CHL5804 2018 Reading List

*subject to revision based on student interest, etc.

Session 1: Introduction

Required:

- Glanz et al. Chapter 2 – Theory, Research, and Practice in Health Behavior
- Glanz et al. Chapter 3 – Ecological Models of Health Behavior

Recommended:

- van Ryn M & Heaney C (1992). What’s the use of theory? Health Education Quarterly, 19(3), 315-330. (This provides a clear overview of what we mean by theory, for the purposes of this course, and illustrates why theory is important for the design of effective health promotion interventions.)

- Scholmerich VLN & Kawachi I (2016). Translating the socio-ecological perspective into multilevel interventions: Gaps between theory and practice. Health Education & Behavior, 43(1), 17-20. (Particularly for students already familiar with the socioecological model: this paper goes one step further to theorize about why multi-level interventions might be more effective than interventions that target only one level).

Session 2: Health Belief Model

Required:

- Glanz et al. text Chapter 5 – The Health Belief Model

- Smith, P.J. et al. (2011). Prenatal delay or refusal of vaccine doses, childhood vaccination coverage at 24 months of age, and the Health Belief Model. Public Health Reports, Suppl 2(126): 135-146. (I will be using this paper as my example for how you might structure your facilitation assignments.)

Recommended:

- Sharma, M. (2017). The Health Belief Model. In: The Theoretical Foundations of Health Education and Health Promotion, Burlington, MA: Jones & Bartlett Learning, pp 59-76. (This chapter from one of the recommended texts overviews the history, main constructs, and applications of the HBM)

Session 3: Theory of Planned Behaviour, Transtheoretical Model

Required:

- Glanz et al. text Chapter 6 – The Theory of Reasoned Action, Theory of Planned Behavior and the Integrated Behavioral Model (focus on pages 95-103 and 118-end, since we will not be discussing the Integrated Behavioral Model in detail)

- Glanz et al. text Chapter 7 – The Transtheoretical Model and Stages of Change

- Sneed, Tan and Meyer (2015). The influence of parental communication and perception of peers on adolescent sexual behavior. *Journal of Health Communication, 20*: 888-892. (Nokia will use this paper as her focus for our second example of your facilitation assignment.)

Recommended:

For more about the Theory of Planned Behaviour:

- Fishbein, M. (2008). A reasoned action approach to health promotion. *Medical Decision Making, 28*(6): 834-44. (this paper by one of the theory’s developers provides a clear and accessible description of its constructs, as well as discussion of its limitations)

- Sniehotta, F.F. et al. (2014). Time to retire the theory of planned behaviour. *Health Psychology Review, 8*(1): 1-7. (this is a critique of the TPB that goes into detail about its limitations; see also the response by Azjen in *Health Psychology Review (2015), 9*(2), 131-137)

For more about the Transtheoretical Model:

- Prochaska, J.O. et al. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist, 47*(9), 1102-1114. (this is a review paper by the theory’s developers that summarizes the theoretical constructs and evidence in support of the theory)

- West. R. (2005). Time for a change: Putting the transtheoretical model (stages of change) to bed. *Addiction, 100*, 1036-1039. (this is a critique of the TTM that highlights its main limitations)

Session 4: Other Individual-Level Theories

Required:

- Sharma, M. (2017). Newer Theories in Health Education and Health Promotion. In: *The Theoretical Foundations of Health Education and Health Promotion*, Burlington, MA: Jones & Bartlett Learning, pp 231-245. (feel free to read the rest of the chapter as well – only this section focuses on developments in individual-level theories)

- Glanz et al. text Chapter 8: Introduction to models of interpersonal influences on health behaviour

Recommended:

- Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. American Psychologist, 55, 68-78. (one of the foundational articles about Self-Determination theory, which also continues to be widely used in health promotion)

- Langlois & Hallam (2010). Integrating multiple health behaviour theories into program planning: The PER worksheet. Health Promotion Practice, 11, 282-288. (as we start working towards your final assignment: the article offers a very practical tool to help you think about integrating multiple health behaviour theories together).

Session 5: Social Cognitive Theory

Required:

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

- Raedeke & Dlugonski (2017). High versus low theoretical fidelity pedometer intervention using social cognitive theory on steps and self-efficacy. Research Quarterly for Exercise and Sport, 88, 436-446 (for Alyona, Megan & Danielle’s presentation)


Recommended:

- Bandura (2004). Health promotion by social cognitive means. Health Education & Behavior, 31(2), 143-164. (In this paper, Bandura, the developer of SCT, reviews its applicability to health promotion)

- Burke NJ et al. (2009). Theorizing social context: Rethinking behavioral theory. Health Education & Behavior, 36 (Supl 1): 555-70S. (for those interested in social theory: this paper critiques behavioural models, and particularly the SCT, and draws on social theorists such as Bourdieu to offer a different perspective on health behaviour)

Session 6: Social Network Theory, Other Interpersonal Level Theories

Required:

- Glanz et al. text Chapter 11 – Social Networks and Health Behavior

**Recommended:**

- Blanchet K & James P. 2012. How to do (or not to do)...a social network analysis in health systems research. Health Policy and Planning, 27(5), 438-446. *(a helpful review of SNT as applied to health systems research specifically)*


- Yousefi-Noorale R et al. 2012. Information seeking for making evidence-informed decisions: A social network analysis on the staff of a public health department in Canada. BMC Health Services Research, 12: 118. *(our guest speaker, Reza Yousefi-Noorale, will be discussing these examples of social network analysis)*

**Session 7: Community Organization and Community Building**

**Required:**

- Glanz et al. text Chapter 15 – Improving Health Through Community Engagement, Community Organization, and Community Building

- Jalloh et al. (2017). What goes around...Harm Reduction Journal, 14, 23. *(Nev, Amika, Ren & Aysha's presentation)*

- Albert et al. (2011). Project Lazarus...Pain Medicine, 12, S77-S85. *(Andrew, Alex & Hayley's presentation)*

**Recommended:**

- Israel, BA et al. (1998). Review of community-based research: Assessment of partnership approaches to improve public health. Annual Review of Public Health, 19, 173-202. *(this review paper by one of the leading advocates of community-based research in public health summarizes the key principles of CBR, as well as challenges in their application)*

**Session 8: Communication Theories, Diffusion of Innovation Theory**

**Required:**

- Glanz et al. text Chapter 17 – Communication and Health Behavior in a Changing Media Environment

-Foong et al. (2017). Ready or not?... Can Pharm J, 150, 387-396. (for Jeanna and Rebecca's presentation)

Recommended:


Session 9: Theories of Organizational Change, Theories of Implementation and Dissemination

Required:


-Glanz et al. text Chapter 16 – Implementation, Dissemination, and Diffusion of Public Health Interventions

Recommended:

For more on organizational change theories:


For more on diffusion of innovation/theories of implementation:


Session 10: Theories of the Social Determinants of Health; Collective Lifestyles and Theories of Practice

Required:


Raphael D. 2016. Social structure, living conditions and health. In: D. Raphael (Ed.) Social determinants of health: Canadian perspectives. Toronto: Canadian Scholars Press Inc. (this chapter provides a review of individual, materialist, neo-materialist, life course, political economy, and various other frameworks for understanding how the social determinants impact health)


Recommended:

For more on theories of the social determinants of health:

-Crammond BR & Carey G. 2016. What do we mean by ‘structure’ when we talk about structural influences on the social determinants of health inequities? Social Theory & Health, online first, http://www.unswworks.unsw.edu.au/primo_library/libweb/action/dlDisplay.do?vid=UNSWORKS&docId=unsworks_modsunworks_39945 (for those interested in social theory: this paper makes connections between Bourdieu’s habitus, Foucault’s governmentality, and the social determinants of health)

For more on fundamental cause theory:


For more on theories of practice:


**Session 11: Models for the Development of Healthy Public Policy**

**Required:**


**Recommended:**


-Harris et al. 2014. The fit between health impact assessment and public policy: Practice meets theory. Social Science & Medicine, 108, 46-53. (this paper helps make the connection between frameworks for policy making and health impact assessments)

-Bacchi, C. 2016. Problematizations in health policy: Questioning how “problems” are constituted in policies. SAGE Open, April-June 2016, 1-16. (this paper will be of interest to students with a social theory background, in that it describes a poststructural approach to policy analysis, and contrasts this with some of the models we will be discussing in class)

**Session 12: Implications of Health Behaviour Theory for Marginalized Communities**

**Required:**


**Recommended:**

*On the minority stress framework:*


*On intersectionality:*

Please refer to the course syllabus for CHL5128H (will be provided upon request)

*On two-eyed seeing:*


-Hovey, R. B. et al. (2017). Enhancing Indigenous health promotion research through two-eyed seeing: A hermeneutic relational process. Qualitative Health Research, 27(9), 1278-1287.


-http://www.integrativescience.ca/Principles/TwoEyedSeeing/