**Dr. Karishma Chatterjee**

**Department of Communication**

**Office Number:** Fine Arts Building, # 271 **Email Address:** chatterjee@uta.edu

UTA policy states that all students/faculty/staff use UTA e-mail for official university correspondence. Do check your email on a daily basis.

**Blackboard**: The syllabus, the course materials and the grade book are available at https://elearn.uta.edu

**Faculty Profile:** <https://www.uta.edu/profiles/karishma-chatterjee>

**Office Hours:** Wednesday 5 p.m. – 5:45 p.m. & by appointment **Section**: 001

**Place and Time of Class Meetings:** Room FA 122, Wednesday 6 p.m. – 8:50 p.m.

**Course Prerequisites:** six hours of COMS (formerly SPCH).

**Description of Course Content:** Special topics. Topic varies from semester to semester. Maybe repeated when topic changes.

This graduate seminar will provide an overview of health communication in interpersonal contexts as well as the role of mediated communication on human behavior and policy.

**Student Learning Outcomes:** The seminar will prepare students to:

* Describe the role of communication in health and health care.
* Identify, describe and apply interpersonal, organizational and mass media communication theories to health or health care situations.
* Identify, describe and apply health-communication theories, as well as theories from psychology and sociology that apply to health and health care.
* Describe and evaluate the intended and unintended consequences and the positive (health care promotion, social support) and negative effects of health communication (stigma, boomerang effects, contagion effect)
* Complete a research proposal for a health communication project, or secondary analysis or finish a research project related to health and illness.

**Required Textbooks:** No textbook is required for the course. A list of readings has been provided. Most of the readings are accessible through UTA’s online library. Some readings will be available through Blackboard. Other readings are assigned from the handbook, which is on reserve at the Architecture and Fine Arts library.

**Descriptions of major assignments and examinations with due dates:** Your grade will be based on participation/discussion, weekly response papers (8), discussion facilitator, term paper, and term paper presentation.

*Participation and discussion (50 points, 15 \*3.3, 10%):* This is a graduate seminar. You are required to attend classes, read the material and actively participate in the discussion during class time.

*Reaction Papers* (36%): The reaction papers are intended to structure your thoughts about the readings for the week. To facilitate thinking about the material, and to give me time to look at your papers prior to class, the reaction paper will be due each week on Tuesday at 4 p.m. I will provide feedback in class on Wednesday and the questions and comments you have will form the discussion starters for class during the week.

To get the most out of the readings, I ask that you structure the paper in the following way. The first paragraph is to be a brief **summary** of the articles. Focus in particular on the main arguments (if it is a review) and what was done in each study (the method), and what the main findings were (of it is an empirical study). The second paragraph is to be an **integration** of all articles that are due for that day. In your integration paragraph, I want you to talk about what generalizations or conclusions can be made across the readings. How would you succinctly summarize this group of articles? Are there important areas of discrepancy among the articles? If so, can you succinctly identify these? The third paragraph is to be your **reaction**. In your view, what is the most important contribution from these readings, either to theory and basic knowledge, or to applications of knowledge? What limitations do you see in these readings? For the final part of the paper I want you write at least two questions for discussion. These can focus in general on what questions remain to be answered in this area, or the questions can focus on any questions you have about the readings –what remains unclear to you about these studies?

Your responses should be approximately one page in length (upto 500 words) and should never exceed 1 page (single-spaced) in length. Papers MUST be submitted to the weekly discussion board on Blackboard by 4 p.m. on Tuesday. Do use APA 6th edition style for your papers. Points will be allotted for: Summary –4 pts; Integration –7.5 pts; Reaction –4 pts, Questions –7. Your goal is to present a thoughtful, thorough, and concise treatment of the topic.

*Plagiarism tutorial (4%; Due 5 pm on Feb 25)*: Please review the tutorial on plagiarism and take the quiz at the end. You need to get 100% to get points for this assignment. Please e-mail results to yourself (UTA email) and chatterjee@uta.edu as proof of completion. The tutorial is available at <http://library.uta.edu/plagiarism/>

*Discussion facilitator (10%)*: Each student will facilitate one class discussion (20 minutes). As the facilitator you are expected to (a) identify an article of interest that is relevant to the discussion topic for the day and email it the class at least two business days before your facilitation, or choose one from the reading list (b) write an analysis 2 page paper (double-spaced) in which you synthesize this article along with the rest of the readings on the topic (c) prepare a one-page hand out for the class that may be used as a guide. This should list questions that you may use for involving the audience in class discussion. You may either e-mail this to all of us prior to class, or bring a copy for all of us to class.

You should **not turn** in a reaction paper on Blackboard the day you are the discussion facilitator.

Recommendations for facilitation: Create an outline that logically covers the main points of the empirical article- goal, theoretical framework used, research questions, methods, findings, and limitations. Finally, you could list a couple of questions that you may use to solicit audience interaction.

*Term paper*: *(30%, Due Wednesday May 13 by 5 pm.):* The goal of this paper is to advance your scholarly or non-scholarly career in some way. Term papers can take one of three forms. You could do a research proposal that includes a literature review and methods. Alternatively you could do a research project that involves collecting data or doing a secondary data analysis. As a third option, you could apply health communication theory and concepts to a current health situation/crisis/problem (case study). The term paper should be no longer than 15 pages excluding the cover page, references and tables. If your paper involves collecting, and analyzing data, and writing up the paper during the semester, you may **work with a partner** on the term paper.

More details will be discussed in class and posted on Blackboard.

*Term paper presentation* (10%): Each student will give a 10 minute presentation on his/her term paper followed by a five-minute question and answer session. Your talk should be supplemented with a visual aid (hand-out or brief PowerPoint Presentation). You will be graded on your ability to articulate your research ideas and answer questions that the audience may have regarding your research proposal or project.

All the paper in this class should be written in APA 6th edition style. Your papers should be relatively free of grammatical and punctuation errors.

*Late Work:* An opportunity to make up any assignment will be only given in the event of official college business, documented illness or documented compelling personal difficulty. Please do not expect me to make exceptions for vacations or weddings. You should inform me as early as possible so that we can work together to meet the goals of this course.

**Grading**

|  |  |
| --- | --- |
| **Assessment** |  **Points** |
| Participation & DiscussionDiscussion facilitatorResponse papers [8 X 22.5] | 50 (10%)50 (10%)180 (36%) |
| Plagiarism online tutorial | 20 (4%) |
| Term paper presentations | 50 (10%) |
| Term paper | 150 (30%) |
| Total points |  500 |

**Grading:** You can earn up to 500 points. Grades will be assigned using the following scale: A = 450-500, B = 400-449, C = 350-399, D = 300-349, F = 299 or less.

**Grade policy:** I do not round off grades. An 89 % will be considered a B, a 79% will be considered a C and so on.

**Grade Grievance Policy**: If you would like to discuss a grade, please use the office hours to do so. I put a lot of time and effort into grading, so please read my comments carefully and wait for 48 hours before you discuss grades with me.

For UTA’s official grade grievance procedure click: <http://wweb.uta.edu/catalog/content/general/academic_regulations.aspx#10>

\*Please keep up with your grades on BlackBoard and MyMav\*

**Expectations for Out-of-Class Study**: Beyond the time required to attend each class meeting, students enrolled in this course should expect to spend at least an additional 9 hours per week of their own time in course-related activities, including reading required materials, preparing for exams, etc.

**Drop Policy:** Students may drop or swap (adding and dropping a class concurrently) classes through self-service in MyMav from the beginning of the registration period through the late registration period. After the late registration period, students must see their academic advisor to drop a class or withdraw. Undeclared students must see an advisor in the University Advising Center. Drops can continue through a point two-thirds of the way through the term or session. It is the student's responsibility to officially withdraw if they do not plan to attend after registering. **Students will not be automatically dropped for non-attendance**. Repayment of certain types of financial aid administered through the University may be required as the result of dropping classes or withdrawing. For more information, contact the Office of Financial Aid and Scholarships (<http://wweb.uta.edu/ses/fao> **)**

The last drop date for the course is April 03, 5:00 p.m. CST.

**Americans with Disabilities Act:** The University of Texas at Arlington is on record as being committed to both the spirit and letter of all federal equal opportunity legislation, including the *Americans with Disabilities Act (ADA)*. All instructors at UT Arlington are required by law to provide "reasonable accommodations" to students with disabilities, so as not to discriminate on the basis of that disability. Any student requiring an accommodation for this course must provide the instructor with official documentation in the form of a letter certified by the staff in the Office for Students with Disabilities, University Hall 102. Only those students who have officially documented a need for an accommodation will have their request honored. Information regarding diagnostic criteria and policies for obtaining disability-based academic accommodations can be found at [www.uta.edu/disability](http://www.uta.edu/disability) or by calling the Office for Students with Disabilities at (817) 272-3364.

**Title IX:** The University of Texas at Arlington is committed to upholding U.S. Federal Law “Title IX” such that no member of the UT Arlington community shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity. For more information, visit [www.uta.edu/titleIX](http://www.uta.edu/titleIX).

**Academic Integrity:** Being honest in your work helps you to learn and build skills and makes you feel good about yourself. When you cheat or engage in other forms of academic dishonesty you learn less, you reduce the value of your and your peers’ education, and you devalue the university’s reputation.

All students enrolled in this course are expected to adhere to the UT Arlington Honor Code:

*I pledge, on my honor, to uphold UT Arlington’s tradition of academic integrity, a tradition that values hard work and honest effort in the pursuit of academic excellence.*

*I promise that I will submit only work that I personally create or contribute to group collaborations, and I will appropriately reference any work from other sources. I will follow the highest standards of integrity and uphold the spirit of the Honor Code.*

 Per UT System *Regents’ Rule* 50101, §2.2, suspected violations of university’s standards for academic integrity (including the Honor Code) will be referred to the Office of Student Conduct. Violators will be disciplined in accordance with University policy, which may result in the student’s suspension or expulsion from the University.

Types of behavior that are considered to be academically dishonest:

• Collaborating with other students on assignments that are intended to be

completed separately.

• Copying the work of others verbatim without quote marks and/or citation.

• Failing to give credit to other researchers for their research, ideas and/or models.

• Submitting work for this class that you previously prepared for another course,

or submitting the same work in this class that you also submit in another class.

Consult with me if you intend to write a paper on a topic similar to one that you

have tackled in another course.

**Student Support Services Available:** UT Arlington provides a variety of resources and programs designed to help students develop academic skills, deal with personal situations, and better understand concepts and information related to their courses. Resources include tutoring, major-based learning centers, developmental education, advising and mentoring, personal counseling, and federally funded programs. For individualized referrals, you may visit the reception desk at University College (Ransom Hall), call the Maverick Resource Hotline at 817-272-6107, send a message to resources@uta.edu, or view the information at [www.uta.edu/resources](http://www.uta.edu/resources).

**E-Culture Policy:** UT Arlington has adopted MavMail as its official means to communicate with students about important deadlines and events, as well as to transact university-related business regarding financial aid, tuition, grades, graduation, etc. All students are assigned a MavMail account and are responsible for checking the inbox regularly. Information about activating and using MavMail is available at <http://www.uta.edu/oit/cs/email/mavmail.php>

**Student Feedback Survey:**  At the end of each term, you will be asked to complete an online Student Feedback Survey (SFS) about the course. Instructions on how to access the SFS for this course will be sent directly to you through MavMail approximately 10 days before the end of the term. Each student’s feedback enters the SFS database anonymously and is aggregated with that of other students enrolled in the course. UT Arlington’s effort to solicit, gather, tabulate, and publish student feedback is required by state law; students are strongly urged to participate. For more information, visit <http://www.uta.edu/sfs>.

**Final Review Week:** A period of five class days prior to the first day of final examinations in the long sessions is designated as Final Review Week. The purpose of this week is to allow you sufficient time to prepare for final exams. During Final Review Week, an instructor shall not give any examinations constituting 10% or more of the final grade, except makeup tests. In addition, instructors are not required to limit content to topics that have been previously covered; they may introduce new concepts.

**Emergency Exit Procedures:** Should we experience an emergency event that requires us to vacate the building, students should exit the room and move toward the nearest exit, which is to your right as you leave the classroom. When exiting the building during an emergency, one should never take an elevator but should use the stairwells. Faculty members and instructional staff will assist students in selecting the safest route for evacuation and will make arrangements to assist handicapped individuals.

**Readings & Schedule**

January 21, 2015: Class cancelled

January 28, 2015: Introduction

February 4, 2015: **Defining health communication and introduction to health communication theory**

Babrow, A. S., & Mattson, M. (2013). Building health communication theories in the 21st Century. In T.L. Thompson, R. Parrott, & J. F. Nussbaum (Eds.), *The Routledge handbook of health communication* (2nd ed.), pp. 18-35. New York: Routledge. [Book available from the reserves section of the Architecture and Fine Arts Library; check-out for 2 hours in-library use]

Duggan, A. (2006). Understanding interpersonal communication processes across health contexts: Advances in the last decade and challenges for the next decade. *The Journal of Health* *Communication, 11,* 93-108. [Available through UTA’s online library]

What is health communication?

<http://www.cdc.gov/healthcommunication/healthbasics/whatishc.html>

Office of Disease Prevention and Health Promotion. Health communication, pp. 11-1-11-25

*Healthy People 2010*. May be available: <http://www.healthypeople.gov/2010/Document/pdf/Volume1/11HealthCom.pdf>

Office of Disease Prevention and Health Promotion. *Health communication and health information technology, Healthy People 2020*. <https://www.healthypeople.gov/2020/topics-objectives/topic/health-communication-and-health-information-technology> (read the overview and objectives)

Parrott, R. L. (2004). Emphasizing "communication" in health communication. *Journal of*

*Communication, 54,* 751-787. [Available online]

February 11, 2015: a. **Health Communication and diversity: Culture and health disparities**

Cameron, K., A. (2013). Advancing equity in clinical preventive services: the role of health communication. *Journal of Communication, 63,* 31 – 50. doi: 10.1111/jcom.12005 [Available Online]

Perloff, R. M., Bonder, B., Ray, G. B., Ray, E. B., & Siminoff, L. A. (2006). Doctor-patient communication, cultural competence, and minority health: Theoretical and empirical perspectives. *American Behavioral Scientist, 49,* 835-852. [Available Online]

Dutta, M. J., Anaele, A., & Jones, C. (2013). Voices of hunger: Addressing health disparities through the culture-centered approach. *Journal of Communication, 63,* 159 – 180. doi: 10.1111/jcom.12005 [Available Online]

**b. Health Communication and diversity: lifespan perspectives**

Baxter, L. A., Braithwaite, D. O., Golish, T. D., & Olsen, L. N. (2002). Contradictions of

interaction for wives of elderly husbands with adult dementia. *Journal of Applied*

*Communication Research, 30,*1-27. [Online]

Nussbaum, J., Pitts, M., Huber, F., Krieger, J. L., & Ohs, J. (2005). Ageism and ageist language across the life span: Intimate relationships and non-intimate interactions. *Journal of Social* *Issues, 61,* 287-305. [Online]

* Pick Baxter et al. article or Dutta et al. Article for presenting

February 18, 2015: a. **Everyday interpersonal communication and health: intimate relationships**

Cline, R. J. W. (2013). Everyday interpersonal communication and health. In T.L. Thompson, R. Parrott, & J. F. Nussbaum (Eds.), *The Routledge handbook of health communication* (2nd ed.), pp. 377-396. New York: Routledge.

Walker, K. L., & Dickson, F. C. (2004). An exploration of illness-related narratives in marriage: The identification of illness-identity scripts. *Journal of Social & Personal Relationships, 21,* 527-544. [Online]

### Duggan, A. P. Dailey, R. M., Le Poire, B, A. (2008). Reinforcement and punishment of substance abuse during ongoing interactions: A conversational test of i**nconsistent** n**urturing** as c**ontrol** t**heory**. Journal of Health Communication, 13 (5), 417-433. doi: 10.1080/10810730802198722 [Online]

b. **Health Communication in the family**

### Rauscher, E. A., Hesse, C. (2014). Investigating uncertainty and emotions in conversations about f**amily** h**ealth** history: A test of the theory of motivated information management. *Journal of* ***Health******Communication****,19* (8), 939-954. [Blackboard]

Pitts, M. J., Krieger, J. L., Nussbaum, J. F., & Kundrat, A. L. (2009). Mapping the processes and patterns of family organ donation discussions: Conversational styles and strategies in live discourse. *Health Communication, 24,* 413-425*.* [Online]

* Pick one from the intimate relationships
* Pick one from the family set

February 25, 2015: **Everyday interpersonal communication and health: social networks**

***Topic of term paper due in class***

Buunk, A. P. & Gibbons, F. X. (2006). Social comparison: The end of a theory and the emergence of a field. *Organizational Behavior and Human Decision Processes, 102* (2007), 3-21. doi:10.1016/j.obhdp.2006.09.007 [Online]

Tardy, R. W. & Hale, C. L. (1998). Bonding and cracking: The role of informal, interpersonal

networks in health care decision making. *Health Communication*, *10*, 151-173. [Online]

Hecht, M. L., Warren, J. R., Wagstaff, D. A., & Elek, E. (2008). Substance use, resistance skills, decision-making, and refusal efficacy among Mexican and Mexican American preadolescents. *Health Communication, 23,* 349-357. [Online]

Parrott, R., & Duggan, A. (1999). Using coaches as role models of sun protection for youth: Georgia's "Got Youth Covered" Project. *Journal of Applied Communication, 27,* 107-119. [Online]

* Social comparison theory/ Social learning article to be provided by presenter

March 4, 2015: **Social support**

Goldsmith, D. J., & Albrecht, T. L. (2013). Social support, social networks, and health. In T.L. Thompson, R. Parrott, & J. F. Nussbaum (Eds.), *The Routledge handbook of health communication* (2nd ed.), pp. 335-348. New York: Routledge.

Canary, H. E. (2008). Creating supportive connections: A decade of research on support for families of children with disabilities. *Health Communication, 23,* 413-426. [Online]

DiMatteo, R. (2004). Social Support and patient adherence to medical treatments: A meta-analysis. *Health Psychology, 23,* 207-218. [Online]

Lewis, M. A., McBride, C. M., Pollak, K. I., Puleo, E., Butterfield, R. M., & Emmons, K. M. (2006). Understanding health behavior change among couples: An interdependence and communal coping approach. *Social Science & Medicine, 62,* 1369-1380.[Online]

Chung, J. E. (2014). Social Networking in Online Support Groups for Health: How Online Social Networking Benefits Patients. *Journal of Health Communication, 19* (6), 639-659. [Blackboard]

* Present the Chung article

March 9-13, 2015: **Spring Break**

March 18, 2015: **Stigma**

Goffman, E. (1963). Stigma and social identity. In *Stigma: Notes on the management of spoiled*

*identity*, pp. 1-40. Englewood Cliffs, NJ: Prentice-Hall.

Smith, R. A. (2013). Stigma, communication, and health. In T.L. Thompson, R. Parrott, & J. F. Nussbaum (Eds.), *The Routledge handbook of health communication* (2nd ed.), pp. 455-468. New York: Routledge.

Agne, R. R., Thompson, T. L., & Cusella, L. P. (2000). Stigma in the line of face: Self-disclosure of patients' HIV status to health care providers. *Journal of Applied Communication Research, 38,* 235-261.

Wang, C. C. (1998) Portraying stigmatizing conditions: Disabling images in public health.

*Journal of Health Communication*, *3*, 149-159.

* Pick an article on stigma and health communication

March 25, 2015: **Patient-provider communication: physician-patient interaction & skills training**

***Update on paper with a list of 10 sources due in class***

Duggan, A. P., & Thompson, T. L. (2013). Provider-patient interaction and related outcomes. In T.L. Thompson, R. Parrott, & J. F. Nussbaum (Eds.), *The Routledge handbook of health communication* (2nd ed.), pp. 414 – 427. New York: Routledge.

Article provides a big picture of the various outcomes of provider-patient interaction

OR

Politi, M., & Street, R. L. (2013). Patient-centered communication during collaborative decision making. In T.L. Thompson, R. Parrott, & J. F. Nussbaum (Eds.), *The Routledge handbook of health communication* (2nd ed.), pp. 399 – 413. New York: Routledge.

This article is useful in getting a good grasp of the role of patient-centered communication in good decision making including the role of uncertainty.

### Cegala, D., & Post, D. M. (2009). [The impact of **patients**’ participation on **physicians**’ **patient**-centered communication](http://eds.a.ebscohost.com.ezproxy.uta.edu/ehost/viewarticle?data=dGJyMPPp44rp2%2fdV0%2bnjisfk5Ie46bZMt6eyUbCk63nn5Kx95uXxjL6nrUqypbBIr6ueSa%2bwsEy4qLc4v8OkjPDX7Ivf2fKB7eTnfLunsU%2b2p7ZOsK2yPurX7H%2b72%2bw%2b4ti7jeTepIzf3btZzJzfhruqslCwrrRMr5zkh%2fDj34y73POE6urjkPIA&hid=4102)  ***Patient*** Education & Counseling,*77* (2), 202-208. [Online]

Prochaska, J. O., DiClemente, C. C., Norcross, J. C., (1992). In search of how people change:

Applications to addictive behaviors. *American Psychologist*, *47*, 1102-1114. [Online]

Cegala, D. J., & Post, D. M. (2006). On addressing racial and ethnic health disparities: The potential role of patient communication skills interventions. *American Behavioral Scientist, 49,* 853-867.

* Stages of change article/ health belief model article

April 1, 2015: **Health communication in organizations**

Geist-Martin, P. & Scarduzio, J. A. (2013). Working well: Reconsidering health communication at work. In T.L. Thompson, R. Parrott, & J. F. Nussbaum (Eds.), *The Routledge handbook of health communication* (2nd ed.), pp. 117-131. New York: Routledge. [Book available from the reserves section of the Architecture and Fine Arts Library; check-out for 2 hours in-library use]

Cowan, R., & Hoffman, M. F. (2007). The flexible organization: How contemporary organizations construct the work/life border. *Qualitative Research Reports in Communication, 8,* 37-44. doi: 10.1080/17459430701617895.

Ellingson, L. (2003). Interdisciplinary health care teamwork in the clinic backstage. *Journal*

*of Applied Communication Research*, *31*, 93-117.

Farrell, A. & Geist-Martin. (2005). Communicating social health: Perceptions of wellness at

work. *Management Communication Quarterly*, 18, 543-592.

* Pick an article not listed

April 8, 2015: **Planned health messages (community interventions)**

Lapinski, M. K. & Witte, K. (1998). Health communication campaigns. In L. D. Jackson &

B.K. Duffy (Eds.) *Health communication research: A guide to developments and directions*, pp.

139-161. Westport, CT: Greenwood Press. [Blackboard]

Flora, J. A. (2001). The Stanford community studies: Campaigns to reduce cardiovascular

disease. In R.E. Rice & C.K. Atkin (Eds.) *Public communication campaigns* (3rd ed.), pp. 193-

213. Newbury Park, CA: Sage. [Blackboard]

Rogers, E. M (2003). Elements of diffusion (Chapter 1). In *Diffusion of innovations* (4th ed.),

pp. 1-37. New York: Free Press. [Blackboard]

Vanderpool, R. C., Cohen, E. L., Crosby, R. A., Jones, M. G., Bates, W., Casey, B. R., & Collins, T. (2013). "1-2-3 Pap" intervention improves HPV vaccine series completion among Appalachian women. *Journal of Communication, 63,* 95 – 115. doi: 10.1111/jcom.12001 [Available through UTA’s online library]

🡪Diffusion of innovations article: To be provided by presenter

 🡪Theory of reasoned action article: To be provided by presenter

April 15, 2015: **Planned health messages (mass mediated campaigns & entertainment)**

***Draft of paper due in class***

Silk, K. J., Atkins, C. K., & Salmon, C. T. (2013). Developing effective media campaigns for health promotion. In T.L. Thompson, R. Parrott, & J. F. Nussbaum (Eds.), *The Routledge handbook of health communication* (2nd ed.), pp. 203-219. New York: Routledge.

Snyder, L. B. (2001). How effective are mediated health campaigns. In R.E. Rice & C.K.

Atkin (Eds.) *Public communication campaigns* (3rd ed.), pp. 181-192. Newbury Park, CA:

Sage. [Blackboard]

Singhal, A., & Rogers, E. M. (2001). The entertainment-education strategy in communication campaigns. In R.E. Rice & C.K. Atkin (Eds.) *Public communication campaigns* (3rd ed.), pp. 343-356. Newbury Park, CA: Sage. [Blackboard]

Cho, H. & Salmon, C. (2007). Unintended effects of health communication campaigns.

*Journal of Communication*, *57*, 293-317 [Online]

🡪Cultivation theory article to be provided by presenter

🡪Promotion of health through television/ entertainment article to be provided by presenter

April 22, 2015: **Sources of** **Health information & health literacy**

Kline, K. N. (2013). Popular media and health: Images and effects. In T.L. Thompson, R. Parrott, & J. F. Nussbaum (Eds.), *The Routledge handbook of health communication* (2nd ed.), pp. 352-267. New York: Routledge.

Chatterjee, K., & Markham Shaw. C. (2012). Media portrayals of the female condom. *Journal of Health Communication, 17* (10), 1138-1150. [Online]

### White, J. M., & Wingenbach, G. (2013). Potential barriers to mass media coverage of h**ealth** issues: Differences between p**ublic** information officers and j**ournalists** regarding beliefs central to professional behaviors. Journal of ***Public*** Relations Research, 25 (2), p123-140. [Online]

Cameron, K. A., Wolf, M. S., & Baker, D. W. (2013). Integrating health literacy in health communication. In T.L. Thompson, R. Parrott, & J. F. Nussbaum (Eds.), *The Routledge handbook of health communication* (2nd ed.), pp. 306-319. New York: Routledge.

* Framing article: To be provided by presenter
* Agenda-setting article: To be provided by presenter or the White & Wingenbach article

April 29, 2015: **Ethics of health communication**

Guttman, N. (2013). Ethics in communication for health promotion in clinical settings and campaigns: New Challenges and enduring dilemmas. In T.L. Thompson, R. Parrott, & J. F. Nussbaum (Eds.), *The Routledge handbook of health communication* (2nd ed.), pp. 632-646. New York: Routledge.

Coleman, R., Hatley, L. M. (2014). Ethical h**ealth communication:** A content analysis of predominant frames and primes in public service announcements. *Journal of Mass Media* ***Ethics*** *29* (2), 91-107. [Online]

Rains, S., A., & Bosch, L. A. (2009). **Privacy** and h**ealth** in the information age: A content analysis of h**ealth** web site **privacy** policy statements. ***Health*** Communication, *24* (5), 435-446. [Online]

* Present either Coleman or Rains & Bosch

May 6, 2015: Paper presentations

May 13, 2015: Paper presentations; Final paper due