

COM 460: Global Health Communication and Social Change

SYLLABUS

Dr. John C. Pollock
COMM 487:01 (1 unit of credit)

Spring, 2016

M 5:30 –8:20 PM
Off Hrs (by appointment):
M,Th: 1:00-1:45, 3:30–4:30 PM

Office Hours: Kendall #238, **by appointment only (Make appointment in Comm Studies Dept. office in appointment book.)**. I can also be reached by e-mail: pollock@tcnj.edu; or by telephone at home -- (cell) 732-371-7022; NOT at office 609-771-2338. For ongoing information about the course, please access the “CANVAS” course information site or www.tcnj.edu/~pollock. For information on the instructor’s background, please click on the “faculty staff” section of the comm studies dept. website.

Introduction (and Catalogue Paragraph)

This advanced student-faculty research course offers opportunities for students to explore the role of Entertainment-Education, a strategy for promoting healthy behavior and reducing risk, primarily in developing countries. This course examines not only “behavior” change at the individual level, but also “development” change that emphasizes changing environments and contexts (such as poverty or gender relations) in different societies and cultures that affect so strongly the likelihood of change. Choosing their own critical topics, students craft multiple drafts of policy papers similar to those produced by professionals at the World Health Organization and the United States Agency for International Development.

Course Purpose, Learning Goals, and Key Health Communication Questions

- A. The purpose of the course is to help students address critical health issues in developing countries by using Education-Entertainment tools to promote effective health communication that improves health and reduces risk. The learning goals include: 1) asking critical questions about a health communication topic (selected by students) in developing countries; 2) surveying available literatures on groups and practices that have proven effective; 3) designing a policy paper based on a procedure confirmed effective throughout the world, the Johns Hopkins “P-Process”; and 4) elaborating the impact of that policy paper through carefully targeted and crafted public relations or advertising materials.
- B. Exploring Key Health Communication Questions**

Exploring significant questions developed both from health communication theory and from modern technology channels, students will explore how much emphasis prevention messages should place on:

1. Fear of disease or risk (e.g., AIDS) generally, and personal risk to the targeted group specifically, balanced with:
2. Instructions in disease or risk prevention methods to increase personal confidence in their use.
3. Perceived values/norms of peers? parents? teachers/coaches? medical experts?
4. Role models such as peers, parents, teachers/coaches, physicians, or “celebrities”?
5. Simplifying prevention/contraception use so that it is relatively easy to try.
6. Linking prevention/contraception use to prevailing cultural values.
7. Target audience participation in specific message creation and transmission.
8. Prevention messages communicated through mass media.
9. Face-to face interaction: Discussing prevention methods with friends or relatives.
10. Digital interaction with people: Discussing prevention methods electronically (for example, through texting or email) with friends or relatives.
11. Digital interaction with computer games: Selecting different pathways to successful AIDS prevention activities through specially designed mobile phone apps (This is consistent with a modern emphasis on what the chair of the Interactive MultiMedia program, calls “serious” games. Indeed the IMM field has organized an international group called “Games for Health” (www.gamesforhealth.org) and there exists a *Games for Health Journal*.)
12. Measuring target audience patterns of media use (whether mass or interactive), and associating those patterns with prevention message recommendations.

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 additional course readings and case studies may be 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

Academic Integrity

The College of New Jersey is a community of scholars and learners who respect and believe in academic integrity. This integrity is violated when someone engages in academic dishonesty. Complaints of student academic misconduct will be addressed and adjudicated according to the Academic Integrity Procedural Standards.

Class Attendance Policy

Students are expected to check the College calendar, and plan their course schedules and vacations so as to enroll only in those courses that they can expect to attend on a regular basis. Students are expected to participate in each of their courses through regular attendance at lectures and laboratory sessions, complete assignments as scheduled, and to avoid outside conflicts. It is further expected that every student will be present, on time, and prepared to participate when scheduled class sessions begin.

Class Absence Policy

Absences from class are handled between students and the instructor. The instructor may require documentation to substantiate the reason for the absence.

Americans with Disability Act policy

The College of New Jersey is committed to ensuring equal opportunity and access to all members of the campus community in accordance with Section 503/504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (ADA). The College prohibits discrimination against any student, employee, or applicant on the basis of physical or mental disability, or perceived disability. The College will provide reasonable and appropriate accommodations to enable employees and students to participate in the life of the campus community. Individuals with disabilities are responsible for reporting and supplying documentation verifying their disability. Requests for accommodations must be initiated through the Disability Support Services office, Roscoe West, 609.771.3199.

Required Readings:

Human Sciences Research Council (HSRC) Survey (2008) South African National Student Prevalence, Incidence, Behaviour and Communication Survey. Available at:
http://www.hsrc.ac.za/Media_Release-379.phtml

Investigating Communication, Health, and Development: 10 Years of Research in the Centre for Communication, Media, and Society. (Download from website; ICHD in syllabus):
http://www.academia.edu/2207666/Investigating_Communication_Health_and_Development_10_Years_of_Research_in_The_Centre_for_Communication_media_and_Society_CCMS

Singhal, A., & Rogers, E. (1999). *Entertainment-Education: A communication for social change.* Mahwah, NJ: Lawrence Erlbaum (now Routledge). (EE in this syllabus)

Singhal, A., Cody, M., Rogers, E., & Sabido, M. (2004). *Entertainment-Education and social change: History, research, and practice.* Mahwah, NJ: Lawrence Erlbaum (now Routledge). (EESC in this syllabus).

Tomaselli, K.G & Chasi, C. (2011) (ed.) *Development and Public Health Communication*. Cape Town: Pearson Publishing. (DPHC in this syllabus).

Strongly Recommended Readings:

Dearing, J.W. & Singhal, A. (Eds.) (2006). *Communication of Innovations: A Journey with Everett M. Rogers*. United States: Sage Publications.

Suggested Readings

John Hopkins Health and Education in South Africa (JHESSA):

http://www.jhhesa.org/index_home.html

CCMS website: <http://www.ccms.ukzn.ac.za>. Go to “Projects”, click on “Communication for Participatory Development”.

The Drum Beat website: www.comminit.com and userlist.

Adhikarya, R. (2006) Implementing Strategic Extension Campaigns: Applying Best Practices and Lessons Learned from Ev Rogers. In Dearing, J.W. & Singhal, A. (eds.) *Communication of Innovations: A Journey with Everett M. Rogers*. United States: Sage Publications, 172-198.

Bandura, Al. (1997) *Self-Efficacy: the Exercise of Control*. W.H Freeman and Company. New York, 1-35.

Corcoran, N. (2011) *Working on public health communications*. London: Sage.

Freire, P. (1972) *Pedagogy of the Oppressed*. Penguin Books.

Gumucio-Dagron, A. & Tufte, T. (eds.) (2006) *Communication for Social Change Anthology: Historical and Contemporary Readings*. South Orange, NJ: Communication for Social Change Consortium.

Gumucio-Dagron, A. (2001). *Making Waves: Stories of Participatory Communication for Social Change*. A Report to the Rockefeller Foundation. New York: The Rockefeller Foundation.

Kincaid, D.L. (2000) Mass Media, Ideation, and Contraceptive Behaviour, *Communication Research*, 27(6), 723-763.

Loveliflife (2001) *Looking at lovelife – The first year: Summaries of Monitoring and Evaluation*, Johannesburg. See website at www.lovelife.org.za.

McAnany, E. (ed.) (2010) Communication for Development and Social Change: New Millennium, *Communication Research Trends* Vol. 29(3). A Quarterly Review of Communication Research: Centre for the Study of Communication and Culture. Available at: <http://octavioislas.files.wordpress.com/2010/06/comunication-research-trends.pdf>

McKee, N, Bertrand, J.T & Becker-Benton, A. (2004) Chapter 2 Strategic Communication in the Fight Against HIV/AIDS. In *Strategic Communication in the HIV/AIDS Epidemic*. India: Sage publications, 30-54.

- Obregon, R. & Mosquera, M. (2005) Chapter 13: Participatory and cultural challenges for research and practice in health communication. In Hemer, O. & Tufte, T. (eds.) *Media and Glocal Change: Rethinking Communication for Development*. CLACSO Books & NORDEN, 233-246.
- Piotrow et al. (1997) *Health Communication: Lessons from Family Planning and Reproductive Health*. London: Praeger Publishers / John Hopkins School of Public Health.
- Singhal, A. & Njogu et al (2006) Chapter 9 Entertainment-Education and Health Promotion: A Cross-Continental Journey. In Dearing, J.W. & Singhal, A. (eds.) *Communication of Innovations: A Journey with Everett M. Rogers*. United States: Sage Publications, 199-229.
- Singhal, A., Papa, M.J & Sharma, D. et al. (2006) Entertainment Education and Social Change: The Communicative Dynamics of Social Capital, *Journal of Creative Communications*, Vol. 1 (1), 1-16.
- Storey, D J & Boulay, M. (2001). *Improving Family Planning Use and Quality of Services in Nepal through the Entertainment-Education Strategy*, The Johns Hopkins University School of Public Health Center for Communication Programs Field Report No. 12, 1 - 40.
- Tufte, T. (2001) Entertainment Education and Participation: Assessing the communication strategy of Soul City, *Journal of International Communication*, Vol. 7(2), 25-50.

ASSIGNMENTS

(Dates refer to Monday of the weeks in which the topic will be discussed.)

Flex-Time/4th Hour. It is difficult to cover the all the reading material in the allotted 14 classes. Therefore, I will assign “extra” time (Mondays from 8:20-9 PM) for reading and research that exceeds normal class hours. I shall be available during that time either in person or through email, to answer questions.

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| Week I | Jan. 25 | <i>Intro to Entertainment-Education Campaigns: Development and Communication</i> : DPHC, Introduction (Chpt. 1). Templates from Previous Classes; The Johns Hopkins P-process; Healthy People 2020 Objectives |
| Week II | Feb. 1 | <i>History of Development and Public Health Communication</i> . DPHC: Tomaselli, Chpt. 1, Part I: The Historical Problem (pp. 25-38); Part II: Doing Something (pp. 38-50). EE: Chpt. 1: Entertainment-Education (pp. 1-23); Chpt. 2: “Simplemente Maria” (pp. 24-46). EESC: Chpt. 1, The Status of EE Worldwide; Chpt. 2, A History of EE 1958-2000 (collectively, pp. 3-38). |

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| Week III | Feb. 8 | <i>HIV/AIDS Prevention and Women's Rights in South Africa, Mexico, and India</i> . DPHC: Govender, Chpt. 2: Part I: HIV/AIDS: Health or Development Problem (pp. 51-61); Part II: From Behavior Change to Social Change Communication (pp. 62-75). EE: Chpt. 3: Miguel Sabido and the Entertainment Education Strategy (pp. 47-72); Chpt. 4: The "Hum Log" Story in India (pp. 73-104). EESC: Chpt. 3, EE as a Public Health Intervention; Chpt. 4, The Origins of EE (collectively, 39-74). |
| Week IV | Feb. 15 | <i>Health Communication Theories, Participatory Communication, Music, and Radio</i> . DPHC, Rensburg and Krige, Chpt. 3: Aspects of Health Communication (theories and opportunities) (pp. 77-100); Lubombo, Chpt. 4: Stakeholders and Their Impact on Community Development; OneVoice South Africa Schools Programme (pp. 101-118). EE, Chpt. 5: The Entertainment-Education Strategy in Music (pp. 105-119); Chpt. 6: The Education-Entertainment Strategy in Radio (pp. 120-142). EESC: Chpt. 5, Social Cognitive Theory for Personal and social Change by Enabling Media; Chpt. 6, Celebrity Identification in EE (collectively, 75-116). |
| Week V | Feb. 22 | <i>South Africa's Unusual Democracy, Development Support Communication and the AIDS Foundation of South Africa, and Measuring the Effects of Entertainment Education</i> . DPHC, Fourie, Chpt. 8: South Africa, Democratisation, and Development (pp. 180-205); Govender, McConough, and Mathew, Chpt. 8: Development Support Communication and the AIDS Foundation of South Africa (pp. 206-227). EE, Chpt. 7: The Effects of Entertainment-Education (pp. 144-179); Chpt. 8: Studying Entertainment-Education Effects (pp. 180-204). EESC: Chpt. 7, The Theory Behind Entertainment Education (pp. 117-152). |
| Week VI | Feb. 29 | Presentation of First Two Sections of P-Process ICHD: "Act Alive": Youth Clubs Communicating Healthy Life Choices (pp. 47-59); Chpt. 3: Participatory Communication Methodologies (pp. 140-195); Chpts 4 & 5: Research into Radio as a Medium for EE; and Drama as a Development Communication Tool (pp. 196-261); Chpt. 6: Television as a Mass Medium Intervention (pp. 262-324); Chpts. 7 & 8: Visual Media and Print Media (pp. 325-408; Chpt. 9: New Media (pp. 409-463). |
| Week VII | Mar. 7 | DPHC: Chpt. 10, Krige, Health Communication and TB Leaflets |

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(pp. 228-243); Chpt. 11, de Plessis, Poverty and Unemployment (pp. 249-273). EE, Chpt. 9, Lessons Learned about Entertainment-Education (pp. 205-227).

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| Week VIII | Mar. 14 | MID-SEMESTER BREAK |
| Week IX | Mar. 21 | DPHC: Ch. 13, Commercializing the HIV/AIDS Crisis: Public Service Broadcasting (pp. 299-315); Ch. 14, Soul City (pp. 316-342). EESC, Chpt. 8, No Short Cuts.. Soul City (pp. 153-176); Chpt. 9, Ethiopia (pp. 177-190). |
| Week X | Mar. 28 | DPHC: Chpt. 14, Tomaselli and Chasi, Quest for a Participatory Society (pp. 343-347). EESC: Chpt. 10, EE Research Agenda; Chpt. 11, US Daytime and Prime-Time TV and Promoting Health; Chpt. 12, EE TV Drama in the Netherlands; Chpt. 13, EE Programs of the UK's BBC (collectively, pp. 191-260). |
| Week XI | Apr. 4 | EESC: Chpt. 14, Social Merchandizing in Brazilian Telenovelas; Chpt. 15, Delivering Internet Messages to Hard-to-Reach US Audiences in the Southwest; Chpt. 16, EE in the Middle East: Egyptian Oral Rehydration Therapy Campaign; Chpt. 17, The Turkish Family Health and Planning Foundation (collectively, pp. 261-330). |
| Week XII | Apr. 11 | EESC: Chpt. 18, Cartoons, Comic Books for changing Social Norms: Meena, the South Asian Girl; Chpt. 19, Integrating EE Broadcasts with Community Listening and Service Delivery in India; Chpt. 20, EE Through Participatory Theater; Chpt. 22, EE and Participation; Population Program in Nepal (collectively, pp. 331-398, 417-434). |
| Week XIII | Apr. 18 | Student presentations. |
| Week XIV | Apr. 25 | Student presentations |
| Week XV | May 5 | Student presentations |
| Week XVI | Finals Period | Comparing student presentations: Similarities and Differences |

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 both assigned and suggested reading: 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 unexcused absences beyond two of the double-period classes can result in a deduction of one full grade from the final grade.

2. Major Project:(85%)

The assignment has five parts:

- a. **Selecting a topic:** Each team (or in some cases individual) must select both:
 - 1) a disease, condition, or remedy; and
 - 2) three concrete “contexts” in which to compare them, typically: a program to address diseases, conditions, or remedies

Examples of each:

Disease, Condition, or Remedy:

- Mother-child HIV/AIDS transmission
- Stigma of those living with HIV/AIDS
- Intergenerational transactional sex (“sugar daddies” and “sugar mommies”)
- Male circumcision
- HIV/AIDS transmission through drug user needles
- AIDS Pre-Exposure Prophylaxis (PrEP) in South African Women
- Risky behavior in gay sex/relationships
- Modern healer/traditional healer relationships: encouraging cooperation
- Status of Women: Gender domination/submission relationships
- Child brides
- Fidelity/faithfulness
- Abstinence
- Family planning
- Male responsibility
- “Corrective Rape” in South Africa
- Developing an Ebola vaccine
- Child/pediatric vaccination (e.g., polio in Pakistan)
- Coastal water contamination
- Concussions

Programs to address diseases, conditions, or remedies

- TV dramas such as “Intersexions”: Funded by USAID, Johns Hopkins, and the President’s Emergency Plan for AIDS Relief (PEPFAR), this television drama became the number-one-ranked TV drama in South Africa after only four weeks on air, in 2011 winning a highly coveted Peabody Award, the world's oldest and most respected award for electronic media.
(<http://www.intersexions-tv.co.za/2010/12/intersexions-is-south-african-favourite-television-drama/>).
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- “4Play: Sex Tips for Girls”: A South African television drama series deals with the realities of life for four thirtysomething South African women living in Johannesburg. (www.cadre.org.za/node/266) ,
“Brothers for Life” ” (<http://www.brothersforlife.org>): Brothers for Life is a national campaign targeting mainly Men aged 30 and over . The campaign was launched on the 29th of August 2009 in KwaMashu and seeks to address the risks associated with having multiple and concurrent partnerships, sex and alcohol , Gender based Violence and promotes HIV testing , Male involvement in PMTCT and health seeking behaviours in general.

The campaign is a collaborative effort led by South African National AIDS Council (SANAC), the Department of Health, USAID/PEPFAR, Johns Hopkins Health and Education in South Africa (JHHESA), Sonke Gender Justice, UNICEF , IDMT , the United Nations System in South Africa and more than forty other civil society partners working in the field of HIV prevention and Health. The campaign uses Interpersonal communication , Mass Media and Advocacy to reach its audiences.
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- Animated Character infotainment messages such as “Scrutinize”: a South African HIV prevention TV campaign with identifiable characters, real life situations, cutting edge animation, and humor
(<http://www.scrutinize.org.za/H.I.VICTORY/>);

NGOs fighting HIV/AIDS, ranging from:

- a “911” hotline to groups helping villages create their own dramas, music, and performance art. Examples:
- DramAidE (www.dramaide.co.za);
- The Valley Trust (www.thevalleytrust.org.za); HIV 911 (www.hiv911.org.za);
- ARROWSA (http://coh.ukzn.ac.za/CentreforCommunication-Media-Society_copy1/ARROW.aspx).

Collectively, the diseases, conditions, or remedies, on the one hand, and the concrete contexts on the other, offer opportunities to compare the ways different organizations address common

issues.

b. Information Search (15%): After each team (or in some cases, an individual student) identifies a health related topic (subject to instructor approval), it/he/she will compile a lengthy organized and annotated list of sources of information related to that topic, using the APA Style Manual, latest 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.

Examples of Internet Search Sites for Two Topics:

- 1) Medical Male Circumcision (MMC): students can conduct an evaluative study at/with JHHESA partners; Turn Table Trust (TTT), Drama in Aids Education (DramAidE), The Valley Trust (TVT) as a research site.
Suggested texts to start:
 - Social and Behavioural Research on Male Circumcision for HIV Prevention, available at: http://www.malecircumcision.org/research/social_behavioral_research.html
 - South African National Implementation Guidelines for Medical Male Circumcision.

- 2) Intergenerational sex: e.g. students can conduct a reception analysis of the ‘sugar daddy’ government billboards that can include focus groups with semi-rural as well as urban and educated young females (highest HIV prevalence and billboard target audience).

Suggested texts to start:

- Leclerc- Madlala, S. (2008) Age disparate and intergenerational sex in southern Africa: the dynamics of hypervulnerability, *AIDS*, 22 (suppl . 4), 17-25. Available at: <http://siteresources.worldbank.org/INTHIVAIDS/Resources/375798-1103037153392/AgeDisIntergenAIDS2008.pdf>
- Leclerc-Madlala, S., Simbayi, L.C & Cloete, A. (2009) Chapter 2 The Socio-cultural Aspects of HIV/AIDS in South Africa, In P. Rohleder et al. (eds.), *HIV/AIDS in South Africa 25 Years On*. New York: Springer, 13-25.
- Leclerc-Madlala , S. (unknown) Technical Meeting on Young Women in HIV Hyper-endemic Countries of Southern Africa. Intergenerational/age-disparate sex. Policy and Programme Action Brief. UNAIDS & RHRU, 1-5. Available at: http://www.unicef.org/mz/cpd/references/84-womenGirls_AgeDisparate.pdf
- LeClerc-Madlala, S. (2001) Demonising women in the era of AIDS: On the relationship between cultural constructions of both HIV/AIDS and femininity, *Society in Transition*, 32:1, 38-46. Available at: <http://www.tandfonline.com/doi/pdf/10.1080/21528586.2001.10419028>

Topics for the search must be approved no later than **Feb. 1. Due Date: February 15.**

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

Hopkins P-process, URL to be supplied in class (40%): Typically in teams of three, 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 identifying strengths and weakness of previous campaigns
- 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 three key 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: March 28

d) Pre-test Procedures: Questionnaire Development, Interactive Data Collection Plan, and (possibly) Brochure (15%)

Teams will develop questionnaires, develop an interactive data collection plan (relying on an expert of some kind in data collection or interactive multimedia), then create a brochure based

on reasonably anticipated outcomes suited for a target population, and develop materials, at minimum a leaflet, to use in a public communication campaign:

o) Develop a short questionnaire operationalizing three theories to administer to a target population; and/or

o) Identify potential advisors/collaborators who have experience in Interactive MultiMedia, then seek his/her/their advice about designing a health communication project for mobile phones. In particular, consider designing some kind of health-related “game” suitable for mobile phones. For ideas, consider visiting the website of the international organization “Games for Health”: (www.gamesforhealth.org) and an associated *Games for Health Journal*; and/or

o) Develop a leaflet or brochure or set of materials (or if you wish, an audio or video PSA).

Due: April 18

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

Due: April 25

e) Develop Formal Oral Report and Research Proposal – Report on all Four 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.

Presentations on weeks of April 20, May 2.

Two copies are due May 5.

RUBRICS FOR WRITING ASSIGNMENTS AND ORAL PRESENTATIONS

RUBRIC FOR WRITING ASSIGNMENTS

A –The argument for your writing is scholarly, genuinely debatable, and specific. The organization is clear and logical and connected with effective transitions. The paper is well

researched with multiple, reliable sources as evidence to support every debatable assertion. The writing shows exact control of language with effective word choice and superior facility with language.

B – The argument for your writing is clear and debatable by may have shifting focus and specificity. The organization is generally clear and relates most ideas together effectively. The paper uses multiple resources that are not always assessed critically. The writing shows effective control of language and competence with conventions of grammar.

C – The argument is unclear and shifts in focus and specificity. The paper shows some organization and logic but transitions are sketchy and some ideas may seem illogical or not relevant to argument. The paper uses sources that are not always reliable and assessed critically. The paper shows intermittent control of language in terms of word choice and grammar.

D - The argument is vague or lacking in substance. The ideas are not developed with any kind of logical organization. The paper uses weak evidence that is incorrectly cited. The paper contains major errors in grammar and sentence variety.

F - Lacking in all of the above areas: non-existent claim, little or no research, illogical structure, poor control of language.

Rubric for Presentations

A -- Extremely well organized. Introduces the purpose of the presentation clearly and creatively. Information presented in logical, interesting sequence which class can follow. Thorough research of relevant literature with references to sources beyond those mentioned in class. Well-prepared visual aids used creatively to support presentation. Demonstrates extensive knowledge of the topic by responding confidently and appropriately to all audience questions.

B -- Generally well organized.. Introduces the purpose of the presentation clearly. Most information presented in logical sequence; A few minor points may be confusing. Some research into literature beyond those mentioned in class. Visual ads support main points. Demonstrates knowledge of the topic by responding accurately and appropriately addressing questions . At ease with answers to all questions but fails to elaborate.

C - Somewhat organized. Introduces the purpose of the presentation but jumps around topics. Several points are confusing. Research is adequate but very little beyond what was assigned in class. Basic power point and generally and familiar examples. Demonstrates some knowledge of rudimentary questions by responding accurately to questions

D - Poor or confusing organization. Does not clearly introduce the purpose of the presentation. Presentation is choppy and disjointed with no apparent logical order. Poor choice of material for visual aids. participation. Demonstrates incomplete knowledge of the topic by responding inaccurately and inappropriately to questions.

F – Non-existent organization. No research beyond materials assigned in class. Poorly chosen or lacking in visual aids. Unable to answer questions because poorly prepared.

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.