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

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Office Hours: Tuesdays, 10-noon and by appointment

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

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:


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.

1. 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 formal 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 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, 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 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 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 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
<table>
<thead>
<tr>
<th>WEEK</th>
<th>DATE</th>
<th>TOPIC</th>
<th>READINGS (Suggested in the order below)</th>
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<tbody>
<tr>
<td>1</td>
<td>8/30</td>
<td>Introduction to the Course</td>
<td>Handbook, Introduction &amp; Chapter 1 &amp; 2; Parrot (2004); Rimal &amp; Lapinski (2009)</td>
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<td>2</td>
<td>9/6</td>
<td>Communication and Public Health</td>
<td>Maibach, et al. (1994); Edgar &amp; Freimuth (2006); Dutta &amp; Zoller (2008); Handbook, Chapter 20; Pink Book, introduction and overview (pp. 1-13)</td>
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<td>*Reaction paper #1 due</td>
<td>Bernhardt, J. (2004); Rogers (1996); Ratzan et al (1996)</td>
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<td>OPTIONAL:</td>
<td>Bernhardt, J. (2004); Rogers (1996); Ratzan et al (1996)</td>
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<td>3</td>
<td>9/13</td>
<td>Major theories of health behavior (and their application to health communication)</td>
<td>Handbook Chapter 20; Glanz, Rimer, &amp; Viswanath (2009); Montano &amp; Kaspryzk (2009)*; Fishbein &amp; Capella (2006); Witte, Meyer, &amp; Martell (2001, Chapters 3 &amp; 4); Weinstein, Sandman &amp; Blalock (2009)</td>
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<td>OPTIONAL:</td>
<td>Fishbein &amp; Yzer (2003); Cappella (2006); Rimal (2008)</td>
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<td>*Reaction paper #2 due</td>
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<td>5</td>
<td>9/27</td>
<td>Message development and design</td>
<td>Handbook Chapter 13; Palmgreen &amp; Donohew (2003); Witte &amp; Allen (2000); Palmgreen et al. (2001); Slater (1995); Pink Book, Stages 2 (Message Development) &amp; 3 (Implementation), pp. 53-105.</td>
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<td><strong>Objective:</strong> To understand principles of applications of behavioral theories in messages.</td>
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<td><strong>Optional:</strong></td>
<td>Berkowitz et al. (2008)</td>
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<td>*Reaction paper #3 due</td>
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<tr>
<td>Date</td>
<td>Objectives:</td>
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| 7    | 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. |
| 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) |
| 8    | 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 | 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) |
| 9    | 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 | Part 1: Handbook Chapter 16; Slater & Rasinski (2005); Stryker, Moriarty, & Jenson (2008)  
Part 2: Handbook Chapter 36  
**Draft Paper Outline Due** |
| 10   | 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. | Handbook Chapter 7-9, 27; Real (2011)  
**Optional:** Barbour & Lammers (2007); Lammers (1997); Miller (2002); Real (2008) |
| 11   | To understand, from an organizational and group communication perspective, the relationship between individuals and health care institutions across multiple levels of analysis. | 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) |
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.

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

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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.

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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.

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<th>Date</th>
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<th>Notes</th>
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<tr>
<td>12/6</td>
<td>Class Presentations</td>
<td>Student Papers Due; Presentations begin</td>
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<tr>
<td>12/13</td>
<td>Class Presentations</td>
<td>Student Papers Due; Presentations begin</td>
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*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)


**Week 2**

**Communication and public health**


Handbook, Chapter 20 (Dutta & Basu)

Optional:


**Week 3**

**Major theories of health behavior**


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


**Optional:**


**Week 4**

**Comparing, contrasting, and criticizing theories of health behavior**


**OPTIONAL:**


**Week 5**

**Message development and design**

Handbook Chapter 13 (Silk, Atkin, & Salmon)


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

**Week 6**

**Mass media campaigns and health**


OPTIONAL:

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

**Week 7**

**Targeted and tailored approaches**


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


OPTIONAL:


**Week 8**

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

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


Optional:


**Week 9**

**Media and popular health communication**

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


Optional:


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)


Optional:


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:


Week 12

Narrative and entertainment education: Multiple approaches and ways of knowing

Handbook, Chapter 3


Select at least one of the following:


Optional:


Week 13

Understanding & Explaining Illness; Health Information Seeking, & Uncertainty

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


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

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

Optional:

**Week 14**
Information seeking, scanning and internet-based approaches

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


Optional:


**Week 15-16.**
Presentations.