COMM 954:

Seminar in Health Communication

Course Syllabus and Schedule | Spring 2023

Professor:	Dr. Angela Palmer-Wackerly
Contact Information:	apalmer-wackerly2@unl.edu
	Office: 351 Louise Pound Hall (LPH)
Student hours:	T/Th, 2-3 pm; and by appointment
Class meetings:	T, 3:30-6:20 pm, Louise Pound Hall 306

Required texts:
All readings available on canvas. As the course continues, I may assign more, less, or different readings to enhance your learning.

DEPARTMENT OF COMMUNICATION STUDIES

Mission of the Department of Communication Studies
The mission of the faculty and students of the Department of Communication Studies is to examine human symbolic activity as it shapes and is shaped by relationships, institutions, technology, and culture. This work concerns the creation, analysis, and critique of messages ranging from face-to-face to digital media contexts. The department's research and teaching devote particular attention to scholarly initiatives aimed at understanding and explaining the role of communication in (a) facilitating civic engagement, mediating public controversies, and organizing for social change, (b) constituting individual and family health, promoting healthy behaviors, and helping persons navigate relational challenges, and (c) creating, maintaining, and challenging personal, social, and community identity in a complex and diverse world.

OBJECTIVES
By the end of this course you will be able to:
- Define health communication and what it can be (i.e., how it can transform)
- Synthesize the reading/course material with your own career/research interests
- Push the traditional 'boundaries' of health communication research, method, theory, and/or practice to examine and argue for what is meaningful to you
- Learn how and why others are striving to expand the impact of health communication

COURSE INFORMATION & POLICIES

I. Course Description and General Expectations

This course will serve as an introduction to the foundational and contemporary issues of Health Communication. Health Communication is a broad field encompassing many contexts, including interpersonal, intergroup, computer-mediated communication (CMC), mass media, and rhetoric. Our course will primarily focus on the first two, but I will give you a very brief intro to the other areas because they are still important in your holistic development as a scholar interested in health communication. Topics discussed will range from illness identity, coping, patient-provider communication, family influence, social support, community-based interventions, health disparities, as well as future directions for the subfield. In addition, we will pay special attention to the ways in which people are pushing the boundaries of heath communication.

Topics and Your Interests. Some of these topics will interest you more than others. I ask that you engage with the material EVERY week to synthesize with your current research, challenge your current research or inspire you to lead your research in a new direction. Much of the learning in this class will be guided by me, but directed by you. Think of me as your coach: I will challenge you in your work, but you have to put in the work to accomplish your goals for this course. This is YOUR course; thus, you will be able to tailor assignments/discussions/projects to your interests and your theoretical/applied questions (e.g., family, rhetoric, public health, transdisciplinary, health equity).

Classroom Engagement. As an instructor, I am at my best when we are all fully engaged as a class. To that end, I ask that all of us try our best to thoughtfully prepare all readings, all discussion points, and all assignments before class. Health Communication as a subdiscipline is focused on theory and application. Thus, all of your work will be guided in some way by theory and have a "real-world" focus for "real-world" impact. See if you can find linkages to your work in all course readings and activities. The goal of this course is to share our interests and build upon them by encouraging and constructively challenging each other (this includes me). I firmly subscribe to the philosophy that *Teaching is Learning!*

II. Academic Integrity

The Department of Communication Studies is committed to the highest standards of academic integrity. The Department adopts the campus definition of academic dishonesty in the Student Code of Conduct (Article 3, Section B-1) including cheating, fabrication or falsification, plagiarism (including self-plagiarism), abuse of academic materials, complicity in academic dishonesty, falsifying grade reports, impermissible collaboration, and misrepresentation. Put simply, all course work should be original and unique for this class (i.e., do not use work from other courses even if it is your own). As per department guidelines, instructors will meet with the student and if they determine that academic dishonesty or misconduct has occurred, the instructor will prepare a written account and file a "Misconduct Referral Form" with the Office of the Dean of Students. The full "Academic Dishonesty and Student Misconduct" policy is available here.

Existing and Emerging AI Writing Tools. As we begin to learn more about the ways Artificial Intelligence as seen in existing and emerging tools like Chat GPT can both support and circumvent the learning process, it is important that you know that you are expected to complete all your work in this course without using these resources. We are still learning about the impact of these tools on the educational process and the work you are asked to complete in this course is directly tied to supporting your learning of the key learning outcomes. If you have questions about this, please talk with me.

III. Accommodations for Students with Disabilities
The University strives to make all learning experiences as accessible as possible. If you anticipate or experience barriers based on your disability (including mental health, chronic or temporary medical conditions), please let me know immediately so that we can discuss options privately. To establish reasonable accommodations, I may request that you register with Services for Students with Disabilities. If you are eligible for services and register with the office, make arrangements with me as soon as possible to discuss your accommodations so they can be implemented in a timely manner. SSD is located in 117 Louise Pound Hall and can be reached at 402-472-3787.

IV. Authorship
All assignments for this class are to be authored by you (or in collaboration with other students/professors). I will offer guidance for your papers (i.e., serve as a mentor), but need not be added as an author (unless students are using data owned by me) or unless you want me to be an author. If you would like substantial help from me after the course (e.g., more than just editing, giving comments), then I can also join the project as an author. Otherwise, I am happy to edit/comment/discuss your papers and ideas before, during, and after this course as a mentor only.

V. Final Grades
Final grades are what you have earned. Therefore, extra credit will not be given at the end of the semester to boost your grade if you are not satisfied with your final grade. You will have ample opportunity to increase your grade throughout the semester with assignment grades and extra credit. If at any time during the semester you would like to improve your grade, please seek guidance from me in advance of assignments.

VI. Grade Appeals
The Department of Communication Studies "Grading and Grade Appeals" policy document can be found here. I encourage you to talk to me if you have concerns with your grades over the course of the semester. I implement the "24/7" rule in which I ask that you wait 24 hours to talk to me about a grade (giving yourself enough time to read and thoroughly consider my comments and to consider them outside potentially charged initial emotional responses), but wait no longer than 7 days to discuss the concern with me so that the feedback is still fresh in both our minds.

VII. Diversity, Equity, and Inclusion
The Department of Communication Studies is committed to achieving inclusive excellence as outlined by the university's Office of Diversity and Inclusion. As communication scholars and teachers, we believe communities and relationships are enriched when we give voice and value to diverse perspectives based on "group and social differences (e.g., race/ethnicity, indigeneity, class, gender, gender identity, sexual orientation, country of origin, and (dis)ability), historically underrepresented populations, and cultural, political, religious, or other affiliations." We are committed to continual reflection and refinement of curriculum, scholarly endeavors, and community engagement to achieve goals of inclusiveness and equal opportunities for our students, faculty, and staff. If you have questions or concerns, feel free to discuss these me as your instructor and as the Chair of the department, members of the department's Committee on Diversity, or the Office of Diversity and Inclusion.

VIII. Health and Well-Being
UNL offers a variety of options to students to aid in dealing with stress and adversity. Counseling and Psychological & Services (CAPS) is a multidisciplinary team of psychologists and counselors that works collaboratively to help you explore your feelings and thoughts and learn helpful ways to

improve your mental, psychological and emotional well-being when issues arise. CAPS can be reached at 402-472-7450. Big Red Resilience & Well-Being provides one-on-one coaching to any student who wants to enhance their well-being. Trained well-being coaches help students create and be grateful for positive experiences, practice resilience and self-compassion, and find support as they need it. BRRWB can be reached at 402-472-8770.

Mental Health and Burnout. I also recognize students are struggling at unprecedented levels with mental health concerns and burnout. In addition to the above resources, I have eliminated a class discussion day and have replaced it with an optional meeting with me to discuss your final project or you may feel free to take it as a mental health day. When the week approaches, I will issue a sign up sheet for anyone interested in meeting with me.

Control What You Can Control. I also ask that you practice the following skills and behaviors, which are directly related to academic stress and burnout:

- Focus on the 3 mental health necessities: nutrition, sleep, and movement.
- Engage in "single-tasking", which is focusing your attention on the task at hand and blocking out other distractions (this includes when attending class and focusing solely on what we're discussing/doing).
- Seek immediate help when you need it, whether that be from me, CAPs, the health clinic, or elsewhere.
- Start assignments early so that you can ensure that you have the time you need should something unexpected happen (computer crashing, last-minute sickness).

IX. Support
To help you with your learning and course involvement, I ask that you get to know me and at least 3 other peers. With that goal, after our group activity today, please write the name of at least 3 classmates and their contact info (should you need to get notes, ask questions, etc.).

Name	Cell Phone #	Email

X. Inclement Weather Policy/Instructional Continuity Plan
Based on new guidelines related to campus closure and inclement weather (i.e., winter weather), instructors may have the option of provide alternatives for that class period (e.g., Zoom meeting, alternative assignments) if in-person classes are canceled as a way maintain continuity in the course. If in-person classes are canceled, you will be notified of the instructional continuity plan for this class via messaging through CANVAS.

XI. Other University Policies
For other university policies, including the Fifteenth Week Policy, Emergency Procedures, Title IX Policy, etc., please visit: http://go.unl.edu/coursepolicies.

ASSIGNMENTS DESCRIPTION

Your final grade will be based on: engagement, health communication presentation, a final research project, and a final reflective statement.

The grading breakdown is as follows:

Assignment	Points/Percentage
Engagement: Leading a Discussion	100 points
Transformative Health Comm Interview/Presentation	50 points
Final Paper/Project	100 points
Final Reflective Statement	50 points
TOTAL	**300 points**

Grades will be based on the following scale:

A=   EXCELLENT. Greatly exceeds requirements. Shows outstanding levels of creativity, skill, initiative, and/or effort
B=   GOOD. Exceeds requirements. Shows substantial creativity, skills, initiative, and/or effort
C=   AVERAGE. Meets the requirements in every respect, but does not exceed requirements
D=   BELOW AVERAGE. Meets some requirements, but deficient in others
F=   POOR. Deficient in most or all requirements

Grading Scale:

A+	100%+			
A	93-99%	C	73-77%	
A-	90-92%	C-	70-72%	
B+	88-89%	D+	68-69%	
B	83-87%	D	63-67%	
B-	80-82%	D-	60-62%	
C+	78-79%	*F*	*59% and below*	

Engagement: Leading a Discussion about your Scholarly Interests (100 points)
It is important as theoretical and/or applied scholars that we learn to facilitate discussion with others, including those who might not be as interested or as knowledgeable about our topics of interests as we are. Thus, you will lead a 30-minute discussion about one research article that reflects your interests and extends our course experience in some way. You will run the article by me at least one week before you lead discussion and then I will assign it to all students by adding it to the syllabus.

Transformative Health Communication Interview & Presentation (50 points)*
I love health communication because I consider it a powerful way to transform the lives of individuals, relationships, organizations, communities, and policies. For this assignment, I want you to choose a person (can be a researcher but doesn't have to be), an organization, an event, a policy, a community—something that is transforming health communication for you. You can build off of your final project or it can be something entirely different. Either way, I want your topic to energize/inspire you and allow us to witness a powerful way health communication is helping you and what you're curious about. You will then interview someone who was involved with the topic on which you're presenting to understand why and how they engage in this type of transformative health communication (even if they don't recognize it as health communication). In other words, this is a chance to learn from someone doing the work you admire and then share it with us so that we can be inspired/energized too.

*On the day you lead discussion, you will ideally present on what is inspiring you/transforming the way you see health communication. However, for those who lead discussion before spring break, this may not be possible, and we can assign you on the last day of the semester. You will then share your experience with our class in a 10- to 15-minute presentation.

Final Paper/Project (100 points)
Preparing a final project that furthers your scholarly interests that is either:
   a. A research proposal involving a literature review and methods section for a future study
   b. Re-working or adding to an existing research study by including health communication literature/analysis/discussion (This must be a unique assignment; however, and may not have been previously submitted in another course, conference, or publication). *In other words, you must use course material and/or course concepts to substantially revise a current research study (e.g., secondary analysis, thesis, dissertation, past research projects that need substantial revision).*
   c. Another project not listed here, but agreed to by me, that would meet the goals of this class as well as your scholarly/career goals.

Final Reflective Statement (50 points)
For this assignment, you will prepare an end-of-course reflective statement of how health communication fits (or does not fit) into your identity as a scholar (length: 2-3 pages, double-spaced). This statement will show some intellectual growth from the beginning of class (even if you have discovered heath communication is not for you). You will articulate your scholarly position within (or outside) the boundaries of health communication in combination with your other interests.

TENTATIVE COURSE SCHEDULE
Subject to Change throughout Semester

All readings available on Canvas and should be completed before class on the day a reading is due.

Week 1 (Jan. 24): Diving into Health Communication

Guiding Questions: *What is Health Communication? Who/What inspires us in health communication?*

Guiding Concepts: health communication; impact; multi, inter-, and transdisciplinary research, cultural approaches

Foundational articles that will inform our class and understanding of Health Communication:

Dutta, M. J. (2007). Communicating about culture and health: Theorizing culture-centered and cultural sensitivity approaches. *Communication Theory*, *17*(3), 304–328. https://doi.org/10.1111/j.1468-2885.2007.00297.x

Hannawa, A. F., García-Jiménez, L., Candrian, C., Rossmann, C., Schulz, P. J. (2015). Identifying the field of health communication. *Journal of Health Communication*, *20*(5), 521–30. doi:10.1080/10810730.2014.999891

Kline, K. N., & Khan, S. (2019). Doing critical health communication: Negotiating the terrain of transdisciplinary collaboration. *Frontiers in Communication*, *4*. https://doi.org/10.3389/fcomm.2019.00051

Moran, M. B., Frank, L. B., Zhao, N., Gonzalez, C., Thainiyom, P., Murphy, S. T., & Ball-Rokeach, S. J. (2016). An argument for ecological research and intervention in health communication. *Journal of Health Communication*, *21*, 135–138. http://doi.org/10.1080/10810730.2015.1128021

Palmer-Wackerly, A. L., Dailey, P. M., Krok, J. L., Kight, L., & Krieger, J. L. (2014). Community engagement as a process and an outcome of developing culturally grounded health communication interventions: An example from the DECIDE project. *American Journal of Community Psychology*, 53(3-4), 261–274.

Parrott, R. & Kreuter, M. W. (2011). Multidisciplinary, interdisciplinary, and transdisciplinary approaches to health communication: Where do we draw the lines? In T. Thompson, R. Parrott & J. Nussbaum (Eds.), *Handbook of Health Communication* (2nd ed., pp. 3-17). New York, NY: Routledge.

Salmon, C. T., & Poorisat, T. (2019). The rise and development of public health communication. *Health Communication*, 1–12. https://doi.org/10.1080/10410236.2019.1654180

Week 2 (Jan. 31): Patient (Illness) Identity

Guiding Questions: What is illness identity and how/why does it function? Who do we consider "the patient"?
Guiding Concepts: Illness identity, patient identity

Kuang, K., & Gettings, P. E. (2021). Interactions among actual uncertainty, desired uncertainty, and uncertainty discrepancy on anxiety and information seeking. *Journal of Health Communication, 26*(2), 127–136. https://doi-org.libproxy.unl.edu/10.1080/10810730.2021.1883774

Palmer-Wackerly, A. L. & Voorhees, H. L. (2020). Illness identity within the family—and beyond. In J. Soliz and C. W. Colaner (Eds). *Navigating Relationships in the Modern Family: Communication, Identity, and Difference*. New York: Peter Lang Publishing.

Wright, K. O., McFarlane, S. J., & Francis, D. B. (2022). When race and agency collide: Examining pregnant black women's experiences in healthcare. *Journal of Applied Communication Research, 50*(3), 291–308. https://doi.org/10.1080/00909882.2022.2083431

Class discussion Leader:

Supplemental readings:

Alshammari, S. (2019). Writing an illness narrative and negotiating identity: A Kuwaiti academic/author's journey. *Life Writing*, *16*(3), 431–438. https://doi.org/10.1080/14484528.2018.1514240

Kundrat, A. L., & Nussbaum, J. F. (2003). The impact of invisible illness on identity and contextual age across the life span. *Health Communication*, *15*, 331–347.

Miller, L. E., & Caughlin, J. P. (2013). "We're going to be survivors": Couples' identity challenges during and after cancer treatment. *Communication Monographs*, *80*, 63–82. http://doi.org/10.1080/03637751.2012.739703

Wanzer, M. B., Simon, K. G., & Cliff, N. J. (2022). Interpreting cancer survivors' perceptions of the survivor label through social identity and communication accommodation theories. *Health Communication, 37*(13), 1600–1608. https://doi-org.libproxy.unl.edu/10.1080/10410236.2021.1909263

Week 3 (Feb. 7): Identity and Stigma Communication

Guiding Question: What is stigma and how does it influence identity and health communication?
Guiding Concept: Stigma

Defenbaugh, N. L. (2013). Revealing and concealing ill identity: A performance narrative of IBD disclosure. *Health Communication*, *28*, 159–169. http://doi.org/10.1080/10410236.2012.666712

Edwards, L. L., Donovan-Kicken, E., & Reis, J. S. (2013). Communicating in complex situations: A normative approach to HIV-Related talk among parents who are HIV+. *Health Communication*, *29*, 364–374. doi:10.1080/10410236.2012.757715

Mackert, M., Mabry-Flynn, A., Donovan, E. E., Champlin, S., & Pounders, K. (2019). Health literacy and perceptions of stigma. *Journal of Health Communication, 24*(11), 856–864. https://doi-org.libproxy.unl.edu/10.1080/10810730.2019.1678705

Class discussion leader:

Supplemental readings:

Eghaneyan, B. H., & Murphy, E. R. (2020). Measuring mental illness stigma among Hispanics: A systematic review. *Stigma and Health*, *5*(3), 351–363. https://doi.org/10.1037/sah0000207

Meisenbach, R. (2010). Stigma management communication: A theory and agenda for applied research on how individuals manage moments of stigmatized identity. *Journal of Applied Communication Research*, *38*(3), 268–292. https://doi.org/10.1080/00909882.2010.490841

Roscoe, R. A. (2021). The battle against mental health stigma: Examining how veterans with PTSD communicatively manage stigma. *Health Communication, 36*(11), 1378–1387. https://doi.org/10.1080/10410236.2020.1754587

Smith, R. A. (2011). Stigma, communication and health. In T. L. Thompson, R. Parrott, & J. F. Nussbaum (Eds.). *The Routledge handbook of health communication*. New York: Routledge, pp. 455-468. Retrieved from http://site.ebrary.com/id/10477542

Week 4 (Feb. 14): Self-disclosure and Social Support

Guiding Question: *What is the role of social support in our self-disclosure of health conditions?*
Guiding Concept: Self-disclosure

Burdick, S., & Nicholus, S. (2022). A pilot study of Latinx lesbian, gay, and bisexual adolescent patients' goal prioritizations in patient-provider sexual orientation and health disclosures. *Health Communication, 37*(9), 1215–1228. https://doi.org/10.1080/10410236.2021.1957213

Ejaife, O. L., & Ho, I. K. (2019). Healthcare experiences of a Black lesbian in the United States. *Journal of Health Psychology*, *24*(1), 52–64. https://doi.org/10.1177/1359105317690036

Venetis, M. K., Chernichky-Karcher, S., & Gettings, P. E. (2018). Disclosing mental illness information to a friend: Exploring how the disclosure decision-making model informs strategy selection. *Health Communication*, *33*(6), 653–663.

Class discussion leader:

Supplemental Readings:

Braithwaite, D. O., & Japp, P. (2005). "They make us miserable in the name of helping us": Communication of persons with visible and invisible disabilities. *In Health Communication in Practice: A Case Study Approach* (pp. 171–179). Mahwah, N.J: Lawrence Erlbaum Associates, Publishers.

Bute, J. J. (2009). "Nobody thinks twice about asking": Women with a fertility problem and requests for information. *Health Communication*, *24,* 752–763. http://doi.org/10.1080/10410230903265920

Goldsmith, Miller, L. E., & Caughlin, J. P. (2007). Openness and avoidance in couples communicating about cancer. *Annals of the International Communication Association, 31*(1), 62–115. https://doi.org/10.1080/23808985.2007.11679065

Week 5 (Feb. 21): Support and Coping Assistance

Guiding Question: *How does social support influence health outcomes?*
Guiding Concept: Social Support

Iannarino, N. T. (2018). "It's my job now, I guess": Biographical disruption and communication work in supporters of young adult cancer survivors. *Communication Monographs*, *85*(4), 491–514. https://doi.org/10.1080/03637751.2018.1468916

García-Valverde, E., Badia Corbella, M., & Orgaz Baz, M. B. (2022). Experiences of group therapeutic songwriting of family caregivers of people with dementia. *Psychology of Music, 50*(2), 530–547. https://doi.org/10.1177/03057356211005844

Kingsford, A. N., Gist-Mackey, A. N., & Pastorek, A. E. (2022). Welfare recipients communicated pathways to resilience during stigma and material hardship in the heartland of America. *Journal of Applied Communication Research, 50*(4), 363–381. https://doi.org/10.1080/00909882.2021.1987504

Class discussion leader:

Supplemental Readings:

Ahn, S. J. (Grace), Cripe, E. T., Welles, B. F., McGregor, S. C., Pearce, K. E., Usher, N., & Vitak, J. (2021). Academic caregivers on organizational and community resilience in academia (fuck individual resilience). *Communication, Culture & Critique, 14*(2), 301–305. https://doi-org.libproxy.unl.edu/10.1093/ccc/tcab027

Angelo, J., & Egan, R. (2015). Family caregivers voice their needs: A photovoice study. *Palliative and Supportive Care*, *13*, 701-712. doi:10.1017/S1478951514000522

Goldsmith, D. J., & Albrecht, T. L. (2011). Social support, social networks, and health. In T. L. Thompson, R. L. Parrott, & J. F. Nussbaum (Eds.), *Handbook of Health Communication* (2nd ed., pp. 335–348). New York, NY: Routledge.

Vercio, C., Loo, L. K., Green, M., Kim, D. I., & Beck Dallaghan, G. L. (2021). Shifting focus from burnout and wellness toward individual and organizational resilience. *Teaching and Learning in Medicine, 33*(5), 568–576. https://doi.org/10.1080/10401334.2021.1879651

Week 6 (Feb. 28): Communicating Across the Lifespan

Guiding Question: *How does the individual's developmental stage affect health communication?*
Guiding Concept: culture, socialization, trauma

Champine, R. B., Hoffman, E. E., Matlin, S. L., Strambler, M. J., & Tebes, J. K. (2022). "What does it mean to be trauma-informed?": A mixed-methods study of a trauma-informed community initiative. *Journal of Child and Family Studies, 31*(2), 459–472. https://doi.org/10.1007/s10826-021-02195-9

Keaton, S. A., McCann, R. M., & Giles, H. (2017). The role of communication perceptions in the mental health of older adults: Views from Thailand and the United States. *Health Communication, 32*(1), 92–102. https://doi-org.libproxy.unl.edu/10.1080/10410236.2015.1099507

Pettigrew, J., Miller-Day, M., Shin, Y., Krieger, J. L., Hecht, M. L., & Graham, J. W. (2018). Parental messages about substance use in early adolescence: Extending a model of drug-talk styles. *Health Communication, 33*(3), 349–358. https://doi-org.libproxy.unl.edu/10.1080/10410236.2017.1283565

Class discussion leader:

Supplemental Readings:

Kim, H., Tietsort, C., Posteher, K., Michaelides, A., & Toro-Ramos, T. (2020). Enabling self-management of a chronic condition through patient-centered coaching: A case of an mHealth diabetes prevention program for older adults. *Health Communication, 35*(14), 1791–1799. https://doi-org.libproxy.unl.edu/10.1080/10410236.2019.1663583

Magsamen-Conrad, K., Dillon, J. M., Billotte Verhoff, C., & Joa, C. Y. (2020). Toward a theory of healthIT adoption across the lifespan: Findings from five years in the community. *Health Communication, 35*(3), 308–321. https://doi-org.libproxy.unl.edu/10.1080/10410236.2018.1563027

Week 7 (Mar. 7): Optional Individual Meetings with Me about Final Project/Mental Health Day

Week 8 (Mar. 14): Spring Break---Enjoy!!

Week 9 (Mar. 21): Social Networks and Health

Guiding Question: How can we account for health communication from multiple sources?
Guiding Concept: Social networks

Coleman, Manchella, M. K., Roth, A. R., Peng, S., & Perry, B. L. (2022). What kinds of social networks protect older adults' health during a pandemic? The tradeoff between preventing infection and promoting mental health. *Social Networks, 70*, 393–402. https://doi.org/10.1016/j.socnet.2022.05.004

Namkoong, K., Shah, D. V., & Gustafson, D. H. (2017). Offline social relationships and online cancer communication: Effects of social and family support on online social network building. *Health Communication, 32*(11), 1422–1429. https://doi-org.libproxy.unl.edu/10.1080/10410236.2016.1230808

Palmer-Wackerly, A. L., Chaidez, V., Wayment, C., Baker, J., Adams, A., & Wheeler, L. (2019). Listening to the voices of community health workers: A multilevel, culture-centered approach to overcoming structural barriers in U.S. Latinx communities. *Qualitative Health Research, 30*(3), 423-436. https://doi.org/10.1177/1049732319855963

Class discussion leader:

Supplemental readings:

Beck, S. J., Paskewitz, E. A., Anderson, W. A., Bourdeaux, R., & Currie-Mueller, J. (2017). The task and relational dimensions of online social support. *Health Communication, 32*(3), 347–355. https://doi-org.libproxy.unl.edu/10.1080/10410236.2016.1138383

Hall, E. D., Meng, J., & Reynolds, R. M. (2020). Confidant network and interpersonal communication associations with depression in older adulthood. *Health Communication*, *35*(7), 872–881. https://doi.org/10.1080/10410236.2019.1598616

Schlange, S. A., Palmer-Wackerly, A. L. & Chaidez, V. (2022). A narrative review of medical interpretation services and their effect on quality of healthcare. *Southern Medical Journal*, *115*(5), 317–321. https://doi.org/10.14423/SMJ.0000000000001392

Wilson, T. E., Gousse, Y., Joseph, M. A., Browne, R. C., Camilien, B., McFarlane, D., Mitchell, S., Brown, H., Urraca, N., Romeo, D., Johnson, S., Salifu, M., Stewart, M., Vavagiakis, P., & Fraser, M. (2019). HIV prevention for black heterosexual men: The barbershop talk with brothers cluster randomized trial. *American Journal of Public Health*, *109*(8), 1131–1137. https://doi.org/10.2105/AJPH.2019.305121

Week 10 (Mar. 28): Patient-Clinician Communication

Guiding Question: *What is the role and responsibility of clinicians, patients, and family members in health communication?*
Guiding Concept: Patient-Provider Communication

Calabrese, Rao, S., Eldahan, A. I., Tekeste, M., Modrakovic, D., Dangaran, D., Boone, C. A., Underhill, K., Krakower, D. S., Mayer, K. H., Hansen, N. B., Kershaw, T. S., Magnus, M., Betancourt, J. R., & Dovidio, J. F. (2022). "Let's be a person to person and have a genuine conversation": Comparing perspectives on PrEP and sexual health communication between Black sexual minority men and healthcare providers. *Archives of Sexual Behavior, 51*(5), 2583–2601. https://doi.org/10.1007/s10508-021-02213-3

Córdova, D., Lua, F. M., Ovadje, L., Fessler, K., Bauermeister, J. A., Salas-Wright, C. P., Vaughn, M. G., & Leadership Council, Y. (2018). Adolescent experiences of clinician-patient HIV/STI communication in primary care. *Health Communication, 33*(9), 1177–1183. https://doi-org.libproxy.unl.edu/10.1080/10410236.2017.1339379

Hintz. (2022). "It's all in your head": A meta-synthesis of qualitative research about disenfranchising talk experienced by female patients with chronic overlapping pain conditions. *Health Communication,* ahead-of-print(ahead-of-print), 1–15. https://doi.org/10.1080/10410236.2022.2081046

Class discussion leader:

Supplemental readings:

Duggan, A. P. & Bradshaw, Y. S. (2013). Shifting communication challenges to education and reflective practice: Communication to reduce disparities toward patients with disabilities. In M. L. Dutta & G. L. Kreps (Eds.), *Reducing Health Disparities: Communication Interventions*, (pp. 15-34). New York, NY: Peter Lang Publishing.

Ross, K. A., & Castle Bell, G. (2017). A culture-centered approach to improving healthy trans-patient–practitioner communication: Recommendations for practitioners communicating with trans individuals. *Health Communication, 32*(6), 730–740. https://doi-org.libproxy.unl.edu/10.1080/10410236.2016.1172286

Watson, B. M., Hewett, D. G., & Gallois, C. (2012). Intergroup communication and health care. In H. Giles & C. Gallois (Eds.), *The Handbook of Intergroup Communication* (pp. 293–305). New York: Routledge.

Week 11 (Apr. 4): Sensemaking and Health/Illness: Metaphors and Memorable Messages

Guiding Question: How do patients, providers, and families make sense of health and illness?
Guiding Concept: Communicated Sense-Making model (CSM)

Cooke-Jackson, & Rubinsky, V. (2022). Extending the roots of memorable messages: A comprehensive review and forecast of memorable message literature and theory. *Health Communication*, *ahead-of-print*(ahead-of-print), 1–11. https://doi.org/10.1080/10410236.2022.2105620

Greenwell, M. R. (2019). Memorable messages from family members about mental health: Young adult perceptions of relational closeness, message satisfaction, and clinical help-seeking attitudes. *Health Communication, 34*(6), 652–660. https://doi-org.libproxy.unl.edu/10.1080/10410236.2018.1431021

Palmer-Wackerly, A. L., Voorhees, H. L., Koenig Kellas, J., Marsh, J. S., Baker, J. T., Housh, B. C., & Hall, R. D. (2022). How individuals use metaphors to negotiate fertility treatment decision-making with their romantic partners. *Health Communication*. Early online version. https://doi.org/10.1080/10410236.2022.2096984

Class discussion leader:

Supplemental Readings:

Horstman, H. Holman, A., & McBride, M. C. (2020). Men's use of metaphors to make sense of their spouse's miscarriage: Expanding the communicated sense-making model. *Health Communication, 35*(5), 538–547. https://doi.org/10.1080/10410236.2019.1570430

Palmer-Wackerly, & Krieger, J. L. (2015). Dancing Around infertility: The use of metaphors in a complex medical situation. *Health Communication*, *30*(6), 612–623. https://doi.org/10.1080/10410236.2014.888386

Week 12 (Apr. 11): Stories and Health (Guest speaker: Dr. Kaur-Gill)

Guiding Question: How do people, patients, providers, and families make sense of health and illness through stories?
Guiding Concept: storytelling, narrative medicine, Communicated Narrative Sense-Making model (CNSM)

Harter, L., Ellingson, L. L., Yamasaki, J., Hook, C., & Walker, T. (2020). Defining moments…Telling stories to foster well-being, humanize healthcare, and advocate for change. *Health Communication, 35*(2), 262–267. https://doi.org/10.1080/10410236.2018.1557468

Kaur-Gill, & Dutta, M. J. (2021). Structure as depressant: Theorizing narratives of mental health among migrant domestic workers. *Health Communication*, *36*(12), 1464–1475. https://doi.org/10.1080/10410236.2020.1767448

Simpson-Gervin, V. (2019). Chapter 1: Narrative Medicine and Storytelling: An Alternative Method for Healing. *At the Interface / Probing the Boundaries,120*, 15–31. https://doi-org.libproxy.unl.edu/10.1163/9789004396067_003

Class discussion leader:

Supplemental Readings:

Cole, C. (2010). Problematizing therapeutic assumptions about narratives: A case study of storytelling events in a post-conflict context. *Health Communication, 25*(8), 650–660. https://doi-org.libproxy.unl.edu/10.1080/10410236.2010.521905

Keller, A. (2022). Performance as narrative medicine. *Text & Performance Quarterly, 42*(1), 49–66. https://doi-org.libproxy.unl.edu/10.1080/10462937.2021.1970215

Murphy, J. W., & Franz, B. A. (2020). Ethics in narrative health interventions. *The Permanente Journal., 24*(1), 54–59. https://doi.org/10.7812/TPP/19.029

Willer, E. K. (2023). A re(defining) moment: Eulogizing good death in the face of COVID-19. *Health Communication, 38*(2), 419–423. https://doi.org/10.1080/10410236.2021.1958984

Week 13 (Apr. 18): Health and Treatment Decision-Making

Guiding Question: What factors are involved in patients' health decision-making?
Guiding Concept: Shared decision-making

Hoffman, K. M., Trawalter, S., Axt, J. R., & Oliver, M. N. (2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proceedings of the National Academy of Sciences*, *113*(16), 4296–4301. https://doi.org/10.1073/pnas.1516047113

Iannarino, N. & Palmer-Wackerly, A. L. (2022). Fertility preservation decision-making communication in young adult cancer patients and their romantic partners: An application of the DECIDE typology. *Health Communication, 37*(6), 778-789. https://doi-org.libproxy.unl.edu/10.1080/10410236.2020.1868065

Scott, A. M., & Caughlin, J. P. (2015). Communication nonaccommodation in family conversations about end-of-life health decisions. *Health Communication*, *30*(2), 144–153. https://doi.org/10.1080/10410236.2014.974128

Class discussion leader:

Supplemental Readings:

Bradshaw, A. S., Shelton, S. S., Wollney, E., Treise, D., & Auguste, K. (2021). Pro-vaxxers get out: Anti-vaccination advocates influence undecided first-time, pregnant, and new mothers on Facebook. *Health Communication, 36*(6), 693–702. https://doi-org.libproxy.unl.edu/10.1080/10410236.2020.1712037

Dailey, & Krieger, J. L. (2017). Communication and US-Somali immigrant human papillomavirus (HPV) vaccine decision-making. *Journal of Cancer Education, 32*(3), 516–521. https://doi.org/10.1007/s13187-015-0959-0

Palmer-Wackerly, A. L., Dailey, P. M., Krok-Schoen, J. L., Rhodes, N. D., & Krieger, J. L. (2018). Patient perceptions of illness identity in cancer clinical trial decision-making. *Health Communication, 33*(8), 1045-1054. https://doi.org/10.1080/10410236.2017.1331189

Week 14 (Apr. 25): Community Engagement Approaches

Guiding Questions: What are the different orientations to community engagement research?
Guiding Concept: community engagement, community-based participatory research, cultural grounding, culture-centered approach

Bryant, K., Moore, T., Willis, N., & Hadden, K. (2015). Development of a faith-based stress management intervention in a rural African American community. *Progress in Community Health Partnerships: Research, Education, and Action*, *9*(3), 423–430. https://doi.org/10.1353/cpr.2015.0060

Lumpkins, Goeckner, R., Hale, J., Lewis, C., Gunville, J., Gunville, R., Daley, C. M., & Daley, S. M. (2022). In our sacred voice - An exploration of tribal and community leader perceptions as health communicators of disease prevention among American Indians in the plains. *Health Communication, 37*(9), 1180–1191. https://doi.org/10.1080/10410236.2021.2008108

Palmer-Wackerly, A. L., Reyes, M. S., Ali, S. H., Carrasco, K. G., Habecker, P., Houska, K., Chaidez, V., Soliz, J., Tippens, J. A., Holland, K. J., Pytlik Zillig, L., Patterson, K. & Dombrowski, K. (2021). Examining and evaluating multilevel communication within a mixed-methods, community-based participatory research project in a rural, minority-majority town. *Journal of Applied Communication Research, 49*(2), 129-147. https://doi.org/10.1080/00909882.2020.1851042

Class discussion leader:

Supplemental readings:

Basu, A., & Dutta, M. J. (2009). Sex workers and HIV/AIDS: Analyzing participatory culture-centered health communication strategies. *Human Communication Research*, *35*(1), 86–114. https://doi-org.libproxy.unl.edu/10.1111/j.1468-2958.2008.01339.x

Varcoe, C., Browne, A. J., Ford-Gilboe, M., Dion Stout, M., McKenzie, H., Price, R., Bungay, V., Smye, V., Inyallie, J., Day, L., Khan, K., Heino, A., & Merritt-Gray, M. (2017). Reclaiming our spirits: Development and pilot testing of a health promotion intervention for indigenous women who have experienced intimate partner violence. *Research in Nursing & Health*, *40*(3), 237–254. https://doi.org/10.1002/nur.21795

Week 15 (May 2): Arts-Based Research Approaches

Guiding Questions: *When, how, and why should I consider incorporating arts-based research in my work?*
Guiding Concept: Arts-based research

Sitas, N., Selomane, O., Atkins, F., CareCreative, DFeat once, Urban Khoi soldier, Mac1, Hlongwane, E., Fanana, S., Wigley, T., & Boulle, T. (2022). Youth visions in a changing climate: Emerging lessons from using immersive and arts-based methods for strengthening community-engaged research with urban youth. *Gateways: International Journal of Community Research and Engagement,15*(2). https://doi.org/10.5130/ijcre.v15i2.8318

Thompson, M. (2020). Narrative mapping: Participant-generated visual methodology for health communication research and pedagogy. *Health Communication*, 1–9. https://doi.org/10.1080/10410236.2020.1733228

Wang, Q., Coemans, S., Siegesmund, R., & Hannes, K. (2017). Arts-based methods in socially engaged research practice: A classification framework. *Art/Research International, 2*(2), 5–39. https://doi.org/10.18432/R26G8P

Class discussion leader:

Supplemental Readings:

Hartwig, K. (2013). Faith-based community health interventions: Incorporating cultural ecology, the social ecological framework, and gender analysis. In B. D. K. Kim, A. Singhal, & G. L. Kreps (Ed)., *Health Communication: Strategies for Developing Global Health Programs* (pp. 244-261). Peter Lang.

Vacchelli, E. (2018). Embodiment in qualitative research: collage making with migrant, refugee and asylum seeking women. *Qualitative Research, 18*(2), 171–190. https://doi.org/10.1177/1468794117708008

Week 16 (May 9): Health Communication & Advocacy/Activism/Sustainability

Guiding Question: *To what extent should we consider intraprofessional/organizational communication within health communication?*
Guiding Concept: Structures, activism, empowerment, sustainability

De Los Santos Upton, S., Tarin, C. A., & Hernández, L. H. (2022). Construyendo conexiones para los niños: Environmental justice, reproductive feminicidio, and coalitional possibility in the Borderlands. *Health Communication, 37*(9), 1242–1252. https://doi.org/10.1080/10410236.2021.1911386

Dutta, U. (2020). Indigenous health organizing at the margins: Creating access to health by building health infrastructure. *Health Communication, 35*(10), 1177–1189. https://doi-org.libproxy.unl.edu/10.1080/10410236.2019.1622065

Kogen, L. (2022). "Better safe than sorry": Examining trauma as an obstacle to empowerment and social change in a U.S. intimate partner violence intervention. *Journal of Applied Communication Research, 50*(2), 189–207. https://doi.org/10.1080/00909882.2021.1978521

Class discussion leader:

Supplemental readings:

King, A. J, Lazard, A. J. (2020). Advancing visual health communication research to improve infodemic response. *Health Communication*, *35*(14), 1723-1728. doi:10.1080/10410236.2020.1838094

Quinn, A., & Otteson, M. (2019). Strengthening the voice of those with mental health issues: A community approach to developing a mental health identification system. *Social Work, 64*(3), 216–223. https://doi-org.libproxy.unl.edu/10.1093/sw/swz017

Scheirer, M. A., Santos, S. L. Z., Tagai, E. K., Bowie, J., Slade, J., Carter, R., & Holt, C. L. (2017). Dimensions of sustainability for a health communication intervention in African American churches: A multi-methods study. *Implementation Science: 12*. https://doi.org/10.1186/s13012-017-0576-x

Snieder, H. M., Nickels, S., Gleason, M., McFarlane, A., Szefler, S. J., & Allison, M. A. (2017). Stakeholder perspectives on optimizing communication in a school-centered asthma program. *Journal of School Health*, *87*(12), 941–948. https://doi.org/10.1111/josh.12565

Zoller, H. M. (2017). Health activism targeting corporations: A critical health communication perspective. *Health Communication*, *32*(2), 219–229. https://doi.org/10.1080/10410236.2015.1118735

Finals Week: *Monday, May 15 at 10:30 pm (Final paper and reflective statement are <u>both</u> due on Canvas)*

Appendix A: On-Campus Resources

Accommodations for Students with Disabilities
The University strives to make all learning experiences as accessible as possible. If you anticipate or experience barriers based on your disability (including mental health, chronic or temporary medical conditions), please let me know immediately so that we can discuss options privately. To establish reasonable accommodations, I may request that you register with Services for Students with Disabilities (SSD). If you are eligible for services and register with their office, make arrangements with me as soon as possible to discuss your accommodations so they can be implemented in a timely manner. SSD contact information: 232 Canfield Admin Bldg.; 402-472-3787.

Emergency Procedures
In case of emergency, call UNL Police 402-472-2222 or 911. In the case of:
1) **Smoke/fire/gas leak**: Evacuate to nearest exit (do not use elevator), pull fire alarm, grab belongings if near, re-enter only when directed.
2) **Tornado**: Seek shelter in lowest level interior space (without windows), get low, cover back of head, monitor news, and stay until warning expires
3) **Shooting/Violence**: **Run, Hide, Fight.** *Run* if you know where danger is and it's safe to go; *Hide* if unsafe to escape in a secure place and turn off lights/barricade doors; *Fight* if run/hide are not options and fight as if your life depends on it.

Title IX
Title IX makes it clear that violence and harassment based on sex and gender are Civil Rights offenses subject to the same accountability and the same support applied to offenses against other protected categories; such as race, national origin, etc. If you or someone you know has been harassed or assaulted, UNL offers several resources for reporting and support (https://www.unl.edu/equity/title-ix). Located in Canfield Administration

128, Tami Strickman is UNL's Title IX coordinator. Her contact number is 402-472-3417. In the Student Union, Jan Deeds runs the Women's Center and is supervisor of PREVENT (the on-campus student organization aimed toward sexual assault awareness and bystander intervention). Her contact information is jdeeds1@unl.edu, and 402-472-2598. Also located in the Student Union, Voices of Hope provides support in answering questions and guidance in reporting options. Please find the many resources offered by Voices of Hope at http://involved.unl.edu/gender/advocate. Additional support is offered through Counseling and Psychological Services (CAPS) located in the University Health Center on the second floor. The contact number for CAPS is 402-472-7450.

Wellbeing Resources

1) *Counseling and Psychological Services,* UNL offers a variety of options to students to aid them in dealing with stress and adversity.
   1. Counseling and Psychological & Services (CAPS); is a multidisciplinary team of psychologists and counselors that works collaboratively with Nebraska students to help them explore their feelings and thoughts and learn helpful ways to improve their mental, psychological and emotional well-being when issues arise. CAPS can be reached by calling 402-472-7450.
   2. Big Red Resilience & Well-Being (BRRWB) provides one-on-one well-being coaching to any student who wants to enhance their well-being. Trained well-being coaches help students create and be grateful for positive experiences, practice resilience and self-compassion, and find support as they need it. BRRWB can be reached by calling 402-472-8770.

2) *The Couple and Family Clinic*, Phone: 402-472-5035, Hours: By appointment Monday-Saturday, University of Nebraska-Lincoln, 35th Street & East Campus Loop

3) *Counseling & School Psychology Clinic (CSPC)*, Offering affordable, confidential counseling for students and community members, Phone: 402-472-1152, Hours: Call to schedule appointments, University of Nebraska-Lincoln, 49 Teachers College Hall

4) *Psychological Consultation Center (PCC)*, Phone: 402-472-2351, Hours: M-Th 9:30 am- 9:00 pm & F 9:30 am- 5 pm, University of Nebraska-Lincoln, 325 Burnett Hall

5) *Women's Center Counseling*, Open to all genders/sexes, Phone: 402-472-9428, Hours: M-Th 10 am – 6 pm & F 10 am – 5 pm, University of Nebraska-Lincoln, 340 Nebraska Union

6) *If you are experiencing a mental health crisis: Help is available 24/7.* Have you experienced a personal, psychological or physical trauma recently? Has your level of distress increased significantly? Has someone asked you to come to CAPS or another mental health resource? Are you having thoughts or have you made a plan to hurt yourself or others? Has a friend, intimate partner or family member hurt you physically or emotionally?

   a) **Call 402-472-5000** M-F 8 am – 5 pm (follow the prompts after hours for assistance)
   b) **Call 402-472-7450** to speak to an on-call therapist
   c) **CenterPointe** 24-hour crisis line: 402-475-6695
   d) **National Suicide Prevention Lifeline**: 1-800-273-TALK (8255). 24 hour, toll free, confidential suicide prevention hotline available to anyone in emotional distress
   e) **University of Nebraska-Lincoln Police**: 402-472-2222

7) *Center for Advocacy, Response & Education* – supportive resource for victims/survivors of interpersonal violence and other crimes. (402) 472-3553

8) *Help finding campus resources* – from help with your NCard and Husker Hub to career services and campus recreation

9) *Husker Pantry* – help with food and shelter for students at UNL and nationwide. Located on the 1st floor of the University Health Center (room 123), it is a one-stop shop to help students thrive at UNL.

10) *Well-being Coaches* – student volunteers who help students thrive and create the life they want to live now and in the future.

11) *Diversity & Inclusion Resources* – includes 17+ resources to help students thrive in their identities while also learning about others' identities. Resources include the Academic Success and Intercultural Services (OASIS) and Jackie Gaughn Multicultural Center to LGBTQA+ Resource Center and Association of Campus Religious Workers.

Appendix B: COVID-19 Policies

Required Use of Face Coverings for On-Campus Shared Learning Environments
As of July 17, 2020 and until further notice, all University of Nebraska–Lincoln (UNL) faculty, staff, students, and visitors (including contractors, service providers, and others) are required to use a facial covering at all times when indoors except under specific conditions outlined in the COVID 19 face covering policy found at: https://covid19.unl.edu/face-covering-policy. This statement is meant to clarify classroom policies for face coverings:

To protect the health and well-being of the University and wider community, UNL has implemented a policy requiring all people, including students, faculty, and staff, to wear a face covering that covers the mouth and nose while on campus. The classroom is a community, and as a community, we seek to maintain the health and safety of all members by wearing face coverings when in the classroom. Failure to comply with this policy is interpreted as a disruption of the classroom and may be a violation of UNL's Student Code of Conduct.

Individuals who have health or medical reasons for not wearing face coverings should work with the Office of Services for Students with Disabilities (for students) or the Office of Faculty/Staff Disability Services (for faculty and staff) to establish accommodations to address the health concern. Students who prefer not to wear a face covering should work with their advisor to arrange a fully online course schedule that does not require their presence on campus.

Students in the classroom:
1. If a student is not properly wearing a face covering, the instructor will remind the student of the policy and ask them to comply with it.
2. If the student will not comply with the face covering policy, the instructor will ask the student to leave the classroom, and the student may only return when they are properly wearing a face covering.
3. If the student refuses to properly wear a face covering or leave the classroom, the instructor will dismiss the class and will report the student to Student Conduct & Community Standards for misconduct, where the student will be subject to disciplinary action.

Instructors in the classroom:
1. If an instructor is not properly wearing a face covering, students will remind the instructor of the policy and ask them to comply with it.
2. If an instructor will not properly wear a face covering, students may leave the classroom and should report the misconduct to the department chair or via the TIPS system for disciplinary action through faculty governance processes.

*Courses that have been granted an exception to the Face Covering Policy for pedagogical reasons are excluded. Exceptions to the Face Covering Policy are only granted after an approved health safety plan is developed.

Classroom Cleaning Policies and Procedures
In order to ensure the health and safety of all students and instructors, in this class we will adhere to the following cleaning procedures before class begins:

- When students enter the classroom, they should take disinfecting wipes to the chair/desk they plan to sit for that class period. They should disinfect the surfaces including the desk and chair.
- Students should then throw the disinfecting wipe away and use a pump of hand sanitizer to sanitize their hands before sitting down.
- Instructors will create a one-way traffic pattern in their respective classrooms so that students do not cluster at the entry point (e.g., around the outskirts of the room).
- Instructors should follow the same procedures for disinfecting the instructional spaces (e.g., control panel, keyboards, light switches, desk, chair) prior to starting class.