

**American University of Beirut
Faculty of Health Sciences
Department of Health Promotion and Community Health**

**INTRODUCTION TO HEALTH COMMUNICATION
HPCH 315
(1 credit)
Fall 2019-2020**

Class Schedule

Mondays 2:30 pm - 3:20 pm

Venue: Van Dyck, Room 332

Course Instructors

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Van Dyck Room 304

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Office hours: by appointment

Course Description

This course is an introduction to health communication through theory and practical applications. It introduces the students to the basic concepts of health communication and its scholarship. The course will also provide students with the tools to analyze existing health campaigns and develop health messages. Through this course, students also learn how to effectively communicate with different target audiences using appropriate materials.

Course learning objectives (LO)

By the end of the semester, the student should feel competent to perform in the following areas:

LO1: Produce and deliver effective oral and written materials to an audience of their choice (including hints on how to use non-verbal communication cues).

LO2: Critique materials for dissemination of a health message.

LO3: Specify steps needed to develop and disseminate a health message to varied audiences (professionals, the media, policy makers, and the public).

LO4: Apply ethical principles to the presentation and communication of public health messages.

Classroom Policies

1. **Academic Integrity:** Education is demanding and time management is essential. Do not hesitate to use the resources around you but do not cut corners. Cheating and plagiarism will not be tolerated. Please review the Student Code of Conduct in your handbook and familiarize yourself with definitions and penalties. If you're in doubt about what constitutes plagiarism, ask your instructor because it is your responsibility to know. The American University of Beirut has a strict anti-cheating and anti-plagiarism policy. Penalties include failing marks on

the assignment in question, suspension or expulsion from University and a permanent mention of the disciplinary action in the student's records.

2. **Attendance:** In accordance with the AUB Catalogue "Students who miss more than one-fifth of the sessions of any course in the first ten weeks of the semester (five weeks in the case of the summer term) are dropped from the course if the faculty member has stated in the syllabus that attendance will be taken". Attendance will be taken regularly.
3. **Cell phones are strictly forbidden in class.** It will not be allowed to have your cell phone on your desk, it needs to be put silent and away for the entire duration of the class.
 - **Inclusive education:** AUB strives to make learning experiences as accessible as possible. If you anticipate or experience academic barriers due to a disability (including mental health, chronic or temporary medical conditions), please inform me immediately so that we can privately discuss options. In order to help establish reasonable accommodations and facilitate a smooth accommodations process, you are encouraged to contact the Accessible Education Office: accessibility@aub.edu.lb; +961-1-350000, x3246; West Hall, 314.
 - *AUB is committed to facilitating a campus free of all forms of discrimination including sex/gender-based harassment prohibited by Title IX. The University's non-discrimination policy applies to, and protects, all students, faculty, and staff. If you think you have experienced discrimination or harassment, including sexual misconduct, we encourage you to tell someone promptly. If you speak to a faculty or staff member about an issue such as harassment, sexual violence, or discrimination, the information will be kept as private as possible, however, faculty and designated staff are required to bring it to the attention of the University's Equity/Title IX Coordinator. Faculty can refer you to fully confidential resources, and you can find information and contacts at www.aub.edu.lb/titleix. **To report an incident**, contact the University's Equity/Title IX Coordinator Ms. Mitra Tauk at 01-350000 ext. 2514, or titleix@aub.edu.lb. An anonymous report may be submitted online via EthicsPoint at www.aub.ethicspoint.com.*

Course Requirements and Student Evaluation

ASSESSMENT	DETAILS	POINTS (INDIVIDUAL)	POINTS (GROUP)
Midterm report	Meeting and campaign selection report		25
In-class graded exercise	Exercise on basic understanding of the concepts explained in class regarding message dissemination to varied audiences	10	
Final project	Analysis of a campaign (combines both individual contribution in the report and oral presentation)	5 (message analysis) 15 (presentation)	25(report)
Quality participation	Students are required to complete the readings prior to class to allow improved participation. Assessment will be on critical analysis and demonstrated practice	10	
Peer evaluation	Evaluation of each member's performance in the group work	10	
Total		50	50

Schedule

SESSION/DATE	TOPIC	READINGS	LOs
<i>Session #1</i> 2 Sept	Intro to the course Intro on Health Communication and its scholarship		
COMMUNICATING IN HEALTH CARE AND EMERGENCY SETTINGS			
<i>Session #2</i> 9 Sept	Doctor-patient communication Risk Communication	Ruiter et al. (2014); Street et al. (2009)	
PUBLIC HEALTH CAMPAIGNS			
<i>Session #3</i> 16 Sept	Introduction to Public Health Campaigns <i>Hand in instructions for midterm and final project: identify NGO and establish contact</i>	Atkin (2000); Wakefield et al. (2010)	2-4
<i>Session #4</i> 23 Sept	Principles of Persuasion	Cialdini (2001); Rimer & Kreuter (2006)	2-4
<i>Session #5</i> 30 Sept	Factors to consider when developing messages: Health Literacy	Nutbeam (2008)	3,4
<i>Session #6</i> 7 Oct	Factors to consider when developing messages: eHealth Literacy (new technologies)	Norman & Skinner (2006)	2, 3
<i>Session #7</i> 14 Oct	Crafting messages (framing)	Akl et al. (2011) Gallagher & Updegraff (2011)	1-4
<i>Session #8</i> 21 Oct	Crafting messages (argumentative structure)	Mayer & Tormala (2011); Morrison et al. (2005)	1-4
	<i>Midterm report: 22 Oct (midnight) on Moodle</i>		
COMMUNICATING HEALTH AMONG DIFFERENT AUDIENCES			
<i>Session #9</i> 28 Oct	Communicating science: people vs. experts	Kendall-Taylor, N. (2012); Khalid & Ahmed (2014); Hinnant & Len-Ríos (2009); Schwitzer (2014)	3, 4
<i>Session #10</i> 4 Nov	Communicating science: people vs. experts; media vs health professionals	El-Jardali (2015)	1, 3
<i>Session #11</i> 11 Nov	<i>In class graded activity on message dissemination (communicating science/health literacy)</i>		1,3,4
<i>Session #12</i> 18 Nov	Evaluating Public Health Campaign Messages	Noar (2012); Morrison et al. (2005); PH Ontario & Dalla Lana SPH (2012)	1-4
<i>Session #13</i> 25 Nov	Student projects – Group work		1-4
2 Dec	<i>No class</i>		
<i>Session #14</i> TBA	<i>Final presentations</i>		1-4
	<i>Final Analysis Report due Dec 15 on Moodle</i>		

Reading Material

A list of reading material for each session is provided with the schedule and will be posted on Moodle.

Reading list

Mandatory readings are highlighted with an asterisk (*). All the other readings are recommended.

Session 2. Doctor-patient Communication / Risk Communication

- *Street Jr, R.L., Makoul, G., Arora, N.K., & Epstein, R.M. (2009). How does communication heal? Pathways linking clinician–patient communication to health outcomes. *Patient Education & Counseling*, 74(3), 295-301.
- *Ruiter, R. A., Kessels, L. T., Peters, G. J. Y., & Kok, G. (2014). Sixty years of fear appeal research: Current state of the evidence. *International Journal of Psychology*, 49(2), 63-70.
- Fine, E., Reid, M. C., Shengelia, R., & Adelman, R. D. (2010). Directly observed patient–physician discussions in palliative and end-of-life care: a systematic review of the literature. *Journal of Palliative Medicine*, 13(5), 595- 603.

Session 3. Introduction to Public Health Campaigns

- *Atkin, C. K. (2000). Theory and principles of media health campaigns. In Rice RE & Atkin CK (eds) *Public Communication Campaigns* (3rd ed). Sage publications: California, London and New Delhy.
- *Wakefield, M.A., Loken, B., & Hornik, R.C., (2010). Use of mass media campaigns to change health behaviour. *The Lancet*. 376 (748), 1261–1271 doi:10.1016/S0140-6736(10)60809-4
- Noar, S. M. (2012). An Audience–Channel–Message–Evaluation (ACME) Framework for Health Communication Campaigns. *Health Promotion Practice*, 13(4), 481–488.
<https://doi.org/10.1177/1524839910386901>
- Public Health Ontario, & Dalla Lana School of Public Health. (2012). Health communication message review criteria. Toronto, Canada: Queen’s Printer for Ontario. Retrieved from https://www.publichealthontario.ca/en/eRepository/Health_communication_message_review_criteria_2012.pdf

Session 4. Principles of Persuasion

- *Cialdini, R. B. (2001). Harnessing the science of persuasion. *Harvard Business Review*, 79(9), 72–81.
- *Rimer, B. K., & Kreuter, M. W. (2006). Advancing Tailored Health Communication: A Persuasion and Message Effects Perspective. *Journal of Communication*, (56), 184–201.

Session 5. Factors to Consider When Developing Messages: Health Literacy

- *Nutbeam, D. (2008). The evolving concept of health literacy. *Social Science & Medicine*, 67(12), 2072–2078. doi:10.1016/j.socscimed.2008.09.050
- Dickens, C., Lambert, B. L., Cromwell, T, & Piano, M. R. (2013) Nurse Overestimation of Patients' Health Literacy, *Journal of Health Communication*, 18:sup1, 62-69, DOI: 10.1080/10810730.2013.825670
- Nutbeam, D. (2000). Health literacy as a public health goal: a challenge for contemporary health

education and communication strategies into the 21st century. *Health Promotion International*, 15(3), 259–267.

Session 6. Factors to Consider When Developing Messages: Ehealth Literacy

*Norman, C. D., & Skinner, H. A. (2006). eHealth Literacy: Essential Skills for Consumer Health in a Networked World. *Journal of Medical Internet Research*, 8(2), e9.

doi:10.2196/jmir.8.2.e9

Berkman, N.D., Sheridan, S.L., Donahue, K.E., et al. (2011). Low health literacy and health outcomes: an updated systematic review. *Annals of Internal Medicine*, 155, 97–107.

Taggart, J., Williams, A., Dennis, S., Newall, A., Shortus, T., Zwar, N., Harris, M. F. (2012). A systematic review of interventions in primary care to improve health literacy for chronic disease behavioral risk factors. *BMC Family Practice*, 13, 49. doi:10.1186/1471-2296-13-49

Session 7-8: Crafting Messages: Framing and Argumentative Structure

*Akl, E. A., Oxman, A. D., Herrin, J., Vist, G. E., Terrenato, I., Sperati, F., Schünemann, H. (2011). Framing of health information messages. *Cochrane Database of Systematic Reviews*, (12). <http://doi.org/10.1002/14651858.CD006777.pub2>

*Gallagher, K. M., & Updegraff, J. A. (2011). Health Message Framing Effects on Attitudes, Intentions, and Behavior: A Meta-Analytic Review. *Annals of Behavioral Medicine*. <http://doi.org/10.1007/s12160-011-9308-7>

*Mayer, N. D., & Tormala, Z. L. (2010). “Think” Versus “Feel” Framing Effects in Persuasion. *Personality and Social Psychology Bulletin*, 36(4), 443–454. <http://doi.org/10.1177/0146167210362981>

*Morrison, F. P., Kukafka, R., & Johnson, S. B. (2005). Analyzing the structure and content of public health messages. AMIA ... Annual Symposium Proceedings. AMIA Symposium, 540–544.

Session 9-10: Communicating Science

*Kendall-Taylor, N. (2012). Conflicting Models of Mind Mapping the Gaps Between Expert and Public Understandings of Child Mental Health. *Science Communication*, 34(6), 695–726. doi:10.1177/1075547011429200

*Khalid, M.Z., & Ahmed, A. (2014). Entertainment-education media strategies for social change: Opportunities and Emerging Trends. *Review of Journalism and Mass Communication*. 2(1): 69-89.

*Hinnant, A., & Len-Ríos, M. E. (2009). Tacit Understandings of Health Literacy Interview and Survey Research With Health Journalists. *Science Communication*, 31(1), 84–115. doi:10.1177/1075547009335345

*Schwitzer, G. (2014). A guide to reading health care news stories. *JAMA Internal Medicine*. 174(7): 1183-1186.

*El-Jardali F, Bou Karroum L, Bawab L, Kdouh O, El-Sayed F, Rachidi H, et al. (2015) Health Reporting in Print Media in Lebanon: Evidence, Quality and Role in Informing Policymaking. *PLoS ONE* 10(8): e0136435. doi:10.1371/journal.pone.0136435

Chang, C. (2015). Motivated Processing How People Perceive News Covering Novel or Contradictory Health Research Findings. *Science Communication*, 37(5), 602–634. doi:10.1177/1075547015597914

Foster, C., Tanner, A. H., Kim, S.-H., & Kim, S. Y. (2014). National Conversations About the Costs of U.S. Health Care A Content Analysis of Media Coverage, 1993-2010. *Science Communication*, 36(5), 519–543. doi:10.1177/1075547014536882

Session 12: Evaluating Public Health Campaigns

*Noar, S. M. (2012). An Audience–Channel–Message–Evaluation (ACME) Framework for Health Communication Campaigns. *Health Promotion Practice*, 13(4), 481–488.
<https://doi.org/10.1177/1524839910386901>

*Morrison, F. P., Kukafka, R., & Johnson, S. B. (2005). Analyzing the structure and content of public health messages. *AMIA ... Annual Symposium Proceedings*. AMIA Symposium, 540–544.

*Public Health Ontario, & Dalla Lana School of Public Health. (2012). Health communication message review criteria. Toronto, Canada: Queen’s Printer for Ontario. Retrieved from https://www.publichealthontario.ca/en/eRepository/Health_communication_message_review_criteria_2012.pdf