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Advocating Offering Health Communication Certificates: Answering America's Needs

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This paper discusses the need for curriculum development in health communication and specifically advocates for creation of health communication certificates. Related learning outcomes are discussed through the reporting of results of student questionnaires related to course materials.

Key Words: Health Communication, Certificate, Courses, Majors, Literacy

In the current economic setting institutions are being asked "to do more with less," and students are facing a tough job market. Creativity in providing graduates with tools to distinguish themselves from other job seekers is critical. This paper is relevant because it demonstrates the process of using creativity and teamwork to supply a student with a specialty area over and above a degree or emphasis area using the resources already available in the university. In this case, health care positions in sales, marketing, research, and education are still increasing with the expanding health care market driven by aging U.S. Baby Boomers. The creation of health communication courses must also take into account the knowledge and experience of the students entering those courses. This paper outlines how Valdosta State University created resources answering both the need for health communication professionals and the appropriate academic course offerings.

The rapidly growing need for health communication professionals in the United States can be attributed to several factors. One prominent factor is the skyrocketing federal deficit and the affiliated fact that Medicare and Medicaid consume approximately twenty percent of the federal budget. The potential to get the federal deficit under control relies to some degree on curbing our health care expenditures. Changes to federal health care policies, including *The Affordable Care Act*, will change the landscape of our health care system and thus necessitate broad-based informational/educational programs on these sweeping changes. For example, senior citizens represent a growing percentage of our population, and these numbers will only continue to rise as baby-boomers age out of the workforce. Seniors today are being bombarded with offers for supplemental insurance policies and Medicare Part D with little information upon which to make informed decisions. We have long known that health maintenance and disease prevention is less expensive than treatment at disease onset; however, there is still considerable scholarly debate about how to most effectively approach campaigns that promote wellness and disease prevention (Comello, 2011; Nan & Madden, 2012; Park, Smith, & Klein, 2011; Priebe & Spink, 2012; Shen, 2011). The use and effectiveness of media in waging wellness and disease

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prevention campaigns is also in doubt (Armstrong, 2011; Johnson, Sionean, & Scott, 2011; Moyer-Guse', Mahood, & Brookes, 2011; Nan & Madden, 2012; Walsh-Childers, Edwards, & Grobmyer, 2011).

A second factor that demands the attention of health communication professionals is the low levels of health literacy among general populace. Health literacy, as defined by the Centers for Disease Control and Prevention, is "the capacity to obtain, process, and understand basic health information and services to make appropriate health decisions" (http://www.cdc.gov/healthliteracy/). Certainly, scholars are examining efforts to increase health literacy among our youth (Diamond, Saintonge, August, & Azrack, 2011; Paek & Hove, 2012), but in underserved populations where English literacy is problematic, the challenge is even greater (Arnold, Rademaker, Bailey, Esparza, Reynolds, Liu,… Davis, 2012; Schonlau, Martin, Haas, Derose, & Rudd 2011; Sentell & Braun, 2012). One example of the efficacy of health literacy training as a means of reducing medical costs was a study conducted by Herman and Jackson (2010). In this study low-income families received health literacy training that led to a reduction in the number of emergency room visits for pediatric care.

Finally, the threat of pandemics facilitated by globalization and the acknowledgment that health literacy is a global problem are creating opportunities for health communication professionals around the world. In 2012, the U.S. Agency for International Development awarded a $108 million grant to the Johns Hopkins Bloombery School of Public Health's Center for Communication Programs to "assist developing countries as they lead their own projects to promote healthier behaviors" (John Hopkins University's Bloomberg School of Public Health, 2012, October 4). In that same year the University of Kansas opened their Center for Excellence in Health Communication to Underserved Populations "to train strategic communicators on how to develop successful community health campaigns" (Lawrence, 2012). And for the first time in 2012, the University of Florida hosted the first Digital Health Communication Extravaganza, "designed for health, medical, and communication professionals seeking practical, proven insights about how to promote and protect people's health using digital communication innovations and technologies" (The University of Florida, 2012).

Healthy People 2020, launched by the Department of Health and Human Services on December 2, 2010, to improve the health of all Americans, has a set of objectives for Health Communication and Health Information Technology. Since health communication professionals are in a position to assist in meeting these thirteen objectives, they merit listing here.

1. Improve the health literacy of the population.
2. Increase the proportion of persons who report that their health care providers have satisfactory communication skills.
3. Increase the proportion of persons who report that their health care providers always involve them in decisions about their health care as much as they wanted.
4. Increase the proportion of patients whose doctor recommends personalized health information resources to help them manage their health.
5. Increase the proportion of persons who use electronic personal health management tools.
6. Increase individuals' access to the Internet.
7. Increase the proportion of adults who report having friends or family members with whom they talk about their health.
8. Increase the proportion of quality, health-related websites.
9. Increase the proportion of online health information seekers who report easily accessing health information.
10. Increase the proportion of medical practices that use electronic health records.
11. Increase the proportion of meaningful users of health information technology.
12. Increase the proportion of crisis and emergency risk messages intended to protect the public's

health that demonstrate the use of best practices.
13. Increase social marketing in health promotion and disease prevention.

Achieving these objectives would be greatly facilitated by health communication professionals, but those objectives most directly related to health communication *education* deal with increasing health literacy, improving the quality of health-related websites, and increasing the social marketing in health promotion and disease prevention. Health communication trainers would also be useful in achieving the remaining objectives.

Employment Trends

Although the economy has experienced a downturn in recent years, the U.S. Department of Labor's Bureau of Statistics clearly expects that employment will be widely available to health communication professionals (2010). In their *Occupational Outlook Handbook* projecting from 2010 to 2012, they report the following increases in demand: home health aides (53.2%); personal and home care aides (45.2%); mental health counselors (41.3%); medical secretaries (35.9%); meeting and convention planners (35.7%); community care facilities for the elderly (44.9%); insurance sales representatives (22%); health educators (37%); advertising, promotions, and marketing managers (14%); public relations managers and specialists (21%); and medical assistants (31%). Clearly, the individuals entering the listed professions would benefit from education in health communication. One of the largest health communication companies is inVenti Health Communications. It has 13,000 employees in forty countries delivering multi-channel and multinational marketing programs for the pharmaceutical industry and organizations with a healthcare focus (PR Newswire, 2012). In addition, public relations agencies, like GYMR Public Relations in Washington, DC, are specializing in health communication (Bulldog Reporter's Daily Dog, 2012). The American College of Preventive Medicine's Community Preventive Services Task Force is also recommending health communication campaigns using multiple channels, including mass media, because they have evidence that these campaigns produce positive behavioral change (American College of Preventive Medicine, 2012).

Health Communication Curriculum in the US

With the exception of five states (Maryland, Rhode Island, Vermont, Washington, and Wyoming) and the District of Columbia, resources are currently available in U.S. public colleges and universities to offer health communication certificates for majors, non-majors, and other individuals seeking specialized education in health communication. However, whether or not certificate programs are viable options is a matter of institutional policy. In Georgia, certificates may currently be offered at the discretion of each institution without approval of the University System of Georgia's Board of Regents, and at Valdosta State University certificate programs require a range of from 12-18 credit hours of specified coursework. The VSU health communication certificate program requires 12 hours of coursework and includes Introduction to Communication Theory (COMM 2100), Fundamentals of Cross-Cultural Communication (COMM 3500), Health Communication Theory (COMM 4160), and a fourth course chosen from a list of electives including, but not limited to, the following: Medical Sociology, Adult Psychology and Gerontology, Health Care Marketing, and Health Care Issues of Vulnerable Populations in the U.S. Introduction to Communication Theory provides the theoretical framework for advanced study and a broad education in the nexus of theory and practice in communication. In Fundamentals of Cross-Cultural Communication students learn the bases for differing belief systems as they relate the health and health care practices. Health Communication Theory extends beyond theory to the application of those theories in health

campaigns. The elective courses are chosen on the basis of individual student's professional goals.

The viability of health communication certificate programs became evident with a review of the websites of 602 U.S. public colleges and universities (U.S. Public Colleges and Universities in the Yahoo! Directory, n.d.). Our search revealed twenty majors, emphases, or concentrations in Health Communication. Of those, three were interdisciplinary, and seventeen were solidly within the communication discipline; and while most were the only such program in the state, Ohio has programs at three institutions and New Jersey at two. On the other end of the spectrum, 107 universities offered only one health-related communication course on the 602 websites (as found in the sites with the level of detail sufficient to make such a determination). Two hundred and fifty-seven courses were identified through course titles and descriptions. Of those courses, 107 were simply titled "Health Communication," but there was considerable breadth and variety in the range of health communication topics addressed. Most importantly, a review of course descriptions of all 257 health-related communication courses identified six dominant health communication themes. Those themes and the number of health-related communication courses falling into one or more thematic categories included: health campaigns (68), patient/provider communication (94), cultural diversity in health beliefs (66), health communication theory (59), health communication research (64), and health communication and aging (25). While health communication courses were offered at all levels, the overwhelming majority of these courses were at the junior, senior, or senior/graduate levels, particularly at those institutions where only one health-related communication course was offered.

Our Program and the Benefits for Major and Non-majors

Speech Communication majors at VSU number approximately 250 students. The program consists of sixty hours of communication and supporting courses and eighteen hours of guided electives. There are three areas of emphasis available, each entailing twenty-four hours of emphasis-specific courses. The largest concentration of majors is in the Public Relations (PR) emphasis, and those completing the health communication certificate aspire to careers developing health campaigns for corporations and non-profits. The newest emphasis is Intercultural Organizational Communication (IOC). The health communication certificate for these students will facilitate their entry into professions in the health care industry, particularly to address issues of diversity in health care delivery and training and in organizations such as the Peace Corps. Majors in the General Speech (GS) emphasis typically enter high-end sales positions. Here the health communication certificate prepares them for pharmaceutical, medical device, and insurance sales. Since communication coursework is in demand at VSU by many non-majors, a significant number are electing to earn the health communication certificate to increase their opportunities for employment in their chosen fields such as business, sociology, and psychology. Although the health communication certificate program is still in its infancy, upon completion of our new Health Science Center, currently under construction, we expect the certificate to be in demand by the disciplines housed there. Graduates are also returning to complete the health communication certificate to enhance their employment opportunities in the current economy, and we plan to promote the certificate in the community to provide professionals in the health care field with the communication skills necessary to insure their continued success. We also believe that the health communication certificate provides students with a knowledge base that will assist them in managing their own and their family's health care issues in the future. Our long-term goal is to offer the first health communication minor and then the first major in Georgia and the region. While our current communication curriculum is not

offered online, a new major in emerging media will soon be offered totally online. We anticipate this will facilitate offering the health communication certificate online, in which case it will be widely available to interested parties.

Our HC Course Outcomes

The study of health communication continues to grow in colleges and universities across the country. One study reported health communication courses have increased by almost 25% since 1999 with 55 courses being offered in 148 four-year universities and colleges (Bertelsen & Goodboy, 2009). Health communication is considered essential for improving national health care, and health education based on communication competencies is recommended to achieve this standard (Welch Cline, 1995). It is also recognized as an emerging theme in communication education for medical providers and individuals seeking health and well-being from clinics, hospitals, and other medical environments (Morreale & Pearson, 2008).

Students enter the health communication theory course with a variety of previous experience levels in living with illness, disease, or disability. The majority have little experience with personal health care concerns related to physical or mental illnesses. They also are not likely to have been primary caregivers to friends or family with these concerns. College students in the latest survey of their health status list stress, colds/flu/sore throats, and sleep difficulties as the major physical ailments and family concerns, relationship difficulty, and depression/anxiety disorder/SAD (seasonal affective disorder) as the major psychological impairments (The American College Health Association, 2008). These are important health communication topics but are often not chronic or life-altering experiences for the students. Young adults ages 18 to 25 years are estimated to make up to 18% of primary caregivers to impaired adults; this percentage still represents a small portion of the students entering our classrooms (Levine, Gibson Hunt, Halper, Hart, Lautz, & Gould, 2005).

The Survey

Given the limited health care experiences of most college age students, researching their general understanding of health topics is helpful in creating best practices for health communication courses. After receiving IRB approval, a survey of enrolled students was administered in the health communication theory course on the first day of the spring semesters of 2010, 2011, and 2012, and the summer semesters of 2010 and 2011(n = 137). The survey contained seven open-ended questions asking the students to provide their best understanding of healthcare concepts. Students were asked to give their best definitions of the concepts and were assured that the survey was not a test associated with the course. The purpose of the survey was to gain a better awareness of student perception of the concepts, and there was no specific answer to any question. The data were coded into four levels:

1. Basic definition plus insight into the concept.
2. Basic definition.
3. Incorrect definition or concept.
4. No answer given or “I don’t know.”

Findings

To be coded as level one, responses to the first question, *What is health communication?,* had to include a variety of healthcare settings defining health communication as both interpersonal and public. Mentioning provider-patient, social support, and public health awareness designated the response level one. Mentioning one of these components was rated

Table 1
Responses to Health Communication Concept Questions*

Concept Question	Level 1 Basic Definition + *n*	*%*	Level 2 Basic Definition *n*	*%*	Level 3 Incorrect Definition or Concept *n*	*%*	Level 4 No Answer/ "I don't know" *n*	*%*
What is health communication?	18	13%	91	66%	23	17%	5	3%
What is a health campaign?	17	12%	80	58%	40	29%	0	0%
What are advanced directives?	12	8%	17	12%	15	11%	93	68%
What is physician-assisted suicide?	30	22%	40	29%	50	36%	17	12%
What is meant by the patient's right to refuse treatment?	57	42%	73	53%	7	5%	0	0.0%
What is the difference between Medicare and Medicaid?	4	3%	36	26%	50	36%	47	33%
What are an insurance deductible and copay?	19	14%	26	20%	75	56%	17	12%

*Percentages were rounded and may not add up to 100%

level two, not including any of the concepts was rated as level three, and no answer or "I don't know" was level 4 (see Table 1).

The overall outcome for this question was positive with 18 students (13%) answering at level one and 91 (66%) answering at level two. The following are examples of each: "The way we look for, process, and understand health. It is how people know what's going on with them and what's going on in the world." Another example of a level-one answer was, "Talking, listening, observing, and interacting with people about health issues." A simpler but still accurate answer representative of level two was, "The communication within the healthcare field, such as marketing and media." There were 23 (17%) students answering incorrectly and rating a level three. "Explanation of anything dealing with health" was an example of those responses.

The next question was, *What is a health campaign?* This question was designed to elicit an understanding of one part of health communication, which is an important part of many of the health communication professions discussed earlier. Similar to question one, most students responded at levels one (17 students [12%]) and two (80 students [58%]). An example of level one was, "The use of strategies and tactics to promote some form of better health to specific target audiences. It is planned and designed to ensure the most appropriate channels used to reach audiences." A level-two response was less specific but pertained to spreading information such as, "The promotion of anything dealing with healthcare." Forty student responses (29%) were coded at level three. Of these level-three responses, twenty-one students (15%) answered incorrectly and 19 students (14%) gave a response similar to the following example, "A representation of particular healthcare plan or medication." Many of the incorrect responses related to advertising medications or medical treatments. Although these ads are included in health communication, they are not representative of health campaigns. Once again, the majority

of students had a basic awareness of health campaigns, but only the minority had an in-depth perception of health communication in interpersonal and public settings. It is necessary for potential health communication professionals to surpass this level of interpersonal, public, and organizational health communication to meet the national healthcare goals.

The next three questions addressed the individual person's right to make decisions about his or her health care. This is significant in the current changing landscape of healthcare policies and the increasing number of aging Americans. The first of these questions was, *What are advance directives?* Not unexpectedly, most of the students had little awareness of what these legal documents involve. As mentioned earlier most college-age students are healthy and are not primary caregivers for others. Ninety-three students (68%) left this question blank or stated they did not know what it was. Fifteen students (11%) responded incorrectly with answers similar to the following statement, "Advance directives are directives that one might know before going to a doctor." Twelve students (8%) replied at level one and 17 students (12%) at level two. The following are examples of each respectively: "Advance directives give doctors and family members the directions to take when someone has become unavailable to make their own decisions due to a critical health event," and "The medical care a person/patient wants to communicate about before it happens." Again with this question the significant finding is that 68% of the students did not know what power of attorneys and living wills were and could not identify the concept of advance directives.

The second question in this group was, *What is physician-assisted suicide?* The responses for this question were fairly equally divided: level one, 30 students (22%); level two, 40 students (29%); level three, 50 students (36%); and level four, 17 students (12%). The main difference between level one and two responses was the recognition that the patient is an active participant in the decision to end his or her life. The first example is from a level-one response and the second from a level-two response. The difference was the patient's inclusion in the process: "When patients request that the doctor help them end their life," as opposed to level two where "When the physician 'pulls the plug' by some sort of injection or assistance in their death." The level-two responses may have implied the patient's involvement, but it placed the physician in the primary role. Level-three responses implied some type of negligence or wrong-doing on the part of the physician as demonstrated in this example, "When they (the physicians) prescribe a medication that is not right for a person (i.e. depression) knowing the side effects it can have on a particular person."

Finally the third question in this group was, *What is meant by the patient's right to refuse treatment?* This question had the highest number of students answering at level one. Fifty-seven students (42%) gave level-one responses, 73 students (53%) gave level-two responses, 7 students (5%) gave level-three responses, and there were no level-four responses. The following answer was representative of level-one responses, "When a patient does not for any reason want to be treated for something in particular, what that is saying is that they have the right to refuse treatments. They are in charge of their own bodies." The level-two responses limited the right to refuse treatment to a specific situation such as medication or end-of-life care. The level-three responses were so specific as to make them incorrect, such as this one, "The patient can refuse treatment which is related to physician-assisted suicide." This would suggest that the patient did not initiate the discussion of ending his or her life.

As technology continues to expand and resources contract, as well as changing attitudes toward quality of life, these topics will increasingly fill the health communication conversation. Healthcare providers and patient advocates must be prepared to discuss these extremely personal

values with a diverse population. Public health communication professionals will also need to create messages that reach diverse cultural groups whose members may or may not have access to the same technology and level of care and who may not share the western view of medical intervention. Along with changing technology, healthcare attitudes, and policies comes the inevitable question of funding this care. The next two questions addressed the basic knowledge of healthcare payment programs and insurance concepts.

The first question was, *What is the difference between Medicare and Medicaid?* Responses rated level one were the lowest of any question with only 4 students (3%) rated as correctly defining with insight the difference between the two programs. Level two had 36 students' responses (26%); level three had 50 students' responses (36%) that were incorrect, and 47 students (33%) did not answer. In general, the incorrect responses either confused the populations that qualify for Medicare and Medicaid or did not correctly identify the qualifications for either program such as, "Medicare for disabled or low-income people and Medicaid for old people."

The final question was, *What are an insurance deductible and copay?* The results were similar to the preceding question: level-one responses, 19 students (14%); level-two responses, 26 students (20%); level-three responses, 75 students (56%); and level-four responses, 17 students (12%). There was a variety of misunderstandings related to the incorrect definitions including the source of payment, "Government pays a certain amount of your health insurance," and the purpose of the payments, "Insurance deductibles are money that you save by claiming them." Although these programs and concepts are changing as the new healthcare policy is fully enacted over the next several years, health communication professionals will need to be well prepared to interpret and translate the choices facing the American people.

The important finding is that our students need to be educated about all facets and theories of health communication. Future health communication professionals will need strong underpinning in interpersonal, public, and organizational theories to meet the expanding needs of healthcare.

Conclusion

While health communication is a comparatively new area of education and research in our discipline, certainly when compared to the history of rhetoric, it is one nonetheless that will play a critical role in our future. Not only does it increase the health literacy of our students, but it also prepares them for professional careers with longevity in a health care industry that is in a state of transformation. The health care industry has long suffered from its failure to acknowledge the significant role communication plays in creating a healthy nation and world. We believe that a health communication certificate program can begin to meet the demands of the health care industry as we increase the availability of health communication curriculum in colleges and universities across the country. We argue further that the demand for these certificate programs increases the likelihood that health communication majors and minors will continue to grow.

The same process could be applied to other academic areas within communication to boost recognition in the job market for graduates as well as attract new students to the discipline. Students and families searching for a university or college may not be able to see the vast potential in individually-listed communication courses. Packaging courses through certificates may be another method of educating our potential students and families about the benefits of a communication degree. Institutionally, the motivated participation of faculty to create certificates without financial strings attached may be viewed as a sign of initiative and active participation in

improving educational offerings at time when some institutions have to reduce the number and variety of courses available to their students.

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