









### **Health Communication**

# Spring 2020

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Office: CAC 320

Office Hours: M 1-2pm, T 3:30-4:30pm, & by appt. Classroom: CAC 236

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# Course Description, Overview And Objectives

This course is an overview of central topics and analytic domains in health communication. Therefore we will read and discuss research covering the interpersonal, organizational, and mass communication levels of

Within the interpersonal realm of health communication, we will give special attention to the 'experiential' aspects of illness and disease, and the ways in which these are affected (as well as constituted) by features of communication.

Within the *organizational* realm we will focus on several areas, including the communicative and interactional work of medical interpreters.

Within the *mass communication* domain, we will consider the theoretical underpinnings and methods of several examples of health campaigns. We will also look at ways that Web 2.0 is changing health campaigns & health care interventions.

At the conclusion of the course you will be able to:

Enumerate and describe some of the central research topics and methods at each of the three aforementioned levels of analysis;

Analyze some basic features of health communication at the interpersonal, organizational & institutional levels.

## Program Competencies for the Division of Communication

By the time they graduate, students should be able to:

- 1. communicate effectively using appropriate technologies for diverse audiences;
- 2. plan, evaluate and conduct basic (quantitative and qualitative) communication research;
- 3. use communication theories to understand and solve communication problems;
- 4. apply historical communication perspectives to contemporary issues and practices; and
- 5. apply principles of ethical decision making in communication contexts.

In this course we will address *aspects of* all of the above competencies.

### **COURSE REQUIREMENTS**

You will demonstrate your understanding of the core topics of the course via:

- discussion of assigned readings, as well as occasional news articles;
- short in-class & take home assignments;
- a midterm exam; and,
- a final exam.

# **Undergraduates:**

In class & take home assignments:	35%	Graduate Students:	
Midterm exam:	30%	In Class & take home assignments	25%
Final exam:	35%	Course paper	75%
Course grade:	100%		100%

A standard grading scale will be used to assign final course letter grades.

94 - 100 = A	74 - 76 = C
90 - 93 = A	70 - 73 = C
87 - 89 = B +	67 - 69 = D +
84 - 86 = B	60 - 66 = D
80 - 83 = B-	< 60 = F
77 - 79 = C +	

### **REQUIRED TEXTS:**

- 1. A Leg To Stand On. Oliver Sacks.
- 2. The remainder of the REQUIRED READINGS will be available on the course Canvas website.

### **HIGHLY RECOMMENDED RESOURCE:**

New York Times – Health Section – http://www.nytimes.com/pages/health/index.html

## **COURSE POLICIES**

Because they may interfere with the navigational systems of your professor, all cell phones need to be turned off & securely stowed.

Late assignments will generally not be accepted, unless you can document the reason in an acceptable manner

The University has strict policies regarding **Academic Integrity**. It is your responsibility to read, understand, and abide by those policies (on the University web site).

Those who attend class tend to do better on assignments, exams, & course papers. Borderline grades at the end of the semester will be affected by your participation in the class discussions.

*Office Hours:* Please make use of office hours. Students who use office hours to discuss difficult aspects of classes tend to manage those problems and succeed. Students who wait until a problem has snowballed usually have too big a mountain to climb at the end of the semester, and sometimes end up having to dropping a class.

<u>Date</u>	<u>Topic</u>	<u>Readings</u>
Jan 22	Intro to the course	
Jan 27, 29	Analyzing health care communication	Maynard & Heritage - CA, Dr-Pt interaction & medical communication
Feb 3, 5	Becoming a patient	Sacks, Chapts. 1-2
Feb 10, 12	Making sense of pain	Sacks, Chapt. 3 & Hilbert, 'Acultural dimensions of chronic pain
Feb 17, 19	Accomplishing a request	Gill <i>et al.</i> , 'Accomplishing a request' Sacks, Chapts. 4-5
Feb 24, 26	Patients' epistemics	Sacks, Chapt. 6 Pillet-Shore - 'Weighing patients'
Mar 2, 4	Patients & power	Stivers - 'Patient pressure for antibiotics'
Mar 9, 11	Midterm Exam Review <b>Midterm Exam</b>	
Mar 16, 18	Spring break	
Mar 23, 25	Medical Interpreters	Dysert-Gale 'Comm models & medical interpreters'; Bolden 'Interpreters & Hx taking'
Mar 30, Apr 1	Institutions & Bad News	Maynard - Socio-political implications of bad news.
Apr 6, 8	Public Health campaigns	Speaking of Health, Chapt. 3
Apr 13, 15	Web 2.0 & Health	Thackeray on Social media, web 2.0, and health. Bender - Supporting Cancer pts with social networks.
Apr 20, 22	Web 2.0 & Health	Hardey - Public health & web 2.0 Lefer, T, et al., Using Google Earth as an innovative tool for community mapping. Barsky - health & social bookmarking
Apr 27, 29	Tele-medicine & tele-health	t.b.a.
May 4, 6	Course wrap-up & Final Exam Review	t.b.a.
Thurs. May 14, 12:30-2:30pm	FINAL EXAM DUE	

# **Bibliography**

- Barsky E., & Purdon M. 2006. Introducing Web 2.0: social networking and social bookmarking for health librarians. *J Can Health Libr Assoc* 2006; 27(3):65-67.
- Bender, J.L., *et al.*, 2008. Supporting cancer patients through the continuum of care: a view from the age of social networks and computer-mediated communication. *Current Oncology*, vol. 15, supplement 2, pp. s42-s47.
- Bolden, G. 2000. Toward understanding practices of medical interpreting: interpreters' involvement in history taking. *Discourse Studies*, 2000, vol. 2; Part 4, pages 387-419.
- Dysert-Gale, G. 2005. Communication Models, Professionalization, and the Work of Medical Interpreters. *Health Communication*, 2005, vol. 17, no.1, pgs. 91-103.
- Gill, V. T. Halkowski, T. Roberts, F. 2001. Accomplishing a request without making one: A single case analysis of a primary care visit. *Text*, 2001, vol. 21; part 1/2, pages 55-82.
- Hardey, M. 2008. Public health & web 2.0. *Perspectives in Public Health*, July 2008 vol. 128 no. 4 pp. 181-189.
- Hilbert, R. 1984. The Acultural Dimensions of Chronic Pain: Flawed Reality Construction and the Problem of Meaning. *Social Problems*, Vol. 31, No. 4 (Apr., 1984), pp. 365-378.
- Lefer, T., et al. 2008. Using Google Earth as an innovative tool for community mapping. *Public Health Reports*, July-August 2008.
- Maynard, D. 2003. Socio-political implications: Everyday Rationality in Public Decision Making. Pgs. 226-246, in *Bad News, Good News: Conversational order in everyday talk and clinical settings*. University Of Chicago Press.
- Maynard, D. & J. Heritage 2005. Conversation analysis, doctor-patient interaction, and medical communication. *Medical Education*, 2005; 39: 428-435.
- Pillet-Shore, D. 2006. Weighing in primary-care nurse–patient interactions. *Social Science & Medicine* 62 (2006) 407–421.
- Pomerantz, A., et al. 1995. Precepting in a general medicine clinic: How preceptors correct. In *The Talk of the Clinic: Explorations in the analysis of medical and therapeutic discourse.* (Eds. R. Chenail & G. Morris), Lawrence Erlbaum Associates: Hillsdale, NJ.
- Raymond, C. W. 2014. Conveying information in the interpreter-mediated medical visit: The case of epistemic brokering. *Patient Education and Counseling*.
- Roberts, F. 2002. Qualitative differences among cancer clinical trial explanations. *Social Science & Medicine*, Vol 55, no. 11, pp. 1947-1955.
- Sacks, Oliver. 1998. A Leg to Stand On. New York: Touchstone Press.
- Stivers, T. 2002. Participating in decisions about treatment: overt parent pressure for antibiotic medication in pediatric encounters. *Social Science & Medicine* 54 (2002) 1111–1130.
- Speaking of Health: Assessing Health Communication Strategies for Diverse Populations. Institute of Medicine. The National Academies Press, Washington, D.C.
- Thackeray, R. et al. 2008. Enhancing Promotional Strategies Within Social Marketing Programs: Use of Web 2.0 Social Media. *Health Promot Pract* October 2008 vol. 9 no. 4 338-343.

#### Care Team

The University of Wisconsin-Stevens Point is committed to the safety and success of all students. The Office of the Dean of Students supports the campus community by reaching out and providing resources in areas where a student may be struggling or experiencing barriers to their success. Faculty and staff are asked to be proactive, supportive, and involved in facilitating the success of our students through early detection, reporting, and intervention. As your instructor, I may contact the Office of the Dean of Students if I sense you are in need of additional support which individually I may not be able to provide. You may also share a concern if you or another member of our campus community needs support, is distressed, or exhibits concerning behavior that is interfering with the academic or personal success or the safety of others, by reporting here: https://www.uwsp.edu/dos/Pages/Anonymous-Report.aspx.

#### Title IX

UW-Stevens Point is committed to fostering a safe, productive learning environment. Title IX and institutional policy prohibit discrimination on the basis of sex, which includes harassment, domestic and dating violence, sexual assault, and stalking. In the event that you choose to disclose information about having survived sexual violence, including harassment, rape, sexual assault, dating violence, domestic violence, or stalking, and specify that this violence occurred while a student at UWSP, federal and state laws mandate that I, as your instructor, notify the Title IX Coordinator/Office of the Dean of Students.

Please see the information on the Dean of Students webpage for information on making confidential reports of misconduct or interpersonal violence, as well as campus and community resources available to students. Dean of Students: https://www.uwsp.edu/DOS/sexualassault Title IX page: https://www.uwsp.edu/hr/Pages/Affirmative%20Action/Title-IX.aspx

## Disability and Accommodations

In accordance with federal law and UW System policies, UWSP strives to make all learning experiences as accessible as possible. If you need accommodations for a disability (including mental health, chronic or temporary medical conditions), please visit with the Disability and Assistive Technology Center to determine reasonable accommodations and notify faculty. After notification, please discuss your accommodations with me so that they may be implemented in a timely fashion. DATC contact info: datctr@uwsp.edu; 715/346-3365; 609 Albertson Hall, 900 Reserve Street

#### **FERPA**

The Family Educational Rights and Privacy Act (FERPA) provides students with a right to protect, review, and correct their student records. Staff of the university with a clear educational need to know may also have to access to certain student records. Exceptions to the law include parental notification in cases of alcohol or drug use, and in case of a health or safety concern. FERPA also permits a school to disclose personally identifiable information from a student's education records, without consent, to another school in which the student seeks or intends to enroll.

#### **Academic Integrity**

Academic Integrity is an expectation of each UW-Stevens Point student. Campus community members are responsible for fostering and upholding an environment in which student learning is fair, just, and honest. Through your studies as a student, it is essential to exhibit the highest level of personal honesty and respect for the intellectual property of others. Academic misconduct is unacceptable. It compromises and disrespects the integrity of our university and those who study here. To maintain academic integrity, a student must only claim work which is the authentic work solely of their own, providing correct citations and credit to others as needed. Cheating, fabrication, plagiarism, unauthorized collaboration, and/or helping others commit these acts are examples of academic misconduct, which can result in disciplinary action. Failure to understand what constitutes academic misconduct does not exempt responsibility from engaging in it. For more information on UWS chapter 14 visit: https://www.uwsp.edu/dos/Pages/Student-Conduct.aspx

### Reporting Incidents of Bias/Hate

It is my intent that students from all diverse backgrounds and perspectives be well-served by this course, that students' learning needs be addressed both in and out of class, and that the diversity that the students bring to this class be viewed as a resource, strength and benefit. It is my intent to present materials and activities that are respectful of diversity: gender identity, sexuality, disability, age, socioeconomic status, ethnicity, race, nationality, religion, and culture. Your suggestions are encouraged and appreciated. Please let me know ways to improve the effectiveness of the course for you personally, or for other students or student groups.

If you have experienced a bias incident (an act of conduct, speech, or expression to which a bias motive is evident as a contributing factor regardless of whether the act is criminal) at UWSP, you have the right to report it: https://www.uwsp.edu/dos/Pages/Anonymous-Report.aspx.

You may also contact the Office of the Dean of Students directly at dos@uwsp.edu. Diversity and College Access is available for resources and support of all students: https://www.uwsp.edu/dca/Pages/default.aspx.

## Clery Act

The US Department of Education requires universities to disclose and publish campus crime statistics, security information, and fire safety information annually. Statistics for the three previous calendar years and policy statements are released on or before October 1st in our Annual Security Report. Another requirement of the Clery Act is that the campus community must be given timely warnings of ongoing safety threats and immediate/emergency notifications. For more information about when and how these notices will be sent out, please see our Jeanne Clery Act page.

The Drug Free Schools and Communities Act (DFSCA) requires institutions of higher education to establish policies that address unlawful possession, use, or distribution of alcohol and illicit drugs. The DFSCA also requires the establishment of a drug and alcohol prevention program. The Center for Prevention lists information about alcohol and drugs, their effects, and the legal consequences if found in possession of these substances. Center for Prevention – DFSCA

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