HEALTH CAPABILITY

COURSE TIME & LOCATION: Date and Time: TBD
PROFESSOR: Jennifer Prah Ruger, Founder and Director, Health Equity and Policy Lab, Amartya Sen Professor of Health Equity, Economics and Policy
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OFFICE HOURS: Date and Time TBD or by appointment (please email me), Zoom

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OVERVIEW

This course examines the idea of health capability. Health capability is the ability to be healthy; it integrates health functioning and health agency. Health capability helps us understand the conditions that facilitate and barriers that impede health and the ability to make healthy choices. Health capabilities are key strengths resulting from individual and societal commitment of human, financial, and physical resources with the goal of helping people thrive. Differences in health capability explain why, for example, personal skills and determination or health beliefs are not enough to achieve health, why people with even the best external conditions can still have poor health, and why a narrow biomedical model of disease is insufficient.

Health capability captures the dynamic, interactive, multidimensionality of health and flourishing. Health capability has the effect of creating a virtuous circle; developing people's health capability enables them to create and support the conditions for their own and other's health capability and so forth. It offers an evaluation of the aim and success of public policies in terms of people's lived experiences. The course is motivated by the idea that health capabilities ought to be a primary dimension in which equity in health and public policy is sought.

The course includes three parts. The first part engages with the health capability model. The second part examines the health capability profile. The third part explores health capability applications. Twin goals of the course include cultivating the development of students' knowledge base, values and competencies as well as aiding students in identifying, assessing and expanding their own health capabilities for individual and community health and flourishing.

SNF PAIDEIA DESIGNATED COURSE

This course is part of the Stavros Niarchos Foundation (SNF) Paideia Program, which serves as a hub for civic dialogue in undergraduate education at Penn. SNF Paideia courses offer a robust, interdisciplinary civic education that is accessible to all Penn undergraduates and highlights the role that civil discourse, dialogue across difference, and wellness play in cultivating integrated citizenship within the Penn Community. See how you can get more involved at https://snfpaideia.upenn.edu.

STUDENT RESPONSIBILITIES / ATTENDANCE

Students are expected to adhere to the University of Pennsylvania Office of Student Conduct guidelines (https://www.osc.upenn.edu/). Attendance is required.

ACADEMIC INTEGRITY

"Intellectual development requires honesty, responsibility, and doing your own work. Taking ideas or words from others -- plagiarizing -- is dishonest and will result in a failing grade on the paper or

assignment and possibly other disciplinary actions. If you are unsure about what constitutes plagiarism, ask me or consult Academic Integrity at the University of Pennsylvania: A Guide for Students, which can be found here: https://catalog.upenn.edu/pennbook/code-of-academic-integrity/" (From the Center for Teaching and Learning at Penn)

We will also adhere to Penn's Mutual Commitment to Academic Integrity, Equitable Instruction, Trust, and Respect (https://www.college.upenn.edu/sites/default/files/files/AcademicIntegrity20.pdf).

RESOURCES

Marks Family Writing Center: The Marks Family Writing Center was established in 2003 to provide writing support to Penn students and faculty across the disciplines. Thanks to the generous support of Howard Marks, the Center is open to Penn students 6 days a week. Staffed by friendly, well-qualified peer and faculty writing specialists, the Center is ready to help you with any genre and any aspect of the writing process, from brainstorming, researching, and outlining, to drafting, revising and polishing. To schedule an appointment, visit http://writing.upenn.edu/critical/wc/schedule_appointment.php.

I have spoken with Valarie Ross and she is delighted to offer the Marks Family Writing Center and her and her staff's services as resources to assist you in your writing assignments. Ms. Ross may be contacted here: vross@writing.upenn.edu

Van Pelt-Dietrich Library Center: The Van Pelt-Dietrich Library Center is an invaluable resource at the University of Pennsylvania. I have been in contact with Lauris Olson, Librarian & Coordinator of Social Sciences Collections, University of Pennsylvania Libraries, and he is delighted to offer the Van Pelt-Dietrich Library Center and his and his staff's services as resources to assist you in your writing assignments. Mr. Olson has created an online research guide for our course (https://guides.library.upenn.edu/benf227) and Mr. Olson may be contacted here: olson@pobox.upenn.edu. As the Penn Libraries' social sciences bibliographer since 1998, Mr. Olson is responsible for selecting books, journals, electronic resources, and other media supporting Penn research and instruction in sociology, political science, economics, linguistics, criminology, and related fields. Mr. Olson coordinates collection development and management activities of subject librarians for anthropology & archaeology, business, gender & women's studies, psychology, social policy & practice/social work, and education. Mr. Olson is also the Penn Libraries' African studies bibliographer.

CORE COMPETENCIES AND CORE VALUES

CORE COMPETENCIES: Critical Thinking, Knowledge and Analysis, Creativity, Oral Communication, Written Communication, Collaboration, Self-Awareness, Individual and Collective Responsibility, Health Capability and Flourishing

CORE VALUES: Kindness, Respect, Listening, Space, Collaboration, Support, Preparation, Ownership of Own and Others' Success, Presentism, Growth Mindset, Engagement and Equity

ELECTRONICS

Other than connecting through Zoom to the class, no computers, tablets, phones, or other electronic devices are permitted during class. Using your smartphone, tablet, laptop, smartwatch, or any other device that connects you to the world outside of the classroom is not allowed unless an exception is made in association with some classroom activity (or some disability). All correspondence with other

classmates is to be conducted via the all participants (no private chatting, texting or emailing) Zoom chat function. The reason is simple, these practices undermine one's own and others' learning.

COURSE OUTLINE

COURSE INTRODUCTION AND PEDAGOGICAL APPROACH

Week 1: Course introduction, overview and pedagogical approach

i.   The pedagogical approach to this course is aligned with the Health Equity and Policy Lab's values and work

ii.   This course seeks to create a welcoming, inclusive and diverse environment in which all people feel valued, cared about, believed in, and a sense of belonging

iii.   This course sets high expectations and standards for students in terms of core competencies and core values. At the same time, we support students in simultaneously pursuing these objectives and their own interests through individual projects with individualized supervision and coaching

iv.   Through teaching, and through relationship, we aim to provide all with the engagement, feedback and guidance on practice to meet challenges and shared goals

v.   Developing one's capabilities and reaching one's potential for oneself and for society is our focus; it is a journey requiring strong and positive teaching and learning, bi-directional teamwork and a commitment to individual and societal health and flourishing

vi.   Preparation for class entails reading through the syllabus and website links and reflecting on the course overall and its core competencies and core values. Please write a 750 word reflection paper in advance of class about your understanding of how this week's topics relate to you and the communities in which you engage. Be thoughtful, intentional and prospective.

vii.   Require reading: Course syllabus and linked material

PART I: HEALTH CAPABILITY MODEL

Week 2: Introduction to health capability model

i.   The health capability model entails components that are internal and external to the individual

ii.   Health capability is an ability or power to perform with the potential for achieving desired ends, it entails aptitude

iii.   Health capability is a cradle-to-grave concept requiring life-long abilities and conditions that enable optimal health

iv.   To model health capability, we must consider both individual and societal factors to discover interactive influences. Where the circles overlap in the health capability model represents the way individual and social factors interact to affect health capability

v.   This model differs from causal, reductionist models in public health, health policy and the health sciences, in that it is one of multiple relationships among factors. Its overlapping circles allow for a nuanced, sequentially interactive, iterative, and multidimensional understanding. This is unlike linear models, which are limited to one-to-one associations between variables even with interactive terms and even when one controls for a number of variables. Similarly, reductionist models examine simple relationships first and then sum the principal subcomponents; the aggregated form of these models, however, can be difficult to interpret. By accounting for both internal and external influences at the individual level, the health capability model is a flexible analytical approach that reveals heterogeneity in the influence of irreducibly social goods and experiences on the individual

vi.   The health capability model can be employed for longitudinal, intersectoral, and multisectoral policy and institutional analysis and design over time. It allows for heterogeneous relations among individual-level variables and attempts to address the problem of lack of information on the direct impact of external factors by measuring a different construct, health capability, rather than just health. It incorporates external factors into the individual level rather than trying to draw inferences about individual health based on group- or macro-level characteristics

vii.   Assignments: (a): Everyone: think about and write a 750 word reflection with respect to your initial reactions to the health capability model and how it relates to you and the communities in which you engage; and (b) Lead Discussants: prepare to lead the discussion for this week's topics and prepare a one page handout to guide your group's dialogue

viii.   Require reading: Ruger JP. "Health Capability: Conceptualization and Operationalization," *American Journal of Public Health,* 2010; 100(1): 41-9.

Week 3: Macro environment and intermediate social context

i.   Macro, social, political and economic environment

   a.   Economic opportunities
   b.   Political empowerment
   c.   Human security
   d.   Socioeconomic status
   e.   Social structures (e.g., racial, gender and class hierarchies)
   f.   Public moral norms and values
   g.   Distributional norms
   h.   Human rights/discrimination (e.g., on the basis of race, ethnicity, gender, etc.)
   i.   Governance principles

ii.   Intermediate social context

   a.   Social networks (e.g., family, school, etc.)
   b.   Social capital
   c.   Group membership and expectations

         d. Neighborhood and community
         e. Life circumstances
         f. Foundation from childhood

ix.   Assignments: (a): Everyone: think about and write a 750 word reflection with respect to your initial reactions to the macro environment and intermediate social context aspects of the health capability model and how it relates to you and the communities in which you engage; and (b) Lead Discussants: prepare to lead the discussion for this week's topics and prepare a one page handout to guide your group's dialogue

iii.   Required reading: Nguyen KT et al, "Effect of Health Expenses on Household Capabilities and Resource Allocation in a Rural Commune in Vietnam," *PLoS One,* 2012; 7(10): e47423.

Week 4: Public health, health care and biology

  i.   Public health and health care system

         a. Access to high-quality prevention and treatment
         b. Cultural barriers to optimal use of resources
         c. Health values and norms
         d. Finance equity and security
         e. Enabling and interactive environment

  ii.   Biology and genetic predisposition

         a. Risk seeking – risk averse, risk preferring
         b. Predisposition to disease (e.g., polygenic risk score, breast cancer gene)

  x.   Assignments: (a): Everyone: think about and write a 750 word reflection with respect to your initial reactions to the public health, health care and biological aspects of the health capability model and how it relates to you and the communities in which you engage; and (b) Lead Discussants: prepare to lead the discussion for this week's topics and prepare a one page handout to guide your group's dialogue

iii.   Required reading: Nguyen KT et al "Impact of Health Insurance on Health Care Treatment and Cost in Vietnam: A Health Capability Approach to Financial Protection," *American Journal of Public Health*, 2012; 102(8): 1450-61 and Nguyen KT et al, "Coping with Health Care Expenses Among Poor Households: Evidence from a Rural Commune in Vietnam," *Social Science & Medicine*, 2012; 74(5): 724-33

PART II: HEALTH CAPABILITY PROFILE

Week 5: Capability structure and composition and developing health capabilities

  i.   The health capability profile is the operationalization of the health capability model into a profile. It snapshots and tracks health capabilities development to inform behavioral, programmatic, and policy change

  ii.   A journey: the health capability profile provides a picture of a person's lived experience and their journey to reaching their health and flourishing potential

iii.   A goal: the goal is for each and every person to reach their highest health potential, their full health capability

iv.   The fifteen different health capabilities comprise the health capability profile.

v.   Each health capability is scored out of 100. A total score is determined by aggregating across the fifteen different health capabilities.

vi.   Domain: internal and external

vii.   Type: functioning and agency

viii.   Assignments: (a): Everyone: think about and write a 750 word reflection with respect to your initial reactions to the structure and composition of the health capability profile and how it relates to you and the communities in which you engage; and (b) Lead Discussants: prepare to lead the discussion for this week's topics and prepare a one page handout to guide your group's dialogue

Week 5: Internal capabilities

i.   Health status and health functioning: your state of health

a.   What is it? -- Health status and functioning refer to the state of one's health, measured by one's subjective experience of health as well as objective indicators of health conditions. This is where a biomedical conception of health, such as what gets measured at the hospital, fits in to the health capabilities profile. Health functioning is both intrinsically valuable, as in the value of health itself, as well as instrumentally valuable, as in enabling one to pursue other valued life goals. Measures include of health status include self-reported mental and physical health functioning. Measures of health conditions include biomedical markers, biomedical diagnoses, diseases, and risk factors.

b.   Why is it important? -- Health status and health functioning are important because they form a basis for one's health capabilities and health outcomes. They capture ones lived experiences and indicate where improvement is needed.

c.   What does it look like? -- Having a strong capability in health status and health functioning looks like having high subjective reports of health functioning, such as being highly functional in physical and mental health and thinking of oneself as a generally healthy person. A strong capability in health status and health functioning also means that one's state of health is conducive to achieving other valuable life goals. Someone with a strong capability in health status and health functioning also has minimal health conditions and symptoms, including risk factors.

d.   How do I do it? -- Health status and functioning are a function of genetics, biology, and environment, and are developed slowly through time from cradle to grave. At birth, we are born with given biological and genetic predispositions, as well as the ability to be healthy. As we progress through life, the development of health capabilities determines whether someone

develops their health in a positive direction to be optimally healthy. Some people may be born with lower health status and functioning, but adapt and develop capabilities to flourish. Improving your health status and functioning requires assessing your current and potential health status and functioning – where you are and where you could be – and the skills, daily habits, and external conditions that could help you get there.

ii. Health knowledge: knowing about your health and knowing how to be healthy

   a. What is it? -- The internal capability of health knowledge encompasses knowledge about health and knowledge of how to achieve health across four domains. (1) Knowing about one's specific personal health, including health history and current health conditions, as well as knowing how to manage one's health. (2) Knowing about health in general, such as preventative measures that help to protect health and risk factors that may lead to poor health. (3) Knowing about the health-related costs and benefits of a given action, lifestyle, or exposure. (4) Knowing how to acquire health knowledge, including where to go with questions and all the resources that are available to help answer questions.

   b. Why is it important? -- Health knowledge is important because it helps us understand our health and how to improve it, understand ourselves as agents (e.g., strengths and weaknesses) and how to become more capable, and understand what can and needs to be done in the future to develop our health capabilities and flourish.

   c. What does it look like? -- Someone with a high degree of health knowledge would have an accurate and comprehensive grasp of their own personal health history and current health conditions, as well as how to take care of their specific health situation according to their current and future demographic age categories. It includes knowledge about how to maintain and improve one's health throughout the full life course. They would also have generalized health knowledge, such as knowledge about proper diet, sleep, exercise, handwashing, immunization, stress management, and know about the various costs and benefits of choosing to adopt or to neglect health behaviors. Finally, a strong health knowledge capability includes knowing how and where to find credible health information and knowledge, such as through one's health care provider, the Internet, journals and books, or special interest groups. For children, this looks like a partnership between children, parents, media, and adult teachers and mentors to transfer health knowledge to children for their own edification.

   d. How do I do it? -- The capability of health knowledge can be developed through education, which may come from a variety of credible sources. Education can be found in formal institutions, such as in schools, online classes, hospital classes, or community center classes. Education can also be found informally, such as talking with healthcare providers, support groups, accredited public health and healthcare agencies (e.g. CDC, NIH, WHO, academic institutions), and family and friends. Finally, education can also be developed through one's own experiences, such as the first-hand, self-knowledge and support group knowledge that comes with dealing with a long-term, chronic health issue.

i. Assignments: (a): Everyone: think about and write 750 word reflections with respect to your understanding of each internal capability above and how each relates to you and the communities in which you engage; what are your strengths and areas of improvement in these capabilities, what are some specific examples of each internal capability above and how can you develop these further in

your own life and (b) Lead Discussants: prepare to lead the discussion for this week's topics and prepare a one page handout to guide your group's dialogue

iii. Health-seeking skills and beliefs, self-efficacy: believing in yourself and your health

    a. What is it? -- Health-seeking skills and beliefs, and self-efficacy is an internal capability that assesses one's subjective perceptions of their own abilities. Health-seeking beliefs refer to someone believing in their own ability to achieve health outcomes, even under adverse circumstances, whereas self-efficacy refers to someone's confidence in their own abilities to carry out health behaviors. Someone may demonstrate high self-efficacy, thinking they are very capable to performing health behaviors, but low health-seeking beliefs, thinking that no matter what they try to do, they will not reach their full health potential. Finally, health-seeking skills refer to someone's ability to acquire new skills to achieve health outcomes and apply them under changing circumstances. It is possible for someone to profess high health-seeking beliefs and high self-efficacy, but in actuality, demonstrate low health-seeking skills.

    b. Why is it important? -- Health-seeking skills and beliefs and self-efficacy are important because our beliefs and perceptions about our abilities shape the strength of our capabilities themselves. They form a basis for tangible health behaviors towards health outcomes. When we believe that we can, we will try to work towards health.

    c. What does it look like? -- Demonstrating a high capability of health-seeking skills and beliefs, and self-efficacy looks like believing that I can achieve health (e.g. reaching a healthy BMI, even if I have a genetic predisposition to the contrary; being drug and alcohol free, even if addiction and alcoholism runs in my family), believing that I can take the actions needed to achieve health (e.g. exercise consistently, eat nutritiously, visit a doctor regularly, abstain from drugs and alcohol), and acquiring skills under changing circumstances (e.g. learning to master the ability of eating a healthy diet, adhering to medication regimens, monitoring salt and fluid intake, developing an exercise routine).

    d. How do I do it? -- You can develop your health-seeking skills and beliefs, and self-efficacy by developing and maintaining the belief that health is achievable, even if circumstances are changing or challenging. Practice learning new skills, leveraging new resources, and adapting to your environment, rather than keeping old habits and surrendering your health to internal and external changes. Start with bite-sized behavior changes and new habits to build your self-confidence.

ii. Assignments: (a): Everyone: think about and write 750 word reflections with respect to your understanding of each internal capability above and how each relates to you and the communities in which you engage; what are your strengths and areas of improvement in these capabilities, what are some specific examples of each internal capability above and how can you develop these further in your own life and (b) Lead Discussants: prepare to lead the discussion for this week's topics and prepare a one page handout to guide your group's dialogue

iv. Require reading: Ware JE, Snow KK, Kosinski M, Gandek B. SF-36 Health Survey: Manual and Interpretation Guide. Boston, MA: The Health Institute and New England Medical Center; 1993 and Ware JE Jr. Standards for validating health measures: definition and content. J Chronic Dis. 1987;40(6):473–480

Week 6: Internal capabilities

    iii.   Health values and goals: valuing health

        a.   What is it? -- Health values and goals are the internal capability of valuing one's health, including health-related goals and health-promoting behaviors. Health-related goals refer to objectives one has for one's health, like healthy cholesterol levels and weight. An example of health-promoting behaviors and lifestyle choices and behaviors is regular exercise, a healthy diet, and an active lifestyle. The capability also includes the ability to recognize and counter damaging social norms that undermine the value of health, or to persist in one's values despite negative social messaging.

        b.   Why is it important? -- Health values and goals are important because we live in a world of finite resources, including your own resources of time, attention, and energy. Health will not be achieved if it is not prioritized, accordingly, health values and goals allow us to understand that health is central to a good life and should be treated as such. Health values and goals ensure that we see what is truly important in life and we pursue it.

        c.   What does it look like? -- Someone with a high internal health values and goals capability expresses their values through both words and actions. They may speak positively of health, health-related goals, and healthy lifestyle choices and behaviors, as well as explicitly counter social norms that damage health. Health values and goals will have a high priority in their life, including in how they structure their other pursuits, free time, daily schedule, and short-term and long-term priorities and plans.

        d.   How do I do it? -- Health values and goals can be continuously developed. Questions to ask yourself may include: why is my health important to me? How do I practice and honor that in my daily life? What resources am I committing to my health? What are some goals I can set that will help me become healthier? What is my lifestyle saying about what matters to me? How might I change some of my lifestyle habits to have health as a top priority? What are some social norms that detract from my health? How might I respond to them? How might I put myself in a position to benefit from social norms?

    iv.   Self-governance and self-management: managing your health, achieving health from within

        a.   What is it? -- Self-governance and self-management and perceived self-governance and management to achieve health outcomes constitutes an internal health capability. It is not a measure of 'sheer willpower' or 'moral character,' and extends beyond self-control. Self-governance and self-management include self-regulation skills, the ability to manage personal and professional situations including external pressures, the ability to draw on networks of social groups, and vision, direction, planning, strategy, and ability to make positive health choices. Perceived self-governance and management encompass self-management and self-regulation expectations, personal responsibility, the ability to make the connection between cause and effect with regard to personal behavior and health outcomes.

        b.   Why is it important? -- Self-governance and self-management and perceived self-governance and self-management is important because we are each agents of our own health. This capability is an asset because it enables us to have agency over our health, and with it comes the responsibility to self-govern and self-manage our behaviors.

c. What does it look like? -- A strong internal capability of self-governance and self-management and perceived self-governance and management to achieve health outcomes looks like holding oneself to high self-management and self-regulation standards, and having the skills to follow through. This could be in terms of refraining from unhealthy behaviors like smoking, being able to manage stress from personal and professional sources. Someone strong in self-governance and self-management and perceived self-governance and self-management to achieve health outcomes also demonstrates the ability to connect one's own behavior with one's health outcomes and take personal responsibility rather than placing blame on factors outside one's control. However, it simultaneously involves being able to draw on networks of social groups for support, to enable one to achieve healthy outcomes. Finally, this capability entails the ability to envision, direct, plan for, strategize about, and ultimately make positive health choices.

d. How do I do it? -- Self-governance and self-management and perceived self-governance and self-management can be trained and strengthened by firstly developing self-awareness. By reflecting on the role we play in helping or hindering our own health, we connect our health outcomes with our personal behavior. By reflecting on how to bridge the gap between our current health status and our health goals, we start to envision and plan to make positive health choices, raising our expectations for self-management and self-regulation. Finally, skills of self-management, self-regulation, stress management, and utilizing social networks can be learned through formal educational institutions and informal educational resources.

v. Assignments: (a): Everyone: think about and write 750 word reflections with respect to your understanding of each internal capability above and how each relates to you and the communities in which you engage; what are your strengths and areas of improvement in these capabilities, what are some specific examples of each internal capability above and how can you develop these further in your own life and (b) Lead Discussants: prepare to lead the discussion for this week's topics and prepare a one page handout to guide your group's dialogue

vi. Required reading: Bandura A. Self-efficacy: toward a unifying theory of behavioral change. Psychol Rev. 1977;84(2):191–215 and Prochaska JO, DiClemente CC. Stages and processes of self-change of smoking: toward an integrative model of change. J Consult Clin Psychol. 1983; 51(3):390–395

Week 7: Internal capabilities

i. Effective health decision-making: making good decisions for health

a. What is it? -- Effective health decision-making is one's own ability to make effective, health-promoting decisions. From a preventative standpoint, this internal capability includes effectively using one's knowledge and resources to prevent morbidity and mortality in the short- and long-term, accurately weighing short-term and long-term health costs and benefits of actions, and making healthy choices even under environmental constraints. From a curative perspective, it includes identifying health problems and pursuing their prevention and treatment.

b. Why is it important? -- As the link between health agency and health functioning, effective health decision-making is important because it ensures that our choices are implemented and

actualized into positive health outcomes. Effective health decision-making entails the application and transformation of our knowledge, resources, good judgement, discernment, self-awareness, and rationality to good health.

    c. What does it look like? -- Someone with a strong capability in effective health decision-making is able to identify health problems and strategies, utilize knowledge and resources, and pursue effective prevention and treatment of health problems (e.g. knowing the warning signs of breast cancer, identifying a lump in one's breast, seeking medical care to prevent the onset of morbidity and mortality). They would weigh the long-term benefits of regular physical activity against the short-term costs, and continue to make healthy choices despite environmental constraints (e.g. no gym facility nearby).

    d. How do I do it? -- Effective health decision-making can be practiced by building on our health knowledge and applying our self-governance and self-management skills to our health values and goals. Apply your knowledge and resources to address health risks. Think through your behaviors and actions with a lens of health: is it worth it in the long term? What steps do I need to take to feel better? Stay aware of your health status and functioning to quickly identify health problems and implement health strategies. Keep health as a top priority even in challenging environments.

ii. Intrinsic motivation: being self-motivated towards health

    a. What is it? -- The internal capability of intrinsic motivation refers to someone's personal motivation to achieve health and implement health-seeking behaviors. It is the extent to which motivation for current or future health-promoting behavior is internally motivated. Internal motivation would be from a sense of personal responsibility and personal assessment, whereas external motivation would be from others' mandates, rewards, requirements, or peer pressure.

    b. Why is it important? -- Intrinsic motivation is an important health capability because we are all free to make our own choices. It is impossible for external forces, be it family, healthcare providers, or the government, to micromanage all of our behaviors. As such, intrinsic motivation plays a major role in ensuring we take continuous, sustained, genuine action towards achieving healthy outcomes.

    c. What does it look like? -- Having a strong capability of intrinsic motivation could be shown through one holding oneself accountable to high standards of health-seeking behavior and daily habits, and personally wanting to achieve health. It may include proactively and continually re-assessing one's health status and taking personal responsibility to improve one's health. Related to one's health values and goals, it may be exemplified by prioritizing health-seeking actions in one's personal life.

    d. How do I do it? -- Some ways to increase your internal motivation may include reflecting on your health values and goals, and assessing how personal responsibility plays a role in your current and future health status. Think about *why* health is a priority for you personally – what it means for your future, and what it would be like to reach your full health potential.

iii.	Positive expectations: having positive expectations about one's health and flourishing

   a.	What is it? -- Positive expectations is the internal capability that refers to one's optimism about achieving health outcomes, and can include optimism about personal life prospects.

   b.	Why is it important? -- Positive expectations help us cope with challenges and maintain a forward orientation to improve our health and health capabilities. It allows us to be more imaginative, motivated, creative, and open-minded.

   c.	What does it look like? -- Examples of a strong internal capability of positive expectations include: feelings of hope, having faith that one's situation will improve, taking a big-picture perspective, believing your hard work will pay off, and expecting a positive future trajectory.

   d.	How do I do it? -- Some strategies for improving your positive expectations include writing, affirmations, play, meditation, surrounding oneself with positive health role models, and social connection. It is also important to maintain healthy daily eating, sleeping, and exercising habits.

vii.	Assignments: (a): Everyone: think about and write 750 word reflections with respect to your understanding of each internal capability above and how each relates to you and the communities in which you engage; what are your strengths and areas of improvement in these capabilities, what are some specific examples of each internal capability above and how can you develop these further in yourself and (b) Lead Discussants: prepare to lead the discussion for this week's topics and prepare a one page handout to guide your group's dialogue

iv.	Required reading: Miller WR, Rollnick S. Motivational Interviewing: Preparing People for Change. 2nd ed. New York, NY: Guildford Press; 2002 and Deci EL, Koestner R, Ryan RM. A meta-analytic review of experiments examining the effects of extrinsic rewards on intrinsic motivation. Psychol Bull. 1999; 125(6):627–668

   Week 8: External capabilities

   i.	Social norms: cultures of health and expected behaviors in society

   a.	What is it? -- Social norms are an external capability that encompass a variety of health-promoting norms across different social domains. Firstly, a strong social norm capability includes scientifically valid and evidence-based health norms. Secondly, health behaviors and health-seeking skills are viewed favorably, health behaviors are adopted by most of the population, and society is able to recognize and counter damaging social norms and promote positive ones. Finally, antidiscrimination is the dominant norm in society. Social norms in the provision of health care and public health services ameliorate disparities in access, and norms about decisional latitude or power in familial and social contexts are conducive to each person's health agency. The culture and expected behavior in society empower each and every person to be healthy.

   b.	Why is it important? -- Social norms are an important external capability because they shape our beliefs and actions: what we consider acceptable, normal, valuable, and important – what is expected in order to belong to society. Living in a society where health is scientifically

understood, widely-regarded as important and supported, institutionalized as a priority, and where people are encouraged and sustained in being active agents of their own health is a critical capability for one's health.

    c.   What does it look like? -- A society with a positive social norm external capability will demonstrate scientifically accurate health norms, such as a social norms of childhood vaccines and annual influenza immunizations, respectful and anti-discriminatory expectations about behavior, and empathy and care towards each other to thrive. Seeking and receiving vaccinations and immunizations are viewed positively in social circles and professional settings, and all of the population is vaccinated and immunized. Health care and public health providers practice anti-discriminatory service provision to ensure underserved populations and communities are properly served, and children's health is not put at risk due to power imbalances in the parent-child relationship and unscientific beliefs of the parents. Public moral norms of justice, fairness, and equity. The goals of public health and health policy are to serve everyone and benefits all.

    d.   How do we do it?-- We can develop our health capability of social norms through promoting positive health and public moral norms through individuals as well as institutions such as the media, academia, governmental agencies, and popular culture.

i.   Social networks and social capital for achieving positive health outcome: connecting to others for health

    a.   What is it? -- As an external capability, social networks and social capital for achieving positive health outcomes refers to the existence of available networks of social groups, emotional and instrumental support from friends and family, as well as the extent to which social networks may positively impact health. This capability enables individuals, communities, and societies to draw on social connections as a resource to achieve health.

    b.   Why is it important? -- Social networks and social capital are important for achieving positive health outcomes because we, as humans, are social beings living in social communities. We thrive when we are connected to and give and receive mutual support with our friends and family.

    c.   What does it look like? -- A strong external capability of social networks and social capital for achieving health outcomes means that individuals, communities, and societies are well connected within- and across-groups; that is, there are people to turn to for help. People also support each other, with encouragement as well as tangible assistance (e.g. transportation, live-in care, finances). Social networks also have a positive influence on health through positive health norms.

    d.   How do I do it? -- We develop social networks and social capital through time and space for individuals to form and sustain relationships and communities. This could look like funding community sports, arts, and service organizations, or creating holidays to ensure workers and parents have time off to spend with family and friends.

ii.   Group membership influences: health norms of your social group

a. What is it? -- Group membership influences are an external capability that refers to the positive impacts on health that belonging to a group may confer. Types of groups may include religious (e.g. churches), professional (e.g. unions), and geographic (e.g. neighborhood). As a positive influence on health, being a member of these groups supplements positive social norms and social assistance, and/or counterbalances negative social norms and social assistance in other social contexts. It is important that group membership influences are positive rather than negative.

b. Why is it important? -- Group membership influences are important because we are all influenced by those around us. Group membership can be an important personal identity to many, and with membership and identity in a community comes an internalization of that groups' norms and values. In addition to broader social norms, groups serve as an additional source of positive health norms and social support.

c. What does it look like? -- An example of a strong external capability of group membership may include belonging to a church whose other members are deeply supportive of one's own health-seeking efforts. They may share personal and health-related knowledge and practices, such as habits or routines that enable healthy outcomes (e.g. taking time every day to pray), counterbalancing negative macrosocial norms (e.g. overwork culture) within the broader societal culture.

d. How do we do it? -- We can develop positive group membership influences by self-selecting into groups with positive health and flourishing norms, as well as changing negative health norms into positive health and flourishing norms in the groups we are already in.

viii. Assignments: (a): Everyone: think about and write 750 word reflections with respect to your understanding of each external capability above and how each relates to you and the communities in which you engage; what are the strengths and areas of improvement in these external capabilities in your life, what are some specific examples of each external capability above and how can you develop these further in your life and (b) Lead Discussants: prepare to lead the discussion for this week's topics and prepare a one page handout to guide your group's dialogue

iii. Required reading: Berkman L, Kawachi I, Glymour M, eds. Social Epidemiology. New York, NY: Oxford University Press; 2014, Chapters 1-4

Week 9: External capabilities

i. Material circumstances: having material circumstances that support health

a. What is it? -- Material circumstances constitute another external health capability. This capability refers to one's immediate economic and physical living situation, including income, employment, neighborhood, community, sanitation, housing, food, and environment, and in particular their direct and indirect effects on health.

b. Why is it important? -- Material circumstances are an important physical basis for our health. Our economic, neighborhood, sanitation, housing, food, and environmental situations can directly affect our health (e.g. not having enough food to eat, living in a toxic environment), and affect our abilities to attain health (e.g. long hours at work reducing exercise and sleep).

Sometimes, positive material circumstances will directly improve our health; sometimes, they will support our internal capabilities for achieving health.

c. What does it look like? -- Strong, health-enabling economic material circumstances include stable and sufficient income and employment, educational institutions and workplaces that are healthy and safe, and health and social insurance. One's educational and work environment should enable people to flourish, including providing the time and energy to engage in health-seeking behaviors. Under no circumstances should one's immediate material circumstance endanger or undermine one's health. Neighborhood and community material circumstances include a safe, quiet, peaceful, clean, vibrant, thriving, and prosperous neighborhood and community with accessible and high-quality facilities and resources. A strong external capability of material circumstances also includes access to safe and clean water and sanitation; affordable, stable, and quality housing; food security; and a toxin- and disease-free, indeed a richly fertile and green, mmediate environment.

d. How do we do it? -- We should develop positive, indeed, resourceful and imaginative, material circumstances for all in society. Everyone should have ample income and stability, fulfillment, and a sense of purpose in employment under safe and healthy conditions. Everyone should live in neighborhoods and communities that are safe, well-connected, well-resourced, and flourishing. Everyone should have safe water, sanitation, safe and stable quality housing, food security, and a toxin- and disease-free, indeed, fertile, and green environment.

ii. Economic, political and social security: general feelings of security

a. What is it? -- Economic, political, and social security is an external capability that measures the extent to which individuals and groups feel secure in their immediate and broader macrosocial environment. A sense of security may be felt across the group, community, state, or national levels, and impacts health in multiple ways including through stress and antidiscrimination.

b. Why is it important? -- Economic, political, and social insecurity negatively impact health through the long-term negative health effects of chronic stress, and short-term negative health effects that oppressed groups may face like death. Conversely, economic, political, and social security in the macrosocial environment are important to health because they feed into one's sense of safety, security, self-efficacy, and positive expectations.

c. What does it look like? -- As opposed to individual-level shifts in economic status, this capability is affected by broader changes in the national and subnational economic and political systems that may generate job, financial, housing, or political security and an optimistic outlook. Other indicators of the capability of economic, political, and social security include physical safety and security, as measured through, for example, low rates of violence and crime in one's area.

d. How do we do it? -- We can increase our economic, political, and social security in the macrosocial environment by creating social and political institutions and structures that generate and protect job, financial, housing, and political security, as well as physical safety and security. Prominent cultural, political, and moral leaders should espouse ideals of safety,

security, equality, fairness, respect for persons, justice, and peace while enacting anti-discriminatory policies and practices seeking to address historic injustices.

ix. Assignments: (a): Everyone: think about and write 750 word reflections with respect to your understanding of each external capability above and how each relates to you and the communities in which you engage; what are the strengths and areas of improvement in these external capabilities in your life, what are some specific examples of each external capability above and how can you develop these further in your life and (b) Lead Discussants: prepare to lead the discussion for this week's topics and prepare a one page handout to guide your group's dialogue

iii. Required reading: Berkman L, Kawachi I, Glymour M, eds. Social Epidemiology. New York, NY: Oxford University Press; 2014, Chapters 5-9

Week 10: External capabilities

i. Utilization and access to health services: receiving health care when needed

a. What is it? -- Utilization and access to high quality health services is the external capability of seeking and being able to obtain health services when health care was thought to be needed. This includes recognizing that care is needed for serious symptoms of poor health conditions (e.g., shortness of breath, frequent or severe headaches, chest pain, lump in breast, fever, panic attacks, back or neck pain, loss of consciousness) as well as morbid symptoms of poor health conditions (e.g., sadness, hopelessness, anxiety, pain in knee or hip, fatigue or extreme tiredness, difficulty hearing, fall or other major injury). It also entails perceiving the need to see a health provider and being able to obtain health services when there is a perceived need, as well as regular checkups. Thus, a strong external capability of the utilization and access to health services will include no barriers (e.g., geographic, financial, linguistic) to access and utilization of high quality services.

b. Why is it important? -- Utilization and access to high quality health services is important because it allows us to utilize the common goods of health resources, technology, and knowledge present in society-at-large to achieve better health. Where healthcare institutions such as hospitals and community health clinics exist, this capability of perceiving and receiving health services allows us to fully leverage the benefits of our collective health capabilities.

c. What does it look like? -- In a society with a strong external capability of utilization and access to health services, people experiencing serious or morbid health symptoms will seek and be able to obtain high quality health care. There will be services that address geographic, financial, linguistic, and discriminatory barriers to health care, such as community health locations, universal health insurance, and on-site translators.

d. How do we do it? -- We can strengthen our external capability of utilization and access to health services by proactively informing people about the kinds of serious and morbid health symptoms (i.e., what to look for, what they feel like), and the access or entry points into health services systems. In addition, societies must ensure that health services are high quality, anti-discriminatory, coordinated, and streamlined such that those seeking health services receive efficient and effective care. For example, ensuring someone who enters a community health clinic with a specialty care health need is efficiently and effectively transferred to the appropriate

healthcare specialist rather than bluntly turning them away or letting them fall through the cracks for seeking services outside the clinic's scope. It also includes working with health insurance providers, transportation providers, and translators to overcome barriers to healthcare services.

ii.   Enabling public and health care systems: effectiveness of health systems

a. What is it? -- Enabling public health and health care systems is the external capability of a public health and health care system that builds and enables individual health agency, protects public health and safety, and is effective, efficient, and accountable.

b. Why is it important? -- Enabling public health and health care systems are important because the relationship between individuals and systems is dynamic and mutually influential. Public health and health care systems can be structured to enable, encourage, and build health agency, or they can stifle it. They also play an important role in protecting the decentralized, collective good of public health and safety – something we all benefit from, but that no one alone can create. Finally, public health and health care system effectiveness, efficiency, and accountability ensures that those seeking care receive it, and that all are living up to their greatest potential of health and flourishing.

c. What does it look like? -- A society with enabling public health and health care systems for example, protects the population from infectious diseases through detection, testing, quarantine, and isolation policies and practices. At the individual level, a health coach for diabetes management builds and enables individual health agency. A health coach helps to build the internal knowledge and skills, as well as provide the external support and encouragement, for individuals to achieve health functionings and agency. Enabling public health and health care systems would also protect public health and safety through, for example, diabetes drug regulation, providing accurate health information, providing regulation and oversight of providers such as doctors and nurses, ensuring best practices, guidelines and evidence-based delivery of health care goods and services; in general, providing services that effectively promote health, and being accountable to individuals and the public. Health policy and the health care systems must address the health care needs and promote the health of every individual in the population.

d. How do we do it? -- We can strengthen the capability of enabling public health and health care systems by first taking an honest assessment of the current state of public health and health care systems. Where do individuals feel empowered, effective, and heard versus passive, frustrated, or powerless? What are positive interventions or programs that are contributing to the success of those with outstanding health agency, and how might we build those programs into our public health and health care systems? Where are public health and health care systems failing to protect public health and safety? How might they positively contribute and improve public health and safety? One major step to improve the effectiveness, efficiency, and accountability of the public health and health care systems in the United States is to implement a universal health coverage scheme. This would improve effectiveness and efficiency by risk pooling and increase accountability by including all individuals' voices.

x.   Assignments: (a): Everyone: think about and write 750 word reflections with respect to your understanding of each external capability above and how each relates to you and the communities in which you engage; what are the strengths and areas of improvement in these external capabilities in

your life, what are some specific examples of each external capability above and how can you develop these further in your life and (b) Lead Discussants: prepare to lead the discussion for this week's topics and prepare a one page handout to guide your group's dialogue

iii.   Required reading: Berkman L, Kawachi I, Glymour M, eds. Social Epidemiology. New York, NY: Oxford University Press; 2014, Chapters 10-15

PART III: HEALTH CAPABILITY APPLICATIONS

Week 11: Applications overview

  i.   Addiction prevention and recovery

  ii.   Maternal and child health

  iii.   HBV

  iv.   Heart failure

  v.   Capable aging

  vi.   Covid-19

  vii.   Assignments: (a): Everyone: think about and write a 750 word reflection with respect to your initial reactions to the health capability applications and how they relate to you and the communities in which you engage, think about an application to your own life; and (b) Lead Discussants: prepare to lead the discussion for this week's topics and prepare a one page handout to guide your group's dialogue

Week 12: Addiction prevention and recovery

  i.   Introduction

  ii.   Neurobiology of addiction

  iii.   Social science of risk and protective factors

  iv.   Addiction prevention capability set

  v.   Dynamism and interdependence

  vi.   A different approach

  vii.   Assignments: (a): Everyone: think about and write a 750 word reflection with respect to your initial reactions to the addiction prevention capabilities set and how they relate to you and the communities in which you engage, think about a different application in your own life; and (b) Lead Discussants:

prepare to lead the discussion for this week's topics and prepare a one page handout to guide your group's dialogue

viii.   Required readings: Ruger JP, and Zhang K. "Addiction as Capabilities Failure," *University of Pennsylvania Journal of Law and Public Affairs,* 2019; 5(1): 25-61.

Week 13: Covid-19

Week 14: Final presentations

Week 15: Final presentations

<p style="text-align:center">ORGANIZATION OF COURSE</p>

The course pedagogy involves discussion. Please come prepared to make comments, ask questions and positively add to the class discussion each week. Students are expected to read the required readings for each week and to participate in discussion as well as serve as a lead discussant.

<p style="text-align:center">ASSIGNMENTS</p>

Assignments and percentage effort will include the following:

Final Paper and Presentation ..…………………………………………………25%
Final Paper Outline ……………………………………………………….......10%
Reflections …………………………………………………………………………20%
Class Participation ………………………………………………………… 35%
Lead Discussant ………………………………………...10%

Class Participation and Lead Discussant: Class participation is important -- students are encouraged to share their knowledge, comments, feedback, and alternative opinions in efforts to present thoughtful comments and analytical arguments on various issues and topics. Students are expected to have done required reading in preparation for each class. Students are expected to sign up to be lead discussant 1-3 times during the course, depending on class size, and will prepare a one-page handout and contribute to leading class discussion.

Final Paper, Outline and Presentation: The paper is your opportunity to choose a topic related to the course to explore and develop your thoughts, ideas and research to become more knowledgeable about a particular problem, policy issue or your application of the health capability model and profile in your life and/or the life of the communities in which you engage. The final paper is an opportunity for you to develop many of the core competencies in the course and to present a thoughtful and logical analysis or argument. There is significant flexibility in the subject and form of the paper. This paper should not have been or be submitted for another class. Maximum length is 20 pages in APA format, double-spaced. An outline of the paper is due on (11-22-2021 by midnight–) (email to jenpr@upenn.edu). The paper is due by 5pm on (12-22-2021) (email to jenpr@upenn.edu). It is best to consult me so that I can offer you feedback on your paper topic, approach, analysis, argument, etc., so please email me and come to office hours to discuss. I will provide feedback to you on your outline. You will give a presentation on your paper during the last course meetings. Please take advantage of the resources listed on the syllabus and elsewhere at the University of Pennsylvania to assist you in your process. Please include an "Acknowledgments" section at the end of your paper thanking staff, faculty and any fellow students who provided you with help, advice, guidance and/or assistance on your paper.

Graduate Students: Graduate students taking the course as SWK XXX, will have an additional lead discussant assignment and be expected to complete a longer final paper (30 pages) assignment.