CHL 5804H: HEALTH BEHAVIOUR CHANGE

WINTER TERM 2013

UNIVERSITY OF TORONTO
DALLA LANA SCHOOL OF PUBLIC HEALTH

Time: Friday 9:00 am to 12:00pm
Location: Health Sciences Building, Room #108, 155 College Street

Instructors:

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Students are required to pay fees, register and enrol every term throughout their program. Students who fail to do so cannot receive a credit or grade for their work. Retroactive registration is not permitted.

1.0 INTRODUCTION

Public health professionals take leadership in promoting health, improving quality of health care and managing behavioural aspects of chronic disease, requiring understanding of how change happens and what mechanisms facilitate transitions from one state to another. Many premature deaths in North America are preventable through control of behavioural risk factors attributed to cigarette smoking, inactive lifestyle, poor diet, and adverse social conditions such as poverty that may be amenable to change through behavioural means, whether it is at an individual level, through improved organizational performance, better functioning communities, or better understanding of system-level factors that impact actions.

The goal of this course is to provide students with a foundation in theories, models and strategies

that can illuminate our understanding of health behaviour change in research, policy and practice. The course focuses on a critical examination of concepts and research regarding behaviour change with individuals (clients/patients/public & practitioners alike), health organizations, neighbourhoods, and at a system-wide level. The course draws on a variety of perspectives from different disciplines across various basic, applied, social and health sciences. The course will provide students with an integrated understanding and tools to support behaviour change at multiple levels: individual, organizational, community and system. It is designed for both health practitioners and research-oriented learners.

This course builds on the knowledge of the entire class as much as the collected wisdom recorded in the scholarly literature. Everyone is responsible for making the course a success and student learners are expected to take an active role in course discussions in class, particularly in small group discussions. This means preparing each week to learn, to share, and to teach. There is also the opportunity to have e-discussions through the *Blackboard* system.

To facilitate development of knowledge in health behaviour change, a range of active learning methods will be employed to support exploration of the course content including: lectures, practical exercises, group problem-solving and presentations. Students are encouraged to work with their peers to fully understand the course material and to ask questions of the instructors (or of the teaching assistants) to clarify concepts and course expectations as necessary.

Course Objectives

1. Develop an understanding of the individual, organizational, community and system-level health behaviour change theories and concepts used within public health, and
2. Learn strategies for implementing health behaviour change at the micro (consumer/client/patient, practitioner), meso (organization, community), and macro (societal) level

Overarching Perspectives

The course content and learning process is informed by three schools of thought:

1. **Critical Reflexive Inquiry** is a complex form of higher order reasoning that integrates critical thinking (making sense of things through questioning) and reflexivity (active consideration of personal and epistemological beliefs and values)
2. **Systems Thinking** considers the inter-relations between objects and agents in a manner that observes the emergence of patterns and recognition that the whole is greater than the sum of its constituent parts.
3. **Participatory Pedagogy** is an educational approach in which multiple perspectives, opinions, and active creation on the part of learners all contribute to the final context of the learner experience. From this perspective knowledge exchange is considered a shared responsibility among instructors and all students.

2.0 PREREQUISITES

At least one advanced undergraduate course addressing social science theories of behaviour (e.g., psychology or sociology) or by permission of the instructor. Although permission may be granted to participate for students without this background, it is strongly advised that those

learners who have not had exposure to social science approaches to understanding human behaviour do additional reading and study in advance and throughout this course.

3.0 COMMUNICATION

Be sure to log on to Blackboard frequently as lecture materials, readings, and course announcements are posted in this environment. There is also an opportunity to post questions and have discussions with your peers. Students are encouraged to use Blackboard to connect with other students in the course if they missed classes and/or have general questions about readings or assignments. All marks and student grades will be available through Blackboard.

If you need to contact the instructor, you may do so in Blackboard or email them directly. Please note that this course will have teaching assistants (TAs). Students will be assigned to a TA who will be available to answer questions (and who will provide you with feedback on your submitted assignments and presentation). TA's are important resources and students should communicate directly with their TA.

Please note that all students are required to have Official University e-mail accounts and instructors are to correspond with students only through these email accounts. Please do not use another ISP account such as hotmail or gmail as these are not Official University e-mail accounts.

This course involves group work. In order to work with your peers, you will need to share your name, phone number and/or email address with those in your group.

4.0 LEARNING FORMAT OF LEARNING

Each weekly session has 3 components:

Pre-class:

1. Readings and Preparation: Readings and other multi-media resources are assigned for each session. These resources are intended to introduce students to the topics covered in class and to facilitate class discussion. Additional optional readings/resources may be assigned. Students are expected to come prepared to actively engage with the topic at hand as well as classmates and faculty.

In-class:

2. Topic lecture and questions (9:00 am to 10:30 am)
3. Application and integration of topic (10:45 am to 12:00 pm). This component of the class is intended to ensure theoretical and applied understanding, provide depth to the topic area and highlight linkages with course materials and objectives. Activities include guest speaker presentations from individuals or organizations working in the field, small group discussion, debate of ideas, and case study.

5.0 EVALUATION

Summary

Class attendance & participation	(individual, ongoing evaluation)	10%
Assignment #1 Literature Review	(individual paper)	30%
Assignment #2 Critique Paper	(individual paper)	30%
Assignment #3 Behaviour Change Project	(group project and presentation)	30%
		100%

Assignments

Additional information about individual assignments will be provided in-class and include a grading rubric, detailed instructions, and opportunity in-class for questions.

Assignment #1 Literature Review (30%)

Select a public health topic of interest. Research, review, organize and synthesize the behaviour change literature on topic area (this is NOT a general literature review of your topic or a systematic review) and write your results in a 2500 to 3000 word literature review (excluding references). Students will need to focus their topics (e.g., according to population or geography) in order to effectively synthesize the literature available and meet the page limit criteria (n.b the extent of focus will therefore depend on the extent of literature available).

Note: This is a literature review, NOT a research paper (please seek assistance if you are unclear of the difference). Students should use the posted example of a literature review as their guide for this assignment (e.g., key sections to include, tone, style, format and length). Synthesis of the literature is the most important (and most challenging) aspect of a literature review and students are advised to spend the majority of their time ensuring this section is clear, concise and comprehensive.

Assignment #2 Critique of Behaviour Change Intervention (30%)

Select a study evaluating an intervention for behaviour change that is described in an article or book. Critique the conceptual framework and its application in the intervention based on theoretical concepts discussed in the course. The emphasis of this paper is on a theoretical critique, not on a methodological critique. Before starting this paper, students must contact the course instructors to determine if the article/ intervention selected is suitable for this assignment. Examples of suitable articles will be provided in class. The assignment has a limit of 2500 to 3000 word limit excluding the cover page, references, tables/graphs/figures, and appendices.

Assignment #3 Design a Proposal for a Behaviour Change Intervention (30%)

Design an intervention to influence (individual or organizational/community) level behaviour. The topic can be on any health behaviour. This not an essay or a literature review but rather a project proposal.

Part 1: Presentation (10%): In the first part of this assignment small groups of students (3-4 students) will "pitch" their health behaviour intervention to the class (10-minutes plus hand-outs). After the session, each group will lead a Q&A discussion (5-minutes). All students will be expected to provide suggestions to the presenting group. Student presentations will be held on the final two days of the course, organized based on the health topic of interest.

Part 2: Project Proposal (20%): In the second part of this assignment, each group will write a project proposal for their behaviour change intervention. This will include a clear background and rationale, theoretical grounding, a thorough description of the intervention, and an evaluation plan. The proposal will be a maximum of 10 pages.

Formatting of Written Assignments

References should be formatted using Vancouver Style or the American Psychological Association (APA) style. Information about Vancouver Style is available on the website of the International Committee of Medical Journal Editors (http://www.icmje.org/). For AMA style, please refer to the APA Style guide: *Publication Manual of the American Psychological Association, Fifth Edition. Washington DC: American Psychological Association: 2001*. Students are required to stick to one style of referencing for the entire paper.

Written assignments should be 1.5 spaced, double sided in a font no smaller than 11 point (narrow fonts are **not** permitted), with one-inch margins on all sides of the page. Cover pages, tables/graphs/figures, references and appendices do not count against the specified page limits and should be employed judiciously.

Submitting Written Assignments

Written assignments must be uploaded to Blackboard by 9:00am on the day they are due, and a hard copy handed in at the start of class. If there are problems with uploading the assignments to Blackboard on the due date, you may send a copy directly to the instructor to ensure it is submitted on-time.

Late papers will be penalized. All assignments submitted after the due date will be penalized at the rate of 1% per day **based on the final grade**. Thus, an assignment submitted one day late that is worth 45% of the final grade will be graded out of a possible 44% up to a maximum deduction of 5%. Assignments will not be accepted after 5 days beyond the due date without prior agreement made with the instructor. Late papers will not be penalized if prior permission is granted by the instructor for an extension (generally only given for family emergencies or health reasons). Requests for extensions must be made in writing to the instructor, specifying the date on which the assignment will be submitted.

Grading

Grades will be based on the following criteria (also refer to individual assignment grading rubric):

1. Inclusion of all of the assignment's required elements;
2. Organization of ideas and clarity of presentation;
3. Extent and appropriateness of information, concepts, references and data used;
4. Critical analysis of material;
5. Clear and accurate presentation of references to support arguments
6. Writing style including spelling, grammar, punctuation and sentence structure.

Emphasis is placed on critical thinking and analysis in all assignments. A valuable resource is available at the Foundation for Critical Thinking web community (www.criticalthinking.org). Students are encouraged to work together to solve problems and review course material, however grades will be assigned to students individually and each student must submit unique, original work with the exception of group project and presentations, where students work together and grades are assigned to the team as a whole.

The correspondence between letter and number grades is as follows (SGS Guidelines):

A+	90-100%	
A	85-89%	
A-	80-84%	
B+	77-79%	➔ meets expectations
B	73-76%	
B-	70-72%	
Below B-		➔ failing grade for U of T graduate studies (SGS)

5.0 TEXTBOOK AND READINGS

Readings have been chosen to support and clarify the topics for each week and are considered an essential component of the course. Course lectures are designed to complement the readings, thus students are expected to have completed them prior to class. In addition to the assigned readings for each week, learners are encouraged to review the 'Perspectives' chapters at the end of each section in the Glanz, Rimer & Viswanath text as the course moves along. These chapters are useful as 'integrators' for each of the various perspectives on individual/interpersonal, community, organizational and macro/system change and contribute to discussion on the overall application of theory to research and practice. The course instructors and guest speakers may also provide additional recommended readings to supplement discussions in class and facilitate more in-depth learning on particular subjects.

There is one required textbook for the course:

1. Glanz, K., Lewis, F.M., & Viswanath, K. (Eds.) (2008). **Health Behavior and Health Education: Theory, Research, and Practice** (4th Ed.) San Francisco: Jossey-Bass.

A second book is highly recommended as a practical resource to help students understand health behaviour change in an applied context at the individual and organizational levels:

2. Skinner, H.A. (2002). **Promoting Health Through Organizational Change.** San Francisco: Benjamin Cummings.

The textbook is available from the University of Toronto Bookstore in the Medical section under 'Community Health' (with other materials for courses in the School of Public Health). Additional readings are drawn from articles selected from the academic literature and are available through the University of Toronto library system electronically or in print form. These readings will be uploaded to the University of Toronto *Blackboard* system.

NOTE: Readings may change based on the make-up and interests of the class. You will be notified in advance (on Bb) of any changes.

Visual and Auditory Texts:
Throughout the semester you will be assigned, and we will watch or listen to a number of films, videos and podcasts. Similar to assigned readings, these are considered "texts" for the course. These visual and audio texts all have a clear connection to other course materials (lectures and assigned readings) and should be used/integrated in class discussions and assignments.

6.0 CLASS SCHEDULE

Class	Date	Topics	Instructor
1	Jan 11	A Multi-level Approach to Understanding Health Behaviour Change	Paula Gardner, Jackie Bender
2	Jan 18	Introduction to Ecological & Systems Perspectives on Behaviour Change	Paula Gardner
3	Jan 25	Health Belief Model and Theory of Reasoned Action/ Planned Behaviour/ Integrated Model	Jackie Bender
4	Feb 1	Social Cognitive Theory, Stages of Change and Motivational Interviewing	Trevor Hart
5	Feb 8	eHealth: Information and Communication Technology in Support of Health and Wellbeing **Assignment #1 Due in class at 9:00am**	Jackie Bender
6	Feb 15	Organizational Change	Michelle Nelson
	Feb 22	**Reading Week - No Class**	
7	Mar 1	Self-Determination & Mindfulness in Behaviour Change	Curtis Breslin
8	Mar 8	Change in Communities and Neighbourhoods: Community and Group models of Behaviour Change	Paula Gardner
9	Mar 15	mHealth and Global Health Perspectives on Behaviour Change **Assignment #2 Due in class at 9:00am**	Paul Ritvo
10	Mar 22	Critical Issues in Health Behaviour Change	Paula Gardner Ananya Banerjee
	Mar 29	**Good Friday - No Class**	
11	Apr 5	**Student Presentations** **Assignment #3 Part 1**. **Materials (e.g., power point and hand-outs) due the beginning of class for all students.**	
12	Apr 12	**Students Presentations** (continued)	
	Apr 12	**Assignment #3 Part 2: Final written assignment due by 11:00 pm for Students who presented on Apr 5**	
	Apr 19	**Assignment #3 Part 2: Final written assignment due by 11:00 pm for Students who presented on Apr 12**	

7.0 WEEKLY SESSION DETAILS & READINGS

January 11: A Multi-Level Approach to Understanding Health Behaviour Change

INSTRUCTORS: Paula Gardner, Ph.D., and Jackie Bender Ph.D.

This first week is all about introducing the course, instructor and students. A brief introduction to the problems posed by many modifiable health behaviours are explored and discussed. The syllabus and assignments are presented and expectations for the course are outlined. In this session, learners should expect to:

1. Identify the challenges posed by modifiable health behaviours to public health;
2. Recognize opportunities for intervention using health behaviour change strategies;
3. Get to know a bit (more) about each other and their instructors

Readings:

1. Glanz, K., Rimer, B.K., & Viswanath, K. (2008). Theory, research, and practice in health behavior and health education. Chapter 2 in K. Glanz, B.K. Rimer, & K. Viswanath (Eds.) *Health Behavior and Health Education* (4th ed) (pp. 23-44). San Francisco, CA: Jossey-Bass.
2. Resnicow and Page (2008). Embracing Chaos and Complexity: A Quantum Change for Public Health. *American Journal of Public Health, 98* (8), 1382-1389
3. Eakin et al., (1996). Towards a critical social science perspective on health promotion research. *Health Promotion International, 11*, 157-165.
4. Martin, R.L. (2007). How successful leaders think. *Harvard Business Review, 85* (6), 60-67.

Recommended Resources
World Health Organization (2003). *WHO Framework Convention on Tobacco Control.* World Health Organization: Geneva. (http://tobacco.who.int)

www.criticalthinking.org

January 18: Introduction to Ecological & Systems Perspectives on Behaviour Change

INSTRUCTOR: Paula Gardner, Ph.D.

After playing a leading role in the reconstruction of post-war Japan, W. Edward's Deming concluded that only about 15% of the changes that were made were due to the efforts of individuals with the remaining 85% accounted for by system-level factors. Such *systems thinking* requires looking at the way in which activities – their causes and consequences – relate to one another in the way they are organized and their function. If significant gains are to be made on influencing health behaviour, including the social determinants of health, systems-level changes are required. During this class, students will have the opportunity to learn about theories and ideas that inform 'systems thinking' in public health and shape an ecolological perspective on health problems. As part of this learning, students will:

1. Begin to think about change from a systems perspective;
2. Identify how small events can have a large impact;
3. Identify facets of an ecological approach to problem identification and intervention.

Readings:

1. Foster-Fishman, P.G., Nowell, B., & Yang, H. (2007). Putting the system back into systems change: a framework for understanding and changing organizational and community systems. *American Journal of Community Psychology, 39*, (3/4) 197-215.
2. Leischow, S.J., Best, A., Trochim, W.M., Clark, P.I., Gallagher, R.S., Marcus, S.E., & Matthews, E. (2008). Systems thinking to improve the public's health. *American Journal of Preventive Medicine, 35* (2S) S196-S203.
3. Mabry, P.L., Marcus, S.E., Clark, P.I, Leishcow, S.J., & Mendez, D. (2010). Systems science: A revolution in public health policy research. *American Journal of Public Health, 100*, (7), 1161-1162.
4. Sallis, J.F., & Owen, N. & Fisher, E.B. (2008). Ecological Models. Chapter 20 in K. Glanz, B.K. Rimer, & K. Viswanath (Eds.) *Health Behavior and Health Education* (4th ed) (pp. 465-485). San Francisco, CA: Jossey-Bass.

Recommended Resources:
American Journal of Public Health, Volume 96 Issue 3 March 2006, Special Issue on Systems Thinking and Modeling for Public Health Practice

Systems thinking for health systems strengthening – Alliance for Health Policy and Systems Research (World Health Organization)

http://www.who.int/alliance-hpsr/resources/9789241563895/en/index.html

The ecological framework – Violence Prevention Alliance (World Health Organization)

http://www.who.int/violenceprevention/approach/ecology/en/index.html

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January 25: The Health Belief Model & Theory of Reasoned Action/Planned Behaviour/Integrated Behaviour Model

INSTRUCTOR: Jackie Bender, Ph.D.

Cognitive-rational approaches to health behaviour change are the most prolific and popular strategies for intervention within the health and medical literature on motivation and behaviour modification. Three of the most widely used theories and models will be explored in this session: the Health Belief Model; Theory of Reasoned Action / Theory of Planned Behaviour and Integrated Behaviour Model along with an introduction to the concept of theory and models within the context of health behaviour change. After this session, learners should expect to:

1. Know the difference between theory, model and construct(s) as it applies to health behaviour change;
2. Recognize the central tenets of the Health Belief Model and Theory of Reasoned Action / Planned Behaviour and how they relate to one another
3. Be able to discuss what a cognitive-rational model of behaviour change is and identify specific constructs that illustrate this.

Readings:

1. Champion, V.L. & Skinner, C.S. (2008). The Health Belief Model. Chapter 3 in K. Glanz, B.K. Rimer, & K. Viswanath (Eds.) *Health Behavior and Health Education* (4th ed) (pp. 45-65). San Francisco, CA: Jossey-Bass.
2. Montaño, D.E. & Kasprzyk, D.(2008). The Theory of Reasoned Action, Theory of Planned Behavior and the Integrated Behavioral Model. Chapter 4 K. Glanz, B.K. Rimer, & K. Viswanath (Eds.) *Health Behavior and Health Education* (4th ed) (pp. 68-96). San Francisco, CA: Jossey-Bass.
3. Ogden, J. (2003). Some problems with social cognition models: A pragmatic and conceptual analysis. *Health Psychology*, 22, 424-428.

Recommended Resources:

Caron, F., Godin, G., Otis, J., Lambert, L.D. (2004). Evaluation of a theoretically based AIDS/STD peer education program on postponing sexual intercourse and on condom use among adolescents attending high school. *Health Education Research: Theory and Practice,* 19, 185-197.

http://people.umass.edu/aizen/tpb.html

February 1: Social Cognitive Theory, the Transtheoretical Model of Stages of Change, and Motivational Interviewing.

INSTRUCTOR: Trevor A. Hart, Ph.D., C.Psych
Department of Psychology, Ryerson University & Dalla Lana School of Public Health, University of Toronto

Some approaches to health behaviour place emphasis on the role of motivation and behavioural skills as influencers of change in addition to cognition. The stage-based approach to change explicated in the Transtheoretical Model and the social cognition approach illustrated by Social Cognitive Theory will be covered in this session as examples of how time and environment are applied to health behaviour change. The learning goals for this class are to:

1. Demonstrate ways in which change can be articulated as a series of incremental stages;
2. Illustrate the dynamic relationship between environment, individuals and the social nature of change;
3. Explore some of the advantages and disadvantages of these approaches to conceptualizing change at an individual level as they relate to theory and practice;

4. Demonstrate an example of how one can turn theory into practice in order to facilitate behavioural change among people seeking care in the community.

Readings:

1. Prochaska, J.O., Redding, C.A., Evers, K.E. (2008). The Transtheoretical Model and Stages of Change. Chapter 5 in K. Glanz, B.K. Rimer, & K. Viswanath (Eds.) *Health Behavior and Health Education* (4th ed) (pp. 97-121). San Francisco, CA: Jossey-Bass.
2. Weinstein, N.D., Sandman, P.M., & Blalock, S.J. (2008). The Precaution Adoption Process Model. Chapter 6 in K. Glanz, B.K. Rimer, & K. Viswanath (Eds.) *Health Behavior and Health Education* (4th ed) (pp. 122 - 147). San Francisco, CA: Jossey-Bass.
3. McAlister, A.L., Perry, C.L., Parcel, G.S. (2008). How individuals, environments and health behavior interact: Social Cognitive Theory. Chapter 8 in K. Glanz, B.K. Rimer, & K. Viswanath (Eds.) *Health Behavior and Health Education* (4th ed) (pp. 169-188). San Francisco, CA: Jossey-Bass.
4. Harris, R. S., Aldea, M. A., & Kirkley, D. E. (2006). A motivational interviewing and common factors approach to change in working with alcohol use and abuse in college students. *Professional Psychology: Research and Practice,* 37(6), 614.

Recommended Resources:

Bandura, A. (2004). Health promotion by social cognitive means. *Health Education & Behavior, 31*, 143-164.

West, R. (2005). Time for a change: putting the Transtheoretical (Stages of Change) Model to rest. *Addiction*, 100, 1036-1039.

February 8: eHealth: Information and Communication Technology in Support of Health and Wellbeing

INSTRUCTOR: Jackie Bender, Ph.D.

Among the most powerful strategies for promoting population health is to connect people to health resources in a manner that is accessible, informative, and supportive of self-determination that does not require a significant investment of time or money from the health system. That already exists with the Internet. However, unlike with face-to-face interventions, the complexity and issues associated with using new technologies for health create challenges the public health system has never faced. In this class, students will have the opportunity to explore the new field of 'eHealth' and in the process:

1. Recognize the distinction between eHealth and other methods of health behaviour change;
2. Identify information technology tools and techniques for engaging the public and professionals alike in health promotion;
3. Understand the role of literacy in facilitating engagement with the health system

Readings:

1. Finnegan, J.R. & Viswanath, K. (2008). Communication technology and health behavior change. Chapter 16 in K. Glanz, B.K. Rimer, & K. Viswanath (Eds.) *Health Behavior and Health Education* (4th ed) (pp. 363-387). San Francisco, CA: Jossey-Bass.
2. Norman, C.D. (2007). Using Information Technology to Support Smoking-related Behaviour Change: Web-Assisted Tobacco Interventions. *Smoking Cessation Rounds,* 1(6), 1-6. [http://www.smokingcessationrounds.ca/crus/smokingceseng_08_07.pdf]
3. Norman, C.D. & Skinner, H.A. (2006). eHealth Literacy: Essential Skills for Consumer Health in a Networked World. *Journal of Medical Internet Research, 8(2):e9.* [http://www.jmir.org/2006/2/e9/]
4. Webb, T.L., Joseph, J., Yardley, L., & Michie, S. (2010). Using the internet to promote health behavior change: A systematic review and meta-analysis of the impact of theoretical basis, use of behavior change techniques, and mode of delivery on efficacy. *Journal of Medical Internet Research, 12*(1), e4. [http://www.jmir.org/2010/1/e4/]

Recommended Resources:

Fogg, B.J. (2009). A behavior model for persuasive design. Persuasive Conference, April 26-29. Claremont, California: ACM Press. [http://www.behaviormodel.org/]

Northwestern University Centre for Behavioral Interventional Technology (CBIT). Creating your behavioral intervention technology. [http://cbits.northwestern.edu/#documents/Create-Your-BIT.pdf]

Mohr, D.C., Cuijpers, P., Lehman, K. (2011). Supportive accountability: A model for providing human support to enhance adherence to eHealth interventions. *J Med Internet Res,* 13(1), e30. [http://www.jmir.org/2011/1/e30/]

February 15: Organizational change

INSTRUCTOR: Michelle Nelson Ph.D.
Bridgepoint Collaboratory for Research and Innovation

Organizations are groups of people (large or small) organized for a common purpose. How these groups of people are set up, what resources are available, and what they produce all play a role in their ability to accomplish their goals. Health care services are particularly large and complex organizations that must instigate and manage change if they are to design and implement strategies for dealing with patient behaviour. Therefore - how do we create effective and efficient organizations? How do we create change within an organizational context?

Learners can expect to:

1. Understand the stages/activities required to aid an organization in making improvements and sustaining them
2. Develop insight on how to move an organization from a reactive state to a proactive approach;
3. Identify barriers and opportunities within an organization for change.

Readings:

1. Butterfoss, F.D., Kegler, M.C., Francisco, V.T. (2008). Mobilizing Organizations for Health Enhancement: Theories of Organizational Change. Chapter 15 in K. Glanz, B.K. Rimer, & K. Viswanath (Eds.) *Health Behavior and Health Education* (4th ed) (pp. 335-361). San Francisco, CA: Jossey-Bass.
2. Kegan, R. & Lahey, L. (2001). The real reason people won't change. *Harvard Business Review,* 79(10), 85-92.
3. Wegner, E. (2011) Community of Practice: A brief introduction. Can be found online: https://scholarsbank.uoregon.edu/jspui/bitstream/1794/11736/1/A%20brief%20introduction%20to%20CoP.pdf
4. Skinner HA. Behaviour change through organizational improvement: A five-step model.

March 1: Self-determination & Mindfulness in Behaviour Change

INSTRUCTOR: Curtis Breslin, Ph.D.
Seneca College
Institute for Work & Health & Dalla Lana School of Public Health

While there are many external forces that influence behaviour, change is also initiated from within in a manner that fits more closely with personal values, beliefs and aspirations as well as insights gained from paying attention to how one relates to the world as experienced through insight. This session will explore self-determined change by looking at Self-determination Theory and how it is applied and will consider the role that mindfulness-based strategies can play in fostering self-determined action. As part of this session, students can expect to come away with:

1. Awareness of how diverse and unique motivations are for change and the importance of recognizing these differences in engaging people and populations in health promotion;
2. Knowledge of the current state-of-the-art in self-determination and insight-based research;
3. An appreciation of the opportunities and challenges that mindfulness-based behaviour change strategies present to address both mental and physical health problems

Readings:

1. Deci, E.L. & Ryan, R.M. (2008). Facilitating optimal motivation and psychological well-being across life's domains. *Canadian Psychology, 49* (1), 14-23.
2. Williams, G.C., Minicucci, D.S., Kouides, R.W., Levesque, C.S., Chirkov, V.I., Ryan, R.M., & Deci, E.L. (2002). Self-determination, smoking, diet and health. *Health Education Research, 17* (2), 512-521.
3. Rapgay, L. & Bystrisky, A. (2009). Classical mindfulness: An introduction to its theory and practice for clinical applications. *Annals of the New York Academy of Science,* 1172, 148-162.
4. Seligman, M.E.P. (2008). Positive Health. *Applied Psychology*, 57, 3-18.

Recommended Resources:
Deci, E.L., Ryan, R.M. (2012). Motivation, personality, and development within embedded social contexts: An overview of self-determination theory. In R.M. Ryan (Ed.), Chapter 6 of *The Oxford Handbook of Human Motivation*, (pp. 85-107). Oxford, UK: Oxford University Press.

Ng, J.Y.Y, Ntoumanis, N, Thorgersen-Ntroumani, C, Deci, E.L, Ryan, R.M, Duda, J.L, & Willams, G.C. (2012). Self-determination theory applied to health contexts: A meta-analysis. *Perspectives on Psychological Science,* 7, 325-340.

Kabat-Zinn, J. Mindfulness-based interventions in context: past, present and future. (2003). *Clinical Psychology: Science and Practice,* 10(2), 144-156.

www.selfdeterminationtheory.org

http://www.authentichappiness.sas.upenn.edu/Default.aspx

March 8: Change in Communities and Neighbourhoods: Community and Group Models of Behaviour Change

INSTRUCTOR: Paula Gardner, Ph.D.

Communities are where we live, work and play and are a strong influence on our health. Just as community affects our wellbeing, public health researchers and practitioners are key stakeholders in promoting the health of communities and neighbourhoods. The strategies we use to promote changes in communities require theories and models that are sensitive to the diversity and uniqueness that reside within them. This session of the course will draw attention to the following:

1. Identifying key strategies for identification of problems and engaging the community in health promotion activities;
2. Recognition of the challenges in engaging the diverse talents and perspectives present in each neighbourhood;
3. Application of community-level perspectives on behaviour change to social problems.

Readings:
1. MacQueen, K., et al. (2001). What is community? An evidence based definition for participatory public health. *American Journal of Public Health, 91,* 1929-1938.
2. Minkler, M., Wallerstein, N., & Wilson, N. (2008). Improving health through community organization and community building. Chapter 13 in K. Glanz, B.K. Rimer, & K. Viswanath (Eds.) *Health Behavior and Health Education* (4th ed) (pp. 287-312). San Francisco, CA: Jossey-Bass.
3. Tseng, V. & Seidman, E. (2007). A systems framework for understanding social settings. *American Journal of Community Psychology*, 39 (3/4), 217-228.

Recommended Resources
The Community Toolbox - http://ctb.ku.edu/en/default.aspx

What is community? A Sociological Perspective (Bartle, P) - http://cec.vcn.bc.ca/cmp/whatcom.htm

Saul Alinsky – Rules for Radicals

http://www.vcn.bc.ca/citizens-handbook/rules.html

http://www.infed.org/thinkers/alinsky.htm

March 15: mHealth and Global Health Perspectives on Behaviour Change

INSTRUCTOR: Paul Ritvo, Ph.D.
Associate Professor, School of Kinesiology and Health Sciences and Department of Psychology, York University

Over the last decade, mobile phones have become ubiquitous. The combination of their ubiquity, technical capabilities, and proximity to their owners makes them an attractive platform for the delivery of health promotion and disease management interventions. The rapid spread of mobile phones in developing countries, where more people have access to a mobile phone than to electricity or clean water, has attracted considerable attention from the global health community as a means to reach and follow individuals who were previously unreachable. In this class, students will have the opportunity to explore the next evolution of computerized health interventions, 'mHealth' and in the process:

1. Become familiar with the landscape of mHealth ranging from text-messaging based interventions to smartphone applications
2. Explore the role of mobile phone interventions as means to promote large-scale behaivour change in resource-poor settings.
3. Identify the utility of existing health beahviour theories and models in guiding the development and evaluation of mobile phone health interventions.

Readings:

1. Kasnja, P., & Pratt, W. (2011). Healthcare in the pocket: Mapping the space of mobile-phone health interventions. *Journal of Biomedical Informatics,* 45, 184-198.
2. Kaplan, W.A. (2006). Can the ubiquitous power of mobile phones be used to improve health outcomes in developing countries? *Global Healthcare*, 2:9.
3. Lester, R.T., Ritvo, R., Mills, E.J. et al. (2010). Effects of a mobile phone short message service on antiretroviral treatment adherence in Kenya (WelTel Kenya1): a randomized trial. *Lancet,* 376, 1838-45.
4. Riley, W.T., Rivera D.E., Atienza, A.A., Nilsen, W., Allison, S.M., Mermelstein, R. (2011). Health behavior models in the age of mobile interventions: are our theories up to the task? *Translational Behavioral Medicine,* 1, 53-71. Accessible from: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3142960/

Recommended Resources:
European Commission Directory for Communication, Networks, Content and Technology. (2012). European Directory of Health Apps 2012-2013: A review by patient groups and empowered consumers. London, UK: PatientView.

World Bank. (2012). Chapter 3: mHealth. In Information and Communications Technologies for Development 2012: Maximizing Mobile. Washington, DC: The World Bank

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March 22: Critical Issues in Health Behaviour Change

INSTRUCTORS: Paula Gardner, Ph.D. and
Ananya Banerjee, Ph.D.
Postdoctoral Fellow, Women's College Research Institute

This class will provide an opportunity to integrate the lessons learned from each of the levels in the course and discuss critical issues pertaining to health behaviour change such as the practical nature of change programming, ethics, designing culturally sensitive interventions and future directions within the science and practice of human and social change.

Readings:

1. Per-Anders Tengland (2012). Behavior Change or Empowerment: On the ethics of health-promotion strategies, *Public Health Ethics*, 5, 140-153.
2. Kreauter, M.W, Lukwago, S.N., Bucholtz, D.C., et al. (2003). Achieving Cultural Appropriateness in Health Promotion Programs: Targeted and Tailored Approaches. *Health Education & Behavior*, 30, 133-146
3. Banerjee, A.T., Grace, SL, Thomas, S, Faulkner, G. (2010). Cultural Factors Facilitating Cardiac Rehabilitation Participation among Canadian South Asians: A Qualitative Study. *Heart & Lung: The Journal of Acute and Critical Care*, 39(6), 494-503.