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COMM 454: Communication and Health Disparities—A Peer Review of Teaching Project Benchmark Portfolio

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Recognizing Multi-Level Communication in COMM 454: Understanding and Improving Health Disparities

A 2017 Peer Review of Teaching Project Benchmark Portfolio

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Abstract

The current portfolio examines the second iteration of a new course in the Department of Communication Studies, Comm 454: Communication and Health Disparities. The primary goal of the course is for students to understand what health disparities are and how communication (on micro, meso, and macro levels) helps to create, reinforce, and improve these health disparities. Student learning was measured through the evaluation of the above course objective through four assignments: a short reflection paper, 2 teaching lessons, a research paper, and a health disparities communication campaign/intervention. The short reflection paper was examined through thematic analysis, while the latter three assignments were examined through rubric section point totals. Results of the current portfolio indicated that three of the four assignments improved student learning in the primary course objective while the teaching lessons did not, and sometimes resulted in a decrease in student learning over time. Planned changes to the course curriculum include removal of one teaching lesson, additional assignment options provided within the research paper and health disparities campaign/intervention, and additional reading/podcast materials assigned to more deeply engage student learning.

Key words: communication, health disparities, social ecological model, upper-level seminar, team project communication

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Objectives of the Peer Review Course Portfolio

I created this 2017 Peer Review portfolio to challenge myself to improve the design, function, and learning outcomes of a new undergraduate class I designed in 2016 for the Department of Communication Studies: COMM 454: Communication and Health Disparities. Because health disparities (i.e., differences in health statuses between groups of people) are rarely discussed in general conversation, people are often both unaware they exist and unaware of how and why communication plays a role in creating, reinforcing, and improving these health disparities. Currently, to my knowledge, no undergraduate textbook exists for studying health disparities in the field of Communication, so I wanted to carefully plan, examine, and maximize student learning through their course materials and assignments. Lack of student awareness about this topic combined with no existing course textbook present both challenges and opportunities for the instructor and students; thus, COMM 454: Communication and Health Disparities was ideal for this Peer Review course portfolio analysis in order to assess and maximize student learning.

Description of the Course

COMM 454 is an upper-level seminar course designed to introduce undergraduate students to the role of communication in creating, reinforcing, and improving health disparities. Students need to have taken an introductory communication course to prepare for the material. The course is divided into three sections: (1) Introduction: Understanding Communication and Health Disparities; (2) Unit 1: A Closer Look at Context, Communication, and Health Disparities; and (3) Unit 2: Communication Intervention Approaches to Improving Health Disparities ([See Appendix A](#)).

- *Introduction: Understanding Communication and Health Disparities* creates the foundation for: (a) addressing each type of health disparity, (b) understanding multiple levels of health communication related to these disparities (i.e., interpersonal, organizational, global etc.), (c) understanding why communication is important within health, and (4) considering important questions as we move forward through each section.
- *Unit 1: A Closer Look at Context, Communication, and Health Disparities* includes an overview of research and practice within communication and health disparities according to 8 at-risk groups of people according to health status: Disability, Mental Health, Age, Geographic Location, Socioeconomic Status, Ethnicity/Race, Gender, and Sexual Orientation.
- *Unit 2: Communication Intervention Approaches to Improving Health Disparities* gives an overview of research and practice on the types of communication-based campaigns/interventions addressing health disparities on multiple levels of communication: personal, relational, organizational, communal, and global.

Course Goals

By the end of the course, I want my students to have met the following objectives:

- Explain what health disparities are and how/why communication (on multiple levels—micro, meso, and macro) affects those disparities.
- Identify their perspective and relationship to health disparities and the various ways they have been affected by, as well as privileged to avoid, health disparities.
- Talk more comfortably about topics with which they may not be comfortable talking about (e.g., race/ethnicity, gender identity) by learning to constructively analyze their perspective/experiences as well as others' perspectives/experiences.
- Analyze and describe how multiple factors (not just individual behavior) affects communication and health disparities, including sociohistorical, social, political, and cultural factors
- Articulate the ways in which different models of healthcare affect and reflect health communication
- Understand past and present communication-based efforts and interventions to improve health disparities, including community-based participatory research, faith-based interventions, education, edutainment, and documentaries
- Understand how to create a successful health communication intervention/campaign through key steps in planning, implementing, and assessing health interventions/campaigns
- Understand and persuasively articulate how communication relates to health privilege and disparity

Course History and Context

I created Comm 454: Communication and Health Disparities in Spring 2016 as one of several 400-level courses in our department; thus, this peer review experience marks the second time I will teach this course. As a 400-level class, I seek to engage students with content that challenges them to more deeply and critically engage with concepts such as difference, privilege, and disparities—to which many may be resistant. My course encourages deep perspective-taking with 'other' identities and experiences while also learning to communicate about sensitive topics, such as sexism and racism. I want to encourage honest, yet respectful, communication where students are not afraid to learn through talking about tough subjects and making mistakes while doing so in order to learn about others' perspectives.

Enrollment/Demographics

Comm 454: Communication and Health Disparities attracts students from a wide range of majors and academic interests. Most of my students are Communication majors or minors. Some of my students have taken COMM 354 Health Communication, an introductory course to health communication, and are broadly familiar with health communication, while other students are not. Likewise, my students have a broad range of research ability/knowledge coming into this course

because some students have taken Research Methods, are currently taking methods, or have no intention of taking research methods because it is not required for their academic program. My course is also attractive to health sciences majors and those students in the Humanities and Medicine minor program. Finally, my students represent little ethnic diversity as the majority of my students are from Nebraska or the surrounding states (e.g., South Dakota, Iowa, Kansas); however, my students do represent geographic diversity (urban, suburban, rural regions) and socio-economic diversity.

Teaching Methods/Course Materials/Course Activities

In Comm 454: Communication and Health Disparities, I use a variety of teaching methods, materials, and course activities: lecture via PowerPoint presentation, in-class reflections and partner/group activities, class participation, 2 teaching lessons, one short reflection paper, one mid-length research paper, and a final group project to create and explain a health disparities communication intervention/campaign. I also assign 13 articles to read out-of-class.

Rationale for Teaching Methods

As with all of my classes, I am structuring in-class instruction and out-of-class activities with the goal of maximizing my learning and students' learning both in terms of new material/perspective-taking and student self-reflection and feedback.

In-Class Instruction

Lectures. My class meets twice a week, for 1.25 hours each day. Because the topic is new to most students, I will introduce each topic via a 20-30 minute presentation to cover basic foundational information that I think is important for them to know in order for them to further analyze each topic. For the first day of each week, we will discuss the health disparity and the overall lived experiences of people with this health disparity to increase knowledge and build empathy with others with different identities and experiences. For the second day of each health disparity week, we will discuss how communication influences this health disparity, according to the social ecological model (on multiple levels from individual to mass/policy levels), through communication concepts and theory. Some weeks will allow for a deeper discussion of one level versus another (for example, disability and discussion of the American with Disabilities Act as policy communication). I will use PowerPoint, real-life examples, and media clips to communicate lecture information.

Teaching lessons. To give students the opportunity to more deeply engage with the health disparities that are of most interest to them, I will ask students to rank their top 5 topic preferences and assign them to 2 teaching lessons (30 minutes each) according to these preferences. Inevitably, some students will not be able to get their first choice, so I will ensure that I give them their second or third choice. The assignment will ask them to take the perspective of 'the other' (someone who may have a different identity from them) when presenting the material. In addition, I will ask them to cover the other course objectives as well: discussing multiple levels of communication and how

these influence this health disparity, as well as discuss why the general population may not be aware of this health disparity. This assignment will encourage students to take ownership of part of the course curriculum as well as empower them to engage in perspective-taking communication about a sensitive topic with the rest of the class. By working on two presentations, students will be able to work with different students with different perspectives and experiences, as well as become more comfortable presenting talking about perspectives with which they may not have experience ([See Appendix B](#)).

In-class activities. After reflecting on my course goals, I decided to privilege learning through class discussion over ensuring that students had completed the outside readings. However, through in-class activities, I am seeking to accomplish the following goals: (1) encourage reading of assigned materials, (2) engage in self-reflection of their unique identity and experiences in relation to the topics presented, (3) engage in perspective-taking of others' unique identity and experiences, which may be different from their own, (4) practice communicating about sensitive and sometimes controversial topics related to identity (e.g., sexism, racism) in small and large groups, (5) challenge each other to think differently about health issues, and (6) become comfortable with everyone in the class by working with them several times throughout the semester.

The activities are structured in one of three ways and varied by class topic. For topics that are more private (e.g., individual/family experiences of illness), I will have students engage in self-reflections based on ideas from the readings. Before students can take another's perspective, they have to understand their own standpoint. For activities that require some help from each other or where they could benefit from hearing others' thoughts about a health disparity, I will have them work in think-pair-share groups with 1-2 partners. For activities that require deeper thought or problem-solving, I will have them work in large discussion groups of 4-6 students. For all in-class activities, I will lead students in reflective thinking as a group about what they have learned and the ways we can continue to think about health disparities beyond class discussions. I will then collect these in-class activities and grade them according to level of thought and clarity of communication. Students will have an opportunity to earn 48 points through in-class activities (12 activities at 4 points each); however, I will drop their 2 lowest grades and convert those points to extra credit. This policy allows for flexibility if students miss 2 days of class for 'life' issues, such as short-term illness, working late, tiredness, etc. However, to reward students who attend regularly, they will have the opportunity to earn up to 4 percentage points of extra credit.

Class participation. I usually do not like to grade students on class participation, being mindful of individual differences in comfort level in speaking to groups. However, I decided an important part of this class was being able to communicate about and learn about differences in identity and experiences as they relate to health. To be mindful of students' level of comfort, I have included their level of involvement/attention during class as part of their overall participation grade. However, to challenge them to learn through communication with others, I have also included other aspects in the rubric on which to evaluate their class participation: Class attendance, Creative/Intellectual engagement in class discussion, Relevance of Points discussed; and Discussing points/questions from readings. My rubric will encourage them to stay focused in the discussions and hopefully avoid student comments that are given solely to show frequency of participation, rather than quality of participation.

Course Activities Outside of Class

Out-of-class readings. Because I wanted to focus on students' perspective-taking and in-class learning, I assigned a light reading load to increase the likelihood that they would read the articles assigned. Because students' research methods backgrounds vary, I assigned articles with a mix of qualitative, quantitative and topic only information. Examples of outside readings included background information on our current health care system, a real-world disability communication intervention for medical students, and an online discussion between communication scholars on the importance of mental health communication. Most weeks had at least one article assigned, but some did not because I could not find a reading that related to what I wanted to cover in class. So I only scheduled readings when they were central to the student learning experience for the week.

Short reflection paper. For this 1-2 page paper assignment, students will reflect on how health disparities have or have not been present in their identities and experiences. The paper is due at the end of week 3 to give students a chance to become comfortable with the course material. I also ask students to explain which topics they are most interested in and why, as well as suggest any topics that they would like to include in the course. This assignment serves several purposes: (1) I can understand if they are grasping the foundational course concepts; (2) I can tailor the course to their interests; and (3) I can learn where to challenge them in their perspective-taking of others' experiences based on their identities and experiences ([See Appendix C](#)).

Research paper. For this 4-6-page paper assignment, students will discuss a specific health disparity (e.g., health care access/discrimination, cancer mortality rates, suicide rates, depression, etc.) for a population that they know little about or have little contact with (e.g., LGBT, a racial/ethnic group, elderly, people with disabilities, etc.). For this paper, I wanted students to analyze the communication problems that contribute to this health disparity for this particular group according to 3 large levels of human behavior (micro-levels (intrapersonal, interpersonal, family), meso-levels (organizational—school, church, workplace) and macro-levels (community (neighborhood, geographic location, global)). Students can choose the same topic that they chose for their teaching lessons, but this paper should reflect their individual effort and intellectual contribution. I also want students to analyze in a balanced way between all three types of levels (in other words, move away from focusing mostly on the micro- or macro levels of communication). I also wanted students to explain why they thought this health disparity is not well-known in the general population. Requirements included a minimum of 5 peer-reviewed sources (but no maximum number of credible sources). In my classes, I prefer a mid-length paper to mirror a typical real-world document (i.e., they must create and support a well-reasoned argument, but they must be clear and concise in doing so) ([See Appendix D](#)).

Health Disparities Communication campaign/intervention. For this assignment, students will choose a health disparity and focus on communication-based solutions using theory and a specific approach (or combination of approaches) used to reduce health disparities. Students will briefly discuss the health disparity, and primarily focus on their communication-based solution. This topic should have some relevance to their audience either through Nebraska, college-age students, etc. (e.g., Black female students; transgender students). Students will also discuss why their

solution is novel in some way and why it might be more successful than previous interventions/campaigns. They will consider unintended consequences of their intervention/campaign and how they might minimize them. In order to create a thoughtful, and potentially effective intervention/campaign, they will need to research their topic/solutions carefully and thoroughly. Requirements include a minimum of 5 peer-reviewed sources (but no maximum for credible sources), which can be the same references from the research paper assignment. However, this paper must be significantly different and more in-depth from the research paper assignment (which allows students to practice avoiding self-plagiarism and learning how to build from earlier ideas).

An important part of this assignment ask students to include an analysis of cultural barriers and facilitators related to their health disparity communication. For example, students will answer questions such as: What are the cultural facilitators that students can use as gateways of trust-building with their targeted population to improve a certain health behavior? And how will students respect their population's culture and voice when creating their campaign/intervention? The length of the paper is slightly longer than their earlier research paper at 5-6 pages and includes an 8-10-minute class presentation about their intervention. This assignment structure encourages deeper student learning within a 3-4-person group about a health disparity of interest as well as allows for deeper learning as an entire class through the presentations ([See Appendix E](#)).

Illustration of Changes from Previous Years

In-class instruction. Based on last year's experience of teaching this course, I knew our class had limited time to discuss/work through complex health disparities identities, experiences, and perspective-taking during class, as well as analyze how communication influenced these experiences. Thus, I removed reading quizzes from the curriculum because they subtracted valuable class time for discussions of complex material, to which students are sometimes resistant. After last year's course, I decided students needed a longer orientation to course material at the beginning of the course to create a solid foundation for subsequent analysis in later weeks. I also realized students needed more basic information about health disparities and how communication influenced them.

Last year, I divided the course into (a) 6 health disparity topic areas (Disability/Mental Health, Age, Geographic Location, Socioeconomic Status, Ethnicity/Race, and Gender/Sexual Orientation), and (b) Communication Theory about Health Disparities. For this year's course, I decided to keep the health disparity topic areas, but divide the groups into 8 groups to allow for more time to discuss each health disparity. I have also combined communication theory into the basic discussion of each health disparity. Thus, the course topics for the first unit are divided into 10 weeks: (1) Introduction and Overview of Health Disparities and Theoretical Foundation of the Course; (2) Status of our Health Care; (3) Disability and Health Disparities Communication, (4) Mental Health and Health Disparities Communication; (5) Age and Health Disparities Communication; (6) Geographic Location and Health Disparities Communication; (7) Socioeconomic Status and Health Disparities Communication; (8) Ethnicity/Race and Health Disparities Communication; (9) Gender and Health Disparities Communication; and (10) Sexual Orientation and Health Disparities Communication. Through the teaching lesson assignments in the first part of the course, students will introduce each topic area on the first day of each week. Last year's evaluations showed that students wished they could learn more about each health disparity, so

I assigned them 2 health disparity teaching lessons (instead of 1) to give them an additional opportunity for deeper learning about their health disparity of interest.

The second unit will discuss communication-based solutions to health disparities: research methods and interventions. Each week, students will discuss/analyze a method that addresses health disparities and the advantages and challenges of using each method. The second unit is comprised of 4 topic areas: (1) Community-Based Participatory Research; (2) Faith-Based Initiatives; (3) Health Advocacy and Activism; and (4) Performance, Narratives, and Metaphors. This second unit will provide a more concrete foundation for the final project, which is a Health Disparities Communication Intervention/Campaign.

Also, as a result of last year's student feedback, I have also incorporated more in-class time to work on applying these health disparities and communication topics to their outside class assignments (i.e., individual research paper, team final project). This time allows them extra access to me for in-the-moment questions and communicates to them that I value hands-on learning. Last year's students also did not like my 100-point grading scale (because it seemed like too few points), so I converted it to a 200-point scale this year to eliminate any unnecessary stress from the course experience ([See Appendix A](#)).

Finally, last year, I graded class participation by the day and posted participation at the end of each class so that students could see immediate feedback in how they were performing. However, student feedback was that this policy was stressful for many students. This semester, I have decided to submit a mid-semester grade (worth 20 points, half the 40-point total) after the first 8 weeks and then the final 20 points after the last 8 weeks. I will also periodically remind them what my expectations are for class participation. By avoiding a day-by-day grading system of participation, I am also privileging quality over quantity of participation, allowing for the possibility that students may not feel that they have much to contribute on certain days and would rather listen and learn on those days.

Out-of-class activities. I used student feedback from last year's evaluations to create the course reading list. Last year's syllabus featured a heavier reading load (approximately 2 readings per week, for a total of around 25 articles). The readings were also all research-based and student evaluations from last year showed that students did not always read the articles, and if they did, they did not always understand them and thus, were not interested in some of them. So because much of the learning/perspective-taking will be taking place within class through discussions, I wanted to keep resistance low to course material and lower stress with completing out-of-class assignments. Thus, I assigned around half the articles (~13) and used a mix of readings between content only, theory-based, and mixed qualitative and quantitative method studies.

In order to give students a stronger foundation about health disparities and communication, I moved the short reflection essay from the end of the first week of the course (last year) to the end of the 3rd week of the course (this year) to better evaluate how useful the first few weeks of foundational material was in their learning. Likewise, because students from last year's class enjoyed both the research paper and campaign project, I kept both of those assignments relatively the same as last year's assignments. However, because we will be able to more deeply discuss health disparities and intersections of disparities this year, I will increase my expectations for the final project to include more communication analysis and consideration of culture in both defining the problem and creating a solution ([See Appendix A](#)).

The Course and the Broader Curriculum

In Comm 454: Communication and Health Disparities, I reiterate how communication is central to the human experience, yet we rarely think about how powerful it is in our everyday conversation. Much of my course depends upon building empathy with outside identity groups; thus, I focus on perspective-taking, a fundamental process in interpersonal and intergroup communication.

Fit within the Department and the University

Comm 454 relates with our other departmental and disciplinary goals in that I try to show how influential communication is to our health and well-being; how communication can be used in both positive and negative ways (e.g., unite vs. further divide); and how it can be goal-oriented and empowering in terms of negotiating for, advocating on behalf of, and relating to others. This course also relates to all three of our department emphases: health and wellbeing, identity and difference, and civic engagement. The only required course for Comm 454 is Comm 101, our department's introductory communication course. My course is closely related to other Health Communication courses in our department (e.g., COMM 354: Introduction to Health Communication); however, these courses are not necessary for enrollment in Comm 454. Additionally, Comm 454 can prepare students for their capstone courses. Although this course is a 400-level course, some students have not taken research methods or are taking it concurrently with my course. Thus, I include some research methods instruction, but I have broadened the type of outside readings to include other ways of creating scholarly arguments.

Finally, I created this course as a new course for the Department of Communication Studies in Spring 2016; however, this course fits well with other interdisciplinary programs and majors on campus, especially the Minority Health Disparities Initiative (MHDI). This course is now listed on MHDI's website as one of several health disparities courses on campus. My course also fits with the mission of the University of Nebraska-Lincoln, a land-grant institution and public university that seeks to connect curriculum and research with the state of Nebraska. As a result, my course includes health disparities that are occurring within the state of Nebraska, the region, the United States, and the world.

Analysis of Student Learning

The most important and basic objective for the class is *to be able to explain what health disparities are and how/why communication (on multiple levels—micro, meso, and macro) affects those disparities*. Looking at last year's assignments and student feedback, I am not sure how well students accomplished this objective; thus, I wanted to measure it this year. For my evaluation of this objective, I examined four student documents: (1) short reflection papers, (2) teaching lessons, (3) research paper, and (4) final project ([See Appendix F](#)).

Analysis of Student Assignments/Grades

Short reflection paper. Using the short reflection papers (1-2 pages) due at the end of the 3rd week of the course, I qualitatively analyzed the text for two themes related to my objective above according to a coding system (1=yes; 0=no) for (1) whether or not students could accurately explain what health disparities were; and (2) how many levels of communication (i.e., individual, relational, organizational, community, public policy) they referred to when initially analyzing communication about health disparities. Rather than directly ask students to define health disparities and analyze communication according to several ecological levels, I asked students to reflect on health disparities communication and their experiences given the material we covered in the first 3 weeks to see how their understanding of course material was expressed. Results of the thematic analysis indicated that out of 10 students, 9 (90%) students could confidently and accurately explain health disparities; 6 (60%) students could explain the influence of 1-2 levels of communication on health disparities; 3 (30%) could explain the influence of 3 levels of communication; and 1 (10%) could explain the influence of 4-5 levels. In sum, the vast majority of students firmly grasped the basic concepts of the course with 4 students (40%) able to describe more than 2 influential levels of communication on health disparities; thus, this assignment met my primary learning objective for my students ([See Appendix F](#)).

Teaching lessons. Students and their partners were assigned to two teaching lessons, and this assignment directly asked students to analyze their health disparities topic according to multiple levels of communication. Each teaching lesson was worth 15 points, for a total of 30 points for both. One section of the rubric evaluated students' creativity/intellectual stimulation (worth 4 points), which included in-depth analysis of the levels of communication and their understanding of health disparities. The relationship between the two scores was then coded according to the following system: * 1 = thorough learning; 2 = static, incomplete learning; 3 = improved learning; 4 = decreased learning. Results indicated that 2 (20%) students earned all possible points in this section, showing a thorough understanding of the objective; 2 (20%) students improved their scores from the first to the second lesson, showing an improved understanding of the objective; 2 (20%) students received half credit for both lessons, showing a stable, yet incomplete understanding of the objective; and 4 (40%) students performed worse on the second lesson from the first, showing a lack of understanding of the objective. Taken together, a majority of students (60%) showed either no improvement or a decreased understanding of the learning objective; thus, this assignment did not meet my primary learning objective for a majority of students ([See Appendix F](#)).

Research paper. Students completed a research paper about a health disparity topic of their choice and I asked them to analyze it according to 3 ecological layers of communication (micro, meso, macro). The assignment was worth 30 points, and the health disparity communication analysis section of the rubric was worth 10 points. Student performance in this analysis section was evaluated according to the following categories: Proficient (8-10 points); Competent (5-7 points); and Novice (1-4 points). Results of the analysis of the rubric indicated that 4 (40%) students were proficient in their understanding of the learning objective (with 2 of these students obtaining a complete understanding with 10 point totals); 2 (20%) students exhibited a competent understanding of the learning objective; and four (40%) students exhibited a novice understanding of the learning

objective. With a majority of students (60%) having exhibited a competent or proficient understanding of the course objective, the learning outcome has been met, but the student performance is not as strong as I would have liked ([See Appendix F](#)).

Health Disparities Communication campaign/intervention. Students organized into 4 groups (of 2-3 students each) to complete a final project, creating a health disparities communication campaign (worth 50 points). The assignment was comprised of a 5-6-page research paper and an 8-10-minute presentation. For the paper, one section of the rubric evaluated groups' abilities to analyze through written communication the health disparity and reasons why it exists, according to social ecological layers of communication (worth 5/35 points) and for the presentation, I used the same section as in the teaching lessons to evaluate their understanding of their health disparity communication (i.e., creativity/intellectual stimulation) through oral communication (worth 4/15 points). Thus, taken together, the total points possible for evaluation of this learning outcome is 9/50 points. Analysis of the groups' performance in these categories indicated that 3/4 (75%) groups exhibited a thorough understanding of the learning outcome, earning a full 9 points on this section, while one (25%) group earned a 7/9 on this section, exhibiting a competent understanding of the learning objective. Thus, given that students demonstrated either a competent or proficient understanding of health disparities communication, the learning outcome was met through this assignment ([See Appendix F](#)).

Planned Changes

Given this semester's experience and the current evaluation of my primary learning outcome for Comm 454: Communication and Health Disparities. I have several changes that I plan to implement when I teach the course next in Spring 2018.

Planned Changes for the Syllabus

After teaching this course for a second time, I realized I have two implicit learning objectives that I do not state in the syllabus, yet I frequently discuss in class: (1) team collaboration/communication skills-building and (2) in-class practice with clear and concise written communication. To add these two important objectives to the syllabus, I will condense the previous 8 objectives to avoid overwhelming my students with learning goals. There will be 7 future objectives, which include the two new ones listed last.

Previous Objectives

- Explain what health disparities are and how/why communication (on multiple levels) affects those disparities.
- Identify your perspective and relationship to health disparities and the various ways you have been affected by as well as privileged to avoid health disparities.

- Talk more comfortably about topics with which you may not be comfortable talking about (e.g., race/ethnicity, gender identity) by learning to constructively analyze your perspective/experiences as well as others' perspectives/experiences.
- Analyze and describe how multiple factors (not just individual behavior) affects communication and health disparities, including sociohistorical, social, political, and cultural factors
- Articulate the ways in which different models of healthcare affect and reflect health communication
- Understand past and present communication-based efforts and interventions to improve health disparities, including community-based participatory research, faith-based interventions, education, edutainment, and documentaries
- Understand how to create a successful health communication intervention/campaign through key steps in planning, implementing, and assessing health interventions/campaigns
- Understand and persuasively articulate how communication relates to health privilege and disparity

Future Objectives

- Explain what health disparities are and how/why communication (on multiple levels) affects those disparities.
- Identify your perspective and relationship to health disparities and the various ways you have been affected by as well as privileged to avoid health disparities.
- Talk more comfortably about topics with which you may not be comfortable talking about (e.g., race/ethnicity, gender identity) by learning to constructively analyze your perspective/experiences as well as others' perspectives/experiences.
- Understand past and present communication-based efforts and interventions to improve health disparities, including community-based participatory research, faith-based interventions, education, edutainment, and documentaries
- Understand how to create a successful health communication intervention/campaign through key steps in planning, implementing, and assessing health interventions/campaigns
- Effectively work with others on a multiple-member team to complete a final project, which includes practicing conflict management skills; and working together in planning, drafting, and synthesizing ideas into one cohesive project.
- Practice clear and concise written communication through in-class exercises

Planned Changes for Assignments

As a result of my current evaluation of student performance in meeting my primary learning outcome, I have decided to keep the short reflection paper (which demonstrates students' understanding of foundational concepts), the research paper, and final project. I will eliminate one teaching lesson for each student, but keep the point total the same (30 points for the teaching lesson), thus students will be able to focus more on completing only one lesson, which will hopefully

increase their effort in completing the assignment without decreasing its importance in the curriculum. For the research paper, I will add in another option that students in my other classes seem to appreciate: analyze the health disparities communication concepts present within a piece of media (e.g., book, TV show, movie, podcast). This option will still encourage them to critically analyze health disparities communication concepts, and perhaps engage them even further by combining our course with their outside interests. Likewise, I will add in another option for a final project: a Photovoice project. This is a project that is primary (rather than secondary) research, and allows students to visually communicate health disparities communication concepts and theories through photos and their experiences. We study Photovoice as a method in improving communication about health disparities in Unit 2; thus, I will give students the option to use it in their final project.

Finally, to help with group communication, I will change my verbiage from ‘group project’ to ‘team project’ because team project has a more positive connotation than group project, which some students dread. To help them succeed in this project while also reducing stress for them, I will have them complete Team Communication and Accountability contracts, which ask them to self-reflect on their strengths and weaknesses, and then work with their team to divide roles based on these strengths while also asking team members to help them work on their weaknesses. By working with team members to create an organizational plan for the project, my hope is that students will be able to manage conflict and their schedules/other priorities more effectively by proactively thinking through potential challenges and devising solutions ([See Appendix G](#)).

Planned Changes for Readings

This year’s student feedback about the reading material indicated that students like the readings, but they wanted additional readings to increase their learning and they wanted incentives to complete the readings to increase student participation in discussion of the readings. To address these two suggestions, I plan to supplement the readings I assigned this year with *Hidden Brain* podcast episodes that relate with the health disparity topic of the week and help showcase the role of communication in creating/reinforcing these health disparities. For example, one *Hidden Brain* episode discussed Black individuals’ challenges with renting homes on Airbnb. The episode is titled #airbnbwhileblack and discusses how online communal service sites exacerbate the effects of implicit racial bias in the housing market when real-life photos of Black renters and Black hosts are used. The episode discusses real-life experiences of Black individuals; experimental research studies; an explanation of organizational and community factors that affect our housing options, which is a social determinant of health that I discuss in this class; as well as possible solutions to the current issues. By including engaging media material about research, my class can discuss the strengths/limitations of the research methods and findings, while also discussing the real-world implications of health disparities communication on multiple levels other than individual and relational.

Planned Changes for Assessment

In addition to the current evaluation methods of student learning in this course, I plan to include 2-part student activities (one part to be completed outside of class, which will serve as a foundation for the in-class activity the next meeting day). These activities will encourage more engagement with the reading material, as well as deeper critical thinking about health disparities communication and its connection across multiple ecological layers, which influence our health behaviors. These activities will provide additional assessment opportunities for me in evaluating areas where students need more learning practice.

Summary and Overall Assessment of Portfolio Process

In conclusion, the Peer Review of Teaching Portfolio process re-introduced me to the importance of backwards design in course development. Comm 454: Communication and Health Disparities was challenging to develop because of the lack of an undergraduate textbook. This factor required me to think through the important communication concepts and theories in health disparities research and how to scaffold them in a course schedule to enhance student learning. The portfolio process ultimately encouraged me to rethink and redesign my course objectives, assignments, reading material, and assessment techniques, which increased not only the learning opportunities for my students, but also for myself. I firmly believe, and even more so after this experience, that being a researcher makes me a better teacher, but that being a teacher makes me a better researcher. Designing and teaching courses like Comm 454 allow me to critically think and explain to others the main problems and solutions that exist with health disparities communication. The results of this process will continue to extend beyond this course in that I learned efficiency in planning any course based on my overall objectives, and learned to remove all components that do not directly contribute to those objectives; thus, making all learning more focused, organized, and enjoyable.

Appendices

Appendix A: Syllabus

COMM 454: Communication and Health Disparities

Spring 2017

Professor:	Dr. Angela Palmer-Wackerly
Class meetings:	Tuesdays & Thursdays, 2:00 pm – 3:15 pm, Oldfather 208
Office:	Oldfather 424
Office hours:	Tuesdays & Thursdays, 11:00 am - noon, and by appointment
E-mail:	apalmer-wackerly2@unl.edu
Course website:	www.my.unl.edu (Blackboard)

Required texts: Required readings will be available on Blackboard*.

** Additionally, I may assign more/less reading/homework as the course continues to enhance your learning.*

Mission of 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.

Course Description & Objectives

This upper-level course examines the differences across groups in health status and health care access and availability throughout local, state, regional, national, and global levels. According to the Centers for Disease & Control Prevention (CDC), health disparities are preventable differences in health outcomes between populations. Specifically, health disparities occur within groups based on gender, ethnicity, socioeconomic status, geographic region, age, sexual orientation, and disability. Some of the health outcomes we will examine include: lower overall well-being, late-stage diagnoses, lower health literacy, higher participation in risky behaviors, limited access to quality medical care and effective social support, and higher morbidity and mortality.

This course will place a particular emphasis on the role of communication in defining health problems and creating communication-based intervention solutions. The course will be structured according to the social ecological perspective, in which health behavior is influenced by several layers including the individual (e.g., individual health beliefs), relational (e.g., physician-

patient, family-patient), organization (school, hospital, church), community (rural, urban, suburban), and policy (legal freedoms and constraints).

In addition, this course will examine communication within health disparities by exploring theories, research methods, research findings, and skills associated with creating health communication interventions. In addition, we will examine the sociohistorical and current factors that contribute to health care systems so that you may become more knowledgeable and effective health communicators as well as global citizens, who are more mindful of others' experiences. You will intellectually explore this information through course readings, in-class lecture, small group activities, class discussion, assignments, and experiential activities.

By the end of this course you will be able to:

- Explain what health disparities are and how/why communication (on multiple levels) affects those disparities.
- Identify your perspective and relationship to health disparities and the various ways you have been affected by as well as privileged to avoid health disparities.
- Talk more comfortably about topics with which you may not be comfortable talking about (e.g., race/ethnicity, gender identity) by learning to constructively analyze your perspective/experiences as well as others' perspectives/experiences.
- Analyze and describe how multiple factors (not just individual behavior) affects communication and health disparities, including sociohistorical, social, political, and cultural factors
- Articulate the ways in which different models of healthcare affect and reflect health communication
- Understand past and present communication-based efforts and interventions to improve health disparities, including community-based participatory research, faith-based interventions, education, edutainment, and documentaries
- Understand how to create a successful health communication intervention/campaign through key steps in planning, implementing, and assessing health interventions/campaigns
- Understand and persuasively articulate how communication relates to health privilege and disparity

You will demonstrate proficiency of these skills by:

- Actively contributing to class discussions and activities
- Performing well on regular in-class activities
- Researching and writing about an aspect of a health disparity that interests you
- Creating a Health Communication campaign/intervention to improve a specific health disparity on the local level as an active small group member

Expectations

Attendance and Participation

Regular attendance is key to quality of learning. I teach best when students are actively engaged, kind to each other, and try their best. Poor attendance (missing more than 2 days) will adversely affect your grades and performance in this course. I will take attendance each day;

however, I will not give points for simply showing up to class. I will try my best to create activities and assignments that motivate you to learn and help you engage with me and your fellow students, and usually these will be graded and/or serve as extra credit. I ask that you try your best to attend class, engage in readings and class discussions, and get to know me and at least 2 other classmates. With that goal, after our group activity today, please write the name of at least 2 classmates and their contact info (should you need to get notes, ask questions, etc.):

Name	Cell phone #	Email
1.		
2.		

Class Involvement:

This class is designed for active student participation. I ask that students stretch themselves and try to be two things in our classroom: kind and curious. To be an active student requires you to step outside your comfort zone and learn about new ideas and use these new ideas to challenge your existing ideas. You can sensitively AND constructively critique and respond to students' work, and we will practice these skills. This type of learning requires respectful listening and respectful sharing of your perspective. I frequently try to involve *all* students in class discussion, and I ask that you also encourage others to participate through active listening and discussion.

Involvement includes, but is not limited to, the following:

- Attending class regularly and on time (you are expected to attend all classes for the duration of the class period)
- Being focused and practicing active listening Contributing to group discussion
- Participating relevantly and actively in class exercises
- Visiting office hours regularly to talk with me about class concepts, skills, and issues
- Relating class material to the "outside" world
- Not monopolizing discussion or discrediting others
- Demonstrating your understanding of course concepts as they apply to your in-class communication

In health communication, we often discuss materials that are sensitive (or even taboo): reproductive and sexual health, eating disorders, mental health, dying, etc. I encourage you to ask questions (even tough ones that I may not know the answer to). I will do the same. This type of learning will be a testament to the power of health communication in our lives and the communities in which we interact. I also encourage you to talk to me either in class or individually if you have any questions or concerns with this class.

Course Requirements and Grading

Your final grade will be based on:

- in-class activities
- class discussion participation
- one short reflection paper
- one longer research paper
- one class of teaching/leading discussion (with 1-2 partners)
- health disparities communication intervention/campaign assignment (3-4 group members) that consists of a paper and presentation

The grading breakdown is as follows:

<u>Assignment</u>	<u>Percentage</u>
Short Reflection Paper	10 points
In-class Activities	40 points (10 activities at 4 points each)
Class Participation	40 points
2 Teaching Lessons	30 points (2 lessons at 15 points each)
Research Paper	30 points
<u>Health Comm Intervention/Campaign</u>	<u>50 points</u>
TOTAL	200 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
- E= POOR. Deficient in most or all requirements

A+	100%+	C	73-76%
A	93-97%	C-	70-72%
A-	90-92%	D+	67-69%
B+	87-89%	D	63-66%
B	83-86%	D-	60-62%
B-	80-82%	F	59% and below
C+	77-79%		

Assignment Descriptions

In-Class Activities (40 points)

These activities are designed to ensure that you are completing the reading and engaging in active learning and critical thinking about course concepts inside the classroom. They are also designed to help you prepare for class discussion. There are 12 assigned activities. I will drop your lowest 2 activity grades; therefore your activity grade will be based on 10 activities over the course of the semester. You may NOT make up activities (except for extreme emergency, such as hospital stay, extended illness (with doctor's note) etc.). Because I drop two activities, these will be your free ones to allow for any other situations that come up--car accidents, cold, flu, etc.—that result in you missing class.

Short Reflection Paper (10 points)

After you have had time to be introduced to this course, this paper is designed for you to think about your experience/identity/knowledge with health disparities thus far. I would like to know what you are thinking about class so far, hope to learn in this class, as well as what you may be nervous about. I use these papers to include topics of interest to you in my lectures and class activities as well as guide you according to your interests. I also use this paper to gauge your writing skills as a class in order to better prepare you for the research paper assignment. *An assignment sheet will follow.*

Class Participation/Involvement (40 points):

This class is designed for active student participation. I ask that students stretch themselves and try to be two things in our classroom: kind and curious. To be an active student requires you to step outside your comfort zone and learn about new ideas and use these new ideas to challenge your existing ideas. You can sensitively AND constructively critique and respond to students' work. This type of learning requires respectful listening and respectful sharing of your perspective. I frequently try to involve *all* students in class discussion, and I ask that you also encourage others to participate through active listening and discussion. *Every month, I will also update you on your progress in this area so that you know if and how you might improve if necessary.*

Involvement includes, but is not limited to, the following:

- Attending class regularly and on time (you are expected to attend all classes for which you are able for the duration of the class period)
- Being focused and practicing good listening skills
- Contributing to group discussion
- Participating relevantly and actively in class exercises
- Visiting office hours regularly to talk with me about class concepts, skills, and issues
- Relating class material to the “outside” world
- Not monopolizing discussion or discrediting others
- Demonstrating your understanding of course concepts as they apply to your in-class communication

In health communication courses, we often discuss materials that are sensitive (or even taboo): reproductive and sexual health, eating disorders, mental health, dying, etc. I ask that you consider sharing experiences from your life and/or from the lives of people you know (though you certainly don't have to if you are uncomfortable). Also, I encourage you to ask questions (even tough ones that I may not know the answer to). I will do the same. This type of learning will be a testament to the power of health communication in our lives and the communities in which we interact. I also encourage you to talk to me either in class or individually if you have any questions or concerns with this class.

2 Teaching Lessons (30 points – 15 points each)

For this assignment, you will work by with a partner(s) to teach two class lessons (around 30 minutes: 15 minutes for a presentation/15 minutes for a group activity) for your assigned topic. Each week, we will cover a health disparity. The first day of that topic will start with a student lesson to introduce us to the topic. This assignment is an opportunity for you and your team to choose a topic you are interested in learning more about and to use activities/materials/info that are relevant and interesting to you to relate the material to the class. This assignment is designed to be interactive, so I encourage you to think of ways to engage the class (including me). I also encourage you to discuss your lesson with me ahead of time. *An assignment sheet will follow.*

Research Paper (30 points)

For this assignment, you are to discuss a specific health disparity (e.g., health care access/discrimination, cancer mortality rates, suicide rates, depression, etc.) for a group that you know little about or have little contact with (e.g., LGBT, a racial/ethnic group, elderly, people with disabilities, etc.). For this paper, I would like you to:

- Analyze the communication problems that contribute to this health disparity for this particular group according to 3 large levels of human behavior (**micro-levels** (intrapersonal, interpersonal, family), **meso-levels** (organizational—school, church, workplace) and **macro-levels** (community (neighborhood, geographic location, global). You can choose the same topic that you chose for your teaching lesson, but this paper should reflect your individual effort and intellectual contribution. You should also try to analyze in a balanced way between all three types of levels (in other words, do not focus mostly on the micro-level).
- Explain why you think this health disparity isn't well-known or widely studied. *An assignment sheet will follow.*

Health Disparities Communication Campaign/Intervention (50 points)

For this assignment, you will choose a health disparity and focus on communication-based solutions using theory and a specific approach (or combination of approaches) used to reduce HD. You will briefly discuss the health disparity, and primarily focus on your solution. You will also discuss why your solution is novel in some way and why it might be more successful than previous interventions/campaigns. You will also consider unintended consequences of your intervention/campaign and how you might minimize them. In order to create a thoughtful, and

potentially effective intervention/campaign, you will need to research your topic/solutions carefully and thoroughly. *An assignment sheet will follow.*

Unit Descriptions

As you will see in the Course Schedule below, this class is divided into three units on Communication and Health Disparities: (I) Introduction to Health Disparities; (II) A Closer Look at Context, Communication, and Health Disparities; and (III) Communication Approaches to HD solutions. Each of these sections includes a unit assignments, which are meant to build upon one another and deepen your knowledge as you progress in the semester. *In addition to the brief descriptions above, assignment sheets outlining specific expectations for each assignment will be given during the semester.*

- **Introduction to Communication and Health Disparities:** The introduction to this course will create the foundation for addressing each type of health disparity as well the levels of health communication (i.e., interpersonal, organizational, global etc.), why communication is important within health, and important questions to consider as we move forward through each section.
 - **Intro Assignment:**
 - **Short Reflection Paper (due Thurs, 1/26):** 2-page paper (double-spaced, APA-style)

- **Unit I: Types of Health Disparities:** Our first unit includes an overview of research and practice on communication and the types of health disparities experienced within our world: Disability, Mental Health, Age, Geographic Location, Socioeconomic Status, Ethnicity Race, Gender, and Sexual Orientation.
 - **Unit I Assignments:**
 - **Teaching Lessons (due the night before you are to present):** 30-minute lesson with a partner(s) covering your topic and additional material that you find relatable, compelling, and interesting for the class. I will do my best to try to slot according to preference.
 - **Research Paper (due Thurs, 3/2):** 4-5 page paper (double-spaced, APA style) analyzing a health disparities topic more specifically and thoroughly and the communication problems associated with it. One example might be mental health among male soldiers while in service. This should be a topic of discovery for you though, one in which you can explore a perspective that may be different or unknown in comparison with yours. You will analyze this topic according to communication levels: micro, meso, and macro. This paper will incorporate 5+ peer-reviewed, journal research articles of your choosing. You may also include an interview with an individual who experiences this specific health disparity as one of your 5+ sources. *An assignment sheet will follow.*

- **Unit 2: Communication Approaches to HD solutions:** Our second unit includes an overview of research and practice on the types of campaigns/interventions in addressing health disparities on all levels of communication: personal, relational, organizational, communal, and global.
 - **Unit 2 Assignment:**
 - **Health Disparities Communication Group Assignment (paper due Wed, Apr 26; presentation due Thurs, 4/27):** Create a Health Disparities Communication Campaign that addresses a specific health disparity and translates basic research/theory (use journal articles as your foundation, incl. the articles read for class if you want). This project will consist of a group paper and in-class presentation. *An assignment sheet will follow.*

Course Policies

Late Papers and Make-up Work: Late papers are not generally accepted and will only be considered for what I consider to be **emergency** situations. **You must discuss these with me at least 24 hours prior to the due date.** If I choose to accept an overdue paper, it will receive a grade deduction of 10% for each day late (calendar days, including weekends). No late work will be accepted one week after due date. In-class activities cannot be made up.

In-Class Etiquette: Your timely presence is required in this course. Tardiness is disruptive to your fellow students and me. Please be sure to turn cell phones off before entering the classroom and avoid talking to your peers during class lecture and discussion. Talking/texting on the phone, reading non-course materials (e.g., the paper, readings for another class), surfing the web, checking Facebook do not contribute to a positive and active learning environment, and I will talk to you if I see them occurring. If they repeatedly occur, you may be asked to leave. These behaviors may also adversely affect your involvement grade. Laptops should only be used for note taking, if at all. If I see that you are going online during class I will ask you to stop bringing your laptop to class and to take hand written notes.

Accommodations: Students with disabilities are encouraged to contact the instructor for a confidential discussion of their individual needs for academic accommodation. It is the policy of the University of Nebraska-Lincoln to provide flexible and individualized accommodation to students with documented disabilities that may affect their ability to fully participate in course activities or to meet course requirements. To receive accommodation services, students must be registered with the [Services for Students with Disabilities \(SSD\) office](#), 132 Canfield Administration, 472-3787 voice or TTY. **I cannot accommodate you without SSD's official recommendation because they are the most knowledgeable and experienced in the best ways of helping you learn.**

Course Credit: Students taking this class pass-fail and Communication Studies majors must earn a grade of 73% (C) or better to receive credit for this course.

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. You will have ample opportunity to increase your grade throughout the semester with quiz and assignment grades. If at any time during the semester you would like to improve your grade, please seek guidance from me in advance of assignments.

Plagiarism: *Plagiarism means intentionally or knowingly representing the words or ideas of another as one's own.* This includes your own previous work. Plagiarism includes quoting or paraphrasing from other sources without acknowledging/citing the source of your information or presenting quoted material as your own words. You must be very clear about attribution of sources and you must know how to cite sources in a paper. Students who are unfamiliar with how to cite sources should purchase a style manual such as APA (American Psychological Association). Claiming lack of knowledge about standards for writing is not an acceptable excuse for plagiarism committed. Come to a faculty member for help if you are at all unsure about any of these issues or seek help at the UNL Writing Assistance Center: 472-8803, Anderson Hall 129. I want to see you succeed in this course, and in your overall future, so please start assignments early and seek help when you need it.

Violations of academic integrity are very serious matters and will result in automatic failure of the class. It is the policy of the Department of Communication Studies to file a report with the Dean of Students for any infraction (no matter how minor it may seem). The work a student submits in a class is expected to be the student's own work and must be work completed for that particular class and assignment. Students wishing to build on an old project or work on a similar topic in two classes must discuss this with both professors. If starting with work done by a group, students must have permission of those group members to use that work.

Academic dishonesty includes:

- Lazily/hastily taking notes and using someone else's language without citing it and/or using quotation marks.
- Handing in another's work or part of another's work as your own
- Turning in one of your old papers for a current class
- Turning in the same or similar past or current paper for two different classes
- Presenting a group project as your work solely
- Purchasing or otherwise obtaining research or papers written by another and turning that work in as your own
- Using unauthorized notes or other study aids or otherwise obtaining another's answers for an examination also represents a breach of academic integrity
- Sanctions are applied whether the violation was intentional or not. You must keep all your original data for projects (i.e. articles) and be prepared to present them to the professor when asked.

It is your responsibility as a student to familiarize yourself with and adhere to these guidelines in Section 4.2 of the Student Code of Conduct (see <http://stuafs.unl.edu/dos/code> for the university policies and descriptions of all academic dishonesty and

<http://www.unl.edu/writing/avoiding-plagiarism> for helpful tips on avoiding plagiarism). It is my responsibility to report any cases of cheating or plagiarism to the administration. All assignments must be your own original work and must be prepared specifically for this course.

Tentative Course Schedule

*All readings should be completed before class on the day a reading is due.

**Readings subject to change.

Week	Date	Content	Readings	Assignment Due
Introduction: Understanding Communication and Health Disparities (HD)				
1	T 1/10	Introduction to the Course Topic/Partner(s) for Teaching lesson submitted		
	Th 1/12	Overview of Health Disparities Topic/Partner(s) for Teaching lesson assigned		
Unit I: A Closer Look at Context, Communication, and HD				
2	T 1/17	Status of our Health Care Research paper assigned	DuPré (2016), Ch. 2 (pp. 19-39)	
	Th 1/19	<i>Disability & Health Disparities</i>		<i>Student lesson</i>
3	T 1/24	<i>Disability & Health Communication Theory</i>	Duggan & Bradshaw (2013)	
	Th 1/26	Out-of-Class Work Day: Work on Short papers and Research Papers		Short Paper Due 1/26 at 11:59 pm on BB
4	T 1/31	<i>Mental Health & Health Disparities</i>		<i>Student lesson</i>
	Th 2/2	<i>Mental Health & Communication Theory</i>	Fisher et al. (2012)	
5	T 2/7	<i>Age & Health Disparities</i>		<i>Student lesson</i>
	Th 2/9	<i>Age & Health Communication Theory</i>	Ward et al. (2008)	
6	T 2/14	<i>Geographic Location (urban, rural, suburban) & Health Disparities</i>		<i>Student lesson</i>
	Th 2/16	<i>Geographic Location & Health Communication Theory</i>	Pettigrew, Miller-Day, Krieger, & Hecht (2011)	
7	T 2/21	<i>Socioeconomic Status (SES) & Health Disparities</i>		<i>Student lesson</i>
	Th 2/23	<i>SES & Health Communication Theory</i>		
8	T 2/28	<i>Ethnicity/Race & Health Disparities</i>		<i>Student lesson</i>
	Th 3/2	<i>Ethnicity/Race & Health</i>	Levine & Ambady (2013)	Research Paper

		Communication Theory		due on BB Thurs, 3/2 at 11:59 pm
9	T 3/7	Gender & Health Disparities Unit 2 Group Project assigned		Student lesson
	Th 3/9	Gender & Health Communication Theory	Bell, Turchik, & Karpenko (2014)	
10	T 3/14	Sexual Orientation (LGBT) & Health Disparities		Student lesson
	Th 3/16	Sexual Orientation (LGBT) & Health Communication Theory	Kosenko (2010)	Anonymous mid-semester feedback due
11	T 3/21	Spring Break: No class (Enjoy!)		
	Th 3/23			
Unit 2: Communication Intervention Approaches to HD Solutions				
12	T 3/28	Community Engagement Approaches (e.g., Community-Based Participatory Research [CBPR])		
	Th 3/30	Community Health Workers	Chaidez & Palmer-Wackerly (2016)	
13	T 4/4	Faith-based initiatives	Hartwig (2013)	
	Th 4/6	In-class Group Work Day		
14	T 4/11	Group Meeting Day with me		
	Th 4/13	Health Advocacy & Activism	Wang, Burris & Ping (1996)	
15	T 4/18	Performance & Narrative, & Metaphors	Murphy et al. (2015)	
	Th 4/20		Krieger, Parrott, & Nussbaum (2011)	
16	T 4/25	In-Class Group Workday		Group Papers due on BB: Wed, 4/26 at 11:59 pm***
	Th 4/27	Group Presentations***		

*****There will be no final exam in this course. Your group paper/presentation is your final project.**

Appendix B: Teaching Lesson Directions & Rubric

Teaching Lessons: 30-minute lesson given with 1-2 partners during two weeks in Unit I. **Each person will be presenting 2x.**

When: Each student lesson will introduce the topic for the next 2 days. Your presentation should not cover that week's reading, but should present original material.

Purpose:

- (1) To learn more about a health disparity of interest and use materials/info/activities that are relevant and of interest to you and your peers;
- (2) To become more comfortable talking about health issues with a public audience using health communication techniques (e.g., education, promotion, etc.).

What: This is a flexible assignment. You can use whatever materials you think are appropriate to your purpose of the lesson (e.g., videos, activities, reflection writing, lecture). You can cover current event(s)/personal experiences that pertain to your topic; you can also discuss outside readings that you find interesting and relevant to your topic. Topics to address should include (but are not limited to):

- 1) What is this health disparity?
- 2) Why does this health disparity exist?
- 3) Where do we see this health disparity in our lives—think of the different levels of communication (e.g., personal, relational, organizational, communal, global)
- 4) Why should we address this health disparity as people, as families, as organizations, as communities, as U.S. and global citizens?
- 5) Ways in which communication helps/hurts this disparity?

Details:

- (1) The first 15 minutes of this presentation should be an introduction to health disparity
- (2) The second 15 minutes should engage your peers in some meaningful way to help us learn (and most importantly remember!) this health disparity.

Grading: Each lesson is worth 15 points.

I will be grading your lesson according to:

- 1) Level of professionalism/preparedness/relevance (do you stay on topic?)
- 2) Level of creativity/intellectual stimulation (includes level of research)
- 3) Level of empathy/perspective-taking (how well did you take the perspective of your represented social group?)
- 4) Level of engagement with class

Rubric	Level 3	Level 2	Level 1
Professionalism/ Mindfulness (3 points)	Presenters exceed requirements (dress, sensitivity, length, etc.). (3 points)	Presenters meet most requirements. (2 points)	Presenters are missing one or more requirements. (0-1 points)
Creativity/ Intellectual stimulation (4 points)	Expanded, thoughtful and concise discussion of outside material. Exceeds expectations. (3.25-4 points)	Meets expectations by answering all questions from assignment prompt. (2-3 points)	Responded to some of questions from assignment prompt. (0-1.75 points)
Relevance (4 pts)	All material relates to assignment topic/prompt. (3.25-4 points)	Some material relates to assignment topic/prompt. (2-3 points)	Little information relates to assignment prompt. (0-1.75 points)
Engagement (4 pts)	Presenters maintain high levels of eye contact and audience interest. (3.25-4 points)	Presenters mostly engage with the audience. (2-3 points)	Presenters engaged with audience somewhat or not at all. (0-1.75 points)

Appendix C: Short Reflection Paper Directions & Rubric

Intro to Health Disparities Comm Assignment: 10 points

Short Paper (due Thurs, 1/26 on BB at 11:59 pm): 2-page paper (double-spaced, APA-style) that addresses the following 5 reflections:

- 5) What aspects/topics of health disparities communication you think you are most interested in at this point and why.
- 6) In what ways have you had experience with health disparities in your life?
- 7) I want you to think of the messages you've received in your life about health. In what ways have you experienced certain health advantages/disadvantages because of who you are and where you live (i.e., think social determinants of health).
- 8) What questions you have about health disparities communication that you look forward to answering in the coming weeks.
- 9) Concerns you may have about this course or health disparities communication in general.

Please follow APA style in the following ways:

- 1-inch margins on all sides (make sure not 1.25 on side margins)
- Double-spaced
- 11- or 12-point font in readable font (e.g., Times New Roman)
- Page numbers
- If you cite any source, please cite in a references page on the last page
 - Alphabetical order by last name
 - See the Online Writing Lab at Purdue for more direction:
<https://owl.english.purdue.edu/owl/resource/560/01/>
- *Informal paper so no need for page header or cover page*

Short Paper Rubric

	Level 3	Level 2	Level 1
Format and length 3 points	Written response conforms to all format requirements. (3 points)	One format issue is present. (2 points)	More than one format requirement is missing. (1 point)
Thoughtful reflection 7 points	Expanded, thoughtful and concise discussion of relevant points from assignment prompt. Exceeds expectations. (6-7 points)	Meets expectations by answering all questions from assignment prompt. (4-5 points)	Responded to some of questions from assignment prompt. (1-3 points)

Appendix D: Research Paper Directions & Rubric

Research Paper Assignment: 30 points

4-6 pages (double-spaced, APA style)

Due on Blackboard: Thurs, 3/2 at 11:59 pm

1. Choose a health disparity and specific context that you would like to analyze and that you know little about:

This should be a topic of discovery for you, one in which you can explore a perspective that may be different or unknown in comparison with yours.

- a. E.g. Sexual Assault against women (gender HD) in the military
- b. E.g. Cancer in rural areas (rural HD) in Appalachia or Nebraska

2. Analyze your HD in your specific context according to all levels of communication:

Specifically and thoroughly analyze a health disparities topic and the communication problems associated with it

- a. Micro-levels (intrapersonal/individual, interpersonal)
- b. Meso-levels (small groups—family, friends; intergroup, organizational)
- c. Macro-levels (community, policy/mass/global)

3. Use 5+ peer-reviewed scholarly texts in health communication (e.g., journal articles, book, book chapters) that support your analysis, claims, info

- a. Briefly summarize your health problem in your health context (~1 page)
- b. Use remaining pages to analyze (i.e., discuss how/why) communication contributes to this HD in this specific context.
- c. Your articles should be used to support both your health problem description and your analysis, but vast majority of your paper should be devoted to your analysis
- d. You can use a first-person interview as one of your 5+ sources.
- e. You may include other credible sources as additional sources beyond the 5+ peer-reviewed sources (e.g., newspaper, magazine, nonprofit organization)
- f. ***This may take considerable time to find appropriate articles to support your claims, so I encourage you to research early.

4. APA style: This is a professional document

- a. Tips: <https://owl.english.purdue.edu/owl/resource/560/18/>
- b. Include a cover page, header, and page numbers
- c. 1-inch margins
- d. Double-spaced
- e. Correct format for in-text citations and references page

5. Helpful resources (including but not limited to):

- a. *Health Communication*
- b. *Journal of Health Communication*
- c. *Journal of Communication*
- d. *Communication Monographs*
- e. *Health Psychology*
- f. *Health Expectations*

- g. *Human Communication Research*
- h. *Patient Education & Counseling*
- i. *Social Science and Research*
- j.

Rubric: Research Assignment (30 points)

	Level 3	Level 2	Level 1
Format and length (6 points)	Written response conforms to all format requirements. (5-6 points)	One format issue is present. (3-4 points)	More than one format requirement is missing. (1-2 points)
Summary of topic and health issue (e.g., TV show and health topic) (6 points)	Expanded, thoughtful and concise summary/discussion of relevant points of the health issue in source material. (5-6 points)	Satisfactorily identified main points related to health issue in source material. (3-4 points)	Little summary of health issue in source material. (1-2 points)
Accurate/ethical use of journal articles to support evidence in paper (8 points)	Expanded, thoughtful and concise discussion of relevant journal evidence. (7-8 points)	Satisfactorily identified main points relevant to journal evidence. (4-6 points)	Little summary/discussion of journal evidence (1-3 points)
Analysis of Health Disparity & Communication (10 points)	Clear, concise, and thoughtful analysis of all comm levels regarding HD in a specific context. Thoroughly incorporates course concepts to enhance analysis. (8-10 points)	Generally connects course concepts and topic to the HD communication. Could have better elaborated and explained connections. (5-7 points)	Connection between comm levels, HD context, and course concepts were only vaguely identified or were not explored. (1-4 points)

Appendix E: Health Disparities Communication Campaign/Intervention & Rubric

Group Project Assignment: Health Disparities Communication Intervention/Campaign
Group Paper and PPT due Wed, 4/26 on BB at 11:59 pm **50 points**

- 1) Chose a group of 2-3 classmates
 - a. Paper length (APA style): 5-6 pages (35 points), double spaced
 - b. PPT: 8-10 minutes (15 points)
 - c. Total project: 50 points

- 2) Identify one specific health disparity or intersecting health disparity and how you would like to create a health communication intervention/campaign around it. This topic should have some relevance to your audience either through Nebraska, college-age students, etc. (e.g., Black female students; transgender students).

- 3) **Complete the health communication campaign/intervention analysis: Due Thurs, Apr. 11**
 - a. How would you define the health disparity?
 - b. What are the communication problems that are contributing to this health disparity (from multiple levels using the socio-ecological level)?
 - c. Who is the target of this campaign (which people, demographics, etc.)?
 - d. What is the need for this campaign? (e.g., What solutions are out there that aren't working? What solutions are out there that have worked?)
 - e. Identify 1+ locus of solution (How you intend to bring about change? Think about where the problem exists. For example, is it individual choice, relational, organizational, or policy barriers that are the problem?):
 - f. How will you involved the community in your campaign?
 - g. How will you consider culture in your campaign?
 - h. Who might be resistant to your campaign? How do you intend to minimize this resistance?

- 4) **Cultural Analysis: Barriers & Facilitators to your health behavior** (e.g., encouraging STI testing among college MSM).
 - a. Focus on Communication.
 - b. What are the cultural barriers to engaging in your health behavior
 - c. What are the cultural facilitators that you can use as gateways of trust-building for your health behavior
 - i. Explain why this approach is important to the identified health disparity/communication issues.
 - d. Explain how and why your campaign is a realistic solution for the targeted population (e.g., financially sustainable, etc.)

- 5) Find 5+ peer-reviewed sources to support discussion/analysis of your health problem, communication problems, solutions, theories, need for campaign, similar campaign, etc.
 - a. It is up to you how you weave these sources in, but all claims should have credible research to support them.
 - b. Focus should be on communication

Rubric: Health Disparities Communication Intervention/Campaign Group Paper (35 points)

	Level 3	Level 2	Level 1
Paper Format and Length (5 points)	Written response conforms to all format requirements. (4-5 points)	One format issue is present. (2-3 points)	More than one format requirement is missing. (0-1 point)
Accurate/ethical use of journal articles and citations (7 points)	Thoughtful and concise use of relevant journal evidence and citation style. (6-7 points)	Satisfactory use of journal evidence and citation style. (4-5 points)	Little use of journal evidence and citation style. (0-3 points)
Cultural Perspective-Taking (5 points)	Exemplary in empathetic respect and perspective-taking toward cultural group experiencing health disparities. (4-5 points)	Satisfactory in empathetic respect and perspective-taking (2-3 points)	Little effort in empathetic respect and perspective-taking (0-1 point)
Analysis of Health Disparity and why it exists (5 points)	In-depth, concise analysis of health disparity and why it exists relative to communication. (4-5 points)	Satisfactorily analyzed health disparity and why it exists, relative to communication. (2-3 points)	Little analysis of health disparity and why it exists, relative to communication. (0-1 point)
Cultural Consideration of Barriers and Facilitators (5 points)	Expanded, thoughtful and concise analysis of relevant cultural barriers/facilitators to engaging in health behavior. (4-5 points)	Satisfactorily identified and analyzed main cultural barriers/facilitators to engaging in health behavior. (2-3 points)	Little analysis of cultural barriers/facilitators to engaging in health behavior. (0-1 points)
Campaign Analysis (8 points)	Expanded, thoughtful and concise summary of campaign and	Satisfactorily identified main points of campaign and communication.	Little summary of campaign and communication.

Rubric	Level 3	Level 2	Level 1
Professionalism/ Mindfulness (3 points)	Presenters exceed requirements (dress, sensitivity, length, etc.). (3 points)	Presenters meet most requirements. (2 points)	Presenters are missing one or more requirements. (0-1 points)
Creativity/ Intellectual stimulation (4 points)	Expanded, thoughtful and concise discussion of outside material. Exceeds expectations. (3.25-4 points)	Meets expectations by answering all questions from assignment prompt. (2-3 points)	Responded to some of questions from assignment prompt. (0-1.75 points)
Relevance (4 pts)	All material relates to assignment topic/prompt. (3.25-4 points)	Some material relates to assignment topic/prompt. (2-3 points)	Little information relates to assignment prompt. (0-1.75 points)
Engagement (4 pts)	Presenters maintain high levels of eye contact and audience interest. (3.25-4 points)	Presenters mostly engage with the audience. (2-3 points)	Presenters engaged with audience somewhat or not at all. (0-1.75 points)
	communication. (7-8 points)	(4-6 points)	(0-3 points)

Rubric: Health Disparities Communication Intervention/Campaign Group PPT (15 points)

Appendix F: Analysis of Student Learning

1. Thematic Analysis/Coding of Short Reflection Paper: 1=yes/0=no

Student number	Student defined Health Disparities accurately	Student analyzed 1-2 levels of communication	Student analyzed 3 levels of communication	Student analyzed 4-5 levels of communication
1	0	1	0	0
2	1	1	0	0
3	1	1	0	0
4	1	1	0	0
5	1	0	1	0
6	1	1	0	0
7	1	0	1	0
8	1	0	0	1
9	1	1	0	0
10	1	0	1	0
Total	9	6	3	1

2. Student Rubric Scores/Coding for 2 Teaching Lessons

Student number	Student score for Teaching Lesson 1 (out of 4)	Student score for Teaching Lesson 2 (out of 4)	Student Learning Outcome*
1	3.25	2.5	4
2	3.25	2.5	4
3	2.5	4	3
4	3.25	2	4
5	2	2	2
6	2	2	2
7	3.25	4	3
8	4	4	1
9	3.25	2	4
10	4	4	1

* 1 = thorough learning; 2 = static, incomplete learning; 3 = improved learning; 4 = decreased learning

3. Research Paper Rubric Scores (out of 10)

Student number	Proficient (8-10 points)	Competent (5-7 points)	Novice (0-4 points)
1	0	5	0
2	0	0	4
3	0	0	2
4	10	0	0
5	8	0	0
6	0	6	0
7	0	0	4
8	0	0	4
9	8	0	0
10	10	0	0

4. Health Disparities Communication Campaign/Intervention Paper and Presentation Rubric Scores

Group number	Paper Score (out of 5)	Presentation score (out of 4)	Total score (out of 9)
1	5	4	9
2	3	4	7
3	5	4	9
4	5	4	9

