



CURRICULUM PROPOSAL FORM 2001-2002

NON-GENERAL EDUCATION PROCESS A

***DEADLINES:** Deadline dates for 2001/2002 submissions: Regular proposals: October 19, 2001 to be implemented in Fall 2002; Short-Term proposals: December 7, 2001 to be implemented in Fall, 2002; Regular proposals February 15, 2002 to be implemented in Spring, 2003; March 22, 2002 for short-term courses to be implemented in Spring 2003.

PROPOSAL TITLE: *Health Communication* 6601-321

SPONSOR(S): *Joy Cypher and Cindy Corison*

DEPARTMENT: *Communication Studies*

COLLEGE: *College of Communication*

IF LAS CHECK ONE: History/Humanities Math/Sciences Social/Behavioral Sciences

Check one: Undergraduate Graduate

THE ATTACHED **NON-GEN-ED** PROPOSAL IS BEST DESCRIBED BY THE ITEM(S) CHECKED.

New non-gen-ed course

Short-term non-gen-ed course

Minor curricular changes (fewer than three) to:

- existing non-gen-ed course
- non-gen-ed degree requirements
- major
- minor, specialization, concentration, track, certificate program

DEPARTMENT
(Signature indicates approval)

Dept. Curriculum Chair / Date *Cynthia Corison 10/11/01*

Dept. Chairperson / Date *Cypher & Corison 10/15/01*

ACADEMIC DEAN

Approved Not Approved Comments:

Dean's Signature/Date *[Signature] 10/15/01*

COLLEGE CURRICULUM COMMITTEE

Date of open hearing (if necessary) _____ Approved Not Approved _____

Comments:

Signature of College Chair/Date: [Signature] 8/8/01

UNIVERSITY CURRICULUM COMMITTEE

Date Received/Processed _____

Comments:

Curriculum Chair Signature [Signature] Date Announced At Senate 1/24/02

EXECUTIVE VICE PRESIDENT/PROVOST

Approved _____ Not Approved _____ If no, reasons are as follows:

Student Credit Hours _____ Faculty Load Hours _____ Equalized Credit Hours _____

Official Copy & Approval Sheet Filed (Date): _____ Executive VP/Provost Signature/Date [Signature] 10-11-02

REGISTRAR

Date Approved Course Description Received _____ Hegis Taxonomy & Course Number Assigned 0601-321

Registrar Signature/Date [Signature] 10/15/02

NOTIFICATION FORWARD

Senate Curriculum Committee Chairperson

Department Chairpersons

Academic Dean(s)

Registrar

[Signature]
Instit Rech
7-10/24/02

Sponsor(s) [Signature]

6. Course Description:

Health Communication

Prerequisite: Comp II and 60 credit hours
(1501.112)

Health communication will address the topic of health as it is enacted and defined in communication. Specific topics to be discussed are doctor-patient interaction, social and cultural issues of health, mass media representations of health and healthy behaviors, along with communication within health organizations.

Course Proposal

1. Details:

- a) Course Title: Health Communication
- b) Sponsor: Dr. Joy M. Cypher and Dr. Cindy Corison,
Department of Communication Studies,
College of Communication
- c) Credit Hours: 3 credit hours
- d) Course Level: 300 level undergraduate
- e) Curricular Effect: Recommended course under
Interpersonal/Organizational Track for
Communication Studies Specialization.
Undergraduates in related specializations are
free to take the course.
- f) Prerequisites: Comp II and 60 credit hours, *Matriculation in*
(1501.112) *College of Communication*
- g) Suggested Time/
Scale of Implementation Spring 2003
One Section
- h) Resources: Faculty equipped to teach Health
Communication are on staff and part of the
College of Communication budget. Additional
library acquisitions will be necessary over time,
although new facilities will not.

2. Rationale:

The proposed course is part of the planned Interpersonal/Organizational Track within Communication Studies. We acknowledge that students across the College of Communication, and Rowan in general, may find the course interesting and related to future career paths.

Students in the Interpersonal/Organizational Track of the Communication Studies specialization will have career opportunities in a variety of professional arenas including health organizations. The steady increase of health related jobs has created a compelling need for specific attention to relevant health communication issues. This need is recognized by the rapid growth of M.A. and Ph.D. programs specializing in health communication, the number of universities offering undergraduate courses in health communication and the emergence of

journals dedicated solely to the topic. Adding Health Communication to our undergraduate offerings aligns Rowan with top Communication Studies programs such as The Annenberg School of Communication at the University of Pennsylvania, The Ohio State University, Purdue University and the University of Iowa.

By adopting Health Communication and housing it within the Department of Communication Studies, whose main focus is the analysis of communication foundations, effects and cultural significance, students will have an applied yet theoretically rich grounding for careers in health organizations, consulting, and community advocacy for health related topics. Moreover, students from other disciplines and specializations can gain valuable insight on the important role health communication plays in our community organizationally and interpersonally. Sociology, Public Relation/Advertising and Health and Exercise Science students will find this course especially suited to fortify their areas of study. Additionally, the recent establishment of the Reproductive Health and Wellness Clinic at Rowan provides fertile ground for applied discussions and critical reflection of course ideas on site.

3. Essence of the Course:

a) Objectives:

The proposed course has the following objectives:

- (i) To introduce students to the basic concepts of health communication, including doctor-patient interaction, cultural and social aspects of health, and health organizations.
- (ii) To facilitate thoughtful and critical inquiry on current standards of communicating about health.
- (iii) To acquaint students with current technological trends in health communication, including the Internet, and the proper techniques for critically assessing those technologies.
- (iv) To provide an opportunity for students to research, analyze and write on an aspect of health communication directly relating to their future careers.

b) Topical Outline:

This course will address the following areas:

(i) Course Introduction: Students will be introduced to the general area of Health Communication, including its historical importance, current models and contemporary concerns such as managed care. Major assignments for the semester will also be discussed.

(ii) The Role of Patients and Caregivers: Students will discuss the topics of patient-caregiver communication, socialization, satisfaction, compliance, social support and health and identity. These topics will be addressed through scientific and humanist approaches.

(iii) Social and Cultural Issues in Health Communication: The role of culture and social norms will be discussed in relation to health. Specifically, social/cultural definitions of health, illness, sanity, disability and care will be addressed and analyzed.

(iv) Communication in Health Organizations: Students will consider the history of the health organization as well as its various forms. Additionally, the diversity of medical expertise and alternative medicine options will be discussed.

(v) Health and the Media: Images of health and illness in mass media will be analyzed, particularly advertising, news, web pages and entertainment. Students will also be considering health promotion campaigns.

c) Course Assignments:

Course assignments will have primary goals of critical analysis, original research and thoughtful writing. Specifically, students will be required to complete the following assignments:

(i) Examinations on the readings, discussions and research that show the students' knowledge and critical thought.

(ii) An analysis of specific health/medical web pages for credibility, cultural assumptions, and communicative goals.

(iii) Two reflection papers on outside readings. Students are expected to show sophisticated and critical engagement with texts and relate them back to course readings.

(iv) A media analysis paper addressing a particular aspect of health portrayal. Research and critical analysis of literature will fortify this analysis.

d) Sample Course Outline:

Week 1	Review syllabus, expectations. Discuss each paper/analysis assignment. Introduce general topic and history of health communication.
Week 2	Discuss medical socialization, patient-caregiver communication (physician-centered communication, collaborative communication, mediated communication).
Week 3	Introduce and discuss patient satisfaction, compliance studies, and social support research.
Week 4	Discuss identity and health (both physical and mental), as well as narratives of illness and disability.
Week 5	Discuss the relationship between culture and medicine and intercultural interactions about health.
Week 6	Discuss social/cultural definitions of health, illness, ability, normalcy and care.
Week 7	Discuss and define health organizations. Relationships between physicians, HMOs, insurance providers and other caregivers will be specifically addressed.
Week 8	Discuss alternative/complementary medicine and its relationship to traditional medical organizations.
Week 9	Discuss organizational roles and the changing face of health care hierarchies.
Week 10	Discuss the bureaucratization of health care and the influence of human resources and communication specialists on health organizations.
Week 11	Discuss health and the Internet
Week 12	Discuss health imagery and medical information in advertising and news coverage.

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| Week 13 | Discuss health imagery and medical information in entertainment. |
| Week 14 | Discuss health promotion campaigns, behavior change and cultural diversity. |
| Week 15 | Discuss future paths of health communication in a global marketplace, including privacy and multicultural responsibility. |

e) Evaluation and Grading Procedures:

The final course grades will be based on the quality of the student work over the duration of the class. Faculty will specifically consider all written work, including reflection and analysis papers, as well as examinations when assigning final grades.

f) Course Evaluation:

The proposed course will be evaluated using the College of Communication student evaluation forms. Such forms will assess the quality of course content, teaching effectiveness, assignments and texts. Moreover, faculty members in the Department of Communication Studies will evaluate the course through observations and syllabus review and critical discussions in faculty meetings

4. Results of Consultations:

- a) Consultants: Tony Sommo, Department of Sociology; Richard Fopeano, Department of Health and Exercise Science; and Suzanne Sparks FitzGerald, Department of Public Relations/Advertising
- b) Consultant's Statements: See attached documents

5. Additional Supporting Materials:

a) Recommended Texts:

Beck, C. (2001). Communicating for better health: A guide through the medical mazes. Boston: Allyn and Bacon.

du Pre, A. (2000). Communicating about health: Current issues and perspectives. Mountain View, CA: Mayfield Publishing Co.

Kar, S.B., Alcalay, R. and Alex, S. (Eds.). (2001). Health communication: A multicultural perspective. Thousand Oaks: Sage Publishing Inc.

Ray, E.B. (Ed.). (1993). Case studies in health communication. Hillsdale, NJ: Lawrence Erlbaum.

b) Supplemental texts:

Booth-Butterfield, S. (1997). Communication apprehension and health communication and behaviors. Communication Quarterly 45(3), 235-251.

Brashers, D.E. (1996). Theorizing communication and health. Communication Studies 47(3), 243-52.

Charles, C., Whelan, T., and Gafni, A. (1999). What do we mean by partnerships in making decisions about treatment? British Medical Journal 319(7212), 780-782.

Cohn, V. (1996). Vaccines and risks: The responsibility of the media, scientists and clinicians. JAMA 276(23), 1917-1930.

du Pre, A. (1997). "How can I put this?" Exaggerated self-disparagement as alignment strategy during problematic disclosures by patients to doctors. Qualitative Health Research 7(4), 487-504.

Eng, T.R., Maxfield, A., Patrick, K., Deering, M.J., et al. (1998). Access to health information and support: A public highway or a private road? JAMA 280(15), 1371-1375.

Ferguson, T. (1998). Digital doctoring—opportunities and challenges in electronic patient-physician communication. JAMA 280(15), 1361-1363.

Geist, P. (1996). The poetics and politics of re-covering identities in health communication. Communication Studies 47(3), 218-229.

Hines, S. C. (1997). Being involved or just being informed: Communication preferences of seriously ill, older adults. Communication Quarterly 45(3), 268-282.

Jackson, L.D. and Duffy, B.K. (Eds.). (1998). Health communication research: A guide to developments and directions. Westport, CT: Greenwood.

Johnson, M. (1999). Bilingual communicators within the health care setting. Qualitative Health Research 9(3), 329-343.

- Kim, P. (1999). Published criteria for evaluating health related web sites: Review. British Medical Journal 318(7184), 647-650.
- Kirkwood, W.G. (1995). Public communication about the causes of disease: The rhetoric of responsibility. Journal of Communication 45(1), 55-77.
- Klinge, R.S. (1996). Physician communication as a motivational tool for long-term patient compliance: Reinforcement expectancy theory. Communication Studies 47(3), 206-218.
- Levi, R. (2000). Assessing the quality of medical web sites. The Skeptical Inquirer 24(2), 41-45.
- McGee, D.S. and Cegala, D.J. (1998). Patient communication skills training for improved communication competence in the primary care medical consultation. Journal of Applied Communication Research 26(4), 412-430.
- Morris, D.B. (1998). Illness and culture in the postmodern age. Berkeley, CA: University of California Press.
- Myrick, R. (1999). Making women visible through health communication: Representations of gender in AIDS PSAs. Women's Studies in Communication 22(1), 45-66.
- Pingree, S. (1996). Will the disadvantaged ride the information highway? Hopefully answers from a computer-based health crisis system. Journal of Broadcasting and Electronic Media 40(3), 331-353.
- Piotrow, P.T., Kincaid, D.L., Rimon, J.G., and Rinehart, W. (1997). Health communication: Lessons from family planning and reproductive health. Westport, CT: Praeger.
- Ratzan, S.C. (1994). Health communication as negotiation: The healthy America act. The American Behavioral Scientist 38(2), 224.
- Ray, E.B. (Ed.). (1996). Communication and disenfranchisement: Social health issues and implications. Mahwah, NJ: Lawrence Erlbaum.
- Ray, E.B. and Donohew, L. (Eds.). (1990). Communication and health: Systems and applications. Hillsdale, NJ: Lawrence Erlbaum.
- Schneider, D.E. (1996). A naturalistic investigation of compliance-gaining

strategies employed by doctors in medical interviews. The Southern Journal of Communication 61(4), 332-342.

Sherman, A.K., Nelson, L.D., and Steele, C.M. (2000). Do messages about health risks threaten the self? Increasing the acceptance of threatening health messages via self affirmation. Personality and Social Psychology Bulletin 26(9), 1046-1058.

Speilberg, A.R. (1999). Online without a net: Physician-patient communication by electronic mail. American Journal of Law and Medicine 25(2/3), 267-295.

Stapleton, S. (1999). Report: Help patients judge new-media health information. American Medical News 42(21), 28-30.

Stroman, C.A. (1998). Directing health messages toward African Americans: Attitudes toward health care and the mass media. Journalism and Mass Communication Quarterly 75(3), 663-665.

Stroot, P. (1997). Health and the media: Uneasy partners? World Health 50(6), 12-14.

Tardy, R.W. and Hale, C.L. (1998). Getting "plugged in": A network analysis of health information seeking among "stay-at-home moms". Communication Monographs 65(4), 336-357.

Todd, A.D. and Fisher, S. (eds.). (1993). The social organization of Dr. patient communication 2nd ed. Norwood, NJ: Ablex.

Verghese, A. (March 1, 1999). Showing Drs. their biases. New York Times, Op-Ed, 21.

Vivian, B.G., Wilcox, J.R. (2000). Compliance communication in home health care: A mutually reciprocal process. Qualitative Health Research 19(1), 103-116.

Weston, W.W. and Lipkin, M. Jr. (1989). Communicating with medical patients. Newbury Park, CA: Sage.

Whaley, B.B. (Ed.). (2000). Explaining illness: Research, theory and strategies. Mahwah, NJ: Lawrence Erlbaum.



Sociology

From: Tony Sommo, Acting Chair Sociology
To: Dr. Joy Cypher Communication Studies
Re: Health Communications

Health Communication, an upper-level course, pending approval will be offered as one section in the 2003 spring semester. As part of the interpersonal organizational track in communication studies, the content area of the course will also serve as a welcome complement to medical sociology which will be taught by Dr. Miller this spring. I have reviewed the topical outline and sample syllabus and am impressed with the thorough coverage of the dynamic, communicational processes of giving and receiving health care. Over fifty years ago, in his book *The Social System*, the sociologist Talcott Parsons introduced a scholarly discussion of the doctor-patient relationship and the sick role. Empirical studies on compliance, satisfaction and social support systems relating to medical care spawn directly from Parsons' work.

What is particularly valuable is how the course moves through the following levels of analysis:

1. Two-party role relationships including caregivers and patients
2. Cultural norms and values, especially expressed in advertising and the media, which guide the way health care is communicated
3. How health care is organized and how delivery systems dispense health care
4. The technology of utilizing and assessing health care information on, for example, the Internet
5. The use of burgeoning global markets to reach the ideal of cross-cultural and corporate responsibility for wellness in poorer countries.

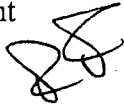
As you point out, the increasing number of MA and doctoral degrees in health care is ample proof of a growing need to provide appropriate credentials for career paths in the health care profession. Judging from the student assessment section and the thoroughness of content areas covered, the proposal for Health Communication meets the Rowan plan to showcase courses that fulfill the criteria of pedagogical rigor and innovation. We look forward to consulting with you on each of our respective offerings in the field of health care.

Date: 10-1-01



October 5, 2001

To: Joy M. Cypher, Ph.D.
Communications Studies Department

Fr: Richard Fopeano, Ph.D. 
Health and Exercise Science Department

Re: Health Communication Course Proposal

Various members of the Health and Exercise Science Department have reviewed the Communications Studies Department's course proposal, "Health Communication". We read with great interest the various health related topics which are to be addressed. After careful discussion, we have concluded that this course is pertinent to the students in our department and can add an important element to their undergraduate training.

We support this proposal and will encourage our students to sign up for it when it is offered.

If there are any questions, please feel free to contact me at 3740 or via email at Fopeano@rowan.edu.



TO: University Curriculum Committee

FROM: Suzanne Sparks FitzGerald, Ph.D., APR

Suzanne Sparks FitzGerald

DATE: October 7, 2001

RE: Health communication course

Health communication seems a welcome addition to the Communication Studies curriculum. At Temple, even years ago, health communication was an important specialization. As cited previously, other university communication programs include a health communication component.

Rowan's students, particularly those seeking careers in health care, should benefit greatly from this "niche" knowledge. As a member of the department of public relations and advertising, I support this course addition and would consider it as an elective for our students.



Date: Oct. 10, 2001
To: Dr. Cynthia Corison
From: Carl Hausman, Chair, Journalism and Creative Writing
Re: Health Communication

Your proposed course in Health Communication is both valuable and marketable.

From my perspective as a former medical writer, and the author of two consumer-medical books, I can verify the need for professional communicators to bridge the gap between science and the lay audience.

In addition, I can suggest an area that is listed in your coverage that I believe is profoundly important: the role of economics in health care and the problems of communicating those economic problems. We need think back only about six years to the abortive attempt to reform the health-insurance industry and the abysmal reporting that focused on the personality clashes among feuding politicians and ignored the core issue. This, I believe, was partly due to a lack of understanding of those issues on the part of the media, or at least an inability to clearly articulate the stakes and the stakeholders.

I also endorse your efforts to address health care on a global level. Recent news reports dealing with apparently unethical "experimentation" by drug companies in impoverished nations point to the need for a more coherent understanding of health information on an international scale.

Please contact me if you have any questions.