

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)*

-Thomas, L.W. (1995). A critical feminist perspective of the Health Belief Model: Implications for nursing theory, research, practice and education. *Journal of Professional Nursing*, 11, 246-262. *(For those interested in social theory: this paper is a feminist critique 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. (*Nakia 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 Ajzen 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:

-Fisher, Fisher, & Shuper (2009). The Information-Motivation-Behavioral Skills Model of HIV preventive behaviour. In: DiClemente et al. (Eds), *Emerging theories in health promotion practice and research* (2nd ed). San Francisco, CA: Jossey Bass. (for more information about the IMB model, which remains a very widely used theoretical approach, especially in research on sexual health)

-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)

-Catalano et al. (2016). A pilot study to apply social cognitive theory to predict HPV vaccination intentions among unvaccinated college women. *American Journal of Sexuality Education*, 11, 287-305 (for Sophie, Genevieve and David'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 (Suppl 1): 55S-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

- Rykov et al. 2017. Network structure of an AIDS-denialist online community: Identifying core members and the risk group. *American Behavioral Scientist*, 61, 688-70. (For Nina & Kasey's presentation)
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. 2017. Informing the implementation of evidence-informed decision-making interventions using a social network analysis perspective: a mixed-methods study. *BMC Health Services Research*, 17: 122.

-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

-Sharma, M. (2017). Diffusion of innovations. In: *The Theoretical Foundations of Health Education and Health Promotion*, Burlington, MA: Jones & Bartlett Learning, pp 191-211.

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

Recommended:

-Edgar & Volkman (2012). Using communication theory for health promotion: Practical guidance on message design and strategy. *Health Promotion Practice*, 13(5), 587-90.

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

Required:

-Batras D, Duff C, Smith BJ (2014). Organizational change theory: Implications for health promotion practice. *Health Promotion International*, doi: 10.1093/heapro/dau098. Available at: <http://heapro.oxfordjournals.org/content/early/2014/11/14/heapro.dau098.full.pdf+html>

-Graham et al. (2006). Lost in knowledge translation: Time for a map?. *Journal of Continuing Education in the Health Professions*, 26, 13-24.

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

Recommended:

For more on organizational change theories:

-Butterfoss FD, Kegler MC, Fancisco VT (2008). Mobilizing organizations for health promotion: Theories of organizational change. In K Glanz, BK Rimer & K Viswanath (Eds). *Health Behavior and Health Education: Theory, Research and Practice* (4th edition), pg 335-361.

For more on diffusion of innovation/theories of implementation:

-Rogers EM (2003). *Diffusion of innovations* (5th edition). New York: Free Press.

-Green LW et al. (2009). Diffusion theory and knowledge dissemination, utilization and integration in public health. *Annual Review of Public Health*, 30, 151-174.

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

Required:

-Blue S et al. 2016. Theories of practice and public health: Understanding (un)healthy practices. *Critical Public Health*, 26(1), 36-50.

-Cohn, Simon. "From Health Behaviours to Health Practices: An Introduction." *Sociology of Health & Illness* 36, no. 2 (2014): 157–62.

-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*)

-Link BG, Phelan JC. Social conditions as fundamental causes of disease. *J Health Soc Behav*. 1995;35 (extra issue):80–94.

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.unsworks.unsw.edu.au/primo_library/libweb/action/dlDisplay.do?vid=UNSWORKS&docId=unsworks_modsunsworks_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:

-Phelan JC, Link BG, Tehranifar P. Social conditions as fundamental causes of health inequalities: theory, evidence, and policy implications. *J Health Soc Behav*. 2010;51(suppl):S28--S40.

-Hatzenbuehler et al. 2013. Stigma as a fundamental cause of population health inequalities. *American Journal of Public Health*, 103(5), 813-821.

For more on theories of practice:

-Bonnington O. 2015. The indispensability of reflexivity to practice: the case of home energy efficiency. *J Crit Realism*, 14, 461-484.

-Frohlich, Katherine L., Ellen Corin, and Louise Potvin. "A Theoretical Proposal for the Relationship Between Context and Disease." *Sociology of Health & Illness* 23, no. 6 (2001): 776–97.

-Gram-Hanssen, Kirsten. "Understanding Change and Continuity in Residential Energy Consumption." *Journal of Consumer Culture* 11, no. 1 (2011): 61–78.

-Gronow, Antti. "The Over- Or the Undersocialized Conception of Man? Practice Theory and the Problem of Intersubjectivity." *Sociology* 42, no. 2 (2008): 243–59.

-Halkier, Bente and Iben Jensen. "Methodological Challenges in Using Practice Theory in Consumption Research. Examples From a Study of Handling Nutritional Contestations of Food Consumption." *Journal of Consumer Culture* 11, no. 1 (2011): 101–23.

- Haluza-DeLay, Randy. "A Theory of Practice for Social Movements: Environmentalism and Ecological Habitus." *Mobilization: The International Quarterly* 13, no. 2 (2008): 205–18.
- Hargreaves, Tom. "Practice-Ing Behaviour Change: Applying Social Practice Theory to Pro-Environmental Behaviour Change." *Journal of Consumer Culture* 11, no. 1 (2011): 79–99.
- Kuhn, Timothy and Michelle H. Jackson. "Accomplishing Knowledge: A Framework for Investigating Knowing in Organizations." *Management Communication Quarterly* 21, no. 4 (2008): 454–85.
- Maller, CJ. 2015. Understanding health through social practices: Performance and materiality in everyday life. *Sociology of Health and Illness*, 37 (1), 52-66.
- Meier, Ward, & Holmes. 2018. All drinking is not equal: How a social practice theory lens could enhance public health research on alcohol and other health behaviors. *Addiction*, 113 (2), 206-213.
- Nettleton, Sarah and Judith Green. "Thinking About Changing Mobility Practices: How a Social Practice Approach Can Help." *Sociology of Health & Illness* 36, no. 2 (2014): 239–51.
- Reckwitz A. 2002. Toward a theory of social practices: A development in culturalist theorizing. *European Journal of Social Theory*, 5, 243–263. doi:10.1177/13684310222225432
- Reckwitz A. 2002. The status of the 'material' in theories of culture: from 'social structure' to 'artefacts'. *Journal for the Theory of Social Behaviour*, 32(2), 195- 217.
- Røpke, Inge. "Theories of Practice - New Inspiration for Ecological Economic Studies on Consumption." *Ecological Economics* 68 (2009): 2490–97.
- Schatzki T. 2010. Materiality and social life. *Nature and Culture*, 5(2), 123-49.
- Schatzki, T.R. "Introduction: Practice Theory," In *The Practice Turn in Contemporary Theory*, edited by TR Schatzki, K Knorr Cetina, and E. Von Savigny, 1–14. London & New York: Routledge, 2001.
- Schatzki T. 1996. *Social practices: A wittgensteinian approach to human activity and the social*. Cambridge: Cambridge University Press.
- Schatzki T. 2002. *The Site of the Social: A philosophical account of the constitution of social life and change*. Pennsylvania: Pennsylvania State University Press.
- Scheele, Christian Elling and Irina Papazu. "Changing Individual Behaviors Or Creating Green Societies? Advancing From a Behaviorist to a Social Practice Theory Approach." *Ecopsychology* 7, no. 2 (2015): 104–11.
- Shove E. 2017. 'Matters of practice', in: *The Nexus of Practices: Connections, Constellations, Practitioners* (Eds. Hui, A., Schatzki, T. R., Shove, E.), Routledge, Abingdon Oxon UK, pp. 155-168.
- Shove, Elizabeth. "Beyond the ABC: Climate Change Policy and Theories of Social Change." *Environment & Planning A* 42 (2010): 1273–85.

-Shove E, Pantzar M, & Watson M. 2012. *The dynamics of social practice: Everyday life and how it changes*. London: Sage.

-Skovdal et al. 2017. Using theories of practice to understand HIV-positive persons varied engagement with HIV services: a qualitative study in six Sub-Saharan African countries. *Sex Trans Infect*, 93, e052977.

-Turner, Stephen. *The Social Theory of Practices: Tradition, Tacit Knowledge and Presuppositions*. Cambridge, MA: Polity Press, 1994.

-Veenstra, Gerry and Patrick John Burnett. "A Relational Approach to Health Practices: Towards Transcending the Agency-Structure Divide." *Sociology of Health & Illness* 36, no. 2 (2014): 187–98.

-Veenstra, Gerry and Patrick John Burnett. "Towards a Relational Health Promotion." *Health Promotion International* 31, no. 1 (2016): 209–13.

-Warde, A. "Consumption and Theories of Practice." *Journal of Consumer Culture* 5, no. 2 (2005): 131–53.

-Williams, Gareth H. "The Determinants of Health: Structure, Context and Agency." *Sociology of Health & Illness* 25, no. Suppl (2003): 131–54.

<http://www.demand.ac.uk/wp-content/uploads/2014/07/Demanding-Ideas-Working-Paper-compilation-ES-for-web.pdf>Demanding ideas: where theories of practice might go next. A collection of working papers by Stanley Blue, Allison Hui, Mikko Jalas, Lenneke Kuijer, Janine Morley, Hilmar Schäfer, Theodore Schatzki, Elizabeth Shove, Nicola Spurling, Matt Watson. 18-20 June 2014, Windemere, UK. -

Session 11: Models for the Development of Healthy Public Policy

Required:

-Breton E & De Leeuw E. 2011. Theories of the policy process in health promotion research: A review. *Health Promotion International*, 26(1), 82-90.

-McCallum LC et al. 2015. Advancing the practice of health impact assessment in Canada: Obstacles and opportunities. *Environmental Impact Assessment Review*, 55, 98-109.

Recommended:

-Kingdon J. 1993. How do issues get on public policy agendas? In W.J. Wilson (Ed.) *Sociology and the public agenda*. Thousand Oaks: Sage Publications. (*this chapter by Kingdon provides a clear description of his multiple streams framework, and also discusses the role of social scientists in policy making*)

-Jackson-Lee A et al. 2016. Mandating influenza vaccinations for health care workers: Analyzing opportunities for policy change using Kingdon's agenda setting framework. *BMC Health Services Research*, 16, 522. (*this is a recent, local application of Kingdon's framework*)

-Cohen BE et al. 2016. Report of an equity-focused health impact assessment of a proposed universal parenting program in Manitoba. *Canadian Journal of Public Health*, 107(1), e112-e118. (this is a recent Canadian application of a health equity impact assessment)

-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:

-Bowleg, L. (2013). Rethinking women’s health through intersectionality’s prism. In: M.V. Speirs, P.A. Geller & J.D. Kloss, Eds. *Women’s Health Psychology*. John Wiley & Sons, Inc.

-Martin D. (2012). Two-eyed seeing: A framework for understanding Indigenous and non-Indigenous approaches to Indigenous health research. *Canadian Journal of Nursing Research*, 44(2), 20-42.

Recommended:

On the minority stress framework:

-Meyer, I. (2003). Prejudice, social stress, and mental health in lesbian, gay and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674-697.

On intersectionality:

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

On two-eyed seeing:

-Bartlett, J. G., Iwasaki, Y., Gottlieb, B., Hall, D., Mannell, R. (2007). Framework for Aboriginal-guided decolonizing research involving Métis and First Nations persons with diabetes. *Social Science & Medicine*, 65, 2371–2382.

-Bartlett, C., Marshall, M., Marshall, A. (2012). Two-eyed seeing and other lessons learned within a co-learning journey of bringing together indigenous and mainstream knowledges and ways of knowing. *Journal of Environmental Studies and Sciences*, 2, 331–340.

-Bartlett, Marshall, Marshall, & Iwama. (2015). Integrative science and two-eyed seeing: Enriching the discussion framework for healthy communities. In: Hallstrom, Guehlstorf, & Parkes (Eds.) *Ecosystems*,

society and health: Pathways through diversity, convergence, and integration. McGill-Queen's University Press. Available at: [http://www.integrativescience.ca/uploads/files/Bartlett-et-al-2015\(Chap10\).pdf](http://www.integrativescience.ca/uploads/files/Bartlett-et-al-2015(Chap10).pdf)

-Canadian Institutes for Health Research Institute for Aboriginal Peoples' Health. (2011). Internal assessment for 2011 international review. Retrieved from: <http://www.cihr-irsc.gc.ca/e/43686.html>

-Castellano MB. 2000. Updating Aboriginal traditions of knowledge. In: Hall BL, Dei GJS, Rosenberg DG, editors. *Indigenous knowledges in global contexts: multiple readings of our world*. Toronto: University of Toronto Press; p. 21–36.

-Hall et al. 2015. Research as cultural renewal: Applying two-eyed seeing in a research project about First Nations addictions treatment. *International Indigenous Policy Journal*, 6(2): 1-15.

-Hatcher, Bartlett, Marshall & Marshall. 2009. Two-eyed seeing: A cross-cultural science journey. *Green Teacher*, 86, 3-6.

-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.

-Iwama, Marshall, Marshall, & Bartlett. (2009). Two-eyed seeing and the language of healing in community-based research. *Canadian Journal of Native Education*, 32(2), 3-116.

-Rowan et al. (2015). A scoping study of cultural interventions to treat addictions in Indigenous populations: Methods, strategies and insights from a Two-eyed seeing approach. *Substance Abuse, Treatment, Prevention and Policy*, 10, 26.

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