

**Advanced Seminar in Health Communication:
Communication Strategies to Reduce Health Disparities**

CJT771

Spring, 2014 – Mondays, 1:00-3:30 PM

LCLI 325

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Office Hours: By appointment only – please email Linda Mudge and copy me when
requesting a meeting. Generally, after class will be a good time.

COURSE DESCRIPTION

Communication Strategies to Reduce Health Disparities is a seminar devoted to providing masters and doctoral students with a comprehensive overview of the major issues, topics, communication strategies and methodologies to developing communication interventions to reduce health disparities. Upon completing the course, students will have a broad understanding of health communication strategies to reduce health disparities, 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!).

This seminar is designed for doctoral students who will enter two types of careers, either: a) originating research about communication and helping improve people's health or sense of wellbeing through scholarship; or b) interpreting research about health communication to others who manage health and medical resources. Accordingly, we welcome students with varying interests: those who wish to conduct empirical studies, as well as those who will work outside of universities or research firms. These other settings include non-profit health organizations (sometimes NGOs abroad) that strive to reduce public risks of illnesses, media that report health and medical news, or organizations that create dramatizations about disease and other healthcare issues. At the course's completion, students will have clearer ideas about pathologies in communication that undermine the quality of health care, about the effectiveness of alternative communication strategies that seek to remedy those problems, and about research designs suitable for learning more about health communication strategies that result in health inequalities.

Course Objectives and Student Learning Outcomes

The goal of this course is to give you a broad understanding of communication strategies and evidence-based interventions to reduce health disparities. By the end of this course you will be able to

- Define health disparities and recognize the role of health communication practice in and personal health.
- Explain the multi-level nature of health disparities and multi-leveled communication strategies appropriate to addressing health disparities.

- Critically analyze the effectiveness of communication programs to reduce health disparities in a variety of settings (i.e., patient-provider, organizational, public relations).
- Use health communication theory to design effective persuasive health intervention to reach and persuade diverse audiences.
- Distinguish original and interesting research from derivative or incremental findings; and
- Acquire skills of visualizing research results and communicating them in more revealing ways than words and numbers alone make possible.

REQUIRED TEXTS AND READINGS

1. Dutta, M.J., & Kreps, G.L. (2014). *Reducing health disparities: Communication interventions*. New York: Peter Lang. **(Hereafter RHD)**
2. Kelly, P. (2005). *The seven slide solution*. Westport, CT: Silvermine Press.
3. Tufte, E. (2006). *Beautiful evidence*. Chesire, CT: Graphics Press.
4. Roam, D. (2008). *The back of the napkin*. London: Penguin Books.
5. CJT771 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.

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. Not only reading carefully, but also coming to class with notes made, questions to ask, can achieve this goal. Class participation (including discussion participation) will count 10% toward your final grade in this course. If I determine that the class is not keeping up with the readings, I will require that students turn in weekly reading journals for participation credit.

SMALL ASSIGNMENTS: These assignments are intended to foster critical thinking and reflection with regard to the readings and topics. The specific requirements of each assignment are detailed on the syllabus; each small assignment will count 7% toward the final grade. There will be 5 small paper assignments across the semester (35% of grade).

HEALTH COMMUNICATION RESEARCH FORMATIVE DATA

COLLECTION/INTERVENTION DEVELOPMENT PROJECT: For this major paper, you will research a specialized area of health communication and health disparities of interest to you. The purpose of the assignment is twofold: First, to summarize the current literature in a specific area of health disparities exacerbated by communication gaps. Second, to propose (all proposals must include an IRB application for data collection) and 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 communication strategies to reduce health disparities. 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. You have two options:

a) Preferred for PhD and aspiring PhD students: Proposing a theory-building research study; this would include a full literature review and methods section, including draft research instruments. (Hopefully, your intention is to carry out this study). Another option: conducting and writing up a relevant secondary data analysis.

b) Preferred for terminal masters students: Designing a communication intervention, including setting objectives, planning audience research, preliminary message and channel strategies, and an evaluation plan. The campaign plan must be thoroughly grounded in theory and relevant course and outside readings must be cited extensively. This is similar to what might be submitted to NIH for peer review, though “preliminary studies” won’t be included and there will be less emphasis on research/evaluation design.

All students must write the paper using the APA style manual. The final length of the paper should be approximately 20-25 double-spaced pages (not including title page, abstract, and references), depending on the nature of the project. An introduction and outline of the paper along with IRB application (if necessary) with a tentative bibliography of relevant primary health communication research is due on 2/17 (required so that I may provide you with early feedback and direction; papers without an February proposal will be penalized 10% of the final paper grade), and the full paper is due by 5/5 (Part 1: 25%, Part 2: 30% of grade).

COMMUNICATION STRATEGIES TO REDUCE HEALTH DISPARITIES 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(s) of class. As we get closer to this presentation, more specific guidelines will be handed out.

GRADING: I expect you to follow the due dates announced for readings, papers and projects. If, for some good 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 before 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. I have a general late policy below. As a general policy, when an assignment has been returned to the class and discussed, I will no longer accept additional assignments for grading. Under such circumstances you 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 771 only in extreme situations, where a documented late-in-the-semester medical or family emergency is presented to the instructor before 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 build upon previous work in an area of inquiry, and collect or analyze new data for this course’s required health communication project. If you have any question about this policy, I would be delighted to discuss your projects with you early in the term.

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.

ACCOMODATIONS DUE TO DISABILITY: If you have a documented disability that requires academic accommodations, please see me as soon as possible during scheduled office hours. In order to receive accommodations in this course, you must provide me with a Letter of Accommodation from the Disability Resource Center (Room 2, Alumni Gym, 257-2754, email address: jkarnes@email.uky.edu) for coordination of campus disability services available to students with disabilities.

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