

國立臺灣大學課程綱要格式範例

Course Syllabus Form, National Taiwan University

課程資訊 Course Information				
課程名稱 Course title	中文名稱：公共衛生中的倡議與傳播 英文名稱：Advocacy and Communication in Public Health			
課程編號 Curriculum Number	MGH 7046	班次 Class	學分數 Credits	2
全/半年 Full/Half Yr.	半年 Half year		必/選修 Required/Elective	選修 Elective
授課教師 Instructor	張竹苓 JhuCin Rita Jhang		開課系所 Designated for	全球衛生碩士學位學程
上課時間 Time	三 3,4 Wednesdays 3:30-5:30		上課地點 Venue	
備註 Remarks	1. Course taught in English 全英文授課 2. Open to graduate and advanced undergraduate students in NTU 3. Maximum enrollment: 20 students 修課人數上限 20 人			
課程大綱 (中/英文) Course Syllabus				
<p>為確保您我的權利,請尊重智慧財產權及不得非法影印</p> <p>Please respect the intellectual property rights of others and do not copy any of the course information without permission</p>				
課程概述 Course Description	This class aims to equip students with working understanding and increase their competence in four areas of global health: Advocacy, activism, communication, and community, and how the four areas inform one another. Students will learn critical perspectives on the subject matter and devise an action plan of advocacy and community engagement.			
課程目標 Course Objective	<p>At the end of the semester, the students are expected to</p> <p>(1) Analyze the roles, relationships, and resources of the entities influencing global health (GH-1)</p> <p>(2) Apply ethical approaches in global health research and practice (GH-2)</p> <p>(3) Propose sustainable and evidence-based multi-sectoral interventions, considering the social determinants of health specific to the local area (GH-4)</p> <p>(4) Display critical self-reflection, cultural humility, and ongoing learning in global health (GH-6)</p> <p>(5) Explain public health history, philosophy and values (G17-1)</p> <p>(6) Explain behavioural and psychological factors that affect a population's health (D17-9)</p> <p>(7) Explain the social, political and economic determinants of health and how they contribute to population health and health inequities (D17-10)</p>			
課程要求 Course Requirement	<p>1. This course is offered in English.</p> <p>2. A basic understanding of public health and health communication is helpful but not required.</p> <p>3. 3. Students should finish reading the weekly readings before coming to class.</p> <p>4. 4. Students will complete a research proposal or a mini-research paper, which they will present orally at the end of the semester.</p>			

<p>關鍵字 Keywords</p>	<p>Themes: Advocacy, activism, communication, community 主題：倡議、行動、傳播、社群 Subthemes: Health communication, risk communication, global health advocacy, public health policy, social support, social inclusion, health literacy, communicative competence, health social marketing, health disparity reduction, participatory action research, critical discourse analysis 次主題：健康傳播、風險傳播、全球衛生倡議、健康政策、社會支持、社會包含、健康識讀、溝通能力、健康社會行銷、消除健康不平等，參與式行動研究、批評論述分析</p>
<p>Office Hours</p>	<p>By appointment</p>
<p>指定閱讀 Designated reading</p>	<p><u>Wk. 1: Introduction: Health communication & public health advocacy</u> (1) Al-Qudah, R.A., Barakat, M.M., Batarseh, Y.S. (2022). Public Health Advocacy. In: Encyclopedia of Evidence in Pharmaceutical Public Health and Health Services Research in Pharmacy. Springer, Cham. https://doi.org/10.1007/978-3-030-50247-8_45-1 (2) Bernhardt, J. (2004). Communication at the core of effective public health. <i>American Journal of Public Health</i>, 94(12), 2061-2063. (3) Covello, V. T. (2003). Best practices in public health risk and crisis communication. <i>Journal of Health Communication</i>, 8, 5-8. *Introduction to the InDiE initiative</p> <p><u>Wk. 2: Doing research and advocacy in the world we live in: Reflectivity and positionality</u> (1) Peacock, M., Bissell, P., & Owen, J. (2014). Dependency denied: health inequalities in the neo-liberal era. <i>Social Science & Medicine</i>, 118, 173-180. (2) Bump, J. B., & Aniebo, I. (2022). Colonialism, malaria, and the decolonization of global health. <i>PLOS Global Public Health</i>, 2(9), e0000936. 1-12. (3) Dutta, M. J. (2010). The critical cultural turn in health communication: Reflexivity, Solidarity, and Praxis. <i>Health Communication</i>, 25, 534-539.</p> <p><u>Wk. 3: Communicative competence and health literacy</u> (1) Jull, J., Giles, A., Boyer, Y., & Stacey, D. (2015). Cultural adaptation of a shared decision making tool with Aboriginal women: a qualitative study. <i>BMC Medical Informatics and Decision Making</i>, 15(1), 1-13. (2) Rudd, R. E., Comings, J. P., & Hyde, J. N. (2003). Leave no one behind: Improving health and risk communication through attention to literacy. <i>Journal of health communication</i>, 8(S1), 104-115.</p> <p><u>Wk. 4: Culture-centered health communication and public health campaigns</u> (1) Dozier et al (2017) The Transformative Power of Authentic Conversations About Cancer (2) Kreuter, M.W., Lukwago, S.N., Bucholtz, D.C., Clark, E.M., & Sanders-Thompson, V. (2003). Achieving cultural appropriateness in health promotion programs: Targeted and tailored approaches.pdfWk4 (1) Kreuter, M.W., Lukwago, S.N., Bucholtz, D.C., Clark, E.M., & Sanders-Thompson,</p>

V. (2003). Achieving cultural appropriateness in health promotion programs: Targeted and tailored approaches.pdf

Wk. 5: PAR, CBPR, and Asset model

- (1) Caxaj, C. S. (2015). Indigenous storytelling and participatory action research- Allies toward decolonization? Reflections from the peoples' international health tribunal. *Global qualitative nursing research*, 2, 1-12.
- (2) Mosavel, M., Gough, M. Z., & Ferrell, D. (2018). Using Asset Mapping to Engage Youth in Community-Based Participatory Research- The WE Project

*CBPR planning practice

Wk. 6: Proposal writing, grant writing, and skill set development day

- (1) Evans-Agnew, R. A., Johnson, S., Liu, F., & Boutain, D. M. (2016). Applying critical discourse analysis in health policy research: Case studies in regional, organizational, and global health. *Policy, Politics, & Nursing Practice*, 17(3), 136-146.
- (2) Lupton, D. (1992). Discourse analysis: A new methodology for understanding the ideologies of health and illness. *Australian journal of public health*, 16(2), 145-150.

* Research project idea proposed (500 words)

Invited talk: Wendy Lin, Chemonics International

Wk.7: Health disparity, stigma, and shame

- (1) Hornik, R.C., & Ramirez, A.S. (2006). Racial/ethnic disparities and segmentation in communication campaigns. *American Behavioral Scientist*, 49(6), 868-884.
- (2) Ellis, S., Rosenblum, K., Miller, A., Peterson, K. E., & Lumeng, J. C. (2014). Meaning of the terms “overweight” and “obese” among low-income women. *Journal of nutrition education and behavior*, 46(4), 299-303.
- (3) Mulligan, K., Elliott, S. J., & Schuster-Wallace, C. J. (2012). Global public health policy transfer and dengue fever in Putrajaya, Malaysia: a critical discourse analysis. *Critical Public Health*, 22(4), 407-418.

Wk. 8: Critical social marketing and message design

- (1) Goldenberg, M. J. (2021). Chapter 1: Vaccine hesitancy in the global north. In *Vaccine hesitancy: public trust, expertise, and the war on science* (pp. 3-18). University of Pittsburgh Press.
- (2) Grier, S., & Bryant, C. A. (2005). Social marketing in public health. *Annu. Rev. Public Health*, 26, 319-339.

* Research project idea proposed (500 words)

Wk. 9:

	<p><u>Wk 10: Health in all policies</u></p> <p>(1) Hagedorn et al (2016) The Role of Labor Unions in Creating Working Conditions That Promote Public Health</p> <p>(2) James et al (2020) The Politics of Taxes for Health- An Analysis of the Passage of the Sugar-Sweetened Beverage Tax in Mexico</p> <p>(3) WHO (2013) Moving towards Health in all Policies (Read p1-4, and then pick one case from each sections: Africa, South East Asia and the Western Pacific, so you read three cases in total)</p> <p>*Schedule individual consultations</p> <p><u>Wk. 11: Creative campaigns</u></p> <p>(1) Wong, J. P. H., Kteily-Hawa, R., Chambers, L. A., Hari, S., Vijaya, C., Suruthi, R., ... & Vahabi, M. (2019). Exploring the use of fact-based and story-based learning materials for HIV/STI prevention and sexual health promotion with South Asian women in Toronto, Canada. <i>Health education research</i>, 34(1), 27-37.</p> <p>(2) Manana, P. N., Jewett, S., Zikhali, J., Dlamini, D., Mabaso, N., Mlambo, Z., ... & Munhenga, G. (2021). “Maskandi experience”: exploring the use of a cultural song for community engagement in preparation for a pilot Sterile Insect Technique release programme for malaria vector control in KwaZulu-Natal Province, South Africa 2019. <i>Malaria Journal</i>, 20(1), 1-11.</p> <p><u>Wk. 12: Invited talk: YuPing Chen, The Taiwan Environment Planning Association (TEP) secretary-general</u></p> <p><u>Wk. 13: Site visit: Visiting a solar panel farm dispute site with TEP’s secretary-general YuPing Chen</u></p> <p><u>Wk. 14: Individual consultation day 1</u></p> <p><u>Wk. 15: Individual consultation day 2</u></p> <p><u>Wk. 16: Student presentations</u></p>								
<p>參考書目 References</p>	<p>TBD</p>								
<p>評量方式 Grading</p>	<table border="1"> <thead> <tr> <th data-bbox="392 1709 467 1850">No</th> <th data-bbox="467 1709 662 1850">項目</th> <th data-bbox="662 1709 761 1850">百分比</th> <th data-bbox="761 1709 1442 1850">說明</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	No	項目	百分比	說明				
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	1.	Attendance & participation	25%	<p>1. Missing more than 3 classes means failing</p> <p>2. Each tardiness and early leave = 0.5 absence</p> <p>3. Each student is entitled to 1 unexcused absence</p> <p>4. There might be a few in-class assignments and if we do, they count toward participation as well.</p> <p>5. Active participation is expected in class. The TA will help keep track of the level of participation, so please speak up in class, or talk to the teacher/TA after class if necessary.</p>
	2.	Weekly responses	25%	<p>1. 8 responses x 3%=24%; starts from week 2. *Students only need to turn in 8 weekly responses; each additional weekly response is worth 0.5 extra points toward the final grade.</p> <p>2. When readings are assigned, students will turn in the weekly reading response Tuesday 23:59 pm (Please see <u>Weekly Response Guide</u> below).</p> <p>3. When an invited talk or site visit is arranged, students will turn in 500-600 words of learning reflections before Saturday 23:59pm.</p>
	3.	Research paper	25%	<p>1. Length: 8-10 pages, excluding references</p> <p>2. Options:</p> <p>a) A participatory action research/grant proposal of public health advocacy or community engagement</p> <p>b) A critical discourse analysis of a public health advocacy or health marketing campaign</p> <p>c) Others (talk to the instructor about any other ideas).</p> <p>*You're encouraged to submit a grant proposal to InDiE or other funds.</p> <p>3. Grade breakdown: Proposal draft (5%) for the individual consultation (5%), final paper (15%)</p>

	4.	Presentation	25%	<p>1. Presentation 20%</p> <p>a) Each student will do a presentation of their research project/proposal</p> <p>b) Slides and materials should be turned in the day before the presentation</p> <p>2. Feedback to the peers 5%</p>
<p>I. Weekly response guide:</p> <p>1. Format: Font size 12, single-spaced, spacing before/after paragraph set to 0 2. Include your name and student ID in the document and in the file name. 3. Word count: 500-600 words in English</p> <p>4. Content:</p> <p>i. Briefly summarize the key arguments/findings/concepts in the assigned articles</p> <p>ii. Include your own critical response (ask yourself: what have I learned? How does it relate to my personal experience? How does it relate to anything I've learned elsewhere? How much do I agree or disagree, and why? What emotions do I have reading it, and why? Among other questions.)</p> <p>iii. Include at least one question to a specific article or the topic of the week (this is for class discussion.)</p>				

Weekly Schedule

Wk	Date	Topic	CEPH competence
1	9/4	Intro: Health communication and public health * Introduction to the InDiE initiative	GH-1
2	9/11	Doing research and advocacy in the world we live in: reflectivity and positionality	GH-1
3	9/18	Communicative competence and health literacy	GH-2, D17-1
4	9/25	Culture-centered health communication and public health campaigns	GH-2, GH-4
5	10/2	PAR, CBPR, and Asset model * CBPR planning practice	GH-2, GH-4
6	10/9	Skill development day 1: Proposal & grant writing Invited talk: Wendy Lin, Chemonics International	D17-9, D17-1, GH-4, GH-6
7	10/16	Skill development day 2: CDA workshop	D17-9, D17-2, GH-4, GH-6
8	10/23	Health disparity, stigma, and shame * Schedule individual consultations * Research project idea proposed (500 words)	D17-9 D17-1, GH-4, GH-6
9	10/30	Critical social marketing, & message design	GH-1, GH-2, GH-6
10	11/6	Invited talk: Scientists writing about science: Public Facing Scholarship Dr. Sinead Chen, CEO of Science Media Center, Taiwan	GH-1, GH-2, GH-6

11	11/13	Health in all policies	GH-1, GH-2, GH-4
12	11/20	Creative campaigns	GH-1, GH-2, GH-6
13	11/27	Invited talk: YuPing Chen, The Taiwan Environment Planning Association (TEP) secretary-general	GH-1, GH-2, GH-6
14	12/4	Individual consultation day	GH-1, GH-6
15	12/11	Site Visit: Visiting a solar panel farm dispute site with TEP's secretary-general YuPing Chen	GH-1, GH-2, GH-6
16	12/18	Student presentation day (last day of class)	GH-1, GH-2, GH-6

* 授課內容引用本所教師發表之著作.....篇，引用本院教師發表之著作.....篇。
(請列出著作出版資料：作者姓名，題目，期刊名稱，卷數，起訖頁數及出版年)

全球衛生學位學程 核心能力

CEPH 2016 Accreditation Criteria for Foundational Knowledge
Profession & Science of Public Health

D17-1	Explain public health history, philosophy and values
D17-2	Identify the core functions of public health and the 10 Essential Services*
D17-3	Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population's health
D17-4	List major causes and trends of morbidity and mortality in the US or other community relevant to the school or program
D17-5	Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.
D17-6	Explain the critical importance of evidence in advancing public health knowledge
D17-7	Explain effects of environmental factors on a population's health
D17-8	Explain biological and genetic factors that affect a population's health
D17-9	Explain behavioural and psychological factors that affect a population's health
D17-10	Explain the social, political and economic determinants of health and how they contribute to population health and health inequities
D17-11	Explain how globalization affects global burdens of disease
D17-12	Explain an ecological perspective on the connections among human health, animal health and ecosystem health (e.g. One Health)

ASPPH Master of Public Health's Global Health Concentration Competencies

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

NTU CPH Doctoral Core Competencies in Global Health

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