

The Ohio State University
Colleges of the Arts and Sciences Course Change Request

School of Communication

Academic Unit

COMM

870

Book 3 Listing (e.g., Portuguese)

Course Number

Summer Autumn Winter **X** Spring Year **2007**

Proposed effective date: choose one quarter and put an "X" after it; and fill in the year. See the OAA curriculum manual for deadlines.

A. Course Offerings Bulletin Information. Follow instructions in the OAA curriculum manual. Before you fill out the "Present Course" information, be sure to check the latest edition of the *Course Offerings Bulletin* and subsequent Circulating Forms. You may find that the changes you need have already been made or that additional changes are needed. If the course offered is less than quarter or term, please also complete the Flexibly Scheduled/OffCampus/Workshop Request form.

COMPLETE ALL ITEMS THIS COLUMN

Present Course

1. Book 3 Listing: COMM _____
2. Number: 870 _____
3. Full Title: Seminar in Health Communication _____
4. 18-Char. Transcript Title: _____
5. Level and Credit Hours G 5 _____
6. Description: **Selected topics in health communication.**
7. Qtrs. Offered : **Winter or Spring** _____
8. Distribution of Contact Time: **1 3-hr CL**
(e.g., 3 cl, 1 3-hr lab) _____
9. Prerequisite(s): GR _____
10. Exclusion:
(Not open to....) _____
11. Repeatable to a maximum of _____ credits.
12. Off-Campus Field Experience: _____
13. Cross-listed with: _____
14. Is this a GEC course? _____
15. Grade option (circle): **Ltr** S/U P
If P graded, what is the last course in the series?
16. Is an honors version of this course available? _____
17. Other general course information: _____

COMPLETE ONLY THOSE ITEMS THAT CHANGE

Changes Requested

1. _____
2. _____
3. **Media, Campaigns, and Health** _____
4. _____
5. _____
6. Seminar: **How mediated communication can influence human behavior and public policy in ways that can improve (or can negatively impact) human health and well-being.**
7. _____
8. **2 2-hr CL** _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____

B. General Information

1. Do you want the prerequisites enforced electronically (see the OAA manual for what can be enforced)?
Yes

2. Does this course currently satisfy any GEC requirement, if so indicate which category?
no

3. What other units require this course? Have these changes been discussed with those units?
none

4. Have these changes been discussed with academic units that might have a jurisdictional interest in the subject matter? Attach relevant letters.
n/a

5. Is the request contingent upon other requests, if so, list the requests?
Acceptance of proposed Comm 871, Interpersonal Communication and Health

6. Purpose of the proposed change. (If the proposed change affects the content of the course, attach a revised syllabus and course objectives and e-mail to asccurrofc@osu.edu.)

Earlier version of course attempted to cover both mediated and interpersonal communication topics in a single seminar. This was impractical and the course is now being split into two, which will also better serve students with focused interests.

7. Please list Majors/Minors affected by the proposed change. Attach revisions of all affected programs. This course is (check one):
 Required on major(s)/minor(s) A choice on major(s)/minors(s)
 An elective within major(s)/minor(s) A general elective:

8. Describe any changes in library, equipment or other teaching aids needed as a result of the proposed change or if the proposed change involves budgetary adjustments, describe the method of funding:
none

Approval Process The signatures on the lines in ALL CAPS (e.g. ACADEMIC UNIT) are required.

1. Academic Unit Undergraduate Studies Committee Chair	Printed Name	Date
<i>W. Eveland</i>	William Eveland	9-5-06
2. Academic Unit Graduate Studies Committee Chair	Printed Name	Date
<i>C. G. Gwyn</i>	Correll Gwyn	09-05-06
3. ACADEMIC UNIT CHAIR/DIRECTOR	Printed Name	Date
4. After the Academic Unit Chair/Director signs the request, forward the form to the ASC Curriculum Office, 105 Brown Hall, 190 West 17 th Ave. or fax it to 688-5678. Attach the syllabus and any supporting documentation in an e-mail to asccurrofc@osu.edu . The ASC Curriculum Office will forward the request to the appropriate committee.		
5. COLLEGE CURRICULUM COMMITTEE	Printed Name	Date
6. ARTS AND SCIENCES EXECUTIVE DEAN	Printed Name	Date
7. Graduate School (if appropriate)	Printed Name	Date
8. University Honors Center (if appropriate)	Printed Name	Date
9. Office of International Affairs (study tours only)	Printed Name	Date
10. ACADEMIC AFFAIRS	Printed Name	Date
Colleges of the Arts and Sciences Curriculum Office. 08/09/05		

Comm 870 Media, Campaigns, and Health
Winter 2007
MW 1:30-3:18

Dr. Michael Slater

Office: 3022 Derby

Phone: 247-8762 (I have a voice mailbox)

E-mail: slater.59@osu.edu

Hours: To be announced, or by appointment

COURSE OBJECTIVES

This seminar is intended for graduate students concerned with how mediated communication can influence human behavior and public policy in ways that can improve human health and well-being.

It is designed to serve both students who are trained in communication or other social sciences who wish to bring their theory and methods training to bear on health issues, and students focused on public health, nutrition, exercise, and other particular health domains.

The primary focus of the course will be on the theory and practice of behavior change efforts utilizing mediated communication. The course will also touch on the positive and negative influences of existing mass media content on health behavior and health policy.

The instructor has served as PI of NIH-funded community and school substance use prevention interventions, analyses of media coverage of health issues, and studies of advertising content and warnings. He has also consulted on many health intervention studies and evaluations, including serving for a year as the chair of the Behavior Change Expert Panel, an advisory body to a billion-dollar national campaign concerning youth drug use.

Specific objectives are:

1) to provide an understanding of theories of audiences, persuasion, attitude and behavior and policy change relevant to health communication campaigns and media coverage and images of health

2) to familiarize students with current research literature in these areas

3) to permit students to apply these principles in a major project of their choosing in their area of interest (see major project description below).

COURSE PREREQUISITES

Students are expected to have had at least one course in research methods. Graduate or undergraduate coursework in theories of persuasion and behavior change is desirable; without it, you might find a rather steep learning curve in the first few weeks of class.

COURSE FORMAT

This is a graduate-level seminar. Our focus is on exploring ideas and issues in depth. I may wind up doing mini-lectures on various topics at times, but the focus should be on your own engagement with the ideas in this course. There will be *no* exams, consistent with the focus on individualizing the seminar to student interests and needs.

Students will be asked to develop a major project of their own choosing, which will allow them to “customize” the course content to address specific areas of interest. The project may consist of one of several options:

- a) Designing a communication intervention, including setting objectives, planning audience research, preliminary message and channel strategies, and an evaluation plan. The campaign plan must be thoroughly grounded in theory and relevant course and outside readings must be cited extensively. This is similar to what might be submitted to NIH for peer review, though the details of the intervention will be more extensive and “preliminary studies” won’t be included.
- b) Proposing a theory-building research study; this would include a full literature review and methods section, including draft research instruments. This should only be done if your intention is to carry out such a study. Another option: conducting and writing up a relevant secondary data analysis.
- c) Alternative projects meeting special needs and interests of graduate students may also be proposed with instructor approval (e.g., extensive critical literature reviews in preparation for planned dissertation research).

Late work is penalized unless permission for extended deadlines is obtained beforehand. Likewise, if you must miss a class, inform me of the occasion in advance by email.

Plagiarism, of course, will result in failing the course, and may be referred to appropriate disciplinary authorities. If you have any questions about appropriate citation or use of materials, see me.

If at any point you confused about assignments, expectations, or are getting lost in the course material, please set up a time to meet with me!

Also, please let me know, and/or contact the campus disabilities office, if you need special accommodations of some kind.

COURSE REQUIREMENTS

Term campaign proposal Part 1

35%

For a public communication problem of your choice and approved by me—you are to a) define the communication problem and objectives, b) describe audiences, c) develop a formative research strategy to improve your understanding of those audiences where needed, d) describe in detail your preliminary message strategies for reaching each of these various audiences, including where appropriate alternative strategies that you intend to test, and e) lay out your message pretesting plans. I expect these discussions to be thoroughly grounded in theory with extensive citation from class readings, and outside readings where needed. The model for this would be a proposal to a major federal agency that would undergo peer review by academic experts. Alternatively, provide the literature review and hypotheses for a theory-testing research study concerning mediated communication and health, or other project approved by me. I also will have several term proposals on reserve, so you can see what some look like. About ten to fifteen pages.

Term campaign proposal Part 2

35%

Continue the same project begun above. Now, include a) a detailed discussion of your channel strategies, including theory-based rationale for your choices, b) a detailed process evaluation plan, c) a detailed summative evaluation plan, and d) a timeline for conducting the entire project (preferably including a GANTT chart with implementation details). Alternatively, provide the methods section and draft instrument for a theory-testing study, or other project as approved by me. Again, extensive citation is expected from class readings, and outside readings where needed. About ten more pages.

Comments/questions regarding reading

10%

Students are expected to engage actively and intelligently with the reading. I provide guiding general questions on the syllabus for the reading for each class session, to help you focus your reading. To further facilitate engagement, I will require that each student:

- a) write a note, 1 page or less single-spaced, briefly outlining theoretical or applied questions (e.g. questions based on how readings apply to issues encountered in your own experience) concerning required readings for each class that you have and might like to hear discussed in class (descriptive summaries will not receive full credit);
- b) email this assignment to me (slater.59@osu.edu) and to the student who will help facilitate that day's discussion no later than 9AM on the morning of class.

This will permit me to see both your own thinking and to anticipate possible foci for discussion in the class. We will use these as a starting point for class discussion

Active and thoughtful participation in discussion/attendance, help facilitate one or more class session

20%

Note: Course requirements, due dates, and activities are subject to change per announcements in class; you are responsible for being aware of any such changes announced in class.

RECOMMENDED SOURCEBOOKS FOR MEDIA AND HEALTH COMMUNICATION:

Many readings will be chapters from these books; these will be referenced in the syllabus by the last names of the editors. Hornik, Maibach & Parrott, and Rice & Atkin in particular are all strongly recommended for purchase for those planning to do further work in media and health behavior.

If you do not already have professional experience with communication campaigns, I'd suggest obtaining NCI's "pink book" which summarizes campaign steps, available for free at <https://cissecure.nci.nih.gov/ncipubs/details.asp?pid=209>

You may also wish to obtain CDCynergy, a multi-media campaign planning CD Rom developed for use by health departments, at <http://www.cdc.gov/communication/cdcynergy.htm>

Dillard, J.P. & Pfau, Michael. (2002). *The persuasion handbook*. Thousand Oaks, CA: Sage.

Goldberg, Fishbein, & Middlestat (1997), *Social marketing*, Mahwah NJ: LEA.

Hornik, R. (2002). *Public health communication*. Mahwah, NJ: LEA.

Kreuter, M., Farrell, D., Olevitch, L., & Brennan, L. (2000). *Tailoring health messages: Customizing communication with computer technology*. Mahwah, New Jersey: Lawrence Erlbaum Associates.

Maibach, E., & Parrott, R.L. (1995). *Designing health messages: Approaches from communication theory and public health practice*. Thousand Oaks, CA: Sage.

Piotrow, et al. (1997). *Health communication: lessons from family planning and reproductive health*. Westport, Ct: Praeger.

Rice, R.E., & Atkin, C.K., Eds. (2001) *Public communication campaigns* (3rd ed). Thousand Oaks, CA: Sage.

Salmon, C.T., Ed. (1989). *Information campaigns: Balancing social values and social change*. Vol. 18, Sage Annual Reviews of Communication Research. Newbury Park, CA: Sage.

ACADEMIC MISCONDUCT

It is the responsibility of the Committee on Academic Misconduct to investigate or establish procedures for the investigation of all reported cases of student academic misconduct. The term "academic misconduct" includes all forms of student academic misconduct wherever committed;

illustrated by, but not limited to, cases of plagiarism and dishonest practices in connection with examinations. Instructors shall report all instances of alleged academic misconduct to the committee (Faculty Rule 3335-5-487). For additional information, see the Code of Student conduct (http://studentaffairs.osu.edu/resource_csc.asp).

SPECIAL ACCOMMODATIONS

Any student who feels s/he may need an accommodation based on the impact of a disability should contact me privately to discuss your specific needs. Please contact the Office for Disability Services at 614-292-3307 in room 150 Pomerene Hall to coordinate reasonable accommodations for students with documented disabilities.

COURSE SCHEDULE

Week one: Introduction to Health Communication and Behavior Change Interventions

Class 1: Intro to course. What are health communication campaigns?

No assigned reading.

I will ask each of you to introduce yourself and tell us your background, health and communication-related interests, and what it is you hope to get from this class. I will review the course objectives and format, requirements, and class policies, and take your questions.

Class 2: Evidence regarding impact of mediated communication health interventions. Do mediated communication efforts impact health behavior? What are key problems and uncertainties? Major opportunities?

Rice & Atkin, Chapter 1: William Paisley, Public Communication Campaigns, the American Experience. (skim, historical background).

Hornik. Preface. (xi-xv).

Hornik. Introduction: Public health communication: Making sense of contradictory evidence. (pp. 1-22).

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

Week two: Review of theories of behavior acquisition and change as they apply to communication and health behavior.

Class 1: Social cognitive theory, theory of reasoned action/planned behavior, Integrative Model, Health Belief Model.

What are the relative strengths of these models? Weaknesses? Relationship between them?

[Note: For most, this will be a review and can be skimmed. If this material is new to you, though, allow plenty of time for reading! This is key material.]

Fishbein, M. & Yzer, M.C. (2003). Using theory to design effective health behavior interventions. *Communication Theory*, 13, 164-176. [Focus on Integrative Model discussion. Will return to priming issues later.]

Dillard & Pfau, Chapter 14. Hale, J.L., et al. The theory of reasoned action. (pp. 259-289, also covers the Theory of Planned Behavior).

Harrison, J.A., Mullen, P.D., & Green, L.W. (1992). A meta-analysis of studies of the Health Belief Model with adults. *Health Education Research*, 7, 107-116. [Can skim, focus on tenets of

theory and research findings/conclusions].

Bandura, A. (1998). Health promotion from the perspective of social cognitive theory. *Psychology and Health, 13*, 623-649.

YOUR PROJECT IDEAS ARE DUE AT THE FIRST CLASS THIS WEEK—A ONE-PAGE MEMO; ALTERNATIVE IDEAS ARE OK IF YOU AREN'T SURE. CALL OR EMAIL IF YOU HAVE QUESTIONS OR WANT FEEDBACK.

Class 2: Stages of Change and putting the models together.

How can we think across multiple and competing models to address complex problems of behavior that is determined both socially and based on individual experience and disposition? In applied work, are we better off using a single theoretical framework or working across multiple theories? What are the pros and cons?

Slater, M. D. (1999). Integrating application of media effects, persuasion and behavior change theories to communication campaigns: A stages of change framework. *Health Communication, 11*, 335-354.

Week three: Theories of persuasion and message effects

Class 1: Information processing, elaboration likelihood, and attitude accessibility models.

How can these models be used in creating more effective communication-based interventions? What are the strengths and limitations of each?

Dillard & Pfau, Chapter 3. Roskos-Ewaldson, D.R., Arpan-Ralstin, L., & St. Pierre, J. Attitude accessibility and persuasion: The quick and the strong. (pp.39-63).

Rice & Atkin, Chapter 2. McGuire, W.J. Input and output variables currently promising for constructing persuasive communication (pp.22-49). (Skim.)

Petty, R.E., Baker, S.M., & Gleicher, F. (1991). Attitudes and drug abuse prevention: Implications of the elaboration likelihood model of persuasion. In L. Donohew, H.E. Sypher, & W.J. Bukoski (Eds.), *Persuasive communication and drug abuse prevention* (pp. 71-90). Hillsdale, NJ: Erlbaum.

Class 2: SENTAR, attitude towards the ad/campaign, LC4MP (or put in message design), reframing approaches.

Again, how can these models be used in creating more effective communication-based interventions? What are the strengths and limitations of each?

Fishbein, M. & Yzer, M.C. (2003). Using theory to design effective health behavior interventions. *Communication Theory, 13*, 164-176. [You read this before. This time, focus on priming theory material.]

Lang, A. (Under review). Using the limited capacity model of motivated message processing (LC4MP) to design effective cancer communication messages. (Skim.)

Palmgreen, P., Donohew, L., Lorch, E., Hoyle, R., & Stephenson, M. (2001). Television campaigns and adolescent marijuana use: Tests of sensation seeking targeting. *American Journal of Public Health, 91*, 292-295.

Slater, M.D. (In press). Specification and misspecification of theoretical foundations and evaluation logic models for health communication campaigns. *Health Communication*.

Week four: Understanding the campaign process: Audience segmentation, formative research, message testing, channel selection, process research, participatory front-end approaches. [Note: depending on class background and experience, there may be a lecture/discussion format for this week to cover some of these technical issues more efficiently.]

Class 1: Audience segmentation, participatory front-end approaches, and formative research. What are key principles in the communication intervention development process? What is ideal? What are real-world limitations? How can we adapt the ideal to real-world problems?

Maibach & Parrott, Chapter 10. Slater, M.D. Choosing audience segmentation strategies and methods for health communication (pp.186-198, skim).

Maibach & Parrott, Chapter 9: Nowak & Siska, Using research to inform campaign development and message design (pp. 169-185).

Rice & Atkin, Chapter 7. Atkin, C.K., & Freimuth, V.S. Formative evaluation research in campaign design (pp. 125-146). [Read just to 133]

Class 2: Message testing, channel selection, and process research. Same questions as for last class, applied to these topics.

Rice & Atkin, Chapter 7. Atkin, C.K., & Freimuth, V.S. Formative evaluation research in campaign design (pp. 125-145). [Read 133-145].

Saunders, R.P., Evans, M.H., & Joshi, P. (2006). Developing a process-evaluation plan for assessing health promotion program implementation: A how-to guide. *Health Promotion Practice, 8*, 134-147.

Week five: Theory-based message content design

Class 1: EPPM and gain/loss frames: risk communication approaches to message design. What are strengths of EPPM and gain-loss frames? When are such approaches most likely to be effective? When are they less likely to be effective or might they be potentially counterproductive?

Dillard & Pfau, chapter 20. Salovey et al. Message framing in the prevention and early detection of disease. 391-406.

Maibach & Parrott, chapter 8. Witte, K. Using the persuasive health message framework to generate effective campaign messages. (pp. 145-166)

Class 2: Social cognitive, social-normative, tailoring, and narrative approaches to message design.

Same questions as class 1.

Borsari, B., & Carey, K. B. (2003). Descriptive and injunctive norms in college drinking: A meta-analytic integration. *Journal of Studies on Alcohol*, 64, 331–341. (skim for key points)

Kreuter, M. et al (under review). Narrative communication in cancer prevention and control: A framework to guide research and application.

Kreuter, et al., Chapter 1. What is tailored communication? (pp. 1-23) and Chapter 3, An overview of the tailoring process (pp. 43-51). [Skim].

Maibach & Parrott, Chapter 3. Maibach & Cotton: Moving people to behavior change: A staged social cognitive approach to message design. (pp. 41-65).

PLEASE PROVIDE MID-TERM FEEDBACK ON COURSE PACE AND FORMAT...WHAT WOULD YOU LIKE TO SEE CHANGE? WHAT WORKS? ANY EXISTING ELEMENTS THAT SHOULD BE EXPANDED? (ANONYMOUS RESPONSES PLEASE, PLACE TYPED IN MY MAILBOX)

Week six: Cultural issues in mediated communication behavior change efforts in the US and abroad

Class 1: Issues in communicating with ethnically and racially diverse populations in the US. What do you see as the primary challenges? In what way are the approaches described adequate or inadequate? Do you see other creative ways to address these issues?

Flora, J.A., Schooler, C., & Pierson, R.M. (1997). Effective health promotion among communities of color: the potential of social marketing. In Goldberg, Fishbein, & Middlestat, *Social Marketing*, Mahwah NJ: LEA.pp.353-375.

Huff, R.M., & Kline, M.V. (1999). Promoting health in multicultural populations. Chapters 1, 4, & 5 (skim).

Viswanath background paper from IOM report in preparation. To come.

Class 2: Health communication and media in the developing world.

Same questions for class 1, plus: To what extent are challenges ones of culture vs a function of technology and infrastructure issues? Do these differences provide opportunities as well as difficulties?

Hornik, Chapter 11. Kincaid, D.L. et al. Impact of a mass media vasectomy promotion campaign in Brazil (pp. 179-195).

Rice & Atkin, Chapter 14. Piotrow, P.T., & Kincaid, D.L., Strategic communication for international health programs (pp. 249-268).

Slater, M. (2002). Entertainment education and the persuasive impact of narratives. In M. C. Green, J. J. Strange & T. C. Brock (Eds.), *Narrative impact: Social and cognitive foundations* (pp. 157-181). Mahwah, NJ: Lawrence Erlbaum Associates. (Skim.)

THE FIRST PART OF YOUR TERM PROJECT IS DUE

Week seven: Issues in evaluating media-based health interventions

Class 1: Problems of evaluation design in mediated communication interventions.

What are the distinctive problems of evaluating mediated communication interventions? What are options/difficulties in randomized designs? In quasi-experimental designs? In non-experimental designs? [Note: discussion may spill over to class 2]

Hornik, R. C. (2002). Evaluation design for public health communication programs. In R. C. Hornik (Ed.), *Public health communication: Evidence for behavior change* (pp. 385-405). Mahwah, NJ: Lawrence Erlbaum Associates Inc.

Kennedy, M. G., & Abbatangelo, J. (2005, May). *Guidance for evaluating mass communication health initiatives: Summary of an expert panel discussion*. Retrieved 21 December 2005, from Centers for Disease Control: <http://www.cdc.gov/communication/practice/epreport.pdf>

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

Slater, M.D. (In press). Specification and misspecification of theoretical foundations and evaluation logic models for health communication campaigns. *Health Communication*. [you read this earlier, review sections on evaluation].

Rice & Atkin, Chapter 6. Valente, T. W. Evaluating communication campaigns. (pp. 105-124).

Class 2: Special issues in communication campaign evaluation design.

What are the pros and cons of cost-benefit analyses? Cost effectiveness analyses? When do you think they should and should not be used? What concerns does the article on estimating threats

to validity raise for you?

Levin, H. (1983). Cost-effectiveness analysis in evaluation research. In E. Steuning & M. Brewer, *Handbook of evaluation research*. (pp. 345-379). Newbury Park, CA: Sage.

Salmon, Chapter 11: S.H. Chaffee, C. Roser, & J. Flora, Estimating the magnitude of threats to validity of information campaigns.

Week eight: Case studies in mediated communication campaigns.

Class 1: Large-scale campaigns

What theoretical and evaluation issues discussed in previous classes are exemplified in these campaigns? What do you think seems well-done and not so well-done?

Office of National Drug Control Policy. (Undated). *The National Youth Anti-Drug Media Campaign: Communication strategy statement*. Washington, D.C.: Author.

Worden, J. K., & Slater, M. D. (2004). From scientific theory to practice and back again: How theory can inform a national media behavior change campaign-and vice versa. *Social Marketing Quarterly*, 10(2), 10-27.

Huhman, M., Potter, L. D., Wong, F. L., Banspach, S. W., Duke, J. C., & Heitzler, C. D. (2005). Effects of a mass media campaign to increase physical activity among children: Year-1 results of the VERB campaign. *Pediatrics*, 116, 277-284.

Class 2: Smaller-scale interventions using mediated communication.

Same questions as for class 1, plus: What are the pros and cons of smaller versus larger-scale interventions? What would you expect to be the challenges of “going to scale” for smaller-scale interventions?

Rice & Atkin, Chapter 24. Dearing, J.W. The cumulative community response to AIDS in San Francisco.

Slater, M. D., Kelly, K. J., Edwards, R. W., Plested, B. A., Thurman, P. J., Keefe, T. J., et al. (2006). Combining in-school social marketing and participatory, community-based media efforts: Reducing marijuana and alcohol uptake among younger adolescents. *Health Education Research*, 21, 157-167.

Week nine: Mass media content and health—understanding the larger mediated environment

Class 1: Effects of popular media on health behavior.

How strong is the evidence for effects of popular media on health outcomes? What research questions remain to be addressed? What do we need to understand about possible mechanisms for effects?

Brown JD, L'Engle KL, Pardun CJ, et al. (2006). Sexy media matter: Exposure to sexual content in music, movies, television, and magazines predicts black and white adolescents' sexual behavior. *Pediatrics* 117: 1018-1027.

Dalton MA, Sargent JD, Beach ML, et al. (2003). Effect of viewing smoking in movies on adolescent smoking initiation: a cohort study. *Lancet*, 362, 281-285.

Martin, S. E., Snyder, L., Hamilton, M., Fleming-Milici, F., Slater, M.D, Stacy, A., Chen, M-J., & Grube, J. W. (2002). Alcohol advertising and youth. *Alcoholism: Clinical and Experimental Research*, 26, 900-906.

Class 2: Effects of news coverage on health behavior and health policy.
Same questions as class 1.

Rice & Atkin, Chapter 31. Wallack, L., & Dorfman, L. Putting policy into health communication: The role of media advocacy (pp.389-402).

Slater, M.D., Lawrence, F., & Comello, E.G. (under review). Media Influence on Alcohol Control Policy Support in the U.S. Adult Population: The Intervening Role of Risk Judgments and Issue Concern.

Yanovitzky, I. (2002). Effects of news coverage on policy attention and actions: A closer look at the media-policy connection. *Communication Research*, 29, 422-451.

Week ten: A social-ecological perspective on mediated communication and health

Class 1: Community-based and participatory approaches.

In what ways are these approaches appealing ethically, theoretically, and pragmatically? In what ways are they troubling? What are their implications for sustainability? For going to scale?

Merzel, C., & D'Afflitti, J. (2003). Reconsidering community-based health promotion: Promise, performance, and potential. *American Journal of Public Health*, 93(4), 557-574.

Rice & Atkin, Chapter 27: Bracht, N. Community partnership strategies in health campaigns (pp. 323-342).

Class 2: Social-level concerns.

In what ways can mediated communication facilitate community and social-level policy change? What are the challenges/limitations? What are the advantages of these multi-level, comprehensive theoretical frameworks? In what ways are they difficult to use theoretically and practically?

Best A, Stokols D, Green LW, et al. (2003). An integrative framework for community partnering to translate theory into effective health promotion strategy. *American Journal of Health*

Promotion, 18, 168-176.

[PATHWAYS model cite from JHU, CCP to come, in preparation]

*Week eleven: Finals week. **Your final project is due at time first class normally meets. No final exam.** (Extensions to adjust to your exam schedule in other classes are negotiable).*

Anonymous feedback form for each reading (optional but would help me for next time I teach this). Please use for readings you particularly like or don't like and put in my mailbox.

The above reading was:

1	2	3	4	5	6	7	8	9
Too easy							Too difficult	

1	2	3	4	5	6	7	8	9
Conceptually weak							Conceptually strong	

1	2	3	4	5	6	7	8	9
Irrelevant							Relevant	

1	2	3	4	5	6	7	8	9
Not recommended next time							Recommended	

Suggested replacement reading:

The above reading was:

1	2	3	4	5	6	7	8	9
Too easy							Too difficult	

1	2	3	4	5	6	7	8	9
Conceptually weak							Conceptually strong	

1	2	3	4	5	6	7	8	9
Irrelevant							Relevant	

1	2	3	4	5	6	7	8	9
Not recommended next time							Recommended	

Suggested replacement reading:
