

Comm 7870 Media, Campaigns, and Health  
Fall 2013  
Mon, Wed, Fri,. 3pm-4pm Room TBA

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Hours: To be announced, or by appointment

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## COURSE OBJECTIVES

This seminar is intended for graduate students concerned with how mediated communication can influence human behavior and public policy in ways that can improve human health and well-being.

It is designed to serve both students who are trained in communication or other social sciences who wish to bring their theory and methods training to bear on health issues, and students focused on public health, nutrition, exercise, and other particular health domains who wish to have a stronger background in health communication theory and methods.

The primary focus of the course will be on the theory and practice of behavior change efforts utilizing mediated communication. The course will also touch on the positive and negative influences of existing mass media content on health behavior and health policy. Students interested in interpersonal communication issues and health should take Comm 871.

The instructor has served as PI of NIH-funded community and school substance use prevention interventions, analyses of media coverage of health issues, and studies of advertising content and warnings. He has also consulted on many regional and national health intervention studies and evaluations.

Specific objectives are:

- 1) to provide an understanding of theories of audiences, persuasion, attitude and behavior and policy change relevant to health communication campaigns and media coverage and images of health
- 2) to familiarize students with current research literature in these areas
- 3) to permit students to apply these principles in a major project of their choosing in their area of interest (see major project description below).

## PREREQUISITES

Students are expected to be comfortable reading behavioral science journal articles and thinking in terms of theory and methods.

## COURSE FORMAT

This is a graduate-level seminar. Our focus is on exploring ideas and issues in depth. I may wind up doing mini-lectures on various topics at times, but the focus should be on your own engagement with the ideas in this course. There will be *no* exams, consistent with the focus on individualizing the seminar to student interests and needs. Students will be asked to develop a major project of their own choosing, which will allow them to “customize” the course content to address specific areas of interest. The project may consist of one of several options:

- a) Preferred for PhD and aspiring PhD students: Proposing a theory-building research study; this would include a full literature review and methods section, including draft research instruments. (Hopefully, your intention is to carry out this study). Another option: conducting and writing up a relevant secondary data analysis.
- b) Preferred for terminal masters students: Designing a communication intervention, including setting objectives, planning audience research, preliminary message and channel strategies, and an evaluation plan. The campaign plan must be thoroughly grounded in theory and relevant course and outside readings must be cited extensively. This is similar to what might be submitted to NIH for peer review, though “preliminary studies” won’t be included and there will be less emphasis on research/evaluation design.
- c) Alternative projects meeting special needs and interests of graduate students may also be proposed with instructor approval.

Late work is penalized unless permission for extended deadlines is obtained beforehand. Likewise, if you must miss a class, inform me of the occasion in advance by email. If at any point you are confused about assignments, expectations, or are getting lost in the course material, please set up a time to meet with me!

**Academic Misconduct:** It is the responsibility of the Committee on Academic Misconduct to investigate or establish procedures for the investigation of all reported cases of student academic misconduct. The term "academic misconduct" includes all forms of student academic misconduct wherever committed; illustrated by, but not limited to, cases of plagiarism and dishonest practices in connection with examinations. Instructors shall report all instances of alleged academic misconduct to the committee (Faculty Rule 3335-5-487). For additional information, see the Code of Student Conduct ([http://studentaffairs.osu.edu/resource\\_csc.asp](http://studentaffairs.osu.edu/resource_csc.asp)).

**Special accommodation:** *Any student who feels s/he may need an accommodation based on the impact of a disability should contact me privately to discuss your specific needs. Please contact the Office for Disability Services at 614-292-3307 in room 150 Pomerene Hall to coordinate reasonable accommodations for students with documented disabilities.*

## COURSE REQUIREMENTS

### Term campaign proposal Part 1

30%

For doctoral and thesis master's students: Write the front end including hypotheses for a theory-testing research study concerning mediated communication and health, or other project approved by me.

For terminal master's students: regarding a health communication problem of your choice and approved by me—you are to a) define the communication problem and objectives, b) describe audiences, c) develop a formative research strategy to improve your understanding of those audiences where needed, d) describe in detail your preliminary message strategies for reaching each of these various audiences, including where appropriate alternative strategies that you intend to test, and e) lay out your message pretesting plans (using this organization and subheads). I expect these discussions to be thoroughly grounded in theory with extensive citation from class readings, and outside readings where needed. Please indicate the organization (eg a state or county health department, a university research team, etc) that would be proposing and carrying out this campaign. I would also like to see a planning matrix showing your audience segments, their beliefs/barriers, objectives, and message strategy. You'll add evaluation strategy in part 2. The model for this would be a proposal to a major federal agency that would undergo peer review by academic experts.

About 10-15 pages.

### Term campaign proposal Part 2

30%

First, extensively rewrite Part 1 based on the comments and suggestions that I made.

Second, write the methods section for a theory-testing study, or other project as approved by me. Or, for terminal master's students, continue the same project begun above, with extensive revision per my comments. Now, include a) a detailed discussion of your channel strategies, including theory-based rationale for your choices, b) a detailed process evaluation plan, c) a detailed summative evaluation plan, and d) a timeline for conducting the entire project (preferably including a GANTT chart with implementation details). Also complete your planning matrix with the evaluation section. Again, extensive citation is expected from class readings, and outside readings where needed.

About six to ten more pages.

Presentation of your proposal to the class (length TBA, use powerpoint or equivalent) 5%

### Comments/questions regarding reading

15%

Students are expected to engage actively and intelligently with the reading. I provide guiding general questions on the syllabus for the reading for each class session, to help you focus your reading. To further facilitate engagement, I will require that each student:

- a) write a note posted on the Carmen discussion bulletin board, 1/2 page or less single-spaced, briefly outlining theoretical or applied questions (e.g. questions based on how readings apply to issues encountered in your own experience, or issues you don't understand clearly) concerning required readings for each class that you have and might like to hear discussed in class;
- b) read the other students' comments once they are all posted and rate each as follows: 1 star: it is only a minimal, cursory response; 2 stars: not clear or relevant, but a bit more developed; 3 stars: solid, appropriate, thoughtful; 4 stars: particularly thoughtful and

thought-provoking: 5 stars (use rarely) outstanding insight and interest. Your responses are anonymous, but I will be able to track how many you have read and rated. You're welcome to comment on each other's posts (this isn't anonymous), but are not required to do so.

- c) This assignment should be posted to that day's discussion board on CARMEN no later than midnight on the day before class. This will permit me and the day's student facilitator to see both your own thinking and to anticipate possible foci for discussion in the class. We will use these as a starting point for class discussion.

Active and thoughtful participation in in-class discussion plus regularity of attendance, quality of facilitating one or more class session (involves a summary of class comments from the bulletin board organized by topic and focus, I have examples) 20%

Note: Course requirements, due dates, and activities are subject to change; you are responsible for being aware of any such changes announced in class or by email.

## Grading:

Graduate coursework should generally be at the B+ or better level, especially for doctoral candidates. A B- or lower suggests a serious problem. See me if you receive a B- for any assignment.

I use a grading scheme based on A=4.0. E.g., an A-/A is a 3.85, an A- is a 3.7, an A-/B+ is 3.5, and a B+ is 3.3.

Generally, papers fall into several groups which I rank-order from A on down to B (again, a grade less than B suggests significant problems that we should discuss).

## RECOMMENDED SOURCEBOOKS FOR MEDIA AND HEALTH COMMUNICATION:

*Some readings will be chapters from these books; these will be referenced in the syllabus by the last names of the editors. Hornik, Maibach & Parrott, and Rice & Atkin in particular are all strongly recommended for purchase for those planning to do further work in media and health behavior. Not enough chapters from any one are used here to justify making them required course texts, however.*

*If you do not already have professional experience with communication campaigns, I'd suggest obtaining NCI's "pink book" which summarizes campaign steps, available for free at <https://cissecure.nci.nih.gov/ncipubs/details.asp?pid=209>*

*You may also wish to obtain CDCynergy, a multi-media campaign planning CD Rom developed for use by health departments, and other helpful information re planning and conducting health communication efforts, at*

<http://www.cdc.gov/healthcommunication/>

<http://www.cdc.gov/healthcommunication/CDCynergy/>

Dillard, J.P. & Pfau, Michael. (2002). The persuasion handbook. Thousand Oaks, CA: Sage.

Goldberg, Fishbein, & Middlestat (1997). Social marketing. Mahwah NJ: LEA.

Hornik, R. (2002). Public health communication. Mahwah, NJ: LEA.

Kreuter, M., Farrell, D., Olevitch, L., & Brennan, L. (2000). Tailoring health messages: Customizing communication with computer technology. Mahwah, New Jersey: Lawrence Erlbaum Associates.

Maibach, E., & Parrott, R.L. (1995). Designing health messages: Approaches from communication theory and public health practice. Thousand Oaks, CA: Sage.

Piotrow, et al. (1997). Health communication: lessons from family planning and reproductive health. Westport, Ct: Praeger.

Rice, R.E., & Atkin, C.K., Eds. (2001). Public communication campaigns (3rd ed). Thousand Oaks, CA: Sage.

Salmon, C.T., Ed. (1989). Information campaigns: Balancing social values and social change. Vol. 18, Sage Annual Reviews of Communication Research. Newbury Park, CA: Sage.

## **COURSE SCHEDULE**

### **Introduction to Health Communication and Behavior Change Interventions**

*8/21 (Wed.) Class 1 Intro to course. What are health communication campaigns?*

No assigned reading.

I will ask each of you to introduce yourself and tell us your background, health and communication-related interests, and what it is you hope to get from this class. I will review the course objectives and format, requirements, and class policies, and take your questions.

We will have a sign-up sheet today for student-facilitated discussions starting in Class 4.

*8/23, 8/26 Classes 2 and 3: Evidence regarding impact of mediated communication health interventions.*

*Do mediated communication efforts impact health behavior? What are key problems and uncertainties? Major opportunities?*

Hornik. Preface. (xi-xv).

Wakefield, M., Loken, B., Hornik, R.C. (2010) Use of mass media campaigns to change health behaviour. *Lancet*, 376, 1261-1271.

Noar, S. (2006) A 10-year retrospective of research in health mass media campaigns: Where do we go from here? *J Health Communication*, 11, 21-42.

### **Review of theories of behavior acquisition and change as they apply to communication and health behavior.**

*8/28,8/30 Classes 4 and 5: Social cognitive theory, theory of reasoned action/planned behavior, Integrative Model, Health Belief Model, Social Reaction model, Affect Heuristic. What are the relative strengths of these models? Weaknesses? Relationship between them?*

[Note: For most, this will be a review and can be skimmed. If this material is new to you, though, allow plenty of time for reading! This is key material. Less for part 2, though...]

Fishbein, M. & Yzer, M.C. (2003). Using theory to design effective health behavior interventions. *Communication Theory*, 13, 164-176. [Focus on Integrative Model discussion. Will return to priming issues later.]

Bandura, A. (1998). Health promotion from the perspective of social cognitive theory. *Psychology and Health*, 13, 623-649.

Slovic, P. et al. (2007). The affect heuristic. *European Journal of Operations Research*, 1333-1352.

Gerrard M, Gibbons FX, Stock ML, Lune LS, Cleveland MJ (2005) Images of smokers and

willingness to smoke among African American pre-adolescents: an application of the prototype/willingness model of adolescent health risk behavior to smoking initiation. *Journal of Pediatric Psychology*, 325-318.

**YOUR PROJECT IDEAS ARE DUE THIS WEEK—A ONE-PAGE MEMO; ALTERNATIVE IDEAS ARE OK IF YOU AREN'T SURE. CALL OR EMAIL IF YOU HAVE QUESTIONS OR WANT FEEDBACK.**

**9/2 Labor Day no class**

*9/4, 9/6 Classes 6 and 7: Stages of Change and putting the models together.  
How can we think across multiple and competing models to address complex problems of behavior that is determined both socially and based on individual experience and disposition? In applied work, are we better off using a single theoretical framework or working across multiple theories? What are the pros and cons?*

*Note: We will divide into groups and try applying theories from this week to current health communication topics.*

Slater, M. D. (1999). Integrating application of media effects, persuasion and behavior change theories to communication campaigns: A stages of change framework. *Health Communication*, 11, 335-354.

Abroms, L.C., Maibach, E.W. (2008). The effectiveness of mass communication to change public behavior. *Annual Review of Public Health* 29: 219-234. (skim).

### **Theories of persuasion and message effects**

*9/9, 9/11 Classes 8 and 9: Elaboration likelihood and attitude accessibility models.  
How can these models be used in creating more effective communication-based interventions? What are the strengths and limitations of each? Depending on time, we may again divide into groups.*

Dillard & Pfau, Chapter 3. Roskos-Ewoldsen, D.R., Arpan-Ralstin, L., & St. Pierre, J. Attitude accessibility and persuasion: The quick and the strong. (pp.39-63).

Briñol, P. & Petty, R.E. (2006). Fundamental processes leading to attitude change: Implications for cancer prevention communications. *Journal of Communication*, 56, S81-S96.

*9/13, 9/16 Classes 10 and 11: SENTAR, attitude towards the ad/campaign, LC4MP, reframing approaches.  
Again, how can these models be used in creating more effective communication-based interventions? What are the strengths and limitations of each?*

Fishbein, M. & Yzer, M.C. (2003). Using theory to design effective health behavior interventions. *Communication Theory*, 13, 164-176. [This time, focus on priming theory



material]

Lang, A. (2006). Using the limited capacity model of motivated message processing (LC4MP) to design effective cancer communication messages. *Journal of Communication*, 56, S57-S80.

Palmgreen, P., Donohew, L., Lorch, E., Hoyle, R., & Stephenson, M. (2001). Television campaigns and adolescent marijuana use: Tests of sensation seeking targeting. *American Journal of Public Health*, 91, 292-295.

Slater, M.D. (2006). Specification and misspecification of theoretical foundations and evaluation logic models for health communication campaigns. *Health Communication*. 20(2), 149–157.

**Understanding the campaign process: Audience segmentation, formative research, message testing, channel selection, process research, participatory front-end approaches.**

Note: depending on class background and experience, there may be a lecture/discussion format at times during this week to cover some of these technical issues more efficiently. The planning matrix and the outline of behavioral determinants as planning tools will be introduced.

We also may divide back into groups and discuss/report back regarding ways we might conduct audience segmentation, formative research, and process evaluation in the topics discussed in groups previously in one or both classes.

*9/18, 9/20 Class 12 and 13: Audience segmentation, participatory front-end approaches, and formative research.*

*What are key principles in the communication intervention development process? What is ideal? What are real-world limitations? How can we adapt the ideal to real-world problems?*

Maibach & Parrott, Chapter 10. Slater, M.D. Choosing audience segmentation strategies and methods for health communication (pp.186-198, skim).

Kreuter, et al., Chapter 1. What is tailored communication? (pp. 1-23).

Rice & Atkin, Chapter 7. Atkin, C.K., & Freimuth, V.S. Formative evaluation research in campaign design (pp. 125-146). [Read just to 133]

*9/23, 9/25 Classes 14 and 15: Message testing, channel selection, importance of exposure, and process research.*

*Same questions as for last class, applied to these topics.*

Rice & Atkin, Chapter 7. Atkin, C.K., & Freimuth, V.S. Formative evaluation research in campaign design (pp. 125-145). [Read 133-145].

Dunlop, S. et al (In press) When does televised anti-smoking advertising generate quitting outcomes? The effects of level and duration of exposure. *American Journal of Public Health*.

Saunders, R.P., Evans, M.H., & Joshi, P. (2006). Developing a process-evaluation plan for assessing health promotion program implementation: A how-to guide. *Health Promotion*

*Practice*, 8, 134-147.

### **Theory-based message content design**

9/27, 9/30 Classes 16 and 17: *Social cognitive, social-normative, tailoring, and narrative approaches to message design.*

*When are such approaches most likely to be effective? When are they less likely to be effective or might they be potentially counterproductive?*

Borsari, B., & Carey, K. B. (2003). Descriptive and injunctive norms in college drinking: A meta-analytic integration. *Journal of Studies on Alcohol*, 64, 331–341. (skim for key points)

Kreuter, M. et al (2007). Narrative communication in cancer prevention and control: A framework to guide research and application. *Annals of Behavioral Medicine*. 33(3), 221–235.

Maibach & Parrott, Chapter 3. Maibach & Cotton: Moving people to behavior change: A staged social cognitive approach to message design. (pp. 41-65).

Southwell, B. & Yzer, M.C. (2009). When (and why) interpersonal talk matters for campaigns. *Communication Theory*, 19, 1-8.

10/2, 10/4 Classes 18-19: *EPPM and gain/loss frames: risk communication approaches to message design.*

*What are strengths of EPPM and gain-loss frames? Same questions as class 1.*

*If time permits, we will spend part of class back in groups, developing message strategies for our planning matrix for key audiences based on what we believe, pending formative research, to be the beliefs and barriers for our key audiences.*

Dillard & Pfau, chapter 20. Salovey et al. Message framing in the prevention and early detection of disease. (pp. 391-406)

Maibach & Parrott, chapter 8. Witte, K. Using the persuasive health message framework to generate effective campaign messages. (pp. 145-166)

Byrne & Hart. Boomerang chapter from *Communication Handbook*.

**PLEASE PROVIDE MID-TERM FEEDBACK ON COURSE PACE AND FORMAT...WHAT WOULD YOU LIKE TO SEE CHANGE? WHAT WORKS? ANY EXISTING ELEMENTS THAT SHOULD BE EXPANDED? (ANONYMOUS RESPONSES PLEASE, PLACE TYPED IN MY MAILBOX)**

**Cultural issues in mediated communication behavior change efforts in the US and abroad**

10/7, 10/9 Classes 20-21: *Issues in communicating with ethnically and racially diverse populations in the US.*

*What do you see as the primary challenges? In what way are the approaches described adequate or inadequate? Do you see other creative ways to address these issues?*

*If time permits, we may divide back into groups and discuss how these issues may be addressed on the topics you've been working on.*

Huff, R.M., & Kline, M.V. (1999). Promoting health in multicultural populations. Chapters 1, 4. R.

Viswanath, K., et al. (2006). Cancer knowledge and disparities in the information age. *Journal of Health Communication, 11*, 1-17.

10/11, 10/14 Classes 22 and 23: *Health communication and media in the developing world. Same questions for last class, plus: To what extent are challenges ones of culture vs a function of technology and infrastructure issues? Do these differences provide opportunities as well as difficulties?*

*We may watch an example of an E-E program.*

Rice & Atkin, Chapter 14. Piotrow, P.T., & Kincaid, D.L., Strategic communication for international health programs (pp. 249-268).

Slater, M. (2002). Entertainment education and the persuasive impact of narratives. In M. C. Green, J. J. Strange & T. C. Brock (Eds.), *Narrative impact: Social and cognitive foundations* (pp. 157-181). Mahwah, NJ: Lawrence Erlbaum Associates. (Skim.)

## **THE FIRST PART OF YOUR TERM PROJECT IS DUE FRIDAY OF WEEK 6.**

### **Issues in evaluating media-based health interventions**

10/16, 10/18 Classes 24 and 25: *Problems of evaluation design in mediated communication interventions.*

*What are the distinctive problems of evaluating mediated communication interventions? What are options/difficulties in randomized designs? In quasi-experimental designs? In non-experimental designs?*

Note: discussion may spill over to class 26.

Abbatangelo-Gray, J, et al. "Guidance for Evaluating Mass Communication Health Initiatives: Summary of an Expert Panel Discussion Sponsored by the Centers for Disease Control and Prevention." *Evaluation & the Health Professions*, v. 30 issue 3, 2007, p. 229.

Slater, M. D. (2004). Operationalizing and analyzing exposure: The foundation of media effects research. *Journalism and Mass Communication Quarterly, 81*, 168-183.[skim]

Noar, S. (2009). Challenges in Evaluating Health Communication Campaigns: Defining the

Issues. *Communication Methods and Measures*, 3, 1-11.

Snyder, et al (2009). Does Evaluation Design Impact Communication Campaign Effect Size? A Meta-Analysis. *Communication Methods and Measures*, 3, 1-11.

*10/21, 10/23 Classes 26 and 27. Special issues in communication campaign evaluation design. What are the pros and cons of cost-benefit analyses? Cost effectiveness analyses? When do you think they should and should not be used? What concerns does the article on estimating threats to validity raise for you?*

*If time permits, we will divide back into groups and discuss possible summative research strategies, and whether cost-effectiveness or benefit analyses would be appropriate.*

Hutchison, P. & Wheeler, J. (2006). The cost-effectiveness of health communication programs: What do we know? *Journal of Health Communication*, 11 (supplement 2), 7-44.

Salmon, Chapter 11: S.H. Chaffee, C. Roser, & J. Flora, Estimating the magnitude of threats to validity of information campaigns.

### **Case studies in mediated communication campaigns.**

*10/25, 10/28 Classes 28 and 29: Large-scale campaigns*

*What theoretical and evaluation issues discussed in previous classes are exemplified in these campaigns? What do you think seems well-done and not so well-done?*

Office of National Drug Control Policy. (Undated). *The National Youth Anti-Drug Media Campaign: Communication strategy statement*. Washington, D.C.: Author.

Worden, J. K., & Slater, M. D. (2004). From scientific theory to practice and back again: How theory can inform a national media behavior change campaign-and vice versa. *Social Marketing Quarterly*, 10(2), 10-27.

Huhman, M. et al. "Evaluation of a National Physical Activity Intervention for Children VERB™ Campaign, 2002–2004." *American Journal of Preventive Medicine*, v. 32 issue 1, 2007, p. 38.

*10/30, 11/1 Classes 30 and 31: Smaller-scale interventions using mediated communication. Same questions as for class 1, plus: What are the pros and cons of smaller versus larger-scale interventions? What would you expect to be the challenges of "going to scale" for smaller-scale interventions?*

Rice & Atkin, Chapter 24. Dearing, J.W. The cumulative community response to AIDS in San Francisco.

Slater, M. D., Kelly, K. J., Edwards, R. W., Plested, B. A., Thurman, P. J., Keefe, T. J., et al. (2006). Combining in-school social marketing and participatory, community-based media efforts: Reducing marijuana and alcohol uptake among younger adolescents. *Health Education Research*, 21, 157-167.

## **Mass media content and health—understanding the larger mediated environment**

*11/4, 11/6 Classes 32 and 33: Effects of popular media on health behavior.*

*How strong is the evidence for effects of popular media on health outcomes? What research questions remain to be addressed? What do we need to understand about possible mechanisms for effects?*

Slater, M.D. & Hayes, A.F. (2010). The Influence of Youth Music Television Viewership on Changes in Cigarette Use and Association With Smoking Peers: A Social Identity, Reinforcing Spirals Perspective. *Communication Research*, 37, 751-773.

Dalton MA, Sargent JD, Beach ML, et al. (2003). Effect of viewing smoking in movies on adolescent smoking initiation: a cohort study. *Lancet*, 362, 281-285.

Snyder, L., Fleming-Milici, F., Slater, M.D., Sun, H. Strizhakova, Y. (2006). Effects of alcohol advertising exposure on youth drinking. *Archives of Pediatric and Adolescent Medicine*, 160, 18-24.

*11/8, 11/13 NO CLASS 11/11 VETERANS' DAY Class 34 and 35: Effects of news coverage on health behavior and health policy.*

*Same questions as previous class.*

Rice & Atkin, Chapter 31. Wallack, L., & Dorfman, L. Putting policy into health communication: The role of media advocacy (pp.389-402).

Slater, M.D., Hayes, A.F., Goodall, C.E., & Ewoldsen, D. (2011.) Increasing support for alcohol-control enforcement through news coverage of alcohol's role in injuries and crime. *Journal of Studies on Alcohol and Drugs*.

Yanovitzky, I. (2002). Effects of news coverage on policy attention and actions: A closer look at the media-policy connection. *Communication Research*, 29, 422-451.

## **A social-ecological perspective on mediated communication and health**

*11/15, 11/18 Classes 36 and 37: Community-based and participatory approaches.*

*In what ways are these approaches appealing ethically, theoretically, and pragmatically? In what ways are they troubling? What are their implications for sustainability? For going to scale?*

Merzel, C., & D'Afflitti, J. (2003). Reconsidering community-based health promotion: Promise, performance, and potential. *American Journal of Public Health*, 93(4), 557-574.

Rice & Atkin, Chapter 27: Bracht, N. Community partnership strategies in health campaigns (pp. 323-342).

Slater, M.D., Edwards, R., Plested, B., Thurman, P.J., Keefe, T., Kelly, K., & \*Comello, M.L.G..

(2005). Using community readiness key informant assessments in a randomized group trial: Impact of a participatory community media intervention. *Journal of Community Health, 30*, 39-53.

*11/20 Class 38: Social-level concerns.*

*In what ways can mediated communication facilitate community and social-level policy change? What are the challenges/limitations? What are the advantages of these multi-level, comprehensive theoretical frameworks? In what ways are they difficult to use theoretically and practically?*

Best A, Stokols D, Green LW, et al. (2003). An integrative framework for community partnering to translate theory into effective health promotion strategy. *American Journal of Health Promotion, 18*, 168-176. R.

*11/22, 11/25, 12/2 (11/27 and 11/29 are Thanksgiving break).* Presentations of final project (and catch-up as needed if running behind on class topics).

Finals week. Your final project is due 9 AM Monday of exam week. There is no final exam.