Pro-seminar in Health Communication
CJT671
Fall, 2011 – Tuesdays, 1:00-3:30 PM
Grehan 223

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COURSE DESCRIPTION

Pro-seminar in Health Communication is a seminar devoted to providing master's and doctoral students with a comprehensive overview of the major issues, topics, and compelling areas of study in health communication research. Upon completing the course, students will have a broad understanding of health communication research, and will have specialized knowledge in an area of interest. The objectives for each class are listed below on the syllabus. This course operates as a seminar, and students are expected to fully participate in class discussions related to the topics and assigned readings (this is *communication*… we're supposed to be really, really good at this!).

Course Objectives and Student Learning Outcomes
The goal of this course is to give you a broad understanding of health communication theory and research. By the end of this course you will be able to
- Define health communication and recognize its relationship to the study of public and personal health.
- Explain the multi-level nature of health behavior and the field of health communication.
- Critically analyze the effectiveness of health communication efforts in a variety of settings (i.e., patient-provider, organizational, public relations).
- Use health communication theory to design effective persuasive health messages to reach and persuade diverse audiences.
- Understand sub-disciplines within the field of health communication and trends in the history of health communication research.

REQUIRED TEXTS AND READINGS

1. USDHHS. 2001. *Making health communication programs work.* Bethesda MD: NCI. (**Hereafter The Pink Book)** A free copy is available online: http://www.cancer.gov/pinkbook
2. Thompson, T. L., Parrott, R., & Nussbaum, J.F. (Eds.) (2011). *The Routledge handbook of health communication*. Mahwah, NJ: Routledge. (**Hereafter The Handbook)**
3. CJT671 Readings (see subsequent pages for a list). These are available on Blackboard. (You will need to use your ad account and password to login)

Additional background reading including significant journal articles related to the topics we will cover is listed on the course syllabus as "optional" reading.

Recommended style manuals:

American Psychological Association. (2009). *Publication Manual of the American Psychological Association* (6th ed.). Washington, DC: Author.

Booth, W., Colomb, G., & Williams, J. (1995). *The craft of research*. Chicago: University of Chicago Press.

O'Conner, P. T. (1998). *Woe is I: A grammarphobe's guide to better English in plain English.* New York: Riverhead Books.

ASSIGNMENTS AND GRADING

READINGS AND PARTICIPATION: All readings should be completed prior to the class for which they were assigned, and students are expected to participate fully in all class discussions. This can be achieved by not only reading carefully, but coming to class with notes made, questions to ask, and issues to raise that have come from the readings. ***In addition, this can be achieved by bringing "brain bounties" (newspaper articles, issues in the news, examples from research, etc.) to class as they arise in daily life***. Class participation (including discussion leading) will count 10% toward your final grade in this course.

REACTION PAPERS: Each week a number of readings will be assigned with a particular topic in mind, and approximately every other week students will read and write a reaction paper on the topic for that week. For the papers, you should choose an issue from the readings that you believe is either central to the topic or important in some way, and write a reaction paper on it. Your paper should reflect your thoughts and reactions to what is being presented in the readings (in some cases you may want to tie readings to your personal experience). These reflections can be more general, such as: "What do I think about the author's proposition that mass media campaigns can change health behavior? Do I agree with the author's suggestion that the evidence is strong to support this proposition? If not, what approach do I think would work better than mass media campaigns?" Or, some weeks you may want to be more specific, such as: "On page XX of the Cohen (2007) reading, she suggests that we need more theoretically-grounded message designs. Do I agree with this statement? If so, what kinds of approaches might be useful to add to this literature?" In all reaction papers you are expected to engage the readings, and demonstrate synthesis of the material as it applies to the issue or questions you address.

This assignment is intended to foster critical thinking and reflection with regard to the readings and topics. The papers should be approximately 3-4 double-spaced pages… please keep to this page limit. In addition, each paper will count 7% toward the final grade. There will be 5 reaction papers across the semester (35% of grade).

HEALTH COMMUNICATION RESEARCH PROJECT/PROPOSAL: For this major paper, you will research a specialized area of health communication of interest to you. The purpose of the assignment is twofold: First, to summarize the current literature in a specific area of health communication. Second, to propose (all proposals must include an IRB application for data collection) or conduct (if you have a study already in mind and can ramp up quickly) a research study to examine an important issue in this area of health communication. The assignment will put to work many of the skills that you are learning in your graduate program, including: reviewing and synthesizing the literature, proposing innovative ideas in a field of study, and applying research methods to a proposed study in a real-world context. More details on the paper will be provided early in the semester. If you have never written a major research proposal or research paper, you should consider taking a research methods course before enrolling in this graduate course. All students must write the paper using the APA style manual. The length of the paper should be approximately 18-22 double-spaced pages (not including title page, abstract, and references), depending on the nature of the project. An introduction and outline of the paper with a tentative bibliography of relevant primary health communication research is due on 10/25 (required so that I may provide you with early feedback and direction; papers without an October outline will be penalized 10% of the final paper grade), and the full paper is due by 12/6 (40% of grade).

HEALTH COMMUNICATION PRESENTATION: The remaining 15% of your grade will be assigned based on a presentation of your health communication paper. These presentations will take place during the final week of class. As we get closer to this presentation, more specific guidelines will be handed out.

STUDENT RESPONSIBILITIES:

As a faculty member with the privilege of teaching graduate students, I consider each of you as potential colleagues in the field of health communication. As such, there are certain collegial responsibilities that I remind you of so that you are certain about what constitutes collegial behavior in this seminar.

l. Attend class! This is a seminar, not a lecture class. A great deal of what we learn will come from class members (your colleagues!).

2. Read in advance of class and participate in class discussions. Your final grade will suffer if you are unable or unwilling to share your knowledge, experience, and research findings with others.
3. Lead class discussion on a required reading at least once during the semester.
4. Present at least one <u>formal</u> report in class related to the subject of your final research paper.
5. Complete a formal research paper proposal/outline that includes a reference list. Consider submitting an abstract of it to the Kentucky Conference on Health Communication that will be held here in the Spring!
6. Complete a major research project--a final term paper--by the end of the semester. Guidelines for the paper are attached.
7. You must access your UK e-mail account frequently for messages from me or other class members in addition to the course Blackboard website.

    GRADING: I expect you to follow the due dates announced for readings, papers and projects. If, for some <u>good</u> reason, you are unable to comply with the due date as announced by this syllabus and course schedule, you should explain this situation to me <u>before</u> the assignment is due and then take the necessary steps to complete the work as quickly as possible. A late completion of any assignment will likely result in some penalty in terms of a grade received, and I have a general late policy below. When an assignment has been returned to the class and discussed, I will no longer accept additional assignments for grading. Under such circumstances will receive a zero for the assignment to the detriment of your final course grade. The above policy is designed to be fair to all students enrolled in this course. Incomplete grades ("Is") are given in CJT 671 only in extreme situations, where a documented late-in-the-semester medical or family emergency is presented to the instructor <u>before</u> incomplete assignments are due. Finally, it is expected that all assignments for this class be original. To re-work or "extend" a paper from another course is academic plagiarism. However, students are welcome to building upon previous work in an area of inquiry, and collect or analyze new data for this course's required health communication project.

Your final grade will be calculated from your participation & attendance in the course (10%), reaction papers (35%), the research proposal paper (40%) and presentation (15%), for a total of 100%. Students will receive an A, B, C, or E. Because D grades are not awarded to graduate students, if your final course grade is below a C (below 70%) you will receive a failing grade (E) in the course.

COURSE PROCEDURES

    LATE ASSIGNMENTS: By definition, late assignments are below average. Late assignments create major time and scheduling conflicts, and are unfair to those who are prepared. For these reasons, any late assignment will have 10 percent deducted from the score as a penalty for *each day* it is late (including weekends). An assignment is late when it is submitted after the stated deadline; deductions will be taken beginning with the missed deadline. For example, if an assignment is due in class on Tuesday, deductions will begin immediately following the conclusion of class. The ***only*** exception to this policy is if the absence is officially excused (see *Students Rights & Responsibilities Code*; http://www.uky.edu/StudentAffairs/Code/) and cleared with me in advance (there probably will be an appropriate grade sanction). Under no circumstances will I accept only electronic submissions; you *must* turn in a hard copy of your assignments (sometimes accompanied by an e-copy).

        CHEATING AND PLAGIARISM: In this course (and in all others at the University) you are expected to do your own work. Cheating or plagiarism, as defined in the *Student Rights and Responsibilities Code* (http://www.uky.edu/StudentAffairs/Code/part2.html; especially sections 6.3.1 on plagiarism and 6.3.2 on cheating), will be sanctioned. Depending on the severity of the offense or the existence of prior offenses (yes, UK keeps track), the penalty will range from a grade of zero on the assignment in question to expulsion from the University.

    COURSE WEBSITE: Additional course resources may be found on Blackboard.

PROJECTED WEEKLY SCHEDULE

WEEK	DATE	TOPIC	READINGS (Suggested in the order below)
1	8/30	Introduction to the Course	Handbook, Introduction & Chapter 1 & 2; Parrot (2004); Rimal & Lapinski (2009)
2	9/6	Communication and Public Health	Maibach, et al. (1994); Edgar & Freimuth (2006); Dutta & Zoller (2008); Handbook, Chapter 20; Pink Book, introduction and overview (pp. 1-13) ***Reaction paper #1 due** **OPTIONAL:** Bernhardt, J. (2004); Rogers (1996) Ratzan et al (1996)
		Objectives: 1. To understand the role of communication in public health and health behavior change 2. To understand the logic of health communication theorizing and program planning.	
3	9/13	Major theories of health behavior (and their application to health communication)	Handbook Chapter 20; Glanz, Rimer, & Viswanath (2009); Montano & Kasprzyk (2009)*; Fishbein & Capella (2006);); Witte, Meyer, & Martell (2001, Chapters 3 & 4); Weinstein, Sandman & Blalock (2009) **OPTIONAL:** Fishbein & Yzer (2003) Cappella (2006) Rimal (2008)
		Objective: To understand principles of applications of behavioral theories in messages.	
4	9/20	Part 1: Comparing, contrasting, and criticizing theories of health behavior Part 2: Using theories to plan health programs	Part 1: Noar & Zimmerman (2005); Weinstein & Rothman (2005); Glasgow & Linnen (2009); Part 2: Schiavo Chapters 11-13 (skim 13) ***Reaction paper #2 due**
		Objectives: To compare, contrast, and criticize principles of applications of behavioral theories in messages.	
5	9/27	Message development and design	Handbook Chapter 13; Palmgreen & Donohew (2003); Witte & Allen (2000); Palmgreen et al. (2001); Slater (1995); Pink Book, Stages 2 (Message Development) & 3 (Implementation), pp. 53-105.
		Objectives: 1. To analyze and interpret qualitative and quantitative formative data for communication program design. 2. To understand the principles of applying theoretical constructs in message design.	
6	10/4	Mass media and health Part 1: Campaigns Part 2: Interpersonal conversations and campaigns	Part 1: Noar (2006); Hornik & Yanovitsky (2003); Huhman (2008); Handbook, Chapters. 14-15; Part 2: Southwell & Yzer (2009); Morgan (2009) **OPTIONAL:** Berkowitz et al. (2008) ***Reaction paper #3 due**

		Objectives: 1. To understand and design of theory-based message algorithms for the production of materials for health promotion. 2. To understand the importance of interpersonal conversations to public health campaigns.	
7	10/11	Part 1: Tailoring and targeting messages Part 2: Health literacy and clear communication	Part 1: Hawkins et al. (2008); Noar et al. (2009) Part 2: Handbook, Chapter 19; Cornett (2009); Doak, Doak, & Root (1996) **Optional:** Kreuter et al. (1999); Noar, Benac, & Harris (2007)

		Objectives:
		   1. To understand the development of persuasive health communications designed for (and based upon an assessment of) the individual versus groups.
		   2. To identify the mechanisms through which tailored and targeted messages are thought to exert their effects, by reviewing theoretical perspectives as well as empirical data
		   3. To understand the importance of health literacy in audience's understanding of health messages	

8	10/18	Risk communication: Social norms, networks, and word of mouth in social influence processes	Handbook, Chapter 10, 33, 35; Real & Rimal (2007); Veil et al. (2008); McCaul et al. (2002) ***Reaction Paper #4 Due** **Optional:** Rimal & Morrison (2006); Lapinsky & Rimal, (2005);; Brownson et al., (2004); Wray et al., (2008)
		Objectives: 1. To examine theories of social influence related to risk communication and their application to communication message design. 2. To understand health communication research approaches to study social norms, social networks, and community organizing	
9	10/25	Part 1: Media and Popular Health Communication Part 2: Methodological Issues in Message Design and Effects Research (reflections on the first 2 months of class)	Part 1: Handbook Chapter 16; Slater & Rasinski (2005); Stryker, Moriarty, & Jenson (2008) Part 2: Handbook Chapter 36 **Draft Paper Outline Due**
		Objectives: 1. To examine how health communication researchers assess media messages and evidence for effects of media use on health and behavior. 2. To identify common issue sand controversies in health research design and data analysis.	
10	11/1	Health-related Organizational Communication (HROC)	Handbook Chapter 7-9, 27; Real (2011) **Optional:** Barbour & Lammers (2007); Lammers (1997); Miller (2002); Real (2008)
		Objective: To understand, from an organizational and group communication perspective, the relationship between individuals and health care institutions across multiple levels of analysis.	
11	11/8	Interpersonal processes, social support, and information disclosure Part 1: Social support, social networks and health Part 2: Patient-Provider and other one on one relationships	Part 1: Handbook Chapter 21 & 24 Part 2: Handbook Chapters 25, 26, 28, 29 ***Reaction paper #5 due** **Optional:** Caughlin et al, (2009) Ong et al. (2005) DiMatteo (2004)

			Rimal, (2001)

		Objectives:
		    1. To identify the links between interpersonal communication processes and social networks as delivery systems of health information and social support.
		    2. To identify the ways communication processes predict better outcomes in the provider–patient interaction and key constructs for consideration in close relationships in which a health issue in some way defines the relationship.	

12	11/15	Narrative and Entertainment Education: Multiple Approaches and Ways of Knowing	Handbook Chapter 3; Hinyard & Kreuter (2007); Kreuter et al. (2007); Pick One: DeSantis (2002); Eisenberg, Baglia, & Pynes (2006); Arrington (2005); Wilkin et al. (2007)

		Objectives:
		    1. To understand the role of narrative as a persuasive strategy for changing health behavior.
		    2. To understand narrative as a paradigm for understanding health communication.
		    3. To identify the differences between critical, interpretive, and post-positivistic evaluations of narrative-based health communication interventions.	

13	11/22	Part 1: Understanding & Explaining Illness; Health Information Seeking, & Uncertainty Part 2: Ethics and Disparities in Communication for Health Promotion	Part 1: Handbook Chapter 18 & 19; Scott et al., 2011; Babrow, Kline, & Rawlins (2005); Cohen (2009) Part 2: Handbook, Chapter 40; Chapter 30 Optional: Handbook, Chapter 29
		Objectives: 1. To understand how uncertainties related to health and illness influence health information seeking and sharing in health-related intrapersonal and interpersonal communication. 2. To identify common ethical dilemmas confronting of health promotion professionals and strategies for adopting ethical health communication practices to reduce health disparities.	
14	11/29	Health information seeking, scanning, health information technology and internet-based approaches to interventions	Skim: Handbook Chapter 11 (Galarce, Ramanadhan, & Viswanath) Read: Case et al. (2005); Niederdeppe, Frosch & Hornik al (2008); Niederdeppe et al., (2007); Wang, Walther, Pingree, & Hawkins, (2008); Viswanath & Kreuter (2007); Handbook Chapter 31 (Harris et al.) **Optional reading:** Handbook Chapter 11 &12 Buller et al. (2008); Walters, Wright, & Shegog (2006) Shim (2008) Peng, (2009)

		Objectives:
		    1. Students will understand theoretically-grounded models of information seeking and scanning
		    2. Students will understand the roles of health information technology (HIT) in developing appropriate messages and interventions for health communication.	

15	12/6	Class Presentations	**Student Papers Due;** Presentations begin
15	12/13	Class Presentations	**Student Papers Due;** Presentations begin

*Optional readings are listed that may be of interest for further reading, and that I have previously assigned to students (before the 2011 Handbook was published, interested in additional reference materials).

CJT671 Readings

Week 1
Introduction

Handbook, Chapters 1 & 2 (Parrott & Kreuter; Babrow & Mattson)

Parrott, R. (2004). Emphasizing 'communication' in health communication. *Journal of Communication, 54,* 4, 751-787.

Rimal, R., & Lapinski, M.K. (2009). Why health communication is important in public health. *Bulletin of the World Health Organization, 87,* 4, p. 247-A.

Week 2
Communication and public health

Pink Book, Introduction and Overview (pp. 1-13). http://www.cancer.gov/pinkbook

Maibach, E., Parrott, R.L., Long, D.M. & Salmon, C.T. (1994). Competencies for the health communication specialist of the 21st century. *The American Behavioral Scientist, 38,* 2, 351-360.

Edgar, T., & Freimuth, V. S. (2006). Introduction: 10 years of health communication research. *Journal of Health Communication, 11,* 1, 7-9.

Dutta, M.J, & Zoller, H.M. (2008). Theoretical foundations: Interpretive, critical, and cultural approaches to health communication. In M.J. Dutta & H.M. Zoller (Eds.), *Emerging perspectives in health communication.* (pp. 1- 27). New York: Taylor & Francis.

Handbook, Chapter 20 (Dutta & Basu)

Optional:
Rogers, E. M. (1996). Up-to-date report. *Journal of Health Communication, 1*(1)*,* 15-25.

Ratzan, S. C., Payne, J. G., & Bishop, C. (1996). The status and scope of health communication. *Journal of Health Communication, 1*(1)*,* 25-43.

Bernhardt J. (2004). Communication at the core of public health. *American Journal of Public Health. 94,* 12, 2051-2053.

Week 3
Major theories of health behavior

Glanz, K., Rimer, B. & Viswanath, K. (2009). Theory, research, and practice in health behavior and health education (pp. 23- 41). In Glanz, K., Rimer, B. & Viswanath, K. (Eds.). *Health behavior and health education.* New York: Josseey Bass/AHA Press Series.

Montano, D.E., & Kasprzyk, D. (2009). Theory of reasoned action, theory of planned behavior, and the integrated model. (pp. 67- 94). In K. Glanz, B. Rimer, & K. Viswanath (Eds.), *Health behavior and health education.* New York: Josseey Bass/AHA Press Series.

Weinstein, N.D., Sandman, P.M., Blalock, S.J. (2009). The precaution adoption process model (pp.

123- 147). In K. Glanz, B. Rimer, & K. Viswanath (Eds.), *Health behavior and health education.* New York: Joseey Bass/AHA Press Series.

Fishbein, M., & Cappella, J. N. (2006). The role of theory in developing effective health communications. *Journal of Communication, 56*, S1-S17.

Witte, K., Meyer, G., & Martell, D.P. (2001). Chapters 3 and 4. *Effective health risk messages: A step by step guide.* Thousand Oaks, CA: Sage.

Optional:

Cappella, J. N. (2006). Integrating message effects and behavior change theories: Organizing comments and unanswered questions. *Journal of Communication, 56(Suppl.), S265-S279.*

Fishbein, M. & Yzer, M.C. (2003). Using theory to design effective health behavior interventions. *Communication Theory, 13*, 2, 164-183.

Rimal, R. (2008). Modeling the relationship between descriptive norms and behaviors: A test and extension of the theory of normative social behavior (TNSB). *Health Communication, 23,* 103-116.

Week 4
Comparing, contrasting, and criticizing theories of health behavior

Noar, S. M., & Zimmerman, R. S. (2005). Health behavior theory and cumulative knowledge regarding health behaviors: Are we moving in the right direction? *Health Education Research, 20*(3), 275-290.

Weinstein, N. D., & Rothman, A. J. (2005). Commentary: Revitalizing research on health behavior theories. *Health Education Research, 20*(3), 294-297.

Glasgow, R.E., & Linnan, L. A. (2009). Evaluation of theory-based interventions. (pp. 487-507). In K. Glanz, B. Rimer, & K. Viswanath (Eds.), *Health behavior and health education.* New York: Joseey Bass/AHA Press Series.

Schiavo, R. (2007). Chapters 11-13. *Health Communication: From Theory to Practice.* San Francisco, CA: Jossey-Bass, Inc.

OPTIONAL:

Michie, S., Rothman, A.J., Sheeran, P. (2007). Current issues and new direction in Psychology and Health: Advancing the science of behavior change. *Psychology & Health*, 22, 3, 249-253.

Week 5
Message development and design

Handbook Chapter 13 (Silk, Atkin, & Salmon)

Palmgreen, P., & Donohew, L. (2003). Effective mass media strategies for drug abuse prevention campaigns. In Z. Slobada and W. J. Bukoski (Eds.), *Handbook of drug abuse prevention: Theory, science, and practice*, (pp. 27-43). New York: Kluwer Academic/Plenum Publishers.

Palmgreen, P., Donahew, L., Lorch, E.P., Hoyle, R.H., & Stephenson, M.T. (2001). Television campaigns and adolescent marijuana use: Tests of sensation seeking targeting. *American Journal of Public Health, 91,* 2, 292-296.

Witte, K., & Allen, M. (2000). A meta-analysis of fear appeals: Implications for effective public health campaigns. *Health Education & Behavior, 27* (5), 591-615.

Slater, M.D. (1995). Choosing audience segmentation strategies and methods for health communication (pp. 186-198). In E. Maibach & R. Parrott (Eds.), *Designing health messages: Approaches from communication theory and public health practice.* Thousand Oaks, CA: Sage.

Pink Book, Stages 2 & 3 http://www.cancer.gov/pinkbook

Week 6
Mass media campaigns and health

Hornik, R. and Yanovitsky I. (2003). Using theory to design evaluations of communication campaigns: The case of the National Youth Anti-Drug Message Campaign. *Communication theory*, 13(2): 204-24.

Huhman, M., Bauman, A., Bowles, H.R. (2008). Initial outcomes of the VERB™ Campaign: Tweens' awareness and understanding of campaign messages. *American Journal of Preventive Medicine,34, 6,* S241-248.

Noar, S. M. (2006). A 10-year retrospective of research in health mass media campaigns: Where do we go from here? *Journal of Health Communication, 11*(1), 21-42.

Slater, M.D. (2006). Specification and misspecification of theoretical foundations and logic models for health communication campaigns. *Health Communication, 20, 2*, 149-157.

Southwell, B.G., & Yzer, M.C. (2009). When (and why) interpersonal talk matters for campaigns. *Communication Theory, 19,* 1-9.

Morgan, S.E. (2009). The intersection of conversation, cognitions, and campaigns: The social representation of organ donation. *Communication Theory, 19,* 29-48.

OPTIONAL:

Additional reading regarding the VERB™ Campaign from *American Journal of Preventive Medicine, 34,* 6.

Week 7
Targeted and tailored approaches

Hawkins, R. P., Kreuter, M., Resnicow, K., Fishbein, M., & Dijkstra, A. (2008). Understanding tailoring in communicating about health. *Health Education Research, 23*(3), 454-466.

Noar, S. M., Harrington, N. G., & Shemanski, R. (2009). The role of message tailoring in the development of persuasive health communication messages. In C. S. Beck (Ed.), *Communication Yearbook 33*. New York: Lawrence Erlbaum.

Handbook, Chapter 19 (Cameron, Wolf, & Baker)

Cornett, S., (Sept. 30, 2009) Assessing and Addressing Health Literacy *OJIN: The Online Journal of Issues in Nursing,* 14, 3, Manuscript 2.

Doak, Doak, Root (1996). Ch 1-4 Health literacy studies: Teaching patients with low literacy skills. http://www.hsph.harvard.edu/healthliteracy/resources/doak-book/index.html

OPTIONAL:
Kreuter, M. W., Strecher, V. J., & Glassman, B. (1999). One size does not fit all: The case for tailoring print materials. *Annals of Behavioral Medicine, 21*(4), 276-283.

Noar, S. M., Benac, C. N., & Harris, M. S. (2007). Does tailoring matter? Meta-analytic review of tailored print health behavior change interventions. *Psychological Bulletin, 133*(4), 673-693.

Week 8
Risk communication, source credibility, word of mouth, social norms, and community mobilization

Handbook, Chapter 10 (Mitcehll Turner, Skubisz, & Rimal)

Real, K., & Rimal, R. N. (2007). Friends talk to friends about drinking: Exploring the role of peer communication in the Theory of Normative Social Behavior. *Health Communication, 22*(2), 169-181.

Veil, S., Reynolds, B., Sellnow, T.L., & Seeger, M.W. (2008). CERC as a theoretical framework for research and practice. *Health Promotion Practice, 9,* 26S.

McCaul, K.D., & Johnson, R.J., & Rothman, A.J. (2002). The effects of framing and action instructions on whether older adults obtain flu shots. *Health Psychology, 21,* 6, 624-628.

Optional:

Lapinski, M. K., & Rimal, R. N. (2005). An explication of social norms. *Communication Theory. (10503293), 15*(2), 127-147.

Perloff, R.M. (2003). "'Who says it": Source factors in persuasion. (pp. 209-245.) *The dynamics of persuasion: Communication and attitudes in the 21st century*, 3rd Ed. Mahwah NJ: Lawrence Erlbaum.

Rimal, R. N., & Morrison, D. (2006). A uniqueness to personal threat (UPT) hypothesis: How   similarity affects perceptions of susceptibility and severity in risk assessment. *Health Communication, 20*(3), 209-219.

Wray, R.J., Becker, S.M., Henderson, N., Gilk, D., Jupka, K., Middleton, S., Henderson, C., Drury, A., Mitchell, E.W. (2008). Communicating with the public about emerging health threats: Lessons from the pre-event message development project. *American Journal of Public Health, 96,* 12, 2213-2222.

Week 9
Media and popular health communication

Handbook, Chapter 16 (Kline) and Chapter 36 (Stephenson, Southwell, & Yzer)

Slater, M. D. & Rasinski, K. A. (2005). Media exposure and attention as mediating variables influencing social risk judgments. *Journal of Communication, 55,*   4, 810-827.

Stryker, J. E., Moriarty, C. M., & Jensen, J. D. (2008). Effects of newspaper coverage on public knowledge about modifiable cancer risks. *Health Communication, 23*(4), 380-390.

Optional:
Brown, J. D., & Witherspoon, E. M.   (2002). The mass media and American adolescents' health. *Journal of Adolescent Health, 31*, 153-170.

Kline, K. N. (2006). A decade of research on health content in the media: The focus on health challenges and sociocultural context and attendant informational and ideological problems. *Journal of Health Communication, 11,* 43-59.

Brown, J. & Walsh-Childers, K. (2002). Effects of media on personal and public health (pp. 453-488).   In Bryant J and Zillman D. *Media effects: Advances in theory and research.* Mahwah NJ: Lawrence Erlbaum.

Aloise-Young, P. A., Slater, M. D., Cruickshank, C. C. (2006). Mediators and moderators of magazine   advertisement effects on adolescent cigarette smoking. *Journal of Health Communication, 11,* 3, 281-300.

Week 10
Health-related organizational communication (HROC)
Handbook Chapter 7 (Real & Poole); Chapter 8 (Geist-Martin & Scarduzio); Chapter 9 (Aldoory & Austin); Chapter 27 (Ray & Apker)

Real, K. (2011). Health-related organizational communication: A general platform for interdisciplinary research. *Management Communication Quarterly.* 1-8.
http://mcq.sagepub.com/content/early/2010/05/05/0893318910370270.extract
Optional:

Barbour, J. B., & Lammers, J. C. (2007). Health care institutions, communication, and physicians' experience of managed care: A multilevel analysis. *Management Communication Quarterly, 21*(2), 201-231.

Lammers, JH.C., & Krikorian, D.H. (1997). Theoretical extension and operationalization of the bona fide group construct with an application to surgical teams. *Journal of Applied Communication Research, 25,* 17-38.

Real, K. (2008). Information seeking and workplace safety: A field application of the risk perception   attitude framework. *Journal of Applied Communication Research, 36,* 339-359.

Week 11
Interpersonal processes, social support, disclosure, and conversation

Handbook, Chapter 21 (Goldsmith & Albrecht), Chapter 24 (Welch Cline), Chapter 25 (Politi & Street), Chapter 26 (Duggan & Thompson), Chapter 28 (Goldsmith, Wittenberg-Lyles, Ragan, & Nussbaum), Chapter 29 (Smith)

Recommended:
Caughlin, J.P., Bute, J.J., Donovan-Kicken, E., Kosenko, K.A., Ramey, M.E., & Brashers, D.E. (2009). Do message features influence reactions to HIV disclosures? A multiple goals perspective. *Health Communication, 24,* 270-283.

DiMatteo, R. (2004). Social support and patient adherence to medical treatments: A meta-analysis. *Health Psychology*, *23*, 207-218.

Duggan, A. (2006). Understanding interpersonal communication processes across health contexts: Advances in the last decade and challenges for the next decade. *The Journal of Health Communication*, *11*, 93-108.

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Rimal, R.N. (2001). Analyzing the physician-patient interaction: An overview of six methods and future

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Week 12
Narrative and entertainment education: Multiple approaches and ways of knowing

Handbook, Chapter 3

Hinyard, L., & Kreuter, M. (2007, October). Using narrative communication as a tool for health behavior change: A conceptual, theoretical, and empirical overview. *Health Education & Behavior*, *34*(5), 777-792.

Kreuter, M., Holmes, K., Hinyard, L., Houston, T., Woolley, S., Green, M., et al. (2007, May). Narrative communication in cancer prevention and control: A framework to guide research and application. *Annals of Behavioral Medicine*, *33*(3), 221-235.

Select at least one of the following:

Arrington, M. I. (2005). "She's right behind me all the way": An analysis of prostate cancer narratives and changes in family relationships. *Journal of Family Communication, 5*(2), 141-162.

DeSantis, A. (2002, April). Smoke screen: An ethnographic study of a cigar shop's collective rationalization. *Health Communication*, *14*(2), 167-198.

Eisenberg, E., Baglia, J., & Pynes, J. (2006, June). Transforming emergency medicine through narrative: Qualitative action research at a community hospital. *Health Communication*, *19*(3), 197-208.

Wilkin, H., Valente, T., Murphy, S., Cody, M., Huang, G., & Beck, V. (2007, July). Does entertainment-education work with Latinos in the United States? Identification and the effects of a telenovela breast cancer storyline. *Journal of Health Communication*, *12*(5), 455-469.

Optional:

Caplan, S., Haslett, B., & Burleson, B. (2005, June). Telling It Like It Is: The adaptive function of narratives in coping with loss in later life. *Health Communication*, *17*(3), 233-251.

Murphy, A.G., Eisenberg, E.M., Wears, R., & Perry, S.J. (2008). Contested streams of action: Power and deference in emergency medicine. In M.J. Dutta & H.M. Zoller (Eds.), *Emerging perspectives in health communication.* (pp. 275-292). New York: Taylor & Francis.

Week 13
Understanding & Explaining Illness; Health Information Seeking, & Uncertainty

Handbook, Chapter 18 (Thompson, Whaley, & Stone) & Chapter 19 (Cameron, Wolf, & Baker)

Scott, A.M., Martin, S.C., Stone, A.M., & Brashers, D.E. (2011). Managing multiple goals in supportive interactions: using a normative theoretical approach to explain social support as uncertainty management for organ transplant patients. *Health Communication,* 1-11.

Babrow, A., Kline, & Rawlins, W. (2005). Narrating problems and problematizing narratives: Linking problematic integration and narrative theory in telling stories about our health. In Harter, L.M., Japp, P.M., & Beck, C.S. *Narratives, health and healing: Communication theory, research, and practice*.

Cohen, E.L. (2009). Naming and claiming cancer among African American women: An application of Problematic

Integration (PI) theory. *Journal of Applied Communication Research, 37*(4): 406-426.

Ethics and Disparities in Communication for Health Promotion
Handbook, Chapters 40 (Guttman) & 30 (Ndiaye, Krieger, Warren, & Hecht)

Optional:
Brashers, D.E., Neidig, J.L., Haas, S.M., Dobbs, L.K., Cardillo, L.W., & Russell, J.A. (2000). Communication in the management of uncertainty: The case of persons living with HIV or AIDS. *Communication Monographs, 67,* 63-84.

Week 14
Information seeking, scanning and internet-based approaches

Handbook, Chapter 31 (Harris, Baur, Donaldson, Lefebvre, Dugan & Arayasirikul)

Case, D.O., Andrews, J.E., Johnson, J.D., Allard, S.A. (2005). Avoiding versus seeking: The relationship of information seeking to avoidance, blunting, coping, dissonance, and related concepts*. *Journal of the Medical Library Association, 93*(3), 353-362.

Viswanath, K., & Kreuter, M.K. (2007). Health disparities, communication inequalities, and ehealth. *American Journal of Preventive Medicine, 32,* S131-S133.

Niederdeppe, J., Hornik, R. C., Kelly, B. J., Frosch, D. L., Romantan, A., Stevens, R. S., et al. (2007). Examining the dimensions of cancer-related information seeking and scanning behavior. *Health Communication, 22*(2), 153-167.

Optional:

Suggs, L.S. (2006). A 10-year retrospective of research in new technologies for health communication. *Journal of Health Communication, 11,* 1, 61-74.

Buller, D. B., Woodall, W. G., Zimmerman, D. E., Slater, M. D., Heimendinger, J., Waters, E., et al. (2008). Randomized trial on the 5 a day, the Rio Grande Way website, a web-based program to improve fruit and vegetable consumption in rural communities. *Journal of Health Communication, 13*(3), 230-249.

Walters, S., Wright, J.A., & Shegog, R. (2006). A review of computer and Internet based interventions for smoking behavior. *Addictive Behaviors, 31,* 2, 264-277.

Shim, M. (2008). Connecting internet use with gaps in cancer knowledge. *Health Communication, 23*(5), 448-461.

Peng, W. (2009). Design and evaluation of a computer game to promote a healthy diet for young adults. *Health Communication, 24*(2), 115-127.

Wang, Z., Walther, J. B., Pingree, S., & Hawkins, R. P. (2008). Health information, credibility, homophily, and influence via the internet: Web sites versus discussion groups. *Health Communication, 23*(4), 358-368.

Week 15-16.
Presentations.