**University of Memphis, Department of Communication**

COMM/PUBH 7345/8345 *Health Literacy*

***Knowing is not enough; we must apply.***

***Willing is not enough; we must do.***

**—Goethe**

**Course Description:**

This class focuses on applying health literacy principles to real life health phenomenon, in clinical encounters, as well as in community and public health contexts with an emphasis on underserved and vulnerable populations.

Our readings and discussions will emphasize texts and research that explore an array of health literacy challenges. We will concentrate on theoretical, but especially applied issues revealed in empirical research, emphasizing the impact and reality of low health literacy across a range of subjects including risk, disparity, caregivers, patients, providers, measures, and interventions. The work in this course will acquaint you with a broad understanding of health literacy in the United States, explore the role of health communication in matters of health literacy, and examine the lived experiences of patients, families, and providers. A secondary focus of the course will be to study the theory and evidence-based development of health literacy intervention implementation.

**Learning Objectives:**

The goals of the course, then, are to acquaint you with the broad scope of literature addressing health literacy and health communication, engage health literacy intervention in context, and build scholarship that seizes on the implementation of interventions.

Successful Graduate Students Will:

* Describe the relationships among health literacy, health communication, and health outcomes.
* Identify and explain theories, models, and concepts of health literacy that influence health communication.
* Differentiate theoretical domains of health literacy (e.g., fundamental, media, e-health/m-health, scientific, cultural) as they apply to specific health contexts and health behaviors.
* Appraise research to determine relationships between health factors (e.g., health behavior, outcomes, healthcare quality/access) and health literacy for targeted populations.
* Identify and evaluate the effectiveness of health literacy strategies, research methods, and measurement tools to determine the optimal approach for health literacy interventions.
* Examine a health literacy intervention that integrates and utilizes health literacy strategies, research data and methods, and measurement tools to address health literacy barriers for targeted populations.

**Required Readings:**

**Health Literacy in America**

IOM (Institute of Medicine). 2015. *Informed consent and health literacy: Workshop summary.* Washington, DC: The National

 Academies Press.

IOM (Institute of Medicine). 2014. *Health literacy and numeracy: Workshop summary.* Washington, DC: The National

 Academies Press.

IOM (Institute of Medicine). 2013. *Oral health literacy: Workshop summary.* Washington, DC: The National Academies Press.

U. S. Department of Health and Human Services, Office of Disease Prevention and Health (2010). *National Action Plan to*

 *Improve Health Literacy*. Washington, DC.

Ancker, J., & Kaufman, D. (2007). Rethinking health numeracy: A Multidisciplinary literature review. *Journal of the American*

 *Medical Informatics Association*, 14(6), 713-722. doi: 10.1197/jamia.M2464

**Theories and Models**

Baker, D. (2006). The meaning and the measure of health literacy. *Journal of General Internal Medicine*, 21, 878-883.

Doak, C., Doak, L., & Root, J. (1996). *Teaching patients with low literacy skills* (2nd ed.). (Chapter Two: Theory).

 Lippincott, PA.

Parnell, T. (2015). *Health literacy in nursing: Providing person-centered care.* (Chapter One: Health Literacy History,

 Definitions, and Models). Springer, NY.

Tervalon, M., & Murray-Gacia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining

 physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*,

 9, 117-125.

**Risk**

Ahn, H-Y., Park, J. S., & Haley, E. (2014). Consumers’ optimism bias and responses to risk disclosures in direct-to-

 consumer (DTC) prescription drug advertising: The moderating role of subjective health literacy. *Journal of*

 *Consumer Affairs*, 48(1), 175-194.

Kaphingst, K., Jewel, S., Seo, J., Lachance, C. R. , & Goodman, M. (2015). Effects of racial and ethnic group and health

 literacy on responses to genomic risk information in a medically underserved population. *Health Psychology*,

34(2), 101-110.

Levina, M. (2015). *Pandemics and the media*. Peter Lang, NY. (Introduction, Chapter Four: Globalization, Pandemics,

 and the Problem of Security, and Chapter Six: Pandemics and Digital Media Technologies)

**Disparities**

Dillon, P. J., & Roscoe, L.A.. African Americans and hospice: Narratives of terminal illness and end-of-life

 care. Narrative Inquiry in Bioethics, 5(2), 151-165. doi: 10.135/nib.2015.0049

Gomez, J. M. (2015). Microaggressions and the enduring mental health disparity: Black Americans at risk for institutional

 betrayal. *Journal of Black Psychology*, 41(2), 121-143. doi: 10.1177/0095798413514608

Lee, H. Y., Choi, J-K., & Lee, M. (2015). Health literacy in an underserved immigrant population: New implications

toward achieving health equity. *Asian American Journal of Psychology*, 6(1), 97-105. doi: org/10.1037/a0037425

**Caregivers**

Wittenberg-Lyles, E., Goldsmith, J., Parker Oliver, D., Demiris, G., Kruse, R., & Van Stee, S. (2013).

Exploring oral literacy in communication with hospice caregivers. *Journal of Pain and Symptom Management*, 46, 731-736. doi:10.1016/j.jpainsymman.2012.11.006

Wittenberg-Lyles, E., Goldsmith, J., Parker Oliver, D., Demiris, G., Kruse, R., & Van Stee, S. (2013). Using medical

 words with family caregivers. *Journal of Palliative Medicine*, 16, 1135-1139. doi:10.1089/jpm.2013.0041.

Yuen, E., Kinght, T., Dodson, S., Ricciardelli, L., Barney, S., & Livingston, P. (2014). Development of the Health

 Literacy of Caregivers Scale-Cancer (HLSC-C): Item generation and content validity testing. *BMC Family*

 *Practice*, 15, 202-215.

**Patients**

Ferguson, B., Lowman, S., & DeWalt, D. (2011). Assessing literacy in clinical and community settings: The patient

 perspective. *Journal of Health Communication*, 16, 124-134. doi: 10.1080/1081-730.2010.535113

Press, V., Shapiro, M., Mayo, A., Meltzer, D., Vineet, A. (2013). More than meets the eye: Relationship between low

 health literacy and poor vision in hospitalized patients. *Journal of Health Communication*, 18, 197-204. doi:

 10.1080/10810730.2013.830346

**Providers**

Fry-Bowers, E., Maliski, S., Lewis, M.A., Macabasco-O’Connenell, A., & DiMatteo, R. (2014). The association of health literacy, social support, self-efficacy and interpersonal interactions with health care providers in low-income Latina mothers. *Journal of Pediatric Nursing*, 29, 3-9-320. doi: 10.1016/j.pedn.2014.01.006.

Nouri, S., & Rudd, R. (2015). Health literacy in the ‘oral exchange’: An important element of patient-provider communication. *Patient Education and Counseling*, 98, 565-571. doi:10.1016.j.pec.2014.12.002.

**Measures**

Mayer, G., & Villaire, M. (2007). *Health literacy in primary care: A clinician’s guide.* (Chapter Three: Assessing Patient’s Literacy Levels). Springer, NY.

Morris, N. S., MacLean, C. D., Chew, L. D., & Littenberg, B. (2006). The Single Item Literacy Screener: Evaluation of a brief instrument to identify limited reading ability. *BMC Family Practice*, 7(21). doi: 10.1186/1471-2296-7-21.pdf

Paasche-Orlow, M., & Wolf, M. (2007). Evidence does not support clinical screening of literacy. *Journal of General Internal Medicine*, 23, 100-102.

**Interventions**

Doak, C., Doak, L., & Root, J. (1996). *Teaching patients with low literacy skills* (2nd ed). (Chapters Six and Seven:

 Writing and Visuals). Lippincott, PA.

Hart, T., Blacker, S., Panjwani, A., Torgit, L., & Evans, M. (2015). Development of multimedia informational tools for

 breast cancer patients with low levels of health literacy. *Patient Education and Counseling*, 98, 370-377. doi:

 10.1016/j.pec.2014.11.015

Macario, E., & Matiella, A. C. (2015). A bilingual webnovela on the human papillomavirus: Will Latinas and health

professionals use it? *Journal of Communicaiton in Healthcare*, 8(1), 55-66. doi: org/10.1037/a0037425

Wittenberg, E., Goldsmith, J., Ferrell, B., & Small Platt, C. (In press). Enhancing communication

related to symptom management through plain language. *Journal of Pain and Symptom Management*.

**Course Assignments (in brief) and Evaluation:**

1. Seminar contributions -15%
2. Engagement with Cartas Village and Christ Comm. Center -10%
3. Data Collection and Knowledge Claims for APP -35%
4. Reviewer/discussion leader for class meeting -20%
5. Participatory Materials Development (Veteran Caregiver) -20%

**Considerations of evaluation:**

**Absences** and **Lateness** are taboo in graduate courses. Because we are meeting once weekly during the semester, it is imperative that you attend consistently and for the entire class. Similarly, it is important that you commit to your collaborations with team members and observation/research meetings.

**Late assignments and/or Incompletes** are considered only in the rare case of personal emergency. Please talk with me in such a case.

**Academic dishonesty (plagiarism**) is always unacceptable and will result in harsh sanctions by the University of Memphis. Be familiar with these. If you are concerned about inadvertent plagiarism, feel free to consult me if you have questions about what counts as academic dishonesty. I also recommend OWL at Purdue.

**My Responsibilities**

I attempt to be fair, objective, and constructive in my evaluation of your work. I welcome your feedback and will be glad to discuss any comments, questions, or concerns you have regarding evaluation or any other aspects of the course.

Reasonable and appropriate accommodations will be provided to students with disabilities who present a memo from Disability Resources for Students (DRS). Students who request disability accommodations will be referred to DRS in Wilder Tower, 110.

I've done my best to put together an interesting, informative list of readings and class topics. While I may lecture rarely, I see my primary job as facilitating discussion among us, as well as providing guidance and feedback to each of you as you proceed with your projects. A portion of our class each week will be dedicated to updates about your/your team’s work, and challenges or questions you might have about any step in the researching/writing process along the way. It is my hope that I have provided a course structure that will allow us to learn from one another the exhilarations, challenges, difficulties, and enjoyments of doing this kind of research.

**Course Assignments: Further Support for Projects/Assignments Will Be Provided in Class**

* **1) Seminar Contribution**

My expectations for your contributions to each class session include: come to class having thoroughly prepared yourself by reading and thinking about the assigned readings; volunteer your responses and opinions in a reasoned, responsible, and rhetorically sensitive manner, neither dominating nor being dominated. The success of a graduate seminar rests largely on your willingness to engage and listen. The structure of this course is heavily reliant on your familiarity and engagement with the readings throughout each class. It is vital that you are prepared with a series of 10 questions and connections for each class.

Evaluating this component of your grade is a decidedly subjective process. I’ll be happy to discuss your seminar participation with you at any time during the semester.

* **2) Engagement**

Central to our work in this course, you will be visiting one of two locations to observe and support health care in the Latino community in Memphis. These observations intersect with another portion of the work in this course---the APP data collection.

* **3) Data Collection and Knowledge Claims for APP**

Unique to this seminar experience, we will be working in concert on one project with the intention of publishing the piece. Graduate students will be divided into three groups---each overseeing the collection of data from patients, caregivers, or providers. The goal of the project is to test new Spanish content in the *Health Communication* APP. Within each group, knowledge claims will be presented in an 8-page paper, followed by results, and very brief implications. Group data and claims will be the subject of the final group presentation that is well-organized, and approximately 20 minutes in duration.

Knowledge claims will consist of a focused review of relevant literature that is thorough, comprehensive, and up-to-date. You must review communication journals, although you’ll also find articles dealing with health communication in **several other disciplinary journals**. Interprofessional clinical journals with a social science approach to health care will also be useful in your literature search.

Your brief group research piece should be of convention-submission quality and should conform to APA style as delineated in the *Publication Manual of the American Psychological Association*, 6th edition (unless you want to tackle another writing style—which I am open to…more on this). The text must include Endnote citations software use.

* **4)** **Discussion/Reviewer Leader**

The class will be reading many articles in addition to excerpts of books. Each student will select a Monday and its coinciding readings for review and discussion. As a reviewer/discussion leader, you will present a brief summary of the readings, including its rationale, method, findings, and contributions to health literacy literature. You will then critique the work by discussing its strengths and limitations. At the end of your report, pose several questions or “talking points” to elicit class discussion of the article. Your review should be approximately 20 minutes in length, followed by 20 minutes of a directed discussion with seminar participants. Prepared connections, questions, critiques, and engagement with seminar participants should be multidimensional and exciting.

* **5)** **Participatory Material Collection---Photovoice**

Materials produced through a participatory process feature the experience and need of the target audience for which interventions are constructed. Interventions created by members of the intended audience are powerful tools and build persuasive evidence in identifying actual needs and concerns of an underserved group. Photovoice collections will be shared in presentation to the seminar.

**Course Calendar**

| **Week/Date** | **Resources and Topics** | **Productivity** |
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| **August 24** | -Introductions-Course Overview-Joy |  |
| **August 31** | **Health Literacy in America**-National Action Plan-Ancker & Kaufman-APP Project Introduction-Photovoice Introduction | CITI affiliation with UM complete |
| **September 7** | **Labor Day No Class** |  |
| **September 14** | **Health Literacy in America**-2013 IOM-2014 IOMGuest: Diana Ruggerio (language for specific purpose) |  |
| **September 21** | **Health Literacy in America**-2015 IOM**Theories and Models**-Baker-Doak-Parnell-TervalonDiscussion Leader:Discussion Leader: |  |
| **September 28** | **Risk**-Ahn-Kaphingst-LevinaGuest: Marina LevinaGuest: Marleah KruzelDiscussion Leader: |  |
| **October 5** | **Disparities**-Dillon-Gomez-LeeGuest: Patrick DillonDiscussion Leader: |  |
| **October 12** | **Caregivers**-Wittenberg (2013 oral literacy)-Wittenberg (2013 medical words)-YuenDiscussion Leader: |  |
| **October 19** | **Patients**-Ferguson-PressGuest: ValarieDiscussion Leader: |  |
| **October 26** | **Providers**-Fry-Bowers-NouriDiscussion Leader: |  |
| **November 2** | **Measures**-Mayer-Morris-Paasche-OrlowDiscussion Leader:Discussion Leader: |  |
| **November 9** | **Interventions**-Doak-Hart-MacarioDiscussion Leader: |  |
| **November 16** |  | **Rough Drafts of APP Group Research Pieces** |
| **November 23** | Photovoice Presentations | **Photovoice** |
| **November 30** | Final Group Research Pieces PresentedPlans Going Forward | **Oral Presentations of Final Projects** |
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Authorship Guidelines Policy

***Faculty contributions*** should include one or more of the following (authorship order shall reflect the sum and value of efforts in these areas):

1. Writing of drafts
2. Funding
3. Analysis
4. Conceptualization and design
5. Data collection
6. Editing

Consultants will be placed on manuscripts as negotiated.

***Staff and student contributions*** (NOTE: Students who are paid are considered staff.)

Recognizing that different disciplines handle authorship by students and staff differently, we commit to the following general guidelines for ***staff*** and ***student*** authorship. Any exceptions to these guidelines must be agreed upon by the lead study investigator.

1. In general, ***staff*** contributions resulting from paid work within one’s job description will not warrant inclusion in authorship.

2. To warrant inclusion in authorship, ***staff*** contributions must include a minimum of two (2) of the following tasks *outside of one’s job description*:

* 1. Conceptualization and study design
	2. Data collection
	3. Analysis and interpretation (qualitative or quantitative analysis)
	4. Writing (including text, tables, figures)
	5. Critical revision
	6. Administrative/technical support

Order of authorship will be determined by considering the sum and value of authors’ efforts in these areas.

3. To warrant inclusion in authorship, ***students earning course credit*** for their work must contribute in at least two (2) of the areas detailed above in #2. ***Students working on a volunteer basis*** (earning no money or course credit) must contribute in at least one (1) of the areas detailed above in #2.

4. In general, ***students working on a volunteer basis*** (earning no money or course credit) will have recognition higher than ***staff*** and ***students earning course credit***, assuming all other elements are equal.

5. If all other elements are equal, ***PhD students*** will be listed before ***Master’s students*** in order of authorship. Similarly, ***Master’s students*** will be listed before ***Bachelor’s students*** in order of authorship, assuming all other elements are equal.