


Health Promotion Strategies: Week 6

The role of theory in health promotion practice [IMA Step 3]

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PLEASE NOTE: Some slides have been downloaded (with appreciation)
from the Intervention Mapping Online Resource website (at
<http://www.sph.uth.tmc.edu/chppr/interventionmapping/>)


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Class agenda

1. Small group presentation re. Social Cognitive Theory
2. Checking in on Assignment 1
3. Reporting on class assignment
4. General consideration of the roles of theory in health promotion practice
5. IMA Step 3: Selecting theory-informed intervention methods and practical strategies
6. Wrap up & preparation for next week's class


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Checking in on Assignment 1

1. Dimensions
2. Purpose
3. Elements


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Dimensions of Assignment 1

1. Best practices in HP practice decision making
 1. Values, evidence, theory
 2. Socio-ecological (environmental) analysis (multi-level)
 3. Multi-strategy
2. HP intervention planning (IMA)
 1. **Rear-view planning** (Assignment 1): moving from the past to the future: analysis of existing interventions
 2. **Forward planning**: moving from present to the future: problem/solution trees


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Purpose of Assignment 1

1. To explore & learn about planning HP interventions
2. To use the IMA as a tool, not rigid formula of boxes
3. To force us to think & plan logically, rigorously, comprehensively
4. To allow us to "make a strong case" for our interventions
5. To identify challenges in HP planning, especially re. roles of values, evidence & theory

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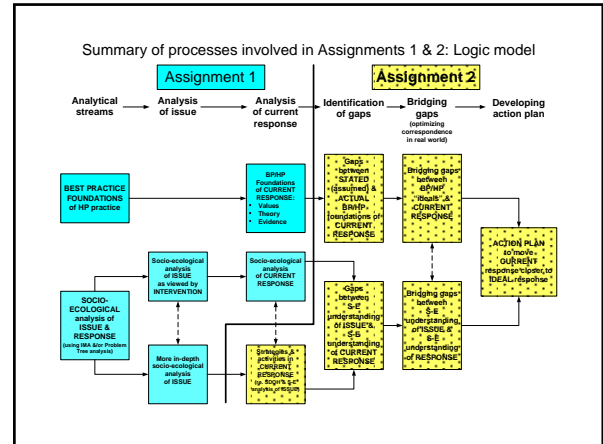


Elements of Assignment 1

1. Identifying etc. "best practice" foundations": values, evidence, theories/beliefs
2. Socio-ecological analysis
 1. Of issue
 2. Of response/intervention
3. [Assignment 2: Analysis & critique of strategies etc.: using IMA & Problem/solution tree analysis]

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	ASSIGNMENT 1		ASSIGNMENT 2				
	Current issue	Current response	Current response Identifying & describing current response (i.e., strategies, activities, processes)	Identifying "gaps" in current response	Identifying "ideal" response in real world	Bridging gap between current and "ideal" response	Action plan to move current response closer to "ideal" response
Underlying foundations of health promotion in practice		Analysis of foundations of current response: • Values • Theoretical beliefs/evidence	Identifying gaps between stated/assumed foundations & values, theory and evidence in actual response	General HP principles that should guide all interventions/responses: 1. Values, theory, evidence 2. Interventions (e.g., multiple synergistic strategies at multiple levels—see Bartholomew et al.) 3. Addressing the social determinants of health	Proposed "bridging" of gap between HP "ideals" and current response	1. Objectives & indicators of success 2. Tasks/activities to achieve objectives 3. Timeline 4. Resources 5. Challenges 6. Evaluation OR 1. Who 2. What 3. How 4. When 5. With what resources 6. With what intended effects	
Socio-ecological analyses (May use Intervention Mapping Approach and/or "problem tree analysis")	Socio-ecological analysis of health-related issue	Socio-ecological analysis of current response	The variety of strategies and activities employed in the response, and how these relate to the SDOH at the various levels associated with taking a socio-ecological approach in responding to your selected issue	Identifying gaps between socio-ecological understanding of issue & response—this will identify strengths & weaknesses	Optimizing correspondence between socio-ecological understanding of issue & response—within the constraints of the "real" world of HP practice	Proposed "bridging" of gap between socio-ecological understanding of issue & response	

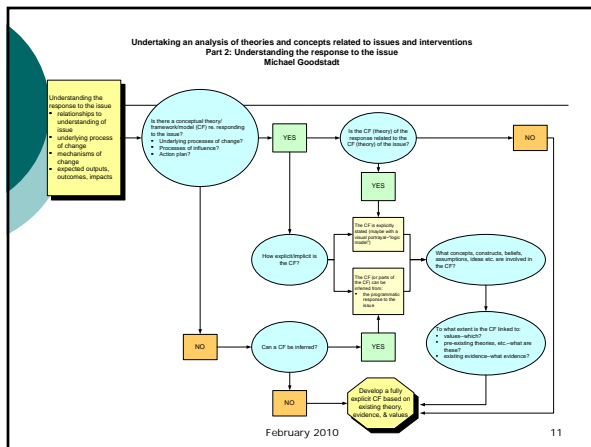
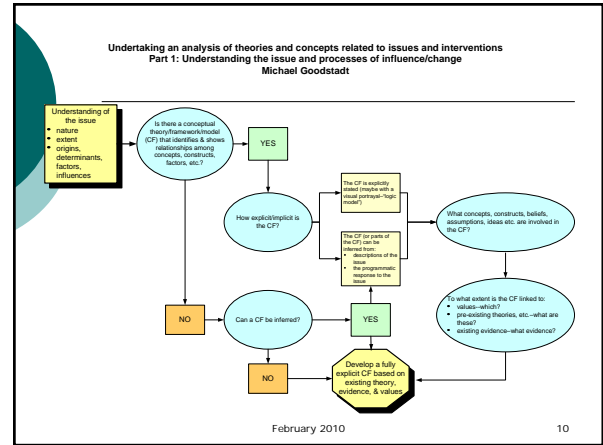


Class assignment: Identifying underlying theories, beliefs & assumptions

Develop conceptual/logic model re. the theoretical constructs underlying your community-based response/intervention:

- regarding "theories re. the **issue/problem**" and
- regarding "theories of **change/influence**"

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The use of theory in health promotion practice

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Objectives

1. To clarify the meanings of “theory”
2. To explore the roles/functions of theory
3. To explore limitations in using theory in HP practice
4. To explore the possible contributions of theory to the practice of health promotion
5. To identify major theories relevant to HP practice
6. To identify issues related to defining, identifying, using theories in planning HP interventions

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Questions for class discussion re. the use of theory in health promotion

1. What theories can we name?
2. Is there a health promotion theory?
3. What do we mean by “theory”?
4. What are the challenges in using “theory” in HP?

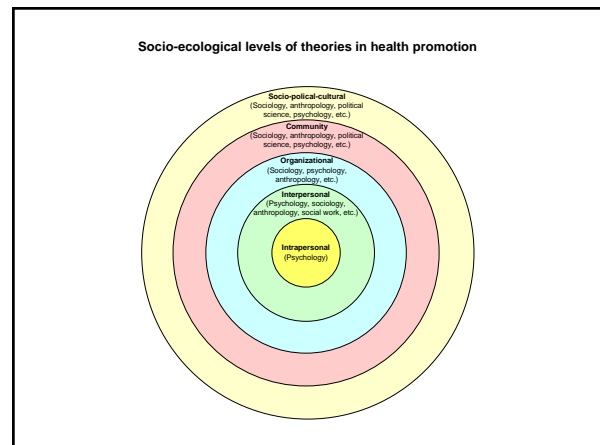
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Focus of theories in health promotion

(Nutbeam & Harris)

1. **Individual** explain health behaviour & health behavior change by focussing on characteristics of individual
2. **Communities:** explain change in communities & communal action for health
3. **Organizations:** explain change in organizations & the creation of health-supportive organizational practice
4. **Communication:** guide communication to bring about behaviour change
5. **Policy:** help to understand the development of healthy public policy
6. [**Ecological perspective:** focuses on influence of mutually interacting levels of factors on health behaviors]

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Is there a health promotion theory?

1. Theory **of** health promotion?
 - Ottawa Charter for health promotion
 - Other Health Promotion “statements”
 - Theories of public health & population health
2. Theory **about** health promotion?
3. Theories for use **in** health promotion?

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“Grand theory” versus many [little] theories (McQueen, D. V., 2007)

1. **Macro-level theories:** Providing overall perspective in identifying & responding to “health-related issues”; paradigms
2. **Specific theories:** guide selection of methods & development of specific strategies for interventions

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Roles of "theory" in HP practice

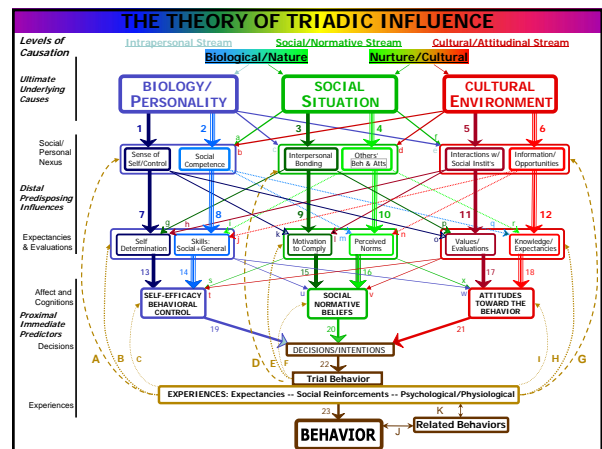
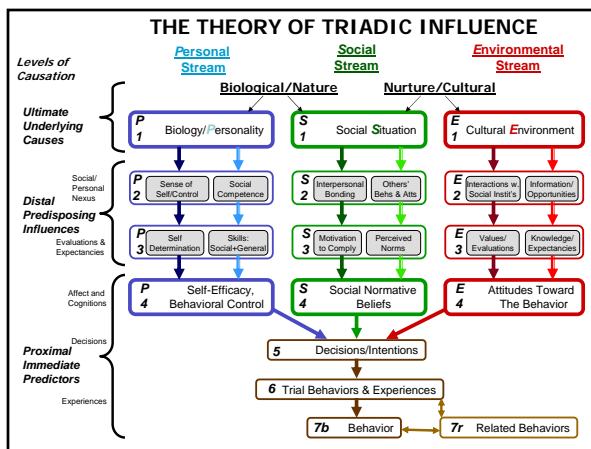
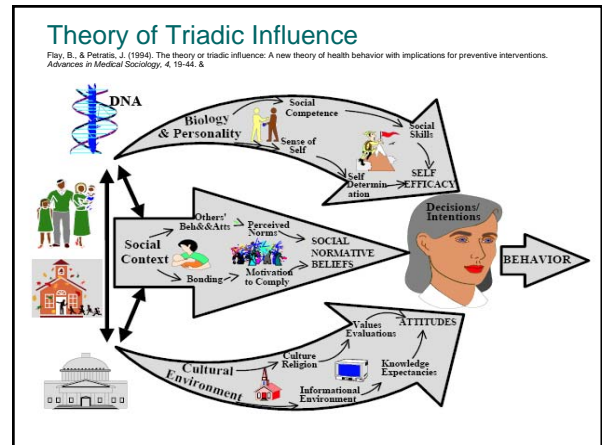
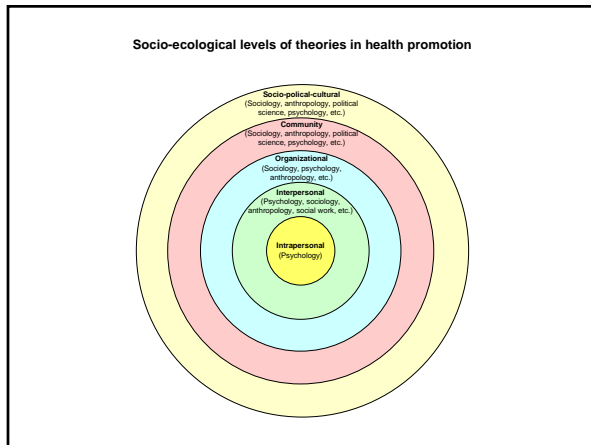
1. Providing **general** perspective & understanding
2. Providing **specific** direction for "making a difference: Layers of theory:
 1. "Theory of problem/issue" *versus* "theory of action/intervention/change"
 2. "Theory" at every stage & element of "intervention"
 1. Problem analysis/assessment
 2. Planning
 3. Implementation
 4. Evaluation
3. One of the strengths of the IMA

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Use of mega-theory in HP

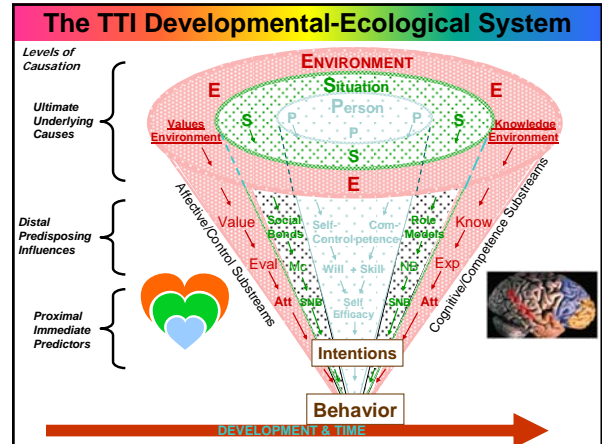
1. Critical social science:
 - > "Reduction of illusion"
 - > Identification of suffering & restricted flourishing, and causes
2. Sociology of health, illness, medicine, etc., e.g.:
 - > Marx (political economy)
 - > Parsons
 - > Foucault
 - > Feminism
 - > [anti] oppression: class, gender, race, ethnicity, etc.

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Theoretical Orientation: A Matrix of Theories

Levels (or tiers) of Causation	Streams of Influence		
	Intrapersonal (Biological and Personality) → Self-efficacy	Interpersonal or Social Situation/Context → Normative Beliefs	Socio-cultural Environment → Attitudinal
Ultimate causes	Biological (sociology) Psychoanalytic Personality Resilience (Garmazy) Self-control (Gottfredson & Hirschi)	Social control (Elliott) Family systems (Brook) Parenting styles Peer clustering (Oetting)	Class conflict Low SES Anomie Social Disorganization Strain (Merton) Radical theories
Distal influences	Personal competence Self-esteem Self-derogation (Kaplan) Personal control	Social attachment/bonding Social development (Hawkins) Differential association Social learning	(General knowledge) Cultural identity Values theories Motivation theories
Proximal predictors	Social skills Self-regulation Self-efficacy	Conformity Social normative beliefs	Expectancy Subjective utility Attitude
	Theories of decision-making and problem-solving, Theory of Reasoned Action (Fishbein and Ajzen), Theory of Planned Behavior (Ajzen)		
Integrative theories	Social Cognitive Theory (Bandura), Problem Behavior Theory (Jessor), Feedback systems theories		



Three challenges (McQueen, 2007)

- Complexity** (number of components, intricacy, connectedness): social structures, social change, infrastructure
- “Contextualism”**: social actions related to context
- Reflexivity**: constructs & theories are framed on the basis of our own biographies.

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Challenges to the use of theory in health promotion

- What theoretical perspectives are missing from our textbooks?
- What about sociological theories, especially as found in critical social science?
- What challenges do sociological theory & critical social science present for
 - HP in general
 - Theories of the issue and theories of change/influence?

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Critiques of existing theoretical approaches in HE (HP)

Freudenberg, N., Eng, E., Flay, B., Parcel, G., Rogers, T., & Wallerstein, N. (1995). Strengthening individual and community capacity to prevent disease and promote health: In search of relevant theories and principles. *Health Education Quarterly*, 22(3), 293-306.

- HE theories not readily accessible to practitioners
 - theories not address educators' professional needs
 - not facilitate integration of practical experience into a theoretical framework
- Most theories
 - emphasize individual change, not social structure change
 - static & unidirectional; whereas influential factors are dynamic & interactive
 - emphasize role of health educator rather than individuals and communities
- Health educators often use theories of problems & theories of change interchangeably

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Formal theories/models of individual & social change

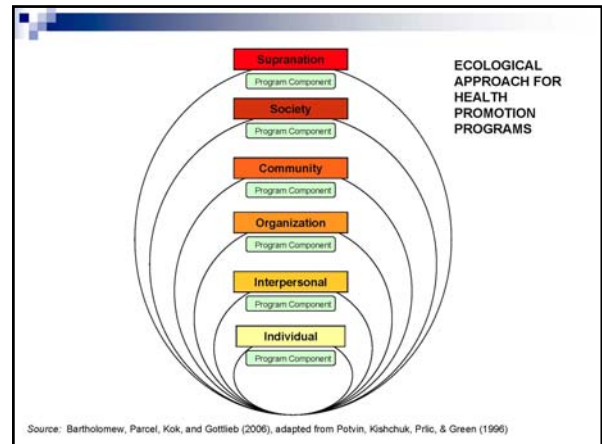
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Ecological perspective on health promotion programs

(McLeroy et al, Health Ed. Quarterly, 1988)

- Focus on both individual & social environmental factors
 1. Intrapersonal
 2. Interpersonal
 3. Organizational
 4. Community
 5. Socio-political culture
- Mutual inter-relationships among factors

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Focus of theories

(Nutbeam & Harris)

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Individual focus

- **Health Belief Model** (e.g., Becker, Hochbaum, Janz)
- **Social Learning/Cognitive Theory** (Bandura)
- **Theory of Reasoned Action & Theory of Planned Behavior** (Fishbein & Ajzen)
- **Stages of Change Model (Transtheoretical Model)** (Prochaska & DiClemente)

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Community focus

- **Community organization and community building** (Minkler & Wallerstein) [Community organization (Rothman & Tropman)]
- **Community Coalition Action Theory** (Butterfoss & Kegler)
- **Community Capacity Building** (Norton, McLeroy, Burdine, Felix, & Dorsey)
- **Social Capital Theory** (Kreuter & Lezin)
- **Organizational change** (Steckler, Goodman & Kegler)

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Communications focus

- **Communication-behaviour change** (McGuire)
- **Diffusion of Innovation Theory** (Rogers; Oldenburg & Parcel)
- **Social marketing** (Maibach, Rothschild & Novelli)
- **Communication Theory & Health Behavior Change** (Finnegan & Viswanath)
- **Prevention marketing** (Kennedy & Crosby)

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HP policy focus

- **Ecological Framework** (Milio)
- **Determinants of Policy Making Model** (De Leeuw)
- **Indicators of Policy-Making Process** (Ziglio)

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Ecological models

- McLery, Bibeau, Steckler, & Glanz (1988)
- Stokols (1992): health promotive environment (consistent with Ottawa Charter & Precede/Proceed Model)
- Salis & Owen (2002)

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Emerging conceptual frameworks (“theories”)

1. Organizational development/change
2. Community organization/development
3. Advocacy
4. Policy

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Understanding the meanings of “theory” in health promotion

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Theory: dominant definition (positivist)

(cited by Glanz, K., Lewis, F. M., & Rimer, B. K. (2002))

Kerlinger (1986)

“A set of interrelated constructs (concepts), definitions, and propositions
...that present a systematic view of phenomena
...by specifying relations among variables
...with the purpose of explaining
...and predicting the phenomena”

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Variations in perspectives re. “theory”

<p>Kerlinger (1986)</p> <ul style="list-style-type: none">○ “A set of interrelated constructs (concepts), definitions, & propositions○ that present a systematic view of phenomena○ by specifying relations among variables○ with the purpose of explaining○ & predicting the phenomena”	<p>Blake Poland (2005)</p> <ul style="list-style-type: none">○ “A set of interrelated constructs, definitions, & propositions○ that present a systematic view of a phenomenon,○ with the purpose of explaining its nature, development and/or consequences”
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Positivist (scientific) versus humanist perspectives re. purpose of theory

<p>Positivist (scientific)</p> <ol style="list-style-type: none"> Explanation <ul style="list-style-type: none"> specifies explanatory factors that influence phenomenon & relationship between factors Hypothesis testing <ul style="list-style-type: none"> specifies conditions under which relationships occur Generalization <ul style="list-style-type: none"> concerned with applicability in variety of circumstances 	<p>Humanist (Buchanan)</p> <ol style="list-style-type: none"> Making assumptions explicit Understanding Sense-making Sensitization Critique
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Distinguish meanings of “theory”

- Formal generic theories (models?) of influence & change
- Conceptual frameworks: general & issue/setting-specific
- Assumptions & beliefs

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Conclusions re. use of theory in HP

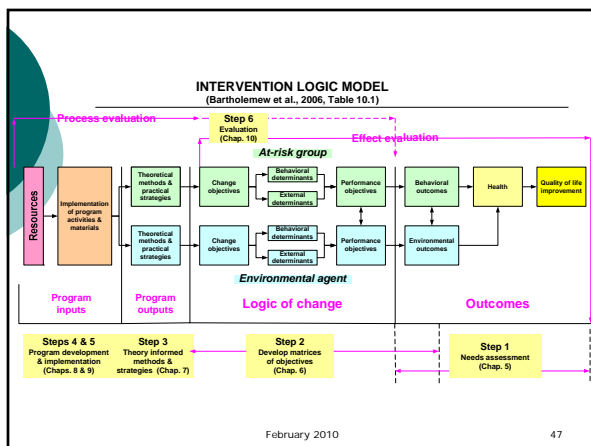
- Theories can help
- Taking a theoretical/conceptual approach can help
- No theory without values
- No useful theory without research/evidence
- No universally valid theory of individual and/or social phenomena
- Theoretical perspectives affect methodologies re. planning, implementation & evaluation

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Use of theory in Intervention Mapping Approach (Step 3)

STEP 3: identifying & using theory in addressing the determinants that hinder [or foster] achievement of performance objectives

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Six steps of the Intervention Mapping Approach

- Conduct a needs assessment
- Create matrices of change objectives based on the determinants of behavior and environmental conditions
- Select theory-based intervention methods and practical strategies**
- Translate methods and strategies into an organized program
- Plan for adoption, implementation and sustainability of the program
- Generate an evaluation plan

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Step 3: Methods and Strategies

- Task 1:** Review program ideas with the intended participants and use their perspectives when identifying methods and strategies
- Task 2:** Use core processes to identify theoretical methods that can influence change in determinants and identify the conditions under which a given method is most likely to be effective
- Task 3:** Choose program theoretical methods
- Task 4:** Select or design practical strategies for applying the methods to the intervention program
- Task 5:** Assure that the final strategies [still] match the change objectives

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Methods and Strategies

A **Method** is a general process for influencing changes in the determinants of behavior and environmental conditions

A **Strategy** is a practical technique for the application of methods in ways that fit with the intervention group and the context in which the intervention will be conducted

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Continuum of Methods and Strategies

Continuum extends from abstract theoretical methods, through practical strategies, to organized programs with specified scope, sequence, and support materials

Example:

- "skills training" is a theoretical method
- a step-by-step instruction from a videotape with guided practice is practical strategy to deliver the skills training
- program would include descriptions of when and how the training would be delivered and supported.

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Core Processes for Identifying Theory-based Intervention Methods

1. Organize complete **list of change objectives** by determinants (the matrix columns)
2. **Formulate questions** about methods
3. **Brainstorm** provisional list of methods that may influence each determinant
4. **Topic approach:** Go to the literature related to the specific problem to identify evidence to support, refute, or add to list of methods
5. **Construct approach:** Review the list of methods, determinants, and objectives, and follow these constructs to theories
6. **General theories approach:** Review the list of methods for general theoretical patterns
7. Consider the need to collect **additional data** on methods through qualitative/quantitative research

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IMA Step 3: details & examples

STEP 3: identifying & using theory in addressing the determinants that hinder [or foster] achievement of performance objectives

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Test Your Methods and Strategies IQ

- ✓ Modeling
- ✓ Persuasion
- ✓ Guided practice
- ✓ Reattribution
- ✓ Role model stories
- ✓ Support groups
- ✓ Reinforcement
- ✓ Certificate of achievement
- ✓ Social comparison
- ✓ Fear arousal
- ✓ Patient counseling
- ✓ Stimulus control
- ✓ No-smoking signs
- ✓ Video presentation of learner attempts at skill
- ✓ Coping response planning

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Example of Working on Methods and Strategies

Change Objectives	Methods	Strategies
Express confidence in getting and understanding mammography results	Modeling	Modeling of woman receiving results of mammogram
Describe reasons for getting a mammogram every year	Persuasive communication	Promotora uses convincing language; gives both sides of argument; reiterates reasons for the test Role model stories
Expect to feel relieved after the cancer test	Modeling	Promotora gives testimonials of responses of women with sense of relief after testing

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- ### Basic Methods at Individual Level
- | METHODS | PARAMETERS FOR USE |
|--|--|
| <ul style="list-style-type: none"> • Participation | <ul style="list-style-type: none"> ✓ Accepting priority population as having equal status |
| <ul style="list-style-type: none"> • Active learning | <ul style="list-style-type: none"> ✓ Time, information, and skills |
| <ul style="list-style-type: none"> • Tailoring | <ul style="list-style-type: none"> ✓ Tailor on behavior change (e.g., stage) or relevance (e.g., culture) factors |
| <ul style="list-style-type: none"> • Individualization | <ul style="list-style-type: none"> ✓ Depends on personal communication that can respond to a learner's needs |
| <ul style="list-style-type: none"> • Feedback and reinforcement | <ul style="list-style-type: none"> ✓ Individual, specific and follow the desired behavior closely in time |
| <ul style="list-style-type: none"> • Facilitation | <ul style="list-style-type: none"> ✓ Usually requires changes in the environment |
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- ### Methods to Increase Knowledge
- | METHODS | PARAMETERS FOR USE |
|--|--|
| <ul style="list-style-type: none"> • Chunking | <ul style="list-style-type: none"> ✓ Labels or acronyms assigned to material to aid memory |
| <ul style="list-style-type: none"> • Advance organizers | <ul style="list-style-type: none"> ✓ Outline concrete examples in front of what is to be learned |
| <ul style="list-style-type: none"> • Images | <ul style="list-style-type: none"> ✓ Must use familiar physical or verbal images as analogies to less familiar process |
| <ul style="list-style-type: none"> • Tailoring | <ul style="list-style-type: none"> ✓ Can tailor information to concepts that the learner already has |
| <ul style="list-style-type: none"> • Discussion | <ul style="list-style-type: none"> ✓ Requires listening to the learner to ensure that the correct schemas are activated |
| <ul style="list-style-type: none"> • Active learning | <ul style="list-style-type: none"> ✓ Requires helping learners add something to the information to be remembered |
| <ul style="list-style-type: none"> • Cues | <ul style="list-style-type: none"> ✓ Same cues must be present at the time of learning and the time of retrieval |
| <ul style="list-style-type: none"> • Rehearsal | <ul style="list-style-type: none"> ✓ More effective when elaborative: actively adding information |
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- ### Methods to Change Awareness and Risk Perception
- | METHODS | PARAMETERS FOR USE |
|---|---|
| <ul style="list-style-type: none"> • Information about personal risk | <ul style="list-style-type: none"> ✓ Presented as individual, undeniable, congruent with actual risk, and cumulative; with qualitative and quantitative examples |
| <ul style="list-style-type: none"> • Scenario-based risk information | <ul style="list-style-type: none"> ✓ Plausible scenario with cause and outcome; imagery |
| <ul style="list-style-type: none"> • Loss frame or gain frame | <ul style="list-style-type: none"> ✓ Loss frame for detection behaviors and gain frame for prevention behaviors |
| <ul style="list-style-type: none"> • Re-evaluation, self-evaluation, and consciousness raising | <ul style="list-style-type: none"> ✓ Feedback and confrontation to raise awareness must be quickly followed by increase in problem-solving ability and self efficacy |
| <ul style="list-style-type: none"> • Dramatic relief | <ul style="list-style-type: none"> ✓ Counseling context will enable emotions to be aroused and subsequently relieved |
| <ul style="list-style-type: none"> • Fear arousal | <ul style="list-style-type: none"> ✓ Requires high self efficacy expectations rather than high outcome expectations alone |
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Example: Methods for Awareness, Risk – Translation to Strategies



Etienne (34): I never had condoms on me because I don't want to have sex just for the sex. First, I want to get to know someone. I met my second girlfriend at a rehabilitation centre. There wasn't anything going on yet. One evening we had a drink together. We ended up in bed and then it happened. Totally unexpected, so we had sex without a condom. Afterwards I thought about it, and I was full of regret. To reassure me she told me she had hepatitis C but not HIV. I took an HIV test anyway, three months after the sexual event. Fortunately, the result was good. But from now on, I want to be prepared. I will take into account I may end up having sex with someone without really having planned it. So, if I have a date again I will buy condoms in advance, to play it safe.

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Methods to Change Attitudes, Beliefs and Outcome Expectations

METHODS	PARAMETERS FOR USE
<ul style="list-style-type: none"> • Belief selection • Self re-evaluation • Environmental re-evaluation • Shifting perspective • Arguments • Direct experience • Modeling • Active processing of information • Anticipated Regret • Repeated exposure 	<ul style="list-style-type: none"> ✓ Requires finding out current beliefs to choose belief on which to intervene ✓ Better to stimulate both cognitive & affective appraisal of self-image ✓ Target both cognitive & affective appraisal; improve appraisal, empathy skills ✓ Begin with perspective of learner ✓ Arguments new to the individual ✓ Experience with the behavior must have rewarding outcomes or that individuals can cope with and reframe negative outcomes ✓ Must ensure that the model is reinforced ✓ High motivation and high cognitive ability ✓ Must stimulate imagery ✓ Only when original attitude is neutral

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Methods for Social Influence

METHODS	PARAMETERS FOR USE
<ul style="list-style-type: none"> • Visible expectations • Building skills for resistance to social pressure • Shifting focus • Modeling and vicarious reinforcement • Stimulate communication and mobilize social support 	<ul style="list-style-type: none"> ✓ Requires positive expectations to be available in the environment ✓ Requires skill building for refusal skills; commitment to intention, relating behavior to values, and psychological inoculation against pressure ✓ Must shift focus to a new reason for performing the behavior ✓ Requires attention, remembrance, and skills ✓ Must combine caring, trust, openness, and acceptance as well as support for behavioral change

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Methods for Development of Skills, Capability, Self-Efficacy

METHODS	PARAMETERS FOR USE
<ul style="list-style-type: none"> • Modeling • Guided practice • Enactment • Verbal Persuasion • Physiological & affective change • Reattribution training • Goal setting • Planning coping responses 	<ul style="list-style-type: none"> ✓ Requires attention, remembrance, skills, reinforcement; credible source, method, channel ✓ Include sub-skill demonstration, instruction, enactment with feedback ✓ Depends on skills and feedback; should be a mastery experience ✓ Requires credible source, method, and channel ✓ Must carefully interpret anxiety state management ✓ Requires counseling unstable and external attributions for failure ✓ Requires commitment to goal and difficult goal within the individual's skill level ✓ Must include identification of high-risk situations and practice of coping response₃

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Basic Methods at Higher Environmental Levels

METHODS	PARAMETERS FOR USE
<ul style="list-style-type: none"> • Participatory problem solving • Advocacy (information, persuasion, negotiation) • Modeling • Skills training • Social support • Technical assistance • Facilitating conditions 	<ul style="list-style-type: none"> ✓ Series of steps: diagnosis, feedback, goal setting, action, ownership; training in leadership and consultation; requires culture that accepts development ✓ Form varies by environmental level, issue being addressed, power relationships; must match style and tactics of the collective ✓ Appropriate models will vary by level ✓ Nature of skills varies by environmental level ✓ Decisions needed about type of support; must train social skills such as empathy and information giving ✓ Nature of technical assistance varies by environmental level ✓ Facilitating condition intervened on from other environmental level

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Methods to Change Social Norms

METHODS	PARAMETERS FOR USE
<ul style="list-style-type: none"> • Mass media role-modeling • Entertainment-education • Behavioral journalism • Mobilizing social networks 	<ul style="list-style-type: none"> ✓ Refer to conditions for modeling; conditions for persuasive communication; must consider source and channel ✓ Balance needs of media professional and need of health promoter ✓ Requires adequate role models from the community and elicitation interviews to describe the behavior and the positive outcomes ✓ Requires presence of a network that can potentially support health behavior

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Methods to Improve Social Support

METHODS	PARAMETERS FOR USE
<ul style="list-style-type: none"> • Linking members to new networks (e.g., mentor programs, buddy systems and self-help groups) • Enhancing competence of existing network members • Use of lay health workers 	<ul style="list-style-type: none"> ✓ Willingness of networks to reach out; availability of networks that can provide appropriate support and linkage agents ✓ Natural helpers in community have opinion leader status and volunteer for training;

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Methods to Create Health-promoting Organizations

<p>METHODS</p> <ul style="list-style-type: none"> • Model availability • Team building/human relations training • Technical assistance • Organizational advocacy 	<p>PARAMETERS FOR USE</p> <ul style="list-style-type: none"> ✓ Conditions for models at organizational level, i.e. identification with model organization ✓ Compatible with the culture ✓ Compatible with the culture; skills of the consultant ✓ Must be matched to stage: Information and motivation in the earlier stages; skills training and reinforcement in the later stages
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Methods to Create Health-promoting Communities

<p>METHODS</p> <ul style="list-style-type: none"> • Reflection-action-reflection • Small group discussion • Conscientization: Question posing, self-disclosure • Grass-roots organizing • Professional organizing • Forming coalitions • Lay health worker organizations • Framing to shift perspectives • Media advocacy 	<p>PARAMETERS FOR USE</p> <ul style="list-style-type: none"> ✓ Being with the people in the community ✓ Safe environment, participation ✓ Safe, participatory environment, critical stance, caring dialogue ✓ Starting where the community is ✓ Starting where the community is ✓ Collaboration across various agendas; attention to partnership development stages ✓ Natural helpers with opinion leader status in social network; volunteer for training ✓ Must match with culture, alter meaning of concepts, and point to action ✓ Getting media to accept a story and shifting how responsibility for the problem is handled in the story
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Methods to Create Healthful Public Policy

<p>METHODS</p> <ul style="list-style-type: none"> • Policy advocacy • Media advocacy • Tailoring to issue initiation • Timing to coincide with policy windows 	<p>PARAMETERS FOR USE</p> <ul style="list-style-type: none"> ✓ Information, persuasion, and negotiation; timing, resources; advocacy coalitions ✓ Requires both getting media to accept a story and shifting how responsibility for the problem is handled in the story ✓ Must match the model by which the issue is getting on the agendas: outside initiative, inside-initiative, or mobilization models ✓ Consider politics, problems, and policies
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Step 3: Task 4: Select/design practical strategies for application the methods to the intervention program

“Stick to the theoretical parameters”

“CHALLENGE: “To design creative intervention strategies that fit the context and characteristics of the program participants while ensuring that the strategies also address the parameters for the selected methods” (Bartholomew et al., p. 346)

For example, see Table 7.19

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Preparing for next week: re. individual change strategies (including health education and health communication)

Required readings:

- o Bartholomew et al. (2006): Chapter 3
- o Glanz et al. (2008) : you should try to become familiar with the essence of these core theories (responsibility for knowing about individual theories will be shared among class members)
 - Chapters 3-6 (individual behaviour theories)
 - Chapter 8 (interpersonal behaviour theory—Social Cognitive Theory)
 - Chapters 14, 16 & 19 (health communication theories)

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Preparing for next week: re. identifying goals & objectives in HP practice (cont.)

- o **EXPLORE one or more of the following “Health promoting schools” websites**
 - **WHO:**
 - o “WHO’s school health initiative: Helping schools to become “Health Promoting Schools” http://www.who.int/school_youth_health/gshi/en/
 - o (N) Tang, K.-C., Nutbeam, D., Aldinger, C., St Leger, L., Bundy, D., Hoffmann, A. M., et al. (2009). Schools for health, education and development: a call for action. *Health promotion international*, 24(1), 68-77. http://resolver.scholarsportal.info.myaccess.library.utoronto.ca/resolve/09674824/v24i0001/68_s1headacta
 - o See also **Pan Canadian Joint Consortium for School Health**, below <http://cansh-jcsh-ccsh.ca/>
 - **United States:**
 - o **CDC:** “Healthy schools, healthy youth” <http://www.cdc.gov/HealthyYouth/>
 - o **(US) Institute of Medicine:** Allensworth, D., Lawson, E., Nicholson, L., & Wyche, J. (Eds.). (1997). *Schools & Health: Our nation’s investment*. Washington, D.C.: National Academy Press. http://www.nap.edu/catalog.php?record_id=5153#toc
- o **EXPLORE the Kellogg Foundation Communication Toolkit** at <http://www.wikif.org/default.aspx?tabid=75&CID=395&NID=61&LanguageID=0>
- o **EXPLORE** (re. diversity): “The Communication Initiative” (<http://www.commit.com/>) and especially “Soul Beat Africa” (<http://www.commit.com/africa/>)

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