



# EXTENDED CAMPUS

COLLEGE of PROFESSIONAL  
and CONTINUING STUDIES

## COMM 5263-101: Health Communication

### Course Description:

This advanced survey course is designed to expose students to the field of health communication (its campaigns, theories, research, and practice). Students will be introduced to foundational areas of the field, namely, history of the field, physician assimilation, ethics in physician-patient communication, healthcare teams, coping with stress and burnout, ecological perspectives, risk and crisis communication, community organizations and public health, health activism, and public health communication campaigns. Our survey of each topic will include both foundational works as well as contemporary advances.

### Class Dates, Location and Hours:

Dates: March 20 – 22 and March 27 –29, 2020

Location: College of Allied Health, OU Health Sciences Center, 1200 N. Stonewall, Oklahoma City, OK 73117-1215

Hours: Friday 5:30-9:30 p.m.; Saturday 8:30 a.m.-4:30 p.m.; Sunday 1:00-5:00 p.m.

### Site Director:

Email: [apokc@ou.edu](mailto:apokc@ou.edu). Phone: 405-271-4522.

### Professor Contact Information:

Course Professor: Elaine Hsieh, Ph.D., J.D.

Mailing Address: University of Oklahoma  
Department of Communication  
Burton Hall #220  
Norman, OK 73019

Telephone Number: 405-325-3154

Email Address: [ehsieh@ou.edu](mailto:ehsieh@ou.edu)

Professor Availability: The Professor will be available via email to the students and other arrangements by appointment as needed.

### Instructional Materials:

Materials posted on the OU Canvas learning management system: Access Canvas at <https://canvas.ou.edu>, enter your OU NetID and password, and select course to access material. If you require assistance with Canvas, please click on the Help icon. You can search the Canvas guides, chat with Canvas support, or contact OU IT.

### History and Outline of The Field

Kim, J.-N., Park, S.-C., Yoo, S.-W., & Shen, H. (2010). Mapping health communication scholarship: Breadth, depth, and agenda of published research in Health Communication. *Health Communication, 25*, 487-503.

Lawton, J. (2003). Lay experiences of health and illness: Past research and future agendas. *Sociology of Health & Illness, 25*, 23-40.

## **Sick Role and Identity Performance**

Levine, S., & Kozloff, M. A. (1978). The sick role: Assessment and overview. *Annual Review of Sociology*, 4, 317-343.

Ong, A. (1995). Making the biopolitical subject: Cambodian immigrants, refugee medicine and cultural citizenship in California. *Social Science & Medicine*, 40, 1243-1257.

Silver, R. C., Wortman, C. B., & Crofton, C. (1990). The role of coping in support provision: The self-presentational dilemma of victims of life crises. In B. R. Sarason, I. G. Sarason & G. R. Pierce (Eds.), *Social support: An interactional view* (pp. 397-426). New York: Wiley.

## **Illness, Self, and Identity**

Charmaz, K. (1994). Identity dilemmas of chronically ill men. *Sociological Quarterly*, 35, 269-288.

Wilson, S., Bladin, P., & Saling, M. (2001). The "burden of normality": Concepts of adjustment after surgery for seizures. *Journal of Neurology, Neurosurgery, & Psychiatry*, 70, 649-656.

Moses, T. (2009). Self-labeling and its effects among adolescents diagnosed with mental disorders. *Social Science & Medicine*, 68, 570-578.

## **Stress & Coping**

Felton, B. J., Revenson, T. A., & Hinrichsen, G. A. (1984). Stress and coping in the explanation of psychological adjustment among chronically ill adults. *Social Science & Medicine*, 18, 889-898.

Sharpe, L., & Curran, L. (2006). Understanding the process of adjustment to illness. *Social Science & Medicine*, 62, 1153-1166.

Wilson, S. (2007). "When you have children, you're obliged to live": Motherhood, chronic illness and biographical disruption. *Sociology of Health and Illness*, 29, 610-626.

## **Physician-Patient Communication**

Street, R. L., Gordon, H. S., Ward, M. M., Krupat, E., & Kravitz, R. L. (2005). Patient participation in medical consultations: Why some patients are more involved than others. *Medical Care*, 43, 960-969.

Cegala, D. J., & Post, D. M. (2009). The impact of patients' participation on physicians' patient-centered communication. *Patient Education and Counseling*, 77, 202-208.

Brashers, D. E., Goldsmith, D. J., & Hsieh, E. (2002). Information seeking and avoiding in health contexts. *Human Communication Research*, 28, 258-271.

## **Supportive Communication**

Lyons, R. F., Mickelson, K. D., Sullivan, M. J., & Coyne, J. C. (1998). Coping as a communal process. *Journal of Social and Personal Relationships*, 15, 579-605.

Parrott, R., Duncan, V., & Duggan, A. (2000). Promoting patients' full and honest disclosure during conversations with health caregivers. In S. Petronio (Ed.), *Balancing the secrets of private disclosures* (pp. 137 - 147). Mahwah, NJ: Lawrence Erlbaum Associates.

Bute, J. J., & Vik, T. A. (2010). Privacy Management as Unfinished Business: Shifting Boundaries in the Context of Infertility. *Communication Studies*, 61, 1-20.

## **Social Stigma in Health and Illness**

Goffman, E. (1963). Stigma and social identity. In E. Goffman, *Stigma: Notes on the management of spoiled identity* (pp. 1-41). New York: Simon & Schuster.

Thornicroft, G., Rose, D., Kassam, A., & Sartorius, N. (2007). Stigma: Ignorance, prejudice or discrimination? *The British Journal of Psychiatry*, 190, 192-193.

Green, S. E., (2003). "What do you mean 'what's wrong with her?'": Stigma and the lives of families of children with disabilities. *Social Science & Medicine*, 57, 1361-1374.

## **Communication & Treatment Adherence**

Zolnierok, K. B. H., & DiMatteo, M. R. (2009). Physician communication and patient adherence to treatment: A meta-analysis. *Medical Care*, 47, 826-834.

Vermeire, E., Hearnshaw, H., Van Royen, P., & Denekens, J. (2001). Patient adherence to treatment: Three decades of research. A comprehensive review. *Journal of Clinical Pharmacy and Therapeutics*, 26, 331-342.

### **Health Literacy**

Berkman, N. D., Davis, T. C., & McCormack, L. (2010). Health literacy: What is it? *Journal of Health Communication*, 15, 9-19.

Paasche-Orlow, M. K., & Wolf, M. S. (2007). The causal pathways linking health literacy to health outcomes. *American Journal of Health Behavior*, 31, S19-S26.

Cegala, D. J. (2006). Emerging trends and future directions in patient communication skills training. *Health Communication*, 20, 123-129.

### **Culture and Health Behaviors**

Meeuwesen, L., van den Brink-Muinen, A., & Hofstede, G. (2009). Can dimensions of national culture predict cross-national differences in medical communication? *Patient Education and Counseling*, 75, 58-66.

Thomson, M. D., & Hoffman-Goetz, L. (2009). Defining and measuring acculturation: A systematic review of public health studies with Hispanic populations in the United States. *Social Science & Medicine*, 69, 983-991.

Kong, H., & Hsieh, E. (2012). The social meanings of traditional Chinese medicine: Elderly Chinese immigrants' health practice in the United States. *Journal of Immigrant and Minority Health*, 14, 841-849.

Farmer, J., Bourke, L., Taylor, J., Marley, J. V., Reid, J., Bracksley, S., & Johnson, N. (2012). Culture and rural health. *Australian Journal of Rural Health*, 20, 243-247.

Devlieger, P. J., Albrecht, G. L., & Hertz, M. (2007). The production of disability culture among young African-American men. *Social Science & Medicine*, 64, 1948-1959.

### **Course Objectives:**

1. To introduce students to important topics in health communication.
2. To introduce students to foundational works in health communication.
3. To introduce students to contemporary advances in health communication.
4. To introduce students to important theories/ models of health communication.
5. To facilitate students' abilities to communicate (orally and in writing) about health communication (campaigns, topics, theories, practice).

### **Course Outline:**

#### **March 20:**

History and Outline of the Field

#### **March 21:**

- Sick Role and Identity Performance
- Illness, Self, & Identity
- Stress & Coping

#### **March 22:**

Physician-Patient Communication

#### **March 27:**

Supportive Communication

#### **March 28:**

- Social Stigma in Health and Illness
- Communication and Treatment Adherence
- Health Literacy

March 29:

Culture and Health Behaviors

**Assignments, Grading, and Due Dates:**

**Course Rubrics**

**Discussion Board Rubric**

Criteria	Excellent	Great	Good	Okay	Needs Work
Content	(10 points) Shares thoughts, ideas, or opinions. Specific details are offered to support the views expressed in the comment (there is evidence to show this isn't just "off the top of your head"). Has a "So What?" theme, lesson, or specific point that attracts the readers' attention; it also addresses all the questions posed in the exercise, but goes beyond just answering them to reflect on larger themes. Demonstrates understanding of the topic.	(8 points) Shares thoughts, ideas, or opinions. Details are offered to support the views expressed in the comment (there is evidence to show this isn't just "off the top of your head"). Has a "So What?" theme, or lesson; addresses all questions posed in the exercise. Demonstrates understanding of the topic	(6 points) Shares thoughts, ideas, or opinions. The opening part of the comment introduces the main point. Details are offered to support views expressed in the comment, but they may be vague, or the connections not completely clear. Has a point; has something to do with questions posed. Shows some understanding of the topic.	(4 points) Shares a thought, idea, or opinion. The opening part of the comment introduces the main point. Limited details are offered to support the views expressed in the comment. Point of comment is unclear; does not relate to questions. Shows some understanding of the topic.	(0 points) Main point is not clearly introduced. Lacks supporting details. Point of comment is unclear; does not relate to questions. Comment does not reveal an understanding of the topic.
Style	(5 points) Concise (2-3 paragraphs)	(4 points) Concise (2 paragraphs) with a focus.	(3 points) Entries are short (1-2	(2 points) Entries are short (1 paragraph) and may or may	(0 points) Entries are short (1

	<p>with a specific focus.</p> <p>Opening grabs the reader's attention while introducing the point of the comment.</p> <p>Positive tone engages the reader.</p> <p>Spelling, punctuation, and capitalization are correct.</p>	<p>Opening grabs the reader's attention while introducing the point of the comment, but perhaps not as strongly as the Style in an "A" posting.</p> <p>Positive tone engages the reader.</p> <p>Spelling, punctuation, and capitalization are largely correct.</p>	<p>paragraphs) with a focus.</p> <p>Positive tone</p> <p>Spelling, punctuation, and capitalization are largely correct.</p>	<p>not have a focus.</p> <p>Positive tone</p> <p>Spelling, punctuation, and capitalization have mistakes.</p>	<p>paragraph) and lack focus.</p> <p>Tone may not be appropriate.</p> <p>Spelling, punctuation, and capitalization contain numerous mistakes.</p>
Reply	<p>(5 points)</p> <p>Reply refers to another person's post, is constructive and thoughtful, adds a new idea (either by refining post's idea, disagreeing with it, building on it, etc), has a point, uses appropriate spelling, punctuation and grammar.</p>	<p>(4 points)</p> <p>Reply refers to post, is constructive and thoughtful, has a point, uses appropriate spelling, punctuation and grammar</p>	<p>(3 points)</p> <p>Reply refers to post, has a point, uses mostly appropriate spelling, punctuation and grammar</p>	<p>(2 points)</p> <p>Reply refers to post, contains spelling and grammatical mistakes</p>	<p>(0 points)</p> <p>Reply is not connected with the post and contains numerous spelling and grammatical mistakes</p>

### Grading Scale

Assignments	Module 1	Module 2	Module 3	Module 4
Discussion	20	20	20	20
Total points for the module	20	20	20	20

### Module Overview

Each week you will have 2–3 assignments, which will be accompanied by a grading rubric explaining how you will be evaluated and how many points each assignment is worth. You will be required to: 1) complete 4-5 reading assignments; 2) listen to a series of short, lecture-style presentations to supplement the reading material; 3) contribute to the discussion board with comments about the readings; 4) complete

some kind of assignment in which you apply concepts from the reading to the “real world;” and 5) comment in a thoughtful and meaningful way on the responses of your peers.

**Reflection**

In some modules, you will take time to reflect on what you have learned in the assigned readings or any other resources. The focus of this reflection is a review of argument or idea being presented by authors and how your knowledge about the module content has changed.

This activity also provides you an opportunity to exchange feedback with other students. The idea behind feedback is not to provide answers but instead, to understand how others have interpreted assigned readings or resources. In addition, your feedback should advance the discussion by raising questions that deepen the discussion. Meaningful interaction takes considerable effort, but this feedback allows each person to clarify his or her understanding and advance the knowledge gained in earlier learning activities.

**Grading:**

This is a letter-graded course: A, B, C, D, or F.

Assignment	Percent of Grade	Due Date
Discussion 1	25%	3/26/2020
Discussion 2	25%	3/26/2020
Discussion 3	25%	4/5/2020
Discussion 4	25%	4/7/2020

**Notice:** Failure to meet assignment due dates could result in a grade of I (Incomplete) and may adversely impact Tuition Assistance and/or Financial Aid.

## **POLICIES AND NOTICES Attendance/Grade Policy**

Attendance and participation in interaction, individual assignments, group exercises, simulations, role playing, etc. are valuable aspects of any course because much of the learning comes from discussions in class with other students. It is expected that you attend all classes and be on time except for excused emergencies.

Excused absences are given for professor mandated activities or legally required activities such as emergencies or military assignments. It is the policy of the University to excuse absences of students that result from religious observances and to provide without penalty for the rescheduling of examinations and additional required class work that may fall on religious holidays. Unavoidable personal emergencies, including (but not limited to) serious illness; delays in getting to class because of accidents, etc.; deaths and funerals, and hazardous road conditions will be excused.

If you are obtaining financial assistance (TA, STAP, FA, VA, Scholarship, etc.) to pay all or part of your tuition cost, you must follow your funding agency/institution's policy regarding "I" (Incomplete) grades unless the timeline is longer than what the University policy allows then you must adhere to the University policy. Students who receive Financial Aid must resolve/complete any "I" (Incomplete) grades by the end of the term or he/she may be placed on "financial aid probation." If the "I" grade is not resolved/completed by the end of the following term, the student's Financial Aid may be suspended making the student ineligible for further Financial Aid.

Students are responsible for meeting the guidelines of Tuition Assistance and Veterans Assistance. See the education counselor at your local education center for a complete description of your TA or VA requirements.

### **Academic Integrity and Student Conduct**

Academic integrity means honesty and responsibility in scholarship. Academic assignments exist to help students learn; grades exist to show how fully this goal is attained. Therefore all work and all grades should result from the student's own understanding and effort.

Academic misconduct is any act which improperly affects the evaluation of a student's academic performance or achievement. Misconduct occurs when the student either knows or reasonably should know that the act constitutes misconduct. Academic misconduct includes: cheating and using unauthorized materials on examinations and other assignments; improper collaboration, submitting the same assignment for different classes (self-plagiarism); fabrication, forgery, alteration of documents, lying, etc...in order to obtain an academic advantage; assisting others in academic misconduct; attempting to commit academic misconduct; destruction of property, hacking, etc...; intimidation and interference with integrity process; and plagiarism. All students should review the Student's Guide to Academic Integrity at [http://integrity.ou.edu/students\\_guide.html](http://integrity.ou.edu/students_guide.html)

Students and faculty each have responsibility for maintaining an appropriate learning environment. All students should review policies regarding student conduct at <http://studentconduct.ou.edu/>

### **Accommodation Statement**

The University of Oklahoma is committed to making its activities as accessible as possible. For accommodations on the basis of disability, please contact your local OU Site Director.

### **Adjustment for Pregnancy/Childbirth-Related Issues**

Should you need modifications or adjustments to your course requirements because of documented pregnancy-related or childbirth-related issues, please contact me as soon as possible to discuss. Generally, modifications will be made where medically necessary and similar in scope to accommodations based on temporary disability. Please see <http://www.ou.edu/content/eoo/faqs/pregnancy-faqs.html>.

### **Title IX Resources**

For any concerns regarding gender-based discrimination, sexual harassment, sexual misconduct, stalking, or intimate partner violence, the University offers a variety of resources, including advocates on-call 24/7,

counseling services, mutual no-contact orders, scheduling adjustments, and disciplinary sanctions against the perpetrator. Please contact the Sexual Misconduct Office at [smo@ou.edu](mailto:smo@ou.edu) or (405) 325-2215 (8-5), or the Sexual Assault Response Team at (405) 615 -0013 (24/7) to report an incident. To learn more about Title IX, please visit the Institutional Equity Office's website at <http://www.ou.edu/content/eoo.html>

### **Course Policies**

Advanced Programs policy is to order books in paperback if available. Courses, dates, and professors are subject to change. Please check with your OU Site Director. Students should retain a copy of any assignments that are mailed to the professor for the course. Advanced Programs does not provide duplicating services or office supplies.

Any and all course materials, syllabus, lessons, lectures, etc. are the property of professor teaching the course and the Board of Regents of the University of Oklahoma and are protected under applicable copyright.

For more information about Advanced Programs, visit our website at: <http://www.goou.ou.edu/>

## INTSTRUCTOR VITA

**Elaine Hsieh, Ph.D., J.D.**

<http://elainehsiehphd.net/>

### **Education**

- PhD, Communication, University of Illinois at Urbana-Champaign (2004)
- J.D., College of Law, University of Oklahoma (2019)

### **Current Positions**

- Advanced Programs professor since 2005
- Professor, Department of communication, University of Oklahoma
- Visiting Professor, Department of Communication, University of Illinois at Urbana-Champaign

### **Frequently Taught Advanced Programs Courses**

- Qualitative Research methods
- Cross-Cultural Communication
- Language Perspectives of Communication

### **Major Areas of Teaching and Research Interest**

- Language and Social Interactions;
- Interpersonal Communication;
- Health Communication;
- Intercultural Communication;
- Language Perspectives

### **Representative Publications and Presentations**

- (2015-16) *Quality of Care for Interpreter-Mediated Medical Encounters in Taiwan*. Core Fulbright U.S. Scholar; Arts, Education, Humanities, Professional Fields and Social Sciences--Research (Award #5130), Taiwan. Sponsored by the United States Department of State Bureau of Educational and Cultural Affairs. 07/24/2015-01/15/2016; Approx.\$30,000.
- (2012) *Medical Interpreters and Patient Communicative Competence in Gynecologic Oncology*. Sponsored by University of Oklahoma-Health Sciences Center/Oklahoma Tobacco Settlement Endowment Trust. Role: Principal Investigator. Period: 01/01/2012-06/30/2012. \$60,335.