

**American University of Beirut  
Faculty of Health Sciences**

**Department of Health Promotion and Community Health**

**HPCH 301  
Health Communication  
[2 credits]**

**Course Syllabus  
Spring Semester, Academic Year: 2019-20**

**Class time and location**

Dates, times: **Tuesdays, 9:00-10:40 am (Bardus); Thursdays, 3:30-5:10 pm (Kanj)**  
Classroom: **Room 201 (Bardus); Room 103 (Kanj)**

**Course Instructors**

Name: **Dr. Marco Bardus (Section 1)**  
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**Course description**

Health communication is an area of study that examines how human and mediated communication can influence the outcomes of health-care and health promotion efforts. This core MPH course introduces students to the basic concepts of health communication and its scholarship, including the focal areas of health literacy, patient-provider communication, social marketing, health campaigns, risk communication, crisis communication and health advocacy. During the course, students will discuss the ways communicating about health is influenced by individual, social and societal factors.

The course will provide students with tools to critically evaluate existing health campaigns and to outline strategies to effectively communicate with different audiences about health-related topics. Students will design culturally appropriate, evidence-based health messages for specific publics. Additionally, students will learn how to effectively communicate scientific information to different audiences (e.g., general population, experts, the media) using appropriate oral and written materials and communication channels.

Format: **Lecture & Discussion**

Lecture hours: **50 min/week [1 credit]**; Discussion: **2-3 hours/week [1 credit]**

### Course learning objectives (LOs)

**By the end of the course, students will be able to:**

- LO1. Differentiate between health, risk, and crisis communication, social marketing, and media advocacy for public health.
- LO2. Specify steps needed to develop and disseminate health messages to varied audiences (professionals, the media, policy makers, and the public). **[CC18,20]**
- LO3. Analyze, interpret, and evaluate materials for disseminating a health message. **[CC18,20]**
- LO4. Apply persuasive communication strategies and models to the design of public health materials. **[CC18,19]**
- LO5. Design effective and culturally appropriate oral and written materials targeting selected publics, using appropriate digital or traditional media channels. **[CC18,19,20]**
- LO6. Discuss issues related to communicating data and other findings of health and science research to the public. **[CC19]**
- LO7. Discuss the ethical, cultural and professional issues surrounding the use of communication techniques and apply ethical principles to the presentation and communication of public health messages. **[CC19]**
- LO8. Apply effective interpersonal communication and group interaction skills (listening, openness to others' ideas, preparation, contribution, leadership).

### Competencies of the Council on Education for Public Health (CEPH)

CC18. Select communication strategies for different audiences and sectors.

CC19. Communicate audience-appropriate public health content, both in writing and through oral presentation.

CC20. Describe the importance of cultural competence in communicating public health content.

### Pedagogical approach

Lectures and discussions in class, including readings and assignments. Students in groups will engage in a practical session by analyzing existing campaigns for a local public health or health care organization, under the supervision of the course instructors. This course is web-enhanced through posting lectures, reading materials, and assignments on MOODLE.

### Assigned text book and required readings

A big part of this course is based on the book "*Health communication: From theory to practice*," edited by Roberta Schiavo (2013), published by John Wiley & Sons. A digital version of the book is available from ProQuest Ebook Central, accessible from AUB libraries ([e-book](#)). Selected book chapters and other mandatory readings are highlighted with an asterisk (\*).

A list of additional reading materials for each session is provided with the course schedule below. PDF copies will be shared on Moodle.

**Course requirements and Student evaluation**

Students will be evaluated on the following assessments. Detailed information will be shared with the students in advance.

**Table 1. Modes of assessment mapped to course learning objectives**

Mode of assessment	Learning Objectives							
	LO1	LO2	LO3	LO4	LO5	LO6	LO7	LO8
<b>1. Online quiz (30% individual)</b>	X	X						
<b>2. Message analysis (20%)</b>								
a. Message analysis (5% individual)			X				X	
b. Presentation of analysis (10% group)								X
c. Peer evaluation (5% individual)								X
<b>3. In-class graded activity: crafting messages (20% group)</b>				X	X		X	X
<b>4. In-class graded activity: science communication (20% individual)</b>						X	X	
<b>5. Quality participation (10% individual)</b>							X	

**Table 2. Description of assessment methods**

Assessment method	Date (tentative)	LOs covered (CEPH Competencies)	Grade percentage
<b>1. Online quiz (individual)</b>	<b>After session #7</b>	<b>LO1, 2 (CC18)</b>	<b>30%</b>
Students will take an online quiz that cover theories, models and current concepts of health communication, patient-provider communication approaches, and risk communication. The quiz will also include questions related to the social marketing approach and the planning process used to develop health communication initiatives. The online quiz will test students' understanding of the theoretical foundations of framing public health messages including persuasion strategies.			
<b>2a. Message analysis (individual)</b>	<b>After session #9, before #13</b>	<b>LO3, 7 (CC18,19,20)</b>	<b>5%</b>
Students will work in groups to analyze a specific component of selected existing public health campaigns, provided by the instructors. Each student will <u>independently</u> complete a message evaluation form using predefined criteria (i.e., Public Health Ontario/Dalla Lana School of Public Health, Health Communication Message Review Criteria, 2012). Students will discuss their evaluations <u>in group</u> , in order to reach consensus. The consensus decision will be included in the final message analysis presentation.			

Assessment method	Date (tentative)	LOs covered (CEPH Competencies)	Grade percentage
<b>2b. Presentation (group)</b>	<b>Session #14</b>	<b>LO8</b>	<b>10%</b>
The message analysis will be presented in class orally. The group will summarize results of the individual analysis and the gaps in a final presentation. Students will provide suggestions for improvement based on the content of the course.			
<b>2c. Peer evaluation (individual)</b>	<b>After session #14</b>	<b>LO8</b>	<b>5%</b>
Each student will evaluate their group members' performance in the group work using a predefined checklist. The checklist includes items assessing interpersonal communication and group interaction skills (such as listening, openness to others' ideas, preparation, contribution and leadership and cultural competence), as well as potential communication problems. Each student evaluates their peers, not themselves.			
<b>3. In-class graded activity: crafting messages (group)</b>	<b>Session #9</b>	<b>LO4,5,7 (CC18,19,20)</b>	<b>20%</b>
In a creative workshop-style activity, students will work in groups to brainstorm and <b>develop key messages</b> based on a given scenario. Students will be asked to apply persuasive communication strategies, while considering socio-cultural and ethical principles.			
<b>4. In-class graded activity: science communication (individual)</b>	<b>Session #13</b>	<b>LO6,7 (CC19)</b>	<b>20%</b>
Students in class will "translate" a scientific text provided by the instructor into a text that can be used for a <b>brochure</b> and a <b>press release</b> that will be presented to lay people and media audiences. Students will be asked to provide justifications for their chosen communication approach for each audience in consideration of the cultural context.			
<b>5. Quality participation (individual)</b>	<b>After session #14</b>	<b>LO7 (CC19)</b>	<b>10%</b>
Students are required to complete the readings prior to class to allow improved participation and interactions in class and in online MOODLE forums through punctual and relevant comments. Students' critical thinking will be assessed through a scale including the quality and depth of <b>one guided discussion on MOODLE forum</b> related to <b>ethics in health communication</b> (LO7).			

**Policies and other General Notes:**

- **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 are 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.

- **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". Attendance is taken regularly and registered digitally on Moodle.
- **Mobile phone Use:** Except when the instructor explicitly asks you to use the phone to look for specific information, or when you have an extreme emergency situation, mobile phone use in class is not allowed. Using mobile phone in class is a form of disrespect towards the instructor and your colleagues and it creates unnecessary distractions. Mobile phones must be put silent and away from your view, for the entire duration of the class.
- **Inclusive education:** Students with special needs and that anticipate difficulties with the content or format of the course due to physical or learning disabilities should contact the instructor and/or their academic advisor, as well as the Counseling Center in the Office of Student Affairs (Ext. 3196) as soon as possible to discuss their learning needs. If you have a disability, for which you may request accommodation in AUB classes, consult the website for more information and [make arrangements with the Coordinator](#). Also, please see the instructor of this course privately in regard to possible support services that can be provided to you.
- **Non-Discrimination – Title IX – AUB:** 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 Title IX Coordinator. Faculty can refer you to fully confidential resources, and you can find information and contacts at [www.aub.edu.lb/titleix](http://www.aub.edu.lb/titleix). **To report an incident**, contact the University's Title IX Coordinator Trudi Hodges at 01-350000 ext. 2514, or [titleix@aub.edu.lb](mailto:titleix@aub.edu.lb). An anonymous report may be submitted online via EthicsPoint at [www.aub.ethicspoint.com](http://www.aub.ethicspoint.com).

**Detailed course outline**

In dark grey are represented the assignment deadlines (tentative). S1=Section 1; S2=Section 2.

Session/date	Topic	Required readings	Relevant assignments where learning will be assessed
Session #1 S1 Jan 28  Section 2 Jan 23	Intro on Health Communication & its scholarship -Approaches & action areas: Current Health Communication Theories and Issues: -Selected behavioral and social science theories and frameworks	Schiavo (2014), Chapters 1 and 2	Assessment 1
Session #2 S1 Feb 4  Section 2 Feb 6	Current Health Communication Theories and Issues: -Issues & topics in health care (disparities, empowerment, eHealth & Health literacy)  Cultural, Gender, Ethnic, Religious & Geographical Influences on Conceptions of Health & Illness -Cultural competence	Johns et al. (2017) Gollust et al. (2014)  Schiavo (2014), Chapter 3	Assessment 1
Session #3 S1 Feb 11  S2 Feb 13	Patient-provider communication	Schiavo (2014), Chapters 4, 7  Street et al. (2009)	Assessment 1
Session #4 S1 Feb 18  S2 Feb 21	Risk and crisis communication; -CDC's Crisis and Emergency Risk Communication (CERC) model  <i>Hand in instructions for online quiz</i>	Glick (2007); Ruiter et al. (2014); Veil et al. (2008)	Assessment 1
Session #5 S1 Feb 25  S2 Feb 28	Introduction to Public Health Campaigns and Social Marketing  <i>Hand in instructions for message analysis</i>	Atkin (2000); Wakefield et al. (2010)  Schiavo (2014), Chapter 9	Assessments 1, 3
Session #6 S1 Mar 3  S2 Mar 5	Persuasive communication strategies	Cialdini (2001);  Rimer & Kreuter (2006)	Assessment 1, 2, 3, 5
TBD	<i>Online quiz on Moodle</i>		

Session/date	Topic	Required readings	Relevant assignments where learning will be assessed
Session #7 S1 Mar 10  S2 Mar 12	Factors to consider when developing messages: Health Literacy & eHealth Literacy (media, technology, science, functional, ...)  <i>Hand in instructions for first graded activity</i>	Nutbeam (2008);  Norman & Skinner (2006);  Taggart et al. (2014)	Assessments 2a, 3
Session #8 S1 Mar 17  S2 Mar 19	Crafting messages (framing; argumentative structure)  Evaluating Public Health Campaign Messages	Akl et al. (2011)  Gallagher & Updegraff (2011);  Morrison et al. (2005)	Assessments 2a, 3
Session #9 S1 Mar 24  S2 Feb 26	<i>In class graded activity: crafting messages</i>		Assessment 3
Session #10 S1 Mar 31  S2 Apr 2	Public relations & mass media; Media advocacy	Schiavo (2014), Chapter 5 (selecta);  Dorfman & Krasnow (2014);  Jensen et al. (2014)	Assessments 4, 5
Session #11 S1 Apr 7  S2 Apr 9	Communicating science: people vs. experts media vs health professionals  <i>Hand in instructions for second graded activity</i>	Kendall-Taylor (2012); Khalid & Ahmed (2014); Hinnant & Len-Ríos (2009); Schwitzer (2014); El-Jardali (2015)	Assessments 4
Session #12 S1 Apr 14  S2 Apr 16	Visual Communication and Health  Communicating science: effective poster presentations	King et al. (2014) Parrott et al. (2007)	Assessment 2b, 4
Session #13 S1 Apr 21	<i>In class graded exercise: science communication</i>		Assessment 4



Session/date	Topic	Required readings	Relevant assignments where learning will be assessed
S2 Apr 23			
Session #14 S1 Apr 28	Message analysis presentations		Assessment 3b
S2 Apr 30			
	Wrap-up Moodle forum discussion		Assessment 5

### Course Readings-organized by session

The asterisk (\*) indicates mandatory readings

#### Session 2. Current trends in Health Communication

Community Toolbox (n.a.) Chapter 27. Cultural Competence in a Multicultural World. Available from: <https://ctb.ku.edu/en/table-of-contents>

\*Gollust, S. E., & Cappella, J. N. (2014). Understanding public resistance to messages about health disparities. *Journal of Health Communication*, 19(4), 493-510.

\*Johns, D. J., Langley, T. E., & Lewis, S. (2017). Use of social media for the delivery of health promotion on smoking, nutrition, and physical activity: a systematic review. *The Lancet*, 390, S49.

#### Session 3. Patient-provider communication

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.

\*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.

#### Session 4. Risk and crisis communication

\*Glik, D. C. (2007). Risk communication for public health emergencies. *Annual Review of Public Health*, 28, 3354.

Finkel, A. M. (2008). Perceiving others' perceptions of risk. Still a task for Sisyphus. *Annals of New York Academy of Science*, 1125, 121137.

Reyna, V. F. (2012). Risk perception and communication in vaccination decisions: A fuzzy-trace theory approach. *Vaccine*, 30(25), 3790-3797.

\*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.

\*Veil, S., Reynolds, B., Sellnow, T. L., & Seeger, M. W. (2008). CERC as a theoretical framework for research and practice. *Health Promotion Practice*, 9(4\_suppl), 26S-34S.



### Session 5. Introduction to Public Health Campaigns and Social Marketing

- \*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 Delhi.
- \*Wakefield, M.A., Loken, B., & Hornik, R.C., (2010). Use of mass media campaigns to change health behavior. *The Lancet*. 376 (748), 1261–1271 doi:10.1016/S0140-6736(10)60809-4

### Session 6. Persuasive Communication

- \*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.
- Shen, F., Sheer, V. C., & Li, R. (2015). Impact of narratives on persuasion in health communication: A meta-analysis. *Journal of Advertising*, 44(2), 105-113.

### Session 7. Health and eHealth Literacy

- 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.
- 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
- Jensen, J. (2011). Addressing health literacy in the design of health messages. *Health communication message design: Theory and practice*, 171-190.
- \*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
- 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.
- \*Nutbeam, D. (2008). The evolving concept of health literacy. *Social Science & Medicine*, 67(12), 2072–2078. doi:10.1016/j.socscimed.2008.09.050
- \*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 8. Public Health Campaign Messages

- \*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.
- 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](https://www.publichealthontario.ca/en/eRepository/Health_communication_message_review_criteria_2012.pdf)

### Session 9. Media & Health

- \*Dorfman, L., & Krasnow, I. D. (2014). Public health and media advocacy. *Annual Review of Public Health*, 35.
- \*Jensen, Jakob D., Courtney L. Scherr, Natasha Brown, Christina Jones, Katheryn Christy, and Ryan J. Hurley. "Public estimates of cancer frequency: cancer incidence perceptions mirror distorted media depictions." *Journal of health communication* 19, no. 5 (2014): 609-624.

### Session 10. Communicating Science

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

### Session 11. Visual Communication and Health

- King, A. J. (2015). A content analysis of visual cancer information: prevalence and use of photographs and illustrations in printed health materials. *Health Communication, 30*(7), 722-731.
- Parrott, R., Hopfer, S., Ghetian, C., & Lengerich, E. (2007). Mapping as a visual health communication tool: promises and dilemmas. *Health Communication, 22*(1), 13-24.

**Appendix-I Mapping of Course Learning Objectives to CEPH Competencies**

CEPH competencies	LO 1	LO 2	LO 3	LO 4	LO 5	LO 6	LO 7	LO 8	Other CORE and/or Concentration courses that also address competency	Assignment where Competency primarily assessed
CC18		A	A	A	A				None	Assignment 1, 3a,3c
CC19				A	A	A	A		None	Assignment 2, 3b, 3c, 4
CC20		A	A		A				None	Assignment 3c, 4

A= CEPH competency is primarily assessed in my course