

Communication and Health Decision Making

Thurs. 1:55 p.m. – 4:55 p.m

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Office: 2024 Weimer Hall
Office Hours: Tues. 2 & 3rd period

Course Description & Goals

This interdisciplinary seminar is designed for graduate students in the social and health sciences with an interest in understanding how communication influences decision-making about behaviors associated with physical, mental, and social well-being. The syllabus is organized around theoretical approaches to understanding the cognitive, relational, and social processes underlying individual and collective decision-making. Specific topics to be covered include models of health decision-making, affect and emotion, risk perception, health literacy, numeracy, and health inequities. Evaluation will be based on contributions to class discussion, assignments, and a term paper on a topic of the student's choosing.

Required Reading

Readings are available through the course website.

Suggested Reading

Galvan, J. (2006). *Writing literature reviews: a guide for students of the behavioral sciences* (3rd ed.). Glendale, CA: Pyczak Publishing.

American Psychological Association. (2011). *Publication Manual of the American Psychological Association* (6th ed.). Washington DC: Author.

Course Requirements

Attendance and participation (30%) Students are expected to attend class regularly and engage actively and thoughtfully in class and small-group discussion. Absences will only be excused for documented emergencies (e. g., hospitalization). Efforts to participate must help facilitate an environment that is comfortable for all. For this reason, it is expected that all students (1) display respect for all members of the classroom – including the instructor and other students, (2) pay attention to and participate in all class sessions and activities; (3) avoid unnecessary disruption during class time (e.g., having private conversations, texting and/or chatting on the computer, doing work for other classes, visiting websites unrelated to the course); and (4) avoid racist, sexist, homophobic or other negative language that may unnecessarily exclude members of our campus and classroom. This is not an exhaustive list of behaviors; rather, they represent the minimal standards that help make the classroom a productive place for all concerned. Final course grades may be reduced by 2% each class in which you engage in these sorts of behaviors.

Participation in the course also involves identifying at least two important questions or discussion points from across the readings each week. You must email your questions to the discussion leader for the week and me by noon on the Wednesday before class so that the discussion leaders will have enough time to put the questions together and prepare for class. You do not need to submit questions the week you are assigned as discussion leader.

Discussion facilitator (15%). Each student will facilitate one class discussion. As the facilitator, you are expected to help maintain the flow and focus of the seminar discussion on a specific course topic. On your assigned day, you should prepare a facilitator guide that describes your plan for the session. The guide should list open-ended questions based on the readings (some or all of these questions should be informed by the questions submitted by the class). When you ask a question, ask specific people to answer them so everyone has an opportunity to participate. Facilitators are free to incorporate creative means of engaging the class in dialogue on the course topic (e.g., slides, handouts, exercises, quizzes, videos). Your grade for this assignment will be based on both your preparation and your ability to cultivate a meaningful class discussion.

Theory presentation (15%) You will each be assigned one theory, and your job will be to research this theory and then portray it as thoroughly and accurately as possible in no more than 20 minutes. You may use any means that you think will help you accomplish this goal (e.g., oral description, visual aids, etc.). It will be up to you to determine the most important aspects of the theory, but at a minimum you should cover (a) the basic tenets, (b) how it has been applied to interpersonal health communication, and (c) major strengths and weaknesses of the theory.

The purpose of the theory presentation is to ensure that everyone is familiar with these theories. Therefore, on the day you present your theory, you should provide each classmate with a handout that summarizes the main things they should know about this theory. You should provide enough details on the handout so that your classmates can judge whether a theory would be applicable to a prospective research project, but you should also make it concise. The format need not be traditional academic prose (e.g., if you think bullet points would help the clarity of your summary, use them). However, you should still pay attention to the criteria for all written work (e.g., use APA style, make cogent arguments if making claims, etc.).

Your grade for this assignment will be based primarily on: (a) how well you provide a complete and accurate portrayal of the theory within the allotted time, (b) the accuracy and usefulness of your handouts, and (c) the extent to which that information is presented in a way that encourages the class to assimilate the information. Your grade will benefit from getting and keeping our attention in a way that facilitates learning, but not if attention is gained at the expense of clarity or completeness. (In other words, I am looking for the theory to be memorable. The presentation itself may or may not be memorable.) Remember, you are not an advocate for the theory. The idea is for you to give a fair and accurate depiction. For instance, you should attempt to explain how the theory is most useful, but also be clear about the limits of the theory.

Term Paper Proposal (10% of final grade). Each student will write a five page paper proposal that clearly and concisely describes a question they wish to study in-depth over the course of the semester and presents a cogent argument for the best strategy of exploring that question. An appropriate question is one that explores communication and decision-making as related to the physical, mental, or social well being of a particular population (e.g., “How does

clinician-patient communication influence African-American parents' decisions about whether to vaccinate their sons against HPV?"'). Students should consult the instructor as to what type of paper will be most appropriate for exploring their particular question based on their goals and interests.

Term Paper (30% of final grade): The objective of the term paper is to explore a question related to communication and health decision-making. Especially rigorous projects may be done in pairs or groups (with prior approval). All assignments should be formatted according to APA (6th ed.) unless otherwise negotiated with the instructor. Assignments will be evaluated based on: (a) scholarly contribution of your work; (b) conciseness and clarity; (c) organization; and (d) writing style. Potential formats for the paper include: reports on theoretical advancement, original data collection and analysis (qualitative or quantitative), and meta-analysis/meta-synthesis. Students who wish to submit their term paper for a professional research presentation or publication must obtain IRB approval prior to beginning their research. Regardless of the paper format, all term papers must include information on the background and need for the given topic as well as theoretical underpinnings:

Background and Need: The term paper must include a section that provides an overview of their health topic in their given population. The student should demonstrate their context-specific health expertise (e.g., the HPV vaccine) and explain why this topic is of particular interest in the population chosen (e.g., cervical cancer and health disparities). It is important to clearly identify one or more potential avenues for communication intervention (e.g., increase awareness, alter perceptions of safety or effectiveness). See Roberto, Krieger, & Beam (2009) for an example.

Theoretical Underpinnings: All papers must provide an overview of a focal theory or theoretical concept that could serve as the basis for a decision-making intervention. The paper should describe the theory/theoretical concepts in depth, including detailed description of changes to the theory over time. It is important to include primary sources as well as any seminal studies or meta-analyses that have been published in the area. Be sure to establish the relevance of the theory for your health topic.

Note: Course requirements, due dates, and activities are subject to change per announcements in class. You are responsible for being aware of any such changes announced in class.

Course Policies

Missed or late assignments: Extensions for missed assignments will *not* be given (i.e., if you are late on an assignment, you will receive a zero on that exam or assignment). The only exceptions to this policy will be documented emergencies (e. g., hospitalization). If, at any point, you are confused about assignments, expectations, or are getting lost in the course material, please set up a time to meet with me.

Reading and participation: This course is designed around a lecture/discussion format, meaning it's a discussion-intensive class. And, since it's a graduate seminar, it is expected that you will have done a careful, critical reading of all assigned articles for each week and will be ready to participate in class discussion; in other words, class discussions are the core of the

course. The design of the course is so that you will explore the issues. Note: If you see an article, TV show, blog, website, etc. that you think would be of interest to other students in class, I encourage you to share it with us!

Electronic devices: All cellphones and other electronic devices (including laptops and tablets) need to be turned off during class. Students who violate the policy without permission of the instructor will be asked to leave class and will be considered absent for that day.

Academic integrity: Academic honesty is important at the University of Florida. All students are expected to practice the University of Florida Honor Code: "We the members of the University of Florida community, pledge to hold ourselves and our peers to the highest standards of honesty and integrity." For all work submitted for credit, including homework, in-class assignments and examinations, the following pledge is implied, "On my honor, I have neither given nor received unauthorized aid in doing this assignment."

The Honor Code (<http://www.dso.ufl.edu/scr/process/student-conduct-honor-code/>) specifies a number of behaviors that are in violation of this code and the possible sanctions. Furthermore, you are obligated to report any condition that facilitates academic misconduct to appropriate personnel. If you have any questions or concerns, please consult with the instructor. Please see the plagiarism document in the Graduate Division, and be sure that you have signed it and it is on file.

Written Work: There are expectations that will be applied across all graded work. All written work should demonstrate your familiarity with the issues or concepts under discussion. Criteria for evaluation include: (a) scope and focus of your work, (b) conciseness and clarity, (c) organization, (d) knowledge of the topic, (e) depth of the investigation, (f) writing style, and (g) utilization of outside sources. **All written assignments must be typewritten and conform to APA style guidelines** (unless otherwise indicated). Please use double spacing, one inch margins, and a font that is reasonable size (e.g., Helvetica or Times New Roman 12 point font).

Grading: Graduate coursework should generally be at the B or better level, especially for doctoral candidates; please see me if it appears your work is dropping below that level. A C or lower suggests a serious problem. Final grades will be based on the following 100-point scale: 90-100=A, 80-89=B, 70-79=C, 60-69=D, and 0-59=E. Please note that plusses or minuses are not used.

Academic support: Any student who feels s/he may need an accommodation based on the impact of a disability should register with the Disability Resource Center (352-392-8565, www.dso.ufl.edu/drc/). Once registered, students will receive an accommodation letter. Please schedule a time to present the letter and discuss specific needs with me privately.

Evaluations: Students are expected to provide feedback on the quality of instruction in this course by completing online evaluations at <https://evaluations.ufl.edu>. Evaluations are typically open during the last two or three weeks of the semester, but students will be given specific times when they are open. Summary results of these assessments are available to students at <https://evaluations.ufl.edu/results/>.

Resources

National Graduate Student Crisis Line A recent article in the Chronicle of Higher Education highlighted the stresses of graduate study and resources for grad students. There is a 24-hour National Graduate Student Crisis Line staffed by counselors who also operate the BoysTown National Hotline. The National Graduate Student Crisis Line was started in 1999 as a resource to help grad students adjust to the demands and stresses of grad school. They also have various resources on their website at <http://www.gradresources.org/>. The 24-hour toll-free number is 1-800-GRAD-HLP ([1-800-472-3457](tel:1-800-472-3457)).

UF Counseling and Wellness Center: The UF Counseling and Wellness center offers individual counseling. Students are eligible for counseling services if registered for classes in the current semester. Individual sessions are offered on a short-term basis (usually 1-12 appointments), often weekly or every other week. Fee for services is covered by the tuition that registered students pay for that semester. <http://www.counseling.ufl.edu/cwc/Default.aspx>, 392-1575.

Tentative Course Schedule

This schedule represents a tentative outline of the course readings and assignment due dates. I reserve the right to modify the schedule as needed. Any changes to the course schedule will be announced during class.

Week 1: Introduction to the seminar (Jan. 8)

Introductions and overview of the course. No assigned reading.

Week 2: Overview of health communication and translational scholarship (Jan. 15)

Parrott, R. & Kreuter, M. W. (2011). Multidisciplinary, interdisciplinary, 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.

Kreps, G. L. (2011). Translating health communication research into practice: The influence of health communication scholarship on health policy, practice, and outcomes. In T. Thompson, R. Parrott, & J. Nussbaum (Eds.), *Handbook of health communication* (2nd ed., pp. 595-609). New York, NY: Routledge.

Babrow, A., & Mattson, M. (2003). Theorizing about health communication. In T. Thompson, A. M. Dorsey, K. I. Miller, & R. Parrott (Eds.), *Handbook of health communication* (pp. 35-61). Mahwah, NJ: Lawrence Erlbaum Associates.

Week 3: Conceptual issues and methodological issues (Jan. 22)

Krieger, J. L. (2014). Family communication about cancer treatment decision-making. In E. Cohen (Ed.), *Communication Yearbook*, 38 (pp. 279-305). New York: Routledge.

Whitney, S., Holmes-Rovner, Brody, H., Schneider, C., McCullough, L. B., Volk, R. J., & McGuire, A. L. (2008). Beyond shared decision making: An expanded typology of medical decisions. *Medical Decision Making*, 28, 699-705.

Politi, M., & Street, R. L. (2011). Patient-centered communication during collaborative decision making. In T. Thompson, R. Parrott, & J. Nussbaum (Eds.), *Handbook of health communication* (2nd ed., pp. 399-413). New York, NY: Routledge.

Clayman, M. L., Makoul, G., Harper, M. M., Koby, D. G., & Williams, A. R. (2012). Development of a shared decision making coding system for analysis of patient-healthcare provider encounters. *Patient Education & Counseling*, 88, 367-372.

Maibach, E. W., Weber, D., Massett, H., Hancock, G. R., & Price, S. (2006). Understanding consumers' health information preferences development and validation of a brief screening instrument. *Journal of Health Communication*, 11, 717-736.

Week 4: Introduction to Decision Theories (Jan. 29)

Emanuel, E. J., & Emanuel, L. L. (1992). Four models of the physician-patient relationship. *JAMA*, 267, 2221-2226.

McNutt, R. A. (1989). Measuring patient preferences for health outcomes: a decision analytic approach. *Patient Education and Counseling*, 13, 3, 271-9.

Tversky, A., & Kahneman, D. (2000). Judgment under uncertainty: Heuristics and biases. In T. Connolly, H. R. Arkes, & K. R. Hammond (Eds.). *Judgment and decision making* (pp. 35-52). Cambridge, NY: Cambridge University Press.

Bogner, M. S. (1997). Naturalistic decision making in health care. In C. E. Zsombok & G. Klein (Eds.), *Naturalistic Decision Making* (pp. 61-69). Mahwah, NJ: Lawrence Erlbaum Associates Inc.

Siminoff, L. A., & Step, M. M. (2005). A communication model of shared decision making: Accounting for cancer treatment decisions. *Health Psychology*, 24 (4, Suppl), S99-S105.

Week 5: Cognitive-Functional Approaches (Feb. 5)*** Term Paper Proposal Due**

Holtgrave, D. R., Tinsley, B. J., Kay, L. S. (1995). Encouraging risk reduction: A decision-making approach to message design. In E. Maibach & R. Parrott (eds.). *Designing health messages: Approaches from communication theory and public health practice*. Thousand Oaks: Sage.

Rimal, R. N., & Real, K. (2003). Perceived risk and efficacy beliefs as motivators of change: Use of the risk perception attitude (RPA) framework to understand health behaviors. *Human Communication Research*, 29, 370-399.

Witte, K. (1992). Putting the fear back into fear appeals: The extended parallel process model. *Communication Monographs*, 59, 329-349.

Dillard, J. P., & Nabi, R. L. (2006). The persuasive influence of emotion in cancer prevention and detection messages. *Journal of Communication*, 56.

Scholl, I., Loon, M., Sepucha, K., Elwyn, G., Légaré, F., Härter, M. & Dirmaier, J. (2011). Measurement of shared decision making—A review of instruments. *Z. Evid. Fortbild. Qual. Gesundh. Wesen*, 105, 313-324.

Week 6: Relational Approaches (Feb. 12)

Charles, C., Gafni, A., & Whelan, T. (1997). Shared decision-making in the medical encounter: what does it mean? (or it takes at least two to tango). *Social Science & Medicine*, 44, 681-92.

Grant, C. H., Cissna, K. N., & Rosenfeld, L. B. (2000). Patients' perceptions of physicians' communication and outcomes of the accrual to trial process. *Health Communication, 12*, 1, 23-39.

Valente, T. W. (2011). Social networks and health communication. In T. Thompson, R. Parrott, & J. Nussbaum (Eds.), *Handbook of health communication* (2nd ed., pp. 519-521). New York, NY: Routledge.

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

Schafer, C., Putnik, K., Dietl, B., Leiberich, P., Loew, T. H., & Kolbl, O. (2006). Medical decision making of the patient in the context of the family: Results of a survey. *Supportive Care in Cancer, 14*, 952-959.

Week 7: Social, Environmental, and Cultural Factors (Feb. 19)

Charise, A., Witteman, H., Whyte, S., Sutton, E. J., Bender, J. L., Massimi, M., Stephens, L., ... Elf, M. (2011). Questioning context: a set of interdisciplinary questions for investigating contextual factors affecting health decision making. *Health Expectations, 14*, 2.

Schaeffer, M. H. (1989). Environmental stress and individual decision-making: Implications for the patient. *Patient Education and Counseling, 13*, 221-235.

Airhihenbuwa, C., & Obregon, R. (2000). A Critical Assessment of Theories/Models Used in Health Communication for HIV/AIDS. *Journal of Health Communication, 5*, 1, 5-15.

Aihihenbuwa, C. (1995). *Health and culture: Beyond the Western paradigm* (pp. 47-62). Thousand Oaks: Sage.

Ndiaye, K., Krieger, J. L., Warren, J., & Hecht, M. L. (2011). Communication and health disparities. In T. Thompson, R. Parrott, & J. Nussbaum (Eds.). *Handbook of Health Communication, 2nd ed* (pp. 469-481). New York, NY: Routledge.

Week 8: Formative Research and Pilot Testing Decision-Making Interventions (Feb. 26)

Pettigrew, J., Miller-Day, M., Krieger, J. L. & Hecht, M. L. (2011). Alcohol and other drug resistance strategies employed by rural adolescents. *Journal of Applied Communication Research, 39*, 103-122.

Shafer, A., Cates, J. R., Diehl, S. J. & Hartmann, M. (2011). Asking mom: Formative research for an HPV vaccine campaign targeting mothers of adolescent girls. *Journal of Health Communication, 16*, 988-1005.

- Wray, R. J., McClure, S., Vijaykumar, S., Smith, C., Ivey, A., Jupka, K., & Hess, R. (2009). Changing the conversation about prostate cancer among African Americans: results of formative research. *Ethnicity & Health, 14*, 27-43.
- Smith, S. K., Kearney, P., Trevena, L., Barratt, A., Nutbeam, D., & McCaffery, K. J. (2012). Informed choice in bowel cancer screening: A qualitative study to explore how adults with lower education use decision aids. *Health Expectations*.
- Guttman, N. (2000). *Public health communication interventions: Values and ethical dilemmas* (pp. 1-37). Thousand Oaks: Sage.

Week 9: SPRING BREAK!! (March 5)

Week 10: Health Decision Aids and Interventions (March 12)

- Austin, E. W. & Johnson, K. K. (1997). Effects of general and alcohol-specific media literacy training on children's decision making about alcohol. *Journal of Health Communication, 2*, 1, 17-42.
- Rubel, S. K., Miller, J. W., Stephens, R. L., Xu, Y., Scholl, L. E., Holden, E. W... Volk, R. J. (2010). Testing the effects of a decision aid for prostate cancer screening. *Journal of Health Communication, 15*, 307-321.
- Street, R. L. (2007). Aiding medical decision making: A communication perspective. *Medical Decision Making, 27*, 550-553.
- Cegala, D. J., Street, R. L., & Clinch, C. R. (2007). The impact of patient participation on physicians' information provision during a primary care medical interview. *Health Communication, 21*, 177-185.
- Guttman, N. (2000). *Public health communication interventions: Values and ethical dilemmas* (pp. 38-69). Thousand Oaks: Sage.

Week 11: Health literacy, numeracy, and informed consent (March 19)

- Cameron, K., Wolf, M. S., Baker, D. (2011). Integrating health literacy in health communication. In T. Thompson, R. Parrott, & J. Nussbaum (Eds.). *Handbook of Health Communication, 2nd ed* (pp. 469-481). New York, NY: Routledge.
- Shapira, M. M., Fletcher, K. E., Gilligan, M. A., King, T. K., Laud, P. W., Matthews, B. A... Hayes, E. (2008). A frameworks for health numeracy: How patients use quantitative skills in health care. *Journal of Health Communication, 13*, 501-517.
- Sankar, P. (2004). Communication and miscommunication in informed consent to research. *Medical Anthropology Quarterly, 18*, 429-446.

Whitney, S. N., McGuire, A. L., & McCullough, L. B. (2004). A typology of shared decision making, informed consent, and simple consent. *Annals of Internal Medicine, 140*, 54.

Guttman, N. (2000). *Public health communication interventions: Values and ethical dilemmas* (pp. 70-105). Thousand Oaks: Sage.

Week 12: Narratives and decision-making (March 26)

Green, M. C. (2006). Narratives and cancer communication. *Journal of Communication, 56*, S163-S183.

Hinyard, L. J., & Kreuter, M. W. (2007). Using narrative communication as a tool for health behavior change: A conceptual, theoretical, and empirical overview. *Health Education & Behavior, 34*, 777-792.

Houston, T. K., Cherrington, A., Coley, H. L., Robinson, K. M., Trobaugh, J. A., Williams, J... & Allison, J. A. (2011). The art and science of patient storytelling- Harnessing narrative communication for behavioral interventions: The ACCE project. *Journal of Health Communication, 16*, 686-697.

Manoogian, M. M., Harter, L. M., Denham, S. A. (2013). The storied nature of health legacies in the familial experience of Type 2 diabetes. In J. K. Kellas (Ed.). *Family storytelling: Negotiating identities, teaching lessons, and making meaning*. Routledge. New York.

Guttman, N. (2000). *Public health communication interventions: Values and ethical dilemmas* (pp. 106-140). Thousand Oaks: Sage.

Week 13: E-health and Decision-Making (April 2)

Sundar, S. S., Rice, R. E., Kim, H-S., & Sciamanna, C. N. (2011). Online health information: Conceptual challenges and theoretical opportunities. In T. Thompson, R. Parrott, & J. Nussbaum (Eds.). *Handbook of Health Communication, 2nd ed* (pp. 181-202). New York, NY: Routledge.

Roberto, A. J., Krieger, J. L., & Beam, M. A. (2009). Enhancing web-based kidney disease prevention messages for Hispanics using targeting and tailoring. *Journal of Health Communication, 14*, 525-540.

Noar, S. K., Benac, C. N., & Harris, M. S. (2007). Does tailoring matter? Meta-analytic review of tailored print health behavior change interventions. *Psychological Bulletin, 133*, 673-93.

Gibbons, M. C., Fleisher, L., Slamon, R. E., Bass, S., Kandadai, V., & Beck, J. R. (2011). Exploring the potential of Web 2.0 to address health disparities. *Journal of Health Communication, 16*, 77-89.

Guttman, N. (2000). *Public health communication interventions: Values and ethical dilemmas* (pp. 141-171). Thousand Oaks: Sage.

Week 14: Final Presentations and Course Wrap-Up (April 9)

Week 15: Individual Meetings (April 16)

Final Exam

There will be no final exam in this seminar. *Term papers must be submitted by 5:00 pm on Thursday, April 23rd.* Papers received after 5:00 pm will be considered one day late. Final paper grades will be reduced by one letter grade for each day they are late, including weekends.