

PH 661 Theoretical Foundations of Health Promotion
Fall 2006

**Division of Health Promotion
Graduate School of Public Health
College of Health and Human Services
San Diego State University**

Class Schedule: Mondays, 1:00-3:40pm
Hardy Tower 183

Office hours: By appointment
Instructor will be available immediately before and after class

Instructor: Guadalupe X. Ayala, PhD, MPH
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Course Description & Goals

Through interactive lectures, discussions of readings and case studies, the course will cover the theoretical underpinnings of health behavior and health promotion strategies. Factors related to the initiation, maintenance, and change of health behaviors will be reviewed in depth, and application of these principles to health promotion with individuals, groups and communities will be presented.

Students will apply this knowledge to a specific health topic of interest, and in collaboration with group members, will provide a synthesized theoretical perspective on the health topic using the socio-ecologic framework. Each group will share their findings to the class in 20 minute presentations, along with an integrated paper, at the end of the course.

Course Objectives

Objectives: Great way of putting it together.
The course is designed around three objectives and corresponding teaching and evaluation methods.

<i>Objectives</i>	<i>Teaching methods</i>	<i>Evaluation methods</i>
Name and describe a selected set of widely employed behavioral and social science (B/SS) theories /models /constructs/principles used to develop or improve programs to reduce or eliminate major public health problems	<ul style="list-style-type: none"> • Interactive lectures • Discussions of readings • Case studies 	<ul style="list-style-type: none"> • Class participation • Exams • Extra Credit Quizzes
Identify the assumptions underlying these theories /models /constructs/principles, and have a basic understanding of the types of health problems, settings, populations, and cultures in which they have been used.	<ul style="list-style-type: none"> • Interactive lectures • Discussions of readings • Case studies 	<ul style="list-style-type: none"> • Class participation • Exams • Extra Credit Quizzes
Use B/SS theories/models/constructs/principles to analyze a public health problem in terms of known/probable causes and to identify possible	<ul style="list-style-type: none"> • Group discussions 	<ul style="list-style-type: none"> • Individual paper • Group presentation and paper

<p>intervention opportunities.</p> <p>Critically analyze major strengths and limitations in using B/SS theories/models/constructs/principles for planning/improving HPDP programs and their implementation.</p>		
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Evaluation Methods

Your performance in the course will be evaluated on the following six assignments:

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|---|---|-----------------------|
| 1. | <u>Classroom participation</u>
Students are expected to ask questions, comment on readings, and share their experiences, thoughts, and ideas related to the discussion topic. | 5 pts |
| 2. | <u>Midterm Exams 1 and 2</u>
You will have two closed-book, in-class mid-term exams (see schedule). These exams are <u>not</u> cumulative, and will consist of short-answer and discussion questions, covering both lecture material and readings. | 30 pts
&
30 pts |
| Students who believe that they have provided a correct answer and failed to receive adequate credit are required to prepare a two page typed explanation for each test item within one week of receipt of the exam grade. Credit will be provided for those written explanations that are judged correct. | | |
| 3. | <u>Individual paper</u>
See handout for more information | 20 pts |
| 4. | <u>Group presentation and paper</u>
See handout for more information. | 15 pts |

Course grades will be assigned as follows based on total points accumulated for the semester:

A	96-100
A-	90-95
B+	87-89
B	84-86
B-	80-83
C+	77-79
C	74-76
C-	70-73
F	<70

Incomplete: Medical emergencies verified by practicing clinicians and limited other emergencies are the basis for an incomplete.

Attendance: Although, attendance is not mandatory, students are encouraged to attend all classes. Completion of quizzes and case studies will serve as a record for attendance and the latter will be used as one method for generating the participation grade for the course.

Readings and Course Materials

Required Textbook:

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

Additional required readings and other resources:

Posted on blackboard: blackboard.sdsu.edu

Other Administrative Issues

Academic Integrity

Academic dishonesty is an affront to the integrity of scholarship at SDSU and a threat to the quality of learning. Violations of academic integrity are noted in the SDSU Statement of Student Rights and Responsibilities:

2.1 Cheating shall be defined as the act of obtaining or attempting to obtain credit for academic work by the use of dishonest, deceptive, or fraudulent means. Examples of cheating include, but are not limited to (a) copying, in part or in whole, from another's test or other examination; (b) discussing answers or ideas relating to the answers on a test or other examination without the permission of the instructor; (c) obtaining copies of a test, an examination, or other course material without the permission of the instructor; (d) using notes, cheat sheets, or other devices considered inappropriate under the prescribed testing condition; (e) collaborating with another or others in work to be presented without the permission of the instructor; (f) falsifying records, laboratory work, or other course data; (g) submitting work previously presented in another course, if contrary to the rules of the course; (h) altering or interfering with the grading procedures; (i) plagiarizing, as defined; and (j) knowingly and intentionally assisting another student in any of the above.

2.2 Plagiarism shall be defined as the act of incorporating ideas, words, or specific substance of another, whether purchased, borrowed, or otherwise obtained, and submitting same to the University as one's own work to fulfill academic requirements without giving credit to the appropriate source. Plagiarism shall include but not be limited to (a) submitting work, either in part or in whole, completed by another; (b) omitting footnotes for ideas, statements, facts, or conclusions that belong to another; (c) omitting quotation marks when quoting directly from another, whether it be a paragraph, sentence, or part thereof; (d) close and lengthy paraphrasing of the writings of another; (e) submitting another person's artistic works, such as musical compositions, photographs, paintings, drawings, or sculptures; and (f) submitting as one's own work papers purchased from research companies.

3.0 Academic and Punitive Sanctions: Cheating and plagiarism in connection with the academic program at The University may warrant two separate and distinct courses of disciplinary action that may be applied concurrently in response to a violation of this policy: (a) academic sanctions, such as grade modifications; and (b) punitive sanctions, such as probation, suspension, or expulsion.

Other issues Should be under "statement on computers:

- All assignments must be typed using Microsoft Word or a similar word processing program. In addition to spelling, grammar, and writing style, your work will be evaluated based on professional appearance (examples of non-professional appearance: crinkled pages, stains, poor staple job)
- You are strongly encouraged to keep computer backups of your work to avoid losing information and time.
- No late or make-up assignments will be accepted. All assignments are due in hard copy at the beginning of class. If you are unable to attend class on the day an assignment is due, have someone bring the assignment to class for you or email it to my email address BEFORE 1:00pm on the day of the class.
- If you have an Authorization for Accommodations form that indicates a need for academic accommodations, please let me know so we can discuss this.
- Should be under "Course attendance policy"
- Policy on absences for religious observances: By the end of the second week of classes, students should notify the instructor of planned absences for religious observances. The instructor will provide appropriate accommodations.

Outline of Course

Week	Date	Content	Assignments due
1	Aug 28	Introduction to course <ul style="list-style-type: none"> • Theory in health promotion practice and research • Ecological perspective 	
2	Sept 4	No class – Labor Day	
3	Sept 11	Individual level: <ul style="list-style-type: none"> • Health Belief Model • Transtheoretical Model 	
4	Sept 18	Individual level: <ul style="list-style-type: none"> • Theory of Reasoned Action • Theory of Planned Behavior 	
5	Sept 25	Individual level: <ul style="list-style-type: none"> • Operant Learning • Classical Conditioning 	One paragraph description of individual paper and at least 5 scientific references due
6	Oct 2	Interpersonal level: <ul style="list-style-type: none"> • Social Cognitive Theory 	
7	Oct 9	Interpersonal level: <ul style="list-style-type: none"> • Social Networks • Social Influence 	
8	Oct 16	1st half of class: Midterm Exam 1 Community level: <ul style="list-style-type: none"> • Community based participatory research 	Exam 1
9	Oct 23	Community level: <ul style="list-style-type: none"> • Community organizing • Empowerment education 	
10	Oct 30	Media and Communication <ul style="list-style-type: none"> • Elaboration Likelihood Model • Persuasion 	Annotated bibliography due for individual paper
11	Nov 6	Ecological/Organizational: <ul style="list-style-type: none"> • Social Ecological Model 	
12	Nov 13	Ecological/Organizational: <ul style="list-style-type: none"> • Chronic Care Model 	
13	Nov 20	1st half of class: Midterm Exam 2 Special Topic: <ul style="list-style-type: none"> • Culture and Theories 	Exam 2
14	Nov 27	Diffusion and Dissemination: <ul style="list-style-type: none"> • Diffusion of Innovation • RE-AIM 	Final individual paper due
15	Dec 4	Innovations in Health Promotion Theories <ul style="list-style-type: none"> • Political Economy of Health • Social Capital 	
16	Dec 11	1st half of class: Group presentations 2 nd half of class: Conclusions	Group presentations and papers due

Discipline-specific Competencies

(Excerpted from the ASPH competencies document; see Blackboard for full document)

SOCIAL AND BEHAVIORAL SCIENCES

The social and behavioral sciences in public health address the behavioral, social and cultural factors related to individual and population health and health disparities over the life course. Research and practice in this area contributes to the development, administration and evaluation of programs and policies in public health and health services to promote and sustain healthy environments and healthy lives for individuals and populations.

Competencies: Upon graduation a student with an MPH should be able to...

1. Identify basic theories, concepts and models from a range of social and behavioral disciplines that are used in public health research and practice.
2. Identify the causes of social and behavioral factors that affect health of individuals and populations.
3. Identify individual, organizational and community concerns, assets, resources and deficits for social and behavioral science interventions.
4. Identify critical stakeholders for the planning, implementation and evaluation of public health programs, policies and interventions.
5. Describe steps and procedures for the planning, implementation and evaluation of public health programs, policies and interventions.
6. Describe the role of social and community factors in both the onset and solution of public health problems.
7. Describe the merits of social and behavioral science interventions and policies.
8. Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions.
9. Apply ethical principles to public health program planning, implementation and evaluation.
10. Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies.

PH 661, Fall 2007
Class Assignments

Overall Objective:

Integrate existing and new knowledge and skills in health promotion theory in a health topic of interest, and combine this with information from other students using the socio-ecological framework.

The Methods:

You will be assigned to one of eight groups based on your identified health topic preferences from the Student Information Sheet. Individually, you will work on several assignments that will compliment each other and inform development of the final group presentation and paper.

<u>Assignments</u>	<u>Due dates</u>
1. Description of paper and 5 scientific references	September 25th
2. Annotated bibliography	October 30th
3. Final individual paper due	November 27th
4. Group presentation and paper	December 11th

Details of Methods

1. Description of paper and 5 references	The purpose of this assignment is to help you not procrastinate and to begin determining whether there is sufficient information in the literature to support your research question.
2. Annotated bibliography <i>An annotated bibliography is a list of citations to books, articles, and documents. Each citation is followed by a brief (usually about 150 words) descriptive and evaluative paragraph, the annotation. The purpose of the annotation is to inform the reader of the relevance, accuracy, and quality of the sources cited.</i>	<p>The purpose of this assignment is to help you focus in on a particular area associated with your assigned health topic.</p> <p>Your bibliography should include at least 10 references from peer-reviewed journals only. The references should be written in APA or AMA format (no exceptions), followed by a brief summation and critique of the findings (150-200 words). The summation/critique should consist of at least three of the following items:</p> <ul style="list-style-type: none"> • describe the content (focus) of the article • describe the usefulness of the article to understanding the issue • discuss any limitations of the article • evaluate the methods (research) used in the study • evaluate reliability of the article • discuss the author's background • discuss any conclusions the author(s) may have made • describe your reaction to the article <p>Be prepared to hand out a copy of the annotated bibliography to your group members.</p>
3. Individual paper	<ul style="list-style-type: none"> • Content <p>Each student will prepare an 8-10 page paper demonstrating the application of theory to his/her assigned health topic. Given that this assignment will eventually fold into the group paper and presentation,</p>

	<p>group members must agree to cover each level of the socio-ecological framework. Here is an example for clarity sake:</p> <p><u>Health topic: Breast cancer screening</u></p> <p>Group member 1: Application of the HBM in breast cancer screening among African-American women</p> <p>Group member 2: Application of social influences in breast cancer screening among.</p> <p>Group member 3: Application of the Chronic Care Model for breast cancer screening.</p> <p>Group member 4: Theoretically driven mass media to promote cancer screening among women</p> <ul style="list-style-type: none"> • Format <ul style="list-style-type: none"> ○ 8-10 pages excluding 150-word abstract and references ○ A minimum of 10 scientific references ○ 1-inch margins, 12-point font (preferably Times-New Roman) ○ APA or AMA-style formatting for paper sections and references in the text and reference section (STRICTLY ENFORCED)
<p><u>Assignment 4:</u> Group paper</p>	<p>Your final group paper should include the following sections:</p> <ol style="list-style-type: none"> 1. An executive summary of 1-2 pages 2. Integration of all individual papers. You do NOT have to merge the references.. 3. A 2-3 page summary of experience, including lessons learned, future directions, and implications for research and practice. <p>The group will receive 5 bonus points if each member revises their individual papers based on feedback received from the instructor, includes the revised version in the integration and a hard copy of the edits in an appendix.</p>
<p><u>Assignment 5:</u> Group presentation</p>	<p>Each group will prepare a presentation outlining what they learned about the health topic area from the various perspective used to examine the issue. Presentations will occur on the last day of class. The format and content will be based on your creativity, what you found in the literature, and what you deem most relevant for your target population. Additional details will be provided over the course of the semester.</p>

**PH 661 Theoretical Foundations of Health Promotion
Grading Rubric for Individual Paper
20 points possible**

Student Name: _____

Evaluation Criteria	Excellent		Fair		Poor
	(5)	(4)	(3)	(2)	(1)
1. Content, Source, and Evidence a. Is the review of literature comprehensive? b. Does the author cite relevant and scientifically-supported information?					
2. Critical Analysis a. Is the paper insightful? b. Does the paper indicate comprehension of the assignment and integration with concepts from in-class work and readings?					
3. Structure and Organization a. Is the topic of the paper clearly defined and adhered to throughout the paper? a. Is the paper organized according to APA or AMA style? b. Are ideas well-developed and coherent?					
4. Writing a. Are the paragraphs linked with explicit transitions? a. Are sentences coherent and varied? b. Is writing concise and precise? c. Is writing free of jargon, clichés, and sexist language? d. Is spelling correct? e. Is punctuation correct?					

Particular strengths of this paper are:

Particular areas for improvement are:

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Class Participation Feedback
5 points possible

Student Name: _____

1. To what extent does the student participate in class discussions?
2. To what extent does the student pose questions that lead to more classroom discussion?
3. In what areas is the student meeting or exceeding expectations in classroom participation?
4. What areas of classroom participation need to be improved?
5. How might the student improve class participation?

PH 661 Weekly Reading List

Below, please find a list of the required readings and additional resources for each week. The readings are arranged by week on Blackboard with the exception of the required book.

Week 1: Introduction to the course

Suggested Readings

- Chapter 1: (Glanz, Rimer, & Lewis, 2002a)
- Chapter 2: (Glanz, Rimer, & Lewis, 2002b)
- MPH Guidelines: (ASPH., 2006)

Week 2: No class

Week 3: Individual Level: HBM and TTM

Required Readings

- Chapter 3: (Glanz, Rimer, & Lewis, 2002c)
- Chapter 5: (Glanz, Rimer, & Lewis, 2002e)
- Application of HBM: (Hawe, McKenzie, & Scurry, 1998)
 - **Discussion questions:** How well did they represent the concepts/constructs in the Health Belief Model? Would you expect similar results in the U.S.? What would you have done differently?

Week 4: Individual Level: TRA and TPB

Required Readings

- Chapter 4: (Glanz, Rimer, & Lewis, 2002d)
- Chapter 7: (Glanz, Rimer, & Lewis, 2002f)
- Example operationalization of the TRA: (Elwood, Greene, & Carter, 2003)
 - **Discussion questions:** What are some of the pros of qualitative methods to help define concepts/constructs? What are the weaknesses? How well do you think these results generalize to other populations?

Week 5: Individual Level: OL and CC

Required Readings

- Teaching contingency management: (K. D. Allen & Warzak, 2000)
- Operant conditioning: (Vlaeyen, Haazen, Schuerman, Kole-Snijders, & van Eek, 1995)
- Comparing across health behavior theories: (Noar & Zimmerman, 2005)
 - **Discussion question:** What can individual behavior change approaches tell us about intervening with populations?

Week 6: Interpersonal Level: Social Cognitive Theory

Required Readings

- Chapter 8: (Glanz, Rimer, & Lewis, 2002g)
- Application of SCT in nutrition with Native American children: (Rinderknecht & Smith, 2004)
- Application of SCT in nutrition with children: (Powers, Struempfer, Guarino, & Parmer, 2005)
 - **Discussion questions:** How (well) is culture considered in these intervention approaches? In what ways have the concepts/constructs considered culture?

Suggested Readings

- Application of SCT across diabetes studies: (N. A. Allen, 2004)

Week 7: Interpersonal Level: SN and SI

Required Readings

- Chapter 9: (Glanz, Rimer, & Lewis, 2002h)
- Chapter 11: (Glanz, Rimer, & Lewis, 2002i)
- Application of Social Influence: (Kelly et al., 1997)

Suggested Readings

- Application of the promotora model: (J.P. Elder et al., 2005)

Week 8: Exam and Community Level: CBPR

The first part of class is Mid-term Exam #1. The second half of the class will introduce the community-based participatory approach.

Required Readings

- Introduction to CBPR: (Minkler, 2000)

Suggested Readings

- Thoughts on personal responsibility for health: (Minkler, 1999)

Week 9: Community Level: CO and EE

Required Readings

- Chapter 13: (Glanz, Rimer, & Lewis, 2002j)
- A review of the evidence: (Laverack, 2006)
- A review of the concepts/constructs: (Laverack & Wallerstein, 2001)

Week 10: Media and Communication: ELM and P

Required Readings

- Communicating risk perceptions: (Lipkus & Klein, 2006)
- Application of the Elaboration Likelihood Model: (Igartua, Cheng, & Lopes, 2003)
- Tailored interventions: (Kreuter & Wray, 2003)

Week 11: Ecological/Organizational Level: SEM

Required Readings

- Chapter 20: (Glanz, Rimer, & Lewis, 2002m)
- Application of SEM with adolescent girls: (John P. Elder et al., 2006)
- Application of SEM in diabetes: (Fisher et al., 2005)
 - **Discussion questions:** Compare and contrast the various perspectives taken and intervention methods applied using the SEF

Suggested Readings

- Conceptual issues in structural interventions: (Blankenship, Friedman, Dworkin, & Mantell, 2006)

Week 12: Ecological/Organizational Level: CCM

Required Readings

- Chapter 15: (Glanz, Rimer, & Lewis, 2002l)
- Improving care for the chronically ill (Pt1): (Bodenheimer, Wagner, & Grumbach, 2002a)
- Improving care for the chronically ill (Pt2): (Bodenheimer, Wagner, & Grumbach, 2002b)

Week 13: Special topic: Culture and Theories

The first part of class is Mid-term Exam #2. The second half of the class will introduce specific issues relative to culture and theories.

Required Readings

- Culture in Health Communication: (Kreuter & McClure, 2004)
- Culture in Health Promotion: (Resnicow, Baranowski, Ahluwalia, & Braithwaite, 1999)

Week 14: Diffusion and Dissemination: D-of-I and RE-AIM

Required Readings

- Chapter 14: (Glanz, Rimer, & Lewis, 2002k)
- Chapter 23: (Glanz, Rimer, & Lewis, 2002n)
- Application of the RE-AIM framework: (Gary, Hill-Briggs, Batts-Turner, & Brancati, 2005)
 - **Discussion questions:** What aspect of the RE-AIM framework can you apply immediately to your public health practice? How can one 'design for dissemination'?

Week 15: Innovations: PEH and SC

Required Readings

- Social capital and political economy of health: (Szreter & Woolcock, 2004)
- Social capital and receipt of health messages: (Viswanath, Randolph Steele, & Finnegan, 2006)
- Integration of our theories: (Stokols, 1996)

Week 16: Presentations and Conclusions

No readings

- Allen, K. D., & Warzak, W. J. (2000). The problem of parental nonadherence in clinical behavior analysis: effective treatment is not enough. *J Appl Behav Anal.*, 33(3), 373-391.
- Allen, N. A. (2004). Social Cognitive Theory in Diabetes Exercise Research: An Integrative Literature Review. *The Diabetes Educator*, 30(5), 805-819.
- ASPH. (2006). *Master's Degree in Public Health Core Competency Development Project V2.3*.
- Blankenship, K. M., Friedman, S. R., Dworkin, S., & Mantell, J. E. (2006). Structural interventions: concepts, challenges and opportunities for research. *J Urban Health*, 83(1), 59-72.
- Bodenheimer, T., Wagner, E. H., & Grumbach, K. (2002a). Improving Primary Care for Patients With Chronic Illness. *JAMA*, 288(14), 1775-1779.
- Bodenheimer, T., Wagner, E. H., & Grumbach, K. (2002b). Improving Primary Care for Patients With Chronic Illness: The Chronic Care Model, Part 2. *JAMA*, 288(15), 1909-1914.
- Elder, J. P., Ayala, G. X., Campbell, N. R., Slymen, D., Lopez-Madurga, E. T., Engelberg, M., et al. (2005). Interpersonal and print nutrition communication for a Spanish-dominant Latino population: Secretos de la Buena Vida. *Health Psychol*, 24(1), 49-57.
- Elder, J. P., Lytle, L., Sallis, J. F., Young, D. R., Steckler, A., Simons-Morton, D., et al. (2006). A description of the social-ecological framework used in the trial of activity for adolescent girls (TAAG). *Health Educ. Res.*, cyl059.
- Elwood, W. N., Greene, K., & Carter, K. K. (2003). Gentlemen don't speak: Communication norms and condom use in bathhouses. *Journal of Applied Communication Research*, 31(4), 277-297.
- Fisher, E. B., Brownson, C. A., O'Toole, M. L., Shetty, G., Anwuri, V. V., & Glasgow, R. E. (2005). Ecological approaches to self-management: the case of diabetes. *Am J Public Health*, 95(9), 1523-1535.
- Gary, T. L., Hill-Briggs, F., Batts-Turner, M., & Brancati, F. L. (2005). Translational Research Principles of an Effectiveness Trial for Diabetes Care in an Urban African American Population. *The Diabetes Educator*, 31(6), 880-889.
- Glanz, K., Rimer, B., & Lewis, F. M. (2002a). Chapter 1. In
- Glanz, K., Rimer, B., & Lewis, F. M. (2002b). Chapter 2. In
- Glanz, K., Rimer, B., & Lewis, F. M. (2002c). Chapter 3. In
- Glanz, K., Rimer, B., & Lewis, F. M. (2002d). Chapter 4. In
- Glanz, K., Rimer, B., & Lewis, F. M. (2002e). Chapter 5. In
- Glanz, K., Rimer, B., & Lewis, F. M. (2002f). Chapter 7. In
- Glanz, K., Rimer, B., & Lewis, F. M. (2002g). Chapter 8. In
- Glanz, K., Rimer, B., & Lewis, F. M. (2002h). Chapter 9. In
- Glanz, K., Rimer, B., & Lewis, F. M. (2002i). Chapter 11. In
- Glanz, K., Rimer, B., & Lewis, F. M. (2002j). Chapter 13. In
- Glanz, K., Rimer, B., & Lewis, F. M. (2002k). Chapter 14. In
- Glanz, K., Rimer, B., & Lewis, F. M. (2002l). Chapter 15. In
- Glanz, K., Rimer, B., & Lewis, F. M. (2002m). Chapter 20. In
- Glanz, K., Rimer, B., & Lewis, F. M. (2002n). Chapter 23. In
- Hawe, P., McKenzie, N., & Scurry, R. (1998). Randomised controlled trial of the use of a modified postal reminder card on the uptake of measles vaccination. *Arch Dis Child*, 79, 136-140.
- Igartua, J. J., Cheng, L., & Lopes, O. (2003). To think or not to think: two pathways towards persuasion by short films on AIDS prevention. *J Health Commun*, 8(6), 513-528.
- Kelly, J. A., Murphy, D. A., Sikkema, K. J., McAuliffe, T. L., Roffman, R. A., Solomon, L. J., et al. (1997). Randomised, controlled, community-level HIV-prevention intervention for sexual-risk behaviour among homosexual men in US cities. Community HIV Prevention Research Collaborative. *Lancet*, 350, 1500-1505.
- Kreuter, M. W., & McClure, S. M. (2004). The role of culture in health communication. *Annu Rev Public Health.*, 25, 439-455.

- Kreuter, M. W., & Wray, R. J. (2003). Tailored and targeted health communication: strategies for enhancing information relevance. *Am J Health Behav*, 27(3), 227-232.
- Laverack, G. (2006). Improving health outcomes through community empowerment: a review of the literature. *J Health Popul Nutr.*, 24(1), 113-120.
- Laverack, G., & Wallerstein, N. (2001). Measuring community empowerment: a fresh look at organizational domains. *Health Promot Int.*, 16(2), 179-185.
- Lipkus, I. M., & Klein, W. M. (2006). Effects of communicating social comparison information on risk perceptions for colorectal cancer. *J Health Commun*, 11(4), 391-407.
- Minkler, M. (1999). Personal Responsibility for Health? A Review of the Arguments and the Evidence at Century's End. *Health Educ Behav*, 26(1), 121-141.
- Minkler, M. (2000). Using Participatory Action Research to build Healthy Communities. *Public Health Reports*, 115(2-3), 191-197.
- Noar, S. M., & Zimmerman, R. S. (2005). Health Behavior Theory and cumulative knowledge regarding health behaviors: are we moving in the right direction? *Health Educ. Res.*, 20(3), 275-290.
- Powers, A. R., Struempfer, B. J., Guarino, A., & Parmer, S. M. (2005). Effects of a nutrition education program on the dietary behavior and nutrition knowledge of second-grade and third-grade students. *J Sch Health*, 75(5), 129-133.
- Resnicow, K., Baranowski, T., Ahluwalia, J. S., & Braithwaite, R. L. (1999). Cultural sensitivity in public health: defined and demystified. *Ethn Dis*, 9(1), 10-21.
- Rinderknecht, K., & Smith, C. (2004). Social cognitive theory in an after-school nutrition intervention for urban Native American youth. *J Nutr Educ Behav.*, 36(6), 298-304.
- Stokols, D. (1996). Translating social ecological theory into guidelines for community health promotion. *Am J Health Promot*, 10(4), 282-298.
- Szreter, S., & Woolcock, M. (2004). Health by association? Social capital, social theory, and the political economy of public health. *Int. J. Epidemiol.*, 33(4), 650-667.
- Viswanath, K., Randolph Steele, W., & Finnegan, J. R., Jr. (2006). Social Capital and Health: Civic Engagement, Community Size, and Recall of Health Messages. *Am J Public Health*, 96(8), 1456-1461.
- Vlaeyen, J. W., Haazen, I. W., Schuerman, J. A., Kole-Snijders, A. M., & van Eek, H. (1995). Behavioural rehabilitation of chronic low back pain: comparison of an operant treatment, an operant-cognitive treatment and an operant-respondent treatment. *Br J Clin Psychol*, 34(1), 95-118.