
CULTURAL APPROACHES TO HEALTH COMMUNICATION

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INTRODUCTORY ESSAY

"Cultural Approaches to Health Communication" is a three-hour, upper-division undergraduate face-to-face course focusing on intercultural issues related to health communication. This course has also been taught as a joint course for upper-division undergraduate and Master's students. This course can be part of a sequence of courses in a health communication major and minor, where students are required to take an introduction to health communication course before enrolling in this course, or as a stand-alone class for advanced students. The course can also be included as an elective course for health science, nursing, and other pre-professional health majors. The author has taught this course every year for 10 years. Over those 10 years, she has had communication, nursing, business, pre-veterinary, biology, health science, and writing majors. The class typically meets twice a week for 75 minutes each day and is taught by a professor with knowledge of and a doctoral degree in health communication.

There are two major concepts guiding the organization, topics, and assignments of this course: cultural health competence and the Culture-Centered Approach to health communication. Cultural health competence focuses on how providers and patients work together to identify care options which are culturally sensitive, acknowledging patients' and providers' similar or different cultural backgrounds and perspectives (Ahmed & Bates, 2007, 2010; Ahmed, Bates, & Romina, 2016; Betancourt, 2004). There is a heavy emphasis on patient empowerment and involvement in care recommendations (Ahmed & Bates, 2012). The course readings and assignments require students to oscillate between perspectives, considering the variety of perspectives which could impact a cultural health interaction. This is especially important for students who are pre-professional health students because cultural competence is a key priority for several professional health organizations, such as the American Medical Association and American Nursing Association. The second major concept guiding the course is the Culture-Centered Approach. The Culture-Centered Approach is a communication approach which examines the ways cultural meanings about health are co-constructed and enacted by cultural members and the structures and institutions that marginalize and enable those cultural meanings (Dutta, 2008). This approach looks at the interplay between culture, structures, and cultural members' agency to act. Additionally, this critical approach allows students to see how marginalization and disenfranchisement happen in health as well as how cultural members can challenge those disparities. Readings and assignments tied to the Culture-Centered Approach help students critique their own health system, see how Western approaches to health can marginalize individuals, and how to find ways to enact culturally appropriate health care.

The course is divided into two distinct units: (1) foundations of health communication and culture and (2) communication issues related to specific health cultures. In the first half of the semester, students learn foundational concepts, including Western biomedical and ethnocultural approaches to health, the role of othering in health care, cultural health competence, the two major theories used in cultural health communication (Culture-Centered Approach and the PEN-3 model), the role of spirituality and religion in

health, and different illness and healing models. All of these foundational concepts are connected to health communication and patient-provider interactions. Students learn broadly about how different cultures communicate about illness, seek out health treatment, and how cultural barriers and stereotypes influence health care. This unit relies on contemporary examples, such as food deserts and vaccinations, and students' experiences with illness to help tease out the meaning in health behaviors. The first assignment in the course, the "Illness and Culture Fact Sheet," helps students learn about a specific cultural health issue in the context of these foundational concepts. Additionally, reading and analyzing the popular press book *The Spirit Catches You and You Fall Down* helps students to connect course material to everyday health experiences.

The second unit examines specific health cultures. The main textbook for the class (Spector, 2012) divides cultural groups based on race or ethnicity, which is the most traditional way to conceptualize culture. At this point in the semester, students have a more complex understanding of culture; however, this framing allows students to connect that complex understanding to specific health cultures. The readings in this unit focus heavily on disparities in health seeking and treatment, underscoring the specific disparities different cultural groups experience. Along with the textbook chapters, each cultural group also has an additional academic article focusing on a specific health issue related to groups in the culture. This allows students to have a more in-depth discussion of cultural groups and health. This unit specifically focuses on cultural health issues as they happen in the United States. It is important to understand how individuals of different cultures living in the US engage in their own culture's health practices, but also how that impacts health practices in the US. This is especially important for pre-professional health students in the class who will interact with patients from a variety of different cultures while practicing in the US.

Throughout the semester, the author also has guest speakers come into the class to talk about specific health issues related to cultural groups. Over the past 10 years, she has had rural health providers come to talk about treating Appalachian patients, the manager of an Ozark, Missouri food bank talk about food deserts, a level-3 Reiki healer talk about Reiki and other complementary and alternative medicines, an African American provider talk about contemporary discrimination in health, a Latino patient talk about tensions between how Latinx cultures and White providers understand health and healing, and the director of a mobile health clinic talk about issues of poverty and race when providing care to multicultural populations. Some of these guest lectures are delivered face-to-face and others are over Skype. Guest lecture presentations are based on speakers' availability, so the number of guest lectures vary each semester.

SYLLABUS

CULTURAL APPROACHES TO HEALTH COMMUNICATION

COURSE DESCRIPTION AND LEARNING OBJECTIVES

Health providers, consumers, educators, and scholars are faced with the unique challenge of negotiating, delivering, evaluating, and designing health messages to multicultural populations. As you will discover in this course, pervasive health disparities still exist and disenfranchise numerous groups. The purpose of this course is to examine the influence of culture on communicative aspects of individuals' health. While the notion of health is broadly conceptualized, our interest and focus lie at the intersection of health, communication and culture. This course poses several questions, including: how do peoples' cultural beliefs impact their physical and socio-cultural well-being?; how do cultural health beliefs play out on patient-provider interactions?; and how do health practitioners design and evaluate health messages

based on culture? Through readings, discussion, and activities, this course seeks to (1) engage and problematize how culture influence communication about health issues and in health experiences and (2) help you analyze and critique underlying cultural discourses and practices.

Specifically, you will...

- Learn multiple ways of defining and approaching cultural health competence including the Culture-Centered Approach.
- Distinguish what communication processes and practices are thought to facilitate effective versus ineffective cross-cultural health interactions.
- Recognize the way your culturally derived health and illness beliefs and values impact upon your health practices and communication.
- Learn about institutional and structural barriers to culturally competent health care
- Examine how health beliefs and values and communication are culturally, socially, and environmentally constructed.
- Build cultural health competence by examining your illness beliefs and values, diverse explanatory models for illness and values surrounding illness, western medicine intersections with traditional healing, and issues of health equity and health justice surrounding health disparities.
- Assess diverse ways that western medicine has begun to embrace and combine with traditional healing as well as the experience of those who work within and live within the intersections between western and complementary medicine.
- Be able to explain the social, political, environmental, and health communication practices that contribute to health disparities.
- Effectively argue for the consideration of culture in health practices and communication.

REQUIRED TEXTS

Spector, R. E. (2012). *Cultural diversity in health and illness* (8th ed.). Upper Saddle River, NJ: Pearson.

Fadiman, A. (1997). *The spirit catches you and you fall down*. NY: Farrar, Strauss, Giroux.

Additional readings are available on the class Blackboard (BB) page.

We will also be watching these **two videos** in class:

Aronson, J. (Producer), & Aronson, J. (Director). (2000). *Sound and fury* [motion picture]. United States: Next Wave Films.

Diaz, J., Gray, K., Weinraub, C. (Producers), & Sawyer, D. (Anchor). (2009, February 13). A hidden America: Children of the mountain [Television broadcast episode]. *ABC's 20/20*. NY: ABC News.

PHILOSOPHY ON LEARNING

"This is what knowledge really is. It is finding out something for oneself with pain, with joy, with exultancy, with labor, and with all the little tickling, breathing moments of our lives" – Thomas Wolfe

I believe that learning should evoke a variety of feelings and emotions and should be both rewarding and challenging. Like Thomas Wolfe, I envision the learning process as just that—a process. There is no “final outcome” in this process—learning is ongoing and constant. Moreover, learning, like life, is full of

ambiguity and uncertainty—there is no rubric for life. I will push you to think differently and critically about issues. You may not agree with or be uncomfortable with all ideas presented in this class—that is fine. But I do want you to know how *and* why you feel about a certain issue.

"Education, to be education, requires a sense of the uncertain and the unknown. Its greatest enemy is not ignorance, but expertise." –George W. Johnson

Likewise, this is your time to fully take in knowledge, read, and ask questions. Higher education is about embracing what we don't know and then going out to learn it! Obviously, I love learning—I wouldn't be here if I didn't. I know you are busy with other life events, but remember that these four or five years are meant to be a time for you to seek out and develop expertise, to become master ideas, critical thinking, and skills (or at least become proficient in them). Don't waste this time—use it to begin your journey to becoming an expert!

You are responsible for your education—you make your own choices (which means that you have to appreciate the positive and negative consequences of those choices). I will teach you what I know, but it is up to you how much you choose to think about and use it.

PARTICIPATION AND CLASS ETIQUETTE

This class is taught using active learning strategies. Translation: participation is key! There are many different ways students can participate in this class.

- **Class preparation:** Everyone is expected to come to class having completed the reading for the day. The syllabus states when a reading is due and participation is difficult when no one reads and comes prepared to talk about the reading. You will be responsible for reading and understanding all class material. If you have questions about the reading, make sure to ask them.
- You should always be prepared to **answer a question or participate in class discussion**. "I don't know" isn't an acceptable answer. You don't need to have course material memorized, but you need to know where to find an answer if you don't know it. You can expect lots of class discussions, so be prepared!
- As a member of the university learning community, you have **a responsibility to others** who are members of the community. When students play games on their computers, have Facebook or other social media sites open and active, it disrupts class and prevents you from focusing on the class at hand. I find such things to be disrespectful.
- **All cellphones need to be on silent** (not just vibrate because we can still hear them). As much fun as a dance break is, it is disruptive to learning.
- **Class behavior:** When in this class, you are expected to be here. Participation does not mean physical attendance; it means mental attendance, too. This means that you avoid behaviors like:
 - Not arriving to class on time/chronic tardiness
 - Side conversations with classmates, especially during group presentations
 - Studying for another class/doing homework for another class while in this class
 - Daydreaming
 - Packing up before it is time to leave
 - Sleeping
 - Texting
 - Playing computer games, Candy Crush, being on Facebook, etc.

ATTENDANCE AND LATE WORK

Learning happens most when you want to be in class and are ready for the journey. I want you to want to be here and you should limit how much you miss. I will keep attendance only for reporting purposes. As an upper division course, there is no required attendance policy for this class. However, per university policy, all students must attend the first week of class or you will be unenrolled from the class.

That being said, every day you are not in class is a day you lose out on participation. You can't participate if you are not present. Participation is not based on whether you participated *when* you decided to come to class. It is based on the entirety of the semester. In other words, if you miss 2/3 of class, but participated a lot in the 1/3 you were there, don't expect a good participation grade.

On the days when you do miss class (or arrive late/leave early), it is your responsibility to get lecture notes, handouts, etc. from your classmates. I do not post PowerPoint slides on Blackboard. Please do not come to my office hours or e-mail expecting me to tell you everything you missed—I don't "reteach" classes in person or via e-mail. However, I will talk with you about any material you have questions about after you have looked over the notes, handouts, etc. Also, please note that I make important announcements at the start of class. These are usually in the syllabus or posted on Canvas, so if you miss them, there are other places to look.

You are responsible individuals and, in the workplace, late work is just not accepted. The same is true for this class. Forgetting your assignment on your printer, forgetting an assignment was due, etc. does not count. Class starts at 8:00 am, not when you decide to arrive for class. All assignments are due at the start of class. I do not accept late assignments unless previously discussed and approved. All assignments must be turned in hard copy.

BLACKBOARD

This class has an active Blackboard site. I am striving limit the amount of paper used in this class, so many of the things you will need will be available on the Blackboard site. Also, many of the assignments for class will be turned in on Blackboard. It is noted in syllabus if an assignment is to be turned in on Blackboard or in hard copy. Make sure to regularly check the site for copies of handouts, readings, announcements, assignment explanations, and rubrics.

CLASS ACCOMMODATIONS

If you need an accommodation based on the impact of a disability, you should contact the Office of Disability Services if you have not previously done so. Disability Services will provide you with an Access Plan Letter that will verify your need for services and make recommendations for accommodations to be used in the classroom. Once you have presented me with this letter, you and I will sit down and review the course requirements, your disability characteristics, and your requested accommodations to develop an individualized plan, appropriate for our class.

I will give reasonable and appropriate accommodations to students requesting them on grounds of religious observation. The faculty member determines what accommodations are appropriate for his/her course. Students should notify the faculty of potential scheduled absences. We will work together to determine what mutually acceptable alternative methods exist for completing the missed class time. Contact the Office of Equal Opportunity if you have additional questions.

ACADEMIC HONESTY

When you make references to the ideas of others, it is essential to provide proper attribution and citation. Failing to do so is considered academically dishonest, as is copying or paraphrasing someone else's work. The consequences of such behavior will lead to consequences ranging from failure on an assignment, to failure in the course, to dismissal from the university. Because the disciplines of the humanities value collaborative work, you will be encouraged to share ideas and to include the ideas of others in our papers. Please ask if you are in doubt about the use of a citation. Honest mistakes can always be corrected or prevented.

Academic dishonesty is not limited to plagiarism. It also includes behaviors such as cheating on exams, taking exams or doing homework for someone else, selling course material, buying assignments, making up excuse letters, claiming to have submitted work when you did not, reusing assignments or papers written for another class in this class (self-plagiarism), etc.

ADDITIONAL INFORMATION FOR SUCCESS

- * This is a points-based class, not a percentage-based class. Please keep that in mind as you are keeping track of your grade in this class.
- * I grade based on product, not effort. It doesn't matter how much time you put into something if you are not creating and turning in a high quality product that demonstrates an understanding of course material.
- * By signing up and staying in this class, you accept the responsibility of knowing the course material, including the material on this syllabus. It is your responsibility to know when assignments are due, to know what the course attendance policy is, and to know if something is not clear. By staying in this class, you are agreeing to an informal contract to respect the rules and assignments of this class.
- * If you have a question, ASK. I am not psychic, so if you don't tell me you don't understand, then I won't know. Likewise, it never hurts to double check things just to make sure you are on the right track. However, do not ask something that you could easily look up yourself (a due date, reading, etc.).
- * One thing that is important for success in the working world is resourcefulness. By resourcefulness, I mean figuring out things on your own and making the effort to learn. Don't know a word in the reading? Instead of waiting for class to ask what it means, look it up. Not sure how to do something? Look it up. I want students to make an effort. Now is not the time to be lazy or rely on others to do what you can/should do. Although I cannot grade you on your ability to be resourceful, you will be evaluated on it in the workplace.
- * Work on having and maintaining a positive attitude. In the workplace, you are evaluated on your attitude, so now is a great time to work on that. I know that not everyone will love every topic, but they are all to help you succeed. I come to my workplace (the classroom) with a positive attitude and I want you to strive to do the same. It helps to improve the climate of the classroom and helps you to learn.
- * Many assignments are graded based on (1) completing the required elements of an assignment AND (2) how well you complete the assignment (quality of your work). Simply following directions (using APA, having the required parts of a paper, etc.) DOES NOT mean that you will receive an A on an assignment.

COURSE ASSIGNMENTS AND GRADES:

Notes on Written Assignments:

All written assignments (1) must be word processed and proofread for errors, (2) must follow the APA 6th edition style manual guidelines when applicable (see a style manual for assistance with this), and (3) must be submitted on the due date unless otherwise noted. **(4) I have course policies for a reason and do apply them to students.** (5) Be sure that when turning in an assignment that you **keep a copy of the assignment**; sometimes assignments do get lost. (6) Please keep in mind that page expectations for assignments are not absolute maximum requirements; however, they do indicate approximately how much development should be involved in preparing an acceptable assignment. You should meet **at least** the minimum page requirements.

The following assignments will be completed by each student. All written and performance assignments must be completed to receive a passing grade in the course.

<u>ASSIGNMENTS</u>	<u>POINTS POSSIBLE</u>
Illness and Culture Fact Sheet	30 points
<i>Spirit</i> Paper	100 points
Annotated Bibliography	50 points
Final Position Project (Paper and Podcast)	150 points
Exams (2 @ 60 points each)	120 points
Research Participation	50 points
Participation	50 points
TOTAL	550 pts

The following grading scale will be used in this course:

A	550-511	C	417-401
A-	510-495	C-	400-385
B+	494-473	D+	384-363
B	472-456	D	362-346
B-	455-440	D-	345-330
C+	439-418	F	329-0

ASSIGNMENTS:

ILLNESS AND CULTURE FACT SHEET (30 POINTS)

Throughout the semester, we will talk about many different health issues that impact different cultural groups. However, there are some health issues that are unique to these cultural groups. This assignment

is designed to allow you and a classmate to explore a unique cultural health issue in-depth and create a "quick guide" for the general public about this issue.

For this assignment, you need to:

1. Select a cultural health issue (example from previous classes: skin whitening in Asian populations, sickle cell anemia in African American populations, Mountain Dew Mouth in Appalachian populations, etc.). Find something you find interesting!
2. Research this topic, relying primarily on academic or medically based (such as WHO, CDC, etc.) sources (Reminder: Wikipedia or random websites do not count as a reliable academic source).
3. Create a 1-2 fact sheet for your topic, highlighting the cultural and communicative issues, along with the basics of the health issue.

You should also include an APA reference list of all the sources you used to put together your fact sheet.

SPIRIT CATCHES YOU AND YOU FALL DOWN PAPER (100 POINTS)

The Spirit Catches You and You Fall Down presents a harrowing tale of what happens when different cultures understand health experiences differently. Fadiman recounts the true story of Lia, a young Hmong girl who is caught in the middle of American and Hmong healing cultures trying to treat and stop her epilepsy. For this paper, you will examine the role of cultural health competence in the clash between American and Hmong healing cultures. This paper should be between 6-8 pages. Be sure to use specific examples from Fadiman's book and course material to help explain your ideas.

For this paper, you will:

1. Provide a brief (no more than 1-2 pages) summary of the book, and
2. Using course material, discuss the cultural health communication collisions in the book, highlighting how the different cultural beliefs contribute to misunderstandings and conflicts. Make sure to include examples from the novel to illustrate your analysis and to explain how those examples connect with your analysis.

ANNOTATED BIBLIOGRAPHY FOR FINAL POSITION PAPER (50 POINTS)

The purpose of this assignment is to familiarize yourself with a specific health communication and culture topic which you can write a position paper on. You are to compile an annotated bibliography of 10 sources related to your topic. You should strive to have all communication sources, if possible; however, depending on your topic, you might have to turn to other academic sources. The annotated bibliography will be prefaced by a general introduction. Each bibliographic entry will be followed by a brief, evaluative summary. I will provide samples of annotated bibliographies on Canvas. **ALL sources must be academic sources, either from peer-reviewed academic journals or academic books. You can have additional professional sources (CDC, etc.), but these do not count toward your 10 sources.**

FINAL POSITION PAPER PROJECT (150 POINTS)

There are two components of this project: the position paper (100 points) and the podcast (50 points). The final paper for this class is a position paper. In the position paper, you are making an argument: why we need more funding for a topic, why we need policy change related to a topic, etc. For example, students have written position papers on why their university needs gender neutral bathrooms to accommodate trans* students, why drone pilots need PTSD treatments, and the importance of mobile health clinics on rural health populations. This should be a culmination of the work you have done over the course of the semester on your topic (and based on the sources from your annotated bibliography). Your paper should have a cover page and running head and conform to APA standards (6th edition). The

cover page should include your word count. You must cite all sources you use in this paper, which should be the sources from your annotated bibliography.

The paper should be between 1500 and 2500 words (not including references or title page) and have a limit of 10 sources. The position paper format is based on white papers produced by the CDC.

The outline for the paper should be:

- I. Introduction (where you clearly state your position/act to come)
- II. Background/Literature Review
- III. Discussion and Recommendations
- IV. References

The second part of the final project is a podcast. A popular format for communicating about health issues is the podcast. There are dozens of different health podcasts (my favorite is the National Library of Medicine's Here to Your Health) and you could easily find yourself in charge of an organization's podcast (or running your own!). Podcasts are a great alternative to report information to the general public. You will write and record a podcast (about 3-5 minutes) based on your position paper. You will turn in a final copy of the transcript and a copy of the recording. You should then write the script for your podcast after you have completed the final paper. This script should be written as you would talk (as you will use it to record) and be written for the average everyone person to understand.

EXAMS (2 @ 60 POINTS EACH)

There are two take-home exams in this class. Each exam will ask you to answer a set number of questions related to specific readings. Each take-home exam will be posted on Canvas. Exam #1 focuses on the first unit of the class (foundations of health communication and culture) and Exam #2 focuses on the second unit of the class (specific health cultures and groups).

PARTICIPATION (50 POINTS)

Attendance and participation are two different things. Attendance means showing up for class; participation means actively engaging the material with the class. In a discussion-based class, participation is key. In this class, we will have discussions and in-class activities that require you to not only be here, but to actively engage the material with your classmates and me. Along with the written and spoken assignments for this class, you will be evaluated on your participation in the class. Participation will be evaluated in two ways: frequency and quality.

RESEARCH PARTICIPATION (50 POINTS)

The department is committed to supporting research. In this course, we've read several studies related to health communication and culture. Because this is an advanced course, you have all completed at least one if not two research methods courses, so you know the importance of research in communication. For this assignment, you should complete 3-5 studies on the department's research participant pool (whatever gets you to 2.5%). You cannot complete your own studies in other classes, nor can you turn in completion reports for studies completed in previous semesters. All completed studies must be dated for this semester.

For this assignment, you will complete the studies and turn in your completion report at the end of the semester. You will also reflect on the experience of participating in one of the studies by writing a 1-page reflection, discussing the purpose of the study (topic, method, etc.), what kinds of questions were asked, and what it was like answering them.

TENTATIVE DAILY SCHEDULE**(Schedule is subject to change)**

<u>DATE</u>	<u>TOPIC AND READINGS</u>	<u>ASSIGNMENT</u>
Week 1	Syllabus overview, course introduction	
Week 1	The Culture-Centered Approach to Health <i>Dutta, Chapter 2 (BB); Oeztel (BB)</i>	
Week 2	Introduction to health communication and culture <i>Chapter 1</i>	
Week 2	Introduction cont'd <i>Johnson et al. (BB)</i>	
Week 3	Theoretical approaches to health and culture <i>Dutta, Chapter 3 (BB)</i>	Position Paper topic paragraph due (typed, in class)
Week 3	Theoretical approaches to health and culture <i>Airhihenbuwa (BB)</i>	
Week 4	Theoretical approaches to health and culture <i>Chapter 14; Ahmed & Bates (BB)</i>	
Week 4	Health and illness <i>Chapter 4</i>	Illness and Culture Fact Sheet due (online via BB)
Week 5	Health and illness cont'd	
Week 5	Health and healing <i>Chapter 5</i>	
Week 6	Health and healing <i>Chapter 6</i>	
Week 6	Writing position papers	Exam #1 posted on BB
Week 7	Health cultures: American Indian and Alaska Native populations <i>Chapter 9</i>	

Week 7	American Indian and Alaska Native populations cont'd <i>Oeztel et al. (BB)</i>	
End of Week 7	Exam #1 due via Blackboard by 5:00 pm	
Week 8	Health cultures: Black populations <i>Chapter 11</i>	
Week 8	Black populations cont'd <i>Campo & Mastin (BB)</i>	Annotated Bibliography due (online via BB)
Week 9	Health cultures: Hispanic populations <i>Chapter 12</i>	
Week 9	Hispanic populations cont'd <i>Wilkin et al (BB)</i>	
Week 10	Health cultures: Middle Eastern populations <i>Abdulrahim & Ajrouch (BB)</i>	
Week 10	Health cultures: Asian populations <i>Chapter 10</i>	
Week 11	Asian populations cont'd <i>Sentell et al. (BB)</i>	
Week 11	Asian populations cont'd <i>Hmong and health (Spirit reading debrief)</i>	Spirit paper due (online via BB)
Week 12	Health cultures: White populations <i>Chapter 13</i>	
Week 12	Health cultures: White populations <i>Greene & Brinn (BB)</i>	Final Paper Draft due (optional- for feedback only) - via email by 5 pm
Week 13	NO CLASS- BREAK (Thanksgiving or Spring Break)	
Week 13	NO CLASS- BREAK (Thanksgiving or Spring Break)	
Week 14	Health cultures: Appalachian health <i>Video: Children of the Mountain</i>	

Week 14	Health podcasts- writing scripts, recording, and editing	Research Participation due (hard copy)
Week 15	Health culture: Deaf culture <i>Coopman (BB)</i>	
Week 15	Health cultures: Deaf culture <i>Video: Sound and Fury</i>	Final Project due (online via BB)

Final Exam: Thursday, December 15, 8:00-10:00 am: Exam #2 Due (online via BB)

BLACKBOARD READING LIST (IN APA ORDER, NOT DAY ORDER):

- Abdulrahim, S., & Ajrouch, K. (2010). Social and cultural meanings of self-rated health: Arab immigrants in the United States. *Qualitative Health Research, 20*(9), 1229-1240. doi: 10.1177/1049732310371104
- Ahmed, R., & Bates, B. R. (2010). Assessing the relationship between patients' ethnocentric views and patients' perceptions of physicians' cultural competence in health care interactions. *Intercultural Communication Studies, 19*(2), 111-127. Retrieved from <http://web.uri.edu/iaics/iaics-journal/>
- Airhihenbuwa, C. O. (1995). *Health and culture: Beyond the Western paradigm* (pp. 11-43). Thousand Oaks, CA: Sage.
- Campo, S., & Mastin, T. (2007). Placing the burden on the individual: Overweight and obesity in African American and mainstream women's magazines. *Health Communication, 22*(3), 229-240. doi: 10.1080/10410230701626885
- Coopman, S. J. (2003). Communicating disability: Metaphors of oppression, metaphors of empowerment. In P. J. Kalbfleisch (Ed.), *Communication Yearbook* (Vol. 27, pp. 337-394). Mahwah, NJ: LEA.
- Coopman, S. J. (2003). Communicating disability: Metaphors of oppression, metaphors of empowerment. *Communication Yearbook, 27*, 337-394.
- Dutta, M. J. (2008). *Communicating health: A culture-centered approach* (pp. 44-89). Cambridge: Polity.
- Greene, K., & Brinn, L. S. (2003). Messages influencing college women's tanning bed use: Statistical versus narrative evidence format and a self-assessment to increase perceived susceptibility. *Journal of Health Communication, 8*(5), 443-461. doi: 10.1080/10810730390233271
- Johnson, J. L., Bottorff, J. L., Browne, A. J., Grewal, S., Hilton, B. A., & Clarke, H. (2004). Othering and being othered in the context of health care services. *Health Communication, 16*, 253-271. doi:10.1207/S15327027HC1602_7
- Oetzel, J. (2014). Intercultural health communication. In T. L. Thompson (Ed.), *Encyclopedia of Health Communication* (pp. 734-737). Thousand Oaks, CA: SAGE.
- Oetzel, J., Duran, B., Jiang, Y., & Lucero, J. (2007). Social support and social undermining as correlates for alcohol, drug, and mental disorders in American Indian women presenting for primary care at an Indian Health Service hospital. *Journal of Health Communication, 12*(2), 187-206. doi: 10.1080/10810730601152771

- Sentell, T., Baker, K. K., Onaka, A., & Braun, K. (2011). Low health literacy and poor health status in Asian Americans and Pacific Islanders in Hawai'i. *Journal of Health Communication, 16*(Sup 3), 279-294. doi: 10.1080/10810730.2011.604390
- Wilkin, H. A., Valente, T. W, Murphy, S., Cody, M. J., Huang, G., & Beck, V. (2007). Does entertainment-education work with Latinos in the United States?: Identification and the effects of a telenovela breast cancer storyline. *Journal of Health Communication, 12*(5), 455-469. doi: 10.1080/10810730701438690

APPENDIX

ILLNESS AND CULTURAL FACT SHEET ASSIGNMENT AND RUBRIC

The purpose of this assignment is to study a specific culture-based health issue and create an easy to read "fact sheet". Fact sheets are an incredibly popular form of health communication, used to distribute information about a health issue to the general public. For example, the CDC has a number of fact sheets posted on their website, many which are about health issues related to a specific culture. Fact sheets are usually 1-2 pages with information distilled, bulleted, etc. Pictures, graphs, etc., are also popular in the creation of the fact sheet.

Examples of past student topics include sickle cell anemia in African American populations, skin whitening in Asian populations, use of acupuncture in Asian populations, "yuppie mouth" in upper SES populations, "Mountain Dew mouth" in Appalachian populations, diabetes in Appalachian populations. There are several examples posted on Blackboard.

For this assignment, you need to:

1. Select a cultural health issue.
2. Research this topic, relying primarily on academic sources (Reminder: Wikipedia does not count as a reliable academic source).
3. Create a quick guide fact sheet for your topic, highlighting the cultural and communicative issues, along with the basics of the health issue.
4. You should also include a separate APA reference list of all the sources you used to put together your fact sheet.

GRADING RUBRIC:

CONTENT (23 POINTS TOTAL)	
Clear presentation of health issue: the student clearly explains the health issue, demonstrates an understanding of the health issue	10 points
Emphasized cultural issues: the student clearly emphasizes the connections between the health issue and specific health culture(s)	6 points
Use of evidence: the student uses credible sources to support their fact sheet	7 points
Presentation (5 points total)	
Readability: the student wrote the fact sheet in a clear way that can be understood by the general public	2 points
Visualization: the student effectively uses pictures, graphs, or other images to enhance the fact sheet and engage readers	1 point
Scholarship: the fact sheet is clean, free of errors	2 points
Reference Sheet (2 points)	2 points
Reference sheet is in correct APA format	

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