

HEALTH AND RISK COMMUNICATION CAMPAIGNS: A SOCIAL MARKETING APPROACH

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COMM 403:01

MR 3:30-4:50 PM

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Introduction

This course examines the impact of public communication campaigns, in particular health communication campaigns, aimed at informing and persuading mass audiences. Special attention is given to a wide range of strategies and tactics for designing effective campaign strategies. Since most campaigns are targeted to mass audiences, the primary emphasis will be on communication through mass media channels. The following lists of core concepts, understandings, technical knowledge and skills and common misunderstandings represent opportunities and challenges addressed in this course on public communication campaigns:

A. Core Concepts

The course is intended to help you learn:

- 1) A theoretical understanding of how campaigns influence audiences.
- 2) A substantive familiarity with the effects of various types of socially significant campaigns in recent years.
- 3) Practical guidance and experience in analyzing and constructing campaign plans and messages in applied settings.

B. Understandings

This course also seeks to help you acquire key understandings, specifically:

- 1) Understanding theoretical frameworks of mediated and non-mediated campaigns
- 2) Understanding concepts of mass communication processes and effects
- 3) Understanding variations in audience responses, channel differences, communication sources and message appeals
- 4) Awareness of research literature on campaign effectiveness regarding specific health issues (including smoking, drugs, heart disease, drunk driving or other health topics).
- 5) Detailed criteria used to evaluate success or failure of communication campaigns.

C. Technical Knowledge and Skills

- 1) Craft a thorough literature review/information search addressing a specific campaign issue.
- 2) Design a strategic health promotion campaign, including general goals, measurable objectives, broad strategies and specific tactics for each strategy.
- 3) Outline the advantages and disadvantages of distinct target audiences.
- 4) Explain rationales for using three theories of behavior change (e.g., health belief, theory of planned behavior, social cognitive learning theory)
- 5) Develop pre-tests of message concepts, including questionnaire construction, data collection and data analysis
- 6) Construct multimedia materials after evaluating pre-test results, for example: brochures, videos, radio spots, press kits.
- 7) Fashion and make an oral presentation using PowerPoint, making a case for a sophisticated, integrated public information campaign
- 8) Write results into a formal grant proposal worthy of submission to a grant funding organization

D. Common Misunderstandings

- 1) *Group Work and Responsibility.* Since most of the coursework is a group process – crafting a strategic public communication campaign plan, isolating key strategies, elaborating imaginative tactics, devising evaluation programs, designing and implementing pre-tests, crafting message materials – it is important that individuals be available to meet with one another to compare ideas. Any one who fails to meet regularly with others in the group jeopardizes both the morale of the members and the quality of the final product. Please remember that students will evaluate the contribution of each of their group members at the end of the semester, providing feedback to the instructor on individual contributions.
- 2) *Division of Work by Skill, not by Section.* Sometimes students mistakenly regard themselves as responsible only for a particular section of the course, resulting in uneven, sometimes inaccurate products. Instead, rather than dividing work by “sections” of the course, individuals should divide work by “skill” categories. If someone is an especially good writer, that person should do most of the writing. If others are particularly good at database searches or data entry or data analysis or telling stories from numbers – all useful in launching and analyzing message pre-tests, those skillful at those endeavors should do most of the work in those areas. The

result is typically far better than if individuals simply divide the semester-long project into discrete sections, paying attention only to a single slice of the entire enterprise.

- 3) *Immediate Revision after Ongoing Deadlines.* Since feedback on the ongoing project is offered frequently for each of the project's sections, it is important to adopt an "incremental" mindset, reviewing instructor comments and revising each section immediately. Sometimes groups mistakenly wait until the end of the term to revise sections of the project, resulting in hurried, less than optimal revisions because so many other analysis and interpretation tasks require attention at the end of the semester.
- 4) *Quickly Shift Gears from "Research" to "Production".* One of the opportunities this course affords is the possibility of "applying" what students learn to the actual "production" of communication campaign materials. These can take the form of brochures, posters, radio spots, short videos or a host of other communication vehicles. Sometimes students have difficulty making a transition from strategic campaign "planning" to "production". The planning phase is quite rigorous, with many clear deadlines to maintain student focus; while the "production" phase is perhaps more creative, with more flexible deadlines. It is important that students not lose focus or momentum in the "production" phase of the course. Otherwise, all of the useful work that led to clear conceptions of an effective health campaign may be diminished. It is essential that groups maintain momentum as they approach the final, more creative phase of the course.
- 5) *Class Attendance is Critical.* Since there will be additional course readings and case studies assigned or discussed in class, class attendance is imperative. Class attendance is also important for another reason: Each student/team will be asked to lead discussion of an assigned article at least once. Elementary courtesy suggests that everyone listen to everyone else's presentations.

Required Textbooks

Rice, Ronald E., and Atkin, Charles, K. (Eds.). (2001). *Public communication campaigns, 2nd Edition*. Newbury Park, CA: Sage Publications (labeled **PCC** in syllabus)

Weinreich, Nedra Kline. (1999). *Hands-on social marketing*. Thousand Oaks, CA: Sage Publications (labeled **SOMARK** in syllabus).

Atkin, Charles and Lawrence Wallack (Eds.). (1990). *Mass communication and public health: complexities and conflicts*. Newbury Park: Sage Publications (labeled **MC** in syllabus)

Recommended Supplement

Lederman, Linda C. (Ed.). (2007). *Beyond these Walls: Readings in health communication*. NY:

Oxford U. Press (labeled **Walls** in the syllabus)..

Other Recommended Texts:

Haider, Muhiuddin (Ed.). (2005). *Global public health communication: Challenges, perspectives and strategies*. Sudbury, MA: Jones and Bartlett (labeled **GPHC** in syllabus)

Piotrow, Phyllis Tilson, Kincaid, D. Lawrence, Rimon II, Jose G., & Rinehart, Ward. (1997). *Health Communication: Lessons from Family Planning and Reproductive Health*. Westport, CN: Praeger. (This book describes lessons from Johns Hopkins researchers.)

Wallack, Lawrence, Lori Dorfman, et. al. *Media Advocacy and Public Health: Power for Prevention*. Newbury Park, CA: Sage Publications, 1993. (labeled **ADVOCATE** in syllabus)

Office of Cancer Communications. *Making Health Communication Programs Work*. Bethesda, MD: National Cancer Institute, 1992. (NIH Publication # 92-1493 (labeled **MAKING**))

Donohew, Lewis, Sypher, H.E., & Bukoski, W.J., eds. *Persuasive Communication and Drug Abuse Prevention*. Hillsdale, NJ: Lawrence Erlbaum and Associates, 1991 (or latest edition.) (labeled **PERSUASIVE** in syllabus)

Ratzan, Scott, ed. *AIDS: Effective Health Communication for the 90s*. Washington, D.C.: Taylor & Francis, 1993. (labeled **AIDS** in syllabus)

Ray, Eileen Berlin, and Donohew, Lewis, eds. *Communication and Health: Systems and Applications*. Hillsdale, NJ: Lawrence Erlbaum Associates, 1990 (**COMHEALTH** in syllabus)

U.S. Dept. of Health and Human Services. *Healthy People 2010: National Health Promotion and Disease Prevention Objectives*. Washington, D.C. U.S. Government Printing Office (DHHS Publication No. (PHS) 91-50212), 1990. (labeled **HEALTHY** in syllabus)

ASSIGNMENTS

(Dates refer to Monday of the weeks in which the topic will be discussed, except for Sept. 2.)

Week I	Sept. 2	<i>Intro to Public Communication Campaigns: Learning the Lingo</i> ; Templates from Previous Classes; The Johns Hopkins P-process; Healthy People 2010 Objectives
Week II	Sept. 6	<i>Processes and Principles of Strategic Health Communication</i> PCC, Chpts. 1, 3 (Paisley, Atkin); MC, Chpts. 3,4 (Meyer, Klaidman); SOMARK, pp. 1-32; Rec: HEALTHY, Chpts. 1-5; Health Images in Media: COMHEALTH 7
Week III	Sept. 13	<i>Designing a Campaign/Designing Research / Statistical Issues</i> PCC, Chpts. 2, 4 (McGuire, Dervin & Frenette); MC, Chpt. 1

		(Atkin & Bratic); SOMARK, pp. 51-78; Rec: MAKING, pp. 1-16
Week IV	Sept. 20	<i>Strategic Design; Doing a Study</i> PCC, Chpts. 5, 10 (Stephenson & Witte, Snyder); MC, Chpts. 2, 8 (Wallack, Signorelli); SOMARK, pp. 79-115; Rec: MAKING, pp. 21-27: Selecting Channels and Materials; AIDS (Maibach, et. al.)
Week V	Sept. 27	<i>Campaign Design (who, what, where, when, how and why)</i> <i>Targeting Audiences and Behaviors</i> PCC, Chpts. 11,12 (Flora, Capella, et. al); MC, Chpt. 10 (Flay & Burton); GPHC – to be assigned; Rec: MAKING, pp. 31-51; AIDS (Hein, et. al.; Fabj & Sobnosky)
Week VI	Oct. 4	<i>Source/Channel/Destination and Message/Product Variables</i> PCC, Chpts. 14, 27 (Piotrow & Kinkaid, Bracht); MC, Chpt. 5, 6 (Stuyck, Novelli); GPHC - to be assigned; Rec: AIDS (Ratzan); PERSUASIVE, Chs. 9, 10
Week VII	Oct. 11	<i>Entertainment Education, Web-based Tobacco Cessation for kids 12-15; Interactive Media for Children; Media Advocacy</i> PCC, Chpts. 28, 29, 30, 31; GPHC – to be assigned
Week VIII	Oct. 18	MID-SEMESTER BREAK
Week IX	Oct. 25	<i>VD, AIDS and Crime Prevention</i> PCC, Chpts. 15, 24, 16; MC, Chpt. 7 (Silverglade); ADVOCATE, Chpt. 3; Rec: HEALTHY, pp. 391-413; AIDS (Marlier; Ratzan & Payne)
Week X	Nov. 1	<i>Fire Prevention, Littering, Rat Control</i> PCC, Chpts. 17, 18, 19; MC, Chpt. 9 (Montgomery); ADVOCATE, Chpt. 4; Rec: HEALTHY, pp. 415-440
Week XI	Nov. 8	<i>Government Incentives & Punishments, Designated Driver, Campus Drinking</i> PCC, Chpts. 20, 21, 22; ADVOCATE, Rec: Chp. 5; HEALTHY, pp. 391-413; COMHEALTH, Ch. 8; PERSUASIVE, Chs. 8, 14, 15
Week XII	Nov. 15	<i>Anti-drug Sensation Seeking, Milk, Nazi Antitobacco Campaign</i> PCC, Chpts. 23, 25, 26; MC, Chpt. 11 (Wallack); ADVOCATE, Ch. 6 (Beer - Spuds McKenzie); Rec: HEALTHY, 93-110;185-206
Week XIII	Nov. 22	<i>Campaign Evaluation (formative, summative) presentations</i> PCC, Chpts. 6, 7 (Atkin & Freimuth, Valente); MC(Arkin, et. al.); ADVOCATE, Ch. 6 (MADD – Ryan White). Student

presentations.

Week XIV	Nov. 29	Student presentations
Week XV	Dec. 6	Student presentations/
Week XVI	Dec. ?	Final/Student presentations

COURSE EVALUATION:

1. Ongoing Reading Presentations, Outline, Handouts and Participation (15%): Each student or team: a) will be assigned a specific reading assignment to present to the class, as well as; b) select a current health communication campaign (domestic or international) to present to the class. The assignment includes a presentation, an outline and handouts used to present the case. Sources worth consulting for this assignment include: Piotrow, et. al. Health Communication: Lessons from Family Planning and Reproductive Health. Praeger, 1997; Eileen Berlin Ray, ed. Case Studies in Health Communication. Hillsdale, NJ: Lawrence Erlbaum Associates, 1993; and Thomas E. Backer, Everett M. Rogers and Pradeep Soporty. Designing Health Communication Campaigns: What Works? Newbury Park, CA: Sage, 1992. These presentations are due on dates assigned to each team. Failure to make a scheduled presentation can result in an automatic deduction of one grade for the course. Teams themselves, not the instructor, are responsible for rescheduling with one another

Because this course involves a significant amount of in-class participation, your verbal participation in class discussions and your work on any additional assignments for this class (such as finding and documenting various communication library sources, critiquing an article in a communication journal, summarizing optional readings for presentation in class, etc.) will be evaluated. Class attendance is expected and noted. Any absences beyond four missed classes can result in a deduction of one full grade from the final grade.

2. Major Project:(85%)

The assignment has five parts:

a. Information Search (15%): Each student will identify a health related topic (subject to instructor approval) and compile a lengthy organized and annotated list of sources of information related to that topic, using the APA Style Manual, 4th Edition. The sources should include, but not necessarily be limited to: professional journals, organizations, support and self-help groups, government agencies, toll-free numbers, etc. The annotation will describe the types of information available from that source and appropriate audiences for the source. Include sources appropriate for the general population as well as sources for patients, families and friends; health care professionals; and scholars. Each student is expected to engage in a computer search of the Library holdings as well as Internet sources.

Some typical database and website sources for searching include the following in the library:

CommSearch: a database produced by the National Communication Association, it

indexes at least 22 journals in communication studies.

ComIndex: provides complete bibliographic information for at least 65 key international journals and annuals from the communication field.

Found on the Internet:

CIOS (Communication Institute for Online Scholarship). Since TCNJ is an institutional member of CIOS, students can go from the library's home page to "Electronic Resources", then to the CIOS link. This site contains an abundance of resources, including ComAbstracts, web sites, forums, tables of contents and a wide range of periodicals. CIOS has an excellent hotline resource and keyword assisted searches. This service is a superb place to begin looking for significant communication topics.

Topics for the search must be approved no later than **Sept. 6. Due Date: September 20.**

b) Design a Strategic Health Promotion Campaign – Steps One and Two of the Johns

Hopkins P-process, URL to be supplied in class (25%): In teams of two, students will design a strategic plan for a hypothetical health communication campaign. In designing the plan, students will develop a written project plan that includes:

- o identification of a general objective, plus an explanation of its importance;
- o one or more specific and related objectives, and rationales for their selection;
- o a target audience (or subset of an audience), and reasons for its selection;
- o one or more specific "messages" (statement of message), and reasons;
- o exploration of at least three theories (e.g., health belief, theory of planned behavior, social cognitive learning theory); and
- o a rationale for the completed final product (leaflet or video) in a professional format

Due: October 14

c) Pre-test Procedures: Questionnaire Development, Data Collection, and Brochure (25%)

Teams will develop questionnaires, administer them to a target population, and develop materials, at minimum a leaflet, to use in a public communication campaign:

- o) Develop a questionnaire operationalizing three theories to administer to a target population;
- o) Administer the questionnaire in face-to-face interviews with at least 20-30 members of the target population;
- o) Develop a leaflet (or if you wish, an audio or video PSA).

Due: November 9

d) Designing a Health Promotion Campaign - Steps Three and Four of the P-Process (5%)

Due: November 29

e) Develop Formal Oral Report and Research Proposal – Report on all Six Steps of the P-

process (15%)

This final portion of public communication campaign design asks students to:

- o) Complete and present a formal oral report (typically using PowerPoint), making a case for a sophisticated, integrated public information campaign; and
- o) Write the results of the presentation into a formal grant proposal worthy of submission to a grant funding organization.

The final portion of the assignment requires the team to organize the results of the pretest evaluation and leaflet (audio/video) into a formal oral report and a formal grant proposal. These projects will be presented to the class.

Due by December 9, and two copies are due December 15.

COURSE EXPECTATIONS AND ASSUMPTIONS

The dates on the syllabus refer to the Monday meetings of the weeks in which the topics will be discussed. Come to class having studied and prepared to discuss the assigned material.

Research projects will progress simultaneously with readings and class lectures/discussions. Each student will be asked to report on work in progress periodically, with an overall oral report due in the last half of the course.

Since each of you will be pursuing different areas of investigation, you will be expected to read far beyond the formal assignments, sharing your progress and dilemmas with the class. Your project work increases in importance in the last half of the semester. Do not underestimate the importance of integrating reading and primary research in the final phase of the course.

Some students encounter trouble by not keeping in touch with me or by not coming to class. Please make appointments with me or come in during my office hours to talk with me about any aspect of the course, in particular the semester research project. Please take full advantage of this offer. The more I know about your progress and problems, the better you are likely to do in the course. Remember: There are three ways to contact me:

- o by appointment during the following office hours: Mon, Thurs 2- 3:15 PM, Tues. 1-4 PM; (please look for me in any of the following: my office in Kendall #210; the Kendall student lounge; or Brower cafeteria);
- o by telephone at office or home -- Tel (Off) 609-771-2338 (Cell) 732-371-7022; or
- o by e-mail: pollock@tcnj.edu; or jcp3rd@earthlink.net

Sample topics:

- Pediatric Immunization
- Water contamination

- Posttraumatic Stress
- Alcoholism (in general, or DWI in particular)
- Various proposals for a “public option” for health insurance
- Health insurance reform requiring each person to have/carry health insurance
- Health insurance reform preventing insurance companies from using “pre-existing conditions” to exclude coverage of policy-holders.
- Portable health insurance (portability from one employer to another)
- Regulating the co-pays insurance companies are allowed to charge.
- Various kinds of abuse (e.g., drugs such as cocaine, extreme dieting – bulimia, anorexia)
- Various kinds of addiction (e.g., gambling, fast food)
- Partner addiction (high abuse tolerance)
- Tobacco use
- Obesity and/or nutrition (especially in children)
- Improving physician-patient interaction
- Reducing the risk of coronary disease
- Depression
- Autism or Asperger’s conditions
- Safe sex, or preventing the spread of STDS and HIV/AIDS
- Plan B (emergency contraception, or the “morning after” pill)
- Early detection exams (e.g., breast, colon, prostate, skin)
- Fast-food (or even fast-food relationships)
- Affordable Care Act

GOOD LUCK!