

HPRB 8420: THEORY AND RESEARCH IN HEALTH BEHAVIOR
Spring Semester 2008
Syllabus

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Course Description

Theoretical and conceptual foundations of health-related behavior. The development, change, and maintenance of these behaviors from a bio-behavioral perspective; needs and concerns of under-served and under-represented segments of the population.

Prerequisites: HPRB 7920 and HPRB 8410 or permission of department

Scheduled Meeting Time

Tuesdays 9:30AM to 12:15PM; Room 213 Ramsey Center

Course Overview/Format

This seminar course is designed to provide an intermediate to advanced level understanding of the theoretical and conceptual foundations of health-related behavior. Primary emphasis will be on the analysis and critique of original source materials, and the design and development of theory-based research involving health-related behavior. The course is public health oriented and emphasizes theory and research pertinent to health promotion and disease prevention. Students should be prepared to actively engage the subject matter, participate in peer review and critique, and work in an independent and professional manner.

Course Learning Objectives

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

1. Evaluate the utility of selected bio-behavioral and bio-social theories and models for furthering research and understanding of important public health problems and issues, with particular reference to health promotion and disease prevention.
2. Critically analyze empirical research in terms of the appropriate application and operationalization of theoretical propositions and constructs related to the behavioral and social aspects of health.

3. Prepare research proposals that are guided by specific aims and hypotheses derived from relevant theory pertinent to health-related behavior and appropriate to specific target populations.
4. Describe and interpret the principal aspects and components of the submission and peer review process for investigator-initiated grants in the health and biomedical sciences

Required Texts: 1. Readings - WEBCT
2. Standard Form 424 (Research & Related) Grant Application Forms
(<http://grants.nih.gov/grants/oer.htm>)

Recommended/Supplementary Texts: For additional background or reference use as may be needed.

Glanz, K., Lewis, F.M., & Rimer, B.K. (Eds.). (2002). Health behavior and health education: Theory, research, and practice (3rd ed.). San Francisco: Jossey-Bass.

DiClemente, R.J., Crosby, R.A., Kegler, M.C. (Eds.). (2002). Emerging theories of health promotion practice and research. San Francisco: Jossey-Bass.

Glanz, K., & Rimer, B.K. (2005). Theory at a glance: A primer for health promotion practice (2nd Ed.). Bethesda, MD: NIH/NCI. <http://www.cancer.gov/theory/pdf>

American Psychological Association (2001). Publication manual of the American Psychological Association (5th Ed.). Washington, DC: Author.

U.S. Centers for Disease Control and Prevention (2006). Advancing the nation's health: A guide to public health research needs, 2006–2015. Atlanta, GA: Author.

Course Requirements

1. ***Preparation of all assigned core readings and active participation in class discussions, critiques, and other activities*** (10% of grade).
2. ***Overall responsibility for leading and facilitating the presentation and discussion of material for at least one class meeting or topic.*** This includes development of outlines, discussion guides, handouts, and/or other class materials. In addition, please prepare a set of three research questions, along with brief rationales for each (rationales should emphasize why the question is important and how it could be answered - 1 page for each). Copies of these materials should be made available to others in the class and the instructor on or before the day of your presentation (20% of grade).
3. ***Research Interest Briefing - A ten to fifteen minute presentation that summarizes your current research interests, activities, and methodological perspective.*** These will help set the stage for your course proposal and help all of us to better appreciate your perspective and “take” on the course content. Your presentation should highlight the topical area, key issues/questions,

importance/significance to public health, key theories and concepts, and your specific interests. These brief presentations will be scheduled during the first two or three class meetings (10% of Grade). Please make a two page summary available to those in the class and the instructor.

4. **Research Proposal Letter of Intent** – A one page letter that provides a general description of the research proposal you will prepare for this course (factored into participation grade - #1 above). **Letters of Intent are on or before the 5th meeting of the class.**

5. **Preparation of a theory-based, “NIH” research proposal following the Standard Form 424 Guidelines.** Detailed guidelines for papers will be discussed in class. Papers should not exceed 15 single-spaced pages (primarily parts a - d of research plan portion of Standard Form 424 (formerly PHS 398), excluding references and any appendices). Papers will be read by the instructor and will be discussed and scored by the “8420 study section.” **Papers will be due approximately three weeks after the mid-point of the semester (specific date to be set in class).** This is to allow adequate time for the “study section” to review proposals and compile priority scores (40% of grade). Please provide the instructor with a paper copy of your proposal, along with an electronic version containing the narrative proposal and any other associated files. You will also need to provide paper copies for the study section members.

6. **Active participation in the study section/peer review process.** This will involve reviewing, discussing, and scoring all proposals submitted, as well as serving as primary reviewer for at least one proposal. The primary and secondary reviewers will be responsible for compiling the summary comments (format guidelines provided in class) that will accompany the priority score for that proposal (20% of grade).

7. **Completion of UGA Training in the Protection of Human Subject.**

<http://www.ovpr.uga.edu/hso/irb101.html> (factored into participation grade - #1 above).

Please Note: The course syllabus is a general plan for the course: deviations announced to the class by the instructor may be necessary. It is the student’s responsibility to keep up with any announced changes in course assignments, requirements, procedures, or due dates.

Course Policies

Attendance and Participation

This doctoral-level seminar-style course is a required core course for the Ph.D. degree in Health Promotion and Behavior. Attendance and active participation in all class meetings is expected and will be factored into the grading process. The success of this class depends on group discussion and engagement. Also, by this point in your training: “you should be making some of your own music.” Your unique academic and research perspectives and experiences are needed and important to the success of this course. **Please come to class prepared to address the details and specifics of the assigned readings.** If you expect to have significant problems attending regularly scheduled class meetings, please enroll at a more convenient point in the future.

Make-up opportunities and/or extended deadlines will only be granted under extraordinary circumstances. Whenever possible, advanced notification (to the instructor) of any potential such situation is strongly advised.

Portions of this class will involve peer critique of your work. This is an established part of the academic enterprise, and it should be approached in a spirit of openness and professionalism. Critiques should be objective and constructive. Peer critique is part of doing research, and such critiques can make our work better and serve as very useful and efficient source of new information and direction.

Additional readings may be added during the semester as appropriate and helpful to the class goals (associated with guest speakers, of special topical relevance, contributed by students, etc.). Any such changes will be announced in class or via e-mail. However, it is the student's responsibility to keep up with any changes in course assignments.

All written assignments for this course should be prepared in accordance with the style guidelines of the American Psychological Association (see supplementary texts above).

During class meetings, please make sure that any cell phones and pagers are turned off or silenced.

Grading is on an A-F format, with 90% equal to an "A", 80% to a "B", and so forth. Please refer to the percentage values assigned to the course requirements presented above.

Academic Honesty

All academic work must meet the standards contained in "A Culture of Honesty." Students are responsible to inform themselves about these standards before performing any academic work.

Students with Disabilities

Students with disabilities who require reasonable accommodations in order to participate in course activities or meet course requirements should contact the instructor at the beginning of the semester.

Topical Outline

1. Course Preview and Introduction

No assignment

2. Theory in Research and Practice

Hochbaum, G.M., Sorenson, J.R., & Lorig, K. (1992). Theory in health education

practice. Health Education Quarterly, 19, 295-313.

Rimer, B.K., Glanz, K., & Rasband, G. (2001). Searching for Evidence about health education and health behavior intervention. Health Education and Behavior, 28, 231-248.

Freudenberg, N., Eng, E., Flay, B., Parcel, G., Rogers, T., & Wallerstein, N. (1995). Strengthening individual and community capacity to prevent disease and promote health: In search of relevant theories and principles. Health Education Quarterly, 22, 290-306.

Noar, S.M., & Zimmerman, R.S. (2005). Health Behavior Theory and cumulative knowledge regarding health behaviors: Are we moving in the right direction? Health Education Research, 20, 275-290.

Armitage, C.J. & Conner, M. (2000). Social cognition models and health behavior: A structured review. Psychology and Health, 15, 173-189.

3. Research Proposal Writing “Workshop”

Stover, E., Pequegnat, W., & Noronha, J. (1997, February). How to write a successful research grant. National Institute of Mental Health Research Seminar, Washington, DC.

Standard Form 424 (Research & Related) Grant Application Forms (<http://grants.nih.gov/grants/oer.htm>).

Thompson, B., Coronado, G., Snipes, S.A., & Puschel, K. (2003). Methodologic advances and ongoing challenges in designing community-based health promotion programs. Annual Review of Public Health, 24, 315-340.

Office of Behavioral and Social Sciences Research/NIH (2001). Qualitative methods in health research: Opportunities and considerations in application and review. Bethesda, MD: Author.

Centers for Disease Control. (1992). A framework for assessing the effectiveness of disease and injury prevention. Morbidity and Mortality Weekly, 41(RR-3), 1-12.

4. Models Derived from Value-Expectancy Theory

Harrison, J.A., Mullen, P.D., & Green, L.W. (1992). A meta-analysis of studies of the health belief model with adults. Health Education Research, 7, 107-116.

Fishbein, M. (1980). A theory of reasoned action: Some applications and implications, Nebraska Symposium on Motivation (pp. 65-116). Lincoln, Nebraska: University of Nebraska Press.

Ajzen, I., (1985). From intentions to actions: A theory of planned behavior. In J. Kuhl & J. Beckman (Eds.), Action control: From cognition to behavior (pp. 11-39). Berlin: Springer-Verlag,

Sutton, S. (1987). Social-psychological approaches to understanding addictive behaviours: Attitude-behaviour and decision-making models. British Journal of Addiction, *82*, 355-370.

5. V-E Models Continued

Prentice-Dunn, S., & Rogers, R.W., (1986). Protection motivation theory and preventive health: Beyond the health belief model. Health Education Research, *1*, 153-161.

Witte, K. (1994). Fear control and danger control: A test of the extended parallel process model (EPPM). Communication Monographs, *61*, 113-134.

Block, L.G., & Keller, P.A. (1998). Beyond protection motivation: An integrative theory of health appeals. Journal of Applied Social Psychology, *28*, 1584-1608.

Stiggelbout, M., Hopman-Rock, M., Crone, M., Lechner, L., & van Mechelen, W. (2006). Predicting older adults' maintenance in exercise participation using an integrated social psychological model. Health Education Research, *21*, 1-14.

6. Social Learning Theory/Social-Cognitive Theory

Maibach, E., & Murphy, D.A. (1995). Self-efficacy in health promotion research and practice: Conceptualization and measurement. Health Education Research, *10*, 37-50.

Fuemmeler, B.F., Masse, L.C., Yaroch, A.L., Resnicow, K., Campbell, M.C., Carr, C. et al. (2006). Psychosocial mediation of fruit and vegetable consumption in the body and soul effectiveness trial. Health Psychology, *25*, 474-483.

Motl, R.W., Dishman, R.K., Saunders, R.P., Dowse, M., Felton, G., Ward, D.S., & Pate, R.P. (2002). Examining social-cognitive determinants of intention and physical activity among black and white adolescent girls using structural equation modeling. Health Psychology, *21*, 459-467.

Simons-Morton, B., Haynie, D., Saylor, K., Crump, A.D., & Chen, R. (2005). Impact analysis and mediation of outcomes: The going places program. Health Education & Behavior, *Vol. 32* (2): 227-241.

Nothwehr, F., & Yang, J. (2007). Goal setting frequency and the use of behavioral strategies related to diet and physical activity. Health Education Research, *22*, 532-538.

7. Stage or Dynamic Models of Behavior Change

Prochaska, J.O., Diclemente, C.C., & Norcross, J.C. (1992). In search of how people change. American Psychologist, *47*, 1102-1114.

Rosen, C.S. (2000). Is the sequencing of change processes by stage consistent across health problems? A meta-analysis. Health Psychology, *19*, 593-604.

Adams, J., & White, M. (2005). Why don't stage-based activity promotion interventions work? Health Education Research, *20*, 237-243.

Trauth, J.M., Ling, B.S., Weissfeld, J.L., Schoen, R.E., & Hayran, M. (2003). Using the transtheoretical model to stage screening behavior for colorectal cancer. Health Education and Behavior, *30*, 322-336.

Otero-Sabogal, R., Stewart, S., Shema, S.J., & Pasick, R.J. (2007). Ethnic differences in decisional balance and stages of mammography adoption. Health Education and Behavior, *34*, 278-296.

8. Stress, Coping, and Social Support and Influence

Cohen, S. (1988). Psychosocial models of the role of social support in the etiology of physical disease. Health Psychology, *7*, 269-297.

Sorensen, G., Stoddard, A., & Macario, E. (1998). Social support and readiness to make dietary changes. Health Education and Behavior, *25*, 586-598.

Graham, R.P., Kirscht, J.P., Kessler, R.C., Graham, S. (1998). Longitudinal study of relapse from AIDS-prevention behavior among homosexual men. Health Education and Behavior, *25*, 625-639.

Israel, B.A., Farquhar, S.A., Schulz, A.J., James, S.A., & Parker, E.A. (2002). The relationship between social supports. Stress and health among Women on Detroit's east side. Health Education and Behavior, *29*, 342-360.

Arnett, J.J. (2007). The myth of peer influence in adolescent smoking cessation. Health Education and Behavior, *34*, 594-607.

9. Communication/Social Marketing

Rothman, A.J., & Salovey, P. (1997). Shaping perceptions to motivate healthy behavior: The role of message framing. Psychological Bulletin, *121*, 3-19.

Petty, R.E., Cacioppo, J.T., Strathman, A.J., & Priester, J.R. (1994). To think or not to think: Exploring two routes of communication. In S. Shavitt & T.C. Brock (Eds.), Persuasion: Psychological insights and perspectives. Boston: Allyn & Bacon.

Blumberg, S.J. (2000). Guarding against threatening HIV prevention messages: An

information-processing model. Health Education and Behavior, 27, 78-795.

Spittaels, H., De Bourdeaudhuij, I., Brug, J., & Vandelanotte, C. (2007). Effectiveness of an online computer-tailored physical activity intervention in a real-life setting. Health Education Research, 22, 385-396.

Witte, K., & Allen, M. (2000). A meta-analysis of fear appeals: Implications for effective public health campaigns. Health Education and Behavior, 27, 591-615.

Hinyard, L. J., & Kreuter, M.W. (2007). Using narrative communication as a tool for health behavior change: A conceptual, theoretical, and empirical overview. Health Education and Behavior, 34, 777-792.

10. Social-Ecological and Capacity-Building

Green, L.W., Richard, L., & Potvin, L. (1996). Ecological foundations of health promotion. American Journal of Health Promotion, 10, 270-281.

Norton, B.L., McLeroy, K.R., Burdine, J.N., Felix, M.R.J., & Dorsey, A.M. (2002). Community capacity: Concept, theory, and methods. In R.J. DiClemente, R.A. Crosby, & M.C. Kegler (Eds.). Emerging theories of health promotion practice and research (pp. 194-227). San Francisco: Jossey-Bass.

Elder, J.P., Lytle, L., Sallis, J.F., Young, D.R., Stecklet, A, Simons-Morton, D. et al. (2007). A description of the social-ecological framework used in the trial of activity for adolescent girls (TAAG). Health Education Research, 22, 155-165.

Speer, P.W., Jackson, C.B., & Peterson, N.A. (2001). The relationship between social cohesion and empowerment: Support and new implications for theory. Health Education and Behavior, 28, 716-732.

Becker, A.B., Israel, B.A., Schulz, A.J., Parker, E.A., & Klenn, L. (2002). Predictors of perceived control among African-American women in Detroit: Exploring empowerment as a multi-level construct. Health Education and Behavior, 29, 699-715.

11. Proposal Review “Workshop”

NIH Grant Review Process Video - Inside the Grant review Process.
<http://cms.csr.nih.gov/ResourcesforApplicants>

12. Study Section Reviews

13. Course Wrap-up/Unfinished Business