Overview of the course.

The quality of people's physical and emotional well-being and the delivery of health care depend on efficient and effective communication. This course will help you understand how communication--interpersonal, mass media, digital, and built spaces--shapes the exchange of information, the formation of attitudes and beliefs, and people's health behavior.

We welcome students from all majors.

We have designed readings, class sessions, and assignments to help you learn about:

I. Healthcare Provider and Family Communication: flaws in healthcare that doom many people to sub-optimal treatment; how doctor-patient communication influences the quality of care and patients' well-being; ways people can mobilize family, friends, and the healthcare system more effectively to meet their medical needs.

II. Psychological Theories of Health Behavior and Document Design: research about communication campaigns and applications to public health; health literacy; document and platform design.

III. Digital Technologies and Quality of Health Care: the strengths and liabilities of health websites; uses of social media and other information technologies (ITs) in health care.

IV. How Built Spaces Shape Communication and People’s Health: we will explore two facets of this topic: a) ways that poor interior design of health facilities constrains communication and undermines health; and b) how your personal environment--rooms, buildings, and urban landscapes--affects your health and well-being.

V. Images of Health and Medicine in the Public Media: ways that news media cover health and medicine; the development and impact of dramatic entertainment series and movies that incorporate health issues; the roles of drama as a public educator; how health interests lobby the mass media to influence entertainment and news content; health campaigns in the developing world.

VI. Case Studies of Health Interventions and Methods of Evaluation: examples will illustrate principles drawn from throughout the course by concentrating on two applications: a) reducing hunger and malnutrition in the U.S. while combating the epidemic of obesity and diabetes; and b) helping seniors (and others) plan the kind of critical care they want, if they lose the ability to communicate with medical providers.
Course objectives.

These are skills you will have acquired by the end of the course. All are abilities that improve your chances of leading a healthier life, or are valued by future, potential employers, or both. By the end of Comm 443, you will be able:

- To analyze doctor-patient communication, verbal and non-verbal, and use the course’s inventory of questions about medical concerns to prepare yourself, family, or friends for effective consultations with physicians.

- To recognize the presence or absence of different kinds of social support for personal health, and know how to seek essential support when it fails to appear spontaneously.

- To apply psychological theories about the effectiveness of persuasive strategies, including fear appeals and the use of humor, to understand why some advertisements and public campaigns on behalf of better health work while others fall flat.

- To analyze the print and digital materials of a health organization for effectiveness in conveying the organization’s messages and in changing behavior.

- To analyze the strengths and weaknesses of health web-sites, both their content and their navigational ease.

- To visually document and explain features of the built environment (exterior and interior spaces) that convey implicit messages that have consequences for good or for poor health.

- To analyze health-related stories in the news and health themes incorporated in dramatic entertainments (whatever the media--print, TV, web-based, etc.), in order to identify distortions or omissions that mislead the public.

- To observe and analyze a focus group discussing a health-related topic, and apply the insights gained to design media and messages about that topic.

- To understand the complexities of communication involved in end-of-life decision-making.

Course materials.

You should purchase one paperback book and two COURSE PACKS. The COURSE PACKS are available from the instructors at cost. The book is available at the bookstore or from Internet vendors:

Assignments.

You will submit seven short reports, take part in an in-class group project, submit a longer paper (12-15 pages) analyzing the print and digital media of a health organization, and complete a take-home final. Topics, assignments, and point allocations are listed below. We will distribute detailed instructions for each assignment. Assignments will be posted on Blackboard (http://blackboard.usc.edu) under the heading “Assignments.”

For the longer paper, you will choose a health organization and analyze its use of four types of media aimed at the clients or publics that the organization serves. These media, or platforms are: 1) print: brochures, magazine ads, billboards, and posters; 2) video: TV spots, web videos, and instructional supports; 3) audio: podcasts or radio advertisements; and 4) digital tools: websites, apps, decision support aids, social media, and other distributed and mobile technologies. Your analyses will focus on how understandable the use of each platform is, and on how well each platform evokes human motivations to pay attention and respond in intended ways.

Your analyses will incorporate the research literature dealing with communication processes and effects—including document or platform design, health literacy, and persuasive messaging.

Examples of health organizations include: hospitals or other in-patient care facilities, pharmaceutical firms, disease associations (like the American Cancer Society), medical device manufacturers, insurers, and government agencies that focus on health.

Submitted assignments will be graded, and the grade will be available in the online Blackboard grade center. Normally, papers are graded and returned within a week of submission.

Evaluation of your work.

Work is due on the indicated dates. Late assignments will be eligible for half credit only.
### Topics and writing assignments:

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<thead>
<tr>
<th>Session</th>
<th>Topic and Readings</th>
<th>Assignments</th>
<th>Percent of total grade</th>
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<tbody>
<tr>
<td>Session 1</td>
<td>Introduction; health disparities</td>
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<tr>
<td>Session 2</td>
<td>Doctor-patient communication</td>
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<tr>
<td>Session 3</td>
<td>Doctor-patient communication</td>
<td>Analysis of a medical consultation (12 points)</td>
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<td>Session 4</td>
<td>Social support and health</td>
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<td>Session 5</td>
<td>Caregiver support</td>
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<td>Session 6</td>
<td>Health literacy</td>
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<td>Session 7</td>
<td>Document and platform design</td>
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<td>Session 8</td>
<td>Theories of persuasion applied to health behavior</td>
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<tr>
<td>Session 9</td>
<td>Theories of persuasion applied to health behavior</td>
<td>Analysis of direct-to-consumer advertisements (10 points)</td>
<td>10%</td>
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<td>Session 10</td>
<td>In-class group project</td>
<td>(5 points)</td>
<td>5%</td>
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<tr>
<td>Session 11</td>
<td>Digital technologies and health</td>
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<tr>
<td>Session 12</td>
<td>Digital technologies and health</td>
<td>Analysis of web sites (8 points)</td>
<td>8%</td>
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<tr>
<td>Session 13</td>
<td>Architecture and health</td>
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<tr>
<td>Session 14</td>
<td>Architecture and health</td>
<td>Analysis of personal space (8 points)</td>
<td>8%</td>
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<tr>
<td>Session 15</td>
<td>Meet with professors to discuss major paper</td>
<td>Analysis of a health organization’s communication media (22 points)</td>
<td>22%</td>
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<tr>
<td>Session 16</td>
<td>Depictions of medicine on TV and in movies</td>
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<tr>
<td>Session 17</td>
<td>Depictions of medicine on TV and in movies</td>
<td>Nurse Jackie analysis (7 points)</td>
<td>7%</td>
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<tr>
<td>Session 18</td>
<td>Entertainment-education</td>
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<td>Session 19</td>
<td>Journalism’s coverage of health and media</td>
<td>Journalism analysis (8 points)</td>
<td>8%</td>
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<tr>
<td>Session 20</td>
<td>Hunger and malnutrition</td>
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<td>Session 21</td>
<td>Focus group research</td>
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<td>Session 22</td>
<td>Focus group viewing</td>
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<tr>
<td>Session 23</td>
<td>Message tailoring</td>
<td>Focus group paper (10 points)</td>
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### Session 24
Critical-care choices

### Session 25
Critical-care choices

### Session 26
Community interventions
Final, take-home exam due (10 points) 10%

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<th>Total</th>
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**E-mail communication.**

You should check your USC e-mail regularly, because that is the e-mail address that Blackboard and your instructors use when distributing messages about the class. The general Blackboard website is: [http://blackboard.usc.edu](http://blackboard.usc.edu). The HELP link on Blackboard is: [http://help.blackboard.com/en-us/Learn/9.1_2014_04/Student](http://help.blackboard.com/en-us/Learn/9.1_2014_04/Student).

**Office hours and communication.**

Contact with faculty:

Susan Evans: 323-442-2613 or shevans@usc.edu; office hours: Monday: noon-1 pm; ASC 324G.
Peter Clarke: 213-740-0940 or chmc@usc.edu; office hours: Monday: noon-1 pm; ASC 324G.

The instructors will be available via email, and will respond as soon as possible, normally within 24 hours.

**Attendance policy.**

Class attendance is vital, providing exposure to lecture materials, videos, and discussions prompted by students’ interests. Attendance will be taken. Each student is allowed two absences. After two absences, each missed class will result in the reduction of one point.

**Grading.**

We do not grade on a curve, so you are not competing with your classmates. Instead, you will gain by working together and sharing ideas and readings. Nonetheless, we expect papers and exams to be your own work. Plagiarism and other forms of academic dishonesty will not be tolerated, and will be referred to the University's processes for hearings and discipline.

Here is how we will assign grades:

<table>
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<tr>
<th>Points</th>
<th>Grade</th>
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<tbody>
<tr>
<td>90-100</td>
<td>A</td>
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<td>78-89</td>
<td>B</td>
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<tr>
<td>66-77</td>
<td>C</td>
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<tr>
<td>54-65</td>
<td>D</td>
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<tr>
<td>0-53</td>
<td>F</td>
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</table>
The instructors may assign a plus or a minus based on class participation as determined by how much students speak in class. You can become eligible for a plus by asking questions and by expressing observations about readings, in-class materials, lectures, and topics of the course.

**Other Student Services and Helpful Resources.**

The USC Writing Center is available to help students improve their critical thinking and writing skills. It offers free materials and online resources at [https://dornsife.usc.edu/writingcenter/](https://dornsife.usc.edu/writingcenter/)

The USC Kortschak Center for Learning and Creativity offers free online resources for time management, note taking, paper writing, and goal setting, which can be accessed at [http://kortschakcenter.usc.edu/](http://kortschakcenter.usc.edu/)

The USC Library offers free research guides on 22 subjects at [http://libguides.usc.edu/](http://libguides.usc.edu/)

**Academic Integrity Statement.**

The University’s Student Conduct Code articulates violations that are most common and readily identifiable. Conduct violating university community standards that is not specifically mentioned still may be subject to disciplinary action. General principles of academic honesty include and incorporate the concept of respect for the intellectual property of others, the expectation that individual work will be submitted unless otherwise allowed by an instructor, and the obligations both to protect one’s own academic work from misuse by others as well as to avoid using another’s work as one’s own. All students are expected to understand and abide by these principles.

Sanctions for violations of the university Student Conduct Code are assessed appropriately for the cited violation. Sanctions will be considered in light of a student’s entire conduct record at the university and will be designed to hold a student accountable for actions and the resulting or potential consequences of such actions, to promote the educational well-being of students and to protect the educational environment of the university and the safety of its community.

All academic integrity violations will result in an academic consequence. Failure to comply with the terms of any imposed sanctions may be considered an additional violation.

Scampus, the USC student guidebook contains the Student Conduct Code and information on Academic Integrity. It is the student’s responsibility to be familiar with and abide by these guidelines, which are found at: [http://web-app.usc.edu/scampus/](http://web-app.usc.edu/scampus/)

A summary of behaviors violating University standards can be also found at: [http://web-app.usc.edu/scampus/1100-behavior-violating-university-standards-and-appropriate-sanctions/](http://web-app.usc.edu/scampus/1100-behavior-violating-university-standards-and-appropriate-sanctions/)
Academic Accommodations.

The University of Southern California is committed to full compliance with the Rehabilitation Act (Section 504) and the Americans with Disabilities Act (ADA). As part of the implementation of this law, the university will continue to provide reasonable accommodation for academically qualified candidates with disabilities so that they can participate fully in the university’s educational programs and activities. Although USC is not required by law to change the “fundamental nature or essential curricular components of its programs in order to accommodate the needs of disabled candidates,” the university will provide reasonable academic accommodation. It is the specific responsibility of the university administration and all faculty serving in a teaching capacity to ensure the university’s compliance with this policy.

Any student requesting academic accommodations based on a disability is required to register with Disability Services and Programs (DSP) each semester. A letter of verification for approved accommodations can be obtained from DSP. Please be sure the letter is delivered to me as early in the semester as possible. DSP is located in STU 301 and is open 8:30 a.m. - 5:00 p.m., Monday through Friday. The phone number for DSP is (213) 740-0776.
Week-by-Week Topics and Readings

**Session 1:** Introduction: What is health communication and why does it matter? What are health disparities and other tragic shortcomings in U.S. healthcare?

Readings:
Browse videos at: [http://www.unnaturalcauses.org/](http://www.unnaturalcauses.org/)

### I. Healthcare Provider and Family Communication

**Session 2:** Doctor-patient communication: What can doctors do to make sure that patients remember important details of their medical appointment that are so commonly forgotten?

Readings:
*Surviving Modern Medicine:* Introduction and Chapter 1. COURSE PACK.


**Session 3:** Doctor-patient communication: What can patients do to make sure they understand and remember important details of the medical appointment?

Readings:

**Session 4:** Social support and health: How important are friends and family for recovery from illness? How does one rally the right type of support?

**Readings:**
Surviving Modern Medicine: Chapter 3. COURSE PACK.

**Session 5:** Caregiver support: What are the risks to people who provide sustained help to others who are sick?

**Readings:**
Surviving Modern Medicine: Chapter 4. COURSE PACK.

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**II. Psychological Theories of Health Behavior and Document Design**

**Session 6:** Health Literacy: What is health literacy? What does it mean for the design of patient materials, and for patient adherence to medical protocols?

**Readings:**

**Session 7:** Document and platform design: Why do we read and understand so differently on paper and online, and why does this matter for health communication?

**Readings:**
Steve Krug, Don’t Make Me Think, Revisited (New Riders, 2014), Chapters 1-3 and 13. COURSE PACK
Session 8: Theories of persuasion applied to health behavior: What are three rules for creating messages about health, that are nearly irresistible?

Readings:
Cialdini, R. Influence: Introduction, Chapters 1, 2, 3, and 4

Session 9: Theories of persuasion applied to health behavior and fear appeals: Are fear appeals ever effective? What can make them so?

Readings:
Cialdini, R. Influence: Chapters 5, 6, 7, and 8


Session 10: In-class project

Readings: None.

III. Digital Technologies and Quality of Health Care

IV.

Session 11: Digital technologies and health: Why can browsing the web for health information be so unhelpful, and what can be done about it?

Readings:

Korda, H. and Itani, Z. 2013. “Harnessing social media for health promotion and behavior change.” Health Promotion Practice. COURSE PACK
Session 12: Digital technologies and health: There is a lot of hype about the usefulness of mobile devices in health. Are any delivering on their promises?

Readings:


V. How Built Spaces Shape Communication and People’s Health

Session 13: Architecture and health: How does the design of buildings and open spaces affect your personal health?

Readings:

**Session 14:** Architecture and health: Could the location of hand-washing sinks in patient rooms affect the rate of hospital-acquired infections, a leading cause of death and disability in the U.S.?

**Readings:**
Ulrich, R.S. 1984. “View through a window may influence recovery from surgery.” *Science.* COURSE PACK


Access the websites for the Society for Environmental Graphic Design (segd.org) and The Center for Health Design (healthdesign.org). Study award winners for recent years to learn how interior amenities and wayfinding cues affect people’s experiences with buildings.

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**VI. Images of Health and Medicine in the Public Media**

**Session 16:** Depictions of medicine on TV and in the movies: How do you get accurate and helpful portrayals of health issues onto TV?

**Readings:**

Brink, S. 2006. “Prime time to learn.” *Los Angeles Times.* COURSE PACK

**Session 17:** Research about audiences and outcomes from entertainment: Are TV dramas about medicine just entertainment, or can they serve a more important function?

**Readings:**

Wrong, T. and Baumgart, E. “Not a ‘reality’ show.” Journal of Clinical Ethics. 2013. COURSE PACK

Go online to read: Ornstein, C. “When a patient’s death is broadcast without permission.” ProPublica. 2015. https://www.propublica.org/article/when-a-patients-death-is-broadcast-without-permission

Brodie, M. et. al. 2001. "Communicating health information through the entertainment media.” Health Affairs. COURSE PACK


Safe Surgery Checklist. COURSE PACK

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**Session 18:** Entertainment-Education: Can melodrama teach? What is the role of narrative in health education.

**Readings:**


**Session 19:** Journalism’s coverage of health and media: What’s the most overlooked flaw in news coverage about health and medicine?

**Readings.**


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**VII. Case Studies of Health Interventions and Methods of Evaluation**

**Session 20:** Hunger and Malnutrition. When you are chronically hungry, is any calorie a good calorie?

**Readings:**


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**Session 21:** Focus group research: What is a focus group and why is it an important tool for evaluating media materials?

**Readings:**

Session 22: Focus group viewing
Readings: None.

Session 23: Message Tailoring: What is message tailoring, and what advantages does it have over other types of media designs?
Readings:

Session 24: Critical-care choices: Have you thought about the day when your parents might lose the capacity to make choices about their medical care?
Readings:
Clarke and Evans, Surviving Modern Medicine, Chapter 5. COURSE PACK.

Session 25: Critical-care choices: Do seniors shrink from thinking about their own mortality?
Readings:
Clarke and Evans, Surviving Modern Medicine, Chapter 5. COURSE PACK.

Session 26: Community interventions: You’ll learn about some unexpected heroes and heroines of better communication about health.
Readings: None