

PUBH 6074

Mass Communication and Public Health Fall 2019

COURSE & CONTACT INFORMATION

Credits: 3
Meeting Day(s): Mondays, Wednesdays
Meeting Time: 2:30-4:45pm
Meeting Place: 130 Murphy Hall

Instructor: Dr. Marco Yzer
Email: mcyzer@umn.edu
Office Phone: 612-625-0345
Fax:
Office Hours: Mondays 10am-12pm or by appointment
Office Location: 306 Murphy Hall

COURSE DESCRIPTION

This course is designed to provide an overview of theory and research that lies at the intersection of mass communication and public health. In this course we examine the potential impact of media content on public health outcomes, both as a product of individuals' everyday interaction with media and as a result of strategic use of media-based efforts to accomplish public health goals. Discussion will emphasize both planned and unplanned effects of mass media in a variety of health-related situations. Although our focus is on mass media, interpersonal, medical, and digital media sources will likely be considered as well.

Since course content lies at the intersection of mass communication and public health, it is cross-listed: it is both JOUR 5541 and PUBH 6074. The course therefore is open to a diverse student population—diversity that will undoubtedly enrich our class discussions—and the course is designed to accommodate a diverse set of interests and backgrounds. That said, there are some days when the pace and content of discussion may not be optimal for everyone in the classroom.

COURSE PREREQUISITES

There is no minimal credit requirement for graduate students.

To be successful in this course, you need to have a basic understanding of concepts and approaches that are relevant for public health communication, or you need to be able to master those concepts and approaches on your own. Generally speaking, you must be familiar with empirical social science, which is the dominant paradigm in public health communication. A social scientific approach involves theories that are designed to explain particular questions by linking causal variables with outcome variables. Those theories are then tested in the field (e.g., by using them to inform health interventions) and, if necessary, further developed. The constant interplay between causal determinant theories and empirical testing implies a need for you to be able to think conceptually, understand research terminology, evaluate strengths and weaknesses in theory and research studies, and apply theory to real-world public health problems. This means that you do not need to know all existing theories, but you do need to be able to think theoretically. If you are concerned about whether this class is a good fit for you, please do not hesitate to speak with me.

COURSE GOALS & OBJECTIVES

The learning objectives of this three-credit course are to advance your familiarity, comprehension, and application of a broad range of mass communication-related facts, concepts, and theories as they apply to public health. These rather abstract goals are reflected in six specific objectives:

- 1) You will recognize the transdisciplinary nature of mass communication and public health, and will identify the critical relationships between theoretical ideas from different disciplines, i.e., communication, public health, and psychology.
- 2) You will identify the complex interdependence of critical factors in mass communication of public health, i.e., factors related to audience, environment (e.g., competing and reinforcing media efforts), message, and the health issue at hand.
- 3) You will identify implications for the design of effective health communication interventions.
- 4) You will be able to analyze the effects of various media content on public beliefs about health issues.
- 5) You will be able to write about health communication issues in a compelling manner. This means that your writing carefully builds an argument that integrates theoretical notions about communication and health, and applies them to real-life issues.

- 6) Self-discovery: You will reflect on yourself as a scholar, a producer of media health information, and a consumer of media health messages. How do the approaches discussed in this course relate to your individual interests? What are the implications of the planned and unplanned effects of health media information for how you engage with the media?

METHODS OF INSTRUCTION AND WORK EXPECTATIONS

Course Workload Expectations

On average, university policies indicate that you should expect to spend about nine hours per week in learning efforts (inside and outside of class) to satisfactorily complete this course.

COURSE TEXT & READINGS

Atkin, C.K., & Rice, R.E. (2013). Theory and principles of public communication campaigns. In R.E. Rice & C.K. Atkin (Eds.), *Public Communication Campaigns (4th ed.)* (pp. 3-19). Los Angeles: Sage Publications.

Bowen, M.L. (2016). Stigma: Content analysis of the representation of people with personality disorder in the UK popular press, 2001-2012. *International Journal of Mental Health Nursing, 25*, 598-605.

Cabassa, L.J., Molina, G.B., & Baron, M. (2012). Depression *fotonovela*: Development of a depression literacy tool for Latinos with limited English proficiency. *Health Promotion Practice, 13*, 747-754.

Crosby, R.A., Kegler, M.C., & DiClemente, R.J. (2009). Theory on health promotion practice and research. In R.J. DiClemente, R.A. Crosby & M.C. Kegler, (Eds.), *Health Promotion Practice and Research (2nd ed.)*, pp. 3-17). San Francisco: Jossey-Bass.

Fagerlin, A., Zikmund-Fisher, B.J., & Ubel, P.A. (2011). Helping patients decide: ten steps to better risk communication. *Journal of the National Cancer Institute, 103*, 1436-1443.

Finnegan, J.R., & Viswanath, K., (2008). Communication theory and health behavior change: The media studies framework. In K. Glanz, B.K. Rimer, & K. Viswanath (Eds.), *Health Behavior and Health Education: Theory, Research, and Practice (4th ed.)*, pp. 363-387. San Francisco: Jossey-Bass.

Hornik, R.C. (2002). Introduction: public health communication: making sense of contradictory evidence. In R.C. Hornik (Ed.), *Public health communication: evidence for behavior change* (pp. 1-22). Mahwah, NJ: Lawrence Erlbaum Associates.

Hornik, R., & Yanovitzky, I. (2003). Using theory to design evaluations of communication campaigns: the case of the National Youth Anti-Drug Media Campaign. *Communication Theory, 13*, 204-224.

Jarlenski, M., & Barry, C.L. (2013). News media coverage of trans fat: health risks and policy responses. *Health Communication, 28*, 209-216.

Jensen, J.D. (2012). Addressing health literacy in the design of health messages. In H. Cho (Ed.), *Health communication message design: theory and practice* (171-190). Los Angeles: Sage Publications.

Jones, C.L., Jensen, J.D., Scherr, C.L., Brown, N.R., Christy, K., & Weaver, J. (2015) The health belief model as an explanatory framework in communication research: Exploring parallel, serial, and moderated mediation. *Health Communication, 30*, 566-576.

Morgenstern, M., Sargent, J.D., Engels, R.C.M.E., Scholte, R.H.J., Florek, E., Hunt, K., et al. (2013). Smoking in movies and adolescent smoking initiation: longitudinal study in six European countries. *American Journal of Preventive Medicine, 44*, 339-344.

Nagler, R.H. (2014). Adverse outcomes associated with media exposure to contradictory nutrition messages. *Journal of Health Communication, 19*(1), 24-40.

Niederdeppe, J.D., Fowler, E.F., Goldstein, K., & Pribble, J. (2010). Does local television news coverage cultivate fatalistic beliefs about cancer prevention? *Journal of Communication*, 60, 230-253.

Noar, S.M., Hall, M.G., Francis, D.B., Ribisl, K.M., Pepper, J.K., & Brewer, N.T. (2016). Pictorial cigarette pack warnings: a meta-analysis of experimental studies. *Tobacco Control*, 25, 341-354.

Noar, S.M., & Harrington, N.G. (2012). eHealth applications: an introduction and overview. In S.M. Noar & N.G. Harrington (Eds.), *eHealth applications: promising strategies for behavior change* (pp. 3-16). New York: Routledge.

Petty, R.E., Barden, J., & Wheeler, S.C. (2009). The elaboration likelihood model of persuasion: Developing health promotions for sustained behavioral change. In R.J. DiClemente, R.A. Crosby & M.C. Kegler, (Eds.), *Health Promotion Practice and Research (2nd ed.)*, pp. 185-214). San Francisco: Jossey-Bass.

Prochaska, J. O., Norcross, J. C. & DiClemente, R. (2013). Applying the stages of change. *Psychotherapy in Australia*, 19, 10-15.

Roberto, C.A., Wong, D., Musicus, A., & Hammond, D. (2016). The influence of sugar-sweetened beverage health warning labels on parents' choices. *Pediatrics*, 137, e20153185.

Southwell, B.G., & Yzer, M.C. (2007). The roles of interpersonal communication in mass media campaigns. In C. Beck (Ed.), *Communication Yearbook 31* (pp. 419-462). New York: Lawrence Erlbaum Associates.

Stephenson, M.T., & Southwell, B.G. (2006). Sensation seeking, the Activation Model, and mass media health campaigns: current findings and future directions for cancer communication. *Journal of Communication*, 56(Suppl.), S38-S56.

Thompson, B., Molina, Y., Viswanath, K., Warnecke, R., & Prelip, M.L. (2016). Strategies to empower communities to reduce health disparities. *Health Affairs*, 35, 1424-1428.

Viswanath, K., Finnegan, J.R., & Gollust, S. (2015). Communication and health behavior in a changing media environment. In K. Glanz, B.K. Rimer, & K. Viswanath (Eds.), *Health Behavior and Health Education: Theory, Research, and Practice (5th ed.)*, pp. 327-348. San Francisco: Jossey-Bass.

Viswanath, K., Nagler, R.H., Bigman-Galimore, C.A., McCauley, M.P., Jung, M., & Ramanadhan, S. (2012). The communications revolution and health inequalities in the 21st Century: implications for cancer control. *Cancer Epidemiology, Biomarkers, and Prevention*, 21, 1701-1708.

Wakefield, M.A., Loken, B., & Hornik, R.C. (2010). Use of mass media campaigns to change health behaviour. *Lancet*, 376, 1261-1271.

Yzer, M.C. (2012). The integrated model of behavioral prediction as a tool for designing health messages. In H. Cho (Ed.), *Designing Messages for Health Communication Campaigns: Theory and Practice* (pp. 21-40). Thousand Oaks, CA: Sage.

Yzer, M., & Gilasevitch, J. (2019). Beliefs underlying stress reduction and depression help-seeking among college students: An elicitation study. *Journal of American College Health*, 67, 153-160.

Yzer, M.C., Southwell, B.G., & Stephenson, M.T. (2013). Inducing fear as a public communication campaign strategy. In R.E. Rice & C.K. Atkin (Eds.), *Public Communication Campaigns-4th edition* (pp. 163-176). Thousand Oaks, CA: Sage.

All readings will be made available through Canvas. Additional readings, if any, (e.g., for guest lectures) will be made available during the course of the semester.

COURSE OUTLINE/WEEKLY SCHEDULE

Please note that the course schedule and/or assigned readings may change. I will be sure to give you advance notice of any changes.

Meeting	Topic(s)	Reading(s)	Assignment due	
1	Wednesday, September 4	Introduction		
I. Foundational theories: Mass communication explanations for media effects on health				
2	Monday, Sept. 9	Agenda setting and framing	First, read Viswanath et al., 2015, pp. 334-335 on agenda setting ONLY; then read Jarlenski & Barry, 2013	
3	Wednesday, Sept. 11	Cultivation	First, read Finnegan & Viswanath, 2008, pp. 377-378 on cultivation ONLY; then read Niederdeppe et al., 2010	
4	Monday, Sept. 16	Knowledge gap hypothesis and communication inequalities	First, read Viswanath et al., 2015, pp. 336-337 ONLY; then read Viswanath et al., 2012	
II. Foundational theories: Psychological explanations for media effects on health				
5	Wednesday, Sept. 18	Alternative models of health behavior change	Crosby, Kegler & DiClemente, 2009	
6	Monday, Sept. 23	Behavior change theories: Core constructs	Jones et al., 2015; Prochaska et al., 2013	<i>Submit Assignment 1 by 1:00 PM</i>
7	Wednesday, Sept. 25	The reasoned action approach to behavior change	Yzer, 2012	
8	Monday, Sept. 30	Reasoned action theory applied: An application in the mental health domain	Yzer & Gilasevitch, 2019	
9	Wednesday, October 2	Information processing theories	Petty, Barden & Wheeler, 2009	
10	Monday, October 7	Individual difference theories: The case of sensation seeking	Stephenson & Southwell, 2006	<i>Submit Quiz 1 by 1:00 PM</i>
11	Wednesday, October 9	(Health) literacy and health information processing	Jensen, 2012; Fagerlin et al., 2011	
12	Monday, October 14	Risk communication: The "self" as a barrier to adopting health information	Yzer, Southwell & Stephenson, 2013	

III. Planned uses of communication for health

13	Wednesday, October 16	Health communication campaigns: Design	Atkin & Rice, 2013	
14	Monday, October 21	Health communication campaigns: Design, continued	Hornik, 2002; Wakefield et al., 2010	<i>Submit Quiz 2 by 1:00 PM</i>
15	Wednesday, October 23	Health communication campaigns: Evaluation	Hornik & Yanovitzky, 2003	
16	Monday, October 28	Case study: Cultural tailoring in American Indian communities (Guest speaker: Michael Mudgett, American Indian Cancer Foundation)	TBD	
17	Wednesday, October 30	People talk: Implications for campaigns and evaluation	Southwell & Yzer, 2007, pp. 432-442 ONLY	
18	Monday, November 4	Entertainment education	Cabassa, Molina & Baron, 2012	
19	Wednesday, November 6	Point-of-sale communication: Product packaging and labeling	Noar et al., 2016; Roberto et al., 2016	<i>Submit Quiz 3 by 1:00 PM</i>
20	Monday, November 11	Community-based communication interventions	Thompson et al., 2016	<i>Submit final paper proposal by 1:00 PM</i>
21	Wednesday, November 13	Plenary discussion of final paper ideas – intervention design		

IV. Unplanned uses of communication for health

22	Monday, November 18	News media coverage of health: Assessing effects. (Guest speaker: Dr. Rebekah Nagler)	Nagler, 2014	
23	Wednesday, November 20	News media coverage of health: Health news production	Viswanath et al., 2008	
24	Monday, November 25	Case study: Media coverage of the Affordable Care Act (Guest speaker: Dr. Sarah Gollust)	TBD	<i>Submit Quiz 4 by 1:00 PM</i>
25	Wednesday, November 27	No meeting. Get ready for Thanksgiving!		
26	Monday, December 2	Media representations of mental health	Bowen, 2016	

27	Wednesday, December 4	Health content in entertainment media: The case of movie smoking	Morgenstern et al., 2013; Smoke free movies	<i>Submit Assignment 2 by 1:00 PM</i>
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V. Mass communication and public health in a digital media world

28	Monday, December 9	eHealth applications	Noar & Harrington, 2012
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29	Wednesday, December 11	Yzer available for questions – No formal class	<i>Submit final paper on Friday, December 13 by 6:00 PM</i>
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SPH AND UNIVERSITY POLICIES & RESOURCES

The School of Public Health maintains up-to-date information about resources available to students, as well as formal course policies, on our website at www.sph.umn.edu/student-policies/. Students are expected to read and understand all policy information available at this link and are encouraged to make use of the resources available.

The University of Minnesota has official policies, including but not limited to the following:

- Grade definitions
- Scholastic dishonesty
- Makeup work for legitimate absences
- Student conduct code
- Sexual harassment, sexual assault, stalking and relationship violence
- Equity, diversity, equal employment opportunity, and affirmative action
- Disability services
- Academic freedom and responsibility

Resources available for students include:

- Confidential mental health services
- Disability accommodations
- Housing and financial instability resources
- Technology help
- Academic support

EVALUATION & GRADING

ASSIGNMENTS

This course will include four types of assessment:

- 1) Canvas quizzes;
- 2) short-answer assignments;
- 3) a final paper assignment; and
- 4) class participation.

The **4 Canvas quizzes** will include multiple-choice, true/false, matching, and/or fill-in-the-blank questions. The primary goal of the quizzes is to assess your understanding of relevant theories, concepts, and processes. Quizzes will include material that we discussed in class; central ideas from the readings and class discussion. The quizzes are not intended to be cumulative; rather, they are designed to help you keep up with course material as we move through the semester. Each quiz will be available online for one week (please see the course outline for specific due dates). For each of the 4 quizzes, you can earn up to 15 points. Additional information will be discussed during class.

There will be **2 short-answer assignments**, one toward the start of the semester and one toward the end. These serve a similar purpose as the quizzes, but they afford you greater opportunity to develop your responses, demonstrate your knowledge, and apply the ideas we've discussed during class. Each assignment will be available online for one week (please see the course outline for specific due dates). For each of the 2 assignments, you can earn up to 20 points. Additional information will be discussed during class.

The **final paper** will be a longer written assignment (~10 pages, double-spaced). You will be asked to create a campaign strategy to address a public health issue of your choosing. Theories discussed in class should guide your campaign strategy, and you should provide the rationale for the design choices you make (e.g., selection of target population, media channel(s), and type(s) of message). It also will be important to consider how the broader information environment could amplify or dampen the effects of your campaign. Much more detailed information on the final paper assignment will be distributed and discussed during class. That information as well as a rubric will be available on the Canvas site as well. You will be asked to submit a ~1-page proposal for your final paper. We will have time to discuss these during class, including one class meeting dedicated to the final paper. In addition, I encourage you to come meet with me individually to discuss your idea, if you feel that would be beneficial. The final paper is due through the Canvas site by **Friday, December 13 at 6:00 PM.**

Class participation can take one of two forms: 1) participation during lecture, and 2) participation during in-class activities. Participating during lecture may include responding to questions that I or guest lecturers pose to the class, responding to your colleagues' responses to questions, or posing a new question to me and/or the broader group. Participation during in-class activities means actively collaborating to complete the group task and sharing your ideas with your colleagues. Frequent attendance is necessary (though not sufficient) for a strong class participation grade; so is being attentive and respectful of your colleagues and instructor by not surfing the Internet, texting, etc. during class.

LATE SUBMISSIONS AND MAKEUP POLICY

As mentioned above, the quizzes are take-home assignments. Because you will have between 7-10 days to complete and submit each quiz, I expect that you will plan ahead and complete your work before the due date. **Requests for quiz extensions will be considered only under extraordinary circumstances and require adequate documentation of excused absence.**

There are progressive penalties for short-answer and final paper assignments that are submitted past the deadline. **For assignments submitted up to 24 hours past the deadline, your grade will be reduced by one full letter grade; for assignments submitted 24 to 48 hours past the deadline, your grade will be reduced by two full letter grades; and so forth.**

Grade changes will be made only when there is evidence of an error in grading and/or recording of a grade. **All inquiries must be made within one week of when graded assignments are returned.**

GRADING

The Canvas quizzes, short-answer assignments, final paper assignment, and class participation will be weighted as follows:

Canvas quizzes	60 points (4 quizzes at 15 points each)	30%
Short-answer assignments	40 points (2 assignments at 20 points each)	20%
Final paper assignment	80 points	40%
Class participation	20 points	10%
Total possible points	200 points	100%

Registration in this course is by A-F only.

A – Achievement that is outstanding relative to the level necessary to meet course requirements.

B – Achievement that is significantly above the level necessary to meet course requirements.

C – Achievement that meets course requirements in every respect.

D – Achievement that is worthy of credit even though it fails to meet fully the course requirements.

F – Represents failure and signifies that the work was either completed but at a level of achievement that is not worthy of credit or was not completed.

I (Incomplete) – assigned at the discretion of the instructor. An incomplete grade will be considered only when documented, extraordinary circumstances beyond control, or ability to anticipate, prohibit timely completion of the course requirements. Incomplete grades are rare. Requires a written agreement between instructor and student.

If students have University-based conflicts or complaints, including course-related issues, the Student Conflict Resolution Center (sos.umn.edu or 612-624-7272) offers free and confidential assistance.

Grading Scale

The University uses plus and minus grading on a 4.000 cumulative grade point scale in accordance with the following, and you can expect the grade lines to be drawn as follows:

% In Class	Grade	GPA
93 - 100%	A	4.000
90 - 92%	A-	3.667
87 - 89%	B+	3.333
83 - 86%	B	3.000
80 - 82%	B-	2.667
77 - 79%	C+	2.333
73 - 76%	C	2.000
70 - 72%	C-	1.667
67 - 69%	D+	1.333
63 - 66%	D	1.000
< 62%	F	

Evaluation/Grading Policy	Evaluation/Grading Policy Description
Scholastic Dishonesty, Plagiarism, Cheating, etc.	<p>You are expected to do your own academic work and cite sources as necessary. Failing to do so is scholastic dishonesty. Scholastic dishonesty means plagiarizing; cheating on assignments or examinations; engaging in unauthorized collaboration on academic work; taking, acquiring, or using test materials without faculty permission; submitting false or incomplete records of academic achievement; acting alone or in cooperation with another to falsify records or to obtain dishonestly grades, honors, awards, or professional endorsement; altering, forging, or misusing a University academic record; or fabricating or falsifying data, research procedures, or data analysis (As defined in the Student Conduct Code). For additional information, please see https://z.umn.edu/dishonesty</p> <p>The Office for Student Conduct and Academic Integrity has compiled a useful list of Frequently Asked Questions pertaining to scholastic dishonesty: https://z.umn.edu/integrity.</p> <p>If you have additional questions, please clarify with your instructor. Your instructor can respond to your specific questions regarding what would constitute scholastic dishonesty in the context of a particular class-e.g., whether collaboration on assignments is permitted, requirements and methods for citing sources, if electronic aids are permitted or prohibited during an exam.</p> <p>Indiana University offers a clear description of plagiarism and an online quiz to check your understanding (http://z.umn.edu/iuplagiarism).</p>
Attendance Requirements	<p>I have two very simple expectations about attendance:</p> <ol style="list-style-type: none"> 1. You will be present in class. 2. You will make sure that everything you do in class will contribute to a good experience for yourself and all others. Be mindful of each other.
Extra Credit	There are no extra credit opportunities in this course.

CEPH COMPETENCIES

Competency	Learning Objectives	Assessment Strategies
<p>7. Assess population needs, assets and capacities that affect communities' health.</p> <p>8. Apply awareness of cultural values and practices to the design or implementation of public health programs</p> <p>9. Design a population-based project, program, policy, or intervention</p> <p>18. Select communication strategies for different audiences and sectors</p> <p>19. Communicate audience-appropriate public health content, both in writing and through oral presentation</p>	<p>See above.</p>	<p>Achievements relevant for these competencies will be assessed through written assignments, quizzes, a final program development project, and class discussion.</p>