George Mason University
Graduate Course Approval/Inventory Form

Please complete this form and attach a copy of the syllabus for new courses. Forward it as an email attachment to the Secretary of the Graduate Council. A printed copy of the form with signatures should be brought to the Graduate Council Meeting. Complete the Coordinator Form on page 2, if changes in this course will affect other units.

Please indicate:  ___X__ NEW  ____ MODIFY  ____ DELETE

Local Unit:  Communication Department
Graduate Council Approval Date:

Course Abbreviation: COMM  Course Number: 620

Full Course Title: Health Communication

Abbreviated Course Title (24 characters max.): Health Communication

Credit hours: 3  Program of Record: M.A. in Communication

Repeatable for Credit?  ___ D=Yes, not within same term  Up to hours
___ T=Yes, within the same term  Up to hours
_ X_ N=Cannot be repeated for credit

Activity Code (please indicate): ___ Lecture (LEC) ___ Lab (LAB) ___ Recitation (RCT)
___ Studio (STU) ___ Internship (INT) ___ Independent Study (IND) _X_ Seminar (SEM)

Catalog Credit Format  3 : 3 : 0  Course Level: GF(500-600) __X__ GA(700+)

Maximum Enrollment: 20  For NEW courses, first term to be offered: Fall 2004

Prerequisites or corequisites:

Catalog Description (35 words or less) Please use catalog format and attach a copy of the syllabus for new courses. Examines the interpersonal communicative processes associated with health in consumer-provider, family, and health communication campaign contexts. Particular attention given to understanding cultural differences in perceptions of and communication about health and disease. (33 words)

For MODIFIED or DELETED courses as appropriate:
Last term offered:  Previous Course Abbreviation:  Previous number:

Description of modification:

APPROVAL SIGNATURES:
Submitted by: Katherine E. Rowan, Graduate Coordinator email: krowan@gmu.edu
Department Chair: Don M. Boileau email: dboileau@gmu.edu

Department/Program:  Communication Date: _10/6/03_

College Committee:  Date: ______________

Graduate Council Representative:  Date: ______________

**GEORGE MASON UNIVERSITY**  
**Course Coordination Form**

Note: No other units are affected by this communication department course.  
Katherine E. Rowan, Ph.D., Graduate Coordinator  
Signature _______________________________ Date ________________

**Approval from other units:**

Please list those units outside of your own who may be affected by this new, modified, or deleted course. Each of these units must approve this change prior to its being submitted to the Graduate Council for approval.

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Graduate Council approval: ___________________________ Date: __________

Graduate Council representative: ___________________ Date: __________

Provost Office representative: ______________________ Date: __________
Course Description and Objectives:
Welcome to the exciting, cutting-edge world of Health Communication! This seminar will explore the concepts, constructs, and theories of communication in health and risk contexts. We will examine interpersonal communicative processes about health within the contexts of consumer-provider, family, social support, breaking bad news, negotiation and re-negotiation, social identities, etc with a particular focus within cancer communication contexts. We will also examine risk communication and health, including health communication campaigns, public relations and advertising for health organizations, and how the media and internet present health information.

In our ethnically diverse society and world, it is important to understand alternative viewpoints on health and disease if we are to communicate effectively about them. The goal of this course is to (a) familiarize ourselves with alternative perceptions of health and disease, (b) understand how members of different cultures communicate about health and disease both within their culture and with members of other cultures, and (c) learn how to develop effective and culturally-appropriate health intervention strategies for members of diverse cultures.

Format:
This course will be conducted in a lecture/discussion format. Each class session will involve the presentation of material designed to supplement the required readings and in-depth class discussions covering the assigned reading for that particular session. Students are encouraged to share their experiences and relate the class to their lives and circumstances.

Readings:


One required software program, CDCynergy (2000) (copy available from Lisa for cost $7).

**Websites:**

- [www.behavioralresearch.cancer.gov](http://www.behavioralresearch.cancer.gov)
- [http://www.cdc.gov/communication/campaigns.htm](http://www.cdc.gov/communication/campaigns.htm)

**One movie!** *Wit* (2001)

Deservedly hailed as one of the best films of 2001, *Wit* makes it clear why top-ranking talents seek refuge in the quality programming of HBO. Unhindered by box-office pressures, director Mike Nichols and Emma Thompson turn the most unglamorous topic—the physical and psychological ravages of cancer—into an exquisite contemplation of life, learning, and tenacious, richly expressed humanity. In adapting Margaret Edson's compassionate, Pulitzer Prize-winning play, Nichols and Thompson open up the one-room setting with a superb supporting cast. But their focus remains on the hospital experience of Vivian (Thompson), a fiercely demanding professor of English literature whose academic specialty—the metaphysical poetry of John Donne—is the armor she wears against the cruel indignities of her cancer treatment. While losing all that she held dear, she reassesses her life as an aloof intellectual, and *Wit* illuminates her bracingly eloquent and deeply moving struggle for dignity, meaning, and peace at life's ultimate crossroads. --*Jeff Shannon*

**And, one required set of readings (see below):**

**ATTENDANCE**  
Attendance is required. The format of this class entails your intense involvement in each session. This is a graduate level course that requires your commitment. Each session will cover material not included in the reading.

**REQUIREMENTS**  
Students in the course will be required to:
1. Complete reading assignments
2. Participate actively in class discussions
3. Complete four assignments (see below and end of syllabus).
4. Extra Credit. Bring in article/newspaper clippings relevant to the previous class or today's class topic and present/discuss with class (1 point per article for maximum of 6 extra credit points).

**ASSIGNMENT #1:** Health & Disease Beliefs of People of Different Cultures (100 points)  
DUE Week 5, beginning of class

**ASSIGNMENT #2:** Self-Analysis of the Meaning of a Significant Health Problem  
DUE Week 8, beginning of class

**ASSIGNMENT #3:** Presentation of Reading Material and Discussion Leader (100 points)  
DUE day of presentation
ASSIGNMENT #4: Term Project – Developing Effective Health Interventions for Specialized Populations (200 points)
DUE Week 15, beginning of class

Notes About the Course
1. Your verbal participation during class discussions is vital. It is not necessary that you talk very often. It is more important that you listen closely to discussion and ask questions or volunteer answers which are insightful, provide contrasts, draw on your experience, or assist in moving the discussion along toward a shared understanding. It is often helpful for students to prepare one or more questions while reading assigned materials, to bring to class. Often times the best questions are simple ones. Be careful not to slip into a frame of mind in which you only listen to others in class. Active learners learn more than passive learners.

2. Most weeks, we will devote our time to discussing the assigned articles. These discussions are designed to provide you with "hands on" experience with common problems in social scientific research. We will lead each discussion and we will "call on" specific people to answer questions and integrate material. This part of the course will be very educational if you are prepared and quite boring if you are not. Read all assignments before class.

3. Papers must conform to length requirements. It is unreasonable and unfair to let some of you write papers that are several pages longer than the length specified on this syllabus while others work hard to revise and polish their papers so they meet the page limits. Should any of your papers exceed the required page limit we will not read the material that is in excess of the page limit. That is, if you write a 22-page paper for your term project we will only read and evaluate the first 20 pages. Page limits are for the text of the paper only. Appendices, tables, figures, and references are not considered part of the text of the paper.

4. Late papers are unacceptable. Papers that are turned in up to one day late will be devalued 50 percent. Papers more than one day late will not be evaluated. Papers are due at the beginning of class on their due date. Do not expect to turn them in at the break, after class, or by 5 p.m. and expect to receive full credit for them.

5. All papers should be written in APA style, 4th edition. For the scales paper in particular, students will be penalized if APA style is not followed. If you do not own a copy of this style book yet, it can be purchased at any textbook store in the reference section.

University Guidelines
1. Academic Honesty: Michigan State University adheres to the policies on academic honesty as specified in General Student Regulations 1.0, Protection of Scholarship and Grades, and in the all-University Policy on Integrity of Scholarship and Grades, which are included in "Spartan Life: 1998 Student and Handbook and Resource Guide" and on the MSU Web site.

2. Plagiarism (from the Latin plagiarus, an abductor, and plagiare, to steal): Plagiarism is defined as presenting another person's work or ideas as one's own. You are expected to do your work on all assignments. Students who plagiarize will receive 0.0 in the course.

3. Accommodations for Disabilities: If you are a student with a disability who requires reasonable accommodations, please call the OPHS Disability Resource Center at 353-9642 (voice) or 355-1293 (TTY).

4. Dropping this Course: The last day to drop this course with a 100% refund and no grade reported is Feb. 5. The last day to drop this course with no refund and no grade reported is March 3. You may drop this course after the middle of the semester only to correct verified errors of enrollment or because of a catastrophic event.
Failing this course is not a catastrophic event. After you drop the course, make a copy of your amended schedule for verification, if needed.

5. Religious Observance: If you wish to be absent from class to observe a religious holiday, make arrangements in advance with the instructor.

6. Participation in a Required Activity: If you must miss a class to participate in an officially-sanctioned athletic game or in a required activity for another course, provide the instructor with adequate advanced notice, such as the team schedule or a written authorization from the faculty member of the other course.

SCHEDULE OF TOPICS AND READINGS

Note: The following dates for discussion topics are tentative; any changes will be announced in class. All assigned readings should be completed PRIOR to the class meeting. It is to your advantage to begin the readings early and continue at a regular pace.

**Week 1:** Introductions: What we'll be doing and who you are, who we are.
Ways of Viewing the World


**Week 2:** Health & Risk Communication: Cancer communication, Part I.


**Week 3:** Health & Risk Communication: Cancer communication, Part II.


**Week 4:** Cultural Influences on Health and Disease

**Week 5:** Overview of Theoretical Models

Assignment #1 Due
Week 6: Topic 1: Overview of Approaches to Health Communication (social marketing, stages of change, diffusion of innovation)
Topic 2: Theoretical Models and Approaches: Focus on Fear Appeals

Readings for Topic 2 (required)

Optional Readings (for topic 1):
Weinstein, N., Precaution Adoption Process.

Week 6: Communicating Health & Disease: The Role of Language and Perception I

Week 7: Communicating Health & Disease: The Role of Language and Perception II

Week 8: Overview of Program Design and Evaluation


Additional readings to be announced.
Assignment #2 Due
**Week 9: SPRING BREAK**

**Week 10: Essential Health Communication Research Skills**
Focus groups, surveys, interviews


Additional readings to be announced.

**Week 11: Religion and Health Campaigns**
Medical Pluralism
Readings: Werner, Transcultural Healing text, pp. 2-104, 319-370 (prologue, chapters 1, 2, 11, 12, 13, epilogue)

**Week 12: The Eastern World (Health & Disease in Asia)**
Readings: Western Journal of Medicine, pp.260-264, 265-270, 290-294, 323-327

**Week 13: Hispanics/ Latin America/ American Indians**
Readings: Werner, Transcultural Healing text, pp. 151-229 (chapter 7)
Reading: Western Journal of Medicine, pp. 362-366, 367-373, 337-344, 281-285

**Week 14: African-Americans, Africans**
Readings: Werner, Transcultural Healing text, pp. 230-242 (chapter 8)
Reading: Western Journal of Medicine, pp. 328-332, 350-356, 286-289

**Week 15: Entertainment Education**

**HEALTH CAMPAIGN PROJECT PRESENTATIONS (Assignments #3&4 Due)**

COURSE WRAP-UP: Setting up projects, working in communities, building coalitions, assessing effectiveness of interventions (summative evaluation)
ASSIGNMENT #1: Health & Disease Beliefs of People of Different Cultures
(100 points – DUE Week 5)

GOAL: To discover how people perceive health and disease in order to develop more effective health interventions.

WHAT: Interview at least three people from cultures different than yours. Find out what they believe causes the following and what they believe are the best ways to heal the following:
(a) the common cold,
(b) cancer,
(c) depression,
(d) stomach aches, and
(e) arthritis.

Also, find out what they believe causes
(a) good health and
(b) a long life (i.e., over age 90).

Get all the potential causes of these health states and all of the potential solutions or responses (i.e., really probe! Take religious beliefs, superstitions, popular culture beliefs, etc., into account). Do this for yourself first and then conduct your three interviews. Use Lynn Payer’s Medicine and Culture book as a resource.

Your report should have the following components:

a. Introduction & Methods: Describe what you did (e.g., face-to-face interview, telephone interview, etc.), where you did it (e.g., public meeting spot, at their home, etc.), how you did it (e.g., how long did it take, did you tape it or take notes, etc.), and who you did it with (list the cultures they come from).

b. Case Studies: Describe each person. State age, sex, ethnicity, where they’ve lived and for how long, family status, marital status, health status, previous diseases/problems, religion, any unusual information, etc. Do the same for yourself.

c. Create a chart comparing their beliefs about health and disease causation and responses: List diseases/health states across the top and individuals (including yourself) down the side. In each box, fill in causes and solutions/responses to the different health and disease states.

d. Analyze/Summarize Your Results: Give a critical analysis of your findings. What information would you give to health care providers based on your study? What were the similarities and dissimilarities between your interviewees and yourself, between the interviewees? What conclusions can you draw from your study?
ASSIGNMENT #2: Self-Analysis of the Meaning of a Significant Health Problem or Risky Behavior
(100 points – DUE Week 8)

GOAL: To understand how one perceives and experiences a health problem. To develop a sensitivity to one’s language in response to a health problem.

WHAT: Choose a significant health problem or disease you have had. Analyze it and write up your results as follows. Use Larry Dossey’s Meaning and Medicine book as a resource.

1. Describe the health/disease state in clinical, objective terms.

2. Describe the context in which this health/disease state occurred (e.g., environment, social circumstances, physical state, etc.).

3. Analyze why you think this health problem occurred according to physical, psychological, and religious/spiritual perspectives.

4. Analyze what caused you to get better according to physical, psychological, and religious/spiritual perspectives.

5. Describe messages given to you by family, friends, strangers, and/or health care providers. Describe the meaning you took from those messages. Analyze how language, messages, and meanings influenced the exacerbation and/or improvement of your health problem.

6. Conclusion: What lessons do you learn from this exercise? What will you do differently, if anything, the next time you or someone you know gets sick?
ASSIGNMENT #3: Presentation of Reading Material & Discussion Leader
(100 points – DUE day of presentation)

GOAL: To gain experience teaching and leading discussions on health and disease topics. To become an expert in at least one specialized culture’s health and disease beliefs.

WHAT: Students will lead the class once during the course of the semester. Students will present the day's topic and lead the discussion of the readings. Assignments for topics and dates will be made the first day of class.

a. Students should first present an overview of the scope, relevant issues, and relevant research on the topic. The use of overheads, handouts, and exercises is recommended. At a minimum, a 1-2 page summary of the day's topic should be provided to the class, accompanied by a (at least) five article bibliography. Copies of the articles contained in the bibliography should be available during the class for students to examine and photocopy for themselves, if desired. Presenters are expected to have done additional readings, beyond those required. The instructor may be consulted for sources and ideas.

b. Students should lead a discussion of the day's topic. Students may structure the discussion in any manner they want. However, the following elements should appear in the discussion. First, each reading by itself should be discussed. Then, the readings should be compared for synchronicities, contradictions, or gaps between or among the readings. Finally, the student should lead an exercise where the class develops a new understanding of the specialized culture and/or a new way to conduct an effective intervention with this specialized population. During the discussion, students may provide handouts on unique ideas, figures or models, or intervention proposals related to the topic that they wish to discuss. Additionally, students should provide relevant insights based on their additional readings of the topic. Again, the instructor may be consulted for ideas.

SEMINAR LEADER DISCUSSION IDEAS

I. Individual Readings
A. Origins of cultural beliefs; trace the lineage of different belief systems (e.g., religious, environmental influences, psychology, clinical experiences, etc.)
B. Dominant ethnomedical type (e.g., personalistic, naturalistic, biomedical, etc.)
C. Basic beliefs and practices. Do the beliefs and practices seem logically related? Why or why not? What are alternative explanations for these beliefs/practices? (e.g., availability of resources? Environment? Etc.)
D. Definitions of concepts, beliefs, practices, etc.
E. Relationships between health and disease practices; how do the health terms used or concepts link together or relate to each other? (e.g., what's the theory or explanation offered to explain relationships?) What are the causal or associative relationships that are proposed?
F. How do we know about these cultural beliefs of health and disease? What kind of research, if any, was used to discover these beliefs? What were the methods of analysis?
G. What are the interpretations given by the authors for these health and disease beliefs? Are these plausible? Biased? Influenced by the authors’ own belief system? Why or why not?
H. Any other factors which might influence the way the author(s)' write about the culture, etc.

II. Develop a new intervention to solve health problems with this culture.
A. Propose a unique way of viewing health and disease issues.
B. Offer figures or models, handouts, research designs, proposal ideas, etc., to develop your ideas. This is the time to get feedback on research questions that interest you.
C. Offer additional insights from outside readings; provide graphs, short articles, or other items of interest related to the topic.
D. Have fun, be creative, free yourself from previous paradigms and create new interventions, theories, methods, proposals, or models.
ASSIGNMENT #4: Term Project –
Developing Effective Health Interventions for Specialized Populations
(200 points – DUE Week 15)

GOAL: To gain experience in conducting a literature review, conducting and analyzing an audience analysis, and developing effective intervention messages for specialized populations.

WHAT: In teams of two, develop an effective intervention to promote health and/or prevent disease in a specialized population. Present your audience analysis and intervention ideas to the class for feedback. Use CDCynergy for the project. Specifics are as follows:

SPECIFIC DETAILS TO BE PROVIDED IN LATE JANUARY

INCLUDES A PRESENTATION TO THE CLASS Pass/Not Pass (if not pass, -10 points)
This 20-minute presentation will be evaluated on how substantive, how creative, how well organized it is, as well as how well it utilizes principles discussed in class/readings. Both team members should have an active role in the presentation.

EVALUATION OF PRESENTATION TO CLASS
(pass/not pass)
Assignment #4

Team_____________________________________________________________________
Specialized Population_____________________________________________________________________

A. Statement of the Problem, Goals, & Audience

B. Literature Review

C. Intervention Strategy Outline
Choose the theoretical base and outline your intervention strategy. Develop a sequence of events and your plan of action.

D. Audience Analysis
How did you do your research (surveys, focus group, interviews)? Fully explain why you used this method and provide a copy of your survey or an outline for your focus group or interviews. What did you find? How did the audience analysis inform the development of your intervention?

E. Intervention Strategy
Present your theoretical basis for the intervention. Show your messages and prototypes of any written, visual, or auditory material developed for your intervention. Show us your timeline and sequence of events. What are your specific goals and outcomes? How do your messages create change in your audience? How do they relate to the theory? Let your imagination run free!

F. Delivery of Project to the Class --

i. Creativity (Did the group think of novel ways to attack this problem? Did the presentation keep our interest? Show me how clever and brilliant ya'll are!)
ii. Organization (Is it easy to understand exactly what this group did? Was the presentation well thought-out?)
TOPIC IDEAS:

Lyme Disease Association (e.g. create a 10 point brochure or door hanger)
Biological threat/crisis prevention and response in a specific community
Domestic violence in a specific community
Food borne illnesses for pregnant women
Patient advocacy for the older adult population
Smoking cessation among inner-city black teens.
Pre-natal care among poor women.
Breast cancer prevention among elderly women.
Colorectal cancer prevention among elderly men
Testicular cancer prevention among young men
Drinking and driving among teens.
Gun safety in rural areas.
AIDS/HIV prevention among any cultural group or gender.
Eating disorders among teens.
Dr./patient communication between elderly patients and young doctors.
Patient-provider communication between alternative therapies and general population (e.g., chiropractics and Northern Virginia residents).
Dr./patient communication between foreign physicians and urological patients.
Bicycle/roller blading safety among city elementary school children.
Hispanics' use of alternative medicine (curandera/o).
African-Americans use of alternative medical practices.
Alternative birthing.
Discussing sensitive topics between physicians and patients of different cultures.
Cultural differences in approaching health care.
Physician/patient communication between gay patients and physicians.
Disabled patients and physician communication.
Communication between alternative (e.g., Reiki, acupuncture) healers and patients.
Cultural beliefs about alternative therapies (compare Whites, Blacks, Hispanics).
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