**Seminar in Interdisciplinary Health Communication**JOMC/HBEH 825
University of North Carolina at Chapel Hill

Fall 2014

Fridays 12:30 – 3:15 p.m.

340A Carroll Hall

|  |  |
| --- | --- |
| **Seth M. Noar, Ph.D.** | **Office Hours:** |
| Professor | 382 Carroll Hall |
| School of Journalism and Mass CommunicationLineberger Comprehensive Cancer Center | Tuesdays 2-4and by appointment |
| Phone: 919-962-4075Email: noar@email.unc.edu |  |

***Course Objectives*:**

As the core course for the UNC Certificate in Interdisciplinary Health Communication, the main goal is to provide an in-depth analysis of theory-based approaches in the interdisciplinary field of health communication. Much of the course will focus on the nature of persuasive communication – an inquiry into how communication and messaging can be used most effectively to persuade individuals to adopt and maintain healthy behaviors.

We will take an ecological perspective that sees an individual living within interpersonal relationships, in communities, and in social, economic, and political systems that affect the possibility of healthy lives. This course emphasizes the application of principles developed in diverse disciplines including communication, psychology, public health, medicine, information and library science, and journalism and mass communication.

Students in this course will learn frameworks for analyzing the basic components of communication; identify theory-based principles and approaches applicable to health communication practice; study and critique the application of these principles in health communication campaigns and interventions; and learn research methods unique to health communication research and practice. A research project gives students the opportunity to explore, in great depth, an area of health communication of interest to them.

***Readings***

We will use two books as our main texts. Other readings will be posted on the course Sakai website.

1. Cho, Hyunyi (Ed., 2012), Health communication message design: Theory and practice. Thousand Oaks, CA: Sage.

2. Office of Cancer Communications, National Cancer Institute (2002). *Making health*

*communication programs work: A planner’s guide.* NIH Pub. No. 02-5145. Available online at:

[*http://www.cancer.gov/pinkbook*](http://www.cancer.gov/pinkbook)

***Course Requirements and Grading***

Grades will be based on the following:

|  |  |
| --- | --- |
| Discussion activities and class participation  | **10%** |
| Reaction Papers | **20%** |
| **Research Proposal Project** Draft Literature Review Research Proposal Research Presentation  | **70%** 15 40 15  |

All students should come to the seminar prepared to discuss the day’s readings. Assignments should be turned in on time. You cannot fully participate if you are not in class. Please stay in communication with me if you have a conflict.

**Grading for the class will be determined as follows**:

**H** Student reads and critically engages with all of the assigned material. Participation in discussion and written assignments exhibit the ability not only to apply the material, but also to extrapolate ideas, expand into new areas, and contribute to the body of scholarship in the area. Reserved for truly extraordinary work (i.e., A+).

**P** Student usually reads and engages critically with the assigned material. Able to apply material and extrapolate ideas. Consistently good work done on time (i.e., A/B).

**L** Student reads and engages critically with only some of the assigned material. Able to apply the material and extrapolate ideas in only some instances (i.e., C).

**F** Student occasionally misses class, does not always read the material, fails to critically engage with it, and is unable or unwilling to apply the material (i.e., below C).

***Discussion Questions and Class Participation***

 This course is designed to use both lecture and discussion to achieve our learning goals. To ensure that everyone reads and has an active stake in the discussion process, students are required to submit at least 2 discussion questions each week. Questions should be thoughtful inquiries related to the week’s readings that will help foster discussion on that particular week’s topics. Please post your questions on the Sakai website (under “Forum” where the entire class can view them) by 9am on the Friday morning of class. These questions will help stimulate discussion each day. Active class participation in discussions is very important for a collaborative learning environment.

 Also, all students will sign up to be ‘discussion leaders’ for 1 week of class. What this means is that you should read extra closely that week, and bring additional questions with you to help co-lead the discussion that day. Our goal is to have 1 or 2 discussion leaders for each of those days so that we can co-lead the discussion together. Students will lead the discussion for that particular week’s topic after the lecture portion of the class has ended. All of the discussion activities (developing discussion questions, leading 1 day of discussion, and class participation) will contribute a portion to your grade for the course (10% of grade).

***Reaction Papers***

 Each week a number of readings will be assigned with a particular topic in mind, and every few weeks students will write a reaction paper on the topic for that week. For these papers, you should choose an issue from the readings that you believe is either central to the topic or important in some way, and write a reaction paper on it, reflecting on your thoughts and reactions to what is being presented in the readings (in some cases you may want to tie readings to your personal experience). These can be general, such as: “What do I think about the author’s proposition that XX message approach or XX attribute is critical to changing health behavior? Do I agree with the author’s suggestion that the evidence is strong to support this proposition? If not, what approach do I think might work better?” Or, some weeks you may want to be more specific, such as: “On page XX of the Author (2010) reading, she suggests that we need to test a particular mediating mechanism in a particular approach. Do I agree with this statement? Why or why not?” Or, some weeks you may want to tie the readings to your personal experience with the issues at hand.

 This assignment is intended to foster critical thinking and reflection with regard to the readings and topics. The papers should be approximately 2-3 double-spaced pages… please keep to this page limit. In addition, each paper will count 5% toward the final grade. There will be 4 reaction papers across the semester (20% of grade).

***Research Proposal and Presentation***

***Research Proposal***

 For this major paper, you will research a specialized area of health communication of interest to you. The purpose of the assignment is twofold: First, to summarize the current literature in a specific area of health communication, with emphasis on the role of theory in that area. Second, to propose a theory-based research study to examine an important issue in this area of health communication. The assignment will put to work many of the skills that you are learning in your graduate program, including: reviewing and synthesizing the literature, proposing innovative ideas in a field of study, and applying research methods to a proposed study in a real-world context. More details on the paper will be provided early in the semester. The length of the paper should be approximately 20-25 double-spaced pages. An outline of the paper is due on 9/19, a draft literature review is due on 10/24 (15% of grade), and the full research proposal is due on 12/5 (40% of grade).

***Research Presentation***

You will also give an oral presentation of your research proposal (~15 minutes – may vary based on how much time we have). This is meant to “mimic” the academic practice of presenting at a conference and it also will allow you to share your completed proposal with the class. These presentations will take place at the end of the semester. As we get closer to this date, more specific guidelines will be handed out. Generally, though, you will want to conceive of this as a presentation where you present all of the major sections of your paper in a format that is guided by a PowerPoint presentation (15% of grade).

|  |  |  |
| --- | --- | --- |
|  | ***Semester Schedule Overview*** |  |
| ***Date*** | ***Topics*** | ***Assignments Due*** |
|  | ***Part 1: Introduction to communicating about health*** |  |
| Wk 1: 8/22 | Introductions and course overview; overview of health communication field; where this course fits in context |  |
| Wk 2: 8/29 | Process of using communication for health; Guiding models and frameworks |  |
| Wk 3:9/5 | Audiences: segmentation and targeting | \*Reaction paper #1 due |
| Wk 4: 9/12 | Tailoring, interactivity, and eHealth: New frontiers in health communication |  |
|  | ***Part 2: Theory-based approaches to message design and their application*** |  |
| Wk 5: 9/19 | *Will they listen?* Activation model, sensation seeking targeting, elaboration likelihood model | \*Proposal outline due |
| Wk 6: 9/26 | *Scare the hell out of ‘em or connect with ‘em?*: Fear appeals, extended parallel process model, emotional appeals, & branding | \*Reaction paper #2 due |
| Wk 7: 10/3 | *It’s all what you believe*: Value-expectancy, Integrated behavioral model, gain/loss framing, stage of change*Everyone else is doing it, so why shouldn’t I?* Social norms approaches |  |
| Wk 8: 10/10 | *Tell the right story*: Narratives, transportation theory, entertainment education | \*Reaction paper #3 due  |
| Wk 9: 10/17 | No class: Fall break |  |
| Wk 10: 10/24 | *Culture matters:* Cultural health communication, health literacy | \*Draft literature review due |
|  |  |  |
|  |  |  |
|  | ***Part 3: Communication channels; methods & evaluation*** |  |
| Wk 11: 10/31 | Channel selection; message diffusion | \*Reaction paper #4 due |
| Wk 12: 11/7 | *Methods:* Formative and process evaluation of health communication |  |
| Wk 13: 11/14 | *Methods:* Outcome evaluation of health communication programs |  |
| Wk 14: 11/21 | Health communication project presentations1 | \*\*Project Presentations |
| Wk 15: 11/28 | No class – Thanksgiving break! |  |
| Wk 16:12/5 | Health communication project presentations1 | \*\*Project Presentations\*Research proposal due |

1*Note: Project presentations will begin on 11/21. They will also take place on 12/5 (or another day that works for everyone). [According to the UNC schedule, classes end on 12/3].*

*Attendance, Participation, Academic Integrity, and AEJMC Core Competencies*

**Participation:** The seminar format of this course requires full attendance and active participation by all students. The assigned readings should be read by the scheduled date. *All* students are expected to be able to participate in the discussion of each reading. Please let me know as soon as possible if there is an emergency or if you have a prior academic commitment that will keep you from attending a class session.

**Special Needs or Concerns:** If you have questions or needs related to a disability or any other area of concern, please come see me in person to discuss any accommodations that may be of help.

**Academic Integrity:** All UNC-CH students are expected to adhere to the University’s Honor Code, which includes the following re: Academic Dishonesty:

It shall be the responsibility of every student enrolled at the University of North Carolina to support the principles of academic integrity and to refrain from all forms of academic dishonesty, including but not limited to, the following:

**1. Plagiarism** in the form of deliberate or reckless representation of another’s words, thoughts, or ideas as one’s own without attribution in connection with submission of academic work, whether graded or otherwise.

**2. Falsification, fabrication, or misrepresentation of data**, other information, or citations in connection with an academic assignment, whether graded or otherwise.

**3. Unauthorized assistance or unauthorized collaboration** in connection with academic work, whether graded or otherwise.

(For the full text of the Honor Code see <http://instrument.unc.edu/instrument.text.html>)

**AEJMC Core Competencies:** The following AEJMC core competencies are relevant to this course:

* Think critically, creatively and independently
* Understand concepts and apply theories in the use and presentation of images and information
* Conduct research and evaluate information by methods appropriate to the communications professions in which they work
* Write correctly and clearly in forms and styles appropriate for the communications professions, audiences and purposes they serve
* Apply tools and technologies appropriate for the communications professions in which they work

*JOMC/HBEH 825 Seminar Readings*

Week 1 - 8/22

No readings – first day of class

Week 2 - 8/29

*Making Health Communication Programs Work* (The Pink Book). [www.cancer.gov/pinkbook](http://www.cancer.gov/pinkbook) (Introduction, Overview, Stage 1)

Johns Hopkins University. (2008). Communication--A process, not a product. *Population*

*Reports*(16), 11-20.

McGuire, W. J. (1989). Theoretical foundations of campaigns. In R. E. Rice & C. Atkin (Eds.), *Public communication campaigns* (2nd ed., pp. 43-67). Newbury Park, CA: Sage.

Noar, S. M. (2006). A 10-year retrospective of research in health mass media campaigns: Where do we go from here? *Journal of Health Communication, 11*(1), 21-42.

Solomon, D. S. (1989). A social marketing perspective on communication campaigns. In R.

E. Rice & C. Atkin (Eds.), *Public communication campaigns* (2nd ed., pp. 87-104). Newbury

Park, CA: Sage.

Week 3 - 9/5

Boslaugh, S. E., Kreuter, M. W., Nicholson, R. A., & Naleid, K. (2005). Comparing demographic, health status and psychosocial strategies of audience segmentation to promote physical activity. *Health Education Research, 20*(4), 430-438.

Maibach, E.W., Maxfield, A., Ladin, K. & Slater, M.  (1996). Translating health psychology into effective health communication: The American lifestyles audience segmentation project. *Journal of Health Psychology*, 1(3), 261–277.

Slater, M. D. (1995). Choosing audience segmentation strategies and methods for health communication. In E. Maibach & R. L. Parrot (Eds.), *Designing health messages: Approaches from communication theory and public health practice.* (pp. 186-198). Thousand Oaks, CA, US: Sage Publications, Inc.

Hornik, R. C., & Ramirez, A. S. (2006). Racial/ethnic disparities and segmentation in communication campaigns. *American Behavioral Scientist, 49*(6), 868-884.

Week 4 – 9/12

Hawkins, R. P., Kreuter, M., Resnicow, K., Fishbein, M., & Dijkstra, A. (2008). Understanding tailoring in communicating about health. *Health Education Research, 23*(3), 454-466.

Noar, S. M., Harrington, N. G., Van Stee, S. K., & Aldrich, R. S. (2011). Tailored health communication to change lifestyle behaviors*. American Journal of Lifestyle Medicine, 5*(2), 112-122.

Kreps, G. L., & Neuhauser, L. (2010). New directions in eHealth communication:

opportunities and challenges. *Patient Education & Counseling, 78*(3), 329-336.

Strecher, V. J. (2007). Internet methods for delivering behavioral and health-related

interventions (eHealth). *Annual Review of Clinical Psychology, 3*, 53-76.

Week 5 – 9/19

HCMD – Introductory chapter (pages xi – xvi)

HCMD Chapter 13 – Designing High Sensation Value Messages for the Sensation Seeking Audience

Harrington, N. G., Lane, D. R., Donohew, L., & Zimmerman, R. S. (2006). An extension of the activation model of information exposure: The addition of a cognitive variable to a model of attention. *Media Psychology, 8*(2), 139-164.

Petty, R. E., Barden, J., & Wheeler, S. C. (2009). The Elaboration Likelihood Model of persuasion: Developing health promotions for sustained behavioral change. In R. J. DiClemente, R. A. Crosby & M. C. Kegler (Eds.), *Emerging theories in health promotion practice and research (2nd ed.).* (pp. 185-214). San Francisco, CA US: Jossey-Bass.

Week 6 – 9/26

HCMD Chapter 3 – Health Risk Message Design Using the Extended Parallel Process Model

HCMD Chapter 4 – Using Emotional Appeals in Health Messages

Dillard, J. P., & Nabi, R. L. (2006). The persuasive influence of emotion in cancer prevention and detection messages. *Journal of Communication, 56*, S123-S139.

Evans, W. D., & Hastings, G. (2008). Public health branding: Recognition, promise, and delivery of healthy lifestyles. In W. D. Evans & G. Hastings (Eds)., *Public health branding: Applying marketing for social change* (pp. 1-24). Oxford: Oxford University Press.

Week 7 – 10/3

HCMD Chapter 1 – From Psychological Theory to Message Design: Lessons from the Story of Gain-Framed and Loss-Framed Persuasive Messages

HCMD Chapter 2 – The Integrative Model of Behavioral Prediction as a Tool for Designing Health Messages

HCMD Chapter 12 – Designing Messages for Individuals in Different Stages of Change

Gallagher, K., & Updegraff, J. (2012). Health message framing effects on attitudes, intentions, and behavior: A meta-analytic review. *Annals of Behavioral Medicine, 43*(1), 101-116.

DeJong, W., & Smith, S. W. (2013). Truth in advertising: Social norms marketing campaigns to reduce college student drinking. In R. E. Rice & C. K. Atkin (Eds.), *Public communication campaigns* (Vol. 4, pp. 177-187). Thousand Oaks, CA: Sage.

Week 8 – 10/10

HCMD Chapter 6 – Using Narratives to Promote Health: A Culture-Centric Approach

Green, M. C. (2008). Research challenges in narrative persuasion. *Information Design*

*Journal, 16*(1), 47-52.

Moyer-Guse, E.  (2008). Toward a theory of entertainment persuasion: Explaining the persuasive effects of entertainment-education messages. *Communication Theory, 18*, 407-425.

Singhal, A., Wang, H., & Rogers, E. M. (2013). The rising tide of entertainment-education in communication campaigns. In R. E. Rice & C. K. Atkin (Eds.), *Public communication campaigns* (Vol. 4, pp. 321-333). Thousand Oaks, CA: Sage.

Week 9 – 10/17

No class – fall break

Week 10 – 10/24

HCMD Chapter 7 – The Cultural Variance Framework for Tailoring Health Messages

HCMD Chapter 9 – Religiosity, Spirituality, and the Design of Health Communication Messages and Interventions

HCMD Chapter 10 – Addressing Health Literacy in the Design of Health Messages

Kreuter, M. W., Lukwago, S. N., Bucholtz, D. C., Clark, E. M., & Sanders-Thompson, V. (2003). Achieving cultural appropriateness in health promotion programs: Targeted and tailored approaches. *Health Education & Behavior, 30*(2), 133-146.

Week 11 – 10/31

*Making Health Communication Programs Work* (The Pink Book). [www.cancer.gov/pinkbook](http://www.cancer.gov/pinkbook) (Stage 1 - section on channels; Stage 3 - Implementing the Program)

Schooler, C., Chaffee, S. H., Flora, J. A., & Roser, C. (1998). Health campaign channels: Tradeoffs among reach, specificity, and impact. *Human Communication Research, 24*(3), 410-432.

Southwell, B. G., & Yzer, M. C. (2009). When (and why) interpersonal talk matters for campaigns.

*Communication Theory, 19*(1), 1-8.

Thackeray, R., Neiger, B. L., Hanson, C. L., & McKenzie, J. F. (2008). Enhancing

promotional strategies within social marketing programs: Use of web 2.0 social media.

*Health Promotion Practice, 9*(4), 338-343.

Week 12 – 11/7

*Making Health Communication Programs Work* (The Pink Book). [www.cancer.gov/pinkbook](http://www.cancer.gov/pinkbook) (Stage 2 - Developing and Pretesting)

Dillard, J. P., & Ye, S. (2008). The perceived effectiveness of persuasive messages:

Questions of structure, referent, and bias. *Journal of Health Communication, 13*(2), 149-

168.

Brown, K. M., Lindenberger, J. H., & Bryant, C. A. (2008). Using pretesting to ensure your messages and materials are on strategy. *Health Promotion Practice, 9*(2), 116-122.

Atkin, C. K., & Freimuth, V. (2013). Guidelines for formative evaluation research in

campaign design. In R. E. Rice & C. K. Atkin (Eds.), *Public communication campaigns* (Vol.

4, pp. 53-68). Thousand Oaks, CA: Sage.

Shafer, A., Cates, J. R., Diehl, S. J., & Hartmann, M. (2011). Asking mom: Formative research for an HPV vaccine campaign targeting mothers of adolescent girls. *Journal of Health Communication*, 1-18.

Week 13 – 11/14

*Making Health Communication Programs Work* (The Pink Book). [www.cancer.gov/pinkbook](http://www.cancer.gov/pinkbook) (Stage 4 - Assessing Effectiveness)

Slater (2004). Operationalizing and analyzing exposure: The foundation of media effects research. *Journalism & Mass Communication Quarterly, 81*, 168-183.

Valente, T. W., & Patchareeya, P. K. (2013). Evaluating communication campaigns. In R. E. Rice & C. K. Atkin (Eds.), *Public communication campaigns* (Vol. 4, pp. 83-97). Thousand Oaks, CA: Sage.

Hornik, R. C. (2002). Epilogue: Evaluation design for public health communication programs. In R. C. Hornik (Ed.), *Public health communication: Evidence for behavior change* (pp. 385-406). Mahwah, N.J.: L. Erlbaum Associates.

Week 14 – 11/21

No readings – Project presentations

Week 15 – 11/28

No readings – Thanksgiving break