

FIMS9855: Social Contexts of Health Information: A Critical Review of Theory and Research

PROFESSOR:

Dr. Jacquelyn Burkell, FNB4056

Tel: 519-661-2111 x88506 jburkell@uwo.ca

CLASS LOCATION: FNB4100; Mondays from 130-420 pm.

Office hours: By appointment in FNB4056.

Course website: OWL

Course Objectives & Learning Outcomes

This course addresses the social or 'relational' side of health information behaviour. The course examines different stakeholders in the provision of health information, as well as different channels over which information is delivered. We will take a critical look at some newer approaches to the study of information behaviour and associated theories, focusing on examples arising in health and health-related contexts, including information science, science and technology studies, and critical social theory. We will explore the implications of these perspectives for the study of HIS, with a particular emphasis on ways to theorize and measure the mediation of health information by different actors, across different contexts, and for a variety of explicit and less explicit purposes. At the end of the course, students will have working knowledge of key theories and methods relevant for the interdisciplinary study of topics in health information science, will be able to lead discussion of papers of various types (empirical, theoretical), and be able to present their work in a scholarly manner, both orally and in written format.

Course Policies

Attendance: Students are reminded that attendance at and timely arrival to all classes is required. Students needing to negotiate legitimate absences need to inform the instructor in advance in order to arrange for make-up work. **This may not be possible in the case of assignments designated for completion during class time.** In cases of emergency absences, students must contact the instructor as soon as possible before or afterwards.

Support Services: Students who are in emotional/mental distress should refer to Mental Health@Western <http://www.uwo.ca/uwocom/mentalhealth/> for a complete list of options about how to obtain help.

Statement of Academic Offenses and Plagiarism: Scholastic offences are taken seriously and students are directed to read the appropriate policy, specifically, the definition of what constitutes a Scholastic Offence, at: http://www.uwo.ca/univsec/pdf/academic_policies/appeals/scholastic_discipline_grad.pdf

Plagiarism is a major academic offence and students are reminded of the University's plagiarism policy, which instructors are required to note on course outlines: *"Students must write their assignments and essays in their own words. Whenever students take an idea or a passage of text from another author they must acknowledge their debt both by using quotation marks where appropriate and by proper referencing such as footnotes or citations. All required papers may be subject to submission for textual similarity review to the commercial plagiarism-detection software under license to the University for the detection of plagiarism. All papers submitted for such checking will be included as source documents in the reference database for the purpose of detecting plagiarism of papers subsequently submitted to the system. Use of the service is subject to the licensing agreement, currently between Western University and Turnitin.com (<http://www.turnitin.com>)."*

Email policy: Student emails **must include FIMS9855 in the subject line**. Emails will be read and responded to within 48 hours of receipt, from Monday to Friday. Do not expect answers to emails at night or on weekends. Do not submit assignments by email, or to the course website, unless specifically indicated.

Readings & Online Discussions: The course is dedicated to discussing issues in health care, information studies and related fields from a theoretical and methodological perspective. Each week, a list of readings will be provided – some required and some background – that address the topic(s) to be covered the following week. **ALL PAPERS SHOULD BE READ**, though those designated “Background” may not be actively discussed in class, nor will they be formally presented by a student. The list will be posted to the course website with, where possible, a copy (for personal use only) of the reading, and/or a link to a website, call number or other instructions for obtaining the reading.

Students are encouraged to share interesting or useful resources in the discussion area of the course website. Appropriate/acceptable use of the course website includes posting new discussion topic areas of relevance to the course, linking classmates to specific relevant materials or requesting that the instructor post specific relevant resources, etc. Unacceptable use includes discussions or responses not relevant to the course; disrespectful or otherwise inappropriate postings.

Land Acknowledgement

Western University is situated on the traditional territories of the Anishinaabeg, Haudenosaunee, Lunaapeewak and Attawandaron peoples who have longstanding relationships to the land and region of southwestern Ontario and the City of London. The local First Nation communities of this area include Chippewas of the Thames First Nation, Oneida Nation of the Thames, and Munsee Delaware Nation. In the region, there are eleven First Nation communities and a growing Indigenous urban population. Western values the significant historical and contemporary contributions of local and regional First Nations and all of the Original peoples of Turtle Island (North America).

Basis of Evaluation

Two papers:

1. **Health Communication Problem: 30% of Final Grade (2 parts, see below)**

Considering the various relationships and contexts covered in classes 1-6, identify a particular health communication issue or challenge (e.g., sharing information in interdisciplinary health teams; communicating public health risks in broadcast media; how patients can introduce online health information into the physician/patient encounter), and write a paper reviewing the relevant literature on that issue. Consider as appropriate various information sources, recipients, and channels. There are two aspects to this assignment:

a) *Problem identification: 5% of final grade, due January 29th*

Submit a brief description of the problem that you are discussing (maximum 1 page) along with 5 selected references that you will use

b) *Paper: 25% of final grade, due February 26th*

Your final paper should be 15-20 pages, and follow the paper format indicated below. In your paper, be sure to describe the issue or challenge that you are addressing, and conclude with recommendations for best practice based in the literature

2. **Policy Brief: Paper 40% of Final Grade, Due April 2**

Prepare a policy brief on a problem of your choice, different from the issue treated in your first paper, and related to the social contexts of health information – specifically, on how to communicate to a group in order to influence a health or health systems problem. This recent brief, published by the C.D. Howe Institute on how to improve vaccination rates in Canada is an excellent example: “In need of a Booster: How to Improve Childhood Vaccination Coverage in Canada”. Available online at <https://www.cdhowe.org/public-policy-research/need-booster-how-improve-childhood-vaccination-coverage-canada>.

Your policy brief should include a review of relevant research, and might also include recommendations for future research (including plans for research that you would do). You should also (obviously) include policy recommendations based on the research you have reviewed – and if you identify ‘future research’ that should be carried out, indicate what policy recommendations would arise from that work (in this case you need to indicate how the results would inform policy). The final submission should be approximately 20 pages, following the format indicated below.

Questions to consider in developing your brief:

- a. Identify a specific health or health systems issue or problem. Be specific. Who has the problem? What is the problem?
- b. Who is your audience? That is, who are you writing this policy brief for? Think about who cares about the problem, and how they might use the brief.
- c. This problem should involve health communication – so consider
 - i. Who is the communicator?
 - ii. Who is the target audience?
 - iii. What is the message that must be conveyed?

Paper format (both papers):

- 1.5 spaced
- 12 pt. font
- Numbered pages
- American Psychological Association (APA), 5th edition, is to be used for references.

Discussion leader and class participation: 30% of final grade

The success of any seminar relies on the substantive and meaningful contributions of all the participants. Your grade for class participation will be assessed on the basis of these contributions, including evidence of your general preparation for class, including familiarity with required readings, contributions to seminar discussions, and demonstration of respect for the ideas, opinions and feelings of other class members.

In addition, for classes 3-12, students will be assigned to lead the discussion on one of the required readings. This will mean that the student will briefly introduce the paper (keeping in mind that all will have read it), and, to encourage discussion, highlight some of the key learnings they drew from the paper, preparing 2-3 questions to pose to the class that will focus attention on some of the important or controversial ideas addressed in the paper. Each student will take up this role *four* times over the term, starting in Class 3 (January 22).

All of the papers listed below with the exception of those cases explicitly noted are available through the UWO library catalogue. Students are expected to access all readings and read them in preparation for the class.

Winter 2017 Schedule

Class 1: January 8 - Introduction

1. Overview and Course Planning
2. Discussion: From your own academic traditions and experiences: what is information? knowledge? evidence? How does this play out in “health”?
3. Speaking to policy makers – Guest Erin Huner

SECTION 1: Information Sources, Recipients, and Channels

Class 2: January 15 – Physicians and Health Teams

1. Davies, K. (2007). The information-seeking behaviour of doctors: a review of the evidence. *Health Information & Libraries Journal*, 24(2), 78-94.
2. Magrabi, F., Coiera, E. W., Westbrook, J. I., Gosling, A. S., & Vickland, V. (2005). General practitioners' use of online evidence during consultations. *International journal of medical informatics*, 74(1), 1-12.
3. Gagliardi, A. R., Wright, F. C., Anderson, M. A., & Davis, D. (2007). The role of collegial interaction in continuing professional development. *Journal of Continuing Education in the Health Professions*, 27(4), 214-219.
4. Fitzgerald, L., Ferlie, E., & Hawkins, C. (2003). Innovation in healthcare: how does credible evidence influence professionals?. *Health & social care in the community*, 11(3), 219-228.

Class 3: January 22 – Physician/Patient relationship

1. Emanuel, E. J., & Emanuel, L. L. (1992). Four models of the physician-patient relationship. *JAMA*, 267(16), 2221-2226.
2. McMullan, M. (2006). Patients using the Internet to obtain health information: how this affects the patient–health professional relationship. *Patient education and counseling*, 63(1), 24-28.
3. Ritterband, L. M., Borowitz, S., Cox, D. J., Kovatchev, B., Walker, L. S., Lucas, V., & Sutphen, J. (2005). Using the internet to provide information prescriptions. *Pediatrics*, 116(5), e643-e647.
4. Murray, E., Lo, B., Pollack, L., Donelan, K., Catania, J., Lee, K., & Turner, R. (2003). The impact of health information on the Internet on health care and the physician-patient relationship: national US survey among 1.050 US physicians. *Journal of medical Internet research*, 5(3).
5. McMullan, M. (2006). Patients using the Internet to obtain health information: how this affects the patient–health professional relationship. *Patient education and counseling*, 63(1), 24-28.

Class 4: January 29 – Lay Health Expertise and Information Intermediaries

1. Hardey, M. (1999). Doctor in the house: the Internet as a source of lay health knowledge and the challenge to expertise. *Sociology of Health & Illness*, 21(6), 820-835.
2. Epstein, S. (1995). The construction of lay expertise: AIDS activism and the forging of credibility in the reform of clinical trials. *Science, Technology, & Human Values*, 20(4), 408-437.
3. Abrahamson, J. A., Fisher, K. E., Turner, A. G., Durrance, J. C., & Turner, T. C. (2008). Lay information mediary behavior uncovered: exploring how nonprofessionals seek health information for themselves and others online. *Journal of the Medical Library Association: JMLA*, 96(4), 310.
4. Wathen, N., Wyatt, S., & Harris, R. (Eds.). (2008). *Mediating health information: The go-betweens in a changing socio-technical landscape*. Springer. **Pdf on course website.**
5. Prior, L. (2003). Belief, knowledge and expertise: the emergence of the lay expert in medical sociology. *Sociology of health & illness*, 25(3), 41-57.
6. Hardey, M. (1999). Doctor in the house: the Internet as a source of lay health knowledge and the challenge to expertise. *Sociology of Health & Illness*, 21(6), 820-835.

7. Henwood, F., Wyatt, S., Hart, A., & Smith, J. (2003). 'Ignorance is bliss sometimes': constraints on the emergence of the 'informed patient' in the changing landscapes of health information. *Sociology of health & illness*, 25(6), 589-607.

Class 5: February 5 – Health Information Online

1. Sillence, E., Briggs, P., Harris, P. R., & Fishwick, L. (2007). How do patients evaluate and make use of online health information?. *Social science & medicine*, 64(9), 1853-1862.
2. Cline, R. J., & Haynes, K. M. (2001). Consumer health information seeking on the Internet: the state of the art. *Health education research*, 16(6), 671-692.
3. Lewis, T. (2006). Seeking health information on the internet: lifestyle choice or bad attack of cyberchondria?. *Media, Culture & Society*, 28(4), 521-539.
4. Eysenbach, G., Powell, J., Kuss, O., & Sa, E. R. (2002). Empirical studies assessing the quality of health information for consumers on the world wide web: a systematic review. *JAMA*, 287(20), 2691-2700.
5. Hesse, B. W., Nelson, D. E., Kreps, G. L., Croyle, R. T., Arora, N. K., Rimer, B. K., & Viswanath, K. (2005). Trust and sources of health information: the impact of the Internet and its implications for health care providers: findings from the first Health Information National Trends Survey. *Archives of internal medicine*, 165(22), 2618-2624.

Class 6: February 12 –Health Information in the Broadcast Media

1. Tian, Y., & Robinson, J. D. (2008). Media use and health information seeking: An empirical test of complementarity theory. *Health Communication*, 23(2), 184-190.
2. Berry, T. R., Wharf-Higgins, J., & Naylor, P. J. (2007). SARS wars: an examination of the quantity and construction of health information in the news media. *Health communication*, 21(1), 35-44.
3. Moynihan, R., Bero, L., Ross-Degnan, D., Henry, D., Lee, K., Watkins, J., & Soumerai, S. B. (2000). Coverage by the news media of the benefits and risks of medications. *New England Journal of Medicine*, 342(22), 1645-1650.
4. Stryker, J. E. (2002). Reporting medical information: Effects of press releases and newsworthiness on medical journal articles' visibility in the news media. *Preventive medicine*, 35(5), 519-530.
5. Morgan, S. E., Movius, L., & Cody, M. J. (2009). The power of narratives: The effect of entertainment television organ donation storylines on the attitudes, knowledge, and behaviors of donors and nondonors. *Journal of Communication*, 59(1), 135-151.

NO CLASS FEB 19 – READING WEEK/FAMILY DAY

Class 7: February 26 – Communicating Risk

1. Slovic, P. (1987). Perception of Risk. *Science*, 236(4799), 280-285. Retrieved from <http://www.jstor.org/stable/1698637>
2. Burkell, J. (2004). What are the chances? Evaluating risk and benefit information in consumer health materials. *Journal of the Medical Library Association*, 92(2), 200.
3. Reyna, V. F., Nelson, W. L., Han, P. K., & Dieckmann, N. F. (2009). How numeracy influences risk comprehension and medical decision making. *Psychological bulletin*, 135(6), 943.
4. Ahmed, H., Naik, G., Willoughby, H., & Edwards, A. G. (2012). Communicating risk. *BMJ*, 344, e3996.
5. (Additional Reading) Fischhoff, B., Slovic, P., & Lichtenstein, S. (1982). Lay foibles and expert fables in judgments about risk. *The American Statistician*, 36(3b), 240-255.

Class 8: March 5 – Techniques of Persuasive Communication

1. Petty, R. E., Barden, J., & Wheeler, S. C. (2009). The Elaboration Likelihood Model of persuasion: Developing health promotions for sustained behavioral change.
2. Cugelman, B. (2013). Gamification: what it is and why it matters to digital health behavior change developers. *JMIR Serious Games*, 1(1).

3. van Achterberg, T., Huisman-de Waal, G. G., Ketelaar, N. A., Oostendorp, R. A., Jacobs, J. E., & Wollersheim, H. C. (2010). How to promote healthy behaviours in patients? An overview of evidence for behaviour change techniques. *Health promotion international*, *26*(2), 148-162.
4. Hinyard, L. J., & Kreuter, M. W. (2007). Using narrative communication as a tool for health behavior change: a conceptual, theoretical, and empirical overview. *Health Education & Behavior*, *34*(5), 777-792.
5. Fallis, D. (2016). Mis- and dis- information. In Floridi, L. (Ed.). *The Routledge Handbook of Philosophy of Information*. Routledge. **PDF on course website.**

Class 9: March 12 – Personalizing Health Information

1. Vahabi, M. (2007). The impact of health communication on health-related decision making: A review of evidence. *Health Education*, *107*(1), 27-41.
2. Kreuter, M. W., Bull, F. C., Clark, E. M., & Oswald, D. L. (1999). Understanding how people process health information: a comparison of tailored and nontailored weight-loss materials. *Health Psychology*, *18*(5), 487.
3. Fernandez-Luque, L., Karlsen, R., & Bonander, J. (2011). Review of extracting information from the Social Web for health personalization. *Journal of medical Internet research*, *13*(1).
4. Schnall, R., Okoniewski, A., Tiase, V., Low, A., Rodriguez, M., & Kaplan, S. (2013). Using text messaging to assess adolescents' health information needs: an ecological momentary assessment. *Journal of medical Internet research*, *15*(3).
5. Dutta, M. J. (2007). Health information processing from television: The role of health orientation. *Health communication*, *21*(1), 1-9.
6. Connelly, N. A., & Knuth, B. A. (1998). Evaluating risk communication: examining target audience perceptions about four presentation formats for fish consumption health advisory information. *Risk Analysis*, *18*(5), 649-659.
7. Noar, S. M., Benac, C. N., & Harris, M. S. (2007). Does tailoring matter? Meta-analytic review of tailored print health behavior change interventions. *Psychological bulletin*, *133*(4), 673.

Class 10: March 19 – Increasing Information Accessibility

1. Nutbeam, D. (2000). Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century. *Health promotion international*, *15*(3), 259-267.
2. Nutbeam, D. (2008). The evolving concept of health literacy. *Social science & medicine*, *67*(12), 2072-2078.
3. Tse, T., & Soergel, D. (2003). Exploring medical expressions used by consumers and the media: an emerging view of consumer health vocabularies. In *AMIA Annual Symposium Proceedings* (Vol. 2003, p. 674). American Medical Informatics Association.
4. Sudore, R. L., & Schillinger, D. (2009). Interventions to improve care for patients with limited health literacy. *Journal of clinical outcomes management: JCOM*, *16*(1), 20.
5. Reyna, V. F., & Brainerd, C. J. (2007). The importance of mathematics in health and human judgment: Numeracy, risk communication, and medical decision making. *Learning and Individual Differences*, *17*(2), 147-159.

Class 11: March 26 – Health Promotion/Public Health Messaging/Advertising

1. Calfee, J. E. (2002). Public policy issues in direct-to-consumer advertising of prescription drugs. *Journal of Public Policy & Marketing*, *21*(2), 174-193.
2. Marcus, B. H., Banspach, S. W., Lefebvre, R. C., Rossi, J. S., Carleton, R. A., & Abrams, D. B. (1992). Using the stages of change model to increase the adoption of physical activity among community participants. *American journal of health promotion*, *6*(6), 424-429.
3. Witte, K., & Allen, M. (2000). A meta-analysis of fear appeals: Implications for effective public health campaigns. *Health education & behavior*, *27*(5), 591-615.

4. Randolph, W., & Viswanath, K. (2004). Lessons learned from public health mass media campaigns: marketing health in a crowded media world. *Annu. Rev. Public Health, 25*, 419-437.

Class 12: April 2 – Power and Control

5. Åsbring, P., Närvänen, A.L. (2004). Patient power and control: A study of women with uncertain illness trajectories. *Qualitative Health Research, 14*(2), 226-240.
6. McTavish J.R., Neal, D.R., Wathen, C.N. (2011). Is what you see what you get? Medical subject headings and their organizing work in the violence against women research literature. *Knowledge Organization, 38*(5), 381-397.
7. Greenhalgh, T., & Wessely, S. (2004). 'Health for me': a sociocultural analysis of healthism in the middle classes. *British Medical Bulletin, 69*(1), 197-213.
8. Mykhalovskiy, E., McCoy, L. (2002). Troubling ruling discourses of health: using institutional ethnography in community-based research. *Critical Public Health, 12*(1): 17-37.
9. Veinot, T. (2010). Power to the patient? A critical examination of patient empowerment discourses. In R. Harris, N. Wathen and S. Wyatt (eds.) *Configuring Health Consumers: Health work and the Imperative of Personal Responsibility*. Basingstoke: Palgrave MacMillan, pp. 30-44.