

Interventions: Health Messages for the Public Good

COM494

Office:

Office Hours:

Course aim. Students should be able to evaluate evidence-based health interventions as well as understand and apply the foundational principles for developing them.

Enrollment requirements. Pre-requisites: Minimum 2.50 GPA.

Course rationale. “An ounce of prevention is worth a pound of cure” and “a stitch in time saves nine.” These colloquial sayings resonate with our experiences. Prevention or timely intervention can save a lot of stress and help avoid problems. This course introduces relevant theory and research related intervention development, implementation, and evaluation as well as cultural adaptation of interventions. It focuses on the fundamental principles needed to design intervention messages, such as generating a logic model, segmenting and analyzing the audience, developing a media strategy, collaborating in communities, and commissioning appropriate evaluation. As society moves toward data-driven approaches across sectors and applies quantitative reasoning in decision making it becomes crucial to understand and apply the foundational principles need to develop and test interventions that affect outcomes.

Grades and grading scale. Assignment of letter grades is based on a percentage of points earned. The letter grade will correspond with the following percentages achieved. All course requirements must be completed before a grade is assigned.

Grading (% total grade): Points
Reading/Participation (10%): 20
Test 1 (25%): 50
Part 1: Topic conference (5%): 10
Part 2: Lit review matrix and synthesis report (10%): 20
Part 3: Situated market analysis of communication keys (10%): 20
[Optional: Test 1 replacement] (25%): 50
Final proposal (25%): 50
Final presentation (15%): 30
Total (100%): 200

Letter	%	Distribution
A+	.97-1.0	194+
A	.94-96	190-193
A-	.90-.93	180-189
B+	.87-.89	174-179
B	.84-.86	170-173
B-	.80-.83	160-169
C+	.77-.79	154-159
C	.74-.76	150-153
C-	.70-.73	140-149
D+	.67-.69	134-139
D	.64-.66	130-133
D-	.60-.63	120-129
F	<.60	<120

Syllabus disclaimer. I view the syllabus as an outline of the structure and assignments required for success in the course. It is my responsibility to present, discuss, and apply material to the best of my ability, address questions as they arise, and coach your development as communicators. It is your responsibility to understand the syllabus, engage in all assignments to

the best of your ability (i.e., do all readings, complete all assignments, take and review notes), stay in touch with me, or communicate with other students to remain engaged in the course. I will endeavor to remain faithful to the course schedule but the future is always uncertain and unknown; hence, I reserve the right to make changes to the syllabus as deemed necessary. When changes are made, I will notify everyone face-to-face, via email or in the course site Announcements. Please remember to check your ASU email and the course site Announcements regularly.

Integrity. Theft of another person's ideas or words is a serious societal offence with legal and financial repercussions. Theft of confidential formulas, documents, ideas, and procedures as well as customer contacts lists, or other proprietary confidential information is a prosecutable offence. In academic settings this type of theft is labeled plagiarism and Arizona State University reserves the right to levy disciplinary sanctions. For more information, visit <http://provost.asu.edu/academicintegrity>

Student conduct statement. Students are required to adhere to the standards listed in Arizona Board of Regents Policy Manual Chapter V – Campus and Student Affairs:

- Code of Conduct (http://www.abor.asu.edu/1_the_regents/policymanual/chap5/5Section_C.pdf),
- ACD 125: Computer, Internet, and Electronic Communications (<http://www.asu.edu/aad/manuals/acd/acd125.html>), and the
- ASU Student Academic Integrity Policy (<http://www.asu.edu/studentaffairs/studentlife/srr/index.htm>).

In particular, students are entitled to receive instruction free from interference by other members of the class. If a student is disruptive, I may ask the student to stop the disruptive behavior and warn the student that such disruptive behavior can result in withdrawal from the course (see USI 201-10 <http://www.asu.edu/aad/manuals/usi/usi201-10.html>). For this class, appropriate classroom behavior is defined as maintaining a cordial atmosphere and using tact in expressing differences of opinion.

Accessibility statement. In compliance with the Rehabilitation Act of 1973, Section 504, and the Americans with Disabilities Act of 1990, professional disability specialists and support staff at the Disability Resource Centers (DRC) facilitate a comprehensive range of academic support services and accommodations for qualified students with disabilities. DRC staff coordinate transition from high schools and community colleges, in-service training for faculty and staff, resolution of accessibility issues, community outreach, and collaboration between all ASU campuses regarding disability policies, procedures, and accommodations.

Students who wish to request an accommodation for a disability should contact the Disability Resource Center (DRC) for their campus.

Tempe Campus

<http://www.asu.edu/studentaffairs/ed/drc/>

480-965-1234 (Voice)

480-965-9000 (TTY)

Assignments

This course is front-loaded. We cover all conceptual material within the first part of the class and then spend the balance of the course applying these concepts through project-based learning. Learning, then, is based on amassing conceptual knowledge and then demonstrating proficiency with that knowledge. Assignments are structured to move toward increasingly sophisticated understanding of the fundamental principles needed to develop, implement, and evaluate a health intervention.

Attendance. There is no formal attendance policy in this class, however, it is expected that you not only attend class but also that you come prepared and eager to learn. Your thoughtful contributions and active engagement will make the class memorable and meaningful.

Readings. There are four required readings during the semester (a book chapter, a set of notes on COMBI, a guide to using COMBI, and a journal article). These should be read carefully with a goal of understanding all the material, since you will practice doing many of the things described in the readings. They are, therefore, very practical readings.

Participation. A participation grade will be determined by in-class assignments/activities that will be collected and graded at random throughout the semester. These may be quizzes that cover assigned readings for that day or in-class assignments that are collected for grading.

Test 1. A test will be administered that covers theoretical material related to intervention development. This will be a test of the core concepts presented in the first unit. Students should thoroughly understand the mantras of the COMBI plan, concepts of logic model, HICDARM, 5-point media strategy, situated market/audience analysis, and the intervention adaptation wheel. The test will include multiple choice and short-answer questions that cover knowledge and application of course concepts. An optional second exam will be offered for those who are not satisfied with their original grade. The retest will cover the same material but may differ and more detailed questions.

Course Project. The remainder of the course is designed to apply the concepts for developing, implementing, and evaluating an intervention. Assignments will center on a project completed in pairs or teams of three that integrate individual components into a shared final product. The project is divided into three sub-components:

- 1) **Topic conference (5%).** As a team, you will propose a health-intervention topic to the class. Select a health problem or condition that your team wants to see changed for a social group or groups. Identify the population that this problem or condition affects (i.e., state the prevalence of the problem and summarize its effects) and outline a SMART goal an intervention addressing this problem or condition.
- 2) **Literature review (10%).** Once the topic has been approved, you will conduct a literature review of that topic. The literature review assesses what scholars know about the issue. The review will be completed as a team, but will involve individually-graded lit-review matrix components. The team will identify 6 academic articles per person. Each individual will complete and submit the lit-review matrix for their 6 articles and a synthesis report of those articles.
 - As a way to outline studies and systematically track information about the topic, methods, findings, and analysis, each individual is required to construct a literature

review matrix and prepare a synthesis report. The matrix should include at least 6 peer-reviewed journal articles that address the health topic selected by the team. In order to enhance the quality and usefulness of the literature review, there are several criteria for selecting academic journal articles. Articles must:

- Be published in peer-reviewed, academic sources since the year 2000 with the majority published since 2010
 - The literature review and synthesis should clearly distinguish secondary sources (e.g., theory and research that others' have established) versus primary sources (a study's findings).
 - At least one article must be published in a prevention/intervention journal (e.g., Prevention Science, Journal of Primary Prevention, Implementation Science, Journal of the American Medical Association) AND/OR at least 1-2 articles must describe or evaluate interventions related to the topic. These types of studies can be located by conducting an NREPP search of interventions.
 - At least 1-2 articles must review the health topic or conduct a meta-analysis of the topic. This will give a broad overview of the issue without examining specific variables and their relationships.
 - At least 3-4 quantitative studies of the topic, related variables, or intervention. These may overlap with the prevention journal requirement. These studies can be evaluations or test of key intervention components (e.g., mediational analysis).
 - At least 1-2 qualitative studies of the topic or related variables. Reading qualitative analyses helps to understand the "lived-experience" of people related to the health topic. In reading, synthesizing, and conducting social scientific research, it is important to be reminded of the experiences of those affected by the topic.
- The synthesis report should detail the state of knowledge based on the collection of studies. A synthesis report makes a novel claim (i.e., presents your own ideas) and supports the reasoning for the claim from the studies reviewed. It does not simply parrot a single study or outline the findings from all the studies. Rather, it integrates the studies to produce a nuanced understanding of the topic as a whole. The synthesis report should answer the question: What do we know about the topic?
 - As a team, then, you will compile all the information you learned about the topic into a coherent literature review. The literature review should identify the topic, share the prevalence of the issue with the specific population of interest, demonstrate the public health effects of the problem in the specific population, and then share what is known about the topic. The literature review will be a section within the final proposal. At the conclusion of the literature review, the team will specify the specific, precise behavioral objective they target in their intervention campaign.
- 3) ***Situated market analysis of communication keys (10%)***. Based on your knowledge of the topic from the detailed literature review, the team will determine the specific, precise behavioral objective of the intervention. This objective will likely build from the SMART goal, however, it will be more narrowly focused, and it may change. Given your specific behavioral outcome with a targeted group/groups, each team member will conduct a type of situated market analysis. Individuals within a team should complete different types of market analyses (e.g., HICDARM/Current-state, SWOT, DILO/MILO, Positioning/Competition, etc.) and report the results in a 3-5 page paper. Individuals will turn in their reports separately.

- As a team, the separate market analyses will be integrated into a coherent media strategy. This media strategy will outline messages to be disseminated through each of the five points of communication intervention with the target population (i.e., administrative advocacy, community mobilization, advertising, interpersonal/network, point-of-service). Your team’s media strategy should address the questions: What messages will be shared through which channels for which segment of the population, and why?
- 4) **Final proposal (25%).** As a team you will generate a final, COMBI health-intervention proposal. This engaging brief will use pictures, symbols, diagrams, tables, charts or other media to make it interesting, readable, and relevant. The proposal will include the topic (scope, prevalence, effects) and explain why it needs to be addressed (rationale) within a specific community (i.e., target population). You will offer a detailed literature review of the topic, explaining what is known about the issue. You will also include a 5-point media strategy that is informed by your situated market analyses. This strategy will share what messages you have developed for which audiences through which channels and provide a rationale for how the messages are designed to move the audience through the HICDARM process. Finally, you will include an outline of how the behavior-change will be monitored and evaluated. While a lot of information is to be included in the report, it does not have to be longer than necessary nor does it have to follow an academic report style. Rather, it should be comprehensive, engaging, and clear.

Grading for the final reports will be guided by the following:

Engaging and readable	10 points
Conforms to assignment by including <ul style="list-style-type: none"> • Health topic overview (scope, prevalence, effects) • Rationale (convincing case for why the topic needs to be addressed) • Target population (clearly defined) • Literature review (builds on what we know) • 5-point media strategy (clearly drawing from situated market analysis, clearly articulating messages for audience segments, and providing a rationale for why different media outlets are used for each message to reach particular market segments) • Evaluation plan (showing how the effectiveness of the message will be tested) 	20 points
Demonstrates sophisticated thought and accuracy <ul style="list-style-type: none"> • Properly synthesizing sources ideas • Drawing appropriate conclusions from literature • Convincingly incorporating findings from market analysis into message design • Appropriate evaluation design • Correspondence between claims and evidence 	20 points

- 5) **Final presentation.** At this point, you and your team should be experts on the health topic you selected and have a reasoned plan for intervening to develop, alter, or terminate some specific behavior relevant to the topic and population. In an engaging presentation that uses pictures, symbols, diagrams, tables, charts or other media to make your presentation interesting, readable, and relevant, you will inform us about the topic (e.g., scope, prevalence, effects), persuade us why it needs to be addressed (rationale), describe your intervention plan (including messages for specific audiences through selected channels) and outline how the intervention might be monitored and evaluated.