

CMN 161: Health Communication

Fall Quarter 2015

Time: Monday & Wednesday 4:10 – 6:00 PM

Classroom: Wellman Hall, Room 6

Professor: Robert A. Bell, Ph.D.	CRN: 73824
Office Hours: Monday, 11 AM – 12 PM Wednesday, 1 – 2 PM Other Times By Appointment	Office: Kerr 395 Messages: (530) 752-9933 (not reliable) Email: rabell@ucdavis.edu

Prerequisites

There are no prerequisites for this course. All are welcomed. My only requirement is that you have a genuine interest in the topic and an intention to attend class sessions.

Topical Overview

This course provides a broad overview of health communication theories and research traditions. It is organized around eight themes:

- I. Theoretical Foundations of Health Communication
- II. Learning About and Understanding Health
- III. Friends, Family and Health
- IV. Communication in Healthcare Settings
- V. Risk Communication
- VI. Public Communication Interventions
- VII. Health News Coverage in the Media
- VIII. Health in Entertainment Media and Advertising

Readings

Readings for this class take the form of book chapters and journal articles, with an emphasis on recent reviews and case studies. Most of the readings come from medical and public health journals and are modest in length. These readings are available in PDF format on the course SmartSite. They can be found in the Resources section of the site and are listed in the order assigned.

The readings for each class period focus on a much narrower range of issues than those covered in the class session. My objective is to use class sessions to provide a broad overview of an area of research in health communication. The specific readings will illustrate how research is carried out within that topical area.

I do not use a textbook in this class for these reasons: (a) I have yet to find a quality, comprehensive textbook in the health communication area. (b) Textbooks are very expensive. In contrast, the articles and chapters we will be relying upon are free. Your instructor may be old, but he can still remember the pain of being a poor student. (c) In an advanced class such as CMN 161, students should be given exposure to

primary sources. It is important that students understand the process by which knowledge is generated in the social sciences.

Please read the assigned chapters and articles before each class session.

Class Session Outlines

I will put (in PDF format) images of my PowerPoint slides on the course SmartSite prior to each class session. You have the option of printing these out and bringing them to class to structure your note taking. You are not required or even expected to use these documents, however. It is completely up to you to decide what approach to note taking will work best for you. Please note that these are outlines that will be elaborated upon in class. As such, *these documents do not substitute for class attendance.*

The Importance of Attendance

Class lectures provide the “big picture” on specific issues in health communication. The readings are selected to highlight one or more of the issues examined during our class sessions. The readings do not duplicate lectures, but rather highlight and illustrate specific components of the lectures. Students who rely on textbook reading in lieu of class attendance will not do well in this course.

Evaluation

Grade Weights

Final grades are based on a 100-point system, as follows:

Grade Component	Points	Weight
Midterm Examination	50	50%
Final Examination	50	50%
<i>Total</i>	<i>100</i>	<i>100%</i>

Midterm and Final Examinations

There will be one midterm examination and one final examination. Each examination will account for 50% of your grade and will consist of 50 questions. These exams will be comprised of multiple choice questions (including an occasional True/False question). Bring a Scantron Form 2000, as well as several sharp pencils and an eraser to examination sessions.

Tardiness. If you show up late on an examination day, your tardiness will cut into your allotted time and severely reduce your probability of success. *Do not be late!*

No Electronic Devices! All electronic devices must be stored under your seat during the exam. Any student found using or even holding an electronic device during an exam will be assumed to be cheating and will fail the test.

Policy on Make-Up Examinations. Make-up tests will not be given, except in the case of a documented illness or family crisis. If you provide a documented rationale for missing a test prior to its administration, you will be allowed to take the test at a later time. However, any student who fails to give the instructor prior notice of his or her inability to take a test at the regularly scheduled time will not be given a make-up exam. If you have several examinations scheduled for the same day, you will need to plan ahead and take the exam in this course as scheduled. Your instructor does not postpone tests for this reason. *Please note: If you are approved to take a make-up examination, your test will not be the same one given to the class.* Instead, your make-up examination will consist of brief short-answer questions.

No Early Test Times. For security reasons, early test times are not available. If you cannot take the final examination at the regularly scheduled time, you will need to take this course in a later quarter.

Testing FAQs. Here are answers to the most common questions I receive about my tests:

- (1) *Will the test cover mostly class material or readings?* Answer: My tests draw heavily from both sources of information. Some questions may be based on *both* lectures and readings.
- (2) *How should I prepare for the examination?* Answer: (a) Outline each reading to identify the central points. (b) Focus on the idea behind examples given. (c) Think about joining a study group. (d) Generate your own examples for class concepts. (e) Create flash cards to define concepts. (f) Come to class!
- (3) *Is the final examination comprehensive?* Answer: No.
- (4) *I missed a lecture. What should I do?* Answer: If you miss a lecture, it is your responsibility to track down and copy a good set of notes from one of your classmates. It is not the responsibility of your instructor to give you your own private lecture for those days you miss.

Extra Credit

From time to time, my colleagues ask me to include you in their studies as research participants. I always grant these requests but cannot guarantee that these opportunities for extra credit will come up in any given quarter. Details will be provided if an extra credit opportunity arises.

Your Final Course Grade

Your final point total will be converted to a percentage (points earned/100). A letter grade for the course will then be assigned as described in the table below. I do not curve. Grades should reflect what a student knows, not how a student performs relative to other students. I do reserves the right to adjust upward midterm and final examination scores if the mean falls below my target value, but do not promise to do so.

Final Grade			
97.00 – 100%	A+	73.00 – 76.99%	C
93.00 – 96.99%	A	70.00 – 72.99%	C-
90.00 – 92.99%	A-	67.00 – 69.99%	D+
87.00 – 89.99%	B+	63.00 – 66.99%	D
83.00 – 86.99%	B	60.00 – 62.99%	D-
80.00 – 82.99%	B-	<60%	F
77.00 – 79.99%	C+		

Schedule of Activities

DATE	TOPIC	READINGS/ ASSIGNMENTS
Sept. 28	Course Content and Policies Introduction to Health Communication as a Field of Study	
I. THEORETICAL FOUNDATIONS OF HEALTH COMMUNICATION		
Sept. 30	Theories I: Behavioral Prediction Models	Yzer (2012)
Oct. 5	Theories II: Individual Change Models Theories III: Social Cognitive Models	Bandura (2004)
Oct. 7	Theories IV: Macro Approaches	Maibach et al. (2007)
II. LEARNING ABOUT HEALTH AND ILLNESS		
Oct. 12	Learning about Health and Illness	Nutbeam (2008)
III. FRIENDS, FAMILY AND HEALTH		
Oct. 14	Impact of Family, Friends and Social Networks on Health	Fletcher et al. (2011)
IV. COMMUNICATION IN HEALTHCARE SETTINGS		
Oct. 19	Doctor-Patient Communication I: Foundational Issues	Street et al. (2009)

DATE	TOPIC	READINGS/ ASSIGNMENTS
Oct. 21	Doctor-Patient Communication II: Verbal and Nonverbal Communication in the Clinical Visit Doctor-Patient Communication III: Patient and Physician Factors that Affect Interaction	Bell & Kravitz (2014) Bertakis (2009)
Oct. 26	Doctor-Patient Communication IV: Mutual Influence (shared decision-making and patient requests)	Kaba & Sooriakumaran (2007)
Oct. 28	Doctor-Patient Communication V: Putting it all Together With the Four Habits Model Doctor-Patient Communication VI: Some Challenges in the Doctor-Patient Relationship	Steinmetz & Tabenkin (2001) Fine et al. (2010)
Nov. 2	MIDTERM EXAMINATION	

V. RISK COMMUNICATION

Nov. 4	Risk Communication I: Risk and Crisis Communications Overview	Ruiter et al. (2014)
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VI. PUBLIC COMMUNICATION INTERVENTIONS

Nov. 9	Public Communication Interventions I: The Communication Campaign	Wakefield et al. (2010)
Nov. 11	Veterans Day (No Class)	
Nov. 16	Public Communication Interventions II: Social Marketing Campaigns Case Study: VERB Campaign	Wong et al. (2004)
Nov. 18	Public Communication Interventions III: Media Advocacy Public Communication Interventions IV: Message Tailoring	Glanz et al. (2010) MTS Video (<7 minutes): http://chcr.umich.edu/mts/learnmts.php
Nov. 23	Public Communication Interventions V: Entertainment Education	Khalid & Ahmed (2014)
Nov. 25	Open	

DATE	TOPIC	READINGS/ ASSIGNMENTS
VII. HEALTH NEWS		
Nov. 30	Media Coverage of Health News	Schwitzer (2014)
VIII. HEALTH MESSAGES IN ENTERTAINMENT MEDIA AND ADVERTISING		
Dec. 2	Health and Illness in Entertainment Media Health-related Advertising Media Literacy as an Antidote to Unhealthy Media Messages	Smith & Foxcroft (2009) Ata & Thompson (2010)
Monday, Dec. 7 1:00 – 3:00 pm	FINAL EXAMINATION Not comprehensive. Covers all in-class materials and readings since the midterm.	

Readings List

These readings are available for download at the course SmartSite (<http://smartsite.ucdavis.edu>).

I. THEORETICAL FOUNDATIONS OF HEALTH COMMUNICATION

September 30

Yzer, M. (2012). The integrative model of behavioral prediction as a tool for designing health messages. In H. Cho (ed.). *Health communication message design: Theory and practice* (pp. 21-40). Thousand Oaks, CA: Sage.

October 5

Bandura, A. (2004). Health promotion by social cognitive means. *Health Education & Behavior*, *31*, 143-164.

October 7

Maibach, E.W., Abrams, L.C., & Marosits, M. (2007). Communication and marketing as tools to cultivate the public's health: a proposed. *BMC Public Health*, *7*(1), 88.

II. LEARNING ABOUT HEALTH AND ILLNESS

October 12

Nutbeam, D. (2008). The evolving concept of health literacy. *Social Science & Medicine*, *67*(12), 2072-2078.

III. FAMILY, FRIENDS AND HEALTH

October 14

Fletcher A, Bonell C, Sorhaindo A. (2011). You are what your friends eat: systematic review of social network analyses of young people's eating behaviours and bodyweight. *Journal of Epidemiology and Community Health*, *65*, 548-55.

IV. COMMUNICATION IN HEALTHCARE SETTINGS

October 19

Street Jr, R.L., Makoul, G., Arora, N.K., & Epstein, R.M. (2009). How does communication heal? Pathways linking clinician–patient communication to health outcomes. *Patient Education & Counseling*, 74(3), 295-301.

October 21

Bell, R.A., Kravitz, R.L. (2014). Direct observation and coding of physician–patient interactions. In B. B. Whaley (Ed.), *Research Methods in Health Communication: Principles and Application*. New York: Routledge.

Bertakis, K.D. (2007). The influence of gender on the doctor-patient interaction. *Patient Education & Counseling*, 76(3), 356-360.

October 26

Kaba, R., & Sooriakumaran, P. (2007). The evolution of the doctor-patient relationship. *International Journal of Surgery*, 5(1), 57-65.

October 28

Steinmetz, D., & Tabenkin, H. (2001). The 'difficult patient' as perceived by family physicians. *Family Practice*, 18(5), 495-500.

Fine, E., Reid, M. C., Shengelia, R., & Adelman, R. D. (2010). Directly observed patient–physician discussions in palliative and end-of-life care: a systematic review of the literature. *Journal of Palliative Medicine*, 13(5), 595-603.

V. RISK COMMUNICATION

November 4

Ruiter, R. A., Kessels, L. T., Peters, G. J. Y., & Kok, G. (2014). Sixty years of fear appeal research: Current state of the evidence. *International Journal of Psychology*, 49(2), 63-70.

VI. PUBLIC COMMUNICATION CAMPAIGNS

November 9

Wakefield, M. A., Loken, B., & Hornik, R. C. (2010). Use of mass media campaigns to change health behaviour. *The Lancet*, 376(9748), 1261-1271.

November 16

Wong, F., Huhman, M., Asbury, L., Bretthauer-Mueller, R., McCarthy, S., Londe, P., & Heitzler, C. (2004). VERB™—a social marketing campaign to increase physical activity among youth. *Preventing Chronic Disease*, 1(3).

November 18

Glanz, K., Schoenfeld, E. R., & Steffen, A. (2010). A randomized trial of tailored skin cancer prevention messages for adults: Project SCAPE. *American Journal of Public Health*, 100(4), 735.

Michigan Tailoring System Video: <http://chcr.umich.edu/mts/learnmts.php> This video seems to take a long time to load. Look for the link to it about halfway down the webpage.

November 23

Khalid, M.Z., & Ahmed, A. (2014). Entertainment-education media strategies for social change: Opportunities and

Emerging Trends. *Review of Journalism and Mass Communication*. 2(1): 69-89.

VII. HEALTH NEWS

November 30

Schwitzer, G. (2014). A guide to reading health care news stories. *JAMA Internal Medicine*. 174(7): 1183-1186.

VIII. HEALTH MESSAGES IN ENTERTAINMENT MEDIA AND ADVERTISING

December 2

Smith, L. A., & Foxcroft, D. R. (2009). The effect of alcohol advertising, marketing and portrayal on drinking behaviour in young people: systematic review of prospective cohort studies. *BMC Public Health*, 9(1), 51.

Ata, R. N., & Thompson, J. K. (2010). Weight bias in the media: A review of recent research. *Obesity Facts*, 3(1), 41-46.