

New York University – The Steinhardt School of Education
Department of Nutrition, Food Studies and Public Health

E33.2405 Health Communications: Theory and Practice
Spring 2009
Room 206 – 194 Mercer Street

Instructor: Renata Schiavo, Ph.D., M.A.
Adjunct Assistant Professor of Public Health
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**E33.2405 Health Communications: Theory and Practice
Spring 2008**

**Instructor: Renata Schiavo, Ph.D., M.A.
Adjunct Assistant Professor of Public Health
renata@renataschiavo.com**

30 hours: 3 credits

Course Description: The course provides an introduction about the theory, design, implementation, and evaluation of health communication programs. Several resources are used to allow students to acquire practical knowledge and skills in health communications planning and implementation. Case studies, resources, research tools and examples of different media channels are reviewed and analyzed to explore how to reach different target audiences with the most effective health communication interventions.

Objectives:

Define communication theories and methods for behavior change (behavior and social science theories, marketing/social marketing models, mass communication theories and other models)

Define key communication areas as well as methods for conducting outreach campaigns designed to improve the health of specific intended populations

Describe standard techniques used in health communication planning for specific intended audiences: research, planning, pre-testing, production/implementation, launch and evaluation

Describe the strengths, limitations and criteria for use of a range of health communication channels and areas: radio, print, television, Internet, interactive computer programming, drama, interpersonal communications vehicles, community-based events, digital media, and others

Define methods used to develop and evaluate health communication materials and activities as well as to measure program outcomes

Course Topics (see also Course At-Glance section):

Session 1

Course Overview & Introduction to Health Communication

What is health communication?

How is health communication different from health education and/or social marketing?

What are the key defining features of health communication?

What are the key action areas of health communication?

What are the differences between health communications planning and overall planning for public health interventions?

Video projection and discussion on key messages/intended audiences:

The Face of Public Health (American Public Health Association)

Session 2

Introduction to Health Communication (Part II)**

Health Communication in Public Health and Other Contexts

- Health Communication as a Multidisciplinary, Strategic, Audience-Centered, Participatory, Relationship-Building and Engaging Approach Based on Interchange of Information

Key Communication Areas

What Health Communication Can and Cannot Do

In-class Review and Discussion of 1) Select examples of health communication materials and channels; 2) textbook questions (“For Discussion and Practice section); and 3) how health communication characteristics and defining features can affect communication planning.

Required Readings:

Schiavo, R. (2007) Preface, Introduction and Chapter 1

Bernhardt, J.M. (2004)

Schiavo, R. (2005)

Freimuth V., Quinn SC (2004)

Assignment: Review and prepare to address discussion questions from chapter 1 of your textbook

Session 3

Current Health Communication Theories and Issues**

Overview of Key Theoretical Influences in Health Communication (behavioral and social sciences theories, mass communication theories, marketing models)

Other Theoretical Influences and Planning Frameworks

Overview of Current Issues and Topics in Healthcare: Implications for Health Communication

(e.g., low health literacy, health equity, cost-cutting interventions, e-health, capacity building in the developing world, access to essential drugs, etc.)

In-class review and discussion of textbook questions (for Discussion and Practice section) with particular emphasis on how theories may apply to planning process

Required Readings:

Schiavo, R. (2007) Chapter 2

Assignment: 1) Review and prepare to address discussion questions in chapter 2 of your textbook; 2) Topic selection for health communication plan (home assignments n. 2-7) due by this session

Session 4

Key Health Communication Areas: A Closer Look to One Select Action Area

Student-led discussion/presentation on one of the health communication areas covered in part II of course's textbook

Required Readings:

Select and read one of the chapters in part II of the course's textbook (e.g. Interpersonal Communications; or Public Relations and Public Advocacy; or Community Mobilization; or Professional Medical Communications; or Constituency Relations in Health Communication).

Assignments: 1) Group presentation on select chapter on health communication area from part II of textbook (see home assignment n.1)

Session 5:

Overview of the Health Communication and Planning Process**

Why Planning is Important

Approaches to Health Communication Planning

The Health Communication Cycle and Strategic Planning Process

Key Steps of Health Communication Planning

Elements of an Effective Health Communication Program

Establishing the Overall Program Goal

Outcome Objectives: Behavioral, Social and Organizational

In class-discussion of relevant case studies, examples and textbook's questions (For Discussion and Practice section).

Required Readings:

Schiavo, R. (2007) Chapter 9

Assignment: Review and prepare to address discussion questions from chapter 9 of your textbook

Session 6:

Situation Analysis and Audience Profile (part I)**

How to Develop a Comprehensive Situation Analysis and Audience Profile

Organizing and Reporting on Research Findings

Common Research Methodologies

In-class discussion of existing templates used to develop a comprehensive situation analysis/examples and case studies/textbook's questions

Required Readings:

Schiavo, R. (2007) Chapter 10 and Situation Analysis Worksheet in Appendix A (A1)

Assignment: Review and prepare to address discussion questions from chapter 10 of your textbook

IN-CLASS ASSIGNMENT

Session 7:

Situation Analysis and Audience Profile (Part II)

In-class practice on audience profiling and segmentation

Discussion of existing audience profile methods and templates

Required Readings:

Telford R and Rogers A (2003)

Session 8:

Identifying Program Objectives and Strategies**

How to Develop and Validate Communication Objectives

Outlining a Communication Strategy

In class discussion of textbook's questions and relevant examples/case studies and practice of key concepts

Required Readings:

Schiavo, R. (2007) Chapter 11 and worksheet A2 in appendix A

Assignments: 1) Situation Analysis and Audience Profile (group project) – see Home Assignments for detailed description; 2) Review and prepare to address discussion questions from chapter 11 of your textbook

Session 9:

Developing Tactical and Evaluation Plan**

Overall Definitions of Tactical and Evaluation Plans

Key Elements of a Tactical Plan
The Evaluation Plan: An Overview of Models and Trends

In-class discussion of relevant case studies, materials, channels and textbook's questions

Concept and message development practice

Pre-testing concepts, message and materials practice

Required Readings:

Schiavo, R. (2007) Chapter 12 and Appendix A (remaining worksheets)

Assignments: 1) Developing Communication Objectives and Strategies (group project) – see Home Assignments for detailed description; 2) Review and prepare to address discussion questions from chapter 12 of your textbook

Session 10:

Developing Tactical and Evaluation Plan (Part II)

In-class health communications “clinics”: in-depth analysis and discussion of a range of communications materials and channels (print, radio, interpersonal channels, internet, etc.) and their recommended use

Required Readings:

De Heer H., Moya, E., Lacson, R. Shedlin, M. (2008)

Fox, S. (2008)

Assignments: Bring examples of existing health communications materials/ vehicles by organizations of your choice, which are used for a specific communication channel (mass media, interpersonal, traditional channels, digital media, etc.) on the topic of your group project.

Session 11:

Developing Tactical and Evaluation Plan (Part III)

In-class discussion of relevant case studies and models on the evaluation of health communications outcomes

Required Readings:

Piotrow P.T. et al (2003)

Freimuth V. et al (2001)

Assignments: Tactical plan - (group project) – see Home Assignments for detailed description

Session 12:

Implementing, Monitoring and Evaluating a Health Communication Plan**

Planning a Successful Program Implementation

Monitoring: An Essential Element of Program Implementation and Evaluation
Evaluation Report

In-class discussion of relevant tools and examples/textbook's questions.

Required Readings:

Schiavo, R. (2007) Chapter 13

Assignments: 1) Evaluation plan - (group project) – see Home Assignments for detailed description; 2) Review and prepare to address discussion questions from chapter 13 of your textbook

IN-CLASS ASSIGNMENT

Session 13 -14 Students' presentations of final health communications plans

**For the most part, the outline and, in some cases, the titles of the sessions marked with two asterisks coincide with those included in specific chapters of R.Schiavo, *Health Communication: From Theory to Practice*, San Francisco: Jossey-Bass, Wiley & Sons, April 2007. All rights reserved.

Course Requirements:

Home Assignments:

Please note that all home assignments are group assignments. Students will be divided in groups of 3-5 people at the beginning of the course and invited to select one health topic/issue per group. Groups will stay the same for the duration of the entire course and for all home assignments. Topics for the health communication plan student groups will develop need to be agreed upon with instructor by Monday, Feb. 9 (session 3).

After receiving feedback, one group per each assignment/planning step will be invited to present and discuss informally with the class the content of their work on a following class. All groups will present the final health communication plan.

These groups will also stay the same for the chapter summary and presentation on a select health communication topic, which is due for session n. 4 (see assignment n.1)

Home Assignment List

1. In-Class Report on Chapter Summary/Select Health Communication Area (10%)

Each students group will present a 10-minute report on a select chapter of part II of the textbook and focus on one health communication area .

Each group should have a 5-6 page handout (PowerPoint/bullet point format) for all classmates and the instructor.

The report should include:

- An analytical overview of the chapter's topic, theoretical content and its relevance to health communications
- A summary of key points

- Follow up questions, potential applications in health communications and/or directions for future research
- Discussion questions to be addressed with fellow students during class.

Please know that the presentation should not be a mere reading of the written handout. It should show an understanding of the chapter's topic as well as communications competence, a team-oriented approach and good organizational skills. It should flow in a logical order and attempt to be interesting as well as summarize key learnings that could be of importance in health communications.

2. *Situation Analysis and Audience Profile (15%)*

A description of the health problem(s) you hope to address as well as a comprehensive analysis of key factors/ issues/audience characteristics that you should take into account in defining your communication program/approach. This should include:

- List/analysis of key market, disease, treatment, prevention issues, policies, etc. that may cause and/or have any kind of impact on the health problem you are trying to address
- Analysis of relevant assumptions, intervention models, lessons learned from existing programs in the same field, best practices
- Audience profile and segmentation (primary and secondary audiences), including:
 - Common beliefs, attitudes, misconceptions and behaviors in relation to the health problem you are addressing
 - Relevant lifestyle issues
 - Audience demographics
 - Preferred communication vehicles, channels and settings
 - List of key professional and consumer organizations that represent and/or can help reach target audiences; relevant on-going programs in the field of interest
 - All audience-specific characteristics/issues that may be implicated in the cause of the health problem you are trying to address and/or in the communication approach you are considering
 - Brief description of 2-3 audience segments and reasons for selecting one or two specific segments for your communication efforts (if considering a large population with multiple segments)
- Competitive analysis of existing programs and organizations that operate in the field of interest
- Unmet communications needs/opportunities
- All other topic-specific issues and facts
- Overall program goal and outcome objectives (behavioral, social or organizational) of your communications program

Relevant information in this assignment should include both primary and secondary data.

Please know that the audience profile item of this assignment should be used in all follow-up assignments to inform message development as well as the selection and testing of communication settings, channel-specific activities, and materials

Format: PowerPoint/bullet point format

Suggested length: 10-20 slides

3. *Developing Overall Communications Objectives and Strategies (10%)*

- Develop and prioritize the communication objective(s) of your health communications intervention for both primary and secondary audiences (audience-specific)
- Provide a rationale for establishing such objectives/assigning them different level of priority

- Illustrate how your communications objective(s) are supportive of the overall goal as well as outcome objectives of your communication program.
- Validate all communication objectives; make the link with the research you conducted for your situation analysis/audience profile and explain how/why your objectives are likely to be achieved with target audiences and are supportive of the overall program's goals
- Select communication strategies (audience-specific)

Format: PowerPoint/bullet point format

Suggested length: 3-5 slides

4. *Tactical plan* (15%)

Draft the tactical plan including:

- Audience-specific messages
- Communications settings and preferred communications channels for each target audience (primary and secondary)
- Key activities, materials and events (tactics) – including activities/materials' titles and brief description of content/format as well as program's launch activities
- Partnership plan
- Pre-testing plan (pre-testing concepts, messages and materials/activities) - including a description of select methodologies for pre-testing of your program's concepts, messages and materials.
- Timetable and budget estimate for a minimum of 3 tactics – to be developed by obtaining costs from actual vendors

Always include and be prepared to address questions on the rationale for your selection of specific program elements

Format: PowerPoint/bullet point format

Suggested length: 12-18 slides

5. *Evaluation Plan* (10%)

Complete your health communication plan by drafting a description of

- Evaluation plan - including a brief description of quantitative and qualitative evaluation parameters as well as methodologies that will be used to conduct program evaluation and collect credible data/opinions about your communications intervention
- Budget estimate for at least one of the evaluation activities you are proposing – to be developed by obtaining costs from actual vendors.

Format: PowerPoint/bullet point format

Suggested length: 5-6 slides

6. *Final Health Communications Plan* (15%) –

Summarize all previous home assignments in a slide presentation in PowerPoint/bullet point format. Include:

- Key points of your situation analysis/audience profile
- Overall program's goal
- Outcome and communication objectives
- Key strategies
- Key partners
- Communication concepts, messages and tactics (please name/find titles for key tactics/activities/campaigns)
- Program launch
- Evaluation and pre-testing plans
- Timetable
- Detailed budget for at least three tactics and one evaluation activity

Format: PowerPoint/bullet point format
Suggested length: 40-55 slides (55 slides maximum, please!)

Health Communications Plan Presentation (5%)

Using the slide presentation described above, at the end of the course, each group will present their communication plan. Each presentation will last approximately 30-50 minutes (depending on the number of groups). While each student in the group will present only one part of the program, the overall presentation is expected to appear cohesive as well as the result of a team effort and rehearsal sessions.

In-Class Assignments (5% each; 10% total)

Students' knowledge of subjects covered during the course will be tested via 2 in-class assignments that will address key health communications definitions, theories, intervention models and other relevant topics of this course and will draw upon the course's required readings. As part of these assignments, students will be asked to apply such definitions, theories and topics to a brief case study/health situation or issue that will be the topic of the assignment. Each of these assignments will account for 5% of the final grade. These assignments will be graded individually.

Class Participation (10%)

Attendance and active class participation are required and will account for 10% of the final grade. Students will be graded on the ability to develop a thoughtful and analytical approach to readings and class information as well as their participation to class discussion on readings and relevant topics. Please be aware that students who miss class time and/or impede the progress of the class (by disrespecting colleagues, disrupting the class, being unprepared to contribute to the class discussion) will earn low participation grades. Attendance and class participation will be formally recorded and only one (1) excused absence per student will be allowed. Excused absences need to be notified prior to the class. Please remember that your participation grade is worth 10% of your final course grade! Participation grades will be individual.

Required Materials:

Textbook:

Schiavo, R. Health Communication: From Theory to Practice. San Francisco: Jossey-Bass, 2007.

Readings:

1. Bernhardt, J.M. (2004) Communication at the core of effective public health. *Journal of Public Health*, 94 (12), 2051-2052
2. Davis J. et al. (2003) Public health information programmes: can partnerships reduce costs? *Health Education Research*, 103 (6), 352-362
3. De Heer H., Moya, E., Lacson, R. Shedlin, M. (2008) Voices and Images: Tuberculosis Photovoice in a Binational Setting. *Cases in Public Health Communications and Marketing*, Volume 2. http://www.gwumc.edu/sphhs/departments/pch/phcm/casesjournal/volume2/peer-reviewed/cases_2_05.cfm

4. Fox, S. (2008) The Engaged E-patient Population. Pew Internet and American Life Project. http://www.pewinternet.org/PPF/r/259/report_display.asp
5. Freimuth, V., Cole, G. & Kirby, S.D. (2001). Issues in evaluating mass-media health communications campaigns. WHO Regional Publications, European Series (92), 475-492.
6. Freimuth, V., Quinn, S.C., (2004) The contributions of health communication to eliminating health disparities. Journal of Public Health, 94 (12), 2053-2055
7. Piotrow, P.T. et al. (2003) Advancing Health Communications -- The PCS Experience in The Field, John Hopkins Bloomberg School of Public Health, Center for Communication Programs (available as PDF file on <http://www.jhuccp.org/pubs/cp/103/103.pdf>) **ONLY EVALUATION CHAPTER.**
8. Schiavo, R. (2005) Health Communication versus Related Disciplines, The Drum Beat 324, The Communication Initiative. See http://www.comminit.com/drum_beat_324.html
9. Telford R. and Rogers A. (2003) What influences elderly people decisions about whether to accept the influenza vaccination? A qualitative study. Health Education Research, 18 (6), 743-753

Additional readings will be selected, assigned and posted on the NYU Blackboard Learning System from a variety of on-line sources/journals also available via NYU Libraries. In addition, a few examples of international communications programs to be reviewed and/or analyzed during in-class discussions/exercises have been/will be posted on the NYU Blackboard Learning System throughout the course.

Overall Evaluation Criteria – Writing Assignments and Team Final Presentation

Group Grade for Writing Assignment

General Criteria

- Overall understanding of the purpose of the assignment/compliance with assignment's description
- Writing/proofreading in relation to clarity, grammar, number of typos
 - Logical organization of the information being presented
 - Inclusion of references/bibliography

Technical Knowledge

- Level of understanding of health communication terminology/planning process as defined during the course
- Application of above terminology/process to writing assignments (e.g., mastering the who, what, when, how much rule in developing communications objectives)

Research and Analysis Skills

- Depth of analysis in presenting data, statistics, rationale or other facts that are relevant to the specific assignment (e.g., ability to identify key success factors and challenges)

and correlate them to the problem you are defining/analyzing; ability to prioritize/select specific audiences and/or messages and develop a convincing rationale for your selection; etc.)

- Accuracy of information (e.g., reliance on credible sources, depth of research, use of primary sources via interviews with key influentials in the field you are researching)
- Coherence and consistency of your arguments (and facts that support them) in developing the different portions of your communication plan and selecting objectives, strategies, tactics, communications vehicles, etc.

Group Grade for Team Presentation

- Presentation's clarity and cohesiveness
- Ability to prioritize key points
- Overall communication skills (good eye contact, ability to engage audience, etc.)
- Good "bridging"/transitions from one team member to the next
- Team ability to support each team member in answering questions/making complex points

Individual Grade for Group Assignments and Team Presentation

Individual grades will be based on the average group grade as well as the average score students will receive via peer evaluation for their participation in group assignments. All students will be required to use the attached form (see page 14 of this syllabus) to evaluate themselves as well as the level of participation of each group member in reference to the following four parameters:

- Attendance/Dependability
- Quality of Contribution
- Shared Workload
- Team Player

Completion of the peer evaluation form by all students in each group is required twice during the course, by the deadlines indicated in the course-at-glance table (see pages 12-13).

In a scale from 1 to 5, the following policies will apply to average peer evaluation scores:

- Average score of 3.7 to 5 – the individual grade will be the same as the group grade
- Average score of 3 to 3.7 will result in 5% less than the average group grade
- Average score of 2 to 2.9 will result in 15% less than the average group grade
- Average score of 1 to 1.9 will result in 30% less than the average group grade

Make-up and Late Assignments Policy

A general rule to follow is that missed tests/quizzes cannot be made up and late assignments will not receive full credit. Late or missing assignments will score 5% less per every day they are late. There would be only one (1) exception per group and would be evaluated on a case-by-case basis. If you know you will be absent when an assignment is due or are late with your part of a home assignment please contact me prior to the due date to make arrangements. Also, please inform me of alternative plans that have been agreed with your group members. Also, please know that as described in the "Class Participation" section of this syllabus, there would be only one (1) excused absence per student.

Statement on Academic Integrity

As for all courses in this NYU program, students are expected to follow all rules highlighted in the Steinhardt School *Statement on Academic Integrity*. Key paragraphs from this *Statement* are included here for your review.

In general, “students violate the principles of academic integrity when:

- Cheat on an exam
- Submit the same work for two different courses without prior permission from the professors
- Receive help on a take-home examination that calls for independent work
- Plagiarize”

“Plagiarism, one of the gravest form of academic dishonesty in university life, whether intended or not, is academic fraud. Students plagiarize when, without proper attribution, do any of the following:

- Copy verbatim from a book, an article or other media
- Download documents from the Internet
- Purchase documents
- Report from other’s oral work
- Paraphrase or restate someone else’s facts, analysis or conclusions
- Copy directly from a classmate or allow a classmate to copy from them”

When a professor suspects cheating, plagiarism, and/or other forms of academic dishonesty, appropriate disciplinary actions will follow according to the parameters/measures described in the *Statement on Academic Integrity* as well as *The Steinhardt School of Education Student Handbook*. For additional information, please review both of the above documents. If you don’t have a copy, please ask for one at the department’s office at 35 West 4th Street -12th floor.

Students with Disabilities

Any student attending NYU who needs an accommodation due to a chronic, psychological, visual, mobility and/or learning disability, or is Deaf or Hard of Hearing should register with the Moses Center for Students with Disabilities at 212 998-4980, 240 Greene Street, www.nyu.edu/csd

About the Instructor

Renata Schiavo, Ph.D., M.A.

Renata Schiavo, Ph.D., M.A. is the Founder and Principal of Strategic Communication ResourcesSM, which provides strategic health communications counseling, training, program evaluation and strategic planning counseling only to non-profit health organizations and foundations and other US and international organizations in the public health field. She is also an Adjunct Assistant Professor of Public Health at New York University, Steinhardt School, Department of Nutrition, Food Studies and Public Health, where she is on the faculty of the Community Public Health and Global Public Health M.P.H. programs (Courses: Health Communication: Theory and Practice; Cross-Cultural Health Communications).

Dr. Schiavo has over 18 years of international healthcare experience, which includes the US, and several countries in Europe, Latin America and Africa. She has had the opportunity to work on staff or as a consultant for non-profit organizations, corporations, communications agencies, universities, research laboratories and governments. Her work has focused, in addition to others, on the following health areas: oncology/cancer, HIV/AIDS, malaria, leishmaniasis, CNS disorders/mental health, cardiovascular diseases, women's health, respiratory diseases, obesity, biotechnology, infectious diseases, childhood immunization, adolescent immunization, flu immunization, global handwashing, kids cancers, Lyme disease and primary nocturnal enuresis.

Schiavo's fields of expertise include: strategic planning, strategic behavior communications, marketing communications, health communication and strategic planning training, patient and professional communications, constituency relations, public relations, media advocacy, social marketing, audience/market research, pre-testing/field studies, internet-based communications, corporate communications, branding, cross-cultural health communications, reaching vulnerable populations, and strategic partnerships.

Schiavo served as Executive Vice President at the Cooney Waters Group (CWG), one of the largest independent healthcare communications agencies in the United States. Prior to joining CWG, she formed and headed the Corporate and Marketing Communications Department of Rhodia Farma, the Brazilian affiliate of Rhone-Poulenc Rorer (now Sanofi-Aventis). Previously, she worked in the healthcare divisions of the New York communication agencies Manning Selvage & Lee and Noonan/Russo Communications.

Dr. Schiavo also worked as a senior advisor to UNICEF-Angola and the local Ministry of Health on malaria prevention strategies as well as on evaluating local communications programs. Other past or current experience in public health communications and strategic planning include (short list): American Foundation for AIDS Research (amfAR); Ajuda do Povo para Povo (ADPP); DOVE Center, The Children's Hospital of Philadelphia; National Association of Pediatric Nurse Practitioners (NAPNAP); National Council of La Raza (NCLR); National Foundation for Infectious Diseases (NFID); National Medical Association (NMA); Solving Kids' Cancer; UNICEF-Headquarters; World Bank.

Formerly, Schiavo was a post-doctoral research scientist at Columbia University and New York University, where she worked on numerous molecular and cell biology projects in the areas of cancer and cystic fibrosis.

Schiavo is a member of the American Public Health Association (APHA), the National Association of Medical Communicators (NAMC), the Public Health Association of New York City (PHANYC) and the Society for Public Health Education and Promotion (SOPHE). She serves as the Chair of the APHA Health Communication Working Group, as well as on the APHA Governing Council as a representative of the APHA Public Health Education and Promotion section (PHEHP). She is a member of the advisory board of *Cases in Public Health Communication and Marketing*, an on-line peer-reviewed journal. Dr. Schiavo has also contributed with articles and opinions to the Communication Initiative (CI) and is a member of the COMBI (Communication for Behavioral Impact) Global Technical Network (GTN), which is maintained by the World Health Organization (WHO).

She is the author of a book on *Health Communication: From Theory to Practice* (San Francisco: Jossey-Bass, April 2007) and other publications in the field of health communications.

Schiavo holds a Ph.D. in Biological Sciences from the University of Naples (Italy) and a M.A. in Journalism and Mass Communications from New York University. She is fluent in English, Italian and Portuguese and can read and understand Spanish and French.

Course At-Glance*

Date	Class	Topics	Readings	Assignments**
Monday, Jan. 26	1	Course Overview and Introduction to Health Communications		
Monday, Feb. 2	2	Introduction to Health Communication: Part II	Due by session 2: Textbook: Preface, Introduction and Chapt. 1 Readings: n. 1, 6, 8	Come prepared to discuss questions at end of chapter 1
Monday, Feb. 9	3	Current Health Communication Issues and Topics	Due by session 3: Textbook: Chapter 2	Come prepared to discuss questions at the end of chapter 2. Selection of group topics for home assignments/health communication plan are due by today
Monday, Feb. 16	4	NO CLASS – PRESIDENT’S DAY		
Monday, Feb. 23		Key Health Communication Areas	One chapter per group from part II of textbook	Group presentation/handout on select chapter from part II of textbook
Monday, March 2	5	Overview of the Health Communication Planning Process	Due by session 5: Textbook: Chapter 9	Come prepared to discuss questions at the end of chapter 9
Monday, March 9	6	Situation analysis and audience profile (part 1)	Due by session 6: Textbook; Chapter 10	First Peer Evaluation Form for Team Participation due by today Come prepared to discuss questions at the end of chapter 10. In-class assignment
Monday, March 16		NO CLASS – SPRING RECESS		
Monday, March 23	7	Situation analysis and audience profile (part 2)	Due by session 7: Readings: n. 9	
Monday, March 30	8	Identifying program objectives and strategies	Due by session 8: Textbook, chapter 11	Due by session 8: Situation Analysis and Audience Profile. Come prepared to discuss questions at the end of chapter 11

Monday, April 6	9	Developing tactical and evaluation plans (part 1)	Due by session 9: Textbook, chapter 12 and appendix A	Due by session 9: Communication Objectives and Strategies for your plan Come prepared to discuss questions at the end of chapter 12
Monday, April 13	10	Developing tactical and evaluation plans (part 2)	Due by session 10: Readings: n. 2, 3. 4	Bring examples of health communications materials to class
Monday, April 20	11	Developing tactical and evaluation Plans (part 3)	Due by session 11: Readings: n. 5, 7	Due by session 11: Tactical Plan Selection of group presentation date (May 5 or May 12) also due today In-class assignment
Monday, April 27	12	Implementing, monitoring and evaluating a health communication plan	Due by session 12: Textbook, chapter 13	Due by session 12: Evaluation plan. Come prepared to discuss questions at the end of chapter 13
Monday, May 4	13	Student Presentations of Health Communications Programs – Group presentation		Due by session 13 (no exceptions): Paper copy of final plan/slide presentation Student presentations: please bring a copy on CD-ROM or memory stick Second Peer Evaluation Form for Team Participation due by today
Monday, May 11	14	Student Presentations of Health Communications Programs – Group presentation Have a great summer!		Student presentations: please bring a copy on CD-ROM or memory stick

*Please note that this schedule is tentative and may be subject to changes at the instructor's discretion. Also, please know that guest speakers may be invited to complement the instructor's lectures with 45 minute presentations (dates TBD). For potential updates of this schedule, please check daily the NYU Blackboard Learning System.

** For a complete description of all assignments, please see the *Course Requirements* section of this syllabus.

Your name _____

Team Participation - Peer Evaluation Form

Please accurately assess your group members and yourself on the criteria listed and use the scale below. Your evaluation will be used to adjust individual grades for group assignments as described in the grading section of this syllabus. If you want, please support your evaluation with specific comments.

Please complete the Excel version of this form (see Blackboard) and e-mail to Prof. Schiavo to renata@renataschiavo.com

Attendance/Dependability:

- 1- Almost never attends team meetings-can not be counted on
- 2- Rarely attends team meetings-risky to depend on
- 3- Sometimes attends team meetings-usually comes through
- 4- Usually attends team meetings-almost always dependable
- 5- Almost always attends team meetings-can always be counted on

Quality of Contributions

- 1- Quality of work is substantially below the team standard most of the time
- 2- Quality work is often below the team standard
- 3- Quality is always acceptable, but does not exceed standards
- 4- Work quality is sometimes above standards, never below
- 5- Work quality is exceptional, almost always

Shares Workload

- 1- Contributes substantially less than the team standard most of the time
- 2- Contributes less than the team standard at times
- 3- Contributes as much as, but not more the anyone else
- 4- Contributions sometimes exceed the team standard, goes the extra mile
- 5- Almost always did more than their share

Team Player

- 1- Often rude, offends others
- 2- Does not listen to other's ideas, does his/her own things
- 3- Usually considerate, open to others
- 4- Encourages others to participate
- 5- The rock of the team, encourages others, listens, facilitates meetings, always considerate

Team Member's Name (Last, First)	Attendance/ Dependability	Quality of contributions	Shares Workload	Team player
1.				
2.				
3.				
4.				
Yourself				