I. COURSE DOMAIN AND BOUNDARIES

The purpose of this course is to present fundamentals of social and behavioral science as a framework for using evidence-based approaches in addressing health issues. Students will learn the role of psychosocial, family, and community-level determinants of health behaviors, and theoretical approaches to guide health promotion and health interventions at the primary and secondary levels.

II. COURSE OBJECTIVES

1. Select, critique, and apply appropriate health promotion theories for planning health promotion strategies.

2. Identify the principles and concepts of health behavior theories and models that are used in social work and public health research and practice.

3. Compare and contrast different health behavior models/theories and critically evaluate their empirical support, strengths and weaknesses for different ethnic and racial populations and health outcomes.

4. Be able to apply these theories and models to the analysis of public health problems and design and evaluate interventions to reduce these problems.

5. The objectives for the course involve not only reviewing theory and application,
but also to prepare to explore implications for social work and public health intervention.

IIa.  **MSW COMPETENCIES ADDRESSED IN THIS COURSE: SOCIAL WORK (July 2016)**

| Demonstrate ethical and professional behavior | C1  | Emphasized |
| Engage diversity and difference in practice | C2  | Reinforced  |
| Advance human rights and social and economic and environmental justice | C3  | Emphasized  |
| Engage in practice-informed research and research-informed practice | C4  | Emphasized  |
| Engage with individuals, families, groups, organizations, and communities | C6  | Emphasized  |
| Assess individuals, families, groups, organizations, and communities | C7  | Emphasized  |
| Intervene with individuals, families, groups, organizations, and communities | C8  | Reinforced  |
| Evaluate individuals, families, groups, organizations, and communities | C9  | Emphasized  |

IIb.  **CORE COMPETENCIES – PUBLIC HEALTH (July 2015)**

<table>
<thead>
<tr>
<th>Area</th>
<th>Core Competencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transdisciplinary problem solving</td>
<td>• Understand public health problems from a transdisciplinary perspective. (Primary)</td>
</tr>
<tr>
<td>Evidence-based public health</td>
<td>• Identify sources and quality of evidence-based information related to public health planning, research, policy, and practice. (Primary)</td>
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<tr>
<td></td>
<td>• Understand the methods of and barriers to translating scientific evidence to public health practice. (Primary)</td>
</tr>
<tr>
<td>Biostatistics</td>
<td>• Apply descriptive and inferential techniques according to the type of study design for answering a particular research or practice question. (Reinforced)</td>
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<tr>
<td></td>
<td>• Conduct clear and effective graphical and tabular summaries of basic statistical analysis (Reinforced)</td>
</tr>
<tr>
<td>Epidemiology</td>
<td>• Evaluate the strengths and limitations of an epidemiology study in terms of appropriateness of study design, data collection, analysis, and random and systematic errors. (Reinforced)</td>
</tr>
<tr>
<td>Communication &amp; informatics</td>
<td>• Understand how to capture, synthesize, communicate and disseminate ideas and data to diverse stakeholders to influence public health policy and practice. (Primary)</td>
</tr>
<tr>
<td>Program planning</td>
<td>• Design monitoring and evaluation plans to capture outcomes and impacts of public health programs or policies. (Primary)</td>
</tr>
<tr>
<td>Leadership, professionalism, &amp; ethics</td>
<td>• Demonstrate professional demeanor in behavior and communication. (Reinforced)</td>
</tr>
<tr>
<td></td>
<td>• Describe, comprehend, and adhere to the basic principles of ethical analysis (e.g. the Public Health Code of Ethics) pertaining to the collection, maintenance, and use of public health information. (Primary)</td>
</tr>
<tr>
<td>Diversity, Culture, and Health Disparities</td>
<td>• Understand the impact of context such as gender, race, poverty, history, migration, and culture in public health policy and practice.</td>
</tr>
</tbody>
</table>
III. BROWN SCHOOL ACADEMIC POLICIES

Academic Integrity: Academic integrity in the completion of tests, oral presentations and written assignments (including statistical syntax) is expected. Violations of academic integrity (e.g., plagiarism) are very serious offenses. Violations will result in notification to the Assistant Dean for the appropriate (MSW or MPH) program and may result in referral to the Academic and Professional Integrity Committee, which could lead to dismissal from the program. Please review and adhere to the entire set of Academic Integrity guidelines in the student handbook on Inside Brown:

Student Handbook 2017-2018

Accommodations: If you have a learning disability, sensory, or physical disability or other impairment, and you may need special assistance in lectures, reading, written assignments, and/or exam taking, please contact the Brown School Director of Student Affairs who can provide coordination of accommodations at Washington University and the Brown School. The Disability Resource Center, a University-wide resource, provides diagnostic and academic accommodations support and referrals.

English Language Proficiency: If your English language proficiency is such that you may need special assistance in lectures, reading, written assignments, and/or exam taking, please communicate these needs to your instructor who may refer you to the English Language Program (ELP), a University-wide resource which provides classes and academic English language support designed to increase non-native English speaking students’ English language proficiency and to facilitate their academic success at Washington University. You may also find the Academic Assistance resources available through the Office for International Students and Scholars to be helpful.

Professional Use of Electronic Devices in the Classroom: Computers or other electronic devices, including “smart pens” (devices with an embedded computer and digital audio recorder which records the classroom lecture/discussion and links that recording to the notes taken by the student), may be used by students at the discretion of the faculty member to support the learning activities in the classroom. These include such activities as taking notes and accessing course readings under discussion. If a student wishes to use a smart-pen or other electronic device to audio record lectures or class discussions, they must notify the instructor in advance of doing so. Permission to use recording devices will be at the discretion of the instructor, unless this is an accommodation approved by Disability Resources.

Nonacademic use of laptops and other devices is distracting and seriously disrupts the learning process for everyone. Neither computers nor other electronic devices are to be used in the classroom during class for non-academic reasons. This use includes emailing, texting, social networking, and use of the Internet. The use of cell phones during class time is prohibited, and they should be set on silent before class begins. In the case of an emergency, please step out of the room to take the call. The instructor has the right to hold students accountable for meeting these expectations, and failure to do so may result in a loss of participation points, a loss of the
privilege of computer use in the classroom, or being asked to leave the classroom.  

**Religious Holidays:** The Brown School recognizes the individual student’s choice in observing religious holidays that occur during periods when classes are scheduled. Students are encouraged to arrange with their instructors to make up work missed as a result of religious observance, and instructors are asked to make every reasonable effort to accommodate such requests.

**IV. WASHINGTON UNIVERSITY ACADEMIC SUPPORT POLICIES**

**Accommodations based upon sexual assault:** The University is committed to offering reasonable academic accommodations to students who are victims of sexual assault. Students are eligible for accommodation regardless of whether they seek criminal or disciplinary action. Depending on the specific nature of the allegation, such measures may include but are not limited to: implementation of a no-contact order, course/classroom assignment changes, and other academic support services and accommodations. If you need to request such accommodations, please direct your request to Kim Webb (kim_webb@wustl.edu), Director of the **Relationship and Sexual Violence Prevention Center**. Ms. Webb is a confidential resource; however, requests for accommodations will be shared with the appropriate University administration and faculty. The University will maintain as confidential any accommodations or protective measures provided to an individual student so long as it does not impair the ability to provide such measures.

If a student comes to me to discuss or disclose an instance of sexual assault, sex discrimination, sexual harassment, dating violence, domestic violence or stalking, or if I otherwise observe or become aware of such an allegation, I will keep the information as private as I can, but as a faculty member of Washington University, I am required to immediately report it to my Department Chair or Dean or directly to Ms. Jessica Kennedy, the University’s Title IX Director. If you would like to speak with directly Ms. Kennedy directly, she can be reached at (314) 935-3118, jwkennedy@wustl.edu, or by visiting the **Title IX office** in Umrath Hall. Additionally, you can report incidents or complaints to the Office of Student Conduct and Community Standards or by contacting WUPD at (314) 935-5555 or your local law enforcement agency. See: **Title IX**

You can also speak confidentially and learn more about available resources at the Relationship and Sexual Violence Prevention Center by calling (314) 935-8761 or visiting the 4th floor of Seigle Hall. See: **RSVP Center**

**Bias Reporting:** The University has a process through which students, faculty, staff and community members who have experienced or witnessed incidents of bias, prejudice or discrimination against a student can report their experiences to the University’s Bias Report and Support System (BRSS) team. See: **brss.wustl.edu**

**Mental Health:** Mental Health Services’ professional staff members work with students to resolve personal and interpersonal difficulties, many of which can affect the academic experience. These include conflicts with or worry about friends or family, concerns about eating or drinking patterns, and feelings of anxiety and depression. See **shs.wustl.edu/MentalHealth**

**Additional Issues or Concerns:** If you feel that you need additional supports in order to be successful in your time at Brown, beyond the afore mentioned accommodations, please contact Essie Rochman, Director of Student Affairs at erochman@wustl.edu. She can assist you in navigating a myriad of concerns. Her office is in Brown Hall, room 320.
V. REQUIRED TEXT/READINGS

Required text:


All other required readings will be available on Blackboard under “Course Content.”

VI. ORGANIZATION OF COURSE

The course is divided into two parts: **Part I:** Core Content/Individual Learning Opportunities and **Part II:** Application or Group Learning Activities. We will cover course content through readings, internet and other electronic resources, peer-review exercises, individual and group exercises, presentations, and discussions designed to stimulate an appreciation for the importance of research in your professional development. Additional materials such as handouts and readings will be provided in class where appropriate. This course outline serves as a guide and is subject to change if necessary.

*All written assignments must be submitted via hard-copy and Blackboard upload before the beginning of class.*

VII. ROLE OF INSTRUCTOR, TEACHING ASSISTANT, AND STUDENTS

**Course expectations:** The instructor(s) will prepare and deliver course material, be available to students for consultation by appointment, and provide timely and clearly explained feedback on student performance. The instructor expects students to attend each class on time; complete all assignments in a timely manner; come to class prepared, having read all assignments; participate in class discussions; be courteous to the instructor and fellow students; seek any necessary clarification regarding course expectations from the instructor; and provide the instructor with feedback about the effectiveness of the course. Any problems with attendance, meeting deadlines, or completing assignments should be discussed promptly with the instructor. **E-mail is the best way to reach the instructor and teaching assistant.** All e-mails from students should be addressed to both the instructor and the teaching assistant. The teaching assistant’s role is to assist the instructor in delivering course material, be available to students for consultation by appointment, and provide timely feedback on student performance. The teaching assistant will be supervised by the instructor in all activities related to the course.

Active participation and full preparation by each student for each class is expected. If a student cannot attend class, the student is required to e-mail the instructor and TA before class.

**Expectations for written work:** All written assignments must be double-spaced, typed with a Times New Roman 12-point font and have 1-inch margins. Text citations and references list must be in correct APA format. All sentences must be comprised of student’s own words. Ideas, information, and concepts that originated with any other source must always be noted as
such (based on APA format). **Material that is not correctly cited is considered plagiarized and provides grounds for academic discipline.** Assignments should be carefully proof-read for spelling and grammar. Students are strongly encouraged to use the assistance and services of the Brown School’s Communications Lab or the University Writing Center. For additional help with APA, Purdue University’s Online Writing Lab (OWL) is a helpful resource: https://owl.english.purdue.edu/owl/section/2/10/

**Policy on Late Assignments:** The instructor will accept late assignments for an extreme emergency, such as death in the family. Health-related issues will need to be documented with a certificate from the doctor attesting to the student’s ill health. Except under extremely unusual circumstances, papers must be turned in at the beginning of class on the due date. *Draft versions that are late will not have the benefit of review.* Late assignments will result in a deduction of 1 full letter grade unless prior approval is obtained from the instructor or a compelling situation prevents prior approval. For example, a grade of A- on an assignment will receive a B- grade instead.

**VIII. ASSIGNMENTS AND GRADING CRITERIA**

The following is a description of the assignments for this course. Although these assignments will be discussed in detail throughout the course, it is important to take note of the specified grading criteria when completing assignments/papers.

1. **Participation and Attendance (10%)**
   Students are expected to complete all assignments in a timely manner, come to class prepared (having completed required readings and assignments), participate in class discussions, and seek any necessary clarification regarding course expectations from the instructor. Your questions, comments, and overall engagement in the course will enrich your own experience as well as that of your classmates. **Please let the instructor and TA know before class via e-mail if you cannot attend class.**

2. **Application of Individual and Interpersonal-level Theories to Analyzing Case Studies: Paper (20%) and Presentation (10%) of total course grade**
   Students will be required to read a book of their choice about an individual's or family's struggle to cope or adapt to an illness or disability. The book can be a personal account (autobiographical) or written by someone else. Students should choose a disease that they are interested in, whether it is an acute, chronic, or terminal illness. The paper should be restricted to analyzing the impact of physical illness, not mental illness. Books about persons with a chemical dependency or eating disorder are also appropriate for this assignment.

   Analyze the adaptation or case study according to one of the individual and/or interpersonal theoretical models discussed in class and covered in the readings. Include in the analysis:
   1. Brief description of the case study as presented in the book and their disease or health issue (1 page, 10%).
   2. Identify and describe a specific health behavior theory or theories that can be applied to the case in the book (1 page, 10%)
3. Analyze the case history using the components or factors identified in the model. Discuss the model in detail, and why it is an appropriate framework from which to understand this individual's adaptation process. You may want to use a schematic of the model to refer to in your case analyses. (3-4 pages, 50%)

4. Discuss the strengths and limitations of that model(s). In doing so, include a description of the case in terms of his/her special needs based upon group membership (e.g. person of color, gender, sexual identity, ethnicity, etc.) and to what degree the theory or framework was useful in understanding issues of diversity. (1-2 pages, 10%)

5. Discuss possible theory-informed interventions (based on your chosen theory) that could be useful for the individual or family in the book. (1 page, 10%)

Papers should be APA style with references, double-spaced, and a maximum of 8 pages (not counting title page, references, or figures), due on March 6. Each student will present and discuss the case to the class in a short power-point presentation or handout (10 minutes in class on March 20 or April 17, as assigned).

3. Application of Theory to Health Interventions for a Target Population (50%)

This paper will consist of 3 short papers and one larger final paper that builds on the short papers. The short papers are designed to build on one another for a final paper to be submitted at the end of the semester. Below is a description of each of the paper requirements. Please note: For each of the short papers, students will present for 10 minutes on the paper that was due that day. Please include handouts to augment your presentation for all class members.

a. Problem statement, Significance, Background literature, and Target Population (10%). Should include statement of the health problem, significance of the problem including a short review of the literature and discussion of the epidemiological data relevant to the health problem. Provide the rationale for your project (e.g. scope of the problem, consequences of the problem, what we know empirically about this problem in this population, and the gaps that should be addressed. Discuss a selected population that your dyad’s eventual proposed intervention will address. For example, what are the specific characteristics of the target population, including age, gender, income, education, and race/ethnicity? What other relevant characteristics of the target population must be considered in planning your theory-informed intervention for the selected population? Maximum 5 pages. Group Assignment due February 6 uploaded on Blackboard before class. Short presentation in class.

b. Review and critique of previous interventions and their evidence (10%). Identify and describe at least five interventions that have been implemented with your target population and health problem that have been described in the empirical literature. Discuss the explicit or implicit theories that underlie these interventions. (Note: all of the interventions may utilize or be based on the same theoretical framework.) Based on the evidence and your target population, discuss which interventions and their
underlying theories were most culturally relevant and effective for the health problem and target population and why. Include a table that lists the intervention name, type, theory, and summary of evidence. This paper will lead to your intervention description for your next short paper. Maximum 5 pages (not including title page, references, and tables). **Assignment due February 27 uploaded on Blackboard before class. Short presentation in class.**

**The paper should include the following components:**

*Introduction of the statement of the problem and target population* (justify choice of target population) Suggested length ½ page: 10% of paper grade.

*Overview of Interventions and their Effectiveness:* Suggested length 3 1/2 pages (70%)

--Identify and describe five interventions that have been implemented with your target population. For each intervention, specify what the risk factors and outcomes (primary and secondary) that were targeted in the intervention for change. These outcomes may be behavioral, cognitive (knowledge, attitudes or beliefs, self-efficacy, intentions, physiological, mental health, etc). Summarize the effectiveness of each intervention by outcome. Also identify who the intervention targeted. In your description, discuss the theoretical underpinnings of each of the interventions and whether they were explicating stated or implicit. If it was not explicit, then provide a rationale for your choice of theory.

*Conclusions:* Suggested length 1 page (10%)

--Discuss which interventions are the most promising, based on their effectiveness and acceptability to the target population.

*Intervention Summary Table* (10%)

--Develop a table summarizing the intervention name, type, target population (be specific—number of subjects, demos of subjects, etc) theoretical framework, and results of intervention effectiveness by outcome (significant or not significant).

*References APA style including peer-review citations*

c. **Description of a Theory- Based Intervention and Methods of Implementation** (10%). This paper focuses on the description of the Methods of how you will implement and evaluate a theory-based intervention for the health problem and target population that you have chosen. It will also include a description of the intervention that you propose. **Maximum of 5-7 pages, excluding references, figures, and tables.** Elements will include the following:

a) **Brief Intro** of the Statement of the Problem and Population

b) **Participants:** Who are the Participants (inclusion and exclusion criteria), including demographics, health risks and health risk behaviors of the target population

c) **Recruitment Procedures** (i.e., where and how you will recruit participants; who will recruit the participants?)
d) **Description of the Intervention**: Description of the intervention including a schematic of your proposed conceptual model and how it relates to your intervention. Based on your conceptual model, describe your intervention plan and the components of your intervention. Describe where you will deliver the intervention, and who will deliver the intervention.

e) **Outcomes**: Identify the outcomes that you will use to determine effectiveness of the intervention (variables and how you will operationalize them). Note: you do not need to identify a specific measure or assessment tool.

**Due April 10 uploaded on Blackboard before class.**

d. **Final Paper (20%)**: This final paper will combine and integrate the previous papers, and include the following components: 1) Statement and Significance of the targeted health problem and population (scope of the problem, epidemiologic information such as populations at risk, risk factors, consequences of the problem, and costs to society). 2) A review of empirically supported interventions and their theoretical underpinnings, what works and with whom, justification of what you will propose; 3) Methods for your intervention or program, and description of your theory-based intervention; 4) How you will evaluate the intervention (what outcomes) to determine its effectiveness, and 5) how it will contribute to primary or secondary prevention of the health problem and reduce health disparities (this section is new). **Due May 1 uploaded before class.**

4. **Presentation of Final Paper (10%)**: Students will present the main parts of their final paper. Students will present the statement and significance of the problem, the target population, the proposed theory and core components of their intervention. A handout or a short power point slide should augment the presentation. **Presentations on May 1.**
IX. MSW COMPETENCY ALIGNMENT TO ASSIGNMENTS AND COURSE ACTIVITIES

<table>
<thead>
<tr>
<th>Graded Assignments</th>
<th>Competency/Competencies</th>
<th>Dimension/Dimensions Measured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Study Paper: Individual and Interpersonal Theories</td>
<td>C1, C2, C3, C7</td>
<td>Knowledge/Skills/Cognitive Processes/Values</td>
</tr>
<tr>
<td>Statement of the Problem and Background Literature (Significance of the Problem/Review, Synthesize, and Identify Gaps in Literature/Characteristics of Target Population)</td>
<td>C4, C7</td>
<td>Knowledge/Cognitive Processes</td>
</tr>
<tr>
<td>Review and Critique of Previous Interventions &amp; Evidence (Identify interventions/Discuss theory base/Critique appropriateness and effectiveness)</td>
<td>C1, C3, C7, C9</td>
<td>Knowledge/Cognitive Processes/Values</td>
</tr>
<tr>
<td>Final Paper – Describe Theory-Based Intervention for Target Population</td>
<td>C2, C4, C8, C9</td>
<td>Knowledge/Skills/Cognitive Processes/Values</td>
</tr>
</tbody>
</table>

Course Activities

<table>
<thead>
<tr>
<th>Course Activities</th>
<th>Competency/Competencies</th>
<th>Dimension/Dimensions Measured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applying Social Network theory to health problems.</td>
<td>C7, C8</td>
<td>Knowledge/Cognitive Processes/Values</td>
</tr>
<tr>
<td>Evaluating Social Marketing Materials</td>
<td>C2, C8, C9</td>
<td>Knowledge/Cognitive Processes/Values</td>
</tr>
<tr>
<td>Application of Biopsychosocial Model</td>
<td>C2, C3, C7</td>
<td>Knowledge/Cognitive Processes/Values</td>
</tr>
<tr>
<td>Applying Stages of Change to Practice</td>
<td>C6, C7, C8</td>
<td>Knowledge/Skills</td>
</tr>
<tr>
<td>Understanding Relapse in Addictions</td>
<td>C7</td>
<td>Knowledge/Cognitive Processes</td>
</tr>
<tr>
<td>Stress and Health Film</td>
<td>C7</td>
<td>Knowledge/Cognitive Processes</td>
</tr>
<tr>
<td>Applying Theory to Case Studies: Presentation</td>
<td>C1, C4, C7</td>
<td>Knowledge/Skills/Cognitive Processes/Values</td>
</tr>
<tr>
<td>Final Paper Presentation: Theory-based Interventions for Target Population</td>
<td>C1, C4, C8, C9</td>
<td>Knowledge/Skills/Cognitive Processes/Values</td>
</tr>
</tbody>
</table>

X. COURSE OUTLINE

Class 1: January 16

COURSE OVERVIEW, INTRODUCTIONS AND EXPECTATIONS

Glanz et al.
Chapter 1 The Scope of Health Behavior
Chapter 2 Theory, Research, and Practice in Health Behavior

Class 2: January 23

ECOLOGICAL AND BIOPSYCHOSOCIAL PERSPECTIVES


**Part I: INDIVIDUAL LEVEL THEORIES**

**Class 3: January 30**

**HEALTH BELIEF MODEL AND ADHERENCE**

Glanz et al.,

Chapter 4: Introduction to Health Behavior Theories That Focus on Individuals: Barbara K. Rimer and Noel T. Brewer

Chapter 5: The Health Belief Model:

Celette Sugg Skinner, Jasmin Tiro, and Victoria L. Champion


**Class 4: February 6**

**THEORY OF REASONED ACTION AND THEORY OF PLANNED BEHAVIOR**

Statement of the Problem and Significance Due

Short presentations of Group paper 1

Glanz et al.,


**Class 5: February 13**

**TRANSTHEORETICAL MODEL OR STAGES OF CHANGE THEORY**

Glanz et al.

Chapter 7 The Transtheoretical Model and Stages of Change
James O. Prochaska, Colleen A. Redding, and Kerry E. Evers


In Class Film and Activity: Motivational Interviewing (William Miller, Ph.D.).

**Class 6: February 20**

**RELAPSE PREVENTION MODEL**


Chapter 1: "Relapse prevention: Theoretical rationale and overview of the model"


In Class Film: *Addiction* (HBO)

**PART II: INTERPERSONAL LEVEL THEORIES**

**Class 7: February 27**

Review and critique of interventions paper due.
Short group presentations of paper 2.

**SOCIAL COGNITIVE AND STRESS AND COPING THEORIES**

Glanz et al. – Chapter 9 How Individuals, Environments, and Health Behaviors Interact: Social Cognitive Theory


In Class Film: Stress: Portrait of a Killer (TOP Documentary Films, 2008).

**Class 8: March 6**

**SOCIAL NETWORKS AND SOCIAL SUPPORT**

Case study book title and name of theory is due.

Glanz et al., Chapter 8 Introduction to Models of Interpersonal Influences on Health Behavior
Catherine A. Heaney and K. Viswanath

Glanz et al., Chapter 10 Social Support and Health
Julianne Holt-Lunstad and Bert N. Uchino

Glanz et al., Chapter 11 Social Networks and Health Behavior
Thomas W. Valente

MARCH 13: SPRING BREAK

Class 9: March 20

Individual Case Study Paper is due.

APPLYING THEORIES TO CASE STUDIES: STRENGTHS AND LIMITATIONS

Students present their case studies and the application of theories to their analysis.

Class 10: March 27

PATIENT-PRACTITIONER COMMUNICATION: PATIENTS’ PERSPECTVES AND CHALLENGES

Glanz, et al.
Chapter 13: Interpersonal Communication in Health and Illness
Ashley Duggan and Richard L. Street Jr.


Thomas. Chapter 2: Lazarus, R.S. "The trivialization of distress"

Moos, R. Coping with Physical Illness, 2
Chapter 10: "Of dragons and garden peas"

PART III: COMMUNITY LEVEL THEORIES

Class 11: April 3

COMMUNITY ORGANIZATION AND COMMUNITY-BASED PARTICIPATORY RESEARCH METHODS

Glanz et al., Chapter 14 Introduction to Community and Group Models of Health Behavior Change
Karen Glanz and Alice Ammerman
Glanz et al., Chapter 15 Improving Health Through Community Engagement, Community Organization, and Community Building 277
Nina Wallerstein, Meredith Minkler, Lori Carter-Edwards, Magdalena Avila, and Victoria Sánchez


Class 12: April 10

Group Paper 3 due on Intervention and Methods.
Short Group Presentations for paper 3 in class.

DIFFUSION OF INNOVATIONS THEORY


Class 13: April 17

APPLYING THEORIES TO CASE STUDIES: STRENGTHS AND LIMITATIONS

Students present their case studies and the application of theories to their analysis.

Class 14: April 24

CONSULTATIONS RE: GROUP FINAL PROJECTS

Class 15: May 1

Final group papers are due.

APPLYING HEALTH PROMOTION THEORIES AND INTERVENTIONS

STUDENT GROUP PRESENTATIONS OF FINAL PAPERS AND CLASS DISCUSSION
Appendix A

Example Books: Autobiographies, Memoirs, and Non-Fiction for Case Studies

*The Diving Bell and the Butterfly: A Memoir of Life in Death* (Vintage, 1997), by Jean-Dominique Bauby
Memoir of a 44-year old French man who suffered from a stroke and can only communicate using his left eye (how the book was written). Bauby writes about the experiences of hearing his children’s and father’s voices knowing he will never and sensations such as food and travel he will never experience again.

*When Breath Becomes Air* (Random House, 2016) by Paul Kalanithi
Written by a neurosurgeon who is diagnosed with stage IV lung cancer during his final years of training. Kalanithi writes both about practitioner-patient communication (now being on the other side), his own mortality, and loss of his role both in his family and as a surgeon.

*Brain on Fire: My Month of Madness* (Simon & Schuster, 2012) by Susannah Cahalan
Woman her in 20s spends has a rare autoimmune disorder, which affects her brain functioning causing her to have psychotic episodes and experiences a number of misdiagnosis. The boos is about her experience in the mental health system, communication with practitioners, and having this illness in her 20s at the height of her career.

*The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures* (Farrar, Straus and Giroux, 1997) by Anne Fadiman
Not a memoir, work of creative non-fiction by Anne Fadiman about a Hmong refugee family whose daughter, Lia, is diagnosed with epilepsy. Fadiman explores the miscommunication in treatment including lack of Hmong translators in the hospital, Hmong beliefs surrounding epilepsy and use of traditional medicine, and involvement of CPS. The book also looks at the relationship Lia’s social worker built with the family and work to facilitate dialogue with Lia’s doctors.

*Dangerous Intimacy: Ten African American Men with HIV* (ten memoirs), *(Linus, 2009)* by Christopher Coleman and Christopher Brooks
The authors Coleman and Brooks wrote this book in order to address the lack of African American male voices in HIV/AIDS non-fiction. The ten stories are taken after doing national interviews and qualitative research. Highlights the intersection of racism, heterosexism, and lack of health services. Also, touches upon the importance of trauma informed services.

*Borrowed Time: An AIDS Memoir* (Harvest Books,1988) by Paul Monette
The memoir is written after Monette loses his partner to AIDS and Monette mediates on his own mortality and living with HIV. One of the first memoir to document the HIV/AIDS epidemic during the 1980s, the memoir explores the last two years of Monette’s partner Rodger’s life, the medical system, and in experimental programs.
*Autobiography of a Face* (Mariner Books, 1994), by Lucy Grealy
Grealy writes about her experience after being diagnosed with jaw cancer at the age of seven and spending her childhood receiving reconstructive surgeries. The author explores self-acceptance and the impact of so many surgeries on her family.

*The Geography of Memory: A Pilgrimage Through Alzheimer's* (Center Street, 2013), by Jeanne Murray Walker
Murray Walker writes about her experience caring for her mother who has Alzheimer's. The write flies back and forth between Philadelphia and Dallas and in her memoir reflects on the resources and experiences for adult children caring for a parent Alzheimer.

*Our Cancer Year* (Running Press, 1994), by Harvey Pekar
Graphic novel of the comic writer Harvey Pekar's experience with lymphoma. Written from both his and his wife’s perspective, as a patient and a caregiver. The novel touches upon themes of patient-provider communication, stigma, and chemotherapy. The graphic novel also touches upon health systems and patient expenses.

*In My Dreams I Dance* (global health) (HarperTrue, 2010), by Anne Wafula-Strike
Written by a para-Olympian, Wadula-Strike writes about her childhood in Kenya after having polio loses function of her legs. Wadula-Strike writes about stigma in her village, being sent to a special school for disabled children, and becoming the first East African para-Olympian. Also, writes about the importance of addressing and creating opportunities for persons with disabilities in low-income countries.

*Witness To AIDS*, (global health) (I.B. Taruis, 2005), by Edwin Cameron
Written by a South African Human Rights lawyer and judge, Edwin Cameron write a part memoir and part analysis of HIV/AIDS in South Africa. Cameron reflects on his mortality as well as the problems of stigma, health services, and discrimination.

*Born in the Big Rains: A Memoir of Somalia and Survival (Women Writing Africa)* (The Feminist Press at CUNY, 2008), by Fadumo Korn (global health)
Korn writes about the physical and psychological impact of female genital mutilation and growing up in politically unstable Somalia. Due to complications from FGM, Korn moves to Germany to receive treatment and goes on to found an NGO addressing FGM in African. Additionally, Korn addresses and provides advice and reflection on cultural sensitivity for health practitioners in treating and working with women who have experienced FGM.

*We All Fall Down: Living with Addiction* (Little, Brown Books for Young Readers, 2012), by Nic Scheff
In his bestselling memoir Tweak, Nic Sheff took readers on an emotionally gripping roller-coaster ride through his days as a crystal meth and heroin addict. Now in this powerful follow-up about his continued efforts to stay clean, Nic writes candidly about eye-opening stays at rehab centers, devastating relapses, and hard-won realizations about what it means to be a young person living with addiction.
**Beautiful Boy: A Fathers Journey through his Son’s Addiction**, (Mariner Books, 2009) by David Scheff

What had happened to my beautiful boy? To our family? What did I do wrong? Those are the wrenching questions that haunted every moment of David Scheff’s journey through his son Nic’s addiction to drugs and tentative steps toward recovery. Before Nic Sheff became addicted to crystal meth, he was a charming boy, joyous and funny, a varsity athlete and honor student adored by his two younger siblings. After meth, he was a trembling wraith who lied, stole, and lived on the streets. David Sheff traces the first subtle warning signs: the denial, the 3 A.M. phone calls (is it Nic? the police? the hospital?), the rehabs. His preoccupation with Nic became an addiction in itself, and the obsessive worry and stress took a tremendous toll. But as a journalist, he instinctively researched every avenue of treatment that might save his son and refused to give up on Nic. Beautiful Boy is a fiercely candid memoir that brings immediacy to the emotional rollercoaster of loving a child who seems beyond help.

**Needles, a Memoir of Growing up with Diabetes** (Scribner, 1998), by Andi Dominick

Thirteen years after I was diagnosed, Andi Dominick's coming of age memoir about growing up with diabetes was published. *Needles* is an emotionally rich and devastating story about the death of Andi's older sister Denise, who also had type 1 diabetes. This book was tough to read because of its honest and often heavy look at life with diabetes, but it was also inspiring. Andi writes of her decision to choose a different path than her sister, and her journey toward accepting her life with diabetes.

**Cheating Destiny, Living with Diabetes, America's Largest Epidemic** (Houghton Mifflin, 2006), by James Hirsch

*Cheating Destiny* tells the story of diabetes from the perspective of a father. Hirsch, a former reporter for the *New York Times* and the *Wall Street Journal*, demonstrates the personal, economic and scientific impact of one of the fastest spreading diseases.