

Tentative syllabus

Updated 2/13/2022

課程資訊 Course Information				
課程名稱 Course title	中文名稱：健康傳播與公衛倡議 英文名稱：Health Communication and Public Health Advocacy			
課程編號 Curriculum Number	MGH 7046	班次 Class	學分數 Credits	2
全/半年 Full/Half Yr.	半年 Half year		必/選修 Required/Elective	選修 Elective
授課教師 Instructor	張竹芬 JhuCin Rita Jhang 鄭雅文 YaWen Cheng 陳保中 Pau-Chung Chen 詹長權 Chang-Chuan Chan 傅美綦 Michi Fu		開課系所 Designated for	全球衛生碩士學位學程 MGH
上課時間 Time	四 3,4 Thursdays 10:20-12:20		上課地點 Venue	R208
備註 Remarks	1. Course taught in English 全英文授課 2. Open to graduate and advanced undergraduate students in CPH 開放公衛學院研究生和高年級大學部學生 3. Maximum enrollment: 20 students 修課人數上限：20 人			
課程大綱（中/英文）Course Syllabus				
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課程概述 Course Description	This class aims to equip students with working understanding and increase their competence in four areas of global health: Advocacy, activism, communication, and community, and how the four areas inform one another. Students will learn critical perspectives on the subject matter and devise an action plan of advocacy and community engagement.			
課程目標 Course Objective	At the end of the semester, the students are expected to (1) Analyze the roles, relationships, and resources of the entities influencing global health (GH-1) (2) Apply ethical approaches in global health research and practice (GH-2) (3) Propose sustainable and evidence-based multi-sectoral interventions, considering the social determinants of health specific to the local area (GH-4) (4) Display critical self-reflection, cultural humility, and ongoing learning in global health (GH-6) (5) Explain public health history, philosophy and values (G17-1) (6) Explain behavioural and psychological factors that affect a population's health (D17-9) (7) Explain the social, political and economic determinants of health and how they contribute to population health and health inequities (D17-10)			

<p>課程要求 Course Requirement</p>	<ol style="list-style-type: none"> 1. This course is offered in English. 2. A basic understanding of public health and health communication is helpful but not required. 3. Students should finish reading the weekly readings before coming to class. 4. Students will complete a research proposal or a mini research paper, which they will present orally at the end of the semester.
<p>關鍵字 Keywords</p>	<p>Themes: Advocacy, activism, communication, community 主題：倡議、行動、傳播、社群</p> <p>Subthemes: Health communication, risk communication, global health advocacy, public health policy, social support, social inclusion, health literacy, communicative competence, health social marketing, health disparity reduction, participatory action research, critical discourse analysis</p> <p>次主題：健康傳播、風險傳播、全球衛生倡議、健康政策、社會支持、社會包含、健康識讀、溝通能力、健康社會行銷、消除健康不平等，參與式行動研究、批評論述分析</p>
<p>Office Hours</p>	<p>By appointment</p>
<p>指定閱讀 Designated reading</p>	<p>Wk. 1: 2/17 Introduction: Health communication & risk communication</p> <ol style="list-style-type: none"> (1) Kreps, G.L. & Maibach, E.W. (2008). Transdisciplinary science: The nexus between communication and public health. <i>Journal of Communication</i>, 58(4), December. 732-748. (2) Bernhardt, J. (2004). Communication at the core of effective public health. <i>American Journal of Public Health</i>, 94(12), 2061-2063. (3) Covello, V. T. (2003). Best practices in public health risk and crisis communication. <i>Journal of Health Communication</i>, 8, 5-8. <p>*Introduction to the InDiE initiative</p> <p>Wk. 2: 2/24 Doing research and advocacy in the world we live in: Reflectivity and positionality</p> <ol style="list-style-type: none"> (1) Peacock, M., Bissell, P., & Owen, J. (2014). Dependency denied: health inequalities in the neo-liberal era. <i>Social Science & Medicine</i>, 118, 173-180. (2) Khan, M., Abimbola, S., Aloudat, T., Capobianco, E., Hawkes, S., & Rahman-Shepherd, A. (2021). Decolonising global health in 2021: a roadmap to move from rhetoric to reform. e005604.1-3 (3) Lupton, D. (1992). Discourse analysis: A new methodology for understanding the ideologies of health and illness. <i>Australian journal of public health</i>, 16(2), 145-150. (4) (Optional) Dutta, M.J. (2010). The critical cultural turn in health communication: Reflexivity, Solidarity, and Praxis. <i>Health Communication</i>, 25, 534-539. <p>Wk. 3: 3/3 Public health advocacy and community</p> <ol style="list-style-type: none"> (1) Chapman, S. (2004). Advocacy for public health: a primer. <i>Journal of epidemiology and community health</i>, 58(5), 361-365. (2) Judd, J., Frankish, C. J., & Moulton, G. (2001). Setting standards in the evaluation of community-based health promotion programmes—a unifying approach. <i>Health promotion international</i>, 16(4), 367-380. (3) Minkler, M. (2000). Using participatory action research to build healthy communities. <i>Public health reports</i>, 115(2-3), 191-197. <p>*CBPR planning practice</p> <p>Wk. 4: 3/10 Communicative competence and health literacy</p>

- (1) Rudd, R. E., Comings, J. P., & Hyde, J. N. (2003). Leave no one behind: Improving health and risk communication through attention to literacy. *Journal of Health Communication*, 8, 104-115.
- (2) Kreps, G.L. (2014). Relational health communication competence model. In T.L. Thompson, (Ed.). *Encyclopedia of Health Communication*, Volume III (pp. 1160-1161), Los Angeles, CA: Sage Publications.
- (3) Wong, J. P. H., Kteily-Hawa, R., Chambers, L. A., Hari, S., Vijaya, C., Suruthi, R., ... & Vahabi, M. (2019). Exploring the use of fact-based and story-based learning materials for HIV/STI prevention and sexual health promotion with South Asian women in Toronto, Canada. *Health education research*, 34(1), 27-37.

Wk.5: 3/17 Community health 1: Community-based & culture-centered health programs

- (1) Kreuter, M.W., Lukwago, S.N., Bucholtz, D.C., Clark, E.M., & Sanders-Thompson, V. (2003). Achieving cultural appropriateness in health promotion programs: Targeted and tailored approaches. *Health Education and Behavior*, 30, 133-146.
- (2) Basu, A., & Dutta, M.J. (2009). Sex workers and HIV/AIDS: Analyzing participatory culture-centered health communication strategies. *Human Communication Research*, 35, 86-114.
- (3) (Optional) Geist-Martin, P., & Bell, K.K. (2009). "Open your heart first of all": Perspectives of holistic providers in Costa Rica about communication in the provision of care. *Health Communication*, 24, 631-646.

Wk.6: 3/24 Community health 2: At risk, vulnerable, and at the margin

- (1) Hornik, R.C., & Ramirez, A.S. (2006). Racial/ethnic disparities and segmentation in communication campaigns. *American Behavioral Scientist*, 49(6), 868-884.
- (2) Ellis, S., Rosenblum, K., Miller, A., Peterson, K. E., & Lumeng, J. C. (2014). Meaning of the terms "overweight" and "obese" among low-income women. *Journal of nutrition education and behavior*, 46(4), 299-303.
- (3) Anguelovski, I., Connolly, J., & Brand, A. L. (2018). From landscapes of utopia to the margins of the green urban life: For whom is the new green city?. *City*, 22(3), 417-436.
- (4) (Optional) Watt, R. G., Venturelli, R., & Daly, B. (2019). Understanding and tackling oral health inequalities in vulnerable adult populations: from the margins to the mainstream. *British Dental Journal*, 227(1), 49-54.

Wk. 7: 3/31 Proposal writing, grant writing, and skill set development day

Wk. 8: 4/7 Site visit 1: Community health center:

* Research project idea proposed (500 words)

Wk. 9: 4/14 Public health campaign, critical social marketing, and message design

- (1) Noar, S.M., Harrington, N.G., & Helme, D.W. (2010). The contributions of health communication research to campaign practice. *Health Communication*, 25, 593-594
- (2) Bergstresser, S. M. (2015). Health communication, public mistrust, and the politics of "rationality". *The American Journal of Bioethics*, 15(4), 57-59.
- (3) Grier, S., & Bryant, C. A. (2005). Social marketing in public health. *Annu. Rev. Public Health*, 26, 319-339.
- (4) Mulligan, K., Elliott, S. J., & Schuster-Wallace, C. J. (2012). Global public health policy transfer and dengue fever in Putrajaya, Malaysia: a critical discourse analysis. *Critical Public Health*, 22(4), 407-418.

	<p>(5) (Optional) Abrams, L.C., & LeFebvre, R.C. (2009). Obama’s wired campaign: Lessons for public health communication. <i>Journal of Health Communication</i>, 14, 415-423.</p> <p>Wk. 10: 4/21 Invited talk: The academia and policy lobby</p> <p>(1) Dr. Pau-Chung Chen (Taiwan Public Health Association; NTU CPH)</p> <p>(2) Dr. Yawen Cheng (College of Public Health, NTU)</p> <p>(3) Evans-Agnew, R. A., Johnson, S., Liu, F., & Boutain, D. M. (2016). Applying critical discourse analysis in health policy research: Case studies in regional, organizational, and global health. <i>Policy, Politics, & Nursing Practice</i>, 17(3), 136-146.</p> <p>Wk. 11: 4/28 Public health communication online: cyberactivism and infodemic</p> <p>(1) Parsloe, S. M., & Holton, A.E. (2018). #Boycottautismspeaks: communicating a counternarrative through cyberactivism and connective action. <i>Information, Communication & Society</i>, 21(8), 1116-1133. https://doi.org/10.1080/1369118X.2017.1301514</p> <p>(2) Subramanian, R., & Weare, A. (2020). # notokay: challenging sexual violence through digital health activism. <i>Critical Public Health</i>, 1-10.</p> <p>(3) Lin, C. A. (2020). A year like no other: A call to curb the infodemic and depoliticize a pandemic crisis. <i>Journal of Broadcasting & Electronic Media</i>, 64:5, 661-671.</p> <p>(4) (Optional) Neuhauser, L., & Kreps, G.L. (2010). Ehealth communication and behavior change: Promise and performance. <i>Social Semiotics</i>, 20(1), 7-24</p> <p>Wk. 12: 5/5 Public health advocacy and policy: Local & Global Perspectives</p> <p>*Schedule individual consultations</p> <p>(1) Servaes, J., & Malikhao, P. (2010). Advocacy strategies for health communication. <i>Public Relations Review</i>, 36(1), 42-49.</p> <p>(2) Lee, H. H. (2019). Data, community, and meaningful change: Mental health advocacy in the Asian American community. <i>Asian American Policy Review</i>, 29, 52-56, 95.</p> <p>(3) Garcia, J., & Parker, R. G. (2011). Resource mobilization for health advocacy: Afro-Brazilian religious organizations and HIV prevention and control. <i>Social Science & Medicine</i>, 72, 1930-1938.</p> <p>(4) Pottie, K., & Hostland, S. (2007). Health advocacy for refugees: medical student primer for competence in cultural matters and global health. <i>Canadian Family Physician</i>, 53(11), 1923-1926.</p> <p>Wk. 13: 5/12 Invited talk: Local and global health advocacy</p> <p>* Proposal draft due</p> <p>(1) Dr. Chan Chang Chuan (NTU CPH)</p> <p>(2) Claire Wingfield, Global Health Advocacy Incubator</p> <p>Wk. 14: 5/19 Site Visit 2: The legislative house or a party office (TBD)</p> <p>Wk. 15: 5/26 Individual consultation day</p> <p>Wk 16: 6/2 Invited talk: NGO, academia, and multiple engagement</p> <p>(1) Jennifer Lu (EqualLove Taiwan)</p> <p>(2) Dr. Michi Fu (Psychology, Alliant International University)</p> <p>Wk. 17: 6/9 Student presentations</p> <p>Wk. 18: 6/6 Final paper due</p>
<p>參考書目 References</p>	<p>TBA</p>

評量方式 Grading	No.	項目	百分比	說明
	1.	Attendance & participation	25%	1. Missing more than 3 classes means failing 2. Each tardiness and early leave = 0.5 absence 3. Each student is entitled to 1 unexcused absence 4. Active participation is expected in class. The TA will help keep track of the level of participation, so please speak up in class, or talk to the teacher/TA after class if necessary.
	2.	Weekly responses	25%	1. 10 responses x 2.5%=25%; starts from week 2 2. When readings are assigned, students will turn in the weekly reading response Tuesday 23:59 pm (Please see Weekly Response Guide below). 3. When an invited talk or site visit is arranged, students will turn in 500-600 words of learning reflections before Saturday 23:59pm. 4. Students only need to turn in 10 weekly responses; each additional weekly response is worth 0.5 extra points.
	3.	Research paper	25%	1. Length: 8-10 pages, excluding references 2. Options: a) A participatory action research proposal of public health advocacy or community engagement (InDiE initiative https://ghp.ntu.edu.tw/news_content/74) b) A critical discourse analysis of a public health advocacy or health marketing campaign c) Others 3. Grade breakdown: Project idea (5%), proposal draft (5%), individual consultation (5%), final paper (10%)
	4.	Presentation + feedback	25%	1. Presentation 15% a) Each student will do a presentation of their research project/proposal b) Slides and materials should be turned in the day before the presentation 2. Feedback to the peers 10%
I. Weekly response guide: 1. Format: Font size 12, single-spaced, spacing before/after paragraph set to 0 2. Include your name and student ID in the document and in the file name. 3. Word count: 500-600 words in English 4. Content: <ul style="list-style-type: none"> i. Briefly summarize the key arguments/findings/concepts in the assigned articles ii. Include your own critical response (ask yourself: what have I learned? How does it relate to my personal experience? How does it relate to anything I've learned elsewhere? How much do I agree or disagree, and why? What emotions do I have reading it, and why? Among other questions.) iii. Include at least one question to a specific article or the topic of the week (this is for class discussion.) 				

Weekly Schedule

Wk	Date	Topic	CEPH competence
1	2/17	Intro: Health communication and public health * Introduction to the InDiE initiative	GH-1
2	2/24	Public health advocacy and community	GH-1
3	3/3	Doing research and advocacy in the world we live in: reflectivity and positionality	GH-2, D17-1,
4	3/10	Health literacy and communicative competence	GH-2, GH-4
5	3/17	Community health 1: Community-based intervention and Culture-centered campaign	GH-2, GH-4
6	3/24	Community health 2: At risk, vulnerable, and at the margin: Health disparity reduction, Stigma and shame	D17-9, D17-10 GH-4, GH-6
7	3/31	Proposal writing, grant writing, and skill set development day	D17-9, D17-10 GH-4, GH-6
8	4/7	Site visit 1: Community health center * Research project idea proposal (500 words) and share with the class	D17-9, D17-10 GH-4, GH-6
9	4/14	Public Health campaign, critical social marketing, & message design	GH-1, GH-2 GH-6
10	4/21	Invited talk: The academia and policy lobby 1) Dr. Yawen Cheng (College of Public Health, NTU) 2) Dr. Pau-Chung Chen (Taiwan Public Health Association)	GH-1, GH-2 GH-6
11	4/28	Public health communication online: cyberactivism and infodemic	GH-1, GH-2 GH-4
12	5/5	Public health advocacy and policy 1: Local & Global Perspectives * Schedule individual consultations	GH-1, GH-2 GH-6
13	5/12	Invited talk: Local and global health advocacy 1) Dr. Chan Chang Chuan (NTU CPH) 2) Claire Wingfield, Global Health Advocacy Incubator * Proposal draft due	GH-1, GH-2 GH-6
14	5/19	Site Visit 2: The legislative house or a party office or writing day (TBD)	GH-1, GH-6
15	5/26	* Individual consultation day	GH-1, GH-2 GH-6
16	6/12	Invited talk: NGO, academia, and multiple engagements 1) Jennifer Lu (EqualLove Taiwan) 2) Dr. Michi Fu (Psychology, Alliant International University)	GH-1, GH-2 GH-6
17	6/9	* Student presentation day (last day of class)	GH-1, GH-2 GH-6
18	6/16	* Research Project Due (no class)	

Appendix: Evaluative guideline based on CEPH core competence:

1. Students will: analyze the roles, relationships, and resources of the entities influencing global health (GH-1); apply ethical approaches in global health research and practice (GH-2); explain public health history, philosophy and values (D17-1)
 - Research paper: Students will be able to apply fundamental steps in describing and identifying health disparity, vulnerable populations, or under-resourced community, and its stakeholders and the power interrelations, as well as the normative principles
 - Presentation: Student will apply knowledge about advocacy, activism, communication, and community to design a small-scale action research project or a critical analysis of an existing public health campaign
2. Students will: display critical self-reflection, cultural humility, and ongoing learning in global health (GH-6)
 - Weekly responses: Students will be able to do critical self-reflection and, cultural humility by submitting weekly responses to readings that guide and motivate them to think introspectively
 - Attendance and participation: Students will learn from one another about their perspectives, experiences, cultural background, and other ideas
 - Presentation: Students will learn to introspect and present their ideas in a clear way that show their critical self-reflection, cultural humility by sharing their thoughts and ideas with others
3. Students will: propose sustainable and evidence-based multi-sectoral interventions, considering the social determinants of health specific to the local area (GH-4),
 - Weekly responses: Students will learn from real-world cases of evidence-based multi-sectoral interventions from readings, speakers, and site visits
4. Students will: explain behavioural and psychological factors that affect a population’s health (D17-9), Explain the social, political and economic determinants of health and how they contribute to population health and health inequities (D17-10)
 - Weekly responses: Students will learn from real-world studies from readings, invited speakers, and site visits that explain how behavioural, psychological, social, political and economic determinants impact individual, community, public, and global health
5. Students will learn to be proactive and take responsibility in their own learning
 - Attendance and participation: Students will attend classes and actively participate in discussion
6. Students will learn to think critically
 - Weekly responses: Students will learn to engage with the readings actively and critically
 - Research paper: Students will learn to deliver their ideas and identify the key concepts in their own research project; students will learn to draw connections among things they’ve learned and are learning and ask meaningful questions to advance their own studies
 - Presentation: Students will learn to express in clear and concise to a wider audience, a practice they need to implement a community based participatory action research; students will learn to provide constructive feedback to their peers to help one another improve

全球衛生學位學程 核心能力 CEPH 2016 Accreditation Criteria for Foundational Knowledge

D17-1	Explain public health history, philosophy and values
D17-2	Identify the core functions of public health and the 10 Essential Services*
D17-3	Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population’s health

D17-4	List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program
D17-5	Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.
D17-6	Explain the critical importance of evidence in advancing public health knowledge
D17-7	Explain effects of environmental factors on a population's health
D17-8	Explain biological and genetic factors that affect a population's health
D17-9	Explain behavioural and psychological factors that affect a population's health
D17-10	Explain the social, political and economic determinants of health and how they contribute to population health and health inequities
D17-11	Explain how globalization affects global burdens of disease
D17-12	Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g. One Health)

ASPPH Master of Public Health's Global Health Concentration Competencies

GH-1	Analyze the roles, relationships, and resources of the entities influencing global health
GH-2	Apply ethical approaches in global health research and practice
GH-3	Apply monitoring and evaluation techniques to global health programs, policies, and outcomes
GH-4	Propose sustainable and evidence-based multi-sectoral interventions, considering the social determinants of health specific to the local area
GH-5	Design sustainable workforce development strategies for resource-limited settings
GH-6	Display critical self-reflection, cultural humility, and ongoing learning in global health

NTU CPH Doctoral Core Competencies in Global Health

DGH-1	Exemplify proficient skills to contribute to public health scholarship and engage community partners and stakeholders to conduct own research and form collaborations based on high ethical standards
DGH-2	Scrutinize and apply qualitative and quantitative methods to provide evidence-based solutions to global health problems considering cultural safety and diversity
DGH-3	Design, implement, and evaluate theory-informed and evidence-based research programs in an academia or practice setting
DGH-4	Recognize and analytically evaluate socioeconomic, environmental, behavioral, and biological determinants of population health