CHL5114H - Health communications SYLLABUS – Fall 2025

Contact Information
Course Instructor: Dr. Francisco Ibáñez-Carrasco
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Email Communication:
I will be available to respond to email inquiries from Monday to Friday, between the hours of 9:00 AM and 5:00 PM Eastern Standard Time (EST). Responses outside of these hours should not be expected.
Office Hours:
In-person office hours will be scheduled on a specific day, to be determined in consultation with students. A sign-up sheet will be made available to facilitate the scheduling of individual appointments.

Course Meeting Information
[Provide meeting information, including:
-    When In-Person Delivery: Day, time, building and room
-    When Remote Delivery:
     o   Synchronous meeting day, time, and modality (e.g., Zoom, Teams)
     o   Asynchronous activity expectations]

Acknowledgment of Territory
We wish to acknowledge this land on which the University of Toronto operates. For thousands of years, it has been the traditional land of the Huron-Wendat, the Seneca, and the Mississaugas of the Credit. Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.

Important Dates and Deadlines:
Please refer to DLSPH Sessional Dates and Deadlines to be aware of important dates and deadlines such as registration, reading weeks, statutory holidays, and course drop deadlines:
https://www.dlsph.utoronto.ca/students/current-students/timetables/

Maintaining Good Academic Standing
Per SGS General Regulations section 7 "Good Academic Standing and Satisfactory Academic Progress", to remain in good standing all graduate students at DLSPH must complete every course taken for graduate credit, including practicums, with a minimum grade of B- (or CR where applicable) as well as meet the specific requirements and key milestones of their program. See the DLSPH Good Academic Standing Guideline for more information on monitoring and maintaining good academic standing in DLSPH programs.

Course description

CHL5807H – Health Communications
Graduate Course | Dalla Lana School of Public Health | University of Toronto

In this dynamic, interdisciplinary graduate course, students explore the powerful role of communication in public health and health promotion—from community campaigns and clinical encounters to TikTok trends and AI-generated misinformation. Designed for future health leaders, researchers, and practitioners, the course equips students to craft, decode, and evaluate health messages in ways that are inclusive, anti-oppressive, and evidence-informed.
Each week combines theory with practice, emphasizing real-world application through critical readings, multimedia content, and interactive assignments. Students will learn how communication intersects with culture, behavior, power, and systems—and how it can be used to promote health equity, resist harm, and mobilize change.
Topics include digital storytelling, visual design, evaluation frameworks, communication within institutions and across cultures, misinformation, advocacy, AI tools, and the unique dynamics of working with communities often excluded from traditional health narratives—such as people who use drugs, neurodiverse persons, or those navigating structural racism or ableism.
Throughout the course, students work in small teams with real-world health organizations—ranging from HIV prevention and disability justice to youth settlement and mental health—supported by mentors with deep professional expertise. Together, they will design and critique communication strategies using both classic media and emerging tools, including artificial intelligence.

By the end of the course, students will be able to:
- Apply foundational and critical theories of health communication to analyze and design ethical, inclusive, and evidence-informed strategies for diverse populations and platforms.
- Evaluate and create health communication materials—written, visual, digital, and AI-supported—using principles of framing, audience engagement, media analysis, and community collaboration.
- Critically assess the impact of health communication practices across individual, institutional, and societal levels, including their role in shaping policy, promoting equity, and addressing misinformation.

Whether you're passionate about health promotion, social change, or public policy, this course offers the tools—and critical lens—to transform how we think, talk, and act on health.

Evaluation

This course uses a portfolio-style assessment system made up of four components that emphasize individual reflection, group collaboration, real-world application, and creative communication. The evaluation structure prioritizes inclusive and ethical communication design, community engagement, and effective use of digital and AI-supported tools.

Item	Description	Weight	Date Due
Individual Health Communication Analysis	Written analysis (1,200–1,500 words or equivalent AV format) of a real-world health communication message. Apply theory, media analysis, and framing concepts. Must include AI use disclosure if applicable.	20%	Week 4 or 5
Midterm Group Presentation: Concept Pitch	15-minute team presentation proposing your health communication campaign for a partner organization. Slides and visuals required. Emphasis on clarity, creativity, and audience relevance.	25%	Midterm (Week 6 or 7)
Final Client Presentation: Communication Product	Final co-designed product (e.g., video, podcast, infographic series, digital campaign) created in teams. Includes a process report and visual presentation of the final product.	35%	Last class
Participation & Team Collaboration	Includes class engagement, peer feedback, attendance at team meetings, participation in guest interviews, and respect for deadlines and roles. Document your contributions and support.	20%	Ongoing

Assignment Instructions
- <mark>See rubrics in Appendix</mark>

Grading and Penalties

The University of Toronto Grading Policy specifies the meaning of grades and grade scales for graduate students as well as general policies regarding grading practices. https://governingcouncil.utoronto.ca/secretariat/policies/grading-practices-policy-university-assessment-and-january-1-2020

Instructors are advised to specifically note the following sections
- "1.2. Consequences for late submission" which specifies "…instructors are not obliged to accept late work, except where there are legitimate, documented reasons beyond a student's control. In such cases, a late penalty is normally not appropriate. Where an instructor intends to accept and apply penalties to late assignments, this must be set out clearly in the course syllabus."
- "1.3. Changes to the method of evaluation" which specifies "…after the methods of evaluation have been made known, the instructor may not change them or their relative weight without the consent of a simple majority of students attending the class."

Based on the above policies, instructors are advised to detail if late assignments will be accepted and the associated penalties as well as penalties for non-compliance with assignment requirements such as format and word length in the course syllabus. For example:
- Late assignment penalties: Points will be deducted for handing in assignments late unless permission is obtained ahead of time (5% if turned in 1 day late; 10% 2 days late; 15% 3 days late and so on). Extensions will only be granted in circumstances that are unavoidable and unpredictable (e.g., illness, emergency). Late assignments will not be accepted after marked assignments have been returned.]
- Exceeding word limit: A grading penalty will be applied to assignments that exceed the prescribed word limit will. Deductions will be: 10 percentage points for excess length of between 10 and up to 20 percent, and 20 percentage points for excess length of between 21 and up to 30 percent. Assignments with excess length of over 30 percent will be assigned a grade of 0.
- Missed Exam
- Participation/Missed Classes

Course/departmental/divisional policies
[Outline departmental, divisional, or their own policies regarding:
- expectations for participation and attendance
- deadlines for assignment submissions
- submission methods (e.g., in person, electronically, or through the plagiarism detection tool)

Satisfactory Performance and Good Academic Standing

Students are reminded they must achieve satisfactory performance to remain in good academic standing and continue with their program. According to the School of Graduate Studies (SGS), "Satisfactory performance in a degree program requires the completion of every course taken for graduate credit with a grade of at least a B– ". For a full description of these requirements please see the SGS Calendar section "7 Good Academic Standing and Satisfactory Academic Progress,

Time Limits, Supervision, and Candidacy" and section "7.4 Satisfactory Completion of Graduate Courses". (https://sgs.calendar.utoronto.ca/general-regulations#7)

Respect for classmates
The University of Toronto is committed to equity, human rights, and respect for diversity. All members of the learning environment in this course should strive to create an atmosphere of mutual respect where all members of our community can express themselves, engage with each other, and respect one another's differences. U of T does not condone discrimination or harassment against any persons or communities.

Academic integrity
Students must adhere to the Code of Behaviour on Academic Matters. It is your responsibility to know what constitutes appropriate academic behaviour. You are responsible for ensuring that you do not act in such a way that would constitute cheating, misrepresentation, or unfairness, including but not limited to, using unauthorized aids and assistance, personating another person, and committing plagiarism. For more information see U of T Academic Integrity website.

Academic integrity includes understanding appropriate research and citation methods. If you are uncertain about this, please seek out additional information from the instructors or from other institutional resources including the following:
- This tip sheet provides clear and helpful information about appropriate academic citation: http://guides.library.utoronto.ca/citing
- This site offers a series of scenarios to help students understand how to prevent themselves from being subject to academic offence allegations https://www.utm.utoronto.ca/academic-integrity/students/scenarios
- Before handing in assignments students can also review this academic integrity checklist provided by the UofT Centre of Teaching Support & Innovation:
  - I have acknowledged the use of another's ideas with accurate citations.
  - If I used the words of another (e.g., author, instructor, information source), I have acknowledged this with quotation marks (or appropriate indentation) and proper citation.
  - When paraphrasing the work of others, I put the idea into my own words and did not just change a few words or rearrange the sentence structure
  - I have checked my work against my notes to be sure I have correctly referenced all direct quotes or borrowed ideas.
  - My references include only the sources used to complete this assignment.
  - This is the first time I have submitted this assignment (in whole or in part) for credit.
  - Any proofreading by another was limited to indicating areas of concern which I then corrected myself.
  - This is the final version of my assignment and not a draft.
  - I have kept my work to myself and did not share answers/content with others, unless otherwise directed by my instructor.
  - I understand the consequences of violating the University's Academic Integrity policies as outlined in the Code of Behaviour on Academic Matters

Use of Generative AI
The University has published sample statements for instructors to include in course syllabi and course assignments to help shape the message to students about what AI technology is, or is not, allowed. These statements may be used for both graduate and undergraduate level courses. Please Download that document here to ensure you are using the most current University content.

Please note Microsoft Copilot (formerly Bing AI) is now to all U of T students, faculty, librarians, and staff. Copilot is an enterprise version of an AI-powered chatbot and search engine which better protects the privacy and security of end users (when users are signed into their U of T account). Copilot, like other generative AI tools, may provide information that is not correct ("hallucinations"), and it is up to each individual user to determine if the results are acceptable. For information and instructions on accessing the enterprise edition, please read and adhere to the Microsoft Copilot guidelines for use.

Also refer to this accompanying set of Frequently Asked Questions.

Formal Accommodation through Accessibility Services
Students with disabilities or health considerations that may require accommodations are welcome in this course. Students are responsible for connecting with Accessibility Services Office as soon as possible in their program to establish an accommodation plan. The accommodation plan is essential to ensure instructor(s) appropriately assist students with their accommodations needs in achieving their learning goals in this course. Students should notify instructors of disability related accommodations prior to deadlines.

Accessibility Services staff are available by appointment to assess specific needs, provide referrals and develop appropriate accommodation plans. For more information, or to register with Accessibility Services, please visit: http://studentlife.utoronto.ca/as.

Requests for Informal Accommodation
Informal accommodations are requested by students when they miss (or anticipate missing in near time) a deadline because of illness, injury, emergency, or other unexpected incident. Academic busy-ness is not grounds for informal accommodation.

Decisions on whether to provide informal accommodation are at the discretion of the instructor and are not required. Requests will be considered by the instructor(s) on a case-by-case basis.

Contact your instructor to request informal accommodation as soon as possible. Students requesting an academic consideration may be required to complete a verification of illness form found here https://registrar.utoronto.ca/policies-and-guidelines/verification-of-illness-or-injury/

Accessibility, Teamwork & Participation
Students with disabilities or health considerations that may require accommodations are fully welcome and supported in this course. CHL5807H relies heavily on team-based projects, and we are committed to ensuring all students can participate meaningfully. If you have a documented accommodation plan through Accessibility Services, please connect with the instructor as early as possible so we can discuss how best to implement your accommodations across both individual and group components.

Students are encouraged—but not required—to share aspects of their accommodation with their team that are relevant to scheduling, communication preferences, or workload distribution. You do not need to disclose personal medical details. We recommend doing this in collaboration with your instructor, so that we can help facilitate inclusive team planning.

Possible supports may include flexible deadlines for internal team tasks, modified roles within group assignments, alternative formats for deliverables, or adjusted expectations for in-person or live meetings.

Above all, students with accommodations remain equal contributors to their team's learning and success. Our goal is to make sure your contributions shine—on your terms, with the supports you need.

Video and Audio Recordings
Note that permission from students is not required to record a lecture online or in-person. However, if the voices or images of students are collected in the recordings, then there needs to be a statement on the syllabus communicating this information.

The Centre for Teaching Support & Innovation provides information about syllabus statements for lecture capture, and language for various course activities such as recording for remote/online courses, permissions for downloading content as well as for in-class student recordings of course content and permissions for audio recording. https://teaching.utoronto.ca/resources/developing-a-course-syllabus/

This resource includes four examples in two categories.
- Instructor Recording in Remote/Online courses
    - Example 1: Notice of video recording and sharing (Download and re-use prohibited)
    - Example 2: Notice of video recording and sharing (Download permissible; re-use prohibited)
- In Class Student Recording of Course Content
    - Example 1: Instructor Permits Audio Recordings (No Distribution Rights)
    - Example 2: Instructor Forbids Audio Recordings

Required texts or readings
1. Provide the details of any required texts for the course, including URLs where students can obtain copies
2. Indicate if any of the details for accessing via library services
3. Include additional recommended readings if applicable
4. Indicate what material is also (or exclusively) available on the course web site (if applicable)

Week-by-week breakdown of in-class materials requested

Week 1 - Foundations First: What Health Communication Is—And Why It Matters

1. Nelson, D. E., Hesse, B. W., & Croyle, R. T. (2009). Chapter 2: Communication Fundamentals. In Making Data Talk: The Science and Practice of Translating Public Health Research and Surveillance Findings to Policy Makers, the Public, and the Press. Oxford University Press. This chapter is clear, accessible, and grounded in public health practice. It gives students unfamiliar with comms theory a structured and applied introduction to key principles, and complements the more critical Dutta & Zoller chapter.

2. Zoller, H., & Dutta, M. J. (2008). Theoretical foundations: interpretive, critical, and cultural approaches to health communication. In Emerging Perspectives in Health Communication (pp. 11–38). Routledge. https://doi.org/10.4324/9780203891223-5
This is a goldmine for critical and cultural framing, directly aligned with the anti-oppressive, justice-informed lens of your course. It gives students theoretical vocabulary to understand power, meaning-making, and context in health communications—particularly valuable for engaging BIPOC, feminist, and decolonial framings.

3. Video: In this talk, Zuni artist and researcher Mallory Quetawki shares how she uses painting and visual storytelling to translate complex biomedical concepts into culturally meaningful messages for Indigenous communities. A powerful example of how Indigenous knowledge, art, and Western science can meet in respectful, collaborative health communication.
   🔗 Watch here

4. Visual Culture and Public Health Posters (National Library of Medicine, 2003) — A comprehensive, illustrated digital gallery spanning infectious disease warnings, smoking, HIV/AIDS, and global health campaigns digitallibrarydirectory.com+2The Library of Congress+2Open Library+2.

Week 2 - Foundations in Action: How Messages Stick, Spark, and Shape What We Do

1. Lister, C., Royne, M., Payne, H. E., Cannon, B., Hanson, C., & Barnes, M. (2015). The Laugh Model: Reframing and Rebranding Public Health Through Social Media. American Journal of Public Health (1971), 105(11), 2245–2251. https://doi.org/10.2105/AJPH.2015.302669

2. Podcast That Book. (2021, January 4). Made to Stick by Chip Heath & Dan Heath | Podcast That Book #31 [Video]. YouTube. https://youtu.be/q39pmckaopY?si=6-jNItknDwOEAjCa 1. Dutta, M. J., & Zoller, H. M. (2011)

3. Ofori, M. A., Lartey, S., Durneva, P., Jha, N., Mittal, N., Roy, S., Zeba, Z., Chirwa, S., Saulsberry-Scarboro, N., Taylor, M., & Joshi, A. (2025). Visual communication of public health data: a scoping review. Frontiers in Digital Health, 7, 1555231. https://doi.org/10.3389/fdgth.2025.1555231

4. Barry, A. M. (2002). Perception and Visual Communication Theory. Journal of Visual Literacy, 22(1), 91–106. https://doi.org/10.1080/23796529.2002.11674583

Week 3 - From Broadcast to Algorithm: Strategies for Making Health Messages Work

This week we go beyond dissecting messages—we expose the guts, heart, and hustle behind health campaigns that shape minds and move bodies. From the days of mass media to today's precision-targeted, algorithm-aware design, get ready to step inside the creative process and see how powerful health messages are built—not just broadcast.

1. Noar, S.M., & Austin, L. (2020). The message is the medium? Reconsidering health communication in the digital age.

   Health Communication, 35(3), 282–285.
   https://doi.org/10.1080/10410236.2019.1700432
2. Gordon, R., Russell-Bennett, R., & Lefebvre, R. C. (2023). Social marketing in the post-digital age.
   Journal of Social Marketing, 13(1), 1–16. https://doi.org/10.1108/JSOCM-03-2022-0059h

3. NCCDH – Communicating the Social Determinants of Health
   https://nccdh.ca/resources/entry/communicating-the-social-determinants-of-health-common-messaging-guidelines Explore this bold, made-in-Canada guide to crafting health messages that actually resonate—rooted in values, metaphors, and equity, it's your go-to playbook for doing health communication that matters.

4. Gaysynsky, A., Heley, K., & Chou, W.-Y. S. (2022). An Overview of Innovative Approaches to Support Timely and Agile Health Communication Research and Practice. International Journal of Environmental Research and Public Health, 19(22), 15073. https://doi.org/10.3390/ijerph192215073

5. Sludge, Part 1: The World Is Drowning in It. This episode shows how design and communication aren't neutral—they can empower or exclude, depending on how easy (or hard) we make it to access health services.
   It deepens our understanding of equity, ethics, and strategy in health communication by revealing how sludge creates invisible barriers to care.

Week 4: Anatomy of a Health Communication Message

This week let's look behind the visuals, beneath the slogans, and inside the design decisions that shape perception, emotion, and behavior. From a smoke-free Ontario to cannabis warnings to mental health in public space—this is where framing meets feeling, and where you'll learn to spot what works, what misses, and what can be reimagined for justice and impact.

1. Text – Campaign Structure and Design in Action. Public Health Ontario. (2021). Smoke-Free Ontario: A Media Campaign Case Study
   🔗 https://www.publichealthontario.ca/en/About/News/2021/Smoke-Free-Ontario-A-Media-Campaign-Case-Study. Short and clear, this real Canadian case study lays out the entire life cycle of a campaign—from message creation to rollout, media mix, and evaluation.
2. Goodman, S., Rynard, V., Iraniparast, M., & Hammond, D. (2021). Influence of package colour, branding and health warnings on appeal and perceived harm of cannabis products among respondents in Canada and the US. Preventive Medicine, 153, Article 106788. https://doi.org/10.1016/j.ypmed.2021.106788 An introduction to how specific visual choices (colors, logos, warning labels) affect audience perception, especially relevant to students interested in media, design, or psychology.
3. 🎧 3. Podcast – A Behind-the-Scenes Human Story Health Literacy Out Loud – Episode 162: Deconstructing Stigma: A Very Public Multimedia Project about Mental Illness
   🔗 https://www.healthliteracyoutloud.com/2017/05/01/deconstructing-stigma-a-very-public-multimedia-project-about-mental-illness-hlol-162 This engaging 15-minute interview tells the origin story of a real campaign, including design challenges, tone-setting, storytelling decisions, and how messages work in public spaces (like airports!).
4. Nabi, R. L. (2015). Emotional Flow in Persuasive Health Messages. Health Communication, 30(2), 114–124. https://doi.org/10.1080/10410236.2014.974129 This reading provides a framework for how emotions interact over time within a single message—critical for designing impactful campaigns. It helps students move beyond static "fear appeals" toward dynamic emotional strategies that resonate.

Suggested: Interactive Website – Fast, Visual, Inspiring. Alioze: Best Health Campaigns in Recent Years https://www.alioze.com/en/best-health-advertisement-campaign
A sleek, skimmable gallery of creative global health campaigns—perfect for visual learners and newcomers. See how professionals use images, slogans, and layout to communicate complex topics quickly and powerfully.

Week 5: When Bad Info Hurts Good People

Last week, we cracked open how great health messages get made—now, we face what happens when communication goes wrong. This week we dive into misinformation mayhem—from vaccine fears to viral lies—and explore how media, platforms, and even institutions can shape what we trust, fear, or ignore about our health. It's not just about facts—it's about power, harm, and what you can do about it.

1. ZOE Science & Nutrition. (2024, January 25). What to eat for your health – according to science [Audio podcast episode]. In Jonathan Wolf (Host), ZOE Science & Nutrition. ZOE. https://podscripts.co/podcasts/zoe-science-nutrition/what-to-eat-for-your-health-according-to-science?utm_source=chatgpt.com
   Despite conflicting diet trends, long-term health is best supported by a personalized, plant-forward, whole-food approach; misinformation thrives due to oversimplified labels and marketing spin; and the key to lasting change is finding sustainable, delicious habits—not restrictive short-term fixes.

2. 📄 Academic Article: Chou, W.-Y. S., Oh, A., & Klein, W. M. (2018).
   Addressing Health-Related Misinformation on Social Media.
   JAMA, 320(23), 2417–2418.
   This article discusses strategies for combating health misinformation on social media platforms, emphasizing the role of public health professionals.
   🔗 Read here

3. 🎬 Video Report: PBS NewsHour Special Report (2021). "Disinformation Dozen: The People Behind the Vaccine Misinformation Online."
   An investigative piece examining the individuals responsible for spreading the majority of anti-vaccine misinformation online.
   🔗 Watch on YouTube

4. 🖼 Investigative Article: A Huge Outbreak Has Made Ontario the Measles Centre of the Western Hemisphere – The Guardian This article provides an in-depth look at the measles outbreak in Ontario, Canada, analyzing how vaccine hesitancy, misinformation, and public health communication breakdowns have contributed to the crisis.
   🔗 Read here (reuters.com)

5. Mende, M., Ubal, V. O., Cozac, M., Vallen, B., & Berry, C. (2024). Fighting Infodemics: Labels as Antidotes to Mis- and Disinformation? Journal of Public Policy & Marketing, 43(1), 31–52. https://doi.org/10.1177/07439156231184816

These materials offer a multifaceted view of how misinformation can lead to serious public health consequences, using both global and local examples to illustrate the stakes involved.

Week 6: Evaluation Isn't the End—It's the Engine.

After last week's dive into misinformation and public trust, we now shift focus to how we measure impact, quality, and truth in health communication. From classic logic models to AI-driven analytics, you'll explore accessible tools and frameworks—like CDC's and RE-AIM—that you can use right now to evaluate your own nonprofit campaign work-in-progress.
Ask ChatGPT

Required Readings/Listening/Viewings

1. CDC: Evaluation Tools – Communication <u>CDC Evaluation Resources</u>
For for practical, real-world evaluation in health communication. Includes editable logic models, outcome checklists, and implementation templates your team can adapt directly for nonprofit or grassroots health campaigns.

2. RE-AIM Framework: A Simple Introduction <u>RE-AIM Overview</u>
Why it's essential: This short overview offers a digestible intro to the RE-AIM framework (Reach, Effectiveness, Adoption, Implementation, Maintenance), one of the most widely used models for evaluating health communication and public health interventions.

3. Afful-Dadzie, E. et al. (2023). Social media in health communication: A literature review of information quality. <u>DOI link</u>
A critical lens to assess trustworthiness, accuracy, and quality in online content—skills increasingly vital in health communication shaped by algorithms and virality.

4. Brito, M. (2025). <u>Full article</u>
Maps the evolving world of AI-powered sentiment and audience analytics. Provides a clear comparative framework of tools like Talkwalker, Brandwatch, NetBase Quid, and Pulsar, allowing students to understand how health communicators can use real-time social intelligence to monitor, evaluate, and pivot campaigns in response to misinformation and public mood. A springboard to discuss tech ethics, cost, and feasibility in nonprofit contexts.

Week 7: Health Messaging, Power & Resistance
After learning how to evaluate health communication efforts, this week we ask: What happens when communities speak back—or stay silent? From disgust as a tool of manipulation to grassroots activism by people who use drugs, this week dives into the messy, moral, and often radical side of health communication. CHOOSE THREE OUT OF SIX!

Required

1. Lupton, D. (2015). The pedagogy of disgust: the ethical, moral, and political implications of using disgust in public health campaigns.
   Critical Public Health, 25(1), 4–14. https://doi.org/10.1080/09581596.2014.885115 A foundational reading on how moral judgment gets embedded in health messaging.

1. CAPUD Website (2024). https://www.capud.ca Explore how people who use drugs frame dignity, survival, and policy transformation. Come ready to discuss tone, visuals, and activist communication.

2. Vicari, S., & Cappai, F. (2016). Health activism and the logic of connective action: A case study of rare disease patient organisations. Information, Communication & Society, 19(11), 1653–1671. https://doi.org/10.1080/1369118X.2016.1154587
   Unpacks how advocacy shifts in the digital era—from collective identity to networked influence.

3. Dubner, S. J. (Host). (2021, January 21). The downside of disgust (Update) (No. 448) [Audio podcast episode]. In Freakonomics Radio. Freakonomics, LLC. https://freakonomics.com/podcast/the-downside-of-disgust-update. This episode explores the evolutionary roots of disgust, its various forms (such as hygiene, food, and moral disgust), and how this powerful emotion influences our decisions and behaviors. It features interviews with experts like psychologist Paul Rozin and the late Val Curtis, a renowned "disgustologist." The discussion also touches on how disgust can hinder beneficial practices, such as adopting sustainable food sources like insects.

4. 🖾 2. "Echoes of Silence" – Nursing Philosophy (2024) This article explores how silence can manifest in healthcare settings, particularly among patients who feel disempowered or fearful. It discusses how silence can serve as a survival strategy, allowing individuals time to process their experiences and assert control in environments where they may feel vulnerable.

5. "Fulcher, K., Shumka, L., Roth, E., & Lachowsky, N. (2019). Pleasure, risk perception and consent among group sex party attendees in a small Canadian Urban Centre. Culture, Health & Sexuality, 21(6), 650–665. https://doi.org/10.1080/13691058.2018.1508749. This study explores how attendees of group sex parties in Canada navigate sexual health communication, emphasizing the importance of consent and risk perception within these communities. It provides insights into how sexual health messages are received and adapted in non-traditional sexual settings.

6. Restoule, B., Graham, H., Stewart, E., & Bombay, A. (Hosts). (2024). pihtikwê – Visits

with First Nations Psychologists [Audio podcast]. Ontario Network Environments for Indigenous Health Research (ON NEIHR). https://podcasts.apple.com/ca/podcast/pihtikwe-visits-with-first-nations-psychologists/id1731912433 Explore the emotional roots of health communication—trust, fear, hope, and dignity—through culturally grounded, relational, and identity-based frameworks.

For Week 8—Health Communications within Institutions

We delve into the nuanced dynamics of communication across various institutional settings, from hospitals to workplaces like factories, farms, and the service industry. Understanding these environments is crucial for crafting effective health communication strategies that resonate with diverse audiences.

1. Kim, M., & Oh, S. (2016). "Assimilating to Hierarchical Culture: A Grounded Theory Study on Communication among Clinical Nurses." A revealing look into communication dynamics in hospitals and the lived experience of staff negotiating silence, hierarchy, and clinical norms. https://doi.org/10.1371/journal.pone.0156305

2. Strickland, J. R., et al. (2015).
"Development of Targeted Messages to Promote Smoking Cessation Among Construction Trade Workers." Health Education Research Shows how tailored health communication for factory and construction workers must be practical, credible, and context-specific—especially when trust is low. https://doi.org/10.1093/her/cyu050

3. Canadian Foundation for AIDS Research. (n.d.). Sexfluent: Youth-driven sexual health and wellness resource. https://canfar.com/awareness/for-youth/

4. Michaud, Liam., Stöver, H., van der Meulen, E., De Shalit, A., Ka Hon Chu, S., Thomas, R., & Pont, J. (2025). Securitizing carceral health: A realist review of Canada's prison needle exchange program. Health & Justice, 13, Article 41.
https://doi.org/10.1186/s40352-025-00332-w
A gripping look at how harm reduction messages in Canadian prisons are shaped, suppressed, and resisted—revealing the raw interplay of trust, stigma, and power in one of our most closed institutions.

 Suggested: Crip Camp – A Disability Revolution (2020)
Directed by Nicole Newnham & James LeBrecht
Watch: https://www.youtube.com/watch?v=OFS8SpwioZ4
From Camp Jened in the 1970s to the front lines of U.S. disability rights protests, this documentary captures how disabled people challenged institutions and reframed communication as a tool for dignity, protest, and justice. An emotional, political, and cultural lens on institutional health communication that's often missing from public narratives.

Week 9 – Digital Health Communications

Required

1. Eysenbach, G. (2020). How to Fight an Infodemic: The Four Pillars of Infodemic Management. Journal of Medical Internet Research, 22(6)
   This is a now-classic piece that clearly outlines how to approach the flood of misinformation during health crises by building digital health literacy, promoting trustworthy sources, and strengthening resilience in digital systems. https://doi.org/10.2196/21820 Foundation for this week's discussions on digital health communication systems and misinformation.

2. World Health Organization. (n.d.). FIDES: Public health intelligence from digital ecosystems. https://www.who.int/teams/digital-health-and-innovation/digital-channels/fides Explore how the WHO's FIDES platform uses real-time digital intelligence to detect global health threats before they go viral. Discussion starter on trust, virality, and credibility in health messaging.

3. QuickBlox. (2024, November). Chatbot development for healthcare industry – A complete guide. QuickBlox Blog. https://quickblox.com/blog/step-by-step-guide-for-developing-a-chatbot-for-healthcare-apps/

4. "Gamification in Public Health: Strategies and Outcomes"
   Presented by Public Health Innovations, 2024. Watch the video This video provides visual case studies of successful gamification in public health campaigns, illustrating how game mechanics can drive behavior change and improve health literacy among diverse populations.

Week 10 – Who Controls the Message? Platforms and Power

From plain language to platform accountability, this week equips you to decode how tech, design, and corporate influence shape what health messages we see—and who gets left out. Explore tools, tactics, and youth-led advocacy that make health communication not just clearer, but fairer.

1. U.S. CDC: "Everyday Words for Public Health Communication" (Updated 2024). This toolkit teaches how to make health information clearer and more accessible—perfect for health promoters, public health students, and community educators. https://www.cdc.gov/other/everydaywords.html
Includes side-by-side examples of jargon vs. plain language, especially useful for designing health messages, campaigns, or educational materials.

2. WHO (2023). Commercial Determinants of Health – Fact Sheet An essential, easy-to-scan overview of how corporate practices (e.g., advertising, lobbying, product design) shape health outcomes.
WHO Fact Sheet

3. "It's time to hold social media companies accountable for disrupting the education system" – Schools for Social Media Change (2024). This campaign-style video and website explore how algorithm-driven platforms shape youth mental health, attention, and access to credible health information. https://schoolsforsocialmediachange.ca To reflect on power, youth advocacy, and digital responsibility.

4. Delerm, I., Galmiche, B., & Lévy, D. (2024).
Healthwashing: Corporate Communication Strategies in a Legal Gray Zone.
Loyola Consumer Law Review, 36(1), Article 3. Direct PDF access

Week 11 – Health on Fire: Environmental health promotion & crisis communication.

This class will center how climate-related threats—from wildfires to air quality—are reframed as urgent, equity-focused public health messages. Students will examine how Indigenous, scientific, and digital knowledge systems can converge or clash in the fight for planetary and population health.

Required

Climate Crisis and Health Communications
Beigi, S., et al. (2023). Communicating climate change as a public health crisis: A scoping review.
This article highlights how climate communication must urgently shift from future scenarios to immediate health impacts—especially affecting vulnerable communities. It proposes strategies for more resonant, equity-centered messaging.
🔗 Link to Journal of Health Communication

Burton, A., MacNeill, M., & Keith, D. (2022). Wildfire smoke and protective actions in Canadian Indigenous communities: A narrative review. Atmosphere, 14(8), 1204. https://doi.org/10.3390/atmos14081204
Dobbins, M., Traynor, R. L., Workentine, S., Yousefi-Nooraie, R., & Yost, J. (2018). Impact of an organization-wide knowledge translation strategy to support evidence-informed public health decision making. BMC Public Health, 18(1), Article 1412. https://doi.org/10.1186/s12889-018-6317-5

Week 12 – Health at the Heart: Reclaiming the Patient-Provider Relationship

Interpersonal, institutional, and identity-based dimensions of care communication. This week dives deep into the trust, power, culture, and choice that shape interactions between patients and providers. From opioid treatment to cancer care to shared decision-making, students will analyze the mechanics of connection—and what gets in the way.

Required Readings & Media:
1. Matthias, M. S., Krebs, E. E., Bergman, A. A., Coing, J. M., & Bair, M. J. (2014). Communicating about opioids for chronic pain: A qualitative study of patient attributions and the influence of the patient-physician relationship. European Journal of Pain, 18(6), 835–843. https://doi.org/10.1002/j.1532- 2149.2013.00426.x [17]

2. Ibáñez-Carrasco, F. (2024). Patient-provider relations [Interactive module]. University of Toronto. Find in https://bit.ly/CAHR_MicroMightyLearning

3. Shahid, S., Durey, A., Bessarab, D., Aoun, S. M., & Thompson, S. C. (2013). Identifying barriers and improving communication between cancer service providers and Aboriginal patients and their families: the perspective of service providers. BMC Health Services Research, 13(1), 460–460. https://doi.org/10.1186/1472-6963-13-460 [20]

4. Explore this website https://www.infoway-inforoute.ca/en - Infoway works with governments, health care organizations, clinicians, and patients to make health care more digital to facilitate faster, more seamless, and secure information sharing. We are an independent, not-for-profit organization funded by the federal government.

Key Questions:
- What are the emotional, cultural, and institutional forces at play in provider-patient dialogue?
- How can we build systems that support shared mind and decision-making?
- Where does digital tech help—or harm—relational care?

About Mental Health and Well-Being
Your mental health is important. Throughout university life, there are many experiences that can impact your mental well-being, such as relationship difficulties, nervousness or anxiety and the stress of academic work itself.

As a University of Toronto student, you have free access to programs and services designed to support your mental wellbeing through Student Life Health and Wellness

You can access free mental health and wellbeing services at Health & Wellness such as same day counselling, brief counselling, medical care, skill-building workshops and drop-in peer support. You can also meet with a Wellness Navigation Advisor who can connect you with other campus and community services and support. Call the mental health clinic at 416-978-8030 ext. 5 to book an appointment or visit uoft.me/mentalhealthcare to learn about the services available to you.

If you're in distress, you can access immediate support:
https://studentlife.utoronto.ca/task/support-when-you-feel-distressed/

General Student Mental Health Resources
- U of T's Central Hub for Student Mental Health Resources
- SGS Graduate Wellness Services
- Student Life Health and Wellness
- U of T Telus Health Student Support (formerly U of T My SSP) 24/7 by calling 1-844-451-9700. Outside of North America, call 001-416-380-6578. (See instructions for accessing Telus Health Student Support outside of Canada or the U.S. under Service Delivery.)
- Good2Talk: Call: 1-866-925-5454 or Text: GOODTOTALKON to 686868

Tri-Campus Sexual Violence Prevention and Support Centre ("The Centre").
- The Centre has a location on all three campuses to help students who disclose to access supports and, in cases where the student chooses to formally make a report, the Centre will explain the process, and facilitate the making of the report to the University and/or to the Police. The Centre can be contacted through its confidential phone at 416-978-2266 or thesvpcentre@utoronto.ca.
- Students are encouraged to call or email for an appointment, which will be booked as soon as possible. Students in crisis or in need of immediate support related to sexual violence can contact Women's College Hospital Sexual Assault Care Centre at 416-323-6040.

Office of the Ombudsperson
- As part of the University's commitment to ensuring that the rights of its individual members are protected, the University Ombudsperson is devoted to ensuring procedural fairness and just and reasonable outcomes.
- The Ombudsperson offers confidential advice and assistance for complaints and concerns and can recommend changes in academic or administrative procedures where this seems justified. For information, see https://governingcouncil.utoronto.ca/ombudsperson.

Other Resources and Supports for DSLPH Graduate Students

Resource	Summary Description
The Office of Graduate Affairs	Provides a variety of services, including academic, program and personal advising. DLSPH students that require any assistance or information regarding coursework extension, program requirements, etc..
Graduate Department of Public Health Sciences Student (GDPHS) Handbook	This resource provides comprehensive information on getting started, enrolment, policies and procedures, financial matters, awards and funding opportunities, student services and more.
DLSPH Student Resources	This resource site includes information for incoming students, the GDPHS Student Handbook, program requirements, policies and forms, online learning resources, timetables, course database, information for international students, professional opportunities, mentorship program, health & well-being, public health students' association, and PhD Final Oral Exams.
U of T Graduate Student Union	The UTGSU is a voice for over 18 500 students as well as a platform for community building and services. UTGSU supports and advocates on behalf of graduate students.
Health Sciences Writing Centre (for DLSPH PhD students)	The Health Sciences Writing Centre provides free individualized, confidential writing instruction to: • Develop your writing skills • Improve your capacity to plan, organize, write, and revise academic papers (in any subject!) • Manage ESL/EFL language challenges The Centre works with all students, for all assignments, at all stages of the writing process. Visit the website to book an appointment or for more information.
UofT Academic Success Centre	Offers group workshops and individual counselling to develop strategies for a range of learning challenges such as time management, stress and anxiety, memory, exams, note taking, textbook reading, concentration.
UofT Career Services	Provides opportunities to meet employers, industry experts and alumni; strategies to Identify goals and navigate career decisions; and resources: Improve your resume, interviews, and online presence.

APPENDIX

Working with Community Partners: 15 Things Every Student Should Know
(When Acting as a Health Communications Collaborator or Consultant)

1. **Show up on time and follow through.**
   Reliability builds trust—respect their time and energy.
2. **Listen before offering solutions.**
   Learn the context first. Don't assume you have the answer.
3. **Set realistic goals together.**
   Co-create achievable timelines and deliverables. Don't overpromise.
4. **Keep boundaries—ask before taking photos or sharing stories.**
   Respect privacy, safety, and the emotional labor of others.
5. **Don't speak for others.**
   Amplify, don't replace. Let partners represent themselves whenever possible.
6. **Clarify authorship and credit early.**
   Discuss whose name goes where—on reports, posters, websites, etc.
7. **Ask: "What does success look like *for you*?"**
   Let their priorities shape your work.
8. **Use the experience wisely on your CV—but check consent first.**
   If showcasing your work publicly, always get permission.
9. **If you can't do it, say so early and respectfully.**
   Communicate clearly and don't disappear—integrity matters more than perfection.
10. **Express gratitude and follow up.**
    Say thank you, share final materials, and stay in touch.
11. **Use respectful, professional communication.**
    Default to email or agreed methods—not informal texts or DMs unless invited.
12. **Stay humble—you're a guest in their ongoing work.**
    Enter the space with curiosity and care, not ego.
13. **Be transparent about tools you use (especially AI or design software).**
    Don't pass off automated or team-supported work as solo effort.
14. **Maintain confidentiality and ethical boundaries.**
    Don't share sensitive or personal details without permission—even in class.
15. **Know who to ask if conflict arises.**
    If you're confused, overextended, or something goes wrong, speak to your TA, instructor, or designated liaison early.

Evaluation Table – CHL5807H Health Communications

Assignment	Description	Weight	Due
Assignment 1 Individual Health Communication Analysis	Written analysis (1,200–1,500 words or equivalent AV format) of a real-world health communication message. Apply theory, framing, and media critique. Includes AI use disclosure.	25% (25 points rubric)	Week 4 or 5
Assignment 2 Midterm Group Concept Pitch	15-minute team presentation pitching your campaign idea for a partner organization. Includes slides, theory use, audience framing, and references.	25% (25 points rubric)	Week 6 or 7
Assignment 2b Midterm Group Functioning Report	Team reflection on collaboration, roles, communication, and emerging challenges. One submission per group. Formative, but graded.	5% (5 points rubric)	Week 6
Assignment 3 Final Client Presentation	Final team presentation of your co-designed health communication product (e.g., video, zine, podcast, etc.), with narrative of design process and community engagement.	35% (35 points rubric)	Final class
Assignment 4 Final Individual Team Collaboration	Instructor-assessed. Reflects your participation, reliability, equity, and peer engagement throughout the term.	10% (10 points rubric)	Final week
Total		100%	

Assignment 1: Individual Health Communication Analysis

Weight: 25% = 25 points – No decimals
Due: Week 4 or 5
Length: 1,200–1,500 words (or equivalent AV format)
Submission: Post on the course Discussion Board

Assignment Instructions

Section	Description	
Title & Introduction	Create a catchy but formal title. Open with a short paragraph explaining your choice—why this campaign matters to you or your field.	1
Factual Description (Pages 1–2)	Provide an objective overview of the campaign. Who created it? What is the message? Where did it appear? Avoid opinions or adjectives here. Use hyperlinks in the text. Place any images or charts in an appendix.	8
Critical Analysis (Pages 3–4)	Use one or more health communication theories or frameworks to critique the campaign. What messages are being sent (or omitted)? How is equity, emotion, and audience framing handled? Support your analysis with course readings and/or external sources.	8
Conclusion (Page 4)	Sum up your key insights and link back to your intro. What does this campaign teach us about health communication—and what could be done differently?	8
References & AI Use	Use APA format. If you used AI tools (e.g., ChatGPT, Copilot), briefly state how (1–3 sentences). Example: "Reviewed structure using ChatGPT."	Required – no points

Assignment 2: Midterm Group Concept Pitch – Expectations & Rubric

This assignment includes a live, in-class presentation and a visual slide deck outlining your proposed health communication campaign. Below is a merged table that outlines both what to include in your pitch and how your presentation will be evaluated.

Note: The team must also submit one midterm report which assesses how the group is functioning midway through the course. It is intended to surface challenges early and guide respectful team adjustments. Submit as one shared document per team. This is a collective grade (5 points).

Section / Category	Description / Criteria	Format	Points
Team Name & Intro	Introduce your team and its collaborative values. Mention who does what, and how you've organized your work so far.	Slide + Verbal	
Problem & Target Audience	Clearly identifies public health issue and defines the audience. Shows cultural and contextual awareness.	Slide + Verbal	5
First Mentor/Client Contact	Describes outreach to mentor/client. Tone, framing, and responsiveness included.	Slide + Verbal	3
Campaign Vision & Format	Proposes a creative, audience-appropriate concept with a clear communication goal. Format is suitable.	Slide	4
Use of Theory	Applies at least one communication theory or model clearly connected to concept.	Slide + Verbal	4
Reference Integration	Cites at least three academic, professional, or class-based sources relevant to the campaign strategy.	Slide	3
Next Steps	Acknowledge uncertainties. Outline what revisions may happen after partner feedback. Include timeline.	Slide	
Presentation Delivery	Team presents clearly and professionally. Balanced participation. Stays on time.	Verbal	3
Slide Design	Slides are clean, well-organized, and help tell the story. Includes a simple visual timeline.	Slide	3
TOTAL			25

Example

A team working with a mental health nonprofit targeting South Asian youth proposes a video series on TikTok. They reference:
- Nabi, R. L. (2015) on emotional flow in messaging,
- the NCCDH guide on framing the social determinants of health,
- and Ofori et al. (2025) on visual public health communication.

They note in their slides: 'In our outreach email, we emphasized our respect for the organization's time and framed ourselves as collaborators, not experts. We shared our early concept—a culturally relevant digital storytelling campaign—and asked for their top communication priorities. Their response was warm but noted concerns around stigma.

Midterm Group Report (5 Points)

To be submitted by the team in Week 6. This reflection assesses how the group is functioning midway through the course. It is intended to surface challenges early and guide respectful team adjustments. Submit as one shared document per team. This is a collective grade (5 points).

Category	Criteria	Points
Team Reliability	Have we been meeting as planned and delivering our parts on time? Are we dependable as a unit?	1
Communication Flow	How are we managing communication? Are we listening, coordinating, and giving constructive feedback?	1
Skill Use & Gaps	Are we using everyone's strengths? Is anyone sidelined or overwhelmed? What needs balancing?	1
Emerging Challenges	Have we faced any team or partner issues? How are we handling them or planning to?	1
Team Spirit	How would we describe our tone, trust, and collaboration style so far?	1
TOTAL		5

Assignment 3: Final Client Presentation – Expectations & Rubric

This final team assignment requires students to present their completed health communication product—co-designed with a community or nonprofit partner. The product can take many forms (e.g., video, podcast, zine, social media toolkit) but must be aligned with the audience, goals, and theoretical frameworks explored throughout the course. The presentation should showcase both the final product and the process of creation, including collaboration, adaptation, and learning.

Final Presentation & Product Rubric (35 Points)

Section / Category	Description / Criteria	Format	Points
Team Introduction & Framing	Reintroduce your team and describe the community or nonprofit you collaborated with. Explain your guiding values.	Slide + Verbal	3
Final Product Showcase	Present the communication product (or prototype). Explain format, purpose, and relevance to your audience.	Live demo or video in slides	7
Audience-Centered Design	Show how you considered the target audience's needs, behaviors, culture, and equity in your design choices.	Slide + Verbal	5
Theory Application	Clearly connect your final product to at least one communication theory or model used in the course.	Slide + Verbal	4
Process Narrative	Explain how you co-designed the product—what changed after mentor feedback, what you learned, and how you adapted.	Slide + Verbal	5
Team Collaboration	Demonstrate shared responsibility, clear coordination, and reflection on your teamwork process.	Verbal	3
Clarity and Design of Slides	Visual slides are polished, legible, and support—not overwhelm—your storytelling. Includes process timeline.	Slide	3
Impact Reflection	Offer insights on how this work contributes to justice, communication equity, or real-world change.	Slide + Verbal	3
TOTAL			35

A team working with a youth housing nonprofit develops an Instagram carousel campaign on harm reduction. They present:
- A walkthrough of their final visuals and hashtags,
- A short story of how youth feedback led them to scrap their first slogan,
- The use of social marketing and narrative theory,
- A timeline slide showing their design, testing, and partner review steps,
- And a reflection on how they learned to prioritize accessibility over aesthetics.

Their product includes ALT-text, plain language, and is ready for the client to publish.

Team Collaboration Rubrics – Midterm and Final

These rubrics assess group dynamics and individual contributions to collaborative work. The midterm rubric is a formative check-in worth 5 points for the entire team. The final rubric is an individual summative assessment worth 10 points.

Final Individual Team Collaboration Rubric (10 Points)

Assessed by the instructor at the end of the course. Each student is evaluated individually on their overall participation, communication, and accountability in team-based work.

Category	Criteria	Points
Reliability & Follow-Through	Attends team meetings, completes assigned tasks on time, and supports project timelines.	3
Communication & Respect	Communicates effectively and respectfully. Contributes ideas, listens actively, and engages in feedback.	3
Equity & Initiative	Shares work equitably and steps in where needed. Demonstrates initiative without dominating.	2
Self-Awareness & Growth	Reflects on own strengths and areas for improvement in peer feedback and team work.	2
TOTAL		10