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Health Communication Programs: A Distance-Education Class within the Johns Hopkins University School of Public Health Distance Education Program

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The use of distance learning in higher education is not a new concept (Worlock, 1987). Old-fashioned correspondence courses served this purpose for many years, appealing to those who could not attend classes in an institutional setting. Radio learning programs have beamed lessons on mathematics, science and other subjects around the world. The Internet has brought a new dimension to this concept: distance learning now means the opportunity to mirror rather than merely supplement classroom experience (Taub, 1997).

Distance learning options encompass a range of delivery options, both synchronous and asynchronous. The synchronous approach can include real-time interaction between course faculty and students, while asynchronous approaches rely more on downloading course slides, audio and video from a Web site, which may be supplemented by e-mail contact (Clark, 1999). In the current environment, it is increasingly common to find courses that mix synchronous and asynchronous modes of delivery. The virtual classroom can include real-time Web-based videoconferencing with teachers and students, Web pages with course slides and content to be reviewed by the user, and the more traditional e-mail and telephone exchanges (Clark, 1999). In addition, the synchronous modes such as videoconferencing are frequently backed up in an asynchronous format, usually as transcripts capable of being accessed by the user after the session has concluded.

Along with modes of delivery, the expectations for Web-based learning have grown as well, with today's users becoming ever more sophisticated. In the U.S. and around the

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world, individuals and corporations are increasing their spending on high-technology education (Clark, 1999) through a variety of institutions such as traditional universities, specialized institutes, in-house training divisions, and Web-based virtual education programs.

The Johns Hopkins School of Hygiene and Public Health is an acknowledged leader in the teaching and practice of public health. In 1996, the School began exploring ways to reach beyond the walls of the traditional classroom to provide public health education through the technology now widely accessible. As a result of a competitive proposal submitted to the U.S. Centers for Disease Control, the School of Public Health was one of four schools selected with the purpose of developing a distance-education curriculum, to upgrade the knowledge and skills of mid-career public health staff of that agency. The overall curriculum was designed to lead to a Graduate Certificate in Public Health. This certificate also met approximately one-half of the core requirements for the MPH degree, the most frequently awarded degree in the school.

The course described in this chapter, Health Communication Programs (HCP), was one of the first courses in this new format. Initially part of the Certificate program, it is now a regular part of the school's distance-education MPH program. The HCP course, like others in the program, is also taught in the regular, on-site program at the School of Public Health, as Health Communication Projects. This background enabled us to build upon the experience of the regular course as well as ten years of overseas workshops in strategic health communication. We aimed to feed back lessons learned to the on-site courses and workshops, as well as future versions of the on-line course.

Similar to the HCP course in the school, and as befits an advanced course in communication, the distance-education version of the course utilized a wide variety of applications and communication media to support an interactive learning/teaching environment. We used an interactive CD, course texts, on-line discussion groups, collaboration applications, a stand-alone video, animated slides, and PC-based video modules as appropriate. We used a hybrid approach by incorporating our software program, SCOPE (Strategic Communication Planning & Evaluation) in the curriculum, consisting of a CD-ROM of SCOPE as well as a Web version on the course homepage. The CD-ROM version allowed for students to fill in worksheets, timelines and project plans, and view the extensive databases and tools built into SCOPE, while the Web version added hotlinks by subject area for the students to peruse. In addition to the course text materials on the Internet, students used a SCOPE workbook and a classroom video prepared by the faculty. We were able to communicate across continents by application sharing, whiteboarding and live chats, conducted in real time using Microsoft NetMeeting. A variety of text- and voice-based interfaces were utilized to provide an optimal learning experience. Other resources for students include Bulletin Boards on the Web site as well as areas for downloading course files. This hybrid approach combining the latest technologies can serve as a useful model for similar courses and audiences in public health (Piotrow et al., 1998).

### **OBJECTIVES AND PERSPECTIVES**

The Health Communication course concentrates on imparting principles of health communication and behavior change theory. Over the course of the semester, students utilize conceptual frameworks and real-world examples to develop health communication 8 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage: <u>www.igi-</u> <u>global.com/chapter/health-communication-program/31391</u>

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