

**COMM 402**  
**Public Communication Campaigns**  
**Summer 2018**

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<b>Instructor</b>	Prawit (Wit) Thainiyom, Ph.D.
<b>Email</b>	thainiyo@usc.edu
<b>Time</b>	Tuesdays and Thursdays 9:30 am – 1:40 pm, 6/28 – 8/07
<b>Venue</b>	ANN 209
<b>Office Hour</b>	Tuesdays and Thursdays 2:00 pm – 3:00 pm or by appointment
<b>Office Location</b>	ASC G4 (old Annenberg building)

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**Course Description**

This course provides experiences in applying theories of health, social influence, and intercultural communication to analyze current, real-world, health issues in order to design effective public communication campaigns. The real-world health issues may vary from pandemic conditions involving global coordination to specific ones appearing within a smaller, cohesive network in a particular country. You will examine communication about different health topics with different international audiences who represent a variety of co-cultural orientations and identities. This course will also address issues of design, analysis, causal inference, and ethics, as well as sources of bias and confounding in international health communication research.

As you read through our course materials, keep asking yourself: why is this perspective important? What counts as evidence and how would evidence be gathered? What are its underlying assumptions about human nature? What values and implications lie behind their claims? What is not articulated in the perspective that needs explication? What bounds its utility? The course is designed to provide you the chance to consider these questions and provide a basis for later growth.

The objectives of this course are for you to:

1. *Recognize and present* clear descriptions of audience, design, and evaluation in both general instances and specific contexts
2. *Understand* theories and methods well enough to explain them to a lay audience
3. *Consume* other scholars' work thoughtfully with the ability to provide *constructive feedback*
4. *Apply* theories of and research in intercultural communication, health communication, and social influence to *evaluate* real-world problem completely and appropriately, with the ability to *defend, counter-argue, and justify* your solutions to a professional audience with articulate logic and appropriate evidence to a professional panel.

**Course Materials**

Required readings are listed in the course schedule and will be available on Blackboard. You will also find your own, additional references for your individual projects or background materials as needed.

## Assignments, Grading, and Late Policies

### Participation (10%)

Each class will include activities that provide opportunities to cover information and to practice the skills you will need to complete the course objectives. I base your grade on *enthusiastic* and *competent completion* of activities. In addition, you cannot successfully earn these points without reading all work required for class ahead of time. To earn credit, you must speak some competent, insightful, and original ideas from the readings in each and every class. One critical skill for professionals and scholars is to consume other's work critically and to provide them constructive feedback. Your comments must remain objective (i.e., focused on the logic and evidence, *without bias, value judgments, or ad hominem*s).

### Assignments (4 x 5% = 20%)

There are 4 assignments (theory sketch, scale, campaign creation, and evaluation plan) for you to complete as we progress through this course. Be prepared to share your assignments with the class on the due date as these assignments will contribute to your final project.

### Mini-presentation (3 x 10% = 30%)

There are three sections for this course: audience, design, and evaluation. At the end of each section, you will provide a 10-minute oral presentation of your work to the class and field questions about it for another 5 minutes (for a total of 15 minutes). Presentations will be graded on the quality of visual and verbal presentation, the competent use of the perspective, and your ability to answer questions posed from others. Each mini-presentation should be completed as an individual project and must not be something you completed for another class.

### Final presentation and campaign proposal (40%)

In 15 minutes, each person must present your theory-driven, audience-tailored campaign proposal to change health belief, attitude, or behavior in a particular country. Presentations will be graded on quality of material, creativity, and learning experience for the audience. These presentations must be based on a variety of research, including a primary source and non-internet sources. This presentation serves as your final exam, where you show a competent grasp of the course objectives. These presentations should be on par with the top presentations at our national and international conferences. You also must be prepared to evaluate your peers' presentations. In addition to the final presentation, you will also write a term paper with the same content from your final presentation. This assignment consists of a 15-min presentation (20%), and a 12-to-15-page paper proposal (20%).

## Grading

This course uses the following grading scheme.

<b>A</b> 94 – 100	<b>B-</b> 80 – 82	<b>D+</b> 67 – 69
<b>A-</b> 90 – 93	<b>C+</b> 77 – 79	<b>D</b> 63 – 66
<b>B+</b> 87 – 89	<b>C</b> 73 – 76	<b>D-</b> 60 – 62
<b>B</b> 83 – 86	<b>C-</b> 70 – 72	<b>F</b> 0 – 59

## Late submission

Unless there is a valid, documented medical/family reason and you have communicated with me before an assignment's due date, late assignments will not be accepted without penalty. If an assignment is submitted late, I will subtract one partial letter grade for every 24 hours the assignment is late. E.g., an assignment handed in 24 hours late can only earn a maximum possible grade of **A-**; 48 hours late, **B+**, etc. No assignment will be accepted more than 72 hours past the due date.

## Course Assumptions

### Writing Skills

It is assumed that you have already developed good writing skills. You should be able to compose grammatically correct sentences, write well-developed paragraphs, and express your ideas in a well-organized and coherent manner. In addition, you should be able to use APA style correctly in your assignments.

### Guidelines for Papers:

1. All papers must be **typed**. Use double spacing, 12-sized font, and 1" margins on all sides.
2. Papers must be submitted via turnitin on Blackboard.
3. Use correct grammar, punctuation, and spelling. Regularly consult a dictionary for spelling and use a spell checker. Always proofread your papers.
4. Sources of information must be properly referenced. Follow the *Publication manual of the APA* for proper citing within the text and on the reference page. Any writing proper citation is assumed to be yours – if it is not your own original idea(s), you have committed plagiarism.

### Oral Skills

It is also assumed that you have already developed good oral skills. You will be expected to make several brief presentations to your classmates and to facilitate discussion of required course materials. You should be able to present your thoughts extemporaneously in a clear and concise manner. Your objective will be to not only create understanding with your audience, but to also show the relevance of your thoughts. Your in-class presentations should be rehearsed.

### Deadlines

All assignments must be printed and submitted to me **at the beginning of class** on the due date. Late assignments, for **whatever reason** (including equipment failures), will not be accepted unless you have a documented family or medical emergency. In order to make up course work missed because you participated in a required activity for another course, a university-sanctioned event, or a religious

holiday, you must provide me documentation at least **one week in advance**.

**Discussion of Grades:** Your questions or complaints about grades will be taken **in writing**. All inquiries must be submitted within one week of receiving the grade in question.

**Feedback:** If you would like feedback on your assignments ahead of time, please feel free to meet with us for feedback. I will be more than happy to give you feedback as you prepare, as long as you allow enough time for us to respond. Also, please give feedback on the course as it progresses. If you wait until the last day, there is very little I can do to accommodate your suggestions.

## **Course Policies**

### **E-mail policy**

I will generally answer your email within 24 hours, but I usually don't answer email on weekends. Please mark the subject line of your email "[COMM402]" so that I can notice your emails. When writing your email, please be formal. Begin your emails with "Hi Wit" and end them with your name. If you have a longer question that would be best addressed in a conversation, please make an appointment with me.

### **Laptop policy**

You are allowed to use laptops during the class for taking notes and participate in other class-related exercises. Remember, use of laptops in the classroom is a privilege; if you abuse this privilege by checking emails, Facebook, Topshop, and others, you will be marked as absent for that meeting.

### **Academic accommodation**

Any students requesting academic accommodations based on a disability are required to register with Disability Services and Programs (DSP) each semester. A letter of verification for approved accommodations can be obtained from DSP when adequate documentation is filed. Please be sure the letter is delivered to me no later than the second class of course. DSP is open Monday through Friday, 8:30 am – 5:00 pm The office is in the Student Union room 301 and their phone number is (213) 740-0776.

### **Academic conduct**

The Annenberg School of Communication maintains a commitment to the highest standards of ethical conduct and academic excellence. Any student found responsible for plagiarism, fabrication, cheating on examinations, or purchasing papers or other assignments will be reported to the Office of Student Judicial Affairs and Community Standards and may be dismissed from the School of Communication. There are no exceptions to the school's policy (University of Southern California Catalogue, 2017-2018).

USC seeks to maintain an optimal learning environment. General principles of academic honesty include the concept of respect for the intellectual property of others, the expectation that

individual work will be submitted unless otherwise allowed by an instructor, and the obligations both to protect one's own academic work from misuse by others as well as to avoid using another's work as one's own. All students are expected to understand and abide by these principles as set forth in *SCampus*.

### **Support systems**

Discrimination, sexual assault, and harassment are not tolerated by the university. You are encouraged to report any incidents to the *Office of Equity and Diversity* <http://equity.usc.edu> or to the *Department of Public Safety*, <http://capsnet.usc.edu/department/department-public-safety/online-forms/contact-us>. This is important for the safety of the whole USC community. Another member of the university community—such as a friend, classmate, advisor, or faculty member—can help initiate the report, or can initiate the report on behalf of another person. The Center for Women and Men <http://www.usc.edu/student-affairs/cwm/> provides 24/7 confidential support, and the sexual assault resource center webpage <http://sarc.usc.edu> describes reporting options and other resources

## Course Schedule

This syllabus represents my tentative plan. I will communicate to the class if there are any changes.

### Part I: Audience

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**#1 June 28 (Thu) No Class**

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**#2 July 3 (Tue) Introduction and Audience**

- Rice, R. E., & Atkin, C. K. (2012). Theory and principles of public communication campaigns. In C. K. Atkin & R. E. Rice (Eds.), *Public communication campaigns*. (pp. 3-10). Thousand Oaks, CA: Sage.
  - Slater, M. D. (1996). Theory and method in health audience segmentation. *Journal of health communication, 1*(3), 267-284.
  - Pinto, A. D., & Upshur, R. E. (2009). Global health ethics for students. *Developing World Bioethics, 9*(1), 1-10.
  - Kreuter, M. W., & McClure, S. M. (2004). The role of culture in health communication. *Annu. Rev. Public Health, 25*, 439-455.
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**#3 July 5 (Thu) Audience (continue)**

- Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist, 47*(9), 1102.
  - Kloek, G. C., van Lenthe, F. J., van Nierop, P. W., & Mackenbach, J. P. (2004). Stages of change for fruit and vegetable consumption in deprived neighborhoods. *Health Education & Behavior, 31*(2), 223-241.
  - Bowden, A., & Fox-Rushby, J. A. (2003). A systematic and critical review of the process of translation and adaptation of generic health-related quality of life measures in Africa, Asia, Eastern Europe, the Middle East, South America. *Social science & medicine, 57*(7), 1289-1306.
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**#4 July 10 (Tue) Audience (continue) – Theory sketch due and Mini-presentation 1**

- Silk, K. J., Weiner, J., & Parrott, R. L. (2005). Gene cuisine or Franken food? The theory of reasoned action as an audience segmentation strategy for messages about genetically modified foods. *Journal of Health Communication, 10*(8), 751-767.
- Ndiaye, K. (2009). Creating a culturally grounded HIV/AIDS family stigma communication scale. *Paper presented at the annual meeting of the International Communication Association, Marriott, Chicago, IL*
- Rodgers, S., Chen, Q., Duffy, M., & Fleming, K. (2007). Media usage as health segmentation variables. *Journal of Health Communication, 12*(2), 105-119.
- Marshall, P. A. (2008). “Cultural competence” and informed consent in international health research. *Cambridge Quarterly of Healthcare Ethics, 17*(2), 206-215.

## Part II: Design

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### #5 July 12 (Thu) Design – Scale due

- McCannon, C. J., Berwick, D. M., & Massoud, M. R. (2007). The science of large-scale change in global health. *Jama*, 298(16), 1937-1939.
- Roberto, A. J., Murray-Johnson, L., & Witte, K. (2011). International health communication campaigns in developing countries. *The Routledge handbook of health communication*, 220-234.
- Ahmad, J. S. (2005). Push and pull factors in changing health behavior: A theoretical framework. *Global Public Health Communication. Challenges, Perspectives, and Strategies*. Boston amongst others, 39-58.
- Airhihenbuwa, C. O., & Obregon, R. (2000). A critical assessment of theories/models used in health communication for HIV/AIDS. *Journal of health communication*, 5(sup1), 5-15.
- Fishbein, M., & Yzer, M. C. (2003). Using theory to design effective health behavior interventions. *Communication theory*, 13(2), 164-183.
- PLoS Medicine Editors. (2007). Thirty ways to improve the health of the world's poorest people. *PLoS medicine*, 4(10), e310.

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### #6 July 17 (Tue) Design (continue)

- Grange, J. M., Kapata, N., Chanda, D., Mwaba, P., & Zumla, A. (2009). The biosocial dynamics of tuberculosis. *Tropical Medicine & International Health*, 14(2), 124-130.
- Noar, S. M. (2006). A 10-year retrospective of research in health mass media campaigns: Where do we go from here? *Journal of health communication*, 11(1), 21-42.
- Hyder, A. A., & Morrow, R. H. (2006). Culture, behavior, and health. *MH Merson, RE Black & A. Mills. International Public Health: diseases programs, systems and policies*. Aspen Publishers: Gaithersburg, MD, 41-66.
- Rimer, B. K., & Kreuter, M. W. (2006). Advancing tailored health communication: A persuasion and message effects perspective. *Journal of communication*, 56(s1).
- Zimicki, S., Hornik, R. C., Verzosa, C. C., Hernández, J. R., De Guzman, E., Dayrit, M., ... & Abad, M. (1994). Improving vaccination coverage in urban areas through a health communication campaign: the 1990 Philippine experience. *Bulletin of the World Health Organization*, 72(3), 409.

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### #7 July 19 (Thu) Design (continue) – Campaign creation due and Mini-presentation 2

- Streefland, P., Chowdhury, A. M. R., & Ramos-Jimenez, P. (1999). Patterns of vaccination acceptance. *Social science & medicine*, 49(12), 1705-1716.
- Streefland, P. H. (2003). Introduction of a HIV vaccine in developing countries: social and cultural dimensions. *Vaccine*, 21(13-14), 1304-1309.
- Niederdeppe, J., Bu, Q., Borah, P., Kindig, D. A., & Robert, S. A. (2008). Message design strategies to raise public awareness of social determinants of health and population health disparities. *The Milbank Quarterly*, 86(3), 481-513.
- Gruber, J., & Caffrey, M. (2005). HIV/AIDS and community conflict in Nigeria: implications and challenges. *Social Science & Medicine*, 60(6), 1209-1218.

### Part III: Evaluation

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#### #8 July 24 (Tue) Evaluation

- Hornik, R. C. (2002). Epilogue: Evaluation design for public health communication programs. *Public health communication: Evidence for behavior change*, 385-405.
- Guttman, N. (1997). Beyond Strategic Research: A Value-Centered Approach to Health Communication Interventions. *Communication Theory*, 7(2), 95-124.
- Hutchinson, P., & Wheeler, J. (2006). The cost-effectiveness of health communication programs: What do we know?. *Journal of health communication*, 11(S2), 7-45.
- Noar, S. M. (2009). Challenges in evaluating health communication campaigns: Defining the issues. *Communication Methods and Measures*, 3(1-2), 1-11.
- Noar, S. M., Palmgreen, P., & Zimmerman, R. S. (2009). Reflections on evaluating health communication campaigns. *Communication Methods and Measures*, 3(1-2), 105-114.

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#### #9 July 26 (Thu) Evaluation (continue)

- Hornik, R., & McAnany, E. (2001). Theories and evidence: Mass media effects and fertility change. *Communication Theory*, 11(4), 454-471.
- Hornik, R., Jacobsohn, L., Orwin, R., Piesse, A., & Kalton, G. (2008). Effects of the national youth anti-drug media campaign on youths. *American Journal of Public Health*, 98(12), 2229-2236.
- Kincaid, D. L., & Do, M. P. (2006). Multivariate causal attribution and cost-effectiveness of a national mass media campaign in the Philippines. *Journal of Health Communication*, 11(S2), 69-90.
- Vyth, E. L., Steenhuis, I. H., Mallant, S. F., Mol, Z. L., Brug, J., Temminghoff, M., ... & Seidell, J. C. (2009). A front-of-pack nutrition logo: a quantitative and qualitative process evaluation in the Netherlands. *Journal of health communication*, 14(7), 631-645.

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#### #9 July 31 (Tue) Evaluation – Evaluation plan due and Mini-presentation 3

- Thainiyom, P. (2011). A media campaign to increase awareness and prevention of human trafficking in Asia: Background strategies and outcome evaluation of the MTV EXIT campaign.

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#### #10 August 2 (Thu) Work time and reflection

- Gisselquist, D., Potterat, J. J., Brody, S., & Vachon, F. (2003). Let it be sexual: how health care transmission of AIDS in Africa was ignored. *International journal of STD & AIDS*, 14(3), 148-161.
- Greenough, P. (1995). Intimidation, coercion and resistance in the final stages of the South Asian smallpox eradication campaign, 1973–1975. *Social science & medicine*, 41(5), 633-645.
- Ratzan, S. C. (2004). Truth and health consequences. *Journal of health communication*, 9(4), 279-280.
- Benatar, S. R. (2002). Reflections and recommendations on research ethics in developing countries. *Social science & medicine*, 54(7), 1131-1141.

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#### #11 August 7 (Tue) Final Presentation and Term Paper Due

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