

**American University of Beirut
Faculty of Health Sciences**

Department of Health Promotion and Community Health

**HPCH 331
Theories in Health Promotion
(2 credits)**

**Course Syllabus
Spring Semester, Academic Year: 2019-20**

Course Instructors

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Class Time; Location

Dates, times: **Tuesdays 3:30-5:10 pm**
Classroom: **Van Dyck, room 103**

Course Description

This course focuses on theories utilized to understand health determinants and outcomes, and to promote individual and population health. Students will critically examine perspectives from health promotion and other social science disciplines through theoretical readings and empirical case studies. They will also discuss the merits and challenges of using theory to analyze health and to intervene at multiple levels from the individual to the structural levels. *Pre-requisite: HPCH 312 and either research methods or epidemiology.*

HPCH Concentration Competencies (HPCH-CC)

HPCH.CC1. Demonstrate a critical understanding of multidisciplinary theories/frameworks utilized in health promotion research and practice

HPCH.CC5. Promote social justice and equity in health promotion research, practice, and policy

HPCH.CC6. Integrate health promotion theory and methods into analyzing contemporary public health issues

Competencies of the Council on Education for Public Health (CEPH) mapped to HPCH 331

CEPH.CC4. Interpret results of data analysis for public health research, policy or practice

CEPH.CC6. Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels

Course Learning Objectives (LOs)

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

- LO1. Analyze the relationship between historical milestones in health promotion and the development of the discipline [**HPCH.CC1**]
- LO2. Critique individual/behavioral health promotion theories [**HPCH.CC1**]

- LO3. Analyze the influence of social networks and social support on health and wellbeing **[HPCH.CC1]**
- LO4. Apply social science theories of relevance to health promotion research and practice **[HPCH.CC1]**
- LO5. Integrate an analysis of the influence of social determinants of health and social equity in health promotion research and practice **[HPCH.CC1; CEPH.CC6]**
- LO6. Identify how theoretical frameworks applied in health promotion can be synergistic **[HPCH.CC1]**
- LO7. Interpret findings of health promotion research **[CEPH.CC4]**
- LO8. Analyze the extent to which health promotion research, practice, and policy promote equity, social/environmental justice, and human rights **[HPCH.CC5]**
- LO9. Apply a framework of ethics, equity, social/environmental justice, and human rights to health promotion research, practice, and policy **[HPCH.CC5]**

Required Readings

Assigned readings will be posted on Moodle.

Course Requirements and Student Evaluations

Table 1. Modes of assessment mapped to course learning objectives

Mode of assessment	Learning Objectives								
	LO1	LO2	LO3	LO4	LO5	LO6	LO7	LO8	LO9
1. Essay #1 (25% individual)	X		X		X				
2. Case study (30% individual)		X		X			X		
3. Essay #2 (35% individual)						X		X	X
4. Participation (10% individual)	X	X	X		X				X

Table 2. Description of assessment methods

Guidelines for each assignment along with required readings will be posted two weeks before the due date on Moodle.

Assessment method	Date (tentative)	LOs covered (CEPH Competencies)	Grade percentage
1. Essay #1 (individual)	After session #6	LO1, 3, 5 (HCPH.CC1, CEPH.CC6)	25%
Students will produce an essay discussing the structural theoretical frameworks and models covered in class. In particular, in this essay, students will be asked to analyze the relationship between historical milestones in health promotion and the development of the discipline, analyze the influence of social networks and social support on health and wellbeing, and analyze how social determinants of health influence health outcomes.			
2. Case study (individual)	After session #11	LO2, 4, 7 (HPCH.CC1, CEPH.CC4)	30%

Assessment method	Date (tentative)	LOs covered (CEPH Competencies)	Grade percentage
Students will analyze a case study on an existing, relevant health promotion research study. The students they will critically review the rationale and methodology of the paper, interpret the findings, discuss how individual-level theories have been integrated in the research, and critique their application in the context of the study. The students will propose alternative use of theories.			
3. Essay 2 (individual)	After session #14	LO6, 8, 9 (HPCH.CC1, HPCH.CC5)	35%
In this second essay, students will elaborate on the synergy among different theoretical frameworks applied in health promotion and how these frameworks can be used to build a rationale for a study on a topic of their interest. They will conduct a literature review on this topic, in which they will summarize the extent to which health promotion research, practice, and policy can be used to promote equity, social/environmental justice, and human rights. In this essay, the students will elaborate on how social justice and human rights can be embedded in health promotion intervention research design.			
4. Quality participation (individual)	Midterm and final	LO1, 2, 3, 5, 9 (HPCH.CC1, HPCH.CC5, CEPH.CC6)	10%
Teaching in this course will alternate between lectures and discussions, whereby student input contributes to the learning process. As such, reading *before* class will prepare all of us to participate in a stimulating and a productive exchange of ideas. Please come to class prepared to discuss and/or critique the readings, and to engage in dialogue about the ideas presented.			

Policies and Other General Notes:

- **Attendance and participation:** In accordance with the AUB Catalogue “Students who miss more than one-fifth of the sessions of any course in the first ten weeks of the semester (five weeks in the case of the summer term) are dropped from the course if the faculty member has stated in the syllabus that attendance will be taken”. Attendance is regularly taken via Moodle, and points assigned for being present (P=1 point), and deducted for being late (L=0.5 points), or absent (A=0 points). A student that needs to miss a class or that cannot attend, should inform the instructors before the absence so that they can be excused (E=not applicable). Punctuality also means meeting deadlines. Late assignments will receive an automatic 5% deduction.
- **In-class etiquette:** 1) Side talks are not acceptable: they distract from the main discussion and are disrespectful to others and the instructor. 2) mobile phone use in class is not allowed. Using mobile phone in class is a form of disrespect towards the instructor and your colleagues and it creates unnecessary distractions. Mobile phones must be put silent and away from your view, for the entire duration of the class. Unless you have young children, or are an ER doctor, your cell phone must be turned off at all times during class; 3) Laptops/netbooks: These may be used for classroom activities and can be used for taking notes if their use does not disturb others.
- **Moodle:** This course relies heavily on Moodle as a learning management system. The instructors use this platform for sharing information, announcements, course activities, additional readings and different other materials, and for keeping track of attendance. Students are responsible for being aware of related announcements and materials which are shared on this platform.

- **Ethics and professional conduct:** The conduct of a master's level student in this course and in the Faculty of Health Sciences in general should be consistent with that of a professional person. This means exhibiting courtesy, honesty, and respect toward faculty, classmates, staff, and guest speakers. At the same time, students should expect faculty to treat them fairly and respectfully and to support and guide them in the learning process.
- **Academic integrity:** Student academic misconduct includes but is not limited to falsification, cheating, or plagiarism. Please note that in this course, in which the majority of the grade is based on individual written assignments, there is **zero tolerance for plagiarism**. As a graduate student, you are expected to turn in assignments that reflect your own effort and intellectual work and not merely copy-paste the work of others without acknowledgement. The American University of Beirut has a strict anti-cheating and anti-plagiarism policy. Penalties include failing marks on the assignment in question, suspension or expulsion from University and a permanent mention of the disciplinary action in the student's records. Although the course intentionally does not have assignments that require group work, students are highly encouraged to collaborate by reading each other's work and providing feedback in a collegial manner.
- **Writing:** Written communication is essential for this course as for many others. Students are expected to proofread and spell-check any written documents before submission. Points will be deducted from the grades for low quality writings. Students are encouraged to contact **AUB's Writing Center**, located in Ada Dodge Hall, 2nd floor or West Hall, 3rd floor. Appointments can be booked online: aub.mywconline.com, over the phone (Ext. 4077) or by walking in.
- **Inclusive education:** We are committed to inclusive education, though we continue to learn how to best achieve this goal. Students with special needs and who anticipate difficulties throughout the semester, whether due to a physical, mental, or learning disability, should feel free to contact the instructors and their academic advisor to discuss their learning needs. Students can also contact the Counseling Center in the Office of Student Affairs (Ext. 3196).
- **Non-Discrimination – Title IX – AUB:** AUB is committed to creating a learning environment free of all forms of discrimination including sex/gender-based harassment prohibited by Title IX. The University's non-discrimination policy applies to, and protects, all students, faculty, and staff. If you think you have experienced discrimination or harassment, including sexual misconduct, we encourage you to tell someone promptly. If you speak to a faculty or staff member about an issue such as harassment, sexual violence, or discrimination, the information will be kept as private as possible, however, faculty and designated staff are required to bring it to the attention of the University's Title IX Coordinator. Faculty can refer you to fully confidential resources, and you can find information and contacts at www.aub.edu.lb/titleix. **To report an incident**, contact the University's Title IX Coordinator Trudi Hodges at 01-350000 ext. 2514, or titleix@aub.edu.lb. An anonymous report may be submitted online via EthicsPoint at www.aub.ethicspoint.com.

Detailed Course Outline

Session: Date	Topic	Readings	Relevant Assignment (where your learning on this will be assessed)
1: Jan 28	Introduction	WHO (1986); Lawn et al (2008)	Essay 1
2: Feb 4	Theoretical debate on Structure and Agency and its implications for Health Promotion	Bakewell (2010)	Essay 1
3: Feb 11	Structuralism, Functionalism, and Social Determinants of Health	WHO (2010)	Essay 1, Essay 2
4: Feb 18	Critical Theory and Marxism in Public Health	Barker (2013)	Essay 1
5: Feb 25	Feminist Theories and Health Promotion	Hooks (2000)	Essay 1
6: Mar 3	Collective Participation in Health and Social Movements	Gunvald & Cox (2013)	Essay 1
Mar 9	Essay #1 due		
7: Mar 10	New perspectives in Public Health: Health Promotion as a Subversive and Radical Practice	Zizek (2008)	
8: Mar 17	Behavioral theories/models in HP Knowledge versus behavior change Case study: Trachoma (Egypt)	Glanz & Bishop (2010) Rimer & Glanz (2005)	Case study, Essay 2
9: Mar 24	Social Cognitive Theory and the Socio-Ecological Model Case study: Pro-environmental behavior	Sallis et al (2008); McAlister et al (2008)	Case study, Essay 2
10: Mar 31	Health Belief Model Case study: Vaccine	Champion & Skinner (2008)	Case study, Essay 2
11: Apr 7	Transtheoretical model and other theories used in formative research TRA/TPB and integrative models	Montaño & Kasprzyk (2008) Prochaska, et al. (2008)	Case study, Essay 2
Apr 13	Case study due		
12: Apr 14	Social integration, social networks, & social support: theoretical concepts Case study: Social support & depression (Arab immigrant elderly in the US) The social model of disability Case study: Disability (Lebanon)	Berkman et al (2000)	Essay 2
13: Apr 21	Behavioral perspectives in HP wrap-up & critique	Cockerham (2005) Burke et al (2009)	Essay 2
14: Apr: 28	Evidence versus values in HP interventions Case study: TBD	Des Jarlais et al (2006)	Essay 2
May 8	Essay #2 due		

Readings

Below you find the reading list of this course. **Mandatory readings** are highlighted in **bold**. The other readings are highly recommended, as they are related on the topic of each session.

Session 1: Introduction

- **Lawn, JE, Rohde, J, Rifkin, S, Were, M, Paul, VK, Chopra, M. (2008). Alma-Ata 30 years on: Revolutionary, relevant, and time to revitalize. *Lancet*, 372: 917-927.**
- **WHO (1986). *Ottawa charter for health promotion*. Ottawa: World Health Organization.**

Session 2: Structure and agency

- **Bakewell, O. (2010). Some reflections on structure and agency in migration theory. *Journal of Ethnic and Migration Studies*, 36(10): 1689-1708.**

Session 3: Social determinants of health, fundamental cause theory/Inequalities, and life-course theory

- Abdulrahim, S. & Jawad, M. (2017). Socioeconomic differences in smoking in Jordan, Lebanon, Syria, and Palestine: Cross-sectional analysis of national surveys. *Plos One*.
- Ben-Shlomo, Y, Kuh, D. (2002). A life course approach to chronic disease epidemiology: conceptual models, empirical challenges and interdisciplinary perspectives. *International Journal of Epidemiology*, 31: 285-293.
- Link, BG, Phelan, J. (1995). Social conditions as fundamental causes of disease. *Journal of Health and Social Behavior*, 35: 80-94.
- Pearlin, LI, Schieman, S, Fazio, EM, Meersman, SC. (2005). Stress, health, and the life course: Some conceptual perspectives. *Journal of Health and Social Behavior*, 49: 205-219.
- **WHO (2010). *A conceptual framework for action on the social determinants of health (chapter 5)*. Geneva: World Health Organization.**

Session 4: Critical Theory and Marxism in public health

- Barker, C. (2013). Class struggle and social movements. In C. Baker, Cox, L., Krinsky, J., and Gunvald, A. *Marxism and Social Movements*. Leiden: Brill.

Session 5: Feminist theory and its applications; Feminist perspectives on HIV/AIDS

- Amaro, H. (1995). Love, sex, and power: Considering women's realities in HIV prevention. *American Psychologist*, 50(6): 437-447.
- Courtenay, WH. (2000). Constructions of masculinity and their influence on men's wellbeing: A theory of gender and health. *Social Science & Medicine*, 50: 1385-1401.
- **Hooks, B. (2000). *Feminism is for everybody. Passionate politics (chapters 1 and 7)*. Cambridge: South End Press.**
- Manhart, LE, Dialmy, A, Ryan, CA, Mahjour, J. (2000). Sexually transmitted diseases in Morocco: gender influences on prevention and health care seeking behavior. *Social Science & Medicine*, 50: 1389-1383.
- Zaatari, S. (2014). Desirable masculinity/femininity and nostalgia of the "Anti-Modern": Bab el-Hara television series as a site of production. *Sexuality & Culture*, 19(1): 16-36.

Session 6: Social movements and collective participation in public health

- **Gunvald, A., and Cox, L. (2013). What would a Marxist theory of social movements look like? In C. Baker, Cox, L., Krinsky, J., and Gunvald, A. *Marxism and Social Movements*. Leiden: Brill.**

Session 7: New perspectives in public health: health promotion as a subversive practice

- **Zizek, S. (2008). *Violence (introduction, chapters 1 and 2)*. New York: Picador.**

Session 8: Behavioral theories/models in HP; Knowledge versus behavior change

- Davis, R., Campbell, R., Hildon, Z., Hobbs, L., & Michie, S. (2015). Theories of behaviour and behaviour change across the social and behavioural sciences: a scoping review. *Health psychology review*, 9(3), 323-344.
- **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.**
- Michie, S., Richardson, M., Johnston, M., Abraham, C., Francis, J. J., Hardeman, W., ... Wood, C. E. (2013). The Behavior Change Technique Taxonomy (v1) of 93 Hierarchically Clustered Techniques: Building an International Consensus for the Reporting of Behavior Change Interventions. *Annals of Behavioral Medicine*, 46(1), 81–95. doi:10.1007/s12160-013-9486-6
- Prestwich, A., Sniehotta, F. F., Whittington, C., Dombrowski, S. U., Rogers, L., & Michie, S. (2014). Does theory influence the effectiveness of health behavior interventions? Meta-analysis. *Health Psychology*, 33(5), 465–474. doi:10.1037/a0032853
- **Rimer, B. K., & Glanz, K. (2005). Theory at a glance: a guide for health promotion practice .**
- Rubenstein, RA, Lane, SD. (2012). From intervention to outcome: The relationship between knowledge and behavior in a trachoma control project. *Journal of Health Care, Science, and Humanities*, 2: 30-44.

Session 9: Social Cognitive Theory and the Socio-Ecological Model

- Kolmuss, A. & Agyeman, J. (2002). Mind the gap: Why do people act environmentally and what the barriers to pro-environmental behavior? *Environmental Education Research*, 8(3).
- **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, & K. V. Viswanath (Eds.), (4th ed., pp. 169–185). San Francisco, CA: Jossey-Bass.**
- **Sallis, J. F., Owen, N., & Fisher, E. B. (2008). Ecological Models of Health Behavior. In K. Glanz, B. K. Rimer, & K. V. Viswanath (Eds.), Health behavior and health education: theory, research, and practice (4th ed., pp. 465–485). San Francisco, CA: Jossey-Bass.**
- Shaw, PJ. & Maynard, SJ. (2007). The potential of financial incentives to enhance householders' kerbside recycling behavior. *Waste Management*, 28: 1732-1741.

Session 10: Health Belief Model

- **Champion, V. L., & Skinner, C. S. (2008). The Health Belief Model (K. Glanz, B. K. Rimer, & K. V. Viswanath, Eds.; 4th ed., pp. 45–62). Jossey-Bass.**
- Jones, C. J., Smith, H., & Llewellyn, C. (2014). Evaluating the effectiveness of health belief model interventions in improving adherence: a systematic review. *Health Psychology Review*, 8(3), 253–269. doi:10.1080/17437199.2013.802623
- Sundstrom, B., Carr, L. A., DeMaria, A. L., Korte, J. E., Modesitt, S. C., & Pierce, J. Y. (2015). Protecting the Next Generation Elaborating the Health Belief Model to Increase HPV Vaccination Among College-Age Women. *Social Marketing Quarterly*, 21(3), 173–188. doi:10.1177/1524500415598984.

Session 11: Transtheoretical model; TRA/TPB and other integrative models...

- Fleig, L., Ngo, J., Roman, B., Ntzani, E., Satta, P., Warner, L. M., ... Brandi, M. L. (2015). Beyond single behaviour theory: Adding cross-behaviour cognitions to the health action process approach. *British Journal of Health Psychology*, 20(4), 824–841. doi:10.1111/bjhp.12144
- **Montaño, D. E., & Kasprzyk, D. (2008). Theory of reasoned action, theory of planned behavior, and the integrated behavioral model. In K. Glanz, B. K. Rimer, & K. Viswanath (Eds.), *Health behavior and health education: Theory, research, and practice*(p. 67–96). Jossey-Bass.**
- Mastellos, N., Gunn, L. H., Felix, L. M., Car, J., & Majeed, A. (2014). Transtheoretical model stages of change for dietary and physical exercise modification in weight loss management for overweight and obese adults. *Cochrane Database of Systematic Reviews*. doi:10.1002/14651858.CD008066.pub3
- **Prochaska, J. O., Redding C. A., & Evers, K. E. (2008). The Transtheoretical Model and Stages of Change. In K. Glanz, B. K. Rimer, & K. V. Viswanath (Eds.), *Health behavior and health education: theory, research, and practice* (4th ed., pp. 97–121). San Francisco, CA: Jossey-Bass.**
- Riebl, S. K., Estabrooks, P. A., Dunsmore, J. C., Savla, J., Frisard, M. I., Dietrich, A. M., ... Davy, B. M. (2015). A systematic literature review and meta-analysis: The Theory of Planned Behavior's application to understand and predict nutrition-related behaviors in youth. *Eating Behaviors*, 18, 160–178. doi:10.1016/j.eatbeh.2015.05.016.

Session 12: Social integration, social networks, & social support: theoretical concepts; The social model of disability

- Ajrouch, K. (2008). Social isolation and loneliness among Arab American elders: Cultural, social, and personal factors. *Research in Human Development*, 5(1): 44-59.
- **Berkman, LF, Glass, T, Brissette, I, Seeman, TE. (2000). From social integration to health: Durkheim in the new millennium. *Social Science and Medicine*, 51: 843-857.**
- Yount, K. M. (2005). The Patriarchal Bargain and Intergenerational Co-Residence in Egypt. *The Sociological Quarterly*, 46: 137-164.

Session 13: Behavioral perspectives in HP wrap-up & critique

- **Cockerham, WC. (2005). Health lifestyle theory and the convergence of agency and structure. *Journal of Health and Social Behavior*, 46: 51-67.**
- **Burke, NJ., Joseph, G., Pasick, RJ., Barker, JC. (2009). Theorizing social context: Rethinking behavioral theory. *Health Education & Behavior*, 36(1): 55S-70S.**

Session 14: Evidence versus values in HP interventions

- Bell, K, McNaughton, D, Salmon, A. (2009). Medicine, morality and mothering: Public health discourses on foetal alcohol exposure, smoking around children and childhood overnutrition. *Critical Public Health*, 19: 155-170.
- **Des Jarlais, DC, Sloboda, Z, Friedman, SR, Tempalski, B, McKnight, C, Braine, N. (2006). Diffusion of the DARE and syringe exchange programs. *American Journal of Public Health*, 96: 1354- 1358.**