



INSP/ESPM  
ESCUELA DE SALUD  
PÚBLICA DE MÉXICO

# HPEB 820: PUBLIC HEALTH ADVOCACY & POLICY – SPRING 2022

Mondays, 4:40 – 7:25pm

Public Health Research  
Center, Room 211

## Instructor

Jim Thrasher, PhD

## Office

Room 534D, Discovery I

## Phone Number

(803) 777-4862

## E-mail

thrasher@sc.edu

## Office Hours

Drop in Mondays 3:30 – 4:30 pm  
Appointments scheduled for other times



## Course Description:

This course provides an overview of key concepts and practices in advocacy efforts to promote the health of human populations through policy change. Emphasis is placed on understanding, applying and evaluating communications and coalition-building strategies for public health advocacy.

## Course Structure & Content:

This course aims to provide graduate students with an overview of key concepts and practices associated with advocacy to improve public health. The course generally involves four areas of concentration:

1

**theories and conceptual frameworks for understanding policy development processes and how social and policy change happen, both in the US and other countries;**

2

**strategies for promoting public health policies, such as: policy analysis; stakeholder analysis; community organizing & coalition building; media advocacy campaigns (e.g., earned & paid media); and the effective use of scientific data to inform and persuade;**

3

**planning, monitoring and evaluating advocacy activities;**

4

**application of course concepts to a policy issue of the students' choosing through a series of projects and presentations (see below).**



## Course Objectives & Learning Outcomes:

By the end of the course, students who successfully complete the course will:

**Understand the factors that influence policy development, adoption and implementation, including the role of public opinion, social norms, media, civil society, stakeholders, political will, governance structures, and globalization;**

**Conduct policy analysis, such as the identification and characterization of stakeholders and of the policy context in which they act;**

**Define the characteristics of coalitions and the strategies that contribute to successful community organizing and coalition-building approaches;**

**Describe issue framing and agenda setting, providing examples to illustrate ways in which public health issues have been framed to resonate with different audiences and to motivate support for policy change;**

**Analyze the content of media stories and other public documents about public health issues, applying course concepts (e.g., framing) to organize analysis;**

**Understand principles for the effective communication of scientific data;**

**Synthesize the scientific evidence around a particular public health issue and use this information to construct messages for key audiences (e.g., decision-makers, media, lay audiences) in order to effectively advocate for a specific public health policy;**

**Profile the range of activities and strategies involved in public health advocacy campaigns, including the advantages and disadvantages of different earned, paid and new media communication strategies;**

**Describe the strengths and weaknesses of qualitative and quantitative methods used to evaluate the impact of legislation, regulations, and policies on population health;**

**Develop an action plan for building public and political support for a public health policy.**

### Skill Development Objectives:

By the end of the course, students who successfully complete the course will be able to:

**Conduct a policy and stakeholder analysis of a public health policy issue;**

**Critically analyze media coverage of public health issues;**

**Effectively communicate in written and oral form about public health policy with diverse audiences (e.g., legislators, media, general public) and through varying communication modalities (e.g., interpersonal, earned media, paid media, new media).**

**Apply and integrate course concepts and methods into the development of a public health advocacy campaign.**



#### Required Texts:

Butterfoss F. Coalitions and partnerships in community health. San Francisco: Jossey-Bass. 2007.

Nelson DE, Hesse BW, Croyle RT. Making data talk: Communicating public health data to the public, policy makers, and the press. New York: Oxford University Press. 2009.

### Instructional Procedures:

Information is presented in the classroom, as well as through required readings and assignments. Classroom meetings will be a combination of lecture, class discussion, group activities, videos, guest speakers, and student presentations. The instructor will not attempt to cover all of the assigned readings; however, students will be responsible for all material assigned.

Class sessions provide an opportunity to review and discuss key concepts and issues presented in the readings. Students are expected to read all of the required materials prior to class and should be prepared to actively participate in classroom discussions and activities, drawing from those materials.

### Academic Integrity & Honesty:

Please consult the **2009-2010 USC Student Honor Code** (<http://www.sc.edu/academicintegrity/honorcode.html>) for the course policy concerning issues related to academic dishonesty (**including cheating and plagiarism**). Any student caught violating any of these regulations will be subject to the penalties associated with such acts.

### Office of Student Disability Services Policy Statement:

Any student with a documented disability should contact the Office of Student Disability Services at (803)777-6142 to make arrangements for appropriate accommodations. Additional information can be located at:

<http://www.sa.sc.edu/sds/>

### Grading Scale:

500-450	(90-100%)	A
449-433	(87-89%)	B+
432-405	(80-86%)	B
404-393	(77-79%)	C+
392-348	(70-76%)	C
347-333	(69-67%)	D+
332-298	(60-66%)	D
297-0	(0-59%)	F

## Course Requirements:

Students are expected to fulfill the requirements below. For written assignments, a range of acceptable pages is generally provided with the assignment guidelines. Unless otherwise specified in the guidelines, all papers should be double-spaced, with 1" margins on all sides and in 12-point with a standard font (Arial, Times New Roman or Calibri). Papers that are not turned in by the beginning of each class will be considered late. There will be a 10% deduction for each day the paper is late.

Grading is based on the following activities and products:

1

### Preparation and participation (10% - 50 points):

Students are expected to contribute to class by offering comments and asking questions on a regular basis (5% of the grade or 25 points). Preparation will be evaluated through development of three discussion questions that are based on the assigned readings and which can orient class discussion. These questions should briefly present an idea from the reading (citing page) and then pose a question linked to that idea that could get people talking to one another (i.e., not a yes/no question). At the beginning of each class, students hand the instructor a hard copy of the discussion questions, so that he can reference these during class time. Students will also be expected to email the questions to the instructor. These discussion questions are 5% of the final grade (25 points).

2

### Policy Issue Identification & Stakeholder Mapping (20% - 100 points):

Prepare a brief analysis of a policy issue that interests you (8 – 10 pages), including a stakeholder analysis that assesses existing coalitions as well as those coalitions and partnerships that might need to be built in order to solidify an advocacy strategy.

3

### Policy Discourse Analysis (20% - 100 points):

Conduct content analysis of media stories around a public health issue of interest (8 – 10 pages), identifying how the issue is framed in terms of causes, consequences & solutions, and specifying how narrative and scientific data are used to support different arguments.

4

### Policy Brief (20% - 100 points):

Prepare an evidence-based policy brief (6 – 8 pages) in support of (or opposition to) a public health policy, incorporating framing and data presentation strategies for a target audience of decision-makers who are favorable towards, against, and undecided about your initiative.

5

### Strategic Plan (15% - 75 points):

Prepare a strategic plan for an advocacy campaign that you could present to a funding agency (8 – 10 pages). The plan will include: messages for different target audiences; campaign activities (e.g., coalition-building, paid & earned media) and logic model; activity timeline; and campaign monitoring and evaluation.

6

### Oral Testimony (15% - 75 points):

In final class presentations, present a 10-minute oral testimony in support of (or in opposition to) the proposed policy, incorporating course concepts on effective communication. Respond to questioning from legislators (i.e., classmates).

## Some Useful Websites:

General public health policy advocacy organizations & materials:

American Public Health Association: <http://www.apha.org/advocacy/tips/>

California Center for Public Health Advocacy:  
<http://www.publichealthadvocacy.org/center.html>

National Association of County and City Health Officials:  
<http://www.naccho.org/advocacy/>

Health in all policy:  
<http://www.naccho.org/topics/environmental/HiAP/>

Public Health Advocacy Institute:  
<http://www.phaionline.org/>

Trust for America's Health:  
<http://healthyamericans.org/policy/>

World Bank Health Policy Toolkit:  
<https://www.wbginvestmentclimate.org/toolkits/public-policy-toolkit/>

World Health Organization (WHO) Advocacy Materials:  
Mental health: [http://www.who.int/mental\\_health/advocacy/en/](http://www.who.int/mental_health/advocacy/en/)  
Cancer Control: <http://www.who.int/cancer/FINAL-Advocacy-Module%206.pdf>  
Chronic disease: <http://www.who.int/chp/advocacy/en/index.html>

National & global advocacy organizations focused on specific public health issues:

The Advocacy Institute (people with disabilities):

<http://www.advocacyinstitute.org/>

American Cancer Society:

<http://www.acscan.org/>

American Heart Association:

[http://www.heart.org/HEARTORG/Advocate/Advocate\\_UCM\\_001133\\_SubHomePage.jsp](http://www.heart.org/HEARTORG/Advocate/Advocate_UCM_001133_SubHomePage.jsp)

American Legacy Foundation (tobacco control):

<http://www.legacyforhealth.org/policy.aspx>

Campaign to prevent teen and unplanned pregnancy:

<http://www.thenationalcampaign.org/>

Campaign for tobacco free kids:

[http://www.tobaccofreekids.org/what\\_we\\_do/](http://www.tobaccofreekids.org/what_we_do/)

Campaign for a commercial-free childhood:

<http://www.commercialfreechildhood.org/>

Center for Science in the Public Interest (nutrition):

<http://www.cspinet.org/>

Community Anti-drug Coalitions of America:

<http://www.cadca.org/policy-advocacy>

Food Research and Action Center:

<http://frac.org/about/>

Global Advocacy for Physical Activity:

<http://www.globalpa.org.uk/principles-strategies.php>

Mothers Against Drunk Driving:

<http://www.madd.org/about-us/madd-goals.html>

National coalition to promote physical activity:

<http://www.ncppa.org/policy/platform/>

National Health Equity Association (health disparities & social justice):

<http://www.nationalhealthequitycoalition.org/main/SpeaksOut.aspx>

Partners in health (healthcare access):

<http://www.pih.org/pages/advocacy/>

Planned Parenthood (reproductive health):

<http://www.plannedparenthoodaction.org/>

Robert Wood Johnson Foundation (health disparities):

<http://www.solvingdisparities.org/>

Tell them (reproductive health):

<http://www.tellthemsc.org/>

## Course Schedule & Assignments:

#	Date	Topic	Readings (Subject to change – check Blackboard)	Tasks
<b>Introduction</b>				
1	1/13	<b>What is public health advocacy &amp; why do it?</b>	<p><b>Recommended:</b></p> <p>American Public Health Association. <i>APHA Advocates' Handbook: A Guide for Effective Public Health Advocacy</i>. The legislative process (pp. 9-18); The regulatory process (pp.19-23).</p> <p>Beauchamp DE. Public health as social justice. In <i>Health and Social Justice: Politics, ideology, and inequity in the distribution of disease</i>. R. Hofrichter, Ed. San Francisco, CA: Jossey-Bass. Pp. 267-284. 2003.</p> <p>Christoffel KK. Public health advocacy: Process and product. <i>American Journal of Public Health</i> 2000; 90(5):722-726.</p>	
2	1/27	<b>Policy processes &amp; instruments</b>	<p><b>Required:</b></p> <p>Shiffman J, Smith S. Generation of political priority for global health initiatives: a framework and case study of maternal mortality. <i>Lancet</i> 370: 1370–79. 2007.</p> <p>Shroff MR, Jones SJ, Frongillo EA, Howlett M. Policy instruments used by states seeking to improve school food environments. <i>American Journal of Public Health</i>. 102(2):222–229. 2012.</p> <p>Walt G, Shiffman J, Schneider H, et al. 'Doing' health policy analysis: methodological and conceptual reflections and challenges. <i>Health Policy and Planning</i>. 23(5): 308–317. 2008</p> <p><b>Recommended:</b></p> <p>Clark TW. The Policy Process: A Practical Guide for Natural Resources Professionals. New Haven, CT: Yale University Press. pp. 25-29; 33-38. 2002.</p>	<p><b>Draft public health issue &amp; policies</b></p> <p><b>3 DQs (bring hard copy &amp; email instruct-or)</b></p>
3	2/3	<b>Policy &amp; stakeholder analysis</b>	<p><b>Required:</b></p> <p>Sprechmann E and Pelton E. in <i>Advocacy tools and guidelines - Promoting policy change</i>. Atlanta, GA: Cooperative for Assistance and Relief Everywhere, Inc. (CARE). 2001:</p> <ul style="list-style-type: none"> <li>• Chapter 4 – Analyzing policies. Pp. 16-29</li> <li>• Chapter 5 – Outlining an advocacy strategy. Pp 31-42</li> </ul> <p>Cairney P, Oliver K. Evidence-based policymaking is not like evidence-based medicine, so how far should you go to bridge the divide between evidence and policy? <i>Health Research Policy &amp; Systems</i>. 15:35. 2017.</p> <p><b>Recommended:</b></p> <p>Hyder A, Syed S, Puvanachandra P, et al. Stakeholder analysis for health research: Case studies from low- and middle-income countries. <i>Public Health</i>. 2010 Mar 11</p> <p>Mitchell RK, Agle BR, Wood DJ. Toward a theory of stakeholder identification and salience: Defining the principle of who and what really counts. <i>Academy of Management Review</i> 22(4): 853–888. 1997.</p> <p>Schmeer K. Stakeholder analysis guidelines. in <i>Policy Toolkit for Strengthening Health</i>. Bethesda, MD: Abt Associates, Inc., 1999.</p>	<p><b>3 DQs</b></p>

4	2/10	<b>Policy streams, innovation &amp; diffusion</b>	<p><b>Required:</b> Rogers EM. Diffusion of Innovations, 5th Ed.</p> <ul style="list-style-type: none"> <li>• Chapter 1, Elements of Diffusion, pp 11-31</li> <li>• Chapter 10, Innovation in Organizations, pp 402-433</li> </ul> <p>Barry FS &amp; Barry WD. Innovation and diffusion models in policy research. In Theories of the policy process. PA Sabatier, Ed. Boulder, CO: Westview. 2014. Pp. 307-325.</p> <p>Zahariadis N. Ambiguity and multiple streams. In Theories of the policy process. PA Sabatier, Ed. Boulder, CO: Westview. 2014. Pp. 25-40.</p> <p><b>Recommended:</b></p> <p>Valente TW, Dyal SR, Chu KH, Wipfli H, Fujimoto K. Diffusion of innovations theory applied to global tobacco control treaty ratification. <i>Social Science &amp; Medicine</i>. 145:89-97. 2015.</p>	3 DQs
5	2/17	<b>Globalization &amp; global public health</b>	<p><b>Required:</b> Richardson MX, Callaghan MM, Wamala S. "Globalization &amp; global health." In The Handbook of Global Health Policy. GW Brown, G Yamey, S Wamala, Eds. Pp 555 – 573. 2014.</p> <p>Batniji R, Songane F. "Contemporary global health governance: Origins, functions, and challenges." In The Handbook of Global Health Policy. GW Brown, G Yamey, S Wamala, Eds. Pp 63-74. 2014.</p> <p>Kaiser Family Foundation. Survey of Americans on the U.S. role in global health. 2016. <a href="https://www.kff.org/global-health-policy/poll-finding/2016-survey-of-americans-on-the-u-s-role-in-global-health/">https://www.kff.org/global-health-policy/poll-finding/2016-survey-of-americans-on-the-u-s-role-in-global-health/</a></p> <p><b>Recommended:</b></p> <p>Koplan JP, Bond TC, Merson MH et al. Towards a common definition of global health. <i>The Lancet</i>, Volume 373, Issue 9679, 6 June 2009</p> <p>Rowson M, et al. Conceptualising global health: theoretical issues and their relevance for teaching. <i>Globalization &amp; Health</i>. 14;8(1):36. 2012.</p> <p>World Health Organization Commission on Social Determinants of Health. Closing the gap in a generation: Health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization. Executive Summary. 2008.</p> <p>Hawkes C. Regulating and litigating in the public interest: regulating food marketing to young people worldwide: trends and policy drivers. <i>American Journal of Public Health</i> 97(11): 1962 – 1973</p> <p>Ruger JP Global Health Justice and Governance. <i>The American Journal of Bioethics</i>, 12(12): 35-54. 2012.</p> <p>Collin J and K Lee. Globalization and the politics of health governance: The Framework Convention on Tobacco Control. In Innovation in Global Health Governance 2009. pp 219-243</p> <p>Gostin LO and Mok EA. Grand challenges in global health governance. <i>British Medical Bulletin</i>. 90: 7-18. 2009.</p>	Issue identification & stake-holder analysis due

6	2/24	<b>Community organizing &amp; coalition theories</b>	<p><b>Required:</b> Butterfoss F. Coalitions and Partnerships in Community Health:</p> <ul style="list-style-type: none"> <li>• Chapter 1 – Historical Perspective of Coalitions (Pp. 3-25);</li> <li>• Chapter 4 – The Community Coalition Action Theory (pp. 61-91).</li> </ul> <p><b>Guest speakers – Jason Craig</b></p> <p>Ganz M. The Power of Story in Social Movements. 2001 Pope H, Welborn K, Craig J, Childers C. CopasCities Case Study 1: Who's in charge here, anyway? 2016.</p> <p><b>Recommended:</b></p> <p>Saul Alinsky, community organizing and rules for radicals. Infed. <a href="http://www.infed.org/thinkers/alinsky.htm">http://www.infed.org/thinkers/alinsky.htm</a></p> <p>Butterfoss F. Coalitions and Partnerships in Community Health:</p> <ul style="list-style-type: none"> <li>• Chapter 2 – Principles of Collaboration and Partnering: Coalitions Defined (pp. 26-48);</li> <li>• Chapter 3 – Why Coalitions? (pp. 49-60);</li> </ul> <p>Staples L. Power to the people: Basic organizing philosophy and goals. In Roots to Power. 2nd Edition. Westport, CT: Praeger. 2004.</p> <p>Winne M. The current landscape. In Closing the Food Gap. Boston, MA: Beacon Press. Pp. 149-172. 2008.</p> <p>Sabatier PA and Weible CM. The advocacy coalition framework: Innovations and clarifications. In Theories of the policy process. PA Sabatier, ed. Pp. 189-220. 2007</p> <p>Yamin AE. Suffering and powerlessness: the significance of promoting participation in rights-based approaches to health. <i>Health and Human Rights</i>. 11(1): 5-22. 2009.</p>	3 DQs
7	3/2	<b>Agenda setting &amp; framing</b>	<p><b>Required:</b> Kim SH &amp; Willis LA. Talking about obesity: News framing of who is responsible for causing and fixing the problem. <i>Journal of Health Communication</i>, 12: 359-376. 2007</p> <p>Kim SH et al. News media presentations of electronic cigarettes: A content analysis of news coverage in South Korea. <i>Journalism &amp; Mass Communication Quarterly</i>. 94(2) 443-464. 2017.</p> <p>Wallack L, et al. Media advocacy and public health:</p> <ul style="list-style-type: none"> <li>• Chapter 3 – The media connection (pp 54-85).</li> </ul> <p><b>PRINTED HANDOUTS to bring to CLASS</b></p> <ul style="list-style-type: none"> <li>- Burrelles-Luce. Top Media Outlets: Newspapers, Blogs, Consumer Magazines, Websites &amp; Social Networks</li> <li>- Obesity Content Analysis Process</li> <li>- Obesity Coding Sheet</li> <li>- E-cigarette Coding Sheet</li> </ul> <p><b>Recommended:</b></p> <p>Benford RD &amp; Snow DA. Framing processes and social movements: An overview and assessment. <i>Annual Review of Sociology</i>, 26: 611-639. 2000.</p> <p>Kim SH, Carvalho JP, Davis AG. Talking about poverty: News framing of who is responsible for causing and fixing the problem. <i>Journalism &amp; Mass Communication Quarterly</i>, 87: 563-581. 2010.</p>	3 DQs
		<b>Guest speaker – Dr. Seihill Kim</b>		

7	3/2	<b>Agenda setting &amp; framing</b>  <b>Guest speaker – Dr. Seihill Kim</b>	<p>Kozel CT, et al. Introducing health promotion agenda-setting for health education practitioners. <i>Californian Journal of Health Promotion</i>, 4(1): 32-40. 2006.</p> <p>Rogers EM, Hart WB, Dearing JW. A paradigmatic history of agenda-setting research. In <i>Do the media govern? Politicians, voters, and reporters in America</i>. S Iyengar &amp; R Reeves, eds. Thousand Oaks, CA: Sage. Pp. 225-236. 1997.</p> <p>Shih TJ, Wijaya R, and Brossard D. Media coverage of public health epidemics: Linking framing and issue attention cycle toward an integrated theory of print news coverage of epidemics. <i>Mass Communication &amp; Society</i>, 11:141-160. 2008.</p> <p>Thrasher JF, Kim SH, Rose I, Craft MK, Biggers S. Media coverage of smoke-free policies after their innovation. <i>Journal of Health Communication</i>. 2016.</p> <p>Thrasher JF, Reynales-Shigematsu LM, Baezconde-Garbanati L, et al. Promoting the effective translation of the Framework Convention on Tobacco Control: A case study of challenges and opportunities for strategic communications in Mexico. <i>Evaluation &amp; the Health Professions</i>. 31(2): 145-166. 2008</p> <p>Weaver DH. Thoughts on agenda setting, framing, and priming. <i>Journal of Communication</i>, 57(1): 142 – 147. 2007.</p>	3 DQs
3/9 Spring Break – No class				
8	3/16	<b>Communication &amp; persuasion</b>  <b>Required:</b>  <b>Guest Speaker – Beth Johnson &amp; Kelly Davis</b>	<p>Nelson DE, Hesse BW, Croyle RT. Making data talk:</p> <ul style="list-style-type: none"> <li>• Chapter 1 – Introduction. (pp. 3-22);</li> <li>• Chapter 2 – Communication fundamentals (pp. 30-64);</li> </ul> <p>RWJF. A new way to talk about the social determinants of health. Robert Wood Johnson Foundation. 2010. Pp 1 – 11.</p>	3 DQs
9	3/23	<b>Public opinion, heuristics &amp; biases</b>  <b>Guest speaker – Robert McKeever</b>	<p><b>Required:</b> Nelson DE, Hesse BW, Croyle RT. Chapter 3 – Overcoming general audience tendencies and biases to enhance lay understanding of data. In <i>Making data talk</i>. Pp 73-110.</p> <p><b>Recommended:</b> Diepeveen S et al. Public acceptability of government intervention to change health-related behaviours: a systematic review and narrative synthesis. <i>BMC Public Health</i>. 13:756. 2013.</p> <p>Morain S, Mello MM. Survey finds public support for legal interventions directed at health behavior to fight noncommunicable disease. <i>Health Affairs</i>, 32(3): 486-496. 2013.</p> <p>Perrin AJ and McFarland K. Social theory and public opinion. <i>Annual Review of Sociology</i>. 37:87–107. 2011.</p> <p>Sturgis P, Allum N. Science in society: Re-evaluating the deficit model of public attitudes. <i>Public Understanding of Science</i>, 13, 55-74. 2004.</p> <p>Tversky, A., &amp; Kahneman, D. Judgment under uncertainty: Heuristics and biases. <i>Science</i>, 185, 1124-1131. 1974.</p>	Media content analysis due

10	3/30	<b>Communicating public health data</b>  <b>Required:</b>  <b>Recommended:</b>	<p>Nelson DE, Hesse BW, Croyle RT. Making data talk:</p> <ul style="list-style-type: none"> <li>• Chapter 4 – Presenting data (pp. 120-167)</li> <li>• Chapter 5 – Putting it all together: Communicating data for public health impact (pp. 168-185)</li> <li>• Chapter 7 - Communicating data for policy and program advocacy (pp. 262-294).</li> </ul> <p>Cizek K. Storytelling for advocacy: Conceptualization and pre-production. In <i>Video for change: A guide to advocacy and activism</i> S Gregory, G Caldwell, R Avni, T Harding (eds.) Pluto Press pp. 74-108. 2005.</p> <p>Gubrium A. Digital storytelling: An emergent method for health promotion research and practice. <i>Health Promotion Practice</i>. 10(2): 186-191. 2009.</p> <p>Kramer L, Schwartz P, Cheadle A, et al. Promoting policy and environmental change using photovoice in the Kaiser Permanente Community Health Initiative. <i>Health Promotion Practice</i>. 11(3):332-9. 2010</p> <p>Kreuter M, Green M, Cappella J, et al. Narrative communication in cancer prevention and control: A framework to guide research and application. <i>Archives of Behavioral Medicine</i>, 33(3): 221-35. 2007.</p> <p>Wilson WJ. Reflections on a sociological career that integrates social science with social policy. <i>Annual Review of Sociology</i>. 2011. 37:1-18. 2011.</p>	3 DQs
11	4/6	<b>Media advocacy &amp; new media</b>  <b>Required:</b>  <b>Guest Speaker – Beth Johnson &amp; Kelly Davis</b>	<p>Guo G, Saxton GD. Tweeting social change: How social media are changing nonprofit advocacy. <i>Nonprofit and Voluntary Sector Quarterly</i>. 43(1) 57-79. 2014.</p> <p>Wallack L, et al. Media advocacy and public health:</p> <ul style="list-style-type: none"> <li>• Chapter 4 - Thinking media advocacy (pp. 86-120)</li> <li>• Chapter 5 - Doing media advocacy (pp. 121-153)</li> </ul> <p><b>Recommended:</b> Clark J. Public media 2.0: Dynamic, engaged publics. Center for Social Media. American University. 2009.</p> <p>Caldwell G. Using video for advocacy. In <i>Video for change: A guide to advocacy and activism</i> S Gregory, G Caldwell, R Avni, T Harding (eds.) Pluto Press pp. 1-19. 2005.</p> <p>Efroymsen D. Using media and research for advocacy. Healthbridge Canada. 2006.</p> <p>Peretti J. Notes on contagious media. In <i>Structures of participation in digital culture</i>, ed. Joe Karaganis. New York: Social Science Research Council. pp. 158-163. 2007.</p> <p>Wallack L, et al. Media advocacy and public health:</p> <ul style="list-style-type: none"> <li>• Chapter 6 - Media advocacy case studies (pp. 155-200)</li> </ul> <p>Wilcox DL, Ault PH, Agee WK, Cameron GT. Chapter 19: Written tactics (pp. 381-401). In <i>Essentials of Public Relations</i>. New York: Addison-Wesley Educational Publishers Inc., 2001.</p>	3 DQs

12	4/13	<b>Practices &amp; processes of coalition functioning</b>  <b>Guest speakers – Dr. Deborah Billings &amp; Dr. Weberling-McKeever</b>	<b>Required:</b> Butterfoss F. Coalitions and Partnerships in Community Health: Chapter 7 – Essential coalition processes (181-218); Chapter 8 – Coalition infrastructure (pp. 222-256).  Weberling-McKeever B, McKeever R, Holton AE, Li JY. Silent majority: Childhood vaccinations and antecedents to communicative action. <i>Mass Communication and Society</i> . 19(4): 476-498. 2016.  <b>Recommended:</b> Butterfoss F. Coalitions and Partnerships in Community Health: Chapter 5 – Lead agency, coalition staff, and leadership (pp. 95-135); Chapter 6 – Coalition membership and teamwork (pp. 138-177);  Weberling B. From Awareness to Advocacy: Understanding Nonprofit Communication, Participation, and Support. <i>Journal of Public Relations Research</i> . 25: 307-328. 2013  Weberling B. News framing of autism: Understanding media advocacy and the Combating Autism Act. <i>Science Communication</i> . 35(2): 213-240. 2013.	Policy brief due
13	4/20	<b>Strategic planning for public health advocacy campaigns</b>	<b>Required:</b> Grier S and Bryant CA. Social marketing in public health. <i>Annual Review of Public Health</i> . 26:319-39. 2005.  Advocacy tools and guidelines - Promoting policy change. Atlanta, GA: Cooperative for Assistance and Relief Everywhere, Inc. (CARE). 2001: • Chapter 6 – Finalizing an advocacy strategy (pp. 43-52) • Chapter 7 – Framing a plan (pp. 53-61)  Saunders R. Logic models handout.  <b>Recommended:</b> Butterfoss F. Coalitions and Partnerships in Community Health: • Chapter 11 – Community assessment (pp. 321-353) • Chapter 12 – Coalitions and planning (pp. 356-390) • Chapter 13 – Coalition activities & interventions (pp. 391-427)  Gomm M, Lincoln P, Pikora T et al. Planning and implementing a community-based public health advocacy campaign: a transport case study from Australia. <i>Health Promotion International</i> , 21(4):284-292. 2006.	
14	4/27	<b>Monitoring, evaluation &amp; sustainability</b>	<b>Required:</b> Butterfoss F. Coalitions and Partnerships in Community Health: • Chapter 14 – Evaluating coalitions and partnerships (pp. 433-494)  <b>Recommended:</b> Butterfoss F. Chapter 10 - Funding, resource development, & sustainability In Coalitions and Partnerships in Community Health (pp. 278-316)  French J. Social marketing on a shoestring budget. In Social marketing and public health. French et al eds. 2009.  McVey D, Crosier A & Christopoulos A. Evaluation. In Social marketing and public health. French et al, Eds. 2009	Strategic plan due

14	4/27	<b>Monitoring, evaluation &amp; sustainability</b>	Brownson RC, Seiler R, Eyster AA. Measuring the impact of public health policy. <i>Preventing Chronic Disease</i> , 7(4): 1-7. 2010.	Strategic plan due
15 5/4 Exam day Final presentations, starting at 4:00				



INSP/ESPM

ESCUELA DE SALUD  
PÚBLICA DE MÉXICO