

Health Communication & Community Health

(Course Number: 17:194:560:01)

Fall 2019 ■ Class Location: CI 201 ■ Wednesday, 6:20 – 9:00 pm
Course Website on **Canvas**: <https://rutgers.instructure.com/courses/28649>

Instructor: Dr. Matthew Matsaganis

Office: Room 254, SC&I Annex B (Friedrich House, 192 College Avenue)

Email: matthew.matsaganis@rutgers.edu
(Please allow a 24-hour turnaround on email correspondence,
48-hours over the weekend)

Telephone: (848) 932-8844

Office hours: By appointment

COURSE DESCRIPTION & GOALS

Evidence of renewed interest in the study of how the places we live in impact our health can be found across many disciplines, ranging from sociology and public health to geography and economics. This course emphasizes the contributions of communication to this line of research. Communication is an important social process through which neighborhood health effects manifest, but also a mechanism through which individuals, families, and community-based organizations and institutions can make the neighborhoods they live in and serve healthier places. In this class, you will be introduced to the burgeoning multidisciplinary literature around neighborhoods and health as well as the salient theoretical, methodological, and policy debates. More importantly, putting knowledge developed through the course to work, students will work individually and in small teams to diagnose public health challenges in local communities and develop proposals for how to solve them.

By the end of this course you will be able to:

- Summarize major historical shifts in how research and policy approaches issues of public health and particularly the relationship between health and the places in which individuals live.
- Explain the structural factors and the processes through which the places we live in impact health.
- Identify the contributions of communication, as a discipline, to the growing interdisciplinary body of research that addresses public health issues at the community level.
- Evaluate theoretical and methodological perspectives and frameworks developed to address community health issues.
- Generate theory-driven research designs to address community health issues.
- Diagnose pressing health issues in local communities and develop solutions.

READINGS

There are two (2) books assigned for this class; one required and one recommended. The required text should be available for purchase at our campus bookstore, but of course you are free to look for both of them at your favorite bookstore (online or off).

Required:

Gálvez, A. (2011). *Patient citizens, immigrant mothers: Mexican women, public prenatal care, and the birth-weight paradox*. New Brunswick, NJ: Rutgers University Press. [ISBN-13: 978-0-8135-5142-5]

Recommended (Optional):

Minkler, M., & Wallerstein, N. (Eds.) (2008). *Community-based participatory research for health (2nd Edition)*. San Francisco, CA: Jossey-Bass. [ISBN-13: 978-0470260432]

The lines of research that we will sample from over the next few weeks are growing quickly and therefore the learning objectives of this course are best served by a combination of articles, reports, and book chapters, which I will provide. These readings will be posted online (most of them as PDF documents) or will be distributed in class at least a week before they are due. The titles and due dates of the readings are listed below, in the class schedule.

Please note, though, that depending on the speed with which we move through the material, it is possible that some readings may be given less attention than others. As we progress through the semester and depending on the direction class discussions take, certain readings may also be substituted with newer or more relevant material. This material will be provided to you in a timely fashion.

Some of the readings listed in the class schedule are labeled as 'complementary or optional.' These are meant to help you expand your knowledge on a particular topic, should you desire to do so. Optional readings provide further insight into particular topics, findings from field research, details about employing a particular research methodology, and case studies.

COURSE ASSIGNMENTS AND GRADING

Below, you will find an overview of the assignments you will be asked to complete over the course of the semester. You can find more details about each assignment after the class schedule below. More information will be provided, as necessary, in class.

A. Weekly memos on assigned class readings and in-class activities **10%**

Starting with Week 2, each class participant is required to write a weekly memo in response to a question that I will post on Canvas. For full consideration, these memos should be posted to the class Canvas site by Thursday at 12 noon (i.e., prior to our class meeting). Memos will be graded on a 0-100 scale (a rubric that will be used to evaluate all memos will be provided to you). You are allowed to not post a memo once during the semester without penalty. More details about the content of weekly memos and how they will be graded will be provided during the first week of classes.

B. Community Health Term Project **50%**

The term project is the most significant assignment in this class and it is completed in phases. Below you

will find some of the main components of the project, but a more detailed description, which will include all related deadlines, will be provided in class.

The term project has several components that you will need to turn in at various point in the semester. These are the following:

>Component #1. Community Health Term Project Paper (40% of project grade)

This is to be turned in by small groups, based on individual and group work completed over the semester, and with guidance from the instructor. Key parts of the paper include:

- a. Community profile
- b. Diagnosis of critical community health problem(s)
- c. Plan for developing a solution (or solutions)
- d. Identification of hurdles to implementing solution(s), achieving goal(s)

>Component #2. Presentations (40% of project grade)

Presentations are delivered by teams in class, at two different points in the semester. The second presentation builds on the first. Each presentation carries the same weight grade-wise.

- a. Mid-term presentation
- b. Final presentation

>Component #3. Research Journal (10% of project grade)

Minimum of three (3) research journal entries need to be developed and turned in by individual team members over the course of the semester. Team members should document and discuss the progress of their project from their personal vantage point.

>Component #4. Portfolio (10% of project grade)

Each team needs to turn in a portfolio at the end of the semester, which should contain the following items:

- a. Team contract (optional)
- b. Final version of the team's paper
- c. Any materials created by the team for the purposes of the project (surveys, interview schedules)
- d. Hard copies of presentations
- e. References, including copies of all non-retrievable sources (e.g., audiovisual sources)

**A more detailed description and guidelines for this assignment will be provided in class.*

C. Analysis and Critique of TWO Assigned Research Readings (Presentation and Short Papers) 20%

Every class participant will select two (2) of the assigned research readings that she or he will *first* introduce to classmates working with the instructor and *then* write a short paper on, to summarize key research findings and conclusions, and reflect on how this reading is linked to other readings assigned in the same week or weeks prior. Each of these two papers should be 4-6 pages long.

**A more detailed description and guidelines for this assignment will be provided in class.*

D. Final exam (take home)

20%

There will be a comprehensive, take-home final, due on the day and time indicated in the “Schedule of Class Meetings” (see below). You will be given 4 to 6 questions, of which you will be required to answer 3.

E. Extra Credit

Up to 3%

There are at least two options you may want to consider for extra credit. You may suggest alternatives to the two options briefly described below to your instructor for consideration.

Option 1. Community Health Project or Initiative Evaluation

In the upcoming weeks, our readings and conversations will center more around various approaches that have been adopted in doing neighborhood/community-oriented research. This assignment is meant to encourage you to grapple with and integrate the materials covered class. You are asked to search the literature, the web, and any other sources at your disposal to find a particular project or initiative with a public health agenda that is focused on one particular geographic community. We will/have encountered a couple in our class readings already. Collect as much information as you can on the project of your choice. Reflecting on your investigation of the project and our course readings, produce a 4-6 page (double-spaced) report on it.

**A more detailed description and guidelines for this assignment will be provided in class.*

Option 2. Class participants can earn extra credit toward their final course grade by posting, over the course of the semester, a minimum of six (6) meaningful responses to weekly memos posted by their classmates (more than one on the same week will count, if it is in the context of a significant online dialogue/exchange). A meaningful post is one that extends or challenges an argument or point made in the original post with an argument, based on evidence and appropriate references (scholarly and other). More details about how to earn extra credit in this way will be discussed in class.

CALCULATION OF FINAL COURSE GRADES

A student’s final grade in this class is a function of the number of points (up to a possible total of 100 points) that the student accumulates for each assignment. Students are graded solely on the quality of their work – not on how they compare to their peers.

The final grade in the course (and only the final grade) will be a letter grade. Rutgers SC&I allows the following standard grades: A, B+, B, C+, C, and F. An F is used for failing work or for a student who has stopped attending class without formally withdrawing. Letter grades are assigned based on the total number of points a student accumulates in class and using the following scale:

A	(Exceptional, Outstanding Performance)	93-100 Points
B+		88-92 Points
B	(Solid, Competent Performance)	83-87 Points
C+		78-82 Points
C	(Average, Satisfactory Performance)	70-77 Points
F	(Failing, Inadequate Performance)	0-69 Points

PLEASE NOTE: Students who (1) complete and submit ALL required key assignments on-time (that is, by the deadline set for each assignment) AND (2) are one point short of receiving a better letter grade, can expect to get the better grade. No other exceptions will be made.

EXPECTATIONS OF YOUR WRITING

Finished assignments should be submitted as carefully edited and spell-checked documents. You are expected to be able to write clearly, and to conform to basic standards of academic argumentation, style, and format (all assignments should conform to APA format). Proof read your paper carefully to make sure that there are no grammar, spelling, capitalization, punctuation or word choice errors. Assignments that are developed in multiple stages and revised before submitting are likely to be more successful than those written in a single sitting.

CLASS ATTENDANCE

There is no separate grade for attendance. Because this is a graduate class, I assume that you'll attend each session of the class and arrive promptly. If you expect to miss one or two classes or a period of time in an online class, please use the University absence reporting website (i.e., <https://sims.rutgers.edu/ssra/>) to indicate the date and reason for your absence. An email will automatically be sent to me from this system. Note that if you must miss classes for longer than one week, you should contact a dean of students to help verify your circumstances.

Additionally, it is University policy (University Regulation on Attendance, Book 2, 2.47B, formerly 60.14f) to excuse without penalty students who are absent from class because of religious observance, and to allow the make-up of work missed because of such absence. Examinations and special required out-of-class activities shall ordinarily not be scheduled on those days when religiously observant students refrain from participating in secular activities. Absences for reasons of religious obligation shall not be counted for purposes of reporting. Students are advised to provide timely notification to instructors about necessary absences for religious observances and are responsible for making up the work or exams according to an agreed-upon schedule.

LATE ASSIGNMENT POLICY

Unless otherwise noted, all written assignments are due at the time and dates listed in the syllabus. If you experience an unavoidable personal situation that prevents you from completing work on time, please inform the instructor prior to the date the work is due. Late work will result in points taken off, a lowering of the assignment grade, and/or a failing grade, depending on the assignment. In general, no assignment will be accepted 72-hours post-deadline.

Regardless of a student's personal circumstances, no late assignments/exams will be accepted for grading or course credit after **December 23, 2019** (end of the Fall semester).

STUDENT-INSTRUCTOR COMMUNICATION

I try to respond to student e-mails within 24 hours of receiving a message (48 hours over the weekend). While I might, on occasion, be able to respond to messages very quickly, students should not expect an instant response, particularly around the time major assignments are due. Therefore, please plan to touch

base and talk with me early enough in advance, if you anticipate problems with completing assignments or preparing for exams and presentations. I tend to use Canvas for the bulk of my communication with students (particularly when I need to contact the entire class), so please check your Canvas account inbox frequently. You may also have your Canvas messages sent to your regular e-mail address of choice, if you do not want to have to log on to Canvas frequently.

LAPTOPS & CELL PHONES IN CLASS

Laptops: You are encouraged to bring your laptop or tablet to class for writing assignments and for access to reading assignments made available through Canvas. Please refrain from e-mailing, gaming, and surfing until the scheduled class breaks. Also, be aware that being connected to the internet at all times means that your instructor may ask you to use the resource to complete an in-class task.

Cell phones: Please show respect for your fellow students by making sure your cell phone is turned off (or set to vibrate instead of ringing) before entering the classroom.

ACADEMIC INTEGRITY

Academic integrity means, among other things:

- Develop and write all of your own assignments.
- Show in detail where the materials you use in your papers come from. Create citations whether you are paraphrasing authors or quoting them directly. Be sure always to show source and page number within the assignment and include a bibliography in the back.
- Do not look over at the exams of others or use electronic equipment such as cell phones or audio/video players during exams.
- Do not fabricate information or citations in your work.
- Do not facilitate academic dishonesty for another student by allowing your own work to be submitted by others.

If you are doubtful about any issue related to plagiarism or scholastic dishonesty, please discuss it with the instructor. The consequences of scholastic dishonesty are very serious. Please review Rutgers' academic integrity policy carefully: <http://academicintegrity.rutgers.edu/academic-integrity-at-rutgers/>.

STUDENTS WITH DISABILITIES

Rutgers University welcomes students with disabilities into all of the University's educational programs. In order to receive consideration for reasonable accommodations, a student with a disability must contact the appropriate disability services office at the campus where she or he is officially enrolled, participate in an intake interview, and provide documentation. If the documentation supports the student's request for reasonable accommodations, the campus's disability services office will provide the student with a *Letter of Accommodations*. Students are asked to share this letter with their instructors and discuss the accommodations with them as early in their courses as possible.

For more information, please do get in touch with the Rutgers Disabilities Services Office (<http://disabilityservices.rutgers.edu/>). SC&I Assistant Dean Kevin Ewell (kevin.ewell@rutgers.edu) can also help coordinate your services locally.

STUDENT-WELLNESS SERVICES

The Rutgers University Student Assembly (RUSA) has assembled the following information on student mental health and wellness services at Rutgers and has asked that it be included on all course syllabi.

Counseling, ADAP & Psychiatric Services (CAPS) (<http://rhscaps.rutgers.edu/>)

(848) 932-7884 / 17 Senior Street, New Brunswick, NJ 08901

CAPS is a University mental health support service that includes counseling, alcohol and other drug assistance, and psychiatric services staffed by a team of professional within Rutgers Health services to support students' efforts to succeed at Rutgers University. CAPS offers a variety of services that include: individual therapy, group therapy and workshops, crisis intervention, referral to specialists in the community and consultation and collaboration with campus partners.

Violence Prevention & Victim Assistance (VPVA) (<http://vpva.rutgers.edu>)

(848) 932-1181 / 3 Bartlett Street, New Brunswick, NJ 08901

The Office for Violence Prevention and Victim Assistance provides confidential crisis intervention, counseling and advocacy for victims of sexual and relationship violence and stalking to students, staff and faculty. To reach staff during office hours when the university is open or to reach an advocate after hours, call 848-932-1181.

Disability Services (ODS) (<https://ods.rutgers.edu>)

(848) 445-6800 / Lucy Stone Hall, Suite A145, Livingston Campus,
54 Joyce Kilmer Avenue, Piscataway, NJ 08854

The Office of Disability Services works with students with a documented disability to determine the eligibility of reasonable accommodations, facilitates and coordinates those accommodations when applicable, and lastly engages with the Rutgers community at large to provide and connect students to appropriate resources.

Scarlet Listeners (<http://www.scarletlisteners.com>)

(732) 247-5555

Free and confidential peer counseling and referral hotline, providing a comforting and supportive safe space.

"Just In Case" Web App (<http://codu.co/cee05e>)

Access helpful mental health information and resources for yourself or a friend in a mental health crisis on your smartphone or tablet and easily contact CAPS or RUPD.

CLASS CANCELATIONS, WEATHER & OTHER EMERGENCIES

If weather conditions or other unforeseen circumstances make it necessary to cancel a class, an email message will be sent to students via the Canvas course management system. Students should also check the Campus Status website (<http://campusstatus.rutgers.edu/>) for any cancelations and emergencies. When a scheduled class meeting is cancelled, every effort will be made to provide alternative means of making up missed materials or activities, including the posting of the lecture online (via the eCollege site) or an alternative activity (e.g., extra credit assignment).

SCHEDULE OF CLASS MEETINGS AND ASSIGNMENTS

Reading and writing assignments are listed on *the date of the session that they are due to be completed*.

Check Canvas for updates to the schedule, as well as additional information on assignments.

ENTERING THE FIELD

September 5 (W1) | *Introduction to the Course: Objectives and Expectations*

Video/Documentary:

Adelman, L., & Smith L. (2008). *Unnatural causes: Is inequality making us sick?* [Documentary]. United States: Vital Pictures, National Minority Consortia, & California Newsreel.

Episode 5: Place matters: Why is your street address such a strong predictor of your health?

Assignments: Discuss the writing assignments that will be based on readings. Create initial list of who will be responsible for what reading(s).

September 12 (W2) | *Shifting Focus from People to Places in Public Health Research and Policy*

Required Reading:

Diez-Roux, A. V. (2012). Conceptual approaches to the study of health disparities. *Annual Review of Public Health, 33*, 41-58.

MacIntyre, S., & Ellaway, A. (2003). Neighborhoods and health: Overview. In Kawachi, I., & L. F. Berkman (Eds.), *Neighborhoods and Health* (pp. 20-42). New York: Oxford University Press.

Rydin, Y., Bleahu, A., Davies, M., Dávila, J. D., Friel, S., De Grandis, G., ... Wilson, J. (2012). Shaping cities for health: Complexity and the planning of urban environments in the 21st century. *The Lancet, 379*(9831), 2079-2108.

Optional Reading:

Daniel, K. L. (2009, December). Social marketing and health communication: From people to places. *American Journal of Public Health, 99* (12), p. 2120-2122.

Gould Ellen, I., Mijanovich, T., & Dillman, K.-N. (2001). Neighborhood effects on health: Exploring the links and assessing the evidence. *Journal of Urban Affairs, 23* (3-4), 391-408.

Assignments: Teams established for term project.

SOCIAL-STRUCTURAL DETERMINANTS OF HEALTH

September 19 (W3) | *Social Determinants of Health (Part 1): Income, Race, and Age*

Required Reading:

Blitsein, R. (2009, July/August). Weathering, the storm. *Miller-McCune, 2* (4), 48-57.

Franzini, L., Elliott, M. N., Cuccaro, P., Schuster, M., et al. (2009, February). Influences of physical and social neighborhood environment on child physical activity and obesity. *American Journal of Public Health, 99* (2), 271-278.

Geronimus, A. T., Hicken, M., Keene, D., & Bound, J. (2006). "Weathering" and age patterns of allostatic

load scores among Blacks and Whites in the United States. *American Journal of Public Health*, 96(5), 826-833.

Glass, T. A., & Balfour, J. L. (2003). Neighborhoods, aging, and functional limitations. In Kawachi, I., & L. F. Berkman (Eds.), *Neighborhoods and Health* (pp. 303-334). New York: Oxford University Press.

Robert, S. A. (1999). Socioeconomic position and health: the independent contribution of socioeconomic context. *Annual Review of Sociology*, 25, 489-516.

Optional Reading:

Auchincloss, A. H., van Nostrand, J. F., & Ronsaville, D. (2001). Access to health care for older persons in the United States: Personal, structural, and neighborhood characteristics. *Journal of Aging and Health*, 13(3), 329-354.

Coulton, C. J., Korbin, J. E., Su, M., & Chow, J. (1995). Community factors and child maltreatment rates. *Child Development*, 66(5), 1262-1276.

Geronimus, A. T., Hicken, M., Pearson, J., Seashols, S., Brown, K., & Cruz, T. D. (2010). Do US Black women experience stress-related accelerated biological aging? *Human Nature: An Interdisciplinary Biosocial Perspective*, 21(1): 19-38.

September 26 (W4) | Social Determinants of Health (Part 2): The Immigrant Health Paradox



Note:

Class works online this week (More details to come...)

Required reading:

Gálvez, A. (2011). *Patient citizens, immigrant mothers: Mexican women, public prenatal care, and the birth-weight paradox*. New Brunswick, NJ: Rutgers University Press.
(Selected chapters: Chapters 1, 4, & 5)

Optional Reading:

Dubowitz, T., Subramanian, S. V., Acevedo-Garcia, D., Osypuk, T. L., & Peterson, K. E. (2008). Individuals and neighborhood differences in diet among low-income foreign and U.S.-born women. *Women's Health Studies*, 18(3), 181-190.

Viruell-Fuentes, E. A., & Schulz, A. J. (2009). Toward a dynamic conceptualization of social ties and context: Implications for understanding immigrant and Latino Health. *American Journal of Public Health*, 99(12), 2167-2175

Video:

Adelman, L., & Smith L. (2008). *Unnatural causes: Is inequality making us sick?* [Documentary]. United States: Vital Pictures, National Minority Consortia, & California Newsreel. Episode 3: Becoming American

Assignments: Teams provide update on term projects. Communities should be selected by this time.

October 3 (W5) | Structural Determinants of Health: the Role of the Natural and Built Environment

Required Reading:

Myers, J. S., & Sbicca, J. (2015). Bridging good food and good jobs: From secession to confrontation within alternative food movement politics. *Geoforum*, 61, 17-26.

Sampson, R. J. (2003). Neighborhood-level context and health: Lessons from Sociology. In Kawachi, I., & L.

F. Berkman (Eds.), *Neighborhoods and Health* (pp. 132-146). New York: Oxford University Press.
Schulz, A. J., Williams, D. R., Israel, B. A., & Lempert, L. B. (2002). Racial and spatial relations as fundamental determinants of health in Detroit. *The Milbank Quarterly*, 80 (4), 677-707.

Optional Reading:

C40 & ARUP (2016). *Deadline 2020: How cities get the job done*. London, United Kingdom. Available at <http://www.c40.org/researches/deadline-2020>

Cowley, G., & Springen, K. (2005, October). Designing heart-healthy communities. *Newsweek*, 60-67.

Dhitinut, R., Getz, T., Zarcadoolas, C., Panzara, A., Esposito, V., Wodika, A., Caron, C., Migliore, B., & Quilliam, D. N. (2010). Environmental health risk communication: Assessing levels of fish-consumption literacy among selected Southeast Asians. *Applied Environmental Education & Communication*, 9(4), 251-261.

Donley, A. A., Gualtieri, M. C. (2015). Food deserts in U.S. cities. *International Encyclopedia of the Social & Behavioral Sciences (2nd Ed.)*, 9, 285-289.

Saelens, B. E., & Handy, S. L. (2008). Built environment correlates of walking: A review. *Med Sci Sports Exerc*, 40(7), S550-S566

Srinivasan, S., O'Fallon, L. R., & Deary, A. (2003). Creating healthy communities, healthy homes, and healthy people: Initiating a research agenda on the built environment and public health. *American Journal of Public Health*, 93 (9), 1146-1450.

Movie:

Fox, J., & Adlesic, T. (2010). *Gasland*. United States.

Video:

Arroyo, V. (2012). *Let's prepare for our new climate*. TEDGlobal 2012. Available at:

https://www.ted.com/talks/vicki_arroyo_let_s_prepare_for_our_new_climate/transcript?language=en

October 10 (W6) Access to Health Providers, Services, & Higher Quality Food
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Required Reading:

Altschuler, A., Somkin, C. P., & Adler, N.E. (2004). Local services and amenities, neighborhood social capital, and health, *Social Science & Medicine*, 59 (6), 1219-1229.

Broad, G. M. (2013). Ritual communication and use value: The South Central farm and the political economy of place. *Communication, Culture, & Critique*, 6(1), 20-40.

Lewis, L. B., Sloane, D. C., Nascimento, L. M., Diamant, A. L., Guinyard, J. J., Yancey, A. K., & Flynn, G. (2005). African Americans' access to healthy food options in South Los Angeles restaurants. *American Journal of Public Health*, 95(4), 668-673.

Optional Reading:

Hannah, S.D. (2011). Clinical care in environments of hyperdiversity. In Delvecchio Good, M.-J., Willen, S.S., Hannah, S.D., Vickery, K., & Park, L.T., *Shattering culture: American medicine responds to cultural diversity* (pp. 35-69). New York: Russell Sage Foundation.

Romley, J. A., Cohen, D., Ringer, J. S., & Sturn, R. (2007). Alcohol and environmental justice: The density of liquor stores and bars in urban neighborhoods in the United States. *Journal of Studies on Alcohol and Drugs*, 68, 48-55.

Zenk, S. N., Schultz, A. J., Israel, B. A., James, S. A., Bao, S., & Wilson, M. L. (2005). Neighborhood racial composition, neighborhood poverty, and the spatial accessibility of supermarkets in metropolitan Detroit. *American Journal of Public Health*, 95 (4), 660-667.

Movie:

Zenz, R. (2015). *Urban fruit*. United States: FilmBuff.

Assignments: Teams provide update on term projects.

October 17 (W7) | *Communication and Public Health*

Required Reading:

Ackerson, L. K., & Viswanath, K. (2009). The social context of interpersonal communication and health. *Journal of Health Communication, 14*(1), 5-17.

Kreps, G. L., & Maibach, E. W. (2008). Transdisciplinary science: The nexus between communication and public health. *Journal of Communication, 58*, 732-748.

Wilkin, H. A. (2013). Exploring the potential of communication infrastructure theory for informing efforts to reduce health disparities. *Journal of Health Communication*. doi:10.1111/jcom.12006

October 24 (W8) | *Term Projects, Presentation No. 1*

PROCESSES THROUGH WHICH PLACE SHAPES HEALTH (PART 1)

October 31 (W9) | *Social Processes & Neighborhood Health:
The Role of Communication, Interpersonal and Family Networks*

Required Reading:

Burleson, B. R., & MacGeorge, E. L. (2002). Supportive communication. In M. L. Knapp & J. A. Daly (Eds.), *Handbook of interpersonal communication* (3rd ed., pp. 374–424). Thousand Oaks, CA: Sage.

Katz, V.S. (2014). Children as brokers of their immigrant families' health-care connections. *Social Problems, 61*(2), 194-215.

Optional Reading:

Cheong, P. H. (2006). Communication context, social cohesion, and social capital building among Hispanic immigrant families. *Community, Work, and Family, 9* (3), 367-387.

Laroche, H. H., Davis, M. M., Forman, J., Palmisano, G., Reisinger, H. S., Tannas, C., Spencer, M., & Heisler, M. (2009). Children's roles in parents' diabetes self-management. *American Journal of Preventive Medicine, 37*(6), S251-S261.

Morenoff, J. D. (2003). Neighborhood mechanisms and the spatial dynamics of birth weight. *The American Journal of Sociology, 108* (5), 976-1017.

November 7 (W10) | *Social Processes & Neighborhood Health:
Communication, Civic Engagement, Social Capital, Community Organizations*

Required Reading:

Dutta, M. J., Anaele, A., & Jones, C. (2013). Voices of hunger: Addressing health disparities through the culture-centered approach. *Journal of Communication, 63*(1), 159-180.

Matsaganis, M. D., Golden, A. G., & Scott, M. (2014). Communication infrastructure theory and

reproductive health disparities: Enhancing storytelling network integration by developing interstitial actors. *International Journal of Communication*, 8, 1495–1515.

Matsaganis, M. D., & Wilkin, H. A. (2014). Communicative social capital and collective efficacy as determinants of access to health-enhancing resources in residential communities. *Journal of Health Communication*.

Optional Reading:

Anderson, C. M. (2004). The delivery of health care in faith-based organizations: Parish nurses as promoters of health. *Health Communication*, 16 (1), 117-128.

De Souza, R. (2009). Creating “communicative spaces”: A case of NGO community organizing for HIV/AIDS Prevention. *Health Communication*, 24 (8), 692-702.

Galaskiewicz, J., & Shatin, D. (1981). Leadership and networking among neighborhood human service organizations. *Administrative Science Quarterly*, 26 (3), 434-448.

Matsaganis, M., & Seo, M. (2014). Stress in the aftermath of the economic crisis in urban communities: The interplay of media use, perceived economic threat, and community belonging. *Communication Research Reports*, 31, 303–315. doi:10.1080/08824096.2014.924340

Mulroy, E. A. (1997). Building a neighborhood network: Inter-organizational collaboration to prevent child abuse and neglect. *Social Work*, 42 (3), 255-264.

Segrin, C., & Domschke, T. (2011). Social support, loneliness, recuperative processes, and their direct and indirect effects on health. *Health Communication*, 26(3), 221-232.

Valente, T. W., Coronges, K. A., Stevens, G. D., & Cousineau, M. R. (2008). Collaboration and competition in a Children’s Health Initiative Coalition: A network analysis. *Eval Program Plann*, 31 (4), 392-402.

Ziersch, A. M., Baum, F. E., MacDougall, & Putland, C. (2004). Neighborhood life and social capital: the implications for health. *Social Science & Medicine*, 60, 71-86.

APPROACHES AND MODELS FOR CONDUCTING NEIGHBORHOOD-BASED HEALTH RESEARCH (PART 1)

November 14 (W11) | Diagnosing & Solving Urban Community Health Issues (Part 1)

Required Reading:

Dennis, S. F., Gaulocher, S., Carpiano, R. M., & Brown, D. (2009). Participatory Photo Mapping (PPM): Exploring an integrated method for health and place research with young people. *Health & Place*, 15, 466-473.

Fitzpatrick, A. L., Steinman, L. S., Tu, S.-P., Ly, K. A., et al. (2009, December). Communicating with pictures: Perceptions of cardiovascular health among Asian Immigrants. *American Journal of Public Health*, 99 (12), 2147-2149.

Hennessey Lavery, S., Lau Smith, M., Avila Esparza, A., Hrushow, A., & Moore, M. (2005). The community action model: a community-driven model designed to address disparities in health. *American Journal of Public Health*, 95, 611-616.

Minkler, M., & Wallerstein, N. B. (2002). Improving health through community organization and community building. In Glanz, K., Rimer, B. K., & F. M. Lewis (Eds.), *Health behavior and health education: Theory, research, and practice (3rd Edition)*, pp. 279-311.

Optional Reading:

Ansell, L. H. (2010). Community-based health interventions: past, present, and future. In Whitman, S.,

Shah, A. M., & M. R. Benjamins (Eds.), *Urban health: Combating disparities with local data*, pp. 309-354.

Becker, A. B., Kaufer Christoffel, K., Morales, M. A., Rodriguez, J. L., et al. (2010). Combating childhood obesity through a neighborhood coalition: community organizing for obesity prevention in Humboldt Park. In Whitman, S., Shah, A. M., & M. R. Benjamins (Eds.), *Urban health: Combating disparities with local data*, pp. 171-196.

Sallis, J. F., & Owen, N. (2002). Ecological models of health behavior. In Glanz, K., Rimer, B. K., & F. M. Lewis (Eds.), *Health behavior and health education: Theory, research, and practice* (3rd Edition), pp. 462-484.

Sloane, D. C., et al. (2003). Improving the nutritional resource environment for healthy living through community-based participatory research. *Journal of General and Internal Medicine*, 18, 568-575.

Workshop:

Using U.S. Census and other publicly available data to better understand the community you will focus on for the purposes of your *Community Health Term Project*.

November 21 (W12) | Diagnosing & Solving Urban Community Health Issues (Part 2)



Note:

We'll work online this week (More details to come...)

Required reading:

Broad, G. (in press). Communication infrastructure theory and community-based program evaluation: The case of Media Mobilizing Project and the CAP Comcast campaign. In Y.-C. Kim, M. D. Matsaganis, H. A. Wilkin, & J.-Y. Jung, (Eds.), *The Communication ecology of 21st century urban communities*. New York, NY: Peter Lang.

Jackson, R. J., & Sinclair, S. (2012). *Designing healthy communities*. San Francisco, CA: Jossey-Bass.

Chapter 11: What's happening in your community?

Chapter 12: Who are the players?

Matsaganis, M. D. (2016). Multi- and mixed-methods approaches to urban communication research: A synthesis and the road ahead. *International Journal of Communication*, 10, 1331–1350.

Wilkin, H. A., Matsaganis, M. D., & Golden, A. G. (in press). Community health interventions: Implementing communication infrastructure theory-based strategies in the field. In Y.-C. Kim, M. D. Matsaganis, H. A. Wilkin, & J.-Y. Jung, (Eds.), *The Communication ecology of 21st century urban communities*. New York, NY: Peter Lang.

Optional reading:

Jackson, R. J., & Sinclair, S. (2012). *Designing healthy communities*. San Francisco, CA: Jossey-Bass.

Chapter 5: (Case Study) Prairie Crossing, IL: Using new urbanism principles to build community.

Chapter 10: (Case Study) Detroit, MI: The city that won't give up.

PROCESSES THROUGH WHICH PLACE SHAPES HEALTH (PART 2)

November 26 (W13) | *Social Processes & Neighborhood Health:
The Role(s) of the Media*



Note: This is a Tuesday. Thursday classes meet on Tuesday on this week of Thanksgiving. We will be working online this week. (More details to come...)

Required Reading:

- Friedman, D.B. & Hoffman-Goetz, L. (2006). Assessment of cultural sensitivity of cancer information in ethnic print media. *Journal of Health Communication* 11, 425-447.
- Seo, M., & Matsaganis, M. D. (2013). How interpersonal communication mediates the relationship of multichannel communication connections to health-enhancing and health-threatening behaviors. *Journal of Health Communication*, 18, 1002–1020.
- Slater, M. D., Hayes, A. F., Reineke, J. B., Long, M., & Bettinghaus, E. P. (2009). Newspaper coverage of cancer prevention: Multilevel evidence for knowledge-gap effects. *Journal of Communication*, 59, 514-533.
- Viswanath, K., & Emmons, K. M. (2006). Message effects and social determinants of health: Its application to cancer disparities. *Journal of Communication*, 56 (Supplement), 239-264.

Optional Reading:

- Finnegan, J. R., & Viswanath, K. (2008). Communication theory and health behavior change: The media studies framework. In Glanz, K., Rimer, B. K., & F. M. Lewis (Eds.), *Health behavior and health education: Theory, research, and practice* (4th Edition), pp. 361-388.
- Matei, S., & Ball-Rokeach, S. J. (2005). Watts, the 1965 Los Angeles Riots, and the communicative construction of the fear epicenter of Los Angeles. *Communication Monographs*, 72(3), 301-323.
- Wilkin, H. A., & Ball-Rokeach, S. J. (2006). Reaching at-risk groups: The importance of health storytelling in Los Angeles Latino media. *Journalism*, 7 (3), 299-320.

December 5 (W14) | *Social Processes & Neighborhood Health:
The Role(s) of New Media, Technology*

Required Reading:

- Althoff, T., White, R. W., & Horvitz, E. (2016). Influence of Pokémon Go on physical activity: Study and implications. *Journal of Medical Internet Research*, 18(12). Advanced online publication.
- Cordova, D., et al. (2015). A community-engaged approach to developing an mHealth HIV/STI and drug abuse preventive intervention for primary care: A qualitative study. *JMIR mHealth uHealth*, 3(4), 1-19.
- Madianou, M., Longboan, L., & Ong, J. C. (2015). Finding a voice through humanitarian technologies? Communication technologies and participation in disaster recovery. *International Journal of Communication*, 9, 3020-3038.
- Naslund, J. A., Aschbrenner, K. A., Scherer, E. A., McHugo, G. J., Marsch, L. A., Bartels, S. J. (2016). Wearable devices and mobile technologies for supporting behavioral weight loss among people with serious mental illness. *Psychiatry Research*, 244(30), 139-144.

Optional Reading:

- Goldsmith, S. (2014, October). How social media listening can improve public health. *Government Technology*. Available at: <http://www.govtech.com/data/How-Social-Media-Listening-Can-Improve-Public-Health.html>
- Gordon, E., & Baldwin-Philippi, J. (2014). Playful civic learning: Enabling reflection and lateral trust in game-based public participation. *International Journal of Communication*, 8, 759-786.
- Hinsliff, G. (2016, July). Why Pokémon Go really is a national health service. *The Guardian*. Available at: <https://www.theguardian.com/commentisfree/2016/jul/22/pokemon-go-health-service-silly-mobile-phone-game-parenting-holy-grail>
- Lane, J. (2016). The digital street: An ethnographic study of networked street life in Harlem. *American Behavioral Scientist*, 60(1), 43-58.
- Ognyanova, K., & Jung, J.-Y. (in press). Digital connections: Tracing the evolving role of technology in local storytelling networks. In Y.-C. Kim, M. D. Matsaganis, H. A. Wilkin, & J.-Y. Jung, (Eds.), *The Communication ecology of 21st century urban communities*. New York, NY: Peter Lang.
- Post, L. A., et al. (2013). New media use by patients who are homeless: The potential of mHealth to build connectivity. *JMIR mHealth uHealth*, 15(9), 1-10.
- Spence, P. R., Lachlan, K. A., Lin, X., & del Greco, M. (2015). Variability in Twitter content across the stages of a natural disaster: Implication for crisis communication. *Communication Quarterly*, 63(2), 171-186.

Movie:

James, S. (2011). *The Interrupters*. United States: Kartemquin Films.

Video:

- Lublin, N. (2012). *Texting that saves lives*. TED2012. Available at: https://www.ted.com/talks/nancy_lublin_texting_that_saves_lives/transcript?language=en
- McGonigal, J. (2010). *Gaming can make a better world*. TED2010. Available at: https://www.ted.com/talks/jane_mcgonigal_gaming_can_make_a_better_world/transcript?language=en

December 12 (W15) | Term Projects, Presentation No. 2 (Last Class)

December 13 | Term Project Paper and Portfolio DUE

December 16 | Final Exam DUE electronically (by 11:59 pm)