Public Health Social Work: Health Theory

Course Purpose and Description
Approximately half of all social workers are employed in health settings, and that number is expected to substantially increase over the next decade. While most social workers practice clinically, a growing number work in community, public and population health. Important national trends—health reform, health inequities, and the need to address social determinants of health—reflect this change and underscore the importance of adapting social work education for upstream public health-oriented practice in a transforming health environment. Public health social work (PHSW), one of the oldest continuous forms of social work, is both a sub-discipline and a set of approaches for addressing major health issues through the integrated use of public health and social work concepts, skills and competencies. PHSW has emerged as a particularly relevant framework for conceptualizing how to maximize social work's health impact.

This course, *Public Health Social Work: Health Theory,* provides an opportunity for social workers to explore social determinants of health, and apply and critique the history and theoretical foundations health promotion in the U.S. and to learn more about applications in varied health promotion settings. The course will focus on the theoretical determinants of health and health-related behavior from the individual to the environmental level and consider intervention strategies that are theoretically grounded. Topics include discussion of health promotion challenges and opportunities for varied social work issues, populations, and settings, allowing students to relate course material to current public health social work problems.

Modifications for the COVID-19 Era
The origins of public health social work lie in collaborations with its sister discipline of public health for the purpose of epidemic and infectious disease control and prevention in the early 20th century. Public health social work has always responded to epidemics, natural disasters, wars, terrorism and trauma. While today's pandemic poses some unique challenges in our globalized world, many are similar to those posed over the course of the profession's response to need. While some COVID-19 specific readings are interspersed throughout each module, the more general topics are especially applicable to ongoing and future COVID-19 recovery efforts.

Course Objectives:
1. Apply theoretical constructs of social and health behavior in planning community interventions.
2. Incorporate understanding of behavioral and cultural factors into community health education strategies to improve the health status of a community.
3. Articulate the key process steps in the development of community health promotion programs.
4. Function as collaborators on public health social work projects with the ability to assume leadership roles in the development of health promotion programs.

5. Function as a community resource person by demonstrating the skills needed to listen attentively and purposefully to a group, facilitate group discussion, and apply health promotion theory and evidence to problem discussion.
6. Apply behavioral science, health education, and communication theories and methods to the analysis of community health problems and the development of effective health promotion strategies.
7. Identify behavioral, social and cultural factors in a particular setting/problem and analyze how these factors affect a health issue.
8. Demonstrate knowledge of public health promotion services in your community

Link to Social Work and Public Health Competencies
This course seminar supports the attainment of social work competencies established by the Council on Social Work Education (CSWE) and public health competencies established by the Council on Education for Public Health (CEPH), listed below.

CSWE Social Work Competencies:
1. **Demonstrate Ethical and Professional Behavior**
2. **Engage Diversity and Difference in Practice**
3. **Advance Human Rights and Social, Economic, and Environmental Justice**
4. **Engage In Practice-informed Research and Research-informed Practice**
5. **Engage in Policy Practice**
6. **Engage with Individuals, Families, Groups, Organizations, and Communities**
7. **Assess Individuals, Families, Groups, Organizations, and Communities**
8. **Intervene with Individuals, Families, Groups, Organizations, and Communities**
9. **Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities**
CEPH Public Health Competencies:
Evidence-based Approaches to Public Health
1. **Apply epidemiological methods to the breadth of settings and situations in public health practice**
2. **Select quantitative and qualitative data collection methods appropriate for a given public health context**
3. **Analyze quantitative and qualitative data using biostatistics, informatics, computer-based programming and software, as appropriate**
4. **Interpret results of data analysis for public health research, policy or practice**
Public Health & Health Care Systems
5. **Compare the organization, structure and function of health care, public health and regulatory systems across national and international settings**
6. **Discuss the means by which structural bias, social inequities and racism undermine health and create challenges to achieving health equity at organizational, community and societal levels**
Planning & Management to Promote Health

7. **Assess population needs, assets and capacities that affect communities' health**
8. **Apply awareness of cultural values and practices to the design or implementation of public health policies or programs**
9. **Design a population-based policy, program, project or intervention**
10. **Explain basic principles and tools of budget and resource management**
11. **Select methods to evaluate public health programs**
Policy in Public Health
12. **Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence**
13. **Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes**
14. **Advocate for political, social or economic policies and programs that will improve health in diverse populations**
15. **Evaluate policies for their impact on public health and health equity**
Leadership
16. **Apply principles of leadership, governance and management, which include creating a vision, empowering others, fostering collaboration and guiding decision making**
17. **Apply negotiation and mediation skills to address organizational or community challenges**
Communication
18. **Select communication strategies for different audiences and sectors**
19. **Communicate audience-appropriate public health content, both in writing and through oral presentation**
20. **Describe the importance of cultural competence in communicating public health content**
Inter-professional Practice
21. **Perform effectively on inter-professional teams**
Systems Thinking
22. **Learning Objectives and Outcomes**

Required Textbooks:
Glanz, K., Rimer, B. K., & Viswanath, K. (Eds.) (2015). Health Behavior and Health Education (5th edition). San Francisco, CA: Jossey-Bass.

Course Components:
This course will contain five interrelated components designed to provide a general introduction to the skills and topics needed in a public health promotion professional.
1. Content Lectures
2. Skill Building Presentations & Practice in Class
3. Weekly Discussions of Readings in Class or Online
4. Student Presentations

Evaluative Criteria:

A. **Class Participation – 10%**

Students are expected to attend each class and discuss the assigned readings for that week in an informed and thoughtful manner. Group discussions each week focus on the readings, with two to three student facilitators prepared to lead the discussion. They will be held in-class or through an on-line platform.

Each student is graded for participation, weekly, based on their participation in the large class and in smaller reading discussions, and contributions that demonstrate understanding of the important messages of each of the assigned readings. You can only get full points if you are participating in both the larger class and the reading discussions, informed about the week's readings, and contributing substantively to discussions. Discussion is designed to help students engage in dialogue about health promotion concepts, more fully understand and apply core concepts and skills, and gain experience presenting their questions and ideas.

B. **Exams – 30% (total) - 15% each exam**

There will be two exams, each covering half the course material. The exams will have a mixture of questions that require short answers and brief essays to questions about lectures, presentations, journal articles and book chapters. The exams will require applying, integrating and analyzing health promotion theories and health promotion concepts covered in the previous 7 or so weeks. Exams are in-class and open-note. However, duplicates of chapters, articles, and tables <u>are not permitted</u>. Allowed: lecture slides & your lecture notes, class handouts (e.g. from Instructor or Teaching Assistant), exact definitions of terms/concepts, reading summaries (please paraphrase), and any other class handouts. Not allowed: cut & paste materials from charts in the readings, abstracts from chapters and articles, verbatim material from the readings. Each exam is worth 15% of the grade.

C. **Community Project – 20%**

Working in groups of 2-4, students select a health promotion project in an organization in the area (public or private, not-for-profit or for-profit, outside of the university) that addresses a particular public health social work issue. Students will contact the program, arrange a visit, tour the program and interview a key informant who should be the coordinator or director, and collect at least two health promotion materials to show the class. Students will identify their group members during the first two weeks of class and inform the instructor. Then they must inform the Teaching Assistant of the choice of organization, key informant's name and the scheduled date of their visit, no later than the fourth class of the semester.

The project consists of collecting information from the interview and tour (which all students in the group must attend) and materials about the mission of the program, the top three health promotion educational or change methods used, the one main (spoken or unspoken) theory that drives the health promotion efforts (or that most closely matches

the health promotion efforts), project accomplishments and outcomes, and suggestions for theory-driven change. Students will present their findings in a power point presentation to the class, with each student presenting an equal amount of time and equally sharing the question and answer period. The grade will be based on the presentation to the class, electronic copies of the presentation, and self-evaluations. Each student in the group needs to turn in a confidential self-evaluation form no later than one week after the presentation. The presentation will not be graded until all evaluations from the group are submitted. The group grade may be less for students who do not contribute fully.

The presentation should include the following: Title slide, background of organization and/or health problem, health promotion project objective(s), project funding source(s), health promotion methods used to carry out the project, how a specific theory is translated into practice in this organization, most important project achievements and/or outcomes, and theory-based suggestions for improvement. Maximum 20 minutes and then an additional 5-10 minutes for Q & A. Turn in an electronic copy of the presentation along with pdf's of one page each of two of the health promotion materials used to carry out the project objective. The due date will be selected by the group based on available dates in class.

D. Individual Paper – 25%

Each student will complete a paper that applies an alternate health promotion theory or framework to the health promotion program or project they selected for their group project. The alternate theories must be agreed upon among the group members so there is no duplication of theories in that group, and the Professor must be informed of the theories and who will cover which theory, no later than Week 10. Each student must prepare a 6-7 page (typed, double-spaced) paper describing the ways in which the health promotion strategy used by the organization would change from the existing health promotion strategy of the organization, if this alternate theory was used to drive development of the strategy. Please carefully cite all sources, using APA 7th edition. A draft of the paper should be brought to class week 12 (2 copies) for peer review. Final paper due Week 13.

E. Facilitation of Readings – 15%

Students will work in small groups (assigned at the beginning of the semester); each student will facilitate three group discussions (each worth 5% of your semester grade. Discussion groups will last 20-30 minutes. All group members are expected to actively engage in conversations about readings. The leader must create a Facilitation Guide that includes the week, facilitator names, each reading, and the 1-2 questions or discussion activities for each reading, along with a short example of a possible answer for each question.

Specific points will be assigned as follows:
1 point: demonstrate a good understanding of the assigned readings for the day and the core concepts in each reading
1 point: structures questions and discussion to involve all students in discussion

1 point: upload a complete discussion guide by 24 hours before class
1 point: strong focus on helping students discuss and actively learn about the two to four core concepts in each reading
1 point: good facilitation of the ongoing discussion

Reading discussions can be fun, including simulations, imaginary projects, relating personal experiences to the author's key points, case discussions, etc., as long as they are analyzed using key concepts in each of the readings. Facilitators are asked to not summarize or tell students key concepts, or simply fire off a series of exam type questions. Rather, they should use open-ended questions to generate lively discussion and active learning about the most important concepts in each reading. Facilitators will be expected to develop questions that are open-ended, and generate "higher level learning" among participants rather than simple recall. During the discussions, they will come up with brief related follow-up probes, affirmation of points, clarification when there are misunderstandings, and periodic summaries of key points the students have been raising that are related to the readings.

Weekly Course Outline

Module 1	Readings
Introduction	Moniz, C. (2010). Social work and the social determinants of health perspective: A good fit. *Health and Social Work*, *35*(4), 310-313. Ruth, B. J., & Marshall, J. W. (2017). A history of social work in public health. *American Journal of Public Health*, *107*(S3), S236-S242. Yancy, C. W. (2020). COVID-19 and African Americans. JAMA. doi:10.1001/jama.2020.6548 Retrieved from https://jamanetwork.com/journals/jama/article-abstract/2764789
Module 2	**Readings**
Social Determinants of Health and Health Behavior	Dean, H. D., Williams, K. M., & Fenton, K. A. (2013). From theory to action: applying social determinants of health to public health practice. *Public Health Reports, 128*(Suppl 3), 1-4. Glanz, K., Rimer, B. K., & Viswanath, K. (2015). The scope of health behavior. In K. Glanz, B. K., Rimer, & K. Viswanath, (Eds.), *Health behavior: Theory, research, and practice* (pp 3-22). John Wiley & Sons. Rine, C. M. (2016). Social determinants of health: Grand challenges in social work's future. *Health & Social Work*, *41*(3), 143-145.
Module 3	**Readings**
Ecological Models of Health Behaviors	Baron, S. L., Beard, S., Davis, L. K., Delp, L., Forst, L., Kidd, T. A., Liebman, A. K., Linnan, L., Punnett, L., & Welch, L. S. (2014). Promoting integrated approaches to reducing health inequities among low-income workers: Applying a social ecological framework. *American Journal of Industrial Medicine, 57*(5), 539–556. Eaton, L. A., & Kalichman, S. C. (2020). Social and behavioral health responses to COVID-19: lessons learned from four decades of an HIV pandemic. *Journal of Behavioral Medicine*, 1-5. Lehman, B. J., David, D. M., & Gruber, J. A. (2017). Rethinking the biopsychosocial model of health: Understanding health as a dynamic system. *Social and Personality Psychology Compass*, *11*(8), e12328. Sallis, J. F., Owen, N. & Fisher, E. B. (2015). Ecological models of Health Behavior. In K. Glanz, B. K., Rimer, & K. Viswanath, (Eds.), *Health behavior: Theory, research, and practice* (pp. 465-486). John Wiley & Sons. Simons-Morton, B. (2013). Health behavior in an ecological context. *Health Education & Behavior, 40*(1), 6-10.
Module 4	**Readings**
Individual Models of Health Behavior	Artiga, S., & Hinton, E. (2019). Beyond health care: the role of social determinants in promoting health and health equity. *Health*, *20*(10), 219. Glanz, K., Rimer, B. K., & Viswanath, K. (2015). Theory, research, and practice in health education and health behavior. In K. Glanz, B. K., Rimer, & K. Viswanath, (Eds.), *Health behavior: Theory, research, and practice* (pp 23-40). John Wiley & Sons. Pan, A., Liu, L., Wang, C., Guo, H., Hao, X., Wang, Q., ... & Wei, S. (2020). Association of public health interventions with the epidemiology of the COVID-19 outbreak in Wuhan, China. *JAMA*. https://jamanetwork.com/journals/jama/fullarticle/2764658?resultClick=1
Module 5	**Readings**

Health Belief Model	Al-Sabbagh, M. Q., Al-Ani, A., Mafrachi, B., Siyam, A. M., Isleem, U., Massad, F. I., ... & Abufaraj, M. (2020). Predictors of adherence to home quarantine during COVID-19 crisis: The case of Health Belief Model in Jordan. *Lancet Public Health,* https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3572904. Nobiling, B. D., & Maykrantz, S. A. (2017). Exploring perceptions about and behaviors related to mental illness and mental health service utilization among college students using the health belief model (HBM). *American Journal of Health Education*, *48*(5), 306-319. Sugg Skinner, C., Tiro, J., Champion, V. L. The Health Belief Model. In K. Glanz, B. K., Rimer, & K. Viswanath, (Eds.), *Health behavior: Theory, research, and practice* (pp 45-66). John Wiley & Sons.
Module 6	**Readings**
Stages of Change	Edwards-Stewart, A., Prochaska, J. O., Smolenski, D. J., Saul, S. F., & Reger, G. M. (2017). Self-Identified problem behaviors and stages of change among soldiers. *Military Behavioral Health*, *5*(3), 203-207. Prochaska, J. O., Redding, C. A., & Evers, K. E. (2015). The transtheoretical model and stages of change. In K. Glanz, B. K., Rimer, & K. Viswanath, (Eds.), *Health behavior: Theory, research, and practice* (pp 97-122). John Wiley & Sons. Zapor, H., Wolford-Clevenger, C., & Johnson, D. M. (2018). The association between social support and stages of change in survivors of intimate partner violence. *Journal of Interpersonal Violence*, *33*(7), 1051-1070.
Module 7	**Readings**
Social Cognitive Theory	Edwards, M. E., Jepson, R. G., & McInnes, R. J. (2018). Breastfeeding initiation: An in-depth qualitative analysis of the perspectives of women and midwives using Social Cognitive Theory. *Midwifery*, *57*, 8-17. McAlister, A. L., Perry, C. L., & Parcel, G. S. (2015). How individuals, environments, and health behaviors interact: The Social Cognitive Theory. In K. Glanz, B. K., Rimer, & K. Viswanath, (Eds.), *Health behavior: Theory, research, and practice* (pp 159-182). John Wiley & Sons.
Module 8	**Readings**
Theory of Reasoned Action/Theory of Planned Behavior/Integrated Behavioral Model	Kim, E., Lee, J. A., Sung, Y., & Choi, S. M. (2016). Predicting selfie-posting behavior on social networking sites: An extension of theory of planned behavior. *Computers in Human Behavior*, *62*, 116-123. McAfee, C. A., Jordan, T. R., Sheu, J. J., Dake, J. A., & Kopp Miller, B. A. (2019). Predicting racial and ethnic disparities in advance care planning using the integrated behavioral model. *OMEGA-Journal of Death and Dying*, *78*(4), 369-389. Montano, D. E., & Kasprzyk, D. (2015). Theory of Reasoned Action, Theory of Planned Behavior, and the Integrated Behavioral Model. In K. Glanz, B. K., Rimer, & K. Viswanath, (Eds.), *Health behavior: Theory, research, and practice* (pp 67-96). John Wiley & Sons.
Module 9	**Readings**
Stress & Coping	Glanz, K. & Schwartz, M. D. (2015). Stress, coping, and health behavior. In K. Glanz, B. K., Rimer, & K. Viswanath, (Eds.), *Health behavior: Theory, research, and practice* (pp 211-236). John Wiley & Sons. Han, C. S., Ayala, G., Paul, J. P., Boylan, R., Gregorich, S. E., & Choi, K. H. (2015). Stress and coping with racism and their role in sexual risk for HIV among African American, Asian/Pacific Islander, and Latino men who have sex with men. *Archives of Sexual Behavior*, *44*(2), 411-420.

Module 10	Readings
Precaution Adoption Process Model	Glik, D. C., Eisenman, D. P., Zhou, Q., Tseng, C. H., & Asch, S. M. (2014). Using the Precaution Adoption Process model to describe a disaster preparedness intervention among low-income Latinos. *Health Education Research*, *29*(2), 272-283. Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., Ho, C. S., & Ho, R. C. (2020). Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China. *International Journal of Environmental Research and Public Health*, *17*(5), 1729. Weinstein, N. D., Sandman, P. M., & Blabock, S. J. (2015). The Precaution Adoption Process Model. In K. Glanz, B. K., Rimer, & K. Viswanath, (Eds.), *Health behavior: Theory, research, and practice* (pp 189-210). John Wiley & Sons.
Module 11	**Readings**
Social Networks and Support	Armitage, R., & Nellums, L. B. (2020). COVID-19 and the consequences of isolating the elderly. *The Lancet Public Health*. https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30061-X/fulltext?rss=yes&utm_campaign=update-lanpub&utm_source=hs_email&utm_medium=email&utm_content=85039243&_hsenc=p2ANqtz--YDWFiXJ-HT78LxM8HBygn-LTrCpKYUjrY-dRgBFVO9m0rVQfPsUErqhv1snuKoLXwFoqHB7EQrWaj2v6edSe2BKt_YA&_hsmi=85039243 Azevedo, K. J., Weiss, B. J., Webb, K., Gimeno, J., & Cloitre, M. (2016). Piloting specialized mental health care for rural women veterans using STAIR delivered via telehealth: Implications for reducing health disparities. *Journal of Health Care for the Poor and Underserved*, *27*(4), 1-7. Heaney, C. A., & Israel, B. A. (2015). Social networks and social support. In K. Glanz, B. K., Rimer, & K. Viswanath, (Eds.), *Health behavior: Theory, research, and practice* (pp 189-210). John Wiley & Sons.
Module 12	**Readings**
Empowerment Model/Addressing Social Determinants of Health	Adler, N. E., Glymour, M. M., & Fielding, J. (2016). Addressing social determinants of health and health inequalities. *JAMA*, *316*(16), 1641-1642. Gaeta, C., & Brennessel, R. (2020). COVID-19: Emergency Medicine Physician Empowered to Shape Perspectives on This Public Health Crisis. *Cureus*, *12*(4). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7117614/ Joseph, R. P., Daniel, C. L., Thind, H., Benitez, T. J., & Pekmezi, D. (2016). Applying psychological theories to promote long-term maintenance of health behaviors. *American Journal of Lifestyle Medicine*, *10*(6), 356-368. Turner, S. G., & Maschi, T. M. (2015). Feminist and empowerment theory and social work practice. *Journal of Social Work Practice*, *29*(2), 151-162.
Module 13	**Readings**
Diffusion of Innovation and Organization Change	Dunn Butterfoss, F., Kegler, M. C., & Francisco, V. T. (2015). Mobilizing organization for health promotion: Theories of organizational change. In K. Glanz, B. K., Rimer, & K. Viswanath, (Eds.), *Health behavior: Theory, research, and practice* (pp 313-334). John Wiley & Sons. Minkler, M., Wallerstein, N., & Wilson, N. (2015). Improving health through community organization and community building. In K. Glanz, B. K., Rimer, &

	K. Viswanath, (Eds.), *Health behavior: Theory, research, and practice* (pp 287-312). John Wiley & Sons. Oldenburg, B., & Glanz, K. (2015). Diffusion of innovation. In K. Glanz, B. K., Rimer, & K. Viswanath, (Eds.), *Health behavior: Theory, research, and practice* (pp 313-334). John Wiley & Sons.
Module 14	**Readings**
Social determinants in social work practice	Krieger, N. (2010). Workers are people too: societal aspects of occupational health disparities--an ecosocial perspective. *American Journal of Industrial Medicine, 53*(2), 104–115. Muskat, B., Craig, S. L., & Mathai, B. (2017). Complex families, the social determinants of health and psychosocial interventions: Deconstruction of a day in the life of hospital social workers. *Social Work in Health Care*, *56*(8), 765-778. Spector, A. Y. (2019). Social determinants of health in the Human Services: A conceptual model and road map for action. *Journal of Progressive Human Services*, *30*(2), 108-126. Thornton, R. L., Glover, C. M., Cené, C. W., Glik, D. C., Henderson, J. A., & Williams, D. R. (2016). Evaluating strategies for reducing health disparities by addressing the social determinants of health. *Health Affairs*, *35*(8), 1416-1423.
Module 15	**Reading**
Future directions	Heymann, D. L., & Shindo, N. (2020). COVID-19: what is next for public health? *The Lancet*, *395*(10224), 542-545. https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30374-3/fulltext?hss_channel=tw-27013292 Palmer, R. C., Ismond, D., Rodriquez, E. J., & Kaufman, J. S. (2019). Social determinants of health: future directions for health disparities research. *American Journal of Public Health, 109*(suppl 1), S70-S71.