



MPH 6105

2023/2024

Health Behaviour

Lecturer:	Dr Karen Gordon-Boyle
Year/Semester:	Year 1; Semester 1
Duration:	17 weeks
Credits:	4
Contact Hours:	40
Lectures:	2 hours per session
Labs/Tutorials:	NA. However office hours may be applicable.
Total per semester:	40 hours
Prerequisites:	None

Purpose of Course

This course is designed for persons who will work in public health. It is expected to orient those taking it towards the main determinants of health behaviour and basic ways in which these can be applied to health interventions. The course will also equip students with competencies for designing and evaluating programmes with a focus on applications to the Guyanese experience and context.

Enduring Understandings

1. Critique commonly referenced social, behavioral and psychological determinants of health behavior.
2. Apply theoretical principles, constructs and models used to understand health behaviors.
3. Employ ethical principles and behaviors in public health research and practice.
4. Design, implement and assess behavioral interventions using social and psychological concepts and theories of health behavior and determinants of health outcomes

Core Competencies

1. Identify commonly referenced determinants of health behaviour;
2. Define basic principles of measurement, attributes, and motivation;
3. Communicate theoretical principles, constructs, and models used to understand and affect health behaviours; and
4. Plan and assess interventions based on complexities of human behaviour and behaviour change theory.

5. Apply basic principles to the local context of experience

Cross-Cutting Competencies:

1. Communicate public health principles and concepts through various written and verbal strategies;
2. Apply evidence-based knowledge of health determinants to public health issues;
3. Employ ethical principles and behaviours;
4. Perform professional activities with cultural competence;
5. Effectively engage in interdisciplinary and interprofessional collaboration to advance research, policy, or practice goals.
6. Apply public health knowledge and skills in practice settings.
7. Demonstrate knowledge of key community development principles.

Teaching Methods

The course will be conducted as a weekly on-line three hour session on Tuesdays from 6:00 pm-9:00 pm. There will be face to face sessions for which you will be notified prior to class.

Course Objectives

To create health professionals who understand, can apply and communicate the main determinants of health behaviour and aspects of health behaviour theory with specific sensitivity to the Guyanese environment.

Teaching Schedule

Sessions	Topic	Day 1 (2 hrs)	Day 2 (2 hrs)	Day 3 (2 hrs)	Assignment
1. Intro week (6 hours)	Introduction/ overview of course	Determinants of health (Stokols)			
2	Determinants of health and ecological theory	Characterizing and defining the health problem	Ecological theory McLeroy	Health Impact Pyramid (Frieden) Pros and cons of intervening at each level (use local examples)	For any one level of intervention or determinant of health described, write a one page brief critiquing the pros and cons of that level of intervention to addressing any health

					problem in Guyana. Submit to next class. (20 points)
3	Behavioural Theories and Interventions	Behavioural theories Health Belief Model Theory of Planned Behaviour Transtheoretical Model	Applying Behavioural Theories to Local Health Problems	Pros and cons of behavioural theory (use local examples) Chaos Theory Ethics of behavioural interventions	Choose a health problem in Guyana. Apply any theory / theories you were taught to this problem. This is a group project for class presentation. (30 points)
4	Programme planning using Social/ Behavioural Theories and Interventions	Social/ behavioural theories Social Cognitive Theory Information-Motivation-Behavioural Skills Self-Determination Theory	Applying Social/ behavioural theories to local health problems	Pros and cons of social/ behavioural theory (use local examples)	Choose a health problem in Guyana. Design a behaviour change programme to address this problem. This is a group project for class presentation. (30 points)
5	Programme Planning: Designing Evidence Based Interventions	Theory of the problem vs. Theory of the intervention (McLeroy, et al., 1993)	Precede-Proceed	Applying Precede-Proceed to local health problems Ethics of programme planning/ levels of intervention	

6	Policy/ Structural Interventions/ Syndemics	Structural Interventions	Policy interventions	Applying structural intervention strategies to local health problems Ethics of structural interventions	Class Presentations of Assignment 3 (20 points)
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Expectations

Students are expected to attend all sessions, complete required readings, participate in discussions of peer-reviewed papers and case studies.

Assessment

Students will also be required to submit on deadline all assignments. The minimum pass mark will be 55% calculated as an average of all assignments set. This is a continuous assessment course. There will be no final exam. However, there will be 4 types of evaluation in this course:

1. Critique - For any one level of intervention or determinant of health described, write a one page brief critiquing the pros and cons of that level of intervention to addressing any health problem in Guyana. Submit to next class. (20 points)
2. Choose a health problem in Guyana. Apply any theory / theories you were taught to this problem. This is a group project for class presentation. (30 points)
3. Choose a health problem in Guyana. Design a behaviour change programme to address this problem. This is a group project for class presentation. (30 points)
4. Presentation of a project at public seminar to ensure knowledge transfer and community elaboration. (20 points)

Class Assignments = 3 (80 points)

Seminar presentation = 1 (20 points)

(Total 100%)

1. 20% (Individual)
2. 30% (Group)
3. 30% (Group)
4. 20% (Group)

Grading Scheme

A = 80-100%

B = 70 < 80%

C = 60 < 70%

F = < 60%

Readings

Textbook:

1. Glanz, K., Rimer, B. K., & Viswanath, K. (2008). *Health Behaviour and Health Education: Theory, Research, and Practice* (4th ed.). San Francisco, CA: Jossey-Bass.
2. Issel, L. M. (2009). *Health Programme Planning and Evaluation: A Practical, Systematic Approach for Community Health* (2nd ed). Sudbury, MA: Jones & Bartlett Publishers.

Peer Reviewed Journals:

1. Frieden, T. R. (2010). A framework for public health action: The health impact pyramid. *American Journal of Public Health, 100*, 590-595.
2. McLeroy, K. R., Steckler, A. B., Simons-Morton, B., Goodman, R. M., Gottlieb, N., & Burdine, J. N. (1993). Social science theory in health education: time for a new model? *Health Education Research: Theory and Practice, 8* (3), p. 305-312.
3. US Centers for Disease Control and Prevention. (1999). Ten Great Public Health Achievements -- United States, 1900-1999. *Morbidity and Mortality Weekly Report, 48*(12), 241-243.
4. Bertozzi, S. M., Laga, M., Bautista-Arredondo, S., & Coutinho, A. (2008). Making HIV prevention programmes work. *Lancet, 372*, 831-844.
5. Coates, T. J., Richter, L., & Caceres, C. (2008). Behavioural strategies to reduce HIV transmission: how to make them work better. *Lancet, 372*, 669-684.
6. Merson, M. H., O'Malley, J., Serwadda, D., & Apisuk, C. (2008). The history and challenge of HIV prevention. *Lancet, 372*, 475-488.
7. Piot, P., Bartos, M., Larson, H., Zewdie, D., & Mane, P. (2008). Coming to terms with complexity: a call to action for HIV prevention. *Lancet, 372*, 845-859.
8. Blankenship, K. M., Bray, S. J., & Merson, M. H. (2000). Structural interventions in public health. *AIDS, 14*(Suppl 1):S11-21.
9. Blankenship, K. M., Friedman, S. R., Dworkin, S. & Mantell, J. E. (2006). Structural interventions: Concepts, challenges and opportunities for research. *Journal of Urban Health, 83*(1), 59-72.
10. McGinnis, J. M., Williams-Russo, P., & Knickman, J. R. (2002). The case for more active policy attention to health promotion. *Health Affairs, 21*(2), 78-93.

Websites

- [Guyana Ministry of Health](#)
- [World Health Organisation](#)
- [US Centres for Disease Control & Prevention \(CDC\)](#)
- [National Cancer Institute](#)
- [National Center for Health Statistics](#)
- [National Heart, Lung, and Blood Institute](#)
- [National Library of Medicine](#)

Other resources

HINARI database. Please contact Library staff at the Health Sciences Resource Centre for information on how to access this database of full-text scientific publications. Full text access to many of the journals listed above.