

SEMESTER AT SEA COURSE SYLLABUS

Voyage: Spring 2013; A schedule: 9:25 am-10:40 am; Union

Discipline: Public Health

SEMS 3500-114: Health Promotion and Health Behavior

Upper Division

Faculty Name: Jeanette Lancaster PhD, RN, FAAN

Pre-requisites: None

COURSE DESCRIPTION: This course focuses on enabling students to develop knowledge in population-based health care principles related to understanding health behavior and the ways in which people and communities can promote health. Students will have an opportunity to examine their own personal health behaviors and evaluate the extent to which they engage in health promotion actions. They will also describe observed health behaviors in the community in which they live in the United States as well as in selected communities that are visited during the semester. They will complete an in-depth exploration of health behavior and health promotion in Hong Kong. During the in-depth exploration they will observe, describe, and evaluate their observations about personal health behaviors as well as evaluate how the community supports or hinders healthy behaviors in its residents. Multidisciplinary perspectives and issues related to health and health behavior will be examined for the advancement of health promotion.

COURSE OBJECTIVES

1. Discuss health risks related to heredity including gender, race, ethnicity, cultural, and environmental factors as well as personal behaviors.
2. Discuss health promotion, health maintenance and disease prevention from a population perspective considering the multiple determinants of health.
3. Analyze the relationship between environmental factors and the health of individuals, families and communities.
4. Discuss the values and perspectives of diverse individuals, communities, and cultures and their influence on health behaviors, choices and practices.
5. Complete a personal health promotion project and evaluate what enabled you to be successful and what the barriers to success were.
6. Discuss the multiple stakeholders who influence health programs and interventions. Consider who gains and who loses if people stay healthy.
7. Examine ways in which theories and approaches to health promotion and health behavior change can be applied in a variety of settings.
8. Design a health promotion and health behavior change proposal that could be implemented in your home community.

REQUIRED TEXTBOOK:

AUTHOR: Edberg, Mark

TITLE: *Essentials of Health Behavior: Social and Behavioral Theory in Public Health.*

PUBLISHER: Jones and Bartlett

ISBN #: 13: 978-0-7637-3796-2 and 10: 7537-3796-8

DATE/EDITION: 1st edition, 2007

COST: Ranges from \$105.50 to \$25.00 depending on where you purchase it

TOPICAL OUTLINE OF COURSE

Day 1: January 11, 2013: Introduction and Course Overview

Questions:

1. What are the leading causes of death and disease burden in the US? Globally?
2. What are four preventable causes of disease and death?
3. What do you think are the most effective ways to promote health?
4. How do you promote your own health?
5. What plans do you have for this voyage to promote your health?
6. What do you think might be barriers during the voyage to your own health promotion?

Day 2: January 13, 2013: Relationships among health behavior, health education and health promotion.

Edberg: Preface and Chapter 1.

Questions:

1. How do you define health education?
2. In your experience, what has been the most effective form of health education for you?

Day 3: January 17, 2013: Principles of health education. What is the role of literacy in health education?

Questions:

1. Describe venues in which health education can be effectively provided?
2. What is meant by health literacy? How does lack of health literacy interact with health promotion?
3. If you were going to provide health information to a group of adults whose literacy was low, how would you design your program? Who could you involve to assist you? What props or aids would help you?
4. What is the interaction between effective health education and creativity? **Departed Hilo**

**** Turn in Your Personal health promotion project behavioral outcome statement**

Day 4: January 19, 2013: What motivates people to promote health; what are barriers to health promotion? How can a city or country promote or hinder health promotion among its members? Edberg: Chapter 2.

Questions:

1. During the time in Hilo, what did you observe people doing that promoted health?
2. In Hilo, what environmental supports and or barriers to health promotion did you observe?
3. In general, how healthy did the people whom you saw in Hilo appear? Were they different from people in the town where you live? If so, in what ways?
4. Did obesity appear to be a problem in Hilo? Using an ecological model to consider obesity or the lack of obesity, what factors were interacting to influence health? Discuss: **Case #1 obesity; Case #2 youth violence**

**** Turn in field assignment #1**

Day 5: January 23, 2013: Health issues and behavior: Edberg: Chapter 2 continued.

1. How does the concept of risk influence behavior?
2. What are some major risk behaviors that you have seen people engage in? In your town? In Hilo?

3. Consider the discussion of HIV/AIDS in the text and assume you were the director of a HIV prevention program in your town, what would be the first actions you would take? Do you think these same actions would work as well in Yokohama? **Case #3 HIV/AIDS**

Day 6: January 25, 2013: Definitions and historical origins and use of theory in health promotion. Edberg: Chapter 3. Theory at a Glance: Part 1.

1. What are some advantages of using a theory to guide any work you do in the area of health promotion?
2. Social psychology, sociology and cultural anthropology influence health behavior and health promotion. What are some examples of the different ways in which people you know who come from different cultural backgrounds respond to authority figures who give them explicit health directions?

Day 7: February 1, 2013: Concepts and values in health promotion

1. What do you consider to be significant values that influence good health practices in the US?
 - Among people your age?
 - Among people the age of your parents?
2. Compare the values you and your peers have and those of your parents with what you observed in Yokohama and Kobe? What are the similarities? What are the differences? **Departed Yokohama and Kobe**

Day 8: February 9, 2013: Health Promotion comparisons: US versus Hong Kong. Consider the built environment, transportation systems, food and food sources, exercise.

1. What did you learn about ways in which Hong Kong is similar to large US cities?
2. What did you observe about the people in the stores, restaurants and on the street?
3. Which of their behaviors might have influenced their health?
4. Consider smoking, drinking, exercise, diet, pollution and so forth. **Departed Shanghai and HK**

Day 9: February 11, 2013: Individual Models of Health Behavior: Health belief model, Theory of Reasoned Action/ Theory of Planned Behavior. Edberg Chapter 4; Theory at a Glance, Part 2, pp. 12-18. Questions:

1. What are the key components of the Health Belief Model?
2. Describe how you would use the HBM with one of these health risks: HIV prevention; breast cancer screening; pneumonia immunization.
3. What are the main constructs or key points in the Theory of Reasoned Action?

Turn in Field Assignment #2

Day 10: February 19, 2013: Continue discussion from Day 9. **Departed Ho Chi Minh City**

Questions:

1. What are the main constructs or key points in the Theory of Planned Behavior?
2. If you were going to implement a community program for health promotion related to smoking cessation, which model would you choose to use in Ho Chi Minh City? Why?
3. Compare Hong Kong to Ho Chi Minh City in terms of a healthy environment. Observations of health promoting behavior. Support for or barriers to health promotion.

Day 11: February 23, 2013: Individual Models of Health Behavior: The Transtheoretical Model/Stages of Change, and the Precaution Adoption Process Model. Edberg Chapter 4. Theory at a Glance: Part 2, pp. 15-19.

Questions:

1. Explain the stages of change and other core constructs of the Transtheoretical Model (TTM).
2. How could you use the TTM as an intervention for smoking cessation?
3. How would you justify using the Precaution Adoption Process Model (PAPM)?
4. What types of health risks could effectively be addressed using either the TTM or the PAPM models?
5. Now that you have observed people in 5 Asian cities, which one model of health behavior has the greatest potential to work in all of them? **Departed Singapore**

Day 12: March 02, 2013: Social, Cultural and Environmental Theories: Social Cognitive Theory. Edberg Chapter 5. Theory at a Glance: Part 2, pp. 19-21.

1. Describe the fundamental emphasis of SCT on the interaction between individuals and their environments and human capacities for learning and adaptation.
2. How could you use SCT to prevent or manage chronic disease? To prevent or manage infectious diseases? To help understand and reduce the incidence of violence?
3. What major differences do you expect to see in India compared to health behaviors and the possibility of having good health in Asia? **Departed Rangoon**

Day 13: March 05, 2013: Social, Cultural and Environmental Theories: Social Learning Theory and Social Network Theory. Edberg Chapter 5. Theory at a Glance: Part 2, pp. 19-21.

1. What are key functions and characteristics of social networks?
2. Who comprises effective social networks?
3. What aspects of social networks influence your health behaviors?
4. Compared to your social networks and the effect on health behaviors, what similarities and differences did you see in at least one port we visited?

Day 14: March 13, 2013: Social, Cultural and Environmental Theories: Social Process Theories and approaches: Diffusion of innovation and social marketing. Edberg Chapters 5, 6, & 10; Theory at a Glance: Part 2, pp. 22-30.

1. Describe the Diffusion of Innovations model and its key concepts.
2. What factors influence the process of diffusion?
3. How do these factors vary from one culture to another? Compare two cultures that you have visited thus far in terms of ability to utilize the diffusion of innovation model.
4. What might be some limitations of the model in each culture? **Departed Cochin**

Day 15: March 16, 2013: Social, Cultural and Environmental Theories: Social Process Theories and approaches: Social marketing. Edberg Chapters 5, 6, & 10; Theory at a Glance: Part 2, pp. 22-30.

1. Define social marketing, its basic principles, and how they might be applied within a strategic health communication framework.
2. Link commonly used theories of health communication and health behavior to the effective practice of social marketing.
3. What examples of social marketing did you see to date in the ports visited?
4. If you were to use a social marketing approach to influence health behavior, which health behavior(s) would you target?

**** Turn in field assignment #3**

Day 16: March 19, 2013: Communications Theory, Community and Organizational Change. Edberg Chapters 5, 6, & 10; Theory at a Glance: Part 2, pp. 22-30.

1. How have organizational change theories been used in health promotion?
2. Describe the key elements of organizational change.

3. If you were going to develop a plan to use organizational change to influence one health limiting behavior in India, how would you begin? What would be the components? What facilitators would you expect to have? What barriers might you encounter? **Departed Port Louis.**

Day 17: March 22, 2013: Using Theory and Research in Practice: The PRECEDE-PROCEED Model. Edberg Chapters 7, 8 and 13, Theory at Glance: Part 3

1. Describe the PRECEDE- PROCEED MODEL.
2. What do you like about this model? Why?
3. Working in a small group in class, choose a health problem that you saw in either Rangoon or Cochin and develop a program to intervene in that problem.

Day 18: March 24, 2013: Using Theory and Research in Practice: The Behavioral Ecological Model. Edberg Chapters 7, 8 and 13, Theory at Glance: Part 3

1. A fundamental principle of ecology is that “everything affects everything else”. What does this mean?
2. Ecological models of health behavior emphasize the environmental and policy contexts of behavior, while incorporating social and psychological influences. What environmental contexts were most influential in affecting health in Rangoon? In Cochin? How do Rangoon and Cochin differ in the factors that affect health?
3. If you were going to develop a diabetes prevention program for adults, how would you incorporate principles from the ecological model in your plan?

Day 19: April 01, 2013: Communities and Populations: Health Inequities and Health Disparities. Edberg Chapters 8, 9, 12 and 14. Theory at a Glance: Parts 1-3 as relevant.

4. Where do you start if you are going to develop a community intervention? Contrast this approach with that of developing an intervention in the community. **Departed Cape Town**

**** Turn in Field Assignment #4**

Day 20: April 04, 2013: Global Health Summary for health promotion. Edberg Chapters 11, 12 & 14

1. What is meant by “Cultural competence”? How important is it in the US? In a country other than the US?
2. If you were developing a health promotion program in a country other than your native country, what key principles should you keep in mind?

**** Turn in Personal health promotion project**

Day 21: April 11, 2013: Presentations and turn in group project; class participation form and group evaluation form

Day 22: April 14, 2013: Presentations

Day 23: April 17, 2013: Presentations

FIELD WORK

FIELD LAB: Counts as 20% of grade. The field lab for this course will take place in Hong Kong on February 8, 2013 from 800 until 1700. Attendance is mandatory.

Title: Observing, Learning About, and Practicing Health Promotion in Hong Kong

Hong Kong is an “electrifying and vibrant city” where students will be able to see people practicing health promotion in the parks of Kowloon and Hong Kong Island. The beautiful Kowloon Park with its bronze sculptures is often the site of many local practitioners of Tai Chi, and the students will begin their health promotion journey there. Next the class will take the famous Star Ferry to Hong Kong Island and visit Hong Kong Park which is a beautiful park nestled beneath towering bank and other commercial buildings that are familiar sites in the Hong Kong landscape. The visit to the park will be to see the memorial that honors the memory of nurses and physicians who died when SARS suddenly occurred in Hong Kong and was an unknown virus at that time. Students will have lunch in Wan Chai which is a residential and shopping area popular with both local people and visitors. Buses will then take the class to the Institute for Human Performance at the University of Hong Kong where faculty from the University will talk with them about the commitment that the University makes to the health promotion of their students, faculty, staff and the community. Faculty will also describe their unique research with specific populations in Hong Kong. Health promotion with older adults, victims of domestic violence, and women and children will be discussed by experts in the field. There will also be a session on how smoking cessation legislation was passed in Hong Kong and a session on diet and how to eat healthy and enjoyably. Mr. Kenneth Liang, Health and Fitness Officer, Institute for Human Performance will demonstrate for student’s exercises they can incorporate into their ship board routine in order to promote their health during the voyage.

Professor Sophia Chan: leader in smoking cessation in Hong Kong and active in the passage of a no smoking policy.

Associate Professor Marie Tarrant: health promotion activities in maternal child health

Assistant Professor Janet Wong: Health promotion strategies for victims of domestic violence

Assistant Professor Angela Leung: Health promotion activities with elders in Hong Kong housing projects (called estates).

Professor emeritus Marcel Lie: Chemistry and its relation to a healthy and enjoyable diet.

Objectives:

1. Examine the built environment and how it supports or hinders health promotion. Consider how the structures, walkways, air quality, and population density affect health.
2. Observe how people spend their time: in the park, in the stores, on the streets, while exercising?
3. Observe the transportation systems and consider how they interact with health promotion.
4. Attend discussions with key experts at the University of Hong Kong who will describe how they understand Hong Kong people to engage in health promotion. The groups to be discussed would be elders, victims of domestic violence, women and children. They would also visit the Institute for Human Performance at the University of Hong Kong and learn exercises that they can use on the ship. They will also engage in a discussion about how Hong Kong enacted smoking cessation laws.
5. Discuss with faculty at the University of Hong Kong the key health risk factors and the major causes of morbidity and mortality.

Assignment: Students will write a paper of no more than 8 double- spaced typed pages that addresses the five objectives for this field lab. They should use an appropriate format and correct grammar in the paper, and references are not expected.

FIELD ASSIGNMENTS

Students will complete four field assignments and they will be due on days 4 (following Hilo), day

9 (following Yokohama, Kobe, and Hong Kong), day 15 (following Asia and India) and day 19 (following Cape Town).

Note: All field assignments should be double spaced, typed and no more than 4 pages.

Field Assignment #1: Day 4: See page 2 of the syllabus and answer questions 1-4.

Field Assignment #2: Day 9: Choose either Yokohama or Kobe for your focal city and answer these questions:

1. During your time in either Yokohama or Kobe what did you observe that contributed to health? What did you see that could be barriers to health?
2. How did the people whom you observed differ in their size and diet from the people you observed in Hilo?
3. Describe one health promotion project that you would implement in Yokohama or Kobe if you were a health educator assigned to improve the health of one specific group of people (i.e children, youth, adults, or older adults)?

Field Assignment #3: Day 15:

1. What were 4 major differences you saw in health behaviors in India compared to one of the Asian cities you visited?
2. Describe how you would design one health promotion project in Cochin using one of the theories of health promotion that we have discussed to date.
3. Describe the evaluation plan you would use to measure the effectiveness of your project.

Field Assignment #4: Day 19:

1. In what 4 specific ways were Rangoon and Cape Town different in terms of the way in which the community supported good health?
2. Using an ecological model, describe how the environment affects health in Cape Town.
3. Use the ecological model of health promotion to describe how you would develop a health promotion program to target one health risk behavior you have observed in any city you have visited on this trip.

METHODS OF EVALUATION / GRADING RUBRIC

TEACHING METHODS:

The course will be delivered in a lecture/discussion format with application related experiences and small group work. Students will engage in a personal health promotion project during the course to assist them in understanding the commitment a person needs to make to health promotion. Students will also work in small groups to complete selected assignments. Class attendance and participation is expected.

Readiness concept: Learning is not a spectator sport. Fundamentally, the responsibility to learn is that of the student. In order to succeed in learning, students must actively engage in the process. For this reason, you are expected to come to class prepared. Being prepared means that you will read the assignments, give the assignments thoughtful consideration, and you will be able to advocate for your point of view.

COURSE REQUIREMENTS AND EVALUATION:

Class attendance and participation:	10 %
Personal Health Promotion Project:	10%

Health Promotion Group Project (written and presentation): 20%
Class assignments (4): 40%
Field Assignment: 20%

GRADING SCALE for COURSE

A+= 97-100	B+ =87-89	C+= (77-79)	F = below 70 failing
A= 94-96	B= 84-86	C=74-76	
A- = 90-93	B- =80-83	C- =70-73	

LATE WORK POLICY:

If you are unable to meet one or more of the deadlines in this course, please contact me to negotiate a different due date. I usually grant reasonable requests made *well before* the due date (48 hours or more). Unless an extension is granted, I will not accept late work.

SEMS 3500: HEALTH PROMOTION AND HEALTH BEHAVIOR: CRITERIA FOR EVALUATING CLASS PARTICIPATION: 10% of grade

Student: _____ Date: _____

This **self-evaluation** will be used to assess your overall class participation at mid-term, and at the end of the course. Any additional information that you would like me to consider in determining your grade should be included in the Comment section below. **Rate from** Always (5),5,3,2 to Rarely (1)

1. Attends class and responds to study questions and class discussion.	
2. Prepares for class -- Reading done prior to class participation.	
3. Actively and thoughtfully contributes to discussions -- Substantively responds to classmates' comments.	
4. Utilizes active listening skills to foster discussion.	
5. Incorporates content from readings into class discussions.	
6. Respects the contributions and opinions of others.	
7. Raises appropriate issues and questions to facilitate discussion.	
Comments:	

GUIDELINES FOR PERSONAL HEALTH PROMOTION PROJECT (PHPP)

This project is intended to encourage a personal health-related behavior change during the semester and to help students reflect on the aspects and challenges associated with behavior change. The project is informal and personal. A **Written Project Summary Report** (informal, 2-page/12-point font, non-APA format) will be submitted at **Day 20** of the course reflecting your understanding of behavioral change principles as they apply to your personal health promotion project and will be worth **10% of your grade**.

PERSONAL DEFINITION OF HEALTH & TARGETED PERSONAL HEALTH BEHAVIOR

Step 1: Begin thinking about your **personal definition of health** and a **personal health behavior** you would like to change. Think about how you would measure the behavioral change. Create a personal definition of health and identify a targeted behavior you would like to change.

MEASUREABLE BEHAVIOR OUTCOMES

Step 2: Select a personal health-related problem or behavior that you would like to change. Assess and describe your behavior in terms of frequency and duration. Choose a **measurable behavior outcome**, design a **self-monitoring recording system** and/or identify “**others**” to observe and record your behavior (your support network). You may want to construct a graph with baseline data and record data on a regular basis. Write a behavioral health outcome statement and turn it in on **Day 3**. For example: “[**Your name**] will [**insert action verb and behavioral criterion**] by [**insert time frame**].”

Example: Mary Smith will walk with a friend daily for 30 minutes for the next 15 days.

BEHAVIORAL ASSESSMENT

Step 3: Analyze your behavior (**behavioral assessment**). What context/situations are associated with the personal health-related behavior that you selected for change? For example, what types of situations precede (**antecedents**) the behavior, i.e., overeating? How do you feel after you perform the behavior (**consequences**)? What **motivates and/or rewards** your behavior?

BEHAVIORAL SELF-CONTRACTING

Step 4: Select **positive reinforcers**, i.e., material reinforcers such as money, social rewards such as praise from a significant other, or activity reinforcers such as watching a movie! Begin a conscious effort to change behavior using an appropriate **motivational system** of reinforcement. Put your plan in writing in the form of a “**behavioral self-contract**.” Continue to record data (graph, etc.) of the behavior.

RELAPSES & REVISIONS

Step 5: Continue to monitor your progress; record the context of any **slips or behavioral relapses**; reassess appropriate motivators and **revise** your “behavioral self-contract” as needed!

EVALUATION

Step 6: **Evaluate** your project. Have behavioral objectives defined in self-contract been met? **Summarize** your progress or lack thereof. What have you learned about behavioral change? Do you plan to continue the project?

PHPP: Prepare your informal 2-page Written Project Summary Report using the above headers.

Suggestions: Choose something manageable and of interest to you; set realistic goals; what would you really like to change about your health (or non- health practices?)

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Health Promotion Group Project: 20% of grade

Title: _____

Group Members: _____

Criteria for Grading:

1. **Abstract: (10 points)** overview of entire proposed project – briefly presents description of health problem, a few key data to support importance, overview of proposed project to improve health problem
2. **Brief Description of Proposed Project: (10 points)**
3. **Literature Summary (15 points):** concisely presents key elements about what is currently known from good quality sources (research journals, current textbooks, authoritative reports, etc.) about the health problem, approaches and health behavior frameworks that have been used to address the health problem, particularly in population of interest. Only key literature is described, well organized, briefly summarized, synthesized, and briefly critiqued to illuminate gaps in knowledge.
4. **Project Objectives (15 points):** concise overview of what the proposed health promotion project is intended to achieve.
5. **Implementation Plan (15 points):** includes brief description of health behavior theory/framework selected to address problem; describes who will do what & when, to achieve the project objectives (outcomes) that are intended.
6. **Ways in Which Project is Innovative (5 points):** concise description of how this project takes a unique approach with the population, uses a particular theory (framework), uses unique strategies, etc.
7. **Summary of Evaluation Methods (15 points):** concise describe of how outcomes will be measured, tracked, to see systematically examine results of project.
8. **Brief “Budget” Estimate (5):** No financial estimate is required. Simply describe briefly the staff involved and estimate of time required to conduct project.
9. **References (10 points):** quality of sources, cited correctly according to APA format on slides (in parentheses), with list of references at end of presentation

Total Points: 100

Student Evaluation of Group Project

This form is intended to provide you with an opportunity to evaluate your contributions and those of the members of your group project. Each student is to complete this form and hand it in following your group presentation. You should evaluate the quality and quantity of participation of yourself and each member of your group as follows:

My Name: _____

Group Project: _____

Members of my group are:

1. _____
2. _____
3. _____
4. _____
5. Myself _____

Our group had _____ planning meetings.

The number of meetings in which each member participated was:

<u>Initials</u>	<u># of Meetings</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. <u>Myself</u> _____	_____

The quality of contribution of each member to the planning and work of this project was: (Check one box for each participant):

Initials:	Poor	Fair	Good	Very Good	Excellent
Myself					

The quality of each member's contribution to our presentation was: (Check one box for each participant)

Initials:	Poor	Fair	Good	Very Good	Excellent
Myself					

Recommended grade for each member (based on quality and quantity of total contribution to this project)

<u>Initials</u>	<u>Grade</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. <u>Myself</u> _____	_____

Comments:

RESERVE LIBRARY LIST: None

ELECTRONIC COURSE MATERIALS: located in your course folder

U.S. Department of Health and Human Services (2005). *Theory at a glance: A guide for health promotion*. 2nd Ed. NIH Publication No. 05-3896. <http://www.cancer.gov/cancerinformation/theory-at-a-glance> (This monograph is available free at www.cancer.gov).

Articles:

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Haque N, Rosas S. 2010. Concept mapping of photovoices: Sequencing and integrating methods to understand immigrants’ perceptions of neighborhood influences on health, *Family & Community Health*, 33(3): 193-206.

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Khambalia, A. Z., & Seen, L. S. (2010). Trends in overweight and obese adults in Malaysia (1996 – 2009): A systematic review. *Obesity Review*, 11, 403-412.

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ADDITIONAL RESOURCES: These documents have been placed in your intranet folder for PHS 5610.

1. Centers for Disease Control and Prevention. *An ounce of prevention keeps the germs away: Seven keys to a safer healthier home*. See http://www.cdc.gov/ounce_of_prevention/docs/ooop_brochure_eng.pdf.
2. Centers for Disease Control and Prevention. Ten great public health achievements--- worldwide, 2001-2010, *MMWR*, June 24, 2011. 60(24): 814-818.
3. *Common infectious diseases worldwide*. See <http://www.infoplease.com/ipa/A0903696.html>
4. Centers for Disease Control and Prevention: Vital signs: Walking among adult-United States, 2005 and 2010, *MMWR*, 61 (Early Release): 1-7.

5. World Health Organization: *Regional strategy for health promotion for South-East Asia*. At [http://www.searo.who.int/LinkFiles/Reports and Publications HE-194.pdf](http://www.searo.who.int/LinkFiles/Reports_and_Publications_HE-194.pdf)
6. Centre for Health Protection: *Topical health report No 3. Elderly health* (Hong Kong) at: [http://www.chp.gov/hk/files/pdf.grp-enc-en-2004052100.pdf](http://www.chp.gov/hk/files/pdf/grp-enc-en-2004052100.pdf)
7. Centre for Health Protection: *Nutritional guidelines for children aged 2 to 6* (Hong Kong) at: http://www.chp.gov/hk/files/pdf/nuttitional_eng.pdf.
8. Centre for Health Protection: *Basic principles of healthy cities: health promotion*, at http://www.chp.gov/hk/files/pdf/Basic Principles of Health Promotion 20080227_en.pdf.
9. **Centre for Health Protection: Action Plan to Promote Healthy Diet and Physical Activity Participation in Hong Kong.** At http://www.dh.gov.hk/English/pub_rec/pub_rec_ar/pdf/ncd_ap/Action%20Plan_eng_whole%20doc.pdf.
10. Centers for Disease Control and Prevention: *Establishing a community-based walking group program to increase physical activity among youth and adults: an action guide*. At: <http://www.prevent.org/data/files/initiatives/walkinggroup.pdf>.
11. WHO: Summary report: All for equity: World conference on social determinants of health, October 2011. http://www.who.int/sdhconference/resources/Conference_Summary_Report.pdf
12. WHO: Social determinants of health: Commission on social determinants of health-final report. http://www.who.int/social_determinants/thecommission/finalreport/en/index/htm.
13. WHO: Millennium development goals: progress towards the health –related Millennium development Goals. Fact sheet N#290. May 2011. <http://www.who.int/mediacentere/factsheets/fs290/en/index.html>
14. WHO: closing the gap in a generation. 2008. <http://whqlibdox.who.int/publications/2008/9789241563703-eng.pdf>

15. "7 top health risks for men over 40" at <http://www.caring.com/articles/top-health-risks-for-men-over-40?print=true>

HONOR CODE

Semester at Sea students enroll in an academic program administered by the University of Virginia, and thus bind themselves to the University's honor code. The code prohibits all acts of lying, cheating, and stealing. Please consult the Voyager's Handbook for further explanation of what constitutes an honor offense.

Each written assignment for this course must be pledged by the student as follows: "On my honor as a student, I pledge that I have neither given nor received aid on this assignment." The pledge must be signed, or, in the case of an electronic file, signed "[signed]."