# Course Code
# Health Communication: From Research to Practice
# Module 1, 2023-2024

## Course Information

***Instructor: Luye Bao***
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Office Hour: Tue & Fri 10:30am-12:30pm (or email by appointment)

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***Classes:***
Lectures: Tue & Fri 8:30am-10:20am
Venue: PHBS Building, Room 415

***Course Website:***
https://cms.phbs.pku.edu.cn/claroline/course/index.php?cid=HEALTH415

## 1. Course Description

### *1.1 Context*

Course overview: This master-level course focuses on health communication theories, research, and practice. This course will have three general sections: (1) comprehensively reviewing health behavior theories and models from an interdisciplinary perspective, including communication, public health, psychology, etc; (2) building skills in designing, conducting, and evaluating health campaigns and interventions; (3) exploring recent topics and future directions for health communication research and practice, such as big data, ehealth, VR, and combating health misinformation. Throughout this course, we will use contemporary examples in health communication research and practice to discuss health-related belief formation, information seeking and sharing, behavioral change, and real-world campaigns.

Prerequisites：No prerequisites are required.

### *1.2 Textbooks and Reading Materials*

No textbooks are required. Reading materials are listed in section 3: Topics, Teaching and Assessment Schedule.

## 2. Learning Outcomes

### *2.1 Intended Learning Outcomes*

| Learning Goals | Objectives | Assessment (YES with details or NO) |
|---|---|---|
| 1. Our graduates will be effective communicators. | 1.1. Our students will produce quality business and research-oriented documents. | Yes – evaluated by their final paper and presentation. |
| | 1.2. Students are able to professionally present their ideas and also logically explain and defend their argument. | Yes – evaluated by their participation in class activities and discussions. |
| 2. Our graduates will be skilled in team work and leadership. | 2.1. Students will be able to lead and participate in group for projects, discussion, and presentation. | Yes – evaluated by their performance in group projects. |
| | 2.2. Students will be able to apply leadership theories and related skills. | Yes – evaluated by their performance in group projects. |
| 3. Our graduates will be trained in ethics. | 3.1. In a case setting, students will use appropriate techniques to analyze business problems and identify the ethical aspects, provide a solution and defend it. | Yes |
| | 3.2. Our students will practice ethics in the duration of the program. | Yes |
| 4. Our graduates will have a global perspective. | 4.1. Students will have an international exposure. | Yes |
| 5. Our graduates will be skilled in problem-solving and critical thinking. | 5.1. Our students will have a good understanding of fundamental theories in their fields. | Yes |
| | 5.2. Our students will be prepared to face problems in various business settings and find solutions. | Yes |
| | 5.3. Our students will demonstrate competency in critical thinking. | Yes |

### *2.2 Course specific objectives*

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

- Demonstrate an understanding of concepts and theories relating to topics in health communication
- Explain how psychological factors, interpersonal communication, community, social and cultural systems may influence health behavior
- Identify and develop theory-based approaches for health campaigns and interventions
- Evaluate different strategies for promoting healthy behaviors in real-world campaigns

### *2.3 Assessment/Grading Details*

In-class participation (20%): This course provides the opportunity to engage with course materials and discuss interesting topics with your peers and the instructor. Students are expected to attend class on a regular basis and make contributions to discussion that are informed by readings and other materials as well as personal experience.

Health campaign evaluation (30%): Students will be divided into groups of three to four people. Each group will prepare a presentation (10 minutes) that assesses one health campaign of your choice. In your presentation, you might (a) summarize the main goals, audiences, channels, and messages of the health campaign or intervention, (b) evaluate the (in)effectiveness of the strategies using the theories, concepts, and frameworks that we cover in class, (c) raise questions about the generality of the health campaign strategies in other populations and contexts, and (d) elaborate how the health campaign could be improved. Please send your slides to comm415@126.com prior to the day of the presentation.

Final proposal (50%): All students will write and present a research proposal. They may choose to work individually or in groups, with a group size not exceeding four members. The paper should be relevant to one of the themes covered in this class. At the very least, your paper should contain the following sections: (1) brief introduction, (2) literature review, (3) hypotheses or research questions, (4) methodology. Do not exceed 12 double-spaced pages (references excluded). Please send your paper to comm415@126.com by midnight, Friday, Nov 17, 2023.

## *2.4 Academic Honesty and Plagiarism*

It is important for a student's effort and credit to be recognized through class assessment. Credits earned for a student work due to efforts done by others are clearly unfair. Deliberate dishonesty is considered academic misconducts, which include plagiarism; 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; or altering, forging, or misusing a University academic record; or fabricating or falsifying of data, research procedures, or data analysis.

All assessments are subject to academic misconduct check. Misconduct check may include reproducing the assessment, providing a copy to another member of faculty, and/or communicate a copy of this assignment to the PHBS Discipline Committee. A suspected plagiarized document/assignment submitted to a plagiarism checking service may be kept in its database for future reference purpose.

Where violation is suspected, penalties will be implemented. The penalties for academic misconduct may include: deduction of honour points, a mark of zero on the assessment, a fail grade for the whole course, and reference of the matter to the Peking University Registrar.

For more information of plagiarism, please refer to *PHBS Student Handbook*.

## 3. Topics, Teaching and Assessment Schedule

### Instructional Mode

This class meets for two 100-minute class periods each week over the module. During the in-depth lecture, the instructor will be reviewing theories and/or empirical research that serve as the foundational information. Additionally, the instructor will be leading discussions of readings and/or activities that apply the concepts or recognize them in the real world.

### General Topic Schedule

Week 1 Individual Health Behavior

- Rimer, B. K., & Brewer, N. T. (2015). Introduction to health behavior theories that focus on individuals. In K. Glanz, B. K. Rimer, & K. Viswanath (Eds.), *Health behavior: Theory, research, and practice* (pp. 95-124).
- Yang, Q., & Cao, W. (2022). Health disparities in online COVID-19 information seeking and protective behaviors: A two-wave longitudinal study. *Health Communication, 37*(12), 1534-1543.

Week 2 Interpersonal Communication and Health Behavior

- Heaney, C. A., & Viswanath, K. (2015). Introduction to models of interpersonal influences on health behavior. In K. Glanz, B. K. Rimer, & K. Viswanath (Eds.), *Health behavior: Theory, research, and practice* (pp. 95-124).
- Yang, Z., Jackson, C., & Toerien, M. (2022). Is solicitation of problem presentations always normative? How Chinese patients get to present their reasons for medical visits. Health Communication, 1-11.

Week 3 Community, Culture, and Health Behavior

- Glanz, K., & Ammerman, A. (2015). Introduction to community and group models of health behavior change. In K. Glanz, B. K. Rimer, & K. Viswanath (Eds.), *Health behavior: Theory, research, and practice* (pp. 95-124).
- Reimer-Kirkham, S., & Jule, A. (2015). Crosstalk: Public cafés as places for knowledge translation concerning health care research. *Health Communication, 30*(5), 496-503.

Week 4 Media Coverage of Health and (In)effective Health Promotion Messages

- McLaughlin, B., Gotlieb, M. R., & Mills, D. J. (2022). Caught in a dangerous world: Problematic news consumption and its relationship to mental and physical ill-being. *Health Communication*, 1-11.
- Willoughby, J. F., Couto, L., Kang, S., Randall, J., Kirkpatrick, A. W., Lee, D. K. L., Su, Y., Booth, A. M., & Domgaard, S. (2023). An exploratory content analysis of the use of health communication strategies and presence of objectification in fitness influencer social media posts. *Health Communication*, 1-8.

Week 5 Health Campaign Strategies

- Noar, S. M. (2011). An Audience–Channel–Message–Evaluation (ACME) framework for health communication campaigns. *Health Promotion Practice, 13*(4), 481-488.
- Richards, A. S., Bessarabova, E., Banas, J. A., & Bernard, D. R. (2022). Reducing psychological reactance to health promotion messages: Comparing preemptive and postscript mitigation strategies. *Health Communication, 37*(3), 366-374.

Week 6 Health Campaign Evaluations

- Namkoong, K., Nah, S., Van Stee, S. K., & Record, R. A. (2018). Social media campaign effects: Moderating role of social capital in an anti-smoking campaign. *Health Communication, 33*(3), 274-283.
- Sharma, M., & Peng, Y. (2023). How visual aesthetics and calorie density predict food image popularity on Instagram: A computer vision analysis. *Health Communication*, 1-15.

Week 7 Big Data, Emerging Technologies, and Health Communication

- Rains, S. A. (2020). Big data, computational social science, and health communication: A review and agenda for advancing theory. *Health Communication, 35*(1), 26-34. https://doi.org/10.1080/10410236.2018.1536955
- Afifi, T., Collins, N., Rand, K., Otmar, C., Mazur, A., Dunbar, N. E., Fujiwara, K., Harrison, K., & Logsdon, R. (2022). Using virtual reality to improve the quality of life of older adults with cognitive impairments and their family members who live at a distance. *Health Communication,* 1-12.

Week 8 Health Misinformation, Correction, and Fact-checking

- Walter, N., Brooks, J. J., Saucier, C. J., & Suresh, S. (2021). Evaluating the impact of attempts to correct health misinformation on social media: A meta-analysis. *Health Communication, 36*(13), 1776-1784.
- Vraga, E. K., Bode, L., & Tully, M. (2020). Creating news literacy messages to enhance expert corrections of misinformation on Twitter. *Communication Research, 49*(2), 245-267. https://doi.org/10.1177/0093650219898094

Week 9 Workshop: Final Project Presentations

## 4. Miscellaneous