College of Public Health & Health Professions
PHC 6195: Health Information for Diverse Populations: Theory & Methods
Fall 2013
Tuesdays 10:40 am to 1:40 pm, HPNP 1101

Instructor Information

Instructor Name	Juliette Christie, PhD, MA
Address	HPNP, room 4162
Phone Number	352-273-6745
Email Address	via Sakai
Office Hours	by appointment

Course Assistant/Moderator Information

Name	Greg Riherd
Email Address	g.riherd@gmail.com

Course Overview

Social and behavioral science (SBS) is a core area in public health. A critical skill for SBS students is the ability to develop and to communicate health information that is appropriate for specific audiences, including high-risk populations, and can effectively increase knowledge **AND** change attitudes, beliefs, and behavior. This is an introductory course; as such, we will be examining basic concepts and social scientific research in persuasive communication to gain an understanding of how individuals process and respond to public health information. The overall aims of the course are to: (a) survey the critical components of health information using relevant theories and research; (b) introduce qualitative and quantitative methods of gathering target populations' health attitudes and perceptions and designing population-specific health information; and (c) practice developing health information products. Each class will consist of theoretical and methodological lectures/discussions as well as presentations of relevant research. The success of the course will depend heavily upon active class participation. That said, students are strongly encouraged to present their thoughts and ideas; ask critical questions; and listen and respond respectfully to the ideas and inquiries of others.

Course Goals

1. To understand the *uses*, potential, and limitations of public health information products and campaigns.
2. To learn the systematic *process* by which public health information products and campaigns are designed, including the theoretical and empirical foundations of persuasive communication.
3. To gain an understanding of the importance of *population characteristics* (e.g., Socio-cultural-historical context, gender, age, culture, race, ethnicity, SES, literacy) and *community involvement/engagement* to the design of public health information products and campaigns.
4. To develop skills related to conducting *formative* research to ensure health information appropriately targets intended populations.

Course Objectives

1. Describe the uses, potential, and limitations of health information products and campaigns.
2. Use a process approach to design a public health information product and campaign.
3. Apply persuasive communication theories to the design of the public health information products and campaigns.
4. Explain the importance of power differentials, gender, culture, and other population characteristics to the design of public health information products and campaigns.
5. Explain the role of community-based participatory research (CBPR) to the design of public health information products and campaigns.
6. Demonstrate the skills needed to develop targeted materials for designing public health information products and campaigns.
7. Apply program evaluation methods to the design and (process/outcome) assessment of public health communication products and campaigns.

Course Materials

Required Texts
Perloff, P. M. (2010). *The dynamics of persuasion: Communication and attitudes in the 21st century* (4th ed.)*. New York: Routledge.

Making health communications program work (The Pink Book).

Required Articles
 See topical outline

Course Requirements/Evaluation/Grading

Assignments
Lead Author Presentation (100 points; 25% of your course grade): Each student will be assigned one article for which s/he will take the role of lead author. In this capacity, the student will lead the class in a review and discussion (interactive Q&A) of the assigned article in his/her choice format. All presentations, including Q&A, must be 15-20 minutes in length. Presentation content and quality will comprise a total of 50 points, and presentation delivery, including format and class interaction/stimulation of dialogue, will be worth the remaining 50 points for this assignment.

Tobacco Prevention and Control Training and Course Project: As part of this course, you will receive tobacco training (e.g., 2 lectures related to tobacco prevention and control/cessation) funded by Area Health Education Centers (AHEC) and be asked to design, develop, and present a tobacco use prevention or cessation health information campaign targeting young adults (ages 18-25) or another approved target population (see Dr. Christie for approval) for AHEC distribution (more details provided below). Health campaigns will be comprised of 3-4 (depending on the number of team members) individual health information products devised by your team targeting either tobacco use cessation or prevention in young adults. For your project, each team will conduct formative/qualitative research (e.g., focus teams) prior to and after developing your health information products. In addition to conducting formal literature searches to research your chosen health behavior and population of interest, focus group findings will be used to generate and target your health information products toward the intended population (both before and after final message creation).

Each member of the team is responsible for directing and managing the creation and development of one of the health information products. *All team members are expected to contribute to the creation and development of all campaign products per assignments from the product lead.* An individual health information product will be assigned to each team member the first week of class. More information will be provided during LAB 1 on 8/27. Campaign products include:

> **Individual Health Information Products (150 points; 37.5% of your course grade):**
> For your individual health information product, each team member will design and produce one of the following health campaign products:
>
> 1. *Print material:* Brochure or poster related to team's health campaign to be distributed in doctors' offices, health departments, or other types of health care facilities
>
> 2. *Multimedia presentation:* Presentation featuring information pertinent to team's health campaign (e.g., providing key information regarding ways to cope with stressors in lieu of smoking, demonstrations of smoking cessation techniques, a public service announcement to increase awareness of the negative health [physical, sociocultural, etc.] effects of smoking to motivate tobacco use prevention/control [PSA]) using a combination of text, audio, still images, animation, video, or interactivity content forms.
>
> 3. *Social media:* Some type of social networking site (e.g, Facebook) or blog/microblog (e.g., Twitter) used to promote your group's health campaign, monitor community interest, and evaluate network reach
>
> 4. *Oral presentation:* Persuasive presentation to community members and key stakeholders (e.g., community advisory board) to kick-off group's health campaign; presentations should include: (a) an overview of all health communication materials created for health campaign, i.e., print material, multimedia presentation, social media site, and PSA; (b) rationale for product development based on persuasive communication theories, principles, and design methodologies; and (c) discussion of how your team will measure the preliminary efficacy of your targeted health information products and campaign. Your team presentation should be **12-15 minutes**, with **3-5 additional minutes for Q&A** after your presentation. You are free to craft any style/mode of presentation you wish. Oral presentations are scheduled for the last day of class.
>
> **Team Work in LABS (60 points; 15% of your course grade):** Lab activities designed to take place in and outside of class are to be completed collaboratively in your designated teams. Two of the activities will be graded but all assigned activities are expected to be completed as part of the course project. Completion of all activities and tasks will contribute to successful course projects and course participation. Graded activities include: 1) creative briefs (20 points) and 2) scripts and storyboards (40 points).

Class Participation (30 points; 7.5% of your course grade): Students are expected to attend and participate actively in all scheduled class meetings in order to obtain the full value of this course. Attendance will not be taken; however, written opportunities to demonstrate class participation (in addition to verbal) will be given to students who are present for class and who

thoughtfully participate on randomly selected dates. Typically, participation credit will be based on "minute responses" or student participation in class lecture, discussions, and/or activities. Minute responses are 1-2 minute student responses to (a[n]) instructor- or student-posed question(s) related to course content. Students are expected to provide well-crafted and thoughtful responses on paper and to submit responses at the end of the class meeting or online. **Full credit for class participation will be based on the quality of the response provided or participation displayed.**

Discussion Boards (DBs; 60 points; 15% of your course grade): Students are expected to participate in **six** DBs throughout the duration of this course. There will be a total of 11 DBs (specified in the topical outline for this course included at the end of the syllabus) from which to choose the six in which you would like to participate. Prior to class (due dates/times for each DB are listed on topical outline), you are responsible for posting 2 questions to the DB associated with the assigned readings for your chosen week, as well as responding to at least one other student's posting. In other words, you will dialogue with at least one other student regarding his or her discussion questions for the assigned readings that week. This is a chance to think critically about the assigned readings/material. Your weekly questions and responses are worth a total of 10 points (6 DBs x 10 points each = 60 points total). Grades will be assigned based on accuracy and thoughtfulness of content, as well as integration of course topics. This means your questions and responses should become more complex over the course of the semester. When communicating via Sakai, please do so professionally and respectfully—as is expected in the classroom.
*__Late assignments will __not__ be accepted.__
Select your six DBs and sign up for your chosen weeks via Greg Riherd by the **end of class on 9/3.

Additional Course Materials and Grade Updates: All course material, including supplemental readings; additional information on assignments and grading rubrics; and grade updates will be available on Sakai (the University of Florida's e-Learning site). **Class announcements and related postings will be made regularly regarding course content and in-class activities. As such, students are expected to check Sakai before each class meeting and bring all necessary materials (paper or electronic) to class as directed.** This is a mandatory course requirement. Keep in mind that all supplemental material, including readings, is included to enhance student learning and understanding of course material. **If you have a specific question regarding course content or assignments, please contact the instructor or course assistant/moderator via email on Sakai.**

Your final grade in this course will consist of the following:
1. Lead Author Presentation   100 points
2. DBs   60 points
3. LAB Assignments in Teams   60 points
4. Individual Health Information Products   150 points
5. Class Participation   <u>30 points</u>
                                                    400 possible points

Grading Scale:

Total Course Points	Percent of Course Points (out of 100%)	Letter Grade	Grade Point Equivalent
372-400	93-100%	A	4.0
360-368	90-92%	A-	3.67
348-356	87-89%	B+	3.33

332-344	83-86%	B	3.0
320-328	80-82%	B-	2.67
308-316	77-79%	C+	2.33
292-304	73-76%	C	2.0
280-288	70-72%	C-	1.67
268-276	67-69%	D+	1.33
252-264	63-66%	D	1.0
240-248	60-62%	D-	0.67
Below 240	Below 60%	E	0.0

For greater detail on the meaning of letter grades and university policies related to them, see the Registrar's Grade Policy regulations at:

http://catalog.ufl.edu/ugrad/current/regulations/info/grades.aspx

Topical Outline*

Date	Topic(s)	Source/Lead	Readings
8/27	a. Introduction to Course b. Introduction to Health Communication c. Introduction to Persuasive Communication and Important Constructs & Theories	Lecture: L1a[a] Lecture: L1b[a] Lecture: L1c[b]	Perloff: Chapter 1-2 Article: 1
	LAB 1: Introduction to Course Project a. Receive team and individual product assignments; confirm assignments b. Identify focus of health campaign and target population c. **DUE 8/27:** **1) Turn in preliminary health campaign plan (i.e., topic and target population)** **2) Sign up for <u>one</u> LA presentation** **3) Sign up for <u>six</u> discussion boards**		
	Assignments: 1) Discussion Board (DB) #1 Posting for 9/3 Readings Due: 9/2 by 3 pm		
9/3	Pre-Product Design Part I: a. Function of Attitudes b. Attitude-Behavior Relationship, Influential Factors, & Theoretical Models Revisited c. Measurement of Attitudes & Beliefs	Lecture: L2a[b] Lecture: L2b[b]	Perloff Chapters: 3-4; Article: 2
	LAB 2: Creative Briefs for Health Information Campaigns/Products a. Instruction and discussion of creative briefs (purpose and format) b. Work in creative briefs (in teams)	LAB: 2[b]	
	Assignment: DB #2 Posting for 9/10 Readings Due: 9/9 by 3 pm		
9/10	Guest Lecture on Tobacco Prevention & Cessation: Dr. Barnett	Dr. Barnett	Articles: 3-5
	LAB 3: Scripts and Storyboards a. Instruction and discussion of scripts/storyboards for health information products b. Finalize and **DUE 9/3: turn in creative briefs** (one per team;	LAB: 3[a]	

	individual product information details may be carved on in overall brief) c. Begin work on scripts/story boards (in teams)		
	Assignment: DB #3 Posting for 9/17 Readings Due: 9/16 by 3 pm		
9/17	Guest Lecture on Tobacco Prevention & Cessation: Dr. Pomeranz	Dr. Pomeranz	Articles: 6-8
	LAB 4: Scripts and Storyboards d. Work on scripts/story boards (in teams) e. Identify additional work needed and schedule team meetings/individual task assignment(s), completion, & delivery to individual product leads as needed* ***Scripts/story boards for all health information products in campaign and working outline of oral presentation due in class on 9/24**	Greg	
	Assignment: DB #4 Posting for 9/24 Readings Due: 9/23 by 3 pm		
9/24	Pre-Product Design Part II: Understanding Communication Components a. **Source Effects**	Lecture: L3a[c]	Perloff Chapter: 6; Article: 9
	DUE 9/24: Turn in scripts/story boards for all health information products in campaign expect and working outline for oral presentation	Greg	
	Assignment: DB #5 Posting for 10/1 Readings Due: 9/31 by 3 pm		
10/1	Pre-Product Design Part II: Understanding Communication Components *(continued)* b. **Message Effects**	Lecture: L4[c]	Perloff Chapters: 5, 7; Articles: 10-11
	LAB 4: Focus Group Moderation Training and Practice Sessions	LAB: 4[c]	
	Assignment: DB #6 Posting for 10/8 Readings Due: 10/7 by 3 pm		
10/8	Pre-Product Design Part II: Understanding	Lecture: L5[c]	Perloff Chapters: 8-9;

	Communication Components *(continued)* c. **Receiver Effects** **Lead Author Presentations**		Articles: 12-13
	LAB 5: a. Discussion of copyright issues for health information material b. Work on individual health information product for team's health campaign	LAB: 5[c]	
	Assignment: DB #7 Posting for 10/15 Readings Due: 10/14 by 3 pm		
	Conduct focus groups on pretest materials (scripts/storyboards, etc.) THIS WEEK		
10/15	Guest Lecture: Health Literacy and Attention to Message and Receiver Interactive Effects **Lead Author Presentations**		Articles: 14-16
	Assignment: DB #8 Posting for 10/22 Readings Due: 10/21 by 3 pm		
	Conduct focus groups on pretest materials (scripts/storyboards, etc.) THIS WEEK		
10/22	Infusing Qualitative Research for Product Design with Diverse Populations: Part I a. Formative Research and CBPR **Lead Author Presentations**		*Making health communications programs work:* Stages 1 & 2; Articles: 17-18
	Assignment: DB #9 Posting for 10/29 Readings Due: 10/28 by 3 pm		
	LAB 6: a. Discuss focus group feedback and revisions to health information products b. Work on revisions to individual health information products (in teams)		
10/29	Infusing Qualitative Research for Product Design with Diverse Populations: Part II c. Process and Outcome Evaluation **Lead Author Presentations**		*Making health communications programs work:* Stages 3 & 4; Articles: 19-20
	Assignment: DB #10 Posting for 11/5 Readings Due: 11/4 by 3 pm		

	Finalize health information products THIS WEEK		
11/5	Health and Media: a. Advertising and Social Campaigns/Advocacy b. Social Marketing/Technology **Lead Author Presentations** **Assignment:** DB #11 Posting for 11/12 Readings Due: 11/11 by 3 pm		Perloff Chapter 11-12; Articles: 21-22
	LAB 7: Share and evaluate individual health information products with team members		
	Conduct focus groups on final products THIS WEEK		
11/12	Sigma and Disability in Health Communication **Lead Author Presentations** **Assignment:** DB #12 Posting for 11/19 Readings Due: 11/18 by 3 pm		Articles: 23-24
	Conduct focus groups on final products THIS WEEK		
11/19	Public Policy and Ethics **Lead Author Presentations** LAB 8: Final Product Review/Evaluation a. Discuss focus group feedback on final health information products b. Identify and work on final changes to health information products/overall campaign in teams		Articles: 25-26
11/26	LAB 9: Final Product Review/Evaluation c. Iron out outstanding work on/concerns regarding individual health information products/overall campaign in teams		
12/3	Class Project Presentations		

*subject to change; any and all changes will be posted on Sakai one week before affected schedule.
[a]Online audio presentation and lecture notes via Sakai & in-class moderation lead by Greg Riherd
[b]Online lecture notes via Sakai & in-class presentation lead by Dr. Curbow
[c]Online lecture notes via Sakai & in-class presentation lead by Dr. Christie

Statement of University's Honesty Policy (cheating and use of copyrighted materials)

Academic Integrity

Students are expected to act in accordance with the University of Florida policy on academic integrity (see Student Conduct Code, the Graduate Student Handbook or these web sites for more details:

http://www.dso.ufl.edu/sccr/honorcodes/conductcode.php

http://www.dso.ufl.edu/studenthandbook/studentrights.php

http://gradschool.ufl.edu/students/introduction.html

Cheating, lying, misrepresentation, or plagiarism in any form is unacceptable and inexcusable behavior.

*We, the members of the University of Florida community,
pledge to hold ourselves and our peers
to the highest standards of honesty and integrity.*

Policy Related to Class Attendance

Students are expected to complete all reading assignments and to come to class prepared for discussion and debate*.* Attendance is required: Students who anticipate they will miss a class *must* contact the instructor before class; students who have an emergency absence must contact the instructor as soon as possible. *Two unapproved absences will result in a 3% decrease in total class points and more than two unapproved absences will result in a 5% decrease in total class points for each class missed (after two) unless there are extenuating circumstances.*

Policy Related to Make-up Exams or Other Work

Late Assignments will have a 5% deduction for each day late unless arrangements have been made ahead of the due date with the instructor.

Statement Related to Accommodations for Students with Disabilities

Accommodations for Students with Disabilities

If you require classroom accommodation because of a disability, you must first register with the Dean of Students Office (http://www.dso.ufl.edu/). The Dean of Students Office will provide documentation to you, which you then give to the instructor when requesting accommodation. The College is committed to providing reasonable accommodations to assist students in their coursework.

Counseling and Student Health

Students may occasionally have personal issues that arise in the course of pursuing higher education or that may interfere with their academic performance. If you find yourself facing problems affecting your coursework, you are encouraged to talk with an instructor and to seek confidential assistance at the UF Counseling & Wellness Center, 352-392-1575. Visit their web site for more information: http://www.counseling.ufl.edu/.

The Student Health Care Center at Shands is a satellite clinic of the main Student Health Care Center located on Fletcher Drive on campus. Student Health at Shands offers a variety of clinical services, including primary care, women's health care, immunizations, mental health care, and pharmacy services. The clinic is located on the second floor of the Dental Tower in the Health Science Center. For more information, contact the clinic at 392-0627 or check out the web site at: www.health.ufl.edu/shcc

Crisis intervention is always available 24/7 from:

Alachua County Crisis Center:

(352) 264-6789
http://www.alachuacounty.us/DEPTS/CSS/CRISISCENTER/Pages/CrisisCenter.aspx

BUT – Do not wait until you reach a crisis to come in and talk with us. We have helped many students through stressful situations impacting their academic performance. You are not alone so do not be afraid to ask for assistance.

Class Demeanor Expected by the Professor (late to class, cell phones)

Laptops: Laptops may be used in class **only** for taking notes, viewing slides, or accessing websites that are associated with ongoing class activities. Students are not allowed to use laptops in class for any other reason. ***Students violating this policy will receive one warning; each subsequent offense will result in a 1% reduction in total class points.***

Cell phones: Cell phones **are not allowed** to be used during class time, which includes checking or accessing cell phones for texting/web surfing purposes. ***Students violating this policy will receive one warning; each subsequent offense will result in a 1% reduction in total class points.***

Talking during class: During each lecture there will be opportunities to talk and share opinions and perspectives during informal activities. Students should not talk among themselves during the formal parts of the lecture (when someone else is making a presentation). ***Students violating this policy will receive one warning; each subsequent offense will result in a 1% reduction in total class points.***

Turn-it-in: The Turn-it-in program will be used for clearance of all papers. Instructions on how to use the program will be provided.

Article Reference List

1. Cameron, K.A., *A practitioner's guide to persuasion: an overview of 15 selected persuasion theories, models and frameworks.* Patient Educ Couns, 2009. **74**(3): p. 309-17.

2. Jones, L.W., et al., *Does the theory of planned behavior mediate the effects of an oncologist's recommendation to exercise in newly diagnosed breast cancer survivors? Results from a randomized controlled trial.* Health Psychol, 2005. **24**(2): p. 189-97.

3. Hershey, J.C., et al., *The theory of "truth": how counterindustry campaigns affect smoking behavior among teens.* Health Psychol, 2005. **24**(1): p. 22-31.

4. Johnson, D.M., et al., *Designing a tobacco counter-marketing campaign for African American youth.* Tob Induc Dis, 2008. **4**: p. 7.

5. Harris, J.L., M. Pierce, and J.A. Bargh, *Priming effect of antismoking PSAs on smoking behaviour: a pilot study.* Tob Control, 2013.

6. Shaikh, R.A., M. Siahpush, and G.K. Singh, *Socioeconomic, demographic and smoking-related correlates of the use of potentially reduced exposure to tobacco products in a national sample.* Tob Control, 2013.

7. Menon, I. and H. Parkash, *Women and tobacco: A total misfit or mis-unfit.* Indian J Dent Res, 2012. **23**(4): p. 537-41.

8. Flynn, B.S., et al., *Youth audience segmentation strategies for smoking-prevention mass media campaigns based on message appeal.* Health Educ Behav, 2007. **34**(4): p. 578-93.

9. Pornpitakpan, C., *The Persuasiveness of Source Credibility: A Critical Review of Five Decades' Evidence.* Journal of Applied Social Psychology, 2004. **34**(2): p. 243-281.

10. Cameron, K.A., et al., *Using theoretical constructs to identify key issues for targeted message design: African American seniors' perceptions about influenza and influenza vaccination.* Health Commun, 2009. **24**(4): p. 316-26.

11. Jones, L.W., R.C. Sinclair, and K.S. Courneya, *The effects of source credibility and message framing on exercise intentions, behaviors, and attitudes: An integration of the elaboration likelihood model and prospect theory.* Journal of Applied Social Psychology, 2003. **33**(1): p. 179-196.

12. Wilson, E.A. and M.S. Wolf, *Working memory and the design of health materials: a cognitive factors perspective.* Patient Educ Couns, 2009. **74**(3): p. 318-22.

13. Wilson, E.A., et al., *Media and memory: the efficacy of video and print materials for promoting patient education about asthma.* Patient Educ Couns, 2010. **80**(3): p. 393-8.

14. Wilson, E.A., et al., *Literacy, cognitive ability, and the retention of health-related information about colorectal cancer screening.* J Health Commun, 2010. **15 Suppl 2**: p. 116-25.

15. Schapira, M.M., A.B. Nattinger, and T.L. McAuliffe, *The influence of graphic format on breast cancer risk communication.* J Health Commun, 2006. **11**(6): p. 569-82.

16. Wilson, E.A., et al., *Comparative analysis of print and multimedia health materials: a review of the literature.* Patient Educ Couns, 2012. **89**(1): p. 7-14.

17.   Cameron, K.A., et al., *Investigating Hispanic/Latino perceptions about colorectal cancer screening: a community-based approach to effective message design.* Patient Educ Couns, 2007. **68**(2): p. 145-52.

18.   Shafer, A., et al., *Asking mom: formative research for an HPV vaccine campaign targeting mothers of adolescent girls.* J Health Commun, 2011. **16**(9): p. 988-1005.

19.   Harthun, M.L., et al., *Using Community-based Participatory Research to Adapt keepin' it REAL: Creating a Socially, Developmentally, and Academically Appropriate Prevention Curriculum for 5 Graders.* J Alcohol Drug Educ, 2009. **53**(3): p. 12-38.

20.   Schulz, C., et al., *Evaluating an evidence-based curriculum in undergraduate palliative care education: piloting a phase II exploratory trial for a complex intervention.* BMC Med Educ, 2013. **13**: p. 1.

21.   Lin, C.A., P.J. Neafsey, and E. Anderson, *Advanced practice registered nurse usability testing of a tailored computer-mediated health communication program.* Comput Inform Nurs, 2010. **28**(1): p. 32-41.

22.   Palmer, R.C., et al., *Development and evaluation of a web-based breast cancer cultural competency course for primary healthcare providers.* BMC Med Educ, 2011. **11**: p. 59.

23.   Latner, J.D., J.K. Rosewall, and M.B. Simmonds, *Childhood obesity stigma: association with television, videogame, and magazine exposure.* Body Image, 2007. **4**(2): p. 147-55.

24.   Whetten, K., et al., *Trauma, mental health, distrust, and stigma among HIV-positive persons: implications for effective care.* Psychosom Med, 2008. **70**(5): p. 531-8.

25.   Kinsler, J.J., et al., *The effect of perceived stigma from a health care provider on access to care among a low-income HIV-positive population.* AIDS Patient Care STDS, 2007. **21**(8): p. 584-92.

26.   Trice, E.D. and H.G. Prigerson, *Communication in end-stage cancer: review of the literature and future research.* J Health Commun, 2009. **14 Suppl 1**: p. 95-108.