	70%	1.67
B+	86%	3.33	D+	66%	1.33
B	83%	3.00	D	60%	1.00
B–	80%	2.67	F	<60%	0.00



### **Promoting a Positive Learning Environment**

The School of Public Health recognizes its responsibility to promote a safe and diversity-sensitive learning environment that respects the rights, dignity, and well-being of all students, faculty, and staff. Diversity means the fair representation of all groups of individuals, the inclusion of contrasting perspectives and voices, together with the appreciation and valuing of different cultural and socioeconomic group practices. Moreover, we aspire to foster a climate of mutual respect and empathy, among and between students, faculty, and staff, by nurturing an atmosphere that is free from discrimination, harassment, exploitation, or intimidation. Courses will strive to provide an opportunity for all students to openly discuss issues of diversity including, but not limited to, age, disability, ethnicity, gender, race, religious beliefs, and sexual orientation.

### **Writing Standards**

Effective managers, leaders, and teachers are also effective communicators. Written communication is an important element of the communication process. The School of Public Health graduate program recognizes and expects exemplary writing to be the norm for course work.

### **Academic Conduct**

All written work submitted must be the student's original work and conform to the guidelines of the *American Medical Association (AMA)* or *American Psychological Association (APA)* which are available online and via their publications. This means that any substantive ideas, phrases, sentences, and/or graphic images, from other people's published or unpublished work, must be properly referenced to avoid even the appearance of plagiarism. Plagiarism includes, but is not limited to, the use, by paraphrase or direct quotation, of the published or unpublished work of another person without full or clear acknowledgment. It also includes the unacknowledged use of materials prepared by another person or agency in the selling of term papers or other academic materials. It is the student's responsibility to know all relevant university policies concerning plagiarism. Plagiarism is a serious violation of the professional standards of public health. Any documented case of plagiarism in this course will result in dismissal from the course with a failing grade, and may result in other more serious sanctions by the School of Public Health and The University of Memphis.

Cheating also is not unacceptable at The University of Memphis. Cheating includes but is not limited to the following: using any unauthorized assistance in taking quizzes or tests; acquiring tests or other academic material before such material is revealed or distributed by the instructor; failing to abide by the instructions of the proctor concerning test taking procedures; influencing, or attempting to influence, any university employee in order to affect a student's grade or evaluations; any forgery, alteration, unauthorized possession, or misuse of University documents.

### **Awarding an Incomplete Grade**

A grade of "I" (Incomplete) may be assigned by the Instructor of any course in which the student is unable to complete the work due to EXTRAORDINARY events beyond the individual's control. The "I" may not be used to extend the term for students who complete the course with an unsatisfactory grade. Unless the student completes the requirements for removal of the "I" within 90 days from the end of the semester or Summer term in which it was received, the "I" will be changed to an "F," regardless of whether or not the student is enrolled.

### **Withdrawal Policy**

The School of Public Health adheres to Graduate School policies and procedures regarding withdrawal from courses. Consult the Graduate School Dates & Deadlines Calendar for specific information. A late withdrawal is withdrawal from a course after the final date to drop classes, which falls around the middle of each semester. The drop is called a retroactive withdrawal if it takes place after grades have been issued. Before the drop deadline, students can process a drop on the web or over the phone without seeking anyone else's approval. The instructor, however, will appreciate the courtesy of being notified if you decide to drop the course. After the final drop date,

the student must obtain approval for late drops or retroactive withdrawal from the Director of Graduate Studies of the School of Public Health. Instructors are not authorized to approve late drops or retroactive withdrawals.

#### **Americans with Disabilities Act**

The University of Memphis does not discriminate on the basis of disability in the recruitment and admission of students, the recruitment and employment of faculty and staff, and the operation of any of its programs and activities, as specified by federal laws and regulations. *The student has the responsibility of informing the course instructor (at the beginning of the course) of any disabling condition, which will require modification to avoid discrimination.* Faculty are required to provide "reasonable accommodation" to students with disabilities, so as not to discriminate on the basis of that disability. Student responsibility primarily rests with informing faculty at the beginning of the semester and in providing authorized documentation through designated administrative channels.

#### **Special Needs**

Any student who has special needs for assistance and/or accommodation, and who is registered with the Office of Student Disability Services should meet with the instructor during the first week of classes.

#### **Inclement Weather Policy**

In the event that inclement weather requires the cancellation of classes at the University of Memphis, local radio and television media will be notified. Additionally, the University of Memphis has established an inclement weather hotline 901-678-0888. Emergency closing information is available at <http://www.memphis.edu/cris/pdfs/closing.pdf>.

## Schedule of Topics and Assignments

### Session 1 – August 28

**Facilitator: Ken Ward**

- Course overview
- Health behavior theory from 30,000 feet

(Note that article citations appear in the order I suggest you read them)

- Coyne, J. (2009). What is evolution? In *Why evolution is true* (pp. 1-19). New York, NY: Oxford University Press.
- Platt, J.R. (1964). Strong inference. *Science*, 146, 347-353.
- Rothman, K.J. (1988). Inferring causal connections: habit, faith or logic? In: K.J. Rothman (ed.): *Causal Inference*. Chesnut Hill, MA: Epidemiology Resources, Inc.
- Glanz, K., & Bishop, D.B. (2010). The role of behavioral science theory in development and implementation of public health interventions. *Annual Review of Public Health*, 31, 399-418.
- 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.

### Session 2 – September 4

**Facilitator: Ken Ward**

- The Transtheoretical Model and Stages of Change

(Note that article citations appear in the order I suggest you read them)

- Prochaska, J.O., Redding, C.A., & Evers, K.E. (2008). The transtheoretical model and stages of change. In K. Glanz, B.K. Rimer, & F.M. Lewis (Eds.), *Health behavior and health education: theory, research, and practice*, 4<sup>th</sup> edition (pp. 97-145). San Francisco, CA: Jossey-Bass.
- Weinstein, N.D. (2007). Misleading tests of health behavior theories. *Annals of Behavioral Medicine*, 33, 1-10.
- Adams, J., & White, M. (2005). Why don't stage-based activity promotion interventions work? *Health Education Research*, 20, 237-243.
- Michie, S., & Prestwich, A. (2010). Are interventions theory-based? Development of a theory coding scheme. *Health Psychology*, 29, 1-8.
- Quinlan, K.B., & McCaul, K.D. (2000). Matched and mismatched interventions with young adult smokers: testing a stage theory. *Health Psychology*, 19, 165-171.

### Session 3 – September 11

**Facilitator: Ken Ward**

- Stress and Coping
- The PRECEDE-PROCEED Model

(Note that article citations appear in the order I suggest you read them)

- Gielen, A.C., McDonald, E.M., Gary, T.L., & Bone, L.R. (2008). Using the Precede-Proceed Model to apply health behavior theories. In K. Glanz, B.K. Rimer, & F.M. Lewis (Eds.), *Health behavior and health education: theory, research, and practice*, 4<sup>th</sup> edition (pp. 405-433). San Francisco, CA: Jossey-Bass.
- Chiang, L-C., Huang, J-L., Yeh, K-W., & Lu, C-M. (2004). Effects of a self-management asthma educational program in Taiwan based on PRECEDE-PROCEED model for parents with asthmatic children. *Journal of Asthma*, 41, 205-215.

Glanz, K., & Schwartz, M.D. (2008). Stress, coping, and health behavior. In K. Glanz, B.K. Rimer, & F.M. Lewis (Eds.), *Health behavior and health education: theory, research, and practice, 4<sup>th</sup> edition* (pp. 211-236). San Francisco, CA: Jossey-Bass.

Schneider, R.H., Alexander, C.N., Staggers, F., Orme-Johnson, D.W., Rainforth, M., Salerno, J.W., Sheppard, W., Castillo-Richmond, A., Barnes, V.A., & Nidich, S.I. (2005). A randomized controlled trial of stress reduction in African Americans treated for hypertension for over one year. *American Journal of Hypertension*, 18, 88-98.

<b>Session 4 – September 18</b>	<b>Facilitator: Adam Alexander</b> <b>- Theory of Reasoned Action/Theory of Planned Behavior</b>
---------------------------------	---

Montano, D.E., & Kasprzyk, D. (2008). Theory of Reasoned Behavior, Theory of Planned Behavior, and The Integrated Behavioral Model. In K. Glanz, B.K. Rimer, & F.M. Lewis (Eds.), *Health behavior and health education: theory, research, and practice, 4<sup>th</sup> edition* (pp. 67-121). San Francisco, CA: Jossey-Bass.

Other readings to be assigned

<b>Session 5 – September 25</b>	<b>Facilitator: Chris Obong’o</b> <b>- Health Belief Model</b>  <b>Facilitator: Mike Schmidt</b> <b>- Community Organization and Community Building</b>
---------------------------------	---

Champion, V.L., & Skinner, C.S. (2008). The Health Belief Model. In K. Glanz, B.K. Rimer, & F.M. Lewis (Eds.), *Health behavior and health education: theory, research, and practice, 4<sup>th</sup> edition* (pp. 45-65). San Francisco, CA: Jossey-Bass.

Other readings to be assigned

<b>Session 6 – October 2</b>	<b>Facilitator: Melody Waller</b> <b>- Social Cognitive Theory</b>
------------------------------	---

McAlister, A.L., Perry, C.L., & Parcel, G.S. (2008). How individuals, environments, and health behaviors interact: Social Cognitive Theory. In K. Glanz, B.K. Rimer, & F.M. Lewis (Eds.), *Health behavior and health education: theory, research, and practice, 4<sup>th</sup> edition* (pp. 167-188). San Francisco, CA: Jossey-Bass.

Other readings to be assigned

<b>Session 7 – October 9</b>	<b>Facilitator: Paige Pirkey</b> <b>- Socioecological Model</b>
------------------------------	--

Sallis, J.F., Owen, N., & Fisher, E.B. (2008). Ecological models of health behavior. In K. Glanz, B.K. Rimer, & F.M. Lewis (Eds.), *Health behavior and health education: theory, research, and practice, 4<sup>th</sup> edition* (pp. 465-485). San Francisco, CA: Jossey-Bass.

Other readings to be assigned

<b>Session 8 – October 16</b>	<b>Facilitator: Mike Schmidt</b> <b>- Social Networks and Social Support</b>
-------------------------------	---

Heaney, C.A., & Israel, B.A. (2008). Social networks and social support. In K. Glanz, B.K. Rimer, & F.M. Lewis (Eds.), *Health behavior and health education: theory, research, and practice, 4<sup>th</sup> edition* (pp. 189-210). San Francisco, CA: Jossey-Bass.

Other readings to be assigned

<b>Session 9 – October 23</b>	<b>Facilitator: Satish Kedia</b> <b>- Interpretive theories in public health</b>
-------------------------------	---

Readings to be assigned

<b>Session 10 – October 30</b>	<b>-Facilitator: Paige Pirkey</b> <b>Diffusion of Innovations</b>
--------------------------------	--

Oldenburg, B., & Glanz, K. (2008). Diffusion of innovations. How individuals, environments, and health behaviors interact: Social Cognitive Theory. In K. Glanz, B.K. Rimer, & F.M. Lewis (Eds.), *Health behavior and health education: theory, research, and practice, 4<sup>th</sup> edition* (pp. 167-188). San Francisco, CA: Jossey-Bass.

Other readings to be assigned

<b>Session 11 – November 6</b>	<b>Facilitator: Adam Alexander</b> <b>- Behavioral economics</b>
--------------------------------	---

<b>Session 12 – November 13</b>	<b>Facilitator: Chris Obong'o</b> <b>- Problem Behavior Theory</b>
---------------------------------	---

<b>Session 13 – November 20</b>	<b>Facilitator: Melody Waller</b> <b>- Communication Theory</b>  <b>- Wrap up</b> <b>- Student paper presentations</b>
---------------------------------	--