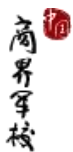




PHBS

北京大学汇丰商学院



Course Code

Health Communication: From Research to Practice Module 2, 2022-2023

Course Information

Instructor: Luye Bao

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Office Hour: Tue & Fri 13:30-14:30 (or email by appointment)

Teaching Assistant:

Phone:

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Classes:

Lectures: Tue & Fri 10:30-12:20

Venue: PHBS Building, Room TBD

Course Website:

If any.

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

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.

Group projects (80%): Students will be divided into groups of *three* to (a) present a health-campaign case study and (b) propose or conduct your own research.

- **Health campaign evaluation (20%):** Each group will prepare a presentation (10-15 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. Each group is expected to

submit a three-page, double-spaced report before your presentation.

- *Final paper (60%)*: All students will write and present a seminar paper. The paper should be relevant to one of the themes covered in this class. Students have three options for their final paper.
 - *Option #1*: A complete research paper written *collectively* as a small group (maximum 3 students per group). At the very least, your paper should contain the following sections: (1) brief introduction, (2) literature review, (3) hypotheses or research questions, (4) methodology and results sections (for empirical papers) or concept explication and new theoretical models (for theory papers), (5) concluding summary, acknowledgement of limitations, and discussion of relevance for broader area of research. Do not exceed 15 double-spaced pages (references excluded).
 - *Option #2*: An *individual* research proposal or literature review. At the very least, your paper should contain the following sections: (1) brief introduction, (2) literature review, (3) hypotheses or research questions, (4) methodology (for empirical research proposal) or concept explication and new theoretical models (for literature review). Do not exceed 10 double-spaced pages (references excluded).
 - *Option #3*: An *individual* research paper. The requirement is the same as #Option

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 [Nov 1 & 4] 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).

- Kreps, G. L., Yu, G., Zhao, X., Chou, S. W.-Y., & Hesse, B. (2017). Expanding the NCI health information national trends survey from the United States to China and beyond: Examining the influences of consumer health information needs and practices on local and global health. *Journalism & Mass Communication Quarterly*, 94(2), 515-525.

Week 2 [Nov 8 & 11] 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).
- 盧鴻毅、林書帆、黃建勳、李修慧（釋普安）、馬立君（2020）。〈談論癌症這回事！探討病患與家庭照顧者之間的溝通〉。《傳播與社會學刊》，第 51 期，頁 31-74。

Week 3 [Nov 15 & 18] 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).
- Taragin-Zeller, L., Rozenblum, Y., & Baram-Tsabari, A. (2020). Public Engagement With Science Among Religious Minorities: Lessons From COVID-19. *Science Communication*, 42(5), 643-678. <https://doi.org/10.1177/1075547020962107>

Week 4 [Nov 22 & 25] Media Coverage of Health and (In)effective Health Promotion Messages

- Xu, Z., Ellis, L., & Laffidy, M. (2020). News frames and news exposure predicting flu vaccination uptake: Evidence from U.S. newspapers, 2011–2018 Using Computational Methods. *Health Communication*, 1-9. <https://doi.org/10.1080/10410236.2020.1818958>
- Mou, Y., Yin, Z., & Wang, J. (2019). 'I'm about to get my tamp on.' framing tampons in We Media promotion posts targeting Chinese females. *Journal of Gender Studies*, 28(4), 435-448.

Week 5 [Nov 29 & Dec 2] 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.
- 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.

Week 6 [Dec 6 & 9] Health Campaign Evaluations

- Niederdeppe, J. (2014). Conceptual, empirical, and practical issues in developing valid measures of public communication campaign exposure. *Communication Methods and Measures*, 8(2), 138-161.
- Noar, S. M., Bell, T., Kelley, D., Barker, J., & Yzer, M. (2018). Perceived message effectiveness measures in tobacco education campaigns: A systematic review. *Communication Methods and Measures*, 12(4), 295-313.

Week 7 [Dec 13 & 16] 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 [Dec 20 & 23] Health Misinformation, Correction, and Fact-checking

- Cacciatore, M. A. (2021). Misinformation and public opinion of science and health: Approaches, findings, and future directions. *Proceedings of the National Academy of Sciences*, 118(15), e1912437117.
- 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.

Week 9 [Dec 27 & 30] Workshop: Final Project Presentations

4. Miscellaneous