I. Course Overview

In this course, students analyze public health issues from a social and behavioral sciences perspective, and critically examine the strengths and weaknesses of theories for developing effective individual and population-based intervention programs. Course content includes: foundations of health behavior; models of individual, interpersonal, and community models of health behavior change; and the application of these models in research and practice.

II. Course Mechanics

This blended format course consists of 8 in-class sessions and 5 online sessions. In-class sessions will include presentations by course faculty and guest faculty and active class and small-group discussions.
The online sessions will consist of completing learning activities that include readings, viewing media, and responding to a study/reflection question. The course grade will be based on two course papers – one an individual assignment – and one a group assignment, two examinations, attendance/participation, and responding to online reflection and posting responses to questions.

The university formula for class time to credit hour is 45hrs/credit. This means that about 9 hours/week of course work/time per credit. We've estimated that the work for this module will take about 6-7 hours. It would be helpful to get feedback from you as to whether our time estimates reflect your experience.

III. Course Instructors

**Linda J. Baumann, PhD, RN, FAAN** (ljbauman@wisc.edu) is Professor Emerita University of Wisconsin-Madison School of Nursing and an affiliate faculty member in the School of Medicine and Public Health. She is a Fellow of the American Academy of Nursing and a Fellow of the Society of Behavioral Medicine. She received her nursing degrees from the University of Michigan and her PhD in psychology from the UW-Madison. She practiced as an Adult Nurse Practitioner in primary care settings with underserved populations. Her research examines how beliefs about health and illness influence self-care behaviors, including examining strategies to promote diabetes self-care in both Vietnam and Uganda. She is active in many national and international professional organizations and has served as president of the Society of Behavioral Medicine and as a member of the US Preventive Services Task Force from 2012-2016. **Students may contact her by email to arrange a telephone or in-person appointment.**

![Linda J. Baumann](image1.jpg)

**Robert J. McDermott, PhD, FASHA** (rjmcdermott@wisc.edu) received BS, MS, and PhD degrees from the University of Wisconsin-Madison. Between 1981 and 2012, he taught at Southern Illinois University-Carbondale and the University of South Florida College of Public Health in Tampa. He was Founding Director of the Florida Prevention Research Center funded by the US Centers for Disease Control and Prevention (CDC). He has been Visiting Professor at the University of Cologne (Germany), University of Maryland, University of Florida, University of Tampa, and New Mexico State University. Since 2006 he has been an affiliate faculty for the UW's Department of Population Health Sciences. He has served as a CDC consultant for collaboration with the Russian Federation, and consultant to the European Union’s Communicating AIDS Project. He is a Fellow of the American Academy of Health Behavior, the American School Health Association, and the Royal Society for Public Health. **Students may contact him by email to arrange a telephone or in-person appointment.**

![Robert J. McDermott](image2.jpg)
**Joseph Kalscheur** (jmkalscheur@wisc.edu) is a 2nd year MPH student at UW-Madison with plans to graduate this spring. Joe will be serving as the TA for this course. He received his BS in Applied Science-Interdisciplinary, minoring in human physiology and biomedical instrumentation, from the University of Wisconsin-Stout. He has a strong interest and passion in serving the health needs of individuals and communities through the context of social and behavioral supports/interventions. He has gained experience in a variety of roles/capacities aimed at promoting health and preventing disease working as a personal trainer, group fitness instructor, emergency medical technician, WI AmeriCorps Farm to School Member. He currently holds a student hourly position with healthTIDE and the Wisconsin Obesity Prevention Initiative, both funded through the same 5-year grant via the Wisconsin Partnership Program. He is working with the UW Health Pediatric Fitness Clinic for his MPH fieldwork and capstone project.

**Joe’s office hours:** Monday’s, 10:00am-12 noon (over online weeks), HSLC 1222; or by appointment.

IV. **Course Objectives**
- Describe the role of social and behavioral factors as major determinants of morbidity and mortality.
- Identify the role of social and behavioral interventions to reduce public health problems and improve the health of individuals and populations.
- Explain the principles and concepts of health behavior theories and models that are used in public health research and practice.
- Apply selected theories and models to the analysis of public health problems and the design and evaluation of interventions to reduce these problems.
- Compare and contrast different health behavior models/theories and evaluate the empirical support, strengths and weaknesses underlying these frameworks.
- Identify multiple targets and levels of intervention for social and behavioral interventions: individual, family, social networks, school, workplace, and other organizations, community, policy, built environment, and culture.

V. **Required Course Textbook**

ISBN 978-1-118-62898-0 (hardback)
VI. Assignment Descriptions and Grading

2 Exams – each is scored based on 100 points and each is worth 20% of the course grade. Exam questions will be posted online during week 7 (March 5-9) and week 14 (April 23-27).

Exam I will be an essay exam on course content from weeks 2 through 6. Items will be retrievable on CANVAS on March 5th at 8:00am and must be submitted by 1:00pm on March 5th – a period of 5 hours. The time block closely coincides with the time block scheduled for the course. We anticipate that actual writing time for this exam will be between 2 and 3 hours. We recommend that you prepare for it as if it was a timed, in-class exam. However, you have an extra window of time to consult previously assigned and other resources to help you address the exam items, and of course, give you a little extra time for writing, if you need it. Pedagogically, this style of exam tests your knowledge comprehension, organization of information, ability to retrieve course content, and skill of “thinking on your feet.” Exam items relate to the objectives described in the modules for weeks 2 through 6. Additional information about the exam will be available through CANVAS announcements closer to the actual exam date. An extension or make-up exam is given for extraordinary and documented reasons only.

Exam II also is an essay exam that includes questions about materials from weeks 7 through 13. Items will be retrievable on CANVAS on April 23rd at 8:00am and must be submitted by 11:59pm on April 27th. Exam II will require more application of knowledge and information than Exam I – hence the larger block of time allowed to enable you to carry out some research and seek out relevant resources to cite. Although we anticipate that actual writing time for this Exam II may be equivalent to Exam I (between 2 and 3 hours), the additional time allowed is to enable you to prepare for the writing phase of the exam thoughtfully and methodically. Pedagogically, this style of exam tests your ability to distinguish between relevant and less relevant data and information, and to formulate arguments supported with reasoning and evidence. Exam items relate to the objectives described in the modules for weeks 7 through 13. Additional information about the exam will be available through CANVAS announcements closer to the actual exam date. An extension or make-up exam is given for extraordinary and documented reasons only.

Paper #1 – is scored based on 100 points and is worth 20% of your course grade. In this paper we ask you to identify a specific personal health-related behavior that you want to change, assess your baseline behavior, monitor this behavior using a log or written diary for not less than 4 weeks, apply an individually-focused health behavior model/theory/framework, and provide a summary of the factors (explained by the theory you have selected) that assist or impede you from reaching and maintaining your behavioral objective. The most important part of this assignment is your analysis and classification of these factors and the creation of a theory-driven proposal for the future in which you continue to strive toward achievement of this behavior or the sustainability of the behavior, if accomplished. Do not identify a vague behavior (e.g., improve my consumption of fruits and vegetables; increase my physical activity level); rather, select one that is specific and measurable (e.g., Eat ≥4 servings of fruits and vegetables on ≥5 days per week; Be physically active at a moderate-to-vigorous level for ≥60 minutes on ≥5 days per week). This paper is due on March 16 at 11:59pm central time; after midnight, there will be a 5-point per day penalty.
for late papers. Additional instructions and grading rubric criteria for this assignment can be found below, in the appendix section of the syllabus, or in CANVAS under the assignments tab, selecting for Paper #1.

Paper #2 – is TEAM-developed and scored based on 100 points and is worth 20% of your course grade. The objective of this assignment is to integrate key components of a multi-level or socio-ecological approach to health behavior change at a population level, forming an analysis for addressing a "sticky" public health problem. This assignment is a group assignment. That is, you will work in a group of ~3-4 persons giving rise to two products – an oral presentation of 15-20 minutes and a paper up to 1500 words, not including graphics or references, constituting 70 points of the assignment. The written paper is due on April 16 at 11:59 pm central time. There is a 5-point per day penalty for late papers. The oral presentation will be April 23 or April 30, the exact date decided by lottery. Additional instructions and grading rubric criteria for this assignment can be found below, in the appendix section of the syllabus, or in CANVAS under the assignments tab, selecting for Paper #2.

Attendance and participation at live sessions – contributes toward 10% of your course grade. Attendance will be taken at each live class session in which lectures and small group discussion exercises occur. You have been “awarded” 2% of this 10% at the beginning of the class as a sort of “bonus” and earn an additional 1% for each session that you attend (up to 10%).

Completion of post-class activities and online reflective assignments– contributes toward 10% of your course grade. These online, written applications or reflections are in response to a question pertinent to the week’s assignments, roughly about 150 words in length.

Letter grades for the course are determined according to the scale: A = 92-100; AB = 89-91; B = 82-88; BC = 79-81; C = 70-78; D = 60-69; F = 0-59

VII. Tentative Course Schedule, Readings, Assignments, Quizzes, and Materials Due

<table>
<thead>
<tr>
<th>Week of</th>
<th>Read</th>
<th>Activity/Lecturer</th>
<th>Due on/at</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week 1</td>
<td>Course syllabus – bring questions to the January 29 class meeting</td>
<td>Online activity</td>
<td>January 29 at 11:59pm</td>
</tr>
<tr>
<td>January 23-26</td>
<td></td>
<td>Reflection item: In-class lecture 01/29/18: Tools for Health Behavior Change in an Evolving Context of Health and Disease – Prof. McDermott</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FOUNDBATIONS OF HEALTH BEHAVIOR</td>
<td>Orientation to the course – Prof. Baumann and Prof. McDermott</td>
<td>February 2 at 11:59pm</td>
</tr>
<tr>
<td></td>
<td>Ch1-The Scope of Health Behavior</td>
<td>SMALL GROUP DISCUSSION: This week you will meet with other members of your assigned discussion/work groups to begin to: (1) share your ideas about a behavior change you’d like to work</td>
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<tr>
<td></td>
<td>Ch2-Theory, Research, and Practice in Health Behavior</td>
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<td>Ch3-Ecological Models of Health Behavior</td>
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on for course paper #1, but mostly
(2) discuss which public health
issue and which Wisconsin county
you have some interest in for
course paper #2.

**In-class discussion question:**
After you have met other members
of your group in class, each group
will report to the whole class to
share the name for your group,
identify a group spokesperson,
identify a potential Wisconsin
county, a population (e.g., age
group, racial or ethnic group,
persons residing in a particular
geographic location, persons
working in a particular setting,
etc.), and a health problem to
address for paper #2.

**Post-class activity**
The spokesperson from your group
will post your discussion group
responses to Discussion Question
2. *(1 point for each group
member) if posted by Friday,
February 2\textsuperscript{nd} at 11:59pm.*

On your own, watch the 9:46
video: *An Introduction to the
Ecological Model in Public Health*
– featuring
Marjorie Ruderman of Johns
Hopkins University. Access it at:
https://www.youtube.com/watch?v
=xhUxOZRn_4E

Consult CANVAS for
announcements and link updates.

<table>
<thead>
<tr>
<th>Week 3</th>
<th>February 5-9</th>
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<tbody>
<tr>
<td><strong>INTRODUCTION TO HEALTH BEHAVIOR THEORIES</strong></td>
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<tr>
<td>Ch4-Introduction to Health Behavior Theories That Focus on Individuals</td>
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<tr>
<td>Ch5-The Health Belief Model</td>
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<tr>
<td><strong>In-class lecture 02/05/18: The Health Belief Model (HBM) and Self-Regulation Model (SRM) – Prof Baumann</strong></td>
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</tr>
</tbody>
</table>
| **SMALL GROUP DISCUSSION:**
Students will interact to (1) use
questions appropriate to either
behavioral model to conduct a 5-10-
minute interview a classmate about a
health concern. This health concern can
be real or made up; and (2) Small |
| February 9 at 11:59pm |
groups will meet to discuss progress on paper #2 and then report to class further plans for paper #2 that include identifying the WI county of interest and a brief summary of data supporting the need for a behavioral intervention that addresses a 'sticky' health issue in a defined population.

View the following videos pertinent to the Health Belief Model

Part 1:  
https://www.youtube.com/watch?v=PPq_Rg9OmVI

Part 2:  
https://www.youtube.com/watch?v=Fi mcwCsrFo

Part 3:  
https://www.youtube.com/watch?v=gO IgIdrP-U

**Post-class activity**
In a few sentences, respond to these questions: After reading about the HBM and the SRM, from your own understanding of how people behave, does either model appeal to you more? Do they reflect how you think about health concerns? What assumptions do they make about human nature? (1 point if posted by February 9th at 11:59pm).

Consult CANVAS for announcements and link updates.

<table>
<thead>
<tr>
<th>Week 4</th>
<th>February 12-16</th>
<th>THEORY OF REASONED ACTION &amp; THE TRANSTHEORETICAL MODEL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><em>Ch6-Theory of Reasoned Action, Theory of Planned Behavior, and the Integrated Behavioral Model</em></td>
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<td><em>Ch7-The</em></td>
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**Online Class**
Consult CANVAS for more details

Watch the video on the Theory of Reasoned Action:  
https://www.youtube.com/watch?v=h__r zG5uAmU&feature=youtu.be

Watch the video by James Prochaska:  
https://www.youtube.com/watch?v=8XUaq2iqzA0

**Reflection item:**
<table>
<thead>
<tr>
<th>Week 5</th>
<th>MODELS OF INTERPERSONAL BEHAVIOR</th>
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</table>
| February 19-23 | Ch8-Introduction to Models of Interpersonal Influences on Health Behavior  
Ch9-How Individuals, Environments, and Health Behaviors Interact |

**Online Class**

- Watch the video on observational learning: [https://www.youtube.com/watch?v=wf3-tRpmGmY&feature=youtu.be](https://www.youtube.com/watch?v=wf3-tRpmGmY&feature=youtu.be)
- Watch the video on social cognitive theory: [https://www.youtube.com/watch?v=39XH0GEiDc8&feature=youtu.be](https://www.youtube.com/watch?v=39XH0GEiDc8&feature=youtu.be)
- Watch the video interview with Albert Bandura: [https://www.youtube.com/watch?v=-U-pSZwHy8&feature=youtu.be](https://www.youtube.com/watch?v=-U-pSZwHy8&feature=youtu.be)

**Reflection item:**
In a one-page table or diagram, using Table 9.1 as a guide, identify how constructs of Social Cognitive Theory associated with collective efficacy were applied in the Moms UNITE for Health intervention. **Post your response by February 23rd at 11:59pm. (1 point)**

Consult CANVAS for announcements and link updates.

<table>
<thead>
<tr>
<th>Week 6</th>
<th>SOCIAL MARKETING AND BEHAVIORAL ECONOMICS IN PRACTICE</th>
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</table>
| February 26-March 2 | Ch 20-Behavioral Economics  
Ch 21-Social Marketing |

**In-class lecture 02/26/18: Social Marketing – An Underutilized Tool in the Public Health Toolbox – Prof. McDermott**

- On your own before this class, watch the lecture on "Behavioral Economics, Classical Economics, Public Policy, Politics, and Health" (1:12:25). [https://www.youtube.com/watch?v=y6UP4j8qRjA](https://www.youtube.com/watch?v=y6UP4j8qRjA).

**SMALL GROUP DISCUSSION:** Can public health practitioners “think” like marketers – some exercises and...
### Week 7  
**March 5-9**

**EVIDENCE-BASED RESEARCH AND ITS TRANSLATION TO PRACTICE**

**Ch16-Implementation, Dissemination, and Diffusion of Public Health Interventions**

**Online Class**

Watch the video (55:28)

Community-Level Action and Interventions to Improve Public Health at


**Reflection item:**

Designing for dissemination requires considerations or changes in the system, process, and product domains. In a few sentences, explain these 3 domains and provide an example of a specific action in each that may increase dissemination. **Post your response by March 9th at 11:59PM.** (1 point)

Consult CANVAS for announcements and link updates.

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### Week 8  
**March 12-16**

**COMMUNITY AND GROUP MODELS OF HEALTH BEHAVIOR CHANGE**

**Ch14-Introduction to Community and Group Models of Health Behavior Change**

**In-class lecture 03/12/18:**

Application of the Individual and Family Self-Management Theory on 03/12/18 – Guest speaker Dr. Polly Ryan, PhD, RN

**SMALL GROUP DISCUSSION:**

Community Based Participatory

**PAPER #1 due at 11:59pm March 16th**

---

**Post-class activity**

Respond in a few sentences to the question “Why have public health authorities at the state and national levels been slow to adopt more social marketing strategies? Post your response by March 2nd at 11:59PM.** (1 point)

Consult CANVAS for announcements and link updates.
<table>
<thead>
<tr>
<th>Week 9</th>
<th>March 19-23</th>
<th>Ch15-Improving Health Through Community Engagement, Community Organization, and Community Building</th>
<th>Research (CBPR) engaging discussion led by Prof. Baumann. On your own watch the video on Community Based Participatory Research (8:54) at <a href="https://www.youtube.com/watch?v=AePC97aKOJA&amp;feature=youtu.be">https://www.youtube.com/watch?v=AePC97aKOJA&amp;feature=youtu.be</a> Consult CANVAS for announcements and link updates. Post-class activity None</th>
</tr>
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</table>

| March 23 at 11:59pm |

Consult CANVAS for announcements and link updates.
<table>
<thead>
<tr>
<th>Week 11</th>
<th>April 2-6</th>
<th>THEORY APPLICATIONS IN RESEARCH AND PRACTICE</th>
<th>In-class lecture 04/02/18: Prof. Baumann and guest speaker Doug Jorenby, PhD</th>
<th>Paper #1 returned to students by April 6th</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ch18-Introduction to Using Theory in Research and Practice</td>
<td>SMALL GROUP DISCUSSION: See CANVAS</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Post-class activity None</td>
<td>Consult CANVAS for announcements and link updates.</td>
</tr>
<tr>
<td>Week 12</td>
<td>April 9-13</td>
<td>ENGAGING COALITIONS TO PROMOTE BEHAVIORAL AND SOCIAL CHANGE</td>
<td>In-class lecture 04/09/18: “Engaging” Coalitions to Co-create Tailored Approaches for Health Behavior Change? – Prof. McDermott</td>
<td>April 13 at 11:59pm</td>
</tr>
<tr>
<td>Week 13</td>
<td>April 16-20</td>
<td>Ch11- Social Networks and Health Behavior</td>
<td>Online Class Watch Nicholas Christakis Social Networks TedTalk (18:06) at</td>
<td>PAPER #2 due at 11:59pm on April</td>
</tr>
</tbody>
</table>
For a detailed (but optional) example of using social networks in a health case study, see the Eric Rice Social Network Lecture on HIV/AIDS research (1:10:14).

**Reflection item:**
Based on the studies presented in this chapter, what network characteristics influenced the adoption and diffusion of contraceptive use in developing countries? Post your response by April 20th at 11:59PM. (1 point)

Consult CANVAS for announcements and link updates.

<table>
<thead>
<tr>
<th>Week 14</th>
<th>Begin Group Presentations</th>
<th>In-class presentations 04/23/18 by class members.</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 23-27</td>
<td></td>
<td>Prof. Baumann and Prof. McDermott co-host today’s class.</td>
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<td>Consult CANVAS for announcements and link updates.</td>
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<thead>
<tr>
<th>Week 15</th>
<th>Conclude Group Presentations</th>
<th>In-class presentations 04/30/18 by class members.</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 30-May 4</td>
<td></td>
<td>In-class presentation – Take Home Messages and Should Public Health Practitioners be “Warriors Against Pleasure?” – Prof. McDermott and Prof. Baumann</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Paper #2 returned to students by May 4th</td>
</tr>
</tbody>
</table>

VIII. **Academic Policies**

**Nondiscrimination Policy**
The UW Madison is committed to creating a dynamic, diverse, and welcoming learning environment for all students and has a non-discrimination policy that reflects this philosophy. Disrespectful behaviors or comments addressed towards any group or individual, regardless of race/ethnicity, sexuality, gender, religion, ability, or any other difference is deemed unacceptable in this class and will be addressed publicly by the professors.
Disability Reasonable Accommodation Policy
If you qualify for accommodations because of a disability, please submit a letter to the course director that outlines your request in a manner that is timely and consistent with established university policies for making such request so that your needs may be addressed. Policies for accommodating disabilities are available through the McBurney Disability Resource Center, 903 University Ave., 608-263-2741 (phone), 263-6393 (TTY), 265-2998 (Fax), mcburney@uwmadmail.services.wisc.edu
For additional information, please see http://www.mcburney.wisc.edu/

Religious Reasonable Accommodation Policy
Every effort shall be made to accommodate all students reasonably and fairly who, because of religious obligations, have conflicts with scheduled exams, assignments, or required attendance, provided advance notification of the conflict is given. Whenever possible, students should give notice at least one week in advance to request special accommodation.

Student Honesty and Rules of Conduct
Academic honesty requires that the course work (e.g., quizzes, papers, exams) a student presents to an instructor honestly and accurately indicates the student's own academic efforts. These policies are available at http://www.studentaffairs.wisc.edu/ UWS 14 is the chapter of the University of Wisconsin System Administrative code that regulates academic misconduct. UW-Madison implements the rules defined in UWS 14 through our own "Student Academic Misconduct Campus Procedures." UWS 14.03 defines academic misconduct as follows:
"Academic misconduct is an act in which a student:
  a. seeks to claim credit for the work or efforts of another without authorization or citation;
  b. uses unauthorized materials or fabricated data in any academic exercise;
  c. forges or falsifies academic documents or records;
  d. intentionally impedes or damages the academic work of others;
  e. engages in conduct aimed at making false representation of a student's academic performance;
  f. assists other students in any of these acts."

If you are accused of misconduct, you may have questions and concerns about the process. If so, you should feel free to call Student Advocacy & Judicial Affairs (SAJA) in the Offices of the Dean of Students at (608) 263-5700 or send an email to dos@bascom.wisc.edu

Civility Policy
Members of the University of Wisconsin-Madison community are expected to deal with each other with respect and consideration. The civility policy for this course promotes mutual respect, civility and orderly conduct among the faculty, teaching assistants, and students. We do not intend this policy to deprive any person of his or her right to freedom of expression. Rather, we seek to maintain a safe, harassment-free workplace for the students, faculty, and teaching assistants. Positive communication is encouraged and volatile, hostile, or aggressive actions and language will not be tolerated. If the civility policy for this course is violated, the individual is subject to removal from the class and possibly the course altogether. In addition, the proper authorities at the UW Departmental, School, and University levels will be notified of such behavior accordingly and further action may be taken if necessary.
Paper #1 - Personal Health Behavior Change Paper | Directions and Rubric

The objective of this assignment is to analyze and classify factors in a theory-driven approach to change and sustain personal health behavior change. This assignment is designed to help you appreciate the issues that people in general may have in making lifestyle changes.

This paper is worth 100 total points and is due on March 16 at 11:59 PM Central Time. Completion of work on time is a critical professional skill; thus, there is a 5-point per day penalty for late papers commencing at midnight.

Instructions:
1. Identify a specific personal health-related behavior that you want to change and describe why you want to change it. The behavior should require maintenance, i.e., it is not a one-time behavior. With this assignment, we are not asking you to discuss a behavior about which you are embarrassed or compromises your personal comfort level.
   - Be specific about the change. Instead of vague behaviors such as eat more fruits and vegetables, exercise more, or get more sleep, state behaviors that are specific and measurable (e.g., Eat ≥4 servings of fruits and vegetables on ≥5 days per week; Be physically active at a moderate-to-vigorous level for ≥60 minutes on ≥5 days per week).
   - The change should be observable by you or others.
   - The change should be framed as a positive and permanent action rather than something you will stop doing.
   - The behavior change goals should be something you feel fairly confident you can reasonably address in approximately 4 weeks.
2. Assess, measure, and/or describe your baseline behavior.
3. Monitor this behavior for not less than 4 weeks using a log or diary.
4. Apply an individual-focused health behavior model/theory/framework (e.g., Health Belief Model, Theory of Planned Behavior, Precaution Adoption Process Model, or the Transtheoretical Model).
5. Provide a summary of the factors (explained by the theory you have selected) that assist or impede you with respect to reaching and maintaining your behavioral objective.

Layout of Your Paper
- Choose your health-related behavior; report your current level of practice (i.e., baseline) where this behavior is concerned; describe your history with this particular behavior; tell why it is important to you to accomplish (i.e., health reasons, personal reasons, external motivations, etc.); describe any historic conditions that have stood in the way of your practicing this behavior, anticipated challenges that you foresee, and report anything else that indicates your assessment of your current behavior.
- Choose your model / framework from among the 4 possibilities indicated above; give an account of why you selected this particular framework and how you think it applies with respect to your achieving an improved understanding of your current and preferred health behavior; for example, how do you think the model helps you interpret your low level of participation currently in the
behavior that you want to change? Furthermore, identify the key components of the model / framework that you select specific to the behavior that you are trying to change.

- Using a log or diary with entries on a daily (or at least multiple entries per week) basis, and that you will include with your submitted assignment, monitor this health behavior in which you identify the elements that challenge you in achieving the behavior of choice – what competes with your behavior of choice? What gets in the way of your behavior of choice? What facilitates, assists, or helps you do what you set out to do? How do you feel about yourself, the behavior, and the factors that influence it during this monitoring period? How do these factors/elements relate back to the model that you have selected?

- You are NOT going to be judged on the actual achievement of your health behavioral objective. In this instance, failure is an option. You will be evaluated on the basis of your descriptions and monitoring and your ability to relate the elements that foster or compete with your desired behavior back to the model / framework that you selected. Early in the semester there will be “live” interactive class time with peers about the monitoring process and the facilitating and impeding factors.

- Finally, using your selected model / framework, describe how it can be useful to you in developing a plan for a theory-driven intervention that will move you on a continuous pathway towards achieving this behavioral objective and sustaining it for the long term.

You may ask questions of us, and we will try to assist but we will not respond to questions such as: (1) How much detail do you want? (2) How specific do I have to be? (3) How many pages (or words) does my assignment have to be? This assignment should be deposited in the drop box as a WORD document labeled as ‘yourlastname_ppr1.doc or docx’ If you are fearful that you will be ill or have another conflict as March 16th approaches, get your paper in early.

### Grading Rubric for Paper #1 Total (100 points)

<table>
<thead>
<tr>
<th>Levels of Achievement:</th>
<th>Excellent</th>
<th>Competent</th>
<th>Below Expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criteria:</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Identify a personal health behavior you want to change:</td>
<td>25-20</td>
<td>19-16</td>
<td>15-0</td>
</tr>
<tr>
<td>The health behavior is clearly described. Sufficient background and rationale explaining why this is a problem is provided.</td>
<td>The health behavior is adequately described. Limited information and rationale related to the problem is provided.</td>
<td>The health behavior is unclear along with little rationale provided.</td>
<td></td>
</tr>
<tr>
<td>Provide rationale for choosing a behavior change model:</td>
<td>25-20</td>
<td>19-16</td>
<td>15-0</td>
</tr>
<tr>
<td>Review of model is complete, relates to the targeted behavior. Key constructs are identified.</td>
<td>Review of a model is loosely related to the problem.</td>
<td>Review of a behavioral model is not related to the targeted behavior. Key constructs are not identified.</td>
<td></td>
</tr>
</tbody>
</table>
Use daily diary entries to monitor progress:

25-20  Student clearly documents daily monitoring of behavior change process and consistently includes facilitators, barriers, monitoring strategies and reflects on feelings.

19-16  Student documents daily monitoring of behavior change process and includes facilitators, barriers, monitoring strategies and reflects on feelings.

15-0   Documentation of monitoring behavior change process is sketchy and incomplete.

Reflect how the model used can be useful for a future behavioral intervention to change and sustain healthier behaviors.

25-20  Student describes a complete and clear plan for a theory-driven behavioral intervention to initiate and sustain healthy behavior change.

19-16  A description of the model for a future intervention is provided. There may be pieces that could be described more fully or are missing completely.

15-0   A plan for how to apply a model to a behavioral intervention is not adequately described.
**Paper #2 - Community Health Challenge Group Project | Directions and Rubric**

**Purpose:** The objectives of this group assignment are to:
1) Identify a Wisconsin county and review available health data and/or contact with a public health representative in that county to identify a public health issue to work on;
2) integrate key components of a multi-level or socio-ecological approach to a health behavior change at the population level, forming an analysis for this problem; and
3) propose an educational or behavioral intervention that addresses this problem.

A written group paper will be **due April 23rd** and a 15-20-minute in-class presentation will be scheduled during the last two class sessions. You are being asked to illustrate in a systematic form how consideration of socio-ecological/multi-level influences and the models/frameworks lead you through a series of planning steps that culminate in a comprehensive approach that could be presented to an organization or funder poised to address this health challenge.

**Instructions:**
1. Your first task is to meet as a group, discuss and identify a public health challenge, a geographical location in one of 72 Wisconsin counties, and a population or sub-population of interest. During the week of January 29th, in class, each group will be asked to: (a) choose a group name, (b) identify a group spokesperson, and (c) negotiate the group’s behavior challenge and provide rationale for choosing this behavior, and the Wisconsin and population of interest. A good place to start locating a county focus is to visit the county health department website.

2. Subsequently, the group will review individual or intrapersonal factors that contribute to current health behavior and the desired health behavior change. The iteration of these factors should occur as a result of your reviewing the literature on the health challenge you select and the county level data relevant to this topic.

3. Review interpersonal or relationship factors that influence health behavior. Again, this iteration of factors should be based on examination of current literature.

4. Look at institutional and community level factors that contribute to current health behavior practice. These factors should emanate from your consultation of health behavior literature.

5. Review societal factors that may include health, economic, policy, or other societal-level elements that can affect current and future health behavior practices. Specific examples of these societal factors should be cited from literature. In your examination of literature for all of these levels, you may include, but you should not rely exclusively on citations from online sources unless these sources represent scholarly, peer-reviewed literature (i.e., scholarly journals). In other words, do not rely strictly on going to "such and such” website to obtain the preponderance of your background information.

**NOTE:** Socio-ecological or multi-level approaches may adopt or incorporate aspects of more than one health behavior model or framework. Explain how the models or frameworks you choose contribute to our understanding of non-adherence with the desired behavior or practice and how their principles can be employed to move the problem you choose in a favorable direction.

**Resources:**
- County Health Rankings ([http://www.countyhealthrankings.org/](http://www.countyhealthrankings.org/))
• The Guide to Community Preventive Services (http://www.thecommunityguide.org/index.html)
• Public Health Profiles (https://www.dhs.wisconsin.gov/stats/pubhealth-profiles.htm)
• DHSHealthstats@dhs.wisconsin.gov/to access Wisconsin Interactive Statistics on Health (WISH) available at http://www.dhs.wisconsin.gov/wish/WISH has published a module on statewide and local deaths among Wisconsin residents that occurred in the years 1989 through 2014.

Format of Your Paper in Five Sections

1. Choose your public health challenge and county with a description of why behavioral challenge is relevant to the health of a specific county and subpopulation.

2. Identify key socio-ecological/multi-level factors that may contribute to the problem.

3. Identify a model/framework or elements of multiple ones that assist our interpretation and understanding of current low participation/engagement and that assist our forging an intervention to address this problem

4. Present your analysis of the health problem incorporating the multi-level factors and appropriate elements of health behavior change models/frameworks in a responsive manner. The outcome should be a type of logic model or systematic plan for a theory-driven intervention.

5. Provide references in either APA or AMA format (to correspond with the style adopted in the preparation of the main body of your paper). Papers should not exceed 1500 words excluding references.

Grading Rubric for Paper #2 (100 points)

Levels of Achievement:

Excellent        Competent        Below Expectations

Criteria:

Public health challenge defined: 10-9 Sufficient background and rationale explaining why this is a 8-6 PH issue is described adequately. Limited information and 5-0 Public health issue is unclear. How the problem is related to
Identify and describe the multi-level factors that influence or may influence the PH problem:

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>10-9</td>
<td>Factors are thoroughly described, including key components and assumptions documented from the literature.</td>
</tr>
<tr>
<td>8-6</td>
<td>Factors are adequately described, with most components and assumptions identified from the literature.</td>
</tr>
<tr>
<td>5-0</td>
<td>Factors and components are not adequately described; literature citations are either superficially presented or absent.</td>
</tr>
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Describe how the models/frameworks help to interpret/explain low participation and direct us to potential points of intervention:

<table>
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<tbody>
<tr>
<td>25-21</td>
<td>An analysis is provided for models/frameworks that link key components and assumptions with the specific behavioral challenge.</td>
</tr>
<tr>
<td>20-15</td>
<td>The analysis provided for models/frameworks is incomplete in identifying key components or assumptions.</td>
</tr>
<tr>
<td>14-0</td>
<td>Models/frameworks are not linked to the specific behavioral challenge. Methods or plans are sketchy and vastly incomplete.</td>
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Present your analysis of the multi-level factors influencing the health challenge and propose a population-based, theory-driven intervention that incorporates health behavior change models/frameworks and a logic model:

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<tr>
<td>25-21</td>
<td>A logic design or plan is presented for including key components in a theory-driven intervention specific to the behavioral challenge. A description of multi-level data, other information driving the intervention, and the application of a model/framework is included.</td>
</tr>
<tr>
<td>20-15</td>
<td>A logic design or plan is presented for including key components in a theory-driven intervention specific to the behavioral challenge. The logic or plan may have minor flaws and the behavioral model/framework used could be described more completely.</td>
</tr>
<tr>
<td>14-0</td>
<td>A logic design or plan is either not presented or lacks key components for a theory-driven intervention specific to the behavioral challenge. The logic or plan has major flaws or exclusions and the application of behavioral model/framework is vague or missing with respect to they relate to the health behavior challenge.</td>
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Technical aspects:

<table>
<thead>
<tr>
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<th>Description</th>
</tr>
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<tbody>
<tr>
<td>10-9</td>
<td>Paper consistently follows prescribed organizational format of headings and APA or AMA style; no</td>
</tr>
<tr>
<td>8-6</td>
<td>Paper partially follows prescribed organizational format of headings and APA or AMA style; minimal</td>
</tr>
<tr>
<td>5-0</td>
<td>Paper does not follow prescribed organizational format of headings and APA or AMA style; many</td>
</tr>
<tr>
<td>Oral delivery</td>
<td>20-17</td>
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<td>---------------</td>
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<tr>
<td>Presentation well organized and delivered in logical sequence; content thoroughly relevant and responsive to the challenge assigned; all group members participate but delivery and flow are smooth, seamless, and well-transitioned; clear, audible delivery throughout; time used wisely; obvious summary and conclusion.</td>
<td>Presentation disjointed in places; sequence somewhat disordered; content wanders on and off the focus of interest; distribution of presentation assignments and audibility across group members lacks balance, interfering with flow and idea transition; timing rushed or dragged; lack of clarity in conclusion.</td>
</tr>
<tr>
<td>grammatical or mechanical errors and no typos. Paper flows smoothly. Paper appropriately cites references.</td>
<td>grammatical, mechanical errors or typos. Paper flow could benefit from editing. Paper includes references that are for the most part cited appropriately.</td>
</tr>
</tbody>
</table>