

Media Advocacy (COM 383)
Spring 2017

Dr. Susan Kahlenberg

(She/Her/Hers)

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9:30 AM – 10:45 AM

Office hours (and by appointment):

Tuesday and Friday 11:00 AM – 12:00 PM; Wednesday 2:00 PM – 3:00 PM, and by appointment

Adrian Shanker

(He/Him/His)

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This course introduces students to the strategic use of media to advance social and public health initiatives. Students will investigate principles, ethics, and theories underlying media advocacy; monitor and analyze media framing and message development; and use both traditional and new communication tools to construct and implement media interventions, messages, and/or campaigns to address public health problems and social justice issues. Students will participate in a service learning opportunity in partnership with the Bradbury-Sullivan LGBT Communication Center as part of its HIV/STI prevention program.

Learning objectives:

- Understand and adapt various multidisciplinary perspectives and approaches across media and communication to solve problems/issues, reflecting on strengths and limits of evidence, ideas, concepts, theories, and methods.
- Create an original strategic communication plan and advocacy work in collaboration with our service-learning partner.
- Think critically and analytically about strategic health communication furthers public health goals.
- Analyze how specific media have been used in advocacy and social change efforts including citizen journalism, radio, blogging, culture jamming, television, and digital technologies.
- Consider the historical, ethical, political, social interplay and implications of media and health.
- Contribute to the public debate/discussion about health communication issues in a variety of settings/media.
- Mobilize knowledge and practice to advocate for social justice.

Course unit instruction: This class is scheduled to meet for 3 hours per week. Additional instructional activities for the course include attendance at specified College lectures and events (e.g., Alumni Week) as well as outreach with community partners (e.g., Adrian Shanker at Bradbury-Sullivan Center), constituting an additional 15 hours of instruction distributed across the semester.

Reading and Assignment Schedule

The following reading and assignment schedule is *tentative* and may be modified as the semester progresses. When relevant to the readings and assignments included in the following schedule, there will periodically be additional required reading from trade journals, media advocacy websites, and news outlets posted on Canvas as URLs. At the *end of every class*, I will tell students what reading to complete for our next class, particularly since I may replace or eliminate readings as we progress throughout the semester to create balance and respond to current events and issues. For this reason, I ask students *not to read ahead*. Should you be absent, you can check with a class member or send me an email.

Week one: Introduction to media and health communication (January 17 – 19)

Tuesday: Course introduction: Syllabus, Canvas

Thursday: WARNING-The existing media system may be toxic to your health, Gibson
Advocacy in public health, Chapman

Week two: What is media advocacy (January 24 – 26)

Tuesday: More than just a message, Dorfman, Wallack and Woodruff
Public health and media advocacy, Dorfman and Krasnow

Thursday: Moving nutrition upstream: The case for reframing obesity
Media effects and health, Parrish et al.

Resource: BMSG Handbook *Working Upstream*

Assignment: Reading reflection, due January 26

Week three: News framing (January 31 – February 2)

Tuesday: Media connection (chapter 3) and Thinking media advocacy (chapter 4), Wallack, Dorfman, Jernigan, and Themba

Thursday: Excerpts from *Health and medical public relations*, Riggulsford

Resource: APHA Media Advocacy Manual

Assignment: Letter to the editor/Op-ed #1, due February 3

Week four: Narrative analysis (February 7 – 9)

Tuesday: Narrative-based health communication interventions, Thompson and Kreuter
Narrative inquiry, Yamasaki et al.

Thursday: Excerpt from *Cancer Activism* (chapters three and four)

Resource: Understanding risk, Woloshin et al.

Assignment: Feature story analysis, due February 10**Week five: Cancer activism and entertainment media** (February 14 – 16)

Tuesday: Excerpt from *Cancer Activism* (chapters five, six, and seven).

Thursday: Popular media and Health, Kline
Entertainment education saves lives and improves health, Jacoby et al.

Assignment: Prosocial entertainment, due February 17**Week six: Case studies on sexuality and media** (February 21 – 23)

Tuesday: Passport to promiscuity or lifesaver, Forster et al.
Integrating the diffusions of innovations and social marketing for designing an HIV/AIDS prevention strategy among a hard-to-reach population, Kim

Thursday: Reducing concurrent sexual partnerships among blacks in the rural southeastern US, Cates et al.
Manufacturing consent? Khan

Assignment: Letter to the editor/Op-ed #2, due February 24**Week seven: Community partnerships** (February 28 – March 2)

Tuesday: Community partnership strategies in health campaigns, Bracht and Rice
Community health assessment for program planning, Issel

Thursday: Meeting with Adrian Shanker
2015 Bradbury-Sullivan Community Center Needs Assessment Report

Assignment: Frame analysis, due March 3**Week eight: Spring Break**

Week nine: Public communication campaigns---individual and social change (March 14-16)

Tuesday: Developing effective media campaigns for health promotion, Silk et al.
Using media campaigns for health promotion, Salmon and Atkin

Thursday: Communication and marketing as tools to cultivate the public's health, Maibach et al.

Week ten: Theoretical and methodological perspectives (March 21 - 23)

Tuesday: The Health equity promotion model, Frederiksen-Goldsen et al.
A holistic approach to addressing HIV infection disparities, Halkitis et al.

Thursday: Moving people to behavior change, Maibach and Cotton
Methodological challenges for health research with stigmatized populations, Green et al.

Assignment: Reading reflection, March 23

Week eleven: The evidence based approach (March 28 – 30)

Tuesday: Visit to Bradbury-Sullivan Center

Thursday: Formative research, Sigal & Lotenberg
Evidence-based practice, Corcoran and Garlick

Assignment: Small group outline and timeline, March 31

Week twelve: Message design (April 4 – 6)

Tuesday: Motivation to attend to health messages, Parrot
Doing media advocacy, Wallack et al.

Thursday: TBD

Week thirteen: Blending traditional and online approaches to health information (April 11 – 13)

Tuesday: In class workshop

Thursday: Online health information, Sundar et al.
Social-media-delivered sexual health intervention, Bull et al.

Assignment: Bradbury-Sullivan report due on April 13

Week fourteen: Citizen journalism and blogging (April 18 – 20)

Tuesday: The routines of blogging, Lowrey and Latta
Using social media to enhance communication campaigns, Taubenheim

Thursday: Citizen journalism—16 Days of Activism in the Streets of Cape Town, Orgeret
Breaking through the information blockade, Lievrouw

Assignment: Snap chat, due on April 21

Week fifteen: Advertising and culture jamming (April 25 – 27)

Tuesday: Advertising in health communication, DeLorme

Thursday: Monkeywrenching the media machine: Culture Jamming, Lievrouw
Culture jamming and counter-hegemony, O'Shaughnessy & Shadler

Assignment: Ad jamming, due on April 28

Week sixteen: Evaluation (May 2 – 4)

Tuesday: Evaluating health communication interventions, Kreps

Thursday: In class roundtable, Lessons learned in the field
Be prepared to circulate an abstract summarizing your written report to all students in the class

Assignment: Assessment, due May 5

Course materials, grading, assignments, & policies

Course readings: All course readings indicated in the reading schedule are available for download as PDF files on Canvas, our Learning Management System (LMS). Readings are required and must be available during class. You may print or have on tablet/computer (not smartphone).

Grading policy: To achieve the objectives of the course, and to pass, you must complete and pass all assignments. If you fail one of the requirements be aware that you will not pass the course. As you know, Muhlenberg uses a plus/minus grading system. 'A' grades are reserved for clearly outstanding work, which demonstrates not only a mastery of the content, but also an ability to integrate, synthesize, and evaluate the material or questions under consideration. 'B' grades are reserved for work that is above average and demonstrates an ability to transfer and link individual concepts to other course material or relevant public events and life experiences. 'C' grades are assigned to work, which meets all of the requirements for the assignment and demonstrates an ability to identify and define concepts relevant to the topic area. 'D' grades are assigned to work which is completed and submitted to the instructor but does not fully meet the requirements for the assignment. 'F' grades are assigned to severely negligent performances. Naturally, each higher grade must meet or surpass the standards established for the preceding grade.

Assignments: You are to use 12-point font type and double space when preparing your written work. While I prefer that you use APA Editorial Style, students are able to use any citation style with consistency. Assignments, unless otherwise instructed (such as homework), **must be submitted on Canvas as PDF or DOC files**, I use grading tools in Canvas to provide feedback online. If you are using Google Docs or Pages, you can export your assignments into these formats. *Assignments submitted in other formats (e.g., Pages, on paper) are not accepted and, thus, will not be evaluated/graded.*

Participation/Attendance:	10%
Frame Analysis:	15%
Homework Assignments:	30%
Bradbury Sullivan Project:	30%
Evaluation:	15%

Participation/Attendance (10%): It is expected that students will make regular contributions to class. In preparation for class, students are to come to class having completed the readings and writing assignments prior to class time and ready to engage in discussion, in-class activities, and peer review workshops. This requires that students have readings available and easily accessible during class.

Strong class participation includes:

- Coming to class on time and prepared with course readings and work accomplished
- Listening when others are speaking and not interrupting
- Fully engaging in class discussions (via unique comments, answering questions, piggybacking off of others ideas)
- Participating in small group activities, discussion forum posts, and service learning outreach

Your class participation will be negatively impacted if you engage in any of the following behaviors frequently:

- Using cell phones, tablets, or laptops in class without permission (as per documentation for learning-related needs).
- Getting up in the middle of class, coming late, and missing more than the allotted # of classes.
- Engaging in side conversations with others students
- Forgetting course materials (readings, assignments, syllabus)
- Acting disinterested while in class (sleeping, not taking notes)
- Being unprepared or uninvolved when working with community partners and small group work

Attendance and punctuality are important as this class is structured by discussion and completion of homework assignments. More than two unexcused absences (no explanations needed) will negatively impact your grade. It is your responsibility to keep track of these absences and to sign attendance sheets should you come to class late on a particular day. Each late equals one unexcused absence. As per college policy, excused absences must be documented by a college

office like the Health Center, Counseling Center, or Dean's Office. Absences due to religious observations are excused but require advanced notification in person to discuss missed work.

Homework assignments (30%): Throughout the semester students will complete a variety of class assignments, such as letters to the editor, op-eds, narrative analysis, entertainment storyline, blogging and snap chat, ad jamming to name a few. Many of these assignments are noted in the reading and assignment schedule, with video guides, reading reactions, and website analyses added throughout the semester. Guidelines will be posted on Canvas and assignments are to be submitted through Canvas unless otherwise noted. Assignments are due on Friday by 5 PM unless otherwise noted in *italics as these assignments are to be utilized during class discussion.*

Frame analysis (15%): Students will prepare a memo no longer than five pages (double spaced) describing how a specific public health policy issue has been portrayed in the mainstream news. Students are strongly encouraged to make claims regarding the nature of the news source (e.g., print versus digital; conservative versus liberal; mainstream versus narrowcast audience). The purpose of the memo is to provide an overview of how an issue is framed and/or how supporters and opponents of specific topics are structuring their arguments. You can compare/contrast across news sources based on a common public health policy issue OR select continuous coverage of the health issue in one specific media outlet that you decide on. You are to work from ideas covered across the readings and can select any issue with exception of breast and prostate cancer, HIV/AIDS, and sexual health as these are issues we are covering in class.

Service-Learning Research project (30%): Students will work together in small groups on a media advocacy project in partnership with the Bradbury-Sullivan center. This service-learning project will designate specific responsibilities to each small group based on the skills, knowledge, and interests of students, with projects incorporating interviews, media pitches, design of a PSA radio spot, independent research, culminating in a small group written report outlining media advocacy strategies, evidence, application of course readings, message design, and/or community outreach. Students are expected to contribute to small group related work outside of class (in virtual and real world capacities) and should plan their schedules accordingly.

Evaluation: Students groups will present their written reports as part of a roundtable discussion. Individual students will also submit a formal assessment of their small group research project, drawing on evidence from both the course materials and independent research. The evaluation grade also includes three small group evaluations that individual students will complete throughout the service-learning project.

Deadlines: Media and Communication is a deadline driven field, and for that reason, students are expected to comply with deadlines. Deadlines are detailed in the syllabus for all assignments. **Late work will be downgraded ½ letter grade for each day that it is late, including weekends.**

Unless noted otherwise, assignments are due on Fridays by 5 PM, with exception of reading reflections, which are due on Thursdays at 9:30 AM in time for class discussion.

Academic honesty: Please review the Code, which is found online at www.muhlenberg.edu/main/aboutus/dean-academic/integrity and in the student handbook. Recognize that **any violation** of the AIC is sufficient grounds for failing this course. Expect that work will be downgraded *at least one letter grade* for not following a discernable citation style, and there will be in class instruction on how to utilize APA Editorial Style.

Academic support services: Students with disabilities requesting classroom or course accommodations must complete a multi-faceted determination process through the Office of Disability Services prior to the development and implementation of accommodations, auxiliary aids, and services. Each Accommodation Plan is individually and collaboratively developed between the student and the Office of Disability Services. If you have not already done so, please contact the Office of Disability Services to have a dialogue regarding your academic needs and the recommended accommodations, auxiliary aides, and services (Deans Office, 2016).

Testing Accommodations: Students with disabilities who qualify for testing accommodations should talk with me about the specifics and logistics of the testing accommodations. **THERE IS NO IN CLASS EXAM.** Feel free to contact Pamela Moschini, Director of Disability Services or David Hallowell, Assistant Dean for Academic Support and Disability Services if you have general questions about accommodation or testing policies (x3825).

Email: I require that students use their Muhlenberg College email address for course related communication as I often use Canvas to send listserve emails. I strive to provide quick but brief responses to emails (within 24 hours or less) and consider email an excellent way to establish appointments, share media examples, and clarify basic questions about readings, assignment guidelines, and deadlines. Meeting during office hours or via appointment is the best means to go over course readings, assignment guidelines, and concerns in more detail.

Contact the Student Help Desk, part of the Office of Information Technology (OIT), which provides free technical support for all students who may be experiencing issues with their computers or other devices. The Student Help Desk is located in Ettinger 003 and is open M-F 8 AM – 5 PM and on the weekends as student worker’s academic schedules permit. You can email them at helpdesk@muhlenberg.edu or call 484.664.3375. **Please note that having a computer serviced at the Help Desk or technology related problem is not an excuse for missing assignments or class communication via email.**

References for Canvas Readings (organized by week and in APA Editorial Style):

Week one:

Chapman, S. (2001). Advocacy in public health: Roles and challenges. *International Journal of Epidemiology*, 30, 1226-1232.

Gibson, T.A. (2007). WARNING—The existing media system may be toxic to your health: Health communication and the politics of media reform. *Journal of Applied Communication Research*, 35(2), 125-132. DOI: 10.1080/00909880701245307

Week two:

Dorfman, L. & Krasnow, I.D. (2014). Public health and media advocacy. *American Review of Public Health*, 35, 293-306. DOI: 10.1146/annurev-publhealth-032013-182503

Dorfman, L., & Wallack, L. (2007). Moving nutrition upstream: The case for reframing obesity. *Journal of Nutrition Education and Behavior*, 39(2S), S45-S50. DOI: 10.1016/j.jneb.2006.08.018

Dorfman, L., Wallack, L., & Woodruff, K. (2005). More than a message: Framing public health advocacy to change corporate practices. *Health Education & Behavior*, 32(3), 320-336. DOI: 10.1177/1090198105275046

Parrish, A.J., Vos, S.C., & Cohen, E.L. (2015). Media effects and health. In N.G. Harrington (Ed.), *Health Communication: Theory, method, and application* (pp. 364-396). NY: Routledge.

Week three:

Riggulsford, M. (2013). *Health and medical public relations*. NY: Routledge (chapters 3-6)

Wallack, L., Dorfman, L., Jernigan, D., & Themba, M. (1993). The media connection. In *Media advocacy and public health* (pp. 52-85). Newbury Park, CA: Sage.

Wallack, L., Dorfman, L., Jernigan, D., & Themba, M. (1993). Thinking media advocacy. In *Media advocacy and public health: Power for prevention* (pp. 86-120). Newbury Park, CA: Sage.

Week four:

Kedrowski, K.M., & Sarow, M.S. (2006). *Cancer activism: Gender, media, and public policy*. Chicago: University of Illinois Press (chapters 3-7).

Thompson, T., & Kreuter, M.W. (2014). Narrative-based health communication interventions: Using survivor stories to increase breast cancer knowledge and promote mammography. In D. Kyun Kim, A. Singhal, and G. Kreps (Eds.), *Health Communication: Strategies for developing global health programs* (pp. 118-133). NY: Peter Lang.

Woloshin, S., Schwartz, L.M., & Welch, H.G. (2008). Understanding risk. In *Know your chances: Understanding health statistics*. Berkeley, CA: University of CA Press.

Yamasaki, J., Sharf, B.F., & Harter, L.M. (2014). Narrative inquiry: Attitude, acts, artifacts, and analysis. In B.B. Whaley (Ed.), *Research methods in health communication* (pp. 99-118). NY: Routledge.

Week five:

Jacoby, C., Brown, J., Kumar, U.B., Velu, S., & Rimal, R.N. (2014). Entertainment education saves lives and improves health: Key steps to developing effective programs. In D.Kyun Kim, A. Singhal, and G. Kreps (Eds.), *Health Communication: Strategies for developing global health programs* (pp. 83-100). NY: Peter Lang.

Kline, K. N. (2011). Popular media and health: Images and effects. In T. L. Thompson, R. Parrott, & J.F. Nussbaum (Eds.), *The Routledge Handbook of Health Communication* (2nd ed., pp. 252-267). Mahwah, NJ: Lawrence Erlbaum.

Week six:

Cates, J.R., Francis, D.B., Ramirez, C., Brown, J.D., Schoenbach, V.J., Fortune, T., Hammond, W.P., & Adimora, A.A. (2015). Reducing concurrent sexual partnerships among black in the rural southeastern US: Development of narrative messages for a radio campaign. *Journal of Health Communication, 20*(11), 1264-1274. DOI: 10.1080/10810730.2015.1018643.

Forster, A., Wardle, J., Stephenson, J., & Waller, J. (2010). Passport to promiscuity or lifesaver: Press coverage of HPV vaccination and risky sexual behavior. *Journal of Health Communication, 15*, 205-217. DOI: 10.1080/10810730903529066

Khan, S. (2014). Manufacturing consent? Media messages in the mobilization against HIV/AIDS in India and lessons for health communication. *Health Communication, 29*, 288-298. DOI: 10.1080/10410236.2012.753139

Kim, D.K. (2014). Integrating the diffusion of innovations and social marketing for designing an HIV/AIDS-prevention strategy among a hard-to-reach population. In D.Kyun Kim, A. Singhal, and G. Kreps (Eds.), *Health Communication: Strategies for developing global health programs* (pp. 208-223). NY: Peter Lang.

Week seven:

Bracht, N., & Rice, R.E. (2014). Community partnership strategies in health campaigns. In R.E. Rice and C.K. Atkin (Eds.), *Public Communication Campaigns* (4th ed., pp. 289-304). Thousand Oaks, CA: Sage.

Issel, L.M. (2004). Community health assessment for program planning. In *Health program planning and evaluation: A practical, systematic approach for community health* (pp. 115-149). Sudbury, MA: Jones and Bartlett.

2015 Lehigh Valley health needs assessment for the Bradbury-Sullivan LGBT Community Center

Week nine:

Salmon, C.T., & Atkin, C. (2003). Using media campaigns for health promotion. In T. Thompson, A. Dorsey, K.I. Miller, & R. Parrot (Eds.), *Handbook of Health Communication* (pp. 449-472). NY: Routledge.

Silk, K.J., Atkin, C.K., & Salmon, C.T. (2011). Developing effective media campaigns for health promotion. In T. L. Thompson, R. Parrott, & J.F. Nussbaum (Eds.), *The Routledge Handbook of Health Communication* (2nd ed., pp. 203-219). Mahwah, NJ: Lawrence Erlbaum.

Maibach, E.W., Abrams, L.C., & Marosits, M. (2007). Communication and marketing as tools to cultivate the public's health: A proposed "peoples and places" framework. *BMC Public Health*, 7, 88. DOI: 10.1186/1471-2458-7-88

Week ten:

Fredriksen-Goldsen, K.I., Simoni, J.M., Kim, H.J., Walters, K.L., Yang, J., Hoy-Ellis, C.P., Lehavot, K., & Muraco, A. (2014). The health equity promotion model: Reconceptualization of lesbian, gay, bisexual, and transgender (LGBT) health disparities. *American Journal of Orthopsychiatry*, 84(6), 653-663.

Green, K., & Magsamen-Conrad, K. (2014). Methodological challenges for health research with stigmatized populations. In B.B. Whaley (Ed.), *Research methods in health communication* (pp. 298-317). NY: Routledge

Halkitis, P.N., Wolitski, R.J., & Millett, G.A. (2013). A holistic approach to addressing HIV infection disparities in gay, bisexual, and other men who have sex with men. *American Psychologist*, 68(4), 261-273. DOI: 10.1037/a0032746

Maibach, E.W., & Cotton, D. (1995). Moving people to behavior change: A staged social cognitive approach to message design. In E. Maibach and R.L. Parrott (Eds.), *Designing health messages: Approaches from communication theory and public health practice* (pp. 41-64). Thousand Oaks, CA: Sage.

Week eleven:

Corcoran, N., & Garlick, J. (2013). Evidence-based practice. In N. Corcoran (Ed.), *Communicating health: Strategies for health promotion* (2nd ed., pp. 134-152). Thousand Oaks, CA: Sage.

Siegel, M., & Lotenberg, L.D. (2007). Formative research (chapter 11), in *Marketing public health: Strategies to promote social change*. Boston: Jones and Bartlett

Week twelve:

Parrott, R.L. (1995). Motivation to attend to health messages: Presentation of content and linguistic considerations. In E.W. Maibach and R.L. Parrott (Eds.), *Designing health messages: Approaches from communication theory and public health practice* (pp. 7-23). Thousand Oaks, CA: Sage.

Wallack, L., Dorfman, L., Jernigan, D., & Themba, M. (1993). Doing media advocacy. In *Media advocacy and public health: Power for prevention* (pp. 86-120). Newbury Park, CA: Sage

Week thirteen:

Bull, S.S., Levine, D., Black, S.R., Schmiede, S., & Santelli, J. (2012). Social media-delivered sexual health intervention. *American Journal of Preventative Medicine*, 43(5), 467-474. DOI: 10.1016/j.amepre.2012.07.022

Sundar, S.S., Rice, R.E., Kim, H.S., & Sciamanna, C.N. (2011). Online health information: Conceptual challenges and theoretical opportunities. In T. L. Thompson, R. Parrott, & J.F. Nussbaum (Eds.), *The Routledge Handbook of Health Communication* (2nd ed., pp. 181-202). Mahwah, NJ: Lawrence Erlbaum.

Week fourteen:

Lievrouw, L.A. (2011). Breaking through the information brockade: Participatory journalism and indymedia. In *Alternative and activist new media* (pp. 119-148).

Lowrey, W., & Latta, J. (2013). The routines of blogging. In C. Paterson & D. Domingo (Eds.), *Making online news: The ethnography of new media production* (pp. 186-198). NY: Peter Lang.

Orgeret, K.S. (2013). Citizen journalism—16 days of activism in the streets of Cape Town. In K. Howley (Ed.), *Media Interventions* (pp. 177-191). NY: Peter Lang.

Taubenheim, A.M., Long, T., Wayman, J., Temple, S., McDonough, S., & Duncan, A. (2012). Using social media to enhance health communication campaigns. In S.M. Noar & N.G. Harrington (Eds.), *eHealth Applications: Promising strategies for behavior change* (pp. 205-220). NY: Routledge.

Week fifteen:

DeLorme, D.E., Huh, J., Reid, L.N., & An, S. (2011). Advertising in health communication: Promoting pharmaceuticals and dietary supplements to U.S. consumers. In T. L. Thompson, R. Parrott, & J.F. Nussbaum (Eds.), *The Routledge Handbook of Health Communication* (2nd ed., pp. 268-290). Mahwah, NJ: Lawrence Erlbaum.

Lievrouw, L.A., (2011). Monkeywrenching the media machine. In *Alternative and activist new media* (pp. 72-97). Malden, MA: Polity.

O'Shaughnessy, M., & Stadler, J. (200). Culture jamming and counter-hegemony. In *Media & Society* (4th ed., pp. 217-234). NY: Oxford University Press.

Week sixteen:

Kreps, G.L. (2014). Evaluating health communication interventions. In D.K. Kim, A. Singhal, & G.L. Kreps (Eds.), *Health Communication: Strategies for developing global health programs* (pp. 352-367). NY: Peter Lang.

Request for Integrative Learning (IL) Designation

Integrative learning enables students to make connections that combine disparate disciplinary, methodological, ideological, or epistemological perspectives. Integrative learning entails applying multiple ways of knowing to concepts and experiences. Effective integrated learning empowers students to recognize and solve problems, address existing questions, and ask new ones in more comprehensive ways.

Integrative Learning is not mastered but constantly develops and is honed in many ways. At Muhlenberg, the Integrative Learning curricular requirement provides opportunities for intentionally cultivating this way of thinking in collaborative environments and communities.

Academic Learning Goals for Integrative Learning

Muhlenberg graduates will be able to:

1. Understand relationships among various ways of knowing, and recognize the strengths and limitations of different approaches for comprehending phenomena.
2. Use diverse perspectives and their vocabularies to intentionally recognize and solve problems, address existing questions, and ask new questions.
3. Adapt and apply various perspectives developed in other contexts to new situations, while realizing the strengths and limitations of these different approaches.
4. Communicate the value of an integrative perspective.

Experiences that qualify for the IL designation will be rostered as courses and will be graded (following established policy that all current GAR requirements are graded courses). An IL experience will usually be capped at 20 students and must normally be assessed by at least one full-time Muhlenberg faculty member. Students will normally fulfill their IL requirement *after* their first semester and by the end of their Junior year. CUEs are not eligible for an IL-designation. According to current policy, Independent Studies *cannot* fulfill GARs.

IL designations will be granted based on alignment of the experience's content with Muhlenberg's Academic Program Goals and Learning Outcomes for Integrative Learning and must meet the following criteria:

Criteria for IL designation

The experience will:

1. Teach how to incorporate and integrate at least two different perspectives (e.g., disciplinary, methodological, ideological, or epistemological) as a core focus of the experience. The incorporation and integration of these perspectives should be sustained throughout the experience. [IL learning goals 1, 2]
2. Include graded projects/assignments sustained throughout the experience that adapt and apply the integration between at least two different perspectives (e.g. disciplinary, methodological, ideological, or epistemological methods). This might be one ongoing or a series of smaller assignments. [IL learning goal 3]

3. Involve critical reflection of students' learning and understanding of integrative learning skills. [IL Learning goal 4]
4. Be sustained over the equivalent of at least one semester.

Request for Integrative Learning (IL) Designation

Please complete this form and email it to the chair of CC, Paul Meier at paulmeier@muhlenberg.edu, along with email confirmation from all associated facilitators and department chairs.

Type of IL Experience: Service Learning_

(e.g., team-taught course, linked courses, MILA course, course linked to production, course linked to Center for Ethics, service learning course, etc.)

Facilitator 1: Susan Kahlenberg

Course Number & Name: Special Topics COM 383, Media Advocacy

Facilitator 2 (optional): Adrian Shanker, Executive Director, Bradbury-Sullivan LGBT Community Center

* The partner may change in future iterations of the course

Course Number & Name (if applicable):

(If there are more than two facilitators, please list them on a separate sheet.)

IL Experience Title (if applicable): _____
(for IL experiences which include more than one rosterable course; e.g., linked courses)

Catalog Description of the Experience

[If linked course, also include catalog descriptions of both courses.]

Course description: This course introduces students to the strategic use of media to advance social and public health initiatives. Students will investigate principles, ethics, and theories underlying media advocacy; monitor and analyze framing and message development; and use both traditional and new

communication tools to construct and implement media interventions, messages and/or campaigns to address public health problems and social justice issues. Students will explore topics such as food and activity environments, tobacco and HIV/AIDS prevention, sexual health, health equity, and children and family health, to name a few. Students are expected to work on community-based project, either at Muhlenberg College or within the Allentown communities.

Course prerequisites: COM 201 *Media and Society* or PBH 201 *Issues in Public Health*

Please answer the following making specific reference to the academic learning goal and criteria for meeting the IL designation:

1. Explicitly identify what perspectives are being integrated in an intentional way, sustained throughout the experience. [Criteria 1 & 4]

Media Advocacy introduces students to the strategic use of media to address real world public health problems. This is a service-learning course wherein students transfer knowledge and skills from the curriculum to meet their community partner's priorities, which are aligned with course learning goals. Susan Kahlenberg brings health communication/advocacy, media and communication, public health, and social justice orientations perspectives while Adrian brings LGBT health advocacy and policy knowledge and skills, in addition to community-based leadership to the course. Their partnership offers students an integrative learning experience that actualizes our college mission statement; together, they advance student learning within and beyond the classroom and in ways that are civic minded and committed to improving human and social conditions of LGBT college students in the Lehigh Valley.

2. Teaching IL: Briefly describe how you intend to incorporate sustained, intentional integrative learning into this experience. Note that experiences carrying the IL designation need to have as a core focus developing the skill of Integrative Learning. In what kinds of activities will the students participate to make visible the integrative learning that is taking place, including student self-reflection? [Criteria 1 & 3]

Media Advocacy uses the team- and evidence-based approaches of public health and media and communication. The primary activity involves organizing students into small groups to complete advocacy work on behalf of our service-learning partner. Students adapt and apply knowledge and skills from the course facilitators to complete small group activities, culminating in a small group written report. Small groups must also collaborate together to holistically meet the need identified by our community partner. While the public health problem and/or partner may change in future iterations of the course, the intent is for students to reflect on the strengths and limits of these different perspectives when completing their advocacy work. The written report requires students to reflect on their decision-making processes and how they adapted and applied their

course learning to the public health problem identified and developed by their facilitators. In doing so, they demonstrate their understanding of the varying ways of knowing and multidisciplinary concepts, theories, methods, and evidence incorporated in the curriculum. For example, in the spring 2017, students constructed a radio spot now airing on WMUH to promote HIV/STI quarterly testing at Bradbury-Sullivan LGBT Community Center. Each student group worked on a different component of the radio spot, from creating the pitch to WMUH for sponsorship, interpreting FCC guidelines, and constructing message design elements to ensure the spot was non-judgy, to engaging in independent research to bolster the needs-assessment audience segmentation provided by the community partner.

3. **Assessing IL:** Briefly describe the kinds of projects or assignments students will undertake. What are the expected product(s) that will demonstrate successful integrative learning? How will students reflect critically on the integration they've achieved? These may be traditional assignments or they may take alternative forms but they must be assessable. [Criteria 2 & 3]

Besides completing the small group written reports, there are additional assessments that measure successful integrative learning. First, students complete a series of small group evaluations that have them reflect on the strengths and limits of their small group experiences. Questions relate to small group dynamics, research ethics, comprehension of scholarly readings, and community partner experiences. In the spring 2018, student evaluation questions will align with measures in the AAC&U integrative learning value rubric to ensure that students' meet the academic learning goals of the IL requirement.

Second, students complete an independent, final written essay that describes, evaluates, and reflects on approaches taken by small groups in solving the public health problem under class investigation. The essay aligns with the academic learning goals for integrative learning in a couple ways. First, the grading rubric will measure the extent that students reflect on their understanding of the differing perspectives brought forward by their facilitators and within the curriculum. Second, the essay prompt will require students to discuss alternative ways they may have addressed the public health problem. In doing so, students will transfer understandings from their class learning to pose new questions and approaches to the real world problem, exploring the strengths and limits of their advocacy work. Thus, the essay is designed to have students reflecting on their understanding of integrative learning skills.

Please attach a syllabus or tentative description of the course(s) or experience with learning goals and a proposed reading list. At least one of the learning goals should relate directly to IL criteria, definition, and learning goals.

Please sign below to indicate approval or send approval via email.

Facilitator 1

Date

Department Chair 1

Date

Facilitator 2 (if applicable)

Date

Department Chair 2 (if applicable)

Date