

2015 DC Health Communication (DCHC)
Conference Proceedings



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Preface

The third biennial DCHC Conference was held at the Hyatt Fairfax at Fair Lakes in Fairfax, Virginia on April 16-18th, 2015. The conference began with a preconference focusing on *“Translating Health Communication Research to Promote Public Health”* held on April 16th, and concluded with a main conference focusing on *“Communication Competence and Health Promotion.”* More than 150 health communication scholars from around the world attended to share their research findings and best practices at the DCHC conference.

Several distinguished research awards were presented at the conference, including awards for outstanding research and the best student presentations (these award winning presentations are designated in this volume with an asterisk*).

The **Doc Tom Consumer Empowerment Maven Award** was presented to Mr. Gilles Frydman (Association of Cancer Online Resources) in recognition of his pioneering work with online health communities, such as ACOR, an online cancer patient community, and Smart Patients, an online community for motivated patients and their families and friends.

The **Translational Health Communication Scholar Award** was presented to Dr. Bradford W. Hesse (National Cancer Institute) for utilizing health communication technologies to combat cancer. He has championed several initiatives that evaluate and progress the science of cancer communication and informatics, including the Health Information National Trends Survey (HINTS) and the Centers of Excellence in Cancer Communication Research (CECCR).

This Proceedings Volume contains abstracts from the competitively selected presentations made at the 2015 DCHC conference.

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Breaking Barriers in Provider-Patient Relationships: An Analysis of Perceived Intercultural Communication Competence among Nursing Students

Kelley P. Deal (East Carolina University)

Abstract

The director of nursing at a community college in the Southeastern United States expressed a need for a tool that would assist nursing students to improve their communication with Spanish-speaking patients during labor and delivery clinicals. Communication can be particularly challenging for community college nursing students during their labor and delivery clinicals as there is an influx of Latino patients at the local medical facilities due to Migrant and Seasonal Farm Workers (MSFWs) arriving for summer work. As a result, the student nurses provide care for Hispanic women and face particular challenges in provider-patient communication during prenatal outreach as well as labor and delivery care due to language and cultural barriers.

A website, nursingcomm.blogspot.com, was created to assist second-year nursing students with verbal and nonverbal communication and to provide online communication tools to prepare students for communicating with Latina patients in the clinical setting. Using the Cultural Contracts Theory in a qualitative examination, the goal of this research is to assess nursing students' levels of intercultural communication competence and to measure their perceptions of the change, if any, they experience in intercultural communication competence after using the website.

Results of this thesis showed evidence that some nursing students' self-perceptions changed after using the website and also that their perceptions of cultural contracts became more co-created. Students demonstrated a higher rate of openness and exhibited the goal of mutually understood communication. Surveys indicated that nursing students using the website more frequently experienced greater improvement in intercultural communication competence than those who used the website less. Implications are offered for future research and nursing student training.

Cultural factors that impact breast cancer patients and survivors' disclosure intention in Taiwan

Wan-Lin Chang (George Mason University)

Abstract

Family communication helps encourage social and physical support, especially for those who face traumatic, life-changing events, such as receiving a cancer diagnosis. In Taiwan, since 1982, cancer has been the leading cause of death. Each year, more than 30,000 people die from cancer, and in 2010, cancer deaths made up 28.4% of total deaths in Taiwan. The study seeks to understand what cultural factors influence breast cancer patients' and survivors' desire to engage in cancer communication with their close family members, specifically daughters in Taiwan.

15 in-depth interviews were conducted with a diverse sample of breast cancer patients and survivors between May and July 2014 in Taiwan. Mean age of these participants is 54.6 (SD=13.15), and the age range is 38-84. Majority of the interviewees' education level is high school graduated and above (75%). Among these participants, 2 of them were stage zero, 5 were stage I, 4 were stage II, and 4 were stage III.

Through open, axial, selective coding and analysis, this study observed two cultural factors that impact these breast cancer mothers' willingness to disclose, including societal expectation on women and Ah-Q mentality.

Traditionally, an ideal image of a woman is to assist her husband, raise children, and to take care of the elderly at home. With these responsibilities and expectations pressuring women, the added tribulations of breast cancer may be overwhelming. Patients have to fight against cancer all while playing the role of a good wife, mother, and daughter in-law. All participants in this study mentioned that they felt the stress from the society, from their relatives, and from themselves.

The Ah-Q mentality has many components, but the first thing coming to mind usually is the idea of "spiritual victories," which an individual refuses to face the reality and persuades himself mentally that he is superior to other people or believes that he himself is successful (Davies, 1991). Ah-Q mentality is considered as a unique coping strategy in this study. This kind of attitude assists people to get out of a rut because people with this characteristic usually can find excuses to make themselves feel better and adapt to the situation faster. Take a breast cancer family with Ah-Q mentality as an example, they may accept the situation faster and in a calmer manner, and they may be more willing to face and deal with the disease.

Culture and social norms influence individual's attitude and behaviors. Individuals grow up following certain cultural standards and social expectations, which influence how they view themselves and interact with others. In this research, the breast cancer participants' mother-daughter communication pattern is shaped by these environmental factors because they are trying to fulfill their conventional roles and society's expectations with their roles—primarily moms.

Culturally Appropriate and Effective Patient-centered Models of Quality Mental Healthcare: Perspectives from Brazilian and Cape Verdean Immigrant Patients

Maria De Jesus (American University)

Abstract

Mental health providers are increasingly coming into contact with large and growing multi-racial/ethnic and immigrant patient populations in the United States. Knowledge of patient perspectives on what constitutes quality mental health care is necessary for these providers. The aim of this study was to identify indicators of quality of mental health care that matter most to two underrepresented immigrant patient groups of Portuguese background: Brazilians and Cape Verdeans. A qualitative design was adopted using focus group discussions. Six focus groups of patients (n=24 Brazilians; n=24 Cape Verdeans) who received outpatient mental health treatment through public safety net clinics in the northeast region of the United States were conducted. The Consensual Qualitative Research analytic method allowed us to identify three quality of care domains: provider performance, aspects of mental health care environment, and effectiveness of mental health care treatment. Provider performance was associated with five categories: relational, communication, linguistic, cultural, and technical competencies. Aspects of mental health care environment were linked to two categories: psychosocial and physical environment. Effectiveness of mental health care treatment was related to two categories: therapeutic relationship and treatment outcomes. Study findings provide useful data for the development of more culturally appropriate and effective patient-centered models in mental health care.

Implementing Relationship Centered Communication Initiatives in healthcare systems: Managing Culture Change and Change Communication

Rufus L. Barfield II (University of Central Florida)

Abstract

Background/Introduction: Researchers have shown that relationship-centered communication (RCC) in healthcare increases patient satisfaction, improves health outcomes and reduces the likely hood of lawsuits. In short, relationship-centered communication initiates a patient care plan that treats the whole person. Most RCC initiatives observed by this author were initiated because of quality studies by system administrators and healthcare system consultants. The findings from such studies often resulted in implementing RCC trainings for nurses, physicians and clinical staff. Most often the RCC trainings and those who initiated such did not consider how this would impact organizational culture and change communication from a systems viewpoint and the systemic implications for that healthcare system.

Objectives: To assist healthcare system administrators effectively manage organizational culture and change communication initiatives in the context of implementing RCC initiatives.

Methods: Observations of team training sessions, field notes from team training sessions, and interviews and conversations with team members helped shape the researcher's understanding of the RCC initiatives. Using a grounded theory approach (Glaser & Strauss, 1967) the researcher developed and categorized the various themes and issues. The researcher reviewed these themes and issues with the various teams in a process called member checking (Guba & Lincoln, 1981), which enabled team members to confirm the accuracy of the data.

Results: Eight (n=8) organizations implementing various RCC initiatives participated in this study. Of the participating healthcare systems implementing RCC initiatives, 25% were Faith based healthcare systems, 37% were Federally Qualified Healthcare Centers and 38% were For Profit Healthcare systems. Eighty-seven participants (n=87) representing the eight organizations participated in this study. Participants were predominantly female (75%) and white/Caucasian (83%).

Conclusions/Lessons Learned: The key to successful implementation of RCC initiatives in healthcare systems was seen to lie in have a well-defined organizational culture and change communication plan/strategy. The customary cascading down of information was seen as ineffective, creating a dynamic called Corporate Cram Down (CCD). Administrators' adoption of RCC components in their peer-role holder communicative interactions helps in changing organizational culture and change communication.

Hispanic Youth Physical Activity, Concussion, and Health Care: Socio-Cultural 'Understandings' and Potential 'Compounding' inequity and risk.

Ferry, M., Romm, K., Sutter, R., Sutter, C., Rogers, P., Pardo, N., Nicotera, Ambegaonkar, J., A, Caswell, A., Caswell, S.

Abstract

Introduction: This multi-disciplinary inquiry is focused on the education and care of Hispanic families with respect to concussion. Non-Caucasian racial/ethnic 'minorities' experience higher incidences of health disparities (Williams & Sternthal, 2010), with the Hispanic population experiencing its own unique and compounding disadvantages (Viruell-Fuentes, 2009). Wrapped up in issues of socio-economic status (SES), citizenship, and access to quality health care, the Hispanic community is at significant risk to experience health disparities. While complications in adequately educating and treating youth concussion has been leveled at the wider 'culture of sport' (Rivara & Graham, 2014), this work has been framed from a monocultural perspective, leaving the Hispanic perspective virtually unrepresented. This literature provides a critical rationale for this study on how various stakeholders communicate their understanding of youth concussion from a socio-cultural perspective, and specifically how it impacts that Hispanic community.

Methods: This socio-ecological qualitative study is grounded in the interpretive tradition. We are interested in understanding how student athletes, parents, coaches, medical professionals, teachers, and school administrators communicate: (a) their overall understandings of concussion, and (b) perspectives on school-based efforts to educate families about concussion, including the lived experience of any stakeholders involved in the care of a student who experienced a concussion and, in particular, those who identified as Hispanic and came from low SES and non-English speaking households.

Preliminary Findings: Main findings document a number of socio-cultural factors informed participants' perceptions and actions concerning concussion. First, concussion is a poorly understood biomedical and socio-cultural phenomenon. In fact, no word for concussion exists in the Spanish language. Second, Hispanic youth report adhering to the 'sport ethic' of playing through pain, yet discuss this value system through 'Machismo.' Upon closer inspection, however, these youth most often discussed those elements associated with hegemonic masculinity, and 'Caballerismo,' suggesting acculturation without language use alteration (Connell, 1995). Third, Hispanic youth reported being treated in emergency rooms and government clinics more often than their peers. Fourth, when compared to the narratives youth shared, adult stakeholders often overstated how 'safe' and 'responsible' youth would act/acted if they or a peer experienced a concussion.

Discussion: Data enriches previous literature and positions youth concussion to be a health care issue ripe for a grassroots and culturally competent/language sensitive health care communication awareness campaign in the Hispanic community.

Increasing Compliance with Mammography-Screening Recommendations among Young Women in Switzerland: Exploring the Influence of Micro-Cultural Differences on Knowledge, Attitudes, and Breast Cancer Screening Practices

Nanon H.M. Labrie, Peter J. Schulz (University of Lugano, Switzerland)

Abstract

Background: Breast cancer is the most common cancer and the leading cause of death in women worldwide. It has been estimated that one in eight women will develop breast cancer during her lifetime. In 2012, 1.7 million women were newly diagnosed with breast cancer. In Switzerland, each year 5'250 women discover they have breast cancer. With incidence rates among the highest in Europe, breast cancer is considered a public health priority in Switzerland. In order to reduce breast cancer mortality rates, in recent years several Swiss cantons have initiated mammographic screening programs. Within the scope of these screening programs, women between the ages of 50 and 70 are invited to biennial, insurance-covered mammograms to allow for detection at the earliest stage possible. The age thresholds for screening are not chosen haphazardly, but are based on scientific evidence that shows that the benefits of screening younger women do not outweigh the associated costs and risks. These may include: over-diagnosis, radiation exposure, false positive and false negative results, psychological distress, and economical burden. Objectives Recent studies demonstrate that young women (between 30-50 years old) do not always willingly accept the age thresholds for breast cancer screening and, as a result, overuse mammography as a service. Thus far, however, only few interventions studies have been dedicated to increase compliance with mammography screening recommendations among this particular age group. This project aims to lay the groundwork for the design and implementation of a theory-based, health communication intervention across Switzerland. As Switzerland is defined by its unique, multilingual make-up – including French-German-, and Italian-speaking regions – and its complex cantonal political system, this project additionally sets out to explore possible microcultural differences that affect young Swiss women's intentions to take part in early screening. Thereby this study builds on previous studies conducted in Switzerland, which demonstrate that micro-cultural factors may significantly impact health behaviors (e.g. organ donation intentions, back-pain management, medication use).

Methods: In this presentation, we report on the findings of a nationwide breast cancer screening survey, carried out across the Swiss language-regions in 2014. The study, conducted online among a representative sample of women from the different Swiss language-regions (n = 1000), includes a series of validated measures assessing young women's knowledge, attitudes, and beliefs towards breast cancer and mammography, their screening behaviors, breast cancer risk, and overall health. Moreover, several socio-demographic aspects are measured.

Discussion: The results of the baseline study will be elaborately discussed, emphasizing their implications for the design of an intervention study aimed at increasing young Swiss women's compliance with mammography-screening recommendations. In our discussion, we

will particularly focus on the potential influence of microcultural differences and the availability of cantonal screening programs on women's knowledge, beliefs, and attitudes, and, subsequently, their breast cancer screening practices.

Implications: The results of the present study may have implications for health practitioners, policy makers, and researchers alike. The findings can be used to broadly identify potential gaps and errors in young Swiss women's knowledge and beliefs concerning breast cancer and mammography. Moreover, providing insights into differences across the Swiss language-regions and cantons, the study results can guide the development of tailored health communication messages and interventions. Lastly, the study contributes to an intensifying scientific and public debate concerning breast cancer screening – both in Switzerland and globally.

Nationwide Newspaper Coverage of Rape and Rape Culture in the Military: A Community Structure Approach

Hope Peraria, David Brown, Alec Fishbone, Lauren Longo, Stephanie Agresti, John C. Pollock
(The College of New Jersey)

Abstract

A community structure analysis compared nationwide coverage of rape and rape culture in the military in newspapers from 21 major US cities, sampling all 250+ word articles from November 1, 2004 to November 1, 2014. The resulting 278 articles were coded for “prominence” and “direction” (“outside the chain of command,” “inside the chain of command,” or “balanced/neutral” coverage), and then combined into a composite “Media Vector” score for each newspaper, initially ranging from 1 to -1. After eliminating two outlying papers, the range became 0.4900 to -0.200 (total range 0.69). Seventeen of 21 newspapers (81%) showed coverage advocating responsibility “outside” the chain of command for adjudicating rape complaints in the military, a position Senators and a several women’s rights organizations have championed.

Pearson correlations yielded three significant results: 1) A stakeholder hypothesis (presence of stakeholder groups correlating with favorable coverage of stakeholder concerns) was confirmed, with percent Catholics in a city ($r = .487$, $p = .017$) linked to coverage emphasizing “outside” the chain of command responsibility to reduce rape; Healthcare Access (access to healthcare treatment, a measure of metropolitan level of “privilege”) was confirmed, with percent hospital beds linked to more coverage favoring social change, to protect legal claimants from the direct authority of commanding officer, supporting rape adjudication “outside” the chain of command ($r = .404$, $p = 0.43$); and vulnerability (media “mirror” the interests of marginal/ disadvantaged groups) homicide rate ($r = .394$, $p = .047$), also connected to coverage favoring rape litigation held “outside” the chain of command.

Regression analysis yielded three significant variables accounting for almost 50% of the variance in Media Vectors. Percent Catholics in a city accounted for 23.7% of the variance, the number of hospital beds per 100,000 in a city an additional 18.8%, and homicide rate another 6.1%, collectively accounting for 48.6% of the variance. Percent Catholic has long been associated with progressive newspaper frames in community structure research, linked to favorable coverage of gay marriage and gay adoption. Compared to other regions, the West manifested more coverage supporting rape adjudication “outside” the chain of command (average Media Vector: .62, followed by the East, with .47).

Cross National Coverage of Rape and Rape Culture: A Community Structure Approach

Christina Luchkiw, Hope Peraria, Andrea Berger, Jenna Fleck, Jacklyn Gates, James Etheridge, John C. Pollock (The College of New Jersey)

Abstract

Utilizing a community structure approach comparing national characteristics and prestige cross-national newspaper (one per country) coverage of rape and rape culture, all relevant articles of 500+ words were collected in the sample period of June 19, 2008, to September 19, 2014, a period over four years. The resulting 321 articles were coded for “prominence” and “direction”-- governmental” responsibility, societal responsibility (including charities NGOs, and foreign aid), or balanced/neutral -- in combating rape and rape culture, which were combined to produce a composite “Media Vector” score for each paper, ranging from 1.000 to -0.0373 (total range: 1.373). Results showed that 18 of 19 Media Vectors (95%) supported government responsibility.

Pearson correlations yielded 21 significant findings, of which all with significance levels of .01 or better (ten) merit immediate discussion. As expected, measures of “vulnerability” confirmed that the higher the proportion of vulnerable groups in a nation, the “less” media emphasis on government responsibility to combat rape. Significant indicators of vulnerability were percent population under the age of 14 ($r = -.672$, $p = .001$), infant mortality rate ($r = -.675$, $p = .001$), children under the age of five treated for diarrheal disease ($r = -.606$, $p = .004$), fertility rate ($r = -.544$, $p = .008$), and poverty level ($r = -.538$, $p = .011$). These findings are consistent with other cross-national studies on water handling (Wissel, et. al., 2014) and child labor (Kohn & Pollock, 2014), in which vulnerability is associated with less confidence in government capacity to address deeply embedded issues, more confidence in “outside groups”, including foreign aid.

By contrast, measures of privilege (privilege defined by GDP, GDP per capita, literacy rate, etc.) were linked positively to media emphasis on governmental responsibility to combat rape and rape culture, and the most significant privilege indicators were: male life expectancy at birth ($r = .747$, $p = .000$), female life expectancy at birth ($r = .743$, $p = .000$), and GDP per capita ($r = .561$, $p = .006$). Two “stakeholder” categories, media access/ penetration and female empowerment, further linked levels of privilege to news framing of rape and rape culture, as greater numbers of broadband subscriptions per 100 citizens in a nation ($r = .625$, $p = .002$) and female school life expectancy ($r = .559$, $p = .010$) showed significant positive correlations with media emphasis on government responsibility.

A regression analysis of the top ten most significant variables bolstered the potency of vulnerability, as percent population under 14 was the only variable to emerge in the regression equation, accounting for 42.6% of the variance. Despite perceptions of rape as primarily a women’s issue, and despite multiple measures of female empowerment, female stakeholders were only linked to coverage variation (favoring government responsibility) with a single measure: female school life expectancy. In sharp contrast, multiple variables measuring privilege, and especially, vulnerability were connected strongly to variations in coverage of

rape and rape culture, suggesting that broad indicators of vulnerability and privilege may matter substantially in contextualizing women's issues in media worldwide.

Cross National Coverage of Genetically Modified Organisms: A Community Structure Approach

Cara Esposito, Phil Nichilo, Krystin Peitz, Elizabeth Watson, Matthew Warren, James Etheridge, John C. Pollock (The College of New Jersey)

Abstract

Using the community structure approach to compare national demographics and cross-national coverage of genetically modified organisms, all relevant articles of 250+ words were collected from January 1, 2004 - November 1, 2014. The resulting 274 articles were coded for editorial "prominence" and "direction" ("favorable," "unfavorable," or "balanced/neutral"), then combined to produce a "Media Vector" score for each newspaper ranging from .7382 to -.3994 (range = 1.1376). Only eight of the 19 Media Vectors (42%) reflected favorable coverage of genetically modified organisms.

Pearson correlations revealed the strength of four significant "vulnerability" indicators that supported favorable coverage of genetically modified foods: "poverty level," ($r = .492$, $p = .019$) "percentage of population without access to improved water sources," ($r = .466$, $p = .022$) "percent of agricultural land," ($r = .441$, $p = .029$) and "fertility rate," ($r = .404$, $p = .043$) with all four indicators linked to favorable coverage. A regression analysis revealed the strong impact of a nation's poverty level on coverage of genetically modified foods (24.2% of variance), as well as a nation's percentage of agricultural land (4.7% of the variance), collectively combined for 28.9% of the variance, demonstrating that vulnerability indicators are prominently linked to coverage favoring GMOs. These findings are consistent with previous multicity US research on GMOs by Pollock, Maltese-Nehrbass, Corbin and Fascanella (2010).

Nationwide Newspaper Coverage of Rape Culture on College Campuses: A Community Structure Approach

Jenna Fleck, Hanna Makhdomi, Theresa Soya, Lindsay Wallman, Stephanie Agresti, Lauren Longo, John C. Pollock (The College of New Jersey)

Abstract

Using the community structure approach to compare city demographics with coverage of rape and rape culture on college campuses in a national cross-section of leading newspapers in 28 U.S. major metropolitan cities, all articles of 250 words or more were explored to discover if media placed responsibility for eradicating rape culture on college campuses primarily on “government” or “society” (or were “balanced/neutral”). The study examined coverage over a period of almost ten years, beginning March 29, 2005, and ending November 1, 2014, yielding 406 articles. Articles were coded for “prominence” and “direction”, then combined for a composite “Media Vector” score for each paper, varying from .8772 to -0.4582 (Total range was 1.3354.). Media Vectors revealed that 20 of 28 leading newspapers (71%) supported government responsibility for eradicating rape and rape culture on college campuses.

Pearson correlations yielded two significant findings. Results confirmed the hypothesis that the higher percent of African Americans in a city, the more media emphasize government responsibility for eradicating rape and rape culture on college campuses ($r = .322, p = .050$). A second hypothesis was confirmed: The greater the percent of Catholics in a city, the more media emphasize government responsibility for eradicating rape and rape culture on college campuses ($r = .322, p = .051$). A regression analysis confirmed that the two most significant variables, percent African Americans (10.4%) and percent Catholics (9.9%), collectively accounted for 20.3% of the variance. Another fascinating finding was regional variation: Average Media Vector scores in the Northeast (.4475) displayed much more support for government responsibility for eradicating rape and rape culture on college campuses than did average Media Vectors for any other region in the US. Newspapers in the South ranked second with an average Media Vector of .2772.

Nationwide Coverage of Pediatric Immunization: A Community Structure Approach

Marc Trotochaud Craig Dietel, Lydia Huang, Lauren Longo, Stephanie Agresti, John C. Pollock
(The College of New Jersey)

Abstract

A community structure analysis compared city demographics and coverage of pediatric immunizations in national cross-section of leading U.S. newspapers in 21 major metropolitan cities, examining all relevant articles of 250+ words from a nine-year span from May 16, 2005, to November 1, 2014. The resulting 288 total articles were coded for “prominence” and “direction,” (“favorable,” “unfavorable” or “balanced/ neutral” coverage) and were combined into a “Media Vector” score for each newspaper (from 0.7379 to 0.0079, total range of 0.7300). Of the 21 newspapers sampled from the four regions of the United States, all newspapers yielded positive Media Vectors, suggesting a nationwide consensus on the value of pediatric immunizations.

Initial Pearson correlations revealed three significant findings. As anticipated, the buffer indicator of physicians per 100,000 residents was confirmed ($r = 0.472$, $p = 0.015$). Notably, two stakeholder indicators of political partisanship were also confirmed: percentage voting Democratic ($r = 0.409$, $p = 0.033$) and percentage voting Republican ($r = -0.459$, $p = 0.018$).

Regression analysis found that number of physicians per 100,000 residents accounted for approximately 22% of the variance, reconfirming the pattern of buffer indicators correlating with favorable coverage of human rights issues. Pearson correlations and regression analysis both confirm that the presence of a “buffered” and a politically progressive community influences newspaper coverage of pediatric immunizations nationwide.

Cultural and Linguistic Adaptation of Healthy Diet Communications: Lessons from a Text Message Intervention

A Susana Ramírez (University of California Merced)

Abstract

Background: Health communication strategies, increasingly including mobile health strategies, have been effective at improving dietary behaviors; however, conceptualizations of “culture” in health communication interventions and research have generally meant African-American culture or Spanish language translations . Thus, how acculturation – the process of adapting to mainstream U.S. culture – interacts with communication influence processes is unknown. It has been suggested that U.S. Latinos hold particular beliefs, values and attitudes , and these may be related to the ways in which information is processed . Explicating the dual processes of acculturation and media influence is critical to improving the efficacy of health communication strategies and eliminating Latino obesity disparities. This is particularly important in light of the pattern of growth of the U.S. Latino population. By 2050, 1 in 4 of all Americans will be Latino, a demographic shift driven by native births: Already, 1 in 4 U.S. children are Latino . That future is the present in California’s Central Valley (CV), where second and third generation Latinos live alongside their foreign-born parents and grandparents and account for half of the region’s total population . Young adults (18-40) account for 40% of CV Latinos and have a particularly negative but modifiable behavioral risk profile^{3,4}. Diet in particular is of critical importance for Latino chronic disease prevention. Epidemiological studies have demonstrated an “Acculturation Paradox” with regard to diet: as Latinos acculturate to mainstream U.S. culture, their risk for poor dietary behaviors increases. The paradox is that this shift occurs despite gains in income and education that would otherwise suggest a protective effect. Specifically, acculturation to mainstream U.S. culture is associated with increased consumption of high-fat foods including fast foods, and decreased consumption of fruits and vegetables, making improved understanding of cultural influences on communication effects especially important for health communicators.

Purpose: This study assesses rural Latinos’ perceptions about the utility of a text message nutrition communication intervention. We examine logistical and theoretical challenges to the cultural and linguistic adaptation of messages designed for mainstream audiences to an acculturated, English-speaking Latino ethnic community.

Methods: A team of bilingual, bicultural researchers adapted text messages (N=250) from the National Cancer Institute’s HealthyYOU nutrition text messaging program. Adaptation included Spanish translation as well as cultural relevance using a process of “transcreation”. Messages that were translated were back-translated from Spanish into English. A subset of 10 messages was culturally adapted but left in English to test among English-speaking, highly acculturated Latinos. The messages were tested in focus groups (N=24), consisting of Spanish-speaking, bilingual Latinos (n=74 participants) and English-dominant Latinos (n=35).

Results & Discussion: Preliminary analyses suggest that a text message intervention for diet behavior change is favorably viewed by participants, including overall strong interest and willingness to enroll in the program should it become available. Specific translation challenges include use of formal versus informal Spanish tense, as well as the use of Spanish punctuation such as tildes and accents. Cultural translation challenges uncovered include adaptation of recipes; this is a critical issue, since participants found the delivery of tactical information the most useful aspect of the intervention, yet the recipes provided did not resonate with the participants' cultural food preferences. Of theoretical import, cultural adaptation – even a minimal nod – was noted as an important aspect of the communications by the participants, most of whom were at least bilingual and somewhat acculturated. Further analyses will examine how respondents' acculturation levels and specific cultural values affect their perceptions of the efficacy of the nutrition communication.

Depression meanings among Chinese international students – a precursor to communication campaign design

Lan Jin, Lalatendu Acharya (Purdue University)

Abstract

Depression has been a critical health issue for college students (Lyubomirsky et al., 2003) and there has been a steep rise in their depression rates from 34% in 1998 to 41% in 2009 (Garlow et al., 2008; Goebert et al., 2009; Guthman et al., 2010); further underlined by its incidence amongst the rapidly increasing international students in US universities. This research investigates the issue in the Chinese International Students (CIS) where studies report a 32% to 47% rate for depression symptoms (Cheung, 2011; Wei, Heppner, & Mallen et al., 2007). Noting that culture, beliefs and cultural adjustment to a new environment with limited resources play a remarkable role in the depression in the CIS, this research investigates the meanings of depression in the student group. Depression is perceived differently across cultures (Ying, Lee, & Tsai et al., 2000) and individual cultural meanings, perceptions impact their connected behavioral and health outcomes. Understanding the meanings of depression in different cultures is important for help-seeking behaviors, health promotion, communication competence and treatment success (Sue & Zane, 1987). The study thematically analyzes the results from interviews with 32 CIS and presents the following themes: (1) depression as a sense of identity: maladaptation, repressed mood, guilt; (2) depression as negative physiological states: loss of energy, sleep disturbance, irritability; (3) depression as loss of social relationships: loss of interest in social interaction, self-isolation. These themes provide important implications for health communication research and practice, since the meanings of depression provides guidance on communication strategies and help-seeking behaviors, especially in shaping how the CIS strategize to protect self from depression and how they seek social support through communication. These findings are crucial for planning health promotion strategies to address mental health in international college students. The insights are important for university administrators, mental health counsellors, health professionals and especially parents to improve communication competence, as all of them are stakeholders in the students' success or failure. This research also provides indicators to depression issues in other international student populations and highlights the need of more such research.

Role of Protection Motivation Theory Motivators and Psycho-Social Factors in Empowering Pregnant Women's Antenatal Care Utilization: Implications for Health Policy in Bangladesh*

Md Monwar Hossain, May O. Lwin, Charles T. Salmon, Theng Y. Ling (WKW School of Communication and Information, NTU, Singapore)

Abstract

Background: Low uptake of Antenatal Care (ANC) services contributes to an estimated 7200 maternal death per year in Bangladesh. Health-seeking behaviours of pregnant women are affected by individual beliefs such as low perceived risk, fear of complications and traditional issues. These are compounded by poor health communication efforts, limited information sources and strong cultural norms. Bangladeshi women are socio-economically vulnerable and, therefore, lack autonomy in undertaking ANC during pregnancy. Literatures suggest that disseminating information to pregnant women in a culturally sensitive environment, remains a challenge to healthcare professionals. Major research gaps exist in understanding socio-cultural and belief-related behaviors that influence pregnant women's autonomy and decision-making power in practicing healthy behaviors. This research, thus, seeks to understand the role of empowering women in motivating ANC behavior by utilizing Protection Motivation Theory (PMT) and other theory-based psycho-social factors. Our model proposes that the decision to undertake healthy behavior by pregnant women is guided not only by women's own underlying attitudes, abilities and beliefs, but also by other external influences, such as empowerment of pregnant women. Two main hypotheses pertaining to PMT factors influencing the intention to undertake ANC, and women's empowerment indicators' impact on the intention to undertake ANC are proposed.

Method: A survey was conducted among 200 pregnant women between 18-49 years old at an urban hospital in Bangladesh. To collect data, a structured questionnaire was developed by adapting appropriate measures from the existing literature on health behavior theories, women's empowerment strategies, demographics and knowledge on ANC and pregnancy complications. These were pretested to Bangladeshi cultural context. All constructs except knowledge were measured on a five-point Likert scale ranging from '1' for strongly disagree to '5' for strongly agree. Data were analyzed using SPSS to test the hypothesized links between PMT motivators and women empowerment indicators with intention to undertake ANC.

Results: Results of Pearson's correlation analysis indicate that three PMT constructs (Response Efficacy, Self-efficacy & Response Cost), two empowerment indicators (Subjective Norm and New Media use for seeking health information) and

lower household income are significantly correlated ($p < .01$) with intention to undertake ANC. Self-efficacy is seen as the most strongly correlated variable (Pearson's correlation $.42, p < .01$). In hierarchical regression analysis when the PMT constructs (independent variables) used as predictors for intention to undertake ANC (dependent variable), the result was significant ($p < .001$) and accounted for 28% of observed variance. Linear regression accounted for 40% of observed variance when empowerment indicators were added as predictors after controlling for PMT variables. Lastly, 46% of the variance is observed after addition of socio-economic variables.

Discussion: The coping appraisal constructs of PMT (response efficacy, self-efficacy and response cost) were significantly associated with intention to undertake ANC, thus supporting our hypothesis that PMT factors influence the intention to uptake ANC. This supports findings in other PMT literatures. The strong Pearson's correlation of self-efficacy with intention to undertake ANC suggested pregnant women's high confidence in their ability. The results further showed that subjective norm and new media use were associated with intention to undertake ANC, whereas knowledge and social connectedness were not. Our findings suggest that subjective norm and new media use partially upholds the hypothesis that women empowerment indicators are associated with intention to uptake ANC. The empowerment indicators (connectedness, norms and new media use) are seen to be associated with severity, vulnerability, response efficacy and self-efficacy at varied levels. Although not associated significantly with intention, knowledge and connectedness demonstrated minor predictive value. This suggests that connectedness with family and friends can develop capacities in women to undertake risk reducing behaviours. Moreover, strengthening linkages among friends and family and increased awareness through new media use could empower women to seek their maternal health rights. Thus, coupling empowerment strategies such as providing knowledge through new media with social connectedness and encouraging health promoting norms may influence intention to undertake ANC. The partial support for hypotheses clearly draws attention to the need to develop locally sensitive measures of individual-level women empowerment. From a practical standpoint, information aimed at changing perceptions of vulnerability and severity of complications, and novel way to improving capacity to overcome those could be incorporated into antenatal classes. Findings can be used to tailor health education materials for the target population. The ensuing enhanced communication campaign will have the potential to reduce health inequities. Future research should extend the study to incorporate broad-based participants to improve generalizability.

Social and structural factors to promote antenatal care in Bangladesh

Lauren B. Frank (Portland State University), David Jodrell, Laura Smethurst (BBC Media Action)

Abstract

Background: The Bangladeshi government is actively working to decrease maternal and infant mortality. One of the primary means for addressing this has been through an emphasis on training health assistants and midwives in an effort to increase access to antenatal care across the country. However, in congruence with these supply-side efforts, it is equally important to understand the factors that contribute to women's utilization of antenatal care in order to create more sensitive campaigns. In Bangladesh, the social and structural environments around women's choices may be particularly important because women are not the only decision makers for their health choices. Their husbands typically control household finances, and mothers-in-law often make many choices about birth. Drawing on the integrated model of behavioral prediction and a culture-centered approach, the purpose of this research is to understand the key predictors of antenatal care among Bangladeshi mothers and inform a countrywide campaign to promote maternal and child health.

Method: Data were collected using a face-to-face survey of a nationally representative sample of 3,000 Bangladeshi mothers with an infant between 0-9 months. Participants reported their own knowledge, attitudes, and actual antenatal care practices for their most recent pregnancy and their self-efficacy to obtain regular antenatal care in a future pregnancy. Agency was also measured separately from self-efficacy due to the distinction in the Bangladeshi context between feeling capable of getting antenatal care and obtaining permission to travel within the community. Additionally, women estimated how many people they had helpful discussion about antenatal care with using a social network analytic survey, and reported descriptive social norms and structural barriers to accessing medical care (e.g. transportation and money). We used structural equation modelling to test and revise our conceptual model separately for new mothers who had their first child and mothers who had already had at least one child.

Results: Helpful discussion was positively associated with descriptive social norms, knowledge, attitudes, and behaviors. Barriers to access were negatively associated with agency and norms. Agency was particularly important for first-time mothers. There was no association between social norms and antenatal care behaviors among first-time mothers. However, among women who previously had a child, the link between social norms and antenatal care behaviors was strong.

Conclusion: These results highlight the importance of strategic communication to varying groups of women in Bangladesh. Although the social and structural environments are important for both new mothers and those already established as mothers, the ways in which these factors interact is distinct. These findings will improve the delivery of health promotion campaigns in Bangladesh, as they are already being translated to inform a new entertainment education drama. Additionally, analysis will be run on campaign evaluation data to examine

the behavior change process in the context of program exposure. Although this project focuses on maternal and child health in Bangladesh, the results for social and structural factors have implications for international health communication more broadly.

Contradictions and ambiguity - putting Statins on the agenda: A content analysis of three year's outlet in Danish media

Kasper Bering Liisberg (Copenhagen University, Denmark)

Abstract

Background: Use of cholesterol lowering medicine also known as Statins has expanded over the past decades. More than 600.000 Danes or roughly 10% of the Danish population use Statins on a daily basis. According to the Danish Medstat.dk the penetration is close to 40% among men age 65 -79. The largest growth has been found in individuals with no prior cardiovascular disease. In the USA almost 250 million prescriptions for Statins were written in 2011 (Charland et al. 2014). While the overall pattern is a growth in Statin use among individuals in primary prevention, about 25 % of those who receive their first Statin prescription do not fill it at a pharmacy and roughly half stop treatment within a year. The decision not to start treatment or to discontinue treatment is mostly taken by the patient, but very little is known about which factors influence these decisions when it comes to Statins. Several psychosocial factors have been proposed to influence medication adherence in general, but a recent review found very limited support for psychosocial factors (Zwicker et al. 2014). Use of information from mass media may be important, however, it has not been studied how information from media shapes decisions related to Statin use. It is evident that the quality and trustworthiness of information differ within media types. Whether media convey an overview or cause confusion and insecurity all depend on which media Statin patients expose themselves to. Almost all media studies suggest that the amount and kind of media use heavily rely on sociodemographic characteristics and lifestyle. Taken into consideration the high amount of Statin related news in the media, it is difficult to exclude media from being a factor in the general attitude towards Statin treatment. How apparent this may seem there has to this date been shown almost no scientific evidence of a connection between media consumption and Statin beliefs. A solitary deviation from the norm is a Dutch study (van Hunsel et al. 2009).

Methodology: This paper will apply a content analysis of three year's media outlet relating to Statins from two major newspapers and two lifestyle magazines, all based in Denmark (n>700 articles). The analysis will focus on length, theme, use of sources and framing. These results will in a later study be compared with the findings of a large scale national survey focused on lifestyle and Statins beliefs among the general Danish population age 45-75 (n>3000). This sample is not limited to individuals in primary prevention.

Analytic focus: The aim of this study is to uncover the framing and the underlying themes concerning Statins and to identify different patterns of evaluation of risks and benefits of Statin use found in Danish media. The framing analysis will primarily focus on the bifurcated intra- and intertextual message discrepancy in the sample and will try to explain where this overall contradictory and ambiguous content in the media emanates from. Secondly the growing use of celebrities in testimonies and as health gurus will be examined.

Expected outcomes: If successful, this study will generate a large amount of data to secure a better understanding of the media's attitude towards Statins and assist in identifying the overall framing of cholesterol lowering medicine, which in broader terms can help pave the way for a wider view on media generated health communication.

Verbal Communication Skills: an Effective Method to Improve the Patient-provider Relationship under the Context of Situation in China

Chao Gong, Haijiang Tang (Huazhong University of Science and Technology, Hongshan, Wuhan, Hubei, Peoples Republic of China)

Abstract

Patient-provider communication, as one of the six branches in health communication research, it has received great attention of researchers since the publication of its first academic periodical Health Communication in 1988. In both patient-centered and relationship-centered studies, obvious importance of verbal communication skills such as active partnership, positive talk, psychosocial counseling, psychosocial question asking and emotionally focused talk (Roter,D.L.&Hall,J.A.,2004) are often ignored by people. In recent years, patient-provider communication has attached increasing attention of medical science scholars, however, researches of verbal communication skills in patient-provider communication are rare, and previous researches generally focused on clinics linguistics, doctor's utterances and language arts. (Xie Baoqun,2010)

In China, the insufficiency of medical staffs and discordance between the increasing speed of medical institutes and medical works give rise to the phenomenon of long-term waiting of patients and insufficient doctor-patient interactions. In the process of seeing a doctor, the speaking manner, language mood and intonation, as well as the duration of doctor's inquiring have great impact on patients' identity construction, situation experience and perception of their diseases. This paper studies from the aspect of verbal language communication, and analyzes the phonetic rhetoric, context construction and discourse pattern of patient-provider communication, and tries to sort out the communication skills to improve patient-provider communication in the context of situation in China.

Young Adults' Perceptions About At-Home STD Testing: Implications for STD Screening Interventions*

Mia Liza A. Lustria, Karla Schmitt, Juliann Cortese, Michelle Kazmer (Florida State University), Mary A. Gerend (Northwestern University), Amelia Anderson, Sean Libby Cooley, Mariam Shaikh, Ying Mai Kung, Casey McLaughlin (Florida State University)

Abstract

Background: Routine testing for sexually transmitted diseases (STDs) is one of the most effective ways to curtail and prevent their transmission (Geisler, 2011; Workowski & Berman, 2007). However, uptake continues to be suboptimal among sexually active young adults (Haderxhanaj, Gift, Loosier, Cramer, & Leichter, 2014; Wildsmith, Schelar, Peterson, & Manlove, 2010). This is particularly alarming considering that in the US, 15-24 year olds account for more than half of the 20 million new cases of STDs reported each year (Centers for Disease Control and Prevention, 2013). Young adults are at a higher risk for acquiring STDs than older adults due to a tendency to engage in greater risky sexual behaviors and low perceptions of personal risk (Scott et al., 2011; Wildsmith et al., 2010). Provider-initiated, clinic-based screening programs capture only a small proportion of infections in at-risk populations given the inconvenience of scheduling clinic visits and the stigma attached to seeking testing services in public clinics. Advances in STD testing make it feasible to effectively screen for common infections like *Chlamydia trachomatis* (Ct), *Neisseria gonorrhoeae* (Ng), and *Trichomonas vaginalis* (Tv) outside the clinic environment using non-invasive self-collection tests. At-home STD screening has been found to be an efficacious alternative to clinic-based testing and has shown to be a promising approach for promoting testing among high risk, hard-to-reach or underserved population groups (Bradshaw, Pierce, Tabrizi, Fairley, & Garland, 2005; Richardson et al., 2003). Interventions to increase population-based screening through mailing of self-collection tests completed in the home have been found to be a feasible and acceptable method of reaching groups not likely to undergo routine testing (Bloomfield, Kent, Campbell, Hanbrook, & Klausner, 2002; Lippman et al., 2007). In 2004, Iwantthekit.org, a website offering both Ct screening and education was launched to recruit young women in the North Eastern United States to collect vaginal swabs and mail them to a laboratory for testing (Gaydos et al., 2009). This highly effective web-based promotion strategy resulted in increasing return rates for self-collection kits from 31% in 2004 to 43% in 2009 (Gaydos et al., 2011). Despite these promising developments, there has been limited promotion of this viable testing option particularly among college-age young adults. RU@Risk is a brief intervention that was specifically designed to increase self-perceptions of risk and promote STD testing among young adults through web-based risk-assessment and tailored messaging. We conducted a randomized controlled trial with 1300 young adults to compare the effects of the tailored versus a non-tailored approach on intentions to get screened and to order a free at-home STD test kit. Results of the logistic regression analysis revealed a significant effect of condition on test

kit ordering behavior, OR = 1.47, Wald = 7.57, $p = .006$, 95% CI [1.12, 1.93]. Participants in the tailored condition were 1.5 times more likely to order an STD test kit (23%) than participants in the non-tailored condition (17%). Despite these exciting results, actual uptake of the at-home STD test kits was low, prompting us to further investigate the reasons why participants failed to order the test kits even if they had indicated positive intentions to get screened. To do this, we conducted several focus groups with our target population in order to determine their perceptions about STD testing in general and at-home STD testing in particular. This paper reports on results of the focus group sessions and follow-up surveys with the participants.

Method: Participants were recruited from several large undergraduate classes (including basic communication, computer literacy and information science courses) at a research university in southeastern United States. To participate, students had to be at least 18 years old, complete an eligibility screening survey (only individuals who had ever had sex were eligible), and provide informed consent. All participants were offered extra course credit and an opportunity to receive a free at-home STD test kit for completing the study. We conducted four 1.5-hour focus group sessions (2 for each gender) with a total of 36 young adults (15 male, 21 female; ages 18-29; $M=20$; $SD=1.89$; 18 of whom were in committed relationships). Each session was audio-recorded and led by a trained moderator assisted by two trained note-takers. The moderator used a semi-structured discussion guide covering questions related to: 1) participants' knowledge of STDs and STD testing; 2) participants' knowledge about STD services in the community; 3) perceived barriers to STD testing; and 4) participants' suggestions about effective methods to disseminate STD-related information (including testing) to youth. After the focus groups, participants were sent home with a free at-home STD test kit. Three weeks later, participants were invited to complete a follow-up survey to provide more information about their experience with the self-collection kit.

Main Findings: Results of the FGDs revealed a lack of knowledge of STDs and available services as well as limited exposure to comprehensive STD information—citing limited sex education content received during K-12 as their main source of information. Most students were not aware about the nature of STD testing and available screening options and received little information about these from formal channels including mass media. While most participants had favorable attitudes towards testing, they cited concerns about convenience, cost, shame associated with seeking services, and fear of positive results as their main barriers to getting screened. None of the participants had previously heard about at-home STD testing but most were willing to explore this option despite some concerns about privacy and the accuracy of such tests. Of the 36 FGD participants, 15 (42%) completed the at-home STD test kit. Upon examining the test kit, the majority of participants found the self-collection process to be relatively easy to complete. When asked where they might seek to get tested in the future, majority (64%) still preferred clinic-based screening with a competent healthcare professional who might deliver more accurate results relative to at-home testing. A few participants (22%) who preferred at-home STD screening indicated that they appreciated the convenience and privacy of this option. Results from the focus groups provide interesting insights about the common perceptions, misconceptions, and concerns about STD testing among young adults

today. These findings can also inform better messaging strategies to encourage routine STD screening and to market at-home STD testing as an option.

A Content Analysis of Medical Tourism News Coverage

Jungmi Jun (Wayne State University)

Abstract

This study analyzes news coverage on medical tourism. Utilizing framing theory, the research examines how news media frame the benefit, risk, and credibility issues relate to medical tourism and compares the frames among major medical tourism destinations including Thailand, India, Singapore, Mexico, and South Korea. The results of the study will guide health communication campaigns to provide more reliable information for American medical tourists.

The Affordable Care Act's Influence on Medical Tourism: A Case of Korean Americans

Jungmi Jun (Wayne State University)

Abstract

This research investigates the Affordable Care Act's influence on Korean Americans' medical tourism related perception and behavior. Korean Americans are known for their high dependence on Korean medical tourism for health/medical care. However, the Affordable Care Act is expected to bring significant changes to Korean Americans' medical tourism use and health management. As such, the research attempts to answer the following research questions utilizing content analyses of Korean American online community forum, focus group interviews, and surveys: (1) What is the level of knowledge and beliefs of the Affordable Care Act among Korean Americans? (2) How do Korean Americans seek and receive Affordable Care Act information? (3) What is the influence of the Affordable Care Act on Korean Americans' perception and use of medical tourism? (4) What factors should be considered for a communication campaign to enhance Korean Americans' comprehension of the Affordable Care Act and effective utilization of the U.S. health care system?

Memorable Messages Recalled by African American Women Regarding Diet and Exercise

Natasha R. Brown (Indiana University-Northwest)

Abstract

The leading causes of death among African American women include heart disease, cancer, stroke, diabetes, and kidney disease (National Center for Health Statistics, 2012). All of the aforementioned ailments—in some way—have been linked to poor diet and exercise habits (Booth, Gordon, Carlson, & Hamilton, 2000; Roberts & Barnard, 2005). As implied above, a number of the health ailments prevalent amongst African American women could either be greatly reduced or potentially avoided if proper diet and exercise habits were adopted. As a step towards coordinating efforts to promote healthy living among African American women, the current project sought to uncover more about the health related messages this population has received. To answer the research questions posed, an online survey—with questions guided by the Memorable Messages framework (Knapp, Stohl, & Reardon, 1981; Smith & Ellis, 2001)—was administered to African American women. Analysis of participant responses revealed several themes focusing on the importance of consistency as well as smart/informed food consumption. In addition, responses also revealed messages centered on the maintenance or achievement of a certain body image/size. Results of this project add to the existing health communication literature regarding memorable messages and health—which has been primarily focused on cancer related messages (Smith et al., 2009; Smith et al., 2011; Lauckner et al., 2012). Moreover, the results of this project could inform message development in health promotion efforts targeting African American women. Future research should focus on learning more about the potential influence of memorable messages on the diet and exercise habits of this population.

Understanding Risk Communication as an aftermath of Chemical Spill in West Virginia

Purba Das (Ohio University, Southern), Yvonne Chen (University of Kansas)

Abstract

Background: On January 9, 2014 in Charleston, WV, a reservoir used to warehouse a cloudless, licorice-scented coal handling proxy called Methylcyclohexanemethanol (MCHM) burst and leaked 10,000 gallons into the Elk River, an offshoot of the Kanawha River Valley (Kloc, 2014, p. 29). MCHM was released 1.5 miles upstream from a Freedoms Industries water distribution facility for nine counties. MCHM was then inadvertently inserted into the homes of more than a quarter million people. Immediately after the nine-county environmental catastrophe, local, state, and federal officials took action and instructed a do-not-use order on all tap water (Kloc, 2014, p. 29). Meanwhile, the National Guard distributed bottled water in bulk to the counties five hospitals where approximately 122 people had sought treatment for symptoms of nausea and vomiting, and 4 hospitalized (Frizell, 2014, p. 1). The chemical spill outcomes led the community having over two months without clean tap water for the affected counties.

Objective: The research aims to analyze the intervention methods among the population of semi-rural, rural and semi-urban Appalachia and explore the interconnectedness between knowledge/awareness and governmental and non-governmental intervention in the wake of an industrial disaster.

Research Question: What were the measures implemented by the governmental and non-governmental agencies during the chemical spill?

Theoretical Framework: We draw from the theoretical exposition of crisis risk communication to understand how the information was disseminated to the diverse population after the chemical spill. Specifically, we draw from Reynolds and Seeger's (2005) integrative model, which addresses both crisis and emergency risk communication (CERC). An integrative framework allows for a comprehensive understanding of the government's and analysis of how risk is communicated to the public and how health communication practitioners can help better manage unexpected events in the future.

Data: The primary data for this research are immediate responses by the agencies with first responder roles after the chemical spill, which includes the state of West Virginia's Department of Health and Human Resources (WVHHR) websites, and the engagement with social media platforms of federal agencies such as Centers for Disease Control & Prevention (CDC), Environmental Protection Agency (EPA).

Method & Data Analysis: We employ textual analysis in analyzing the data. Our analysis will be grounded in the CERC model by (1) documenting how the intervention methods as depicted in the data follow stages of risk and health communication prescribed in CERC throughout the crisis timeline; (2) making sense of how stakeholders interpret the messages from these governmental agencies and (3) explaining how these messages may impact and be perceived differently by residents in semi-rural, rural and semi-urban Appalachian.

Implications: This study contributes to the study of risk communication and intervention methods in the event of an industrial disaster in a way where possible linkages among preventive measures of industrial disaster and information sharing among diverse population (rural and urban) could be identified. Understanding of such linkages may inform the designing and implementation of better risk communication strategies in the wake of a chemical disaster that threatens the well-being of the public.

Using Micro-Enterprises as a Health Communication Platform to Promote Handwashing with Soap in Sub-Saharan*

Kelly Fenson-Hood (Power of Hope Kibera), Renee A. Botta (University of Denver), Nicole Grable (Power of Hope Kibera)

Abstract

Diarrhea kills an estimated 1.5 million young children globally every year (WHO and UNICEF, 2009) and is the leading cause of child mortality in Africa, resulting in an estimated 19% of child deaths (Black et al, 2010). In systematic reviews of handwashing studies conducted from 1990-2013, Freeman and colleagues (2014) concluded that handwashing with soap reduces diarrhea by 40% and Cairncross et al (2010) concluded handwashing with soap reduces severe diarrheal outcomes by 48%. Greenland, Cairncross, Oliver and Curtis (2013) estimated 607,000 deaths from diarrhea and pneumonia among children aged one to five could be prevented annually. Handwashing with soap is a cost effective method to prevent diarrhea and thus interventions focusing on sustaining handwashing behaviors are necessary.

A handwashing communication intervention in an urban slum in Kenya was implemented as part of a larger program designed to reduce diarrheal disease while simultaneously empowering women and stimulating economic growth. Local women entrepreneurs were empowered to start their own micro-enterprises selling liquid soap door-to-door, primarily to women and mothers. With each soap sale, sellers conducted a handwashing intervention, which consisted of a brief, face-to-face discussion to promote handwashing at the five key times known to reduce diarrhea. The discussion could flow in a variety of ways, allowing the seller to meet the client at her individual stage of change. Depending on which barriers were revealed, correlated key messages were delivered in the conversation, effectively tailoring each discussion to meet the needs of the client. Clients also received a foaming handsoap bottle. Sellers visited clients on a weekly basis in an effort to turn new handwashing behaviors into sustained habits. Additionally, each client's progress through the stages of change was tracked. The intervention was designed using the Transtheoretical Stages of Change Model (SoC), the Theory of Planned Behavior (TPB), Motivational Interviewing and formative focus group research. Formative research was used to identify barriers to change and TPB was used to design strategic messaging to address those barriers. SoC was used as the overarching theoretical framework to track the progression of behavior adoption. Finally, components from Motivational Interviewing were used to address ambivalence and help overcome identified barriers.

Methods: In Fall 2014, a seven-week study was completed using a quasi-experimental design. 120 soap clients participated in the study; all had been regular clients for approximately six months prior to implementation of the handwashing intervention. Eighty-five clients comprised the treatment group, while the control group consisted of 35 clients. Treatment clients received a weekly visit where they received an opportunity to purchase soap plus the handwashing intervention. Control clients received a weekly visit with an opportunity to

purchase soap, but did not receive the intervention. All clients received a foaming handsoap bottle. Quantitative survey data was collected at baseline, pre-intervention and post-intervention. 210 community-level surveys were collected at baseline, 100 were collected at pre, and 100 were collected at post; all used a systematic random sampling technique. Matching survey data was collected for the 120 treatment and control clients pre-and post-intervention. Throughout the seven-week study, weekly reports were also collected for each client.

Results: Data is currently being analyzed. The intervention is being evaluated in terms of SoC and TPB. Handwashing with soap behaviors and stage of change have been assessed for each client (treatment and control), prior to and immediately following the intervention. Thus, we are interested in the effectiveness of the intervention in moving clients through stages of handwashing behaviors. We will also evaluate how the intervention affected attitudes towards handwashing with soap, normative beliefs about handwashing with soap, efficacy to wash hands with soap, and intention to wash hands with soap. We are also interested in how the foaming handsoap bottle affected efficacy to wash hands for treatment versus control groups.

How Differential Participation in a Community Intervention is Related to Variations in Reproductive Healthcare- and Health Information-Seeking among Women in a Smaller and Disadvantaged Urban Community

Crystal L. Brandow, Matthew Matsaganis (University at Albany, State University of New York)

Abstract

Women in the U.S. continue to fare worse than women in many other developed countries with respect to sexual and reproductive health outcomes (Darroch, Frost, Singh, & the Study Team, 2001; Hall, Moreau, & Trussell, 2012). Moreover, research on health disparities shows that lower income women and racial and ethnic minorities are affected disproportionately by poorer reproductive health (e.g., Boonstra, 2008; Kost, Henshaw, & Carlin, 2010). African American women, the primary focus of this study, suffer significant disparities in relation to breast and cervical cancer outcomes, and incidence of sexually transmitted infections.

Our study builds on research conducted in the final year of a 5-year community-based intervention designed to improve utilization of locally available reproductive healthcare services among minority women in a small, disadvantaged urban community in New York State. In the county in which the community is located 89.9% of residents have health insurance, but the cervical cancer mortality rate is higher than the rest of the state; and early stage diagnosis of breast cancer is lower than the state average (County Department of Health, 2013).

This investigation is guided by socio-ecological theoretical perspectives on health and communication and, more specifically, by communication infrastructure theory (Ball-Rokeach, Kim, & Matei, 2001; Wilkin, 2013) and the concept of a field of health action (Matsaganis & Golden, in press), according to which every residential community represents a socio-material context, comprising a place-specific set of structural conditions and interpretive resources, within which residents may be more or less inclined to seek particular kinds of healthcare services and more or less inclined to respond favorably to a health promotion intervention.

Our focus here is on differences among women from the community who had no prior exposure to the abovementioned 5-year community-based intervention, female residents who had participated in the research project, and women who became part of a peer health advocate initiative that developed in Year 3 of the project. We studied differences in the field of health action of these three groups of women, emphasizing variations in (a) the communication resources they utilized for achieving health-related goals, (b) knowledge around women's reproductive health, (c) self-efficacy related to addressing health concerns, (d) healthcare- and health information-seeking behaviors, as well as (e) the ways in which women processed and utilized health information obtained from media in the context of their residential community.

Analysis of multiple sources of data, both qualitative and quantitative, informed this study, including (a) 105 interviews with 89 female community residents, (b) two small scale surveys of a total of 175 residents, and (c) 6 focus groups with 22 women from the community. We conclude our paper with a discussion of implications of our findings for future research and intervention practices.

Alcohol and HIV: Risk-perception and Self-efficacy among young adults in Kenya and USA

Nancy Muturi (Kansas State University)

Abstract

Background: Alcohol consumption and HIV/AIDS are two global public health concerns facing young adults today. The World Health Organization estimates more than 200 alcohol-related diseases and injuries and it is the fifth risk factor for disease, disability and death globally. Young adults from 18 to 24 years old are the most likely age group to abuse alcohol and by age 19 and 20 years 70 percent of all drinkers engage in heavy drinking. Concomitantly, the global HIV epidemic impacts young adults disproportionately and it is among the leading causes of death among those age 25 to 49 years, which implies that majority contract HIV while in the 15 to 25 age group given the 10-year incubation period. Alcohol abuse is one of the primary risk factors for HIV and other STDs due to its effects on behavior and sexual arousal.

Health communication seeks to increase understanding of health risks, enhance risk perception and motivating behavior change. It promotes adoption of healthier behaviors while building self-efficacy and skills for maintenance of new behaviors. Extant literature and risk-perception theories have demonstrated the association between perception of personal risks to a disease as a predictor of individual's propensity to take preventive action although this may vary across cultures and environments. Based on the social cognitive theory and the health belief model, the current study examined perceived risk and self-efficacy for alcoholism consumption and for HIV infection among young adults.

Method: A survey was administered to US and Kenyan university students (N=950). Key variables included alcohol consumption, alcohol expectancies, risk perception for alcohol and for HIV infection, perceived knowledge of HIV/AIDS, self-efficacy for alcohol refusal and for HIV prevention.

Results: A significant differences was found in alcohol consumption where US students were heavier drinkers ($t=16$, $df=790$, $p=.000$) but had a lower risk perception for alcohol consumption compared to Kenyan students. There were no significant differences in alcohol expectancies, and both groups reported a relatively high perceived self-efficacy for alcohol consumption and relatively low risk perception for alcohol consumption. Only 25.6% of US students perceived themselves as highly knowledgeable about HIV/AIDS compared to 74% of Kenyan students.

There was a positive relationship between perceived risk for alcohol and for HIV/AIDS ($r=.357$, $p=.000$) but there was no significant difference in students self-efficacy for HIV/AIDS ($t=.647$, $df=937$, $p=.518$). Gender played a significant role in predicting alcohol consumption ($\beta = .150$, $p < .001$) whereas student's age, year on college and knowledge about HIV/AIDS were insignificant factors.

Conclusion: The study concludes that given the association between alcohol consumption and sex-related alcohol expectancies, coupled by limited knowledge about

HIV/AIDS it is important health campaigns to focus on HIV knowledge among US students. Although US has low HIV prevalence compared to Kenya, in the context of alcohol consumption risk perception and self-efficacy are necessary especially due to the similarities in alcohol expectancies, consumption behaviors and low risk perception which may put them at risk of HIV and other STDs. An integration of alcohol and HIV programming including culture-specific communication strategies are necessary given their common etiologies.

Interactive Entertainment Education for Diabetes Self-Management Targeted to Hispanics

Maria L. Jibaja-Weiss, Luis O. Rustveld, Kimberly N. Kline, Talar L. Glover, Glori Chauca, Brian C. Reed (University of Texas, San Antonio)

Abstract

Diabetes self-management education can improve outcomes in adults with type 2 diabetes mellitus (T2DM). However, Hispanics, a group that carries a large burden of disease, are less likely than non-Hispanic whites to participate in diabetes education programs. A multi-pronged approach that combines health communication strategies and health information technology may engage and empower Hispanic individuals to active self-care. This paper describes the development of a novel technology-based application titled Sugar, Heart, and Life (SHL) that utilizes concepts from entertainment education to promote active patient self-management of T2DM among Hispanic individuals served by a safety net health system. The participants were 123 male and female patients diagnosed with uncontrolled T2DM. The majority of the participants felt that people and situations portrayed in the telenovela were realistic representations of people and situations in real life. Over 80% of viewers believed that recommendations given about healthy lifestyle changes related to diabetes self-management would work for Hispanic viewers. Participants found the application easy to use and understand, informative, and enjoyable. These findings suggest that the SHL application is an acceptable tool for use by Hispanic male and female individuals that may empower them in self-management of T2DM.

African Americans' Use of Social Media in Weather-Related Crisis Situations

Crystal Adkisson, Carolyn A. Stroman, Tia Tyree (Howard University)

Abstract

The research on how various groups, including the general public, government officials, emergency personnel, and media personnel, respond to communication during natural disasters is immense and steadily growing. Discussions of the most effective ways of communicating preparedness information are also multiplying, with some research focusing on specific cultural groups.

In this proposed poster presentation, we argue for increased application of a cultural approach to the study of crisis communication and natural disasters, as we examine African Americans' use of social media in weather-related crisis situations. Uses and gratifications theory provided the framework for understanding information-seeking behavior, social media usage patterns, and gratifications sought through social media use.

A total of 250 African American respondents ages 18 and older and living in multiple cities throughout the U.S. were recruited through the researchers' social networks. Results of the study indicated that during a weather-related crisis situation, respondents preferred to obtain information from traditional news sources. However, a key finding of this study offers new and critical implications for crisis communication in this digital age: among African American Internet users, social networking sites and microblogs are found to influence usage among the sample regardless of gender or age. In particular, the analysis indicated that it is highly likely that those who use social networking sites and microblogs regularly will use them in the next weather-related crisis situation in their area.

Emergency response organizations that look to citizens to disseminate information to their social networks should find the results of this study useful. With this information, crisis communicators may be able to effectively plan their strategies before a crisis and have procedures established to respond in a timely manner once a crisis occurs, through channels that empirical research has shown to be effective.

Fatalism and Cancer Information Seeking in China: A Secondary Analysis of the HINTS-China Pilot Study Data

Xing Tong (George Mason University)

Abstract

Cancer is now the leading cause of death in China all for both men and women. Although national cancer control programs have been developed and there has been increasing health consciousness of the Chinese general public, most research on cancer is medical in nature or focused on testing the necessity, feasibility or effects of public health policy. The role of communication in cancer prevention has not been fully investigated. Especially, how to design culturally appropriate health messages in lung cancer prevention is rarely examined. Moreover, important deficits in cancer knowledge and maladaptive cancer beliefs are frequently reported in the literature, including fatalistic belief. Fatalism, frequently reported as an obstacle in cancer control in western countries, has more complex meanings in the Chinese culture. On the one hand, the unexplainable nature of cancer led people to believe in fatalism and to perceive limitations in their ability to control or change the outcome of cancer. On the other hand, fatalism also has a positive side in China – the Chinese philosophy on fate encourages people to use various active approaches to cope with cancer. The interaction between negative interpretation and active coping thereby fosters a culturally unique perspective on fatalism, shaping cancer prevention in complex ways. Therefore, understanding fatalism in the China context is critical.

To better understand the fatalistic perceptions on an individual level, this secondary analysis aims to explore the predictors of fatalistic belief on both negative interpretation and active coping dimensions, and understand how fatalistic belief may have an impact on Chinese people's health information seeking behaviors using HINTS China dataset. This work aims to provide some useful insights for cancer fatalism targeting Chinese people.

The Glories HATS Project® - Stay Healthy to Help Others: A Strategic Interactive Health Promotion Campaign to Improve the Health of American Youth

Susan Khorsand, Alireza Khorsand (Glories Happy Hats)

Abstract

Problem Statement: Evidence suggests that adolescents continue to show health risk behaviors such as tobacco use, poor eating, lack of physical exercise, and alcohol and drug use. Recent U.S. Congressional hearings reviewing the health of America's youth and their physical and intellectual readiness resulted in their categorizing it as a national security concern. Moreover, research shows one in four children suffer from irregular brain development causing cognitive and social barriers to normal development. Adolescents (ages 10 – 19) and young adults (ages 20 – 24) together compose about 21% of the population of the United States. Their life is marked by periods of developmental transition from childhood to full-fledged adulthood that have lasting effects on adult health, well-being and productivity. This transitional period, if not well structured, can lead to social and economic inequalities in their adult lives.

Rationale: When we want to decipher and address the underlying determinants of population health (i.e., outcome and cost), it is imperative to build comprehensive health promotion programs that address environmental and policy conditions at all levels. Healthy People 2020 highlights the importance of addressing underlying social determinants of health as one of the four overarching goals for the decade including an emphasis on "Creating social and physical environments that promote good health for all." To expedite action, HP2020 distills the majority of social determinants into three categories: 1) Economic inequality, 2) Social connectedness, and 3) Sense of efficacy. These determinants are affected by multiple and interrelated factors at several levels, therefore, single interventions are likely to be insufficient. With implementation of The Affordable Care Act and changes in IRS hospital reporting, hospitals and healthcare providers are increasingly held accountable for patient outcomes and for improving their community and regional population health. As these forces come to bear, social innovation (Frances and Nino 2010), can provide a multi-dimensional framework for improved outcomes.

Method: Children's hospitals recognize peer-support as a significant therapeutic resource. Peer support improves patient compliance, experience, and well-being of sick children. The Glories HATS Project® (GHP®), as a social innovation, positioned itself at the intersection of hospital inpatient care and population health management (compliance and outcomes); hospital community benefits (programs improving community and regional population health); and community based after-school (middle and high school) educational service learning initiatives. By introducing a positive reciprocal connection between local hospitals and their youth, GHP® galvanizes youth to provide compassionate peer-support to sick children. Then, when medical staff, in turn, use video links to communicate appreciation back out to youth sites to thank them, they act as role models and provide competent health information. This action supports GHP's® curriculum "Stay Healthy to Help Others."

Preliminary qualitative studies suggest that participation in GHP® has powerful influences on the self-efficacy, self-image and community orientations of youth when they are recognized for their pro-social and value-added engagement by the hospital and the community. As hospital teams integrate peer-support in a consistent therapeutic process the well-being of both hospitalized children and GHP® youth participants are accelerated which implies economic return for hospitals and, in the long run, for the community as a whole.

This dynamic positive reciprocal connection can scale throughout the hospital care region. When GHP® and local hospitals collaborate to implement multiple GHP® sites throughout their care region; they are linked together in a GHP® cloud. GHP's® cloud is designed to deliver curriculum, evaluations, production milestones, video links and motivation to participants. In addition, the GHP® cloud will also provide multiple opportunities for additional outreach from physicians, healthcare professionals, university researchers, and community leaders to interact with youth as role models thereby providing support, mentoring, encouraging and thanking students for their service. Respecting, thanking, and encouraging youth drives engagement in their own health and the health of their community.

GHP® provides hospitals an actionable tool to review their adolescent health needs assessment, geographically target site locations using hospital discharge statistics, provide relevant staff outreach with customized content in video conferencing links to the corresponding sites throughout their service area, all while inspiring a new generation towards compassionate action and careers in healthcare and medical research. This customized approach, scalable to 600 children's hospitals nationally, is designed to rapidly increase children's health awareness and efficiently target resources to successfully improve the social and physical environments promoting good health for all adolescents.

Smoking and Health in India: A Content Analysis of Indian Anti-Smoking Advertisements Alerting Second-Hand Smoking on Youtube

Wenjing Xie, Kavita Karan (Southern Illinois University Carbondale)

Abstract

Literature reveals that a million people die from smoking-related diseases in the U.S. and about fifty thousand of them die from second-hand smoking. The numbers in India are also similar with the country having a large number of smokers and government and non-government efforts are being made to control the increase in smoking through continued campaigns. However, to date, most of the research about anti-smoking campaigns has been conducted in the U.S., and little attention has been paid to the issue of second-hand smoking in other areas of the world such as India. This paper investigates how most of Indian anti-smoking advertisements are directed not only towards stopping smoking among youth and adults, but are also directed towards creating awareness on the impact of second-hand smoking on families of smokers.

Through adopting the social cognitive theory and emotional appeal theory, we conducted a content analysis with 119 Indian anti-smoking ads downloaded from Youtube.com in the spring of 2012, and analyzed whether the ads focused on second-hand smoking, the emotional appeals used in the ads, the target audiences, the main characters of the ads, message themes, severity of the consequences of smoking, and types of evidences utilized in the ads. Two coders coded the ads independently and the reliability of the variables ranged from .89 to 1.00.

Our results show that half of the Indian anti-smoking ads focused on second-hand smoking. The majority of the ads targeted two or more age groups of audiences and used men as their main characters. Half of the ads mentioned severe consequences of smoking such as death and cancer. Among different message themes, the dominant themes are the consequences of smoking and second-hand smoking. Most of the ads also used fear appeal and sadness appeal.

Chi-square test shows that anti-smoking ads focusing on second-hand smoking were more likely to use family (men, women, and children) as main characters and emphasized on severe consequences of smoking such as cancer or death, while ads not focusing on second-hand smoking were more likely to only use men as main characters and describe the consequences of smoking as only a little severe with simple complications such as cough and chest congestion. Moreover, ads with second-hand smoking messages were more likely to use statistical evidence and reports from government or NGO. In terms of different types of appeals, advertisements focusing on second-hand smoking were more likely to use sadness appeal, anxiety appeal, and informational appeal, but less likely to use anger appeal.

For the next step, we will code the numbers of views, likes, dislikes, and comments of each ad and examine the relationships between these user behavior variables and the different strategies mentioned above.

This study provides several implications for second-hand smoking research, especially that in the international context. First, we detected the extensive strategies being used to control smoking and a series of tests revealed significant content that included representation of family, children and friends who are affected by second-hand smoke in the ads. Second, we put our research in the newly emerging social media environment. Through analyzing the relationships between different strategies in the ads and user behavior outcome variables on Youtube such as views, likes, and comments, we will be able to detect which types of strategies in anti-smoking ads are more interactive and can motivate user deliberation and participation. Third, our study will provide suggestion for the intervention programs that are being planned to help smokers and save families affected by second-hand smoking.

Self-Determination Theory and Risk Behavior in a Collectivistic Society: Preventing Reckless Driving in Urban Nepal

Yerina Ranjit (University of Connecticut)

Abstract

Traffic road accidents are one of the leading causes of mortality in Nepal. Driving recklessly has increased injuries and deaths exacerbating this public health problem (WHO, 2011). In Nepali cities, drivers are not adequately educated about road safety rules and regulations are also not enforced strictly. This combination of problems poses a challenge creating safety on the roads. It also hinders changing drivers' attitude and behavior against reckless driving. Media messages may be able to alter driver's behaviors, however little is known about which persuasive strategies are most effective. Drawing on self-determination theory and the health belief model, the current study tests the value of messages stressing autonomy support messages and collectivist consequences on driver's beliefs and behaviors within a collectivist society. The study posits that participant's perceived need to be safe on the road (identified regulation) will mediate the relationship between exposure and perceived threat. Furthermore, perceived source credibility is expected to moderate the impact of identified regulation on attitude and behavior change.

The study will employ a factorial post-only experimental design, crossing strong vs weak autonomy-support message by collectivistic vs. individualistic appeal messages. Participants will view a short one minute video, complete an immediate post-test questionnaire, and complete the delayed posttest questionnaire after two weeks.

Neighborhood storytelling networks and cigarette use in a community- and clinic-based sample of Hispanic females

Meghan Bridgid Moran (San Diego State University), Lourdes Baezconde-Garbanati, Jennifer Unger (University of Southern California), Jazmyne A. Sutton (San Diego State University), Sheila T. Murphy, Sandra Ball-Rokeach (University of Southern California)

Abstract

Background: A variety of community-level factors influence smoking behavior. For example, neighborhood disadvantage and the availability of tobacco products in a community serve to increase one's likelihood of smoking, while, smoke-free policies are protective against smoking. A key mechanism through which these community-level factors may influence smoking is by constructing and promoting social norms that are either permissive of or prohibitive towards smoking. Neighborhood storytelling networks (see Ball-Rokeach & Kim, 2006) are crucial to the construction and communication of community smoking norms. Storytelling networks are networks of three key players in communities: local/ethnically targeted media, community organizations, and residents. Together, these players interact with each other and communicate not only news and gossip about a neighborhood, but shared norms and values as well. The extent to which an individual is connected to his or her neighborhood storytelling network has been shown to moderate community-level influences on a variety of health outcomes. It is possible, then, that connections to a storytelling network may also help moderate community-level effects on smoking behavior.

Objective: The objective of this analysis is to examine whether the strength of a neighborhood storytelling network is associated with smoking status, and whether the strength of a neighborhood storytelling network moderates the effect of neighborhood-level factors on smoking status.

Methods: This analysis uses data from an NCI-funded R01 study examining women's health in Los Angeles County. Hispanic females aged 21-50 (N=1,632) were recruited at clinic- and community-based sites and geo-coded to one of 25 neighborhoods. Participants were given a 45-60 minute long survey in English or Spanish containing questions about health behaviors and outcomes, as well as communicative factors. In the current analysis, we use connection to the storytelling network (ICSN) using a measure developed by Kim and Ball-Rokeach (2006). This measure aggregates individual-level data to assess strength of a neighborhood's storytelling network. Smoking status was assessed by asking participants about current and lifetime cigarette use; participants were categorized as never smokers, former smokers (had ever smoked every day for 6 months; not currently smoking) and current smokers (had ever smoked every day for 6 months, currently smoking). Additionally, to geo-code data, participants were asked to provide their address; 1,150 participants provided valid addresses that located them in one of 25 different neighborhoods. Covariates include socioeconomic variables, age, acculturation and country of birth.

Results: Preliminary analyses using univariate ANOVA indicate that current smokers live in communities with weaker storytelling networks than former smokers or never smokers (2.8 vs. 3.5 vs. 3.3). Further analyses will consist of hierarchical linear modeling to model the community-level impact of neighborhood storytelling while controlling for factors such as neighborhood and individual-level socioeconomic status and acculturation.

Discussion: These findings indicate that communities with strong storytelling networks may be particularly well-suited to enforce anti-smoking norms. Alternately, it is possible that smoking may cause individuals to gravitate towards areas with weaker ICSNs – perhaps tightly knit communities stigmatize smokers. Limitations of this study include a cross-sectional design, which we feel is appropriate given the exploratory nature of this analysis, and the exclusion of males from the sample. Male and female smoking behavior may have different motivators and influences, so replication of these findings in a male or mixed-gender sample is crucial. Ultimately these findings underscore the importance of communication as a community-level factor that predicts important health outcomes such as smoking status. Health communication scholarship should integrate this type of approach into more traditional work examining individual-level communicative factors (e.g. exposure to anti-smoking messages).

Transnational Ties Buffer the Impact of Stress on Smoking Behaviors among Latina Women in Los Angeles County

Meghan Bridgid Moran (San Diego State University), Lourdes Baezconde-Garbanati, Jennifer Unger (University of Southern California), Jazmyne A. Sutton (San Diego State University), Sheila T. Murphy, Sandra Ball-Rokeach (University of Southern California)

Abstract

Background: As a whole, Latina women have a relatively low rate of smoking, although smoking among ethnic subgroups varies considerably. One potential factor that influences smoking in this population is psychosocial stress – women who report higher levels of stress have higher rates of smoking. In particular, among Latina women who have immigrated to the US, acculturative stress (the stress associated with adapting to a new culture) may be a particularly important source of stress. Transnational communicative ties, by providing a connection to one’s home country, may serve to ease the burden of stress for this population. Additionally, transnational ties may act more generally as a source of social support, further mitigating the impact of stress. Thus, it is plausible that although Latina women who experience a great deal of stress may be more likely to use cigarettes as a stress reduction tool, transnational ties could blunt the experience of this stress and thus make never smokers less likely to initiate smoking in the first place or enhance the likelihood that current smokers have successful quit attempts.

Objective: Given the potential for transnational ties to mitigate the effect of stress on smoking, this paper has three objectives: (1) to examine the effect of psychosocial stress on smoking status; (2) to examine the effect of transnational ties on smoking status; and (3) to assess whether transnational ties buffer the effect of psychosocial stress on smoking status.

Methods: This analysis uses data from an NCI-funded R01 study examining women’s health in Los Angeles County. Hispanic females aged 21-50 (N=1,632) were recruited at clinic- and community-based sites and were given a 45-60 minute long survey in English or Spanish containing questions about health behaviors and outcomes, as well as communicative factors. Because this analysis focuses on connections to one’s home country, we use data from only the 1,296 participants born outside the US. Transnational ties were assessed by asking participants how often (on a scale of 0=never to 6=several times a week) they engage in a variety of communicative behaviors (texting, phone calls, etc.) with people in their home country. Stress was assessed by asking participants to report the amount of stress in their life during the past year (1=no stress, 10=extreme stress). Smoking status was assessed by asking participants about current and lifetime cigarette use; participants were categorized as never smokers, former smokers (had ever smoked every day for 6 months; not currently smoking) and current smokers (had ever smoked every day for 6 months, currently smoking). Covariates include income, age and country of birth (Mexico, Guatemala, El Salvador, or other Central or South American country).

Results: Preliminary findings using logistic regression analysis indicate that transnational ties were positively associated with being a current smoker vs. never smoker (AOR=1.307, $p < .01$), but not with being a former vs. current smoker (AOR=.996, $p=.965$). Stress was not associated with being a current smoker (AOR=1.084, $p=.185$) or former smoker (AOR=.987, $p=.860$). Preliminary analyses using Hayes' PROCESS macro for SPSS indicate that transnational ties significantly moderated the effect of stress on being a current smoker, such that women under high levels of stress who also had high transnational ties were less likely to smoke than women with similarly high stress levels who had fewer transnational ties. Similarly, transnational ties moderated the effect of stress on being a former smoker: women with high stress levels who had strong transnational ties were more likely to be former, as opposed to current, smokers while women under stress with weak transnational ties did not experience this protective effect.

Discussion: These findings indicate that transnational ties blunted the effect of stress on being a current, as opposed to never or former smoker. Transnational ties may provide Latina women born outside the US with a sense of social support and could reduce the burden of acculturative stress. However, transnational ties were independently associated with increased likelihood of being a current smoker, indicating that transnational ties may produce this effect through an alternate mechanism. Further analysis will examine whether the positive effect of transnational ties is unique to women experiencing high stress and will explore possible mechanisms underlying these complex findings.

“The motivation is within myself”: Applying Self Determination Theory to internalize exercise motivation among a rural population

Sarah Sheff, Kami Silk (Michigan State University)

Abstract

Background: Past research indicates that individuals in rural areas, such as Mid-Michigan, are more likely to be overweight or obese than individuals living in suburban or urban areas. Despite the development of various campaigns and prevention programs over the last decade, little is known regarding effective interventions specifically targeting rural populations. This study sought to determine the extrinsic and intrinsic motivations associated with regular physical activity among residents of a rural community in Mid-Michigan. Subsequently, Self-Determination Theory (SDT) guided the creation of messages to be tested among a larger pool of participants from the same community.

Self-Determination Theory suggests that an individual's experience of autonomy, relatedness, and competence will facilitate increased motivation to engage in a behavior, such as regular exercise, resulting in the internalization of that behavior. In the present study, messages will test the effectiveness of the dimensions of SDT on the internalization of physical activity among a rural population. Based on previous research surrounding SDT, this study hypothesizes that the health message highly supportive of all three dimensions of SDT will result in greater internalization of the message and recommended behavior when compared to both the message less inclusive of the dimensions of SDT and the control.

Method: Phase one of this study consisted of interviews (n=10) conducted at a community center located in rural Mid-Michigan, each having a duration of approximately thirty minutes. The interviews largely focused on determining participants' intrinsic and extrinsic motivations to engage in regular physical activity. Interview data revealed motivations specifically relating to the dimensions of SDT. As such, this qualitative data will inform the design of messages tested in phase two.

During phase two of the study, Mid-Michigan residents will participate in a survey to test the effectiveness of messages aimed at increasing motivation to engage in regular physical activity. The design of these messages will be based on findings from the qualitative data in phase one, applying SDT in ways which are relevant to the target population. Participants will be exposed to three messages, two being the treatment stimuli and the third acting as a control. One treatment message will emphasize highly internalized motivational characteristics, being highly supportive of competence, autonomy, and relatedness. The other treatment message will emphasize less internalized motivational characteristics, being less supportive of the three SDT dimensions. Finally, the control message, currently in use at the study location, will be without these dimensions entirely, emphasizing neither intrinsic nor extrinsic motivation. Message order will be randomized across participants, each message being immediately followed by the survey measures and then a distraction task. Following the distraction task, the next message will be presented with its respective measures and distraction task.

Participants will be asked to evaluate their experience of relatedness, autonomy, and competence after viewing each message as it relates to physical activity. Additionally, participants will also provide behavioral intentions regarding starting or maintaining a regular physical activity regimen.

Results: Both qualitative and quantitative data will be presented. First, qualitative interview data will be presented. These data informed message content and design utilized in the second phase of the study. Quantitative data collected during phase two will also be presented. These data will reflect participants' perception of autonomy, relatedness, and competence regarding physical activity after viewing each message, and subsequently, the extent of the internalization of the behavior.

Gender Concordance Preferences among Patients Discussing Sexual Health with Physicians: A Two-Nation Comparison

Lance S. Rintamaki, McKenzie Pittman, Aisha O'Mally, Scott P. Murszewski, William Przysinda III, Jacob Chameli (University at Buffalo, State University of New York)

Abstract

Background: Despite its clinical significance and centrality to quality of life, discussing sexual health during medical encounters proves to be a challenging and remarkably scarce phenomenon. As such, mounting research has sought to identify variables that may promote or inhibit these therapeutic discussions. As part of a larger study on sexual health education in clinical settings, we present data from a large, two-nation sample (the United States and Singapore) that assesses patient preferences for gender concordance when discussing sexual health with physicians. In doing so, we address how often and why people prefer gender concordance (and discordance) under these circumstances, as well as how these preferences vary across sex, age, ethnicity, and nationality. Such findings underscore challenges to engaging in such discourse, but also provide insight on how to surmount them and facilitate these essential conversations.

Methods: Participants (N=2,241) were recruited using targeted snowball sampling to diversify the sexes, ages, and ethnic backgrounds of sample participants. These data were collected in Singapore (N=1,266) and the United States (N=1,153) using online survey software, which polled participants on their histories with physicians, as well as their preferences for and challenges to discussing sexual health during clinical encounters. Specifically, patients were asked (a) if they would want a physician to be a specific sex if the physician and patient would be discussing sexual health, (b) what that preference was, if any, and (c) why they felt they held that preference. Multiple coders employed latent and manifest content analyses in tandem to develop and apply a categorical system for detailing patient preferences for gender concordance. Chi-square tests, t-tests, and logistic regression models were then used to determine if the variety and prevalence of such preferences are related to demographic variables, such as sex, age, ethnicity, and nationality.

Results: The clear majority of participants in this study (69%) had a preference for the sex of their physician when discussing sexual health. Of these, over 91% preferred gender concordance with their physicians (i.e., preferred their physician to be the same sex as the patient). Significant differences for prevalence of concordance preference and preference type were found across nationality, ethnicity, sex, and age, with Singaporeans, specific ethnic groups, women, and older participants preferring gender concordance. Reasons for such preferences were categorized and included (a) Increased Patient Comfort, (b) Perceived Physician Competency, and (c) Fear of Social Judgments. Odds ratios for each of the three core categories of rationale also differed based on the aforementioned demographic variables. Of the small number (N=144) of the total sample that preferred gender discordance when speaking

with physicians about sexual health, Increased Patient Comfort and Perceived Physician Competency were provided as rationale.

Discussion: Prior research underscores how the vast majority of physicians and patients avoid discussing sexual health topics, even when both parties believe them to be important. These findings provide further insight on one of the potential causes of this conundrum, which we tie to Social Identity Theory, Uncertainty Management Theory, and Similarity Principle. The prevalence of concordance preferences presents a formidable challenge for clinical dialogue and stability in the therapeutic alliance. Of special consequence are the differences in preferences across demographics, which pose special problems for communication competency training and clinical practice across international lines. We offer suggestions for future research on gender concordance and strategies with which these challenges might best be met.

Alcohol Use in College Communities

Jill Tyler (The University of South Dakota)

Abstract

Problems associated with alcohol use and abuse on college campuses have been studied from several paradigmatic lenses, and have invariably been found to create ongoing and often tragic, personal and public health problems. In 2005, an interview study was conducted to determine how community leaders felt about college student drinking in general, and in particular, in their college town (Campo, Tyler & Nathan, 2005). Community leaders included representatives from business, government, education, media, law enforcement, neighborhood associations, and religious organizations. This study revealed several communicative strategies used by community leaders to mitigate and reframe the problem – preoccupation with individualism as opposed to a broader public good; a separation of evidence from normative perceptions; arguments for the structural uniqueness of the community; a re-definition of the problem; and a reliance on a cultural standard that reinforced drinking.

Eight years later, in 2012, a series of focus group studies were organized in another college community, asking them to reflect on alcohol use and abuse in the community. These focus groups were made up of friendship networks, all of whom resided in the community. This study was designed to explore how health knowledge, attitudes, and behaviors were shared within adult friendship networks, and alcohol emerged as a shared lifestyle pattern. While the protocols and methods were somewhat different, comparisons with the 2005 study emerged that serve to inform public health efforts to address alcohol use in college communities. Both studies revealed strong and stable resistance to anti-alcohol messages, and an almost generous acceptance of alcohol use by college students. Among the similarities, friendship networks repeated stories and myths of alcohol-induced revelry on the part of individuals who were cast as heroes in town lore. A tolerance for alcohol abuse was voiced as “college is a time for drinking,” even as some acknowledged that the campus had been “lucky” that there had not been any serious consequences of alcohol abuse. Both groups argued that the town relied, economically, on college student drinking and that tolerating public drunkenness was worth the financial boost the town enjoyed from the college students. Neither community leaders in 2005, nor friendship networks in 2012, recognized serious health issues related to alcohol use and abuse in their communities.

As researchers and advocates work to design effective health education and promotion campaigns in college communities, the over-riding cultural acceptance of alcohol abuse by students must be better understood.

Nicole's Illness Experience: Problematic Integration in Adolescence for Contested Symptoms

Janet E. Panoch (IUPUI), Matthew Ward (Purdue University), Nicole Whitis, Austin Babrow (Ohio University)

Abstract

Adolescence (ages 13-19) is a transitional period leading to adulthood yet teens are still legally and logistically dependent on adults for much of their care and safety. The expectation for teenagers is that the adults in their lives (family members, teachers, doctors) will still attend to serious health matters. However, the prospect and probability for this expectation is threatened when adolescents present with contested medical symptoms for which there is no known cause.

This study applies problematic integration theory (Babrow, 2001) for the first time to a case study of gastroparesis with six years of contested symptoms- Nicole's illness experience. Gastroparesis is marked by symptoms such as extreme nausea, fatigue, and frequent vomiting; gastroparetics are frequently misdiagnosed with eating disorders. Traditionally, the condition was thought to be characterized by anorexia and Nicole was declared bulimic at one point in her teens. Gastroparesis impairs the quality of life and symptoms range from being uncomfortable to debilitating and in some cases life-threatening.

The application of PI theory to Nicole's medical history by way of interactive interviewing and medical records revealed little communication that could transform PI to help Nicole reappraise the trust in adults when facing decisions about risking disbelief vs. suffering from morbidity. The adults in Nicole's life during her formative years generated problematic integration by persistent misdiagnoses and general lack of empathy. The expectations and evaluative orientations of trusting adults to assist in severe health crises diverge as the outcome becomes more uncertain. Decisions must be made about whether or not to seek adult intervention; chaining decisions such as continued medical intervention are based on whether or not adults are responsive to continued contested symptoms. These decisions include informing family members, teachers, and physicians of continued illness and whether or not to attempt a school day knowing that vomiting will occur. Nicole reveals her struggle for meaning as she expresses emotional responses such as I just didn't know what else to do and I just wanted to be a normal kid and go to school like everyone else.

Patients like Nicole must make a decision to choose between the risk of disclosure or suffering when they had expected a completely different outcome – a medical diagnosis leading to health. Applying PI theory to medical counseling when adolescents present with symptoms for which there is no known cause demonstrates the need for a reevaluation of values when facing a clear divergence from expectation.

After twenty years as a gastroparetic, Nicole now has an electrical device implanted in her abdomen to manage her symptoms. However, this device still requires unpredictable surgeries for new lead lines, adjustments, and battery replacements, leading to further uncertainty and PI. Innovative patient-centered advancements at Purdue are being studied that will allow patients to make these adjustments themselves without invasive surgeries or doctor

visits, placing control of healthcare in the hands of the client. This unique case study takes a medical humanities approach by embracing health communication, medical sociology, and illness narratives, as well as expert input from biomedical engineering. As a unique, multidisciplinary effort, we seek to expand on problematic integration theory with the ultimate goal of engaging the medical audience in a deeper understanding of the contested illness experience from the voice of the patient.

Role of health literacy in predicting multiple healthcare outcomes among Hispanics in a nationally representative sample: A comparative analysis by English proficiency levels

Madhurima Sarkar, Lindsey Asti, Kristine May Nacion, Deena Chisolm (The Research Institute at Nationwide Children's Hospital)

Abstract

Objective: To explore the role of health literacy (HL) on multiple health outcomes within the Hispanic population and to conduct a comparative analysis examining the associations between HL and multiple healthcare outcomes across three levels of English proficiency among Hispanics (English dominant, bilingual and Spanish dominant speakers).

Method: We used the 2007 Pew Hispanic Healthcare Survey to examine associations between self-reported HL and multiple healthcare outcomes among 4,013 Latino respondents ages 18 and older. Healthcare outcomes included medical home status, access to mental healthcare, use of alternative medicine, health insurance status, overall health, and perceptions of medical care in the US. Logistic regression models were used to assess associations between HL and the healthcare outcomes for the full sample and the sample stratified by English language proficiency, adjusting for demographic variables, acculturation and legal documentation.

Result: Overall, Hispanics with adequate HL were more likely to have better perceptions of medical care in the US (AOR=1.4, 95% CI=1.1-1.8), were more likely to be satisfied with the help they received from their doctors (AOR=2.0, 95% CI=1.6-2.5), and were more likely to report having better overall health (AOR=2.0, 95% CI=2.5-2.5). Similarly in the stratified group analysis, individuals with adequate HL among all levels of English proficiency were two times more likely to report having better overall health. However, relationships and the strength of associations between HL and other health outcomes varied among the proficiency groups. Spanish dominant speakers with adequate HL were more satisfied with the help received from doctors (AOR=2.3, 95% CI=1.5-3.4) in contrast to English dominant (AOR=1.7, 95% CI=1.1-2.7) and bilinguals (AOR=2.1, 95% CI=1.5-2.9). Having adequate HL was associated with decreased use of traditional medicine (AOR=0.7, 95% CI=0.5-0.9) only among bilingual Hispanics, and only Spanish dominant speakers were 2.1 times (95% CI=1.3-3.2) more likely to report having excellent perceptions of US medical care.

Conclusion: Limited health literacy impedes improvement in healthcare outcomes among the Hispanic population, but its effect on healthcare outcomes varies within the English proficiency groups. HL research that focuses only on the Spanish dominant speakers can leave out a substantial percentage of the Hispanic population who are English proficient but have low health literacy and may face similar challenges with healthcare as their Spanish counterparts.

Watching Our Brotha's Back: Black Barbers as Community Health Navigators of Cardiovascular Disease From a Life Course Perspective

Olga Idriss Davis (Arizona State University)

Abstract

Barbers are redefining their role in the Black community by crafting the barbershop as a critical space for performing health care intervention among Black men (Davis, 2011, 2013; Luque, et al, 2013; Alexander, 2003, 2006). The cultural space of the barbershop serves as a culturally grounded environment for changing behaviors and attitudes among community health navigators and their clientele in promoting Black men's health in the Southwest.

Examining the ways in which Black barbers address the knowledge of health, how it is translated, and the influence of social and cultural determinants of health, point to the need for translation and dissemination of health knowledge and understanding into practice through community-based participatory efforts. Transforming the Black barbershop into a site for community health education and culturally-responsive health promotion, this paper inquires, "What is the meaning of health to Black men in the barbershop community?"

First, integrating preliminary data from the Black Barbershop Advisory Committee (BBAC), an intergenerational collective of Black barbers in Phoenix, Arizona, this paper examines the life course perspective in the construction of Black masculinity. Second, an ideology of health and wellness frames the perspective of life course and the ways in which cultural responsiveness is useful in understanding ideological constructions of social reality. Next, a community-driven cardiovascular disease health literacy program in Black barbershops in Phoenix, Arizona at once demonstrates the role of the barber in the community and how cultural competence is defined and performed among barbers and clients. Finally, the relationship between health promotion in the Black barbershop and the role of Black barbers as community health navigators, offers an innovative approach to addressing health literacy in African American communities and is the first wave of innovation for Black barbers watching their brothas' backs.

The roles of psychobiological motivational traits in the attribution model of HIV/AIDS stigma

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Abstract

Reducing the social stigma associated with the HIV/AIDS would be a critical step in improving the quality of life of individuals with the disease (Rintamaki & Brashers, 2010). Due to the social stigma about HIV/AIDS, individuals with the disease have difficulties being treated fairly and are much more likely to be regarded negatively by people who perceive those with such disease as dangerous. Such stigmatized individuals experience several negative emotional and cognitive processes when they internalize the devaluation of themselves (Rintamaki & Brashers, 2010). They may experience poor self-esteem and depression, which in turn lead to an increase in their hopelessness, demoralization, and impulsiveness (Angelino & Treisman, 2001; Crandall & Coleman, 1992; Crocker, Major, & Steele, 1998). People who have experienced depression may move on to substance abuse and lose social networks (e.g., Crum, Brown, Liang, & Eaton, 2001), which in turn may lead them to lose a sense of meaning in their lives by losing their social connections and self-confidence (Starace & Sherr, 1998).

In the context of HIV epidemic, researchers have focused on how cognitive processes inform and predict behavioral outcomes of stigmatizers to understand stigma's role in forming social interaction (Rintamaki & Brashers, 2010). Thus, when studying the stigma associated with HIV/AIDS, Weiner (1995)'s attribution theory has become the theoretical framework for addressing the relationships among the cognitive responses to attributions of responsibility, stigmatizing attitudes, and discriminatory behaviors (Mak, Cheung, Law, Woo, Li, & Chung, 2007; Philip, Chadee, & Yearwood, 2014; Zhang, Rivkin, & An, 2013). The existing literature has demonstrated that different levels of individual understanding of the cause of the disease influence people's affective responses to people with HIV/AIDS, which in turn lead to behavioral reactions, but they just focused on the reactions to the stigmatizing cues. To better understanding the links between stigmatizers' identity and stigmatizing attitudes, this study proposes a research model based on the dual-motivation theory (Cacioppo & Gardner, 1999) and the attribution model of stigma (Corrigan et al., 2003), and aims to examine the model. The proposed model (see Figure 1) predicts that human psychobiological motivational traits (appetitive system activation (ASA) and defensive system activation (DSA)) influence on HIV/AIDS stigma and resulting behavioral intentions (help-seeking intention, blaming intention, and social distance) through the mediating roles of perceived controllability and perceived risk.

The dual-motivation theory assumes that human has two underlying motivational systems, appetitive and defensive, which activate in response to pleasantness and unpleasantness, eliciting positive and negative emotional feelings, respectively (Cacioppo & Gardner, 1999; Lang, Shin, & Lee, 2005). The activation levels of the systems increase with arousal levels of the (un)pleasantness. Further, ASA and DSA regulate motivational, emotional,

and cognitive processing. An individual's ASA and DSA have been measured using the Motivation Activation Measure (MAM) – self-ratings on how positive, negative, and aroused they felt from each of 35 still pictures with various emotional tones in valence and arousal (Lang et al., 2005; Potter, Lee, & Rubenking, 2011).

In addition, the attribution theory of stigma suggests that individuals' perceived stigma can play a role as a cognitive mediator, and so can lead to their affective responses (i.e., pity or anger), and have resulting behavioral reaction (i.e., helping or punishing) (Corrigan, 2000; Corrigan et al., 2003). An individual's ASA is related with pursuing safety in an environment while DSA is related with increasing risk-avoiding tendency (Lang et al., 2005). Thus, we hypothesize that ASA would be positively related with perceived controllability, and so help-seeking intention and resulting social distance. We also hypothesize that DSA would be negatively related with self-efficacy, controllability, risk, and stigma perceptions, and thus resulting blaming intention and social distance. There is little research on identifying the roles of psychobiological motivational traits in the attribution model of stigma. Importantly, this investigation will shed light on the ways to advance understandings of the theories and model. Two hundred fifty three subjects participated in computer-based survey research. Data were entered SPSS 20.0 and then imported into AMOS 20 to employ structural equation modeling.

Communication and Definition of a Mental Health Intervention: Social Support in the "Green Zone" for Soldiers in Higher Education

Laura Privadera, John W. Howard III (East Carolina University)

Abstract

Issue definition is an important consideration for the success of a support program. Definitions frequently imply valences that are associated with an issue and the individual experiencing it. Consequently, a negatively valenced condition can lead those whom experience it to avoid treatment so as to avoid the stigma that comes with program participation or diagnosis. Such stigmas are particularly strong for issues of mental health among military personnel. This project examines how military personnel and the challenges they face are defined in Green Zone programs on college campuses. Green Zone programs are comprised of trained, informed, and supportive university and college members who are able to provide support and assistance to foster soldier and veteran well-being and academic success. The successful framing of combat as part of the soldiering experience and not as defining the soldier creates opportunities for understanding the challenges those experiences can create. The framing avoids widely used deficiency, victimization, or survivor approaches. Instead, soldiering creates a unique set of experiences that benefit from novel approaches. Understanding how this is done offers opportunities for refining this approach which may further advance Green Zone purposes. Furthermore, Green Zone framings of soldier and veteran experiences may have application in other programs designed to support people who face stigmatization or may be resistant to seeking needed services those organizations offer.

Parental Support of HPV Vaccination Mandates among African Americans: The Interactive Effect of Message Framing and Consideration of Future Consequences

Xiaoli Nan (University of Maryland), Kelly Daily (La Salle University), Adam Richards (Texas Christian University)

Abstract

The human papillomavirus (HPV), a primary cause for cervical cancer, is the most common sexually transmitted infection in the United States. In June of 2006, the vaccine Gardasil was approved by the FDA for the prevention of HPV. That same year, the Advisory Committee on Immunization Practices (ACIP) and the CDC recommended that the vaccine be administered routinely to girls 11 and 12 years of age. The licensure of Gardasil and the recommendations of prominent health organizations to vaccinate young females against HPV led to an onslaught of vaccine policy proposals at the state level. The most contentious bills introduced sought to make HPV vaccination mandatory. In 2007, Texas Governor Rick Perry issued an executive order requiring HPV vaccination for girls entering the sixth grade. By 2008, 24 states had proposed HPV vaccination mandates. Despite the push for this legislation nationally, only one state (Virginia) and Washington, D.C. have adopted laws requiring HPV vaccination. Perry's executive order was overturned by the Texas state legislature just two months after the order was issued. The current research aims to understand parental support for HPV vaccination mandates among African Americans, focusing particularly on how message framing (gain vs. loss) and Consideration of Future Consequences (CFC) – a stable individual difference in the extent to which people consider distant versus immediate consequences of potential behaviors – interacts to influence policy support. This research focuses on the African American population as it is disproportionately affected by cervical cancer, a serious disease preventable by the HPV vaccine; African American women, compared to non-Hispanic White women, are over 30% more likely to develop cervical cancer and at least twice as likely to die from cervical cancer. A survey of 193 African American custodial parents of at least one child between the ages of 9 and 17 years old who had not yet received the HPV vaccine was conducted in 2012 through 2013. Participants were recruited by trained researchers at community outlets, such as shopping malls and Laundromats, located in the Maryland suburbs outside of Washington, DC. Participants were given a booklet that contained pre- and post-test survey questionnaires with an embedded pamphlet about HPV vaccination that was either gain-framed (e.g., "By having your child receive the HPV vaccine, you make it much less likely for him/her to get genital HPV.") or loss-framed (e.g., By not having your child receive the HPV vaccine, you make it much more likely for him/her to get genital HPV.) Results showed that message framing and CFC interacted to influence parental support for HPV vaccination mandates. Among parents who were high in CFC, the gain-framed (vs. loss-framed) message resulted in stronger support of the policy. Among those who were low in CFC, the lossframed (vs. gain-framed) message led to greater endorsement of the policy. These findings raise a number of theoretical and practical implications concerning the persuasive communication of health policies in general and HPV vaccination mandates in particular.

Why don't they play? Barriers to Muslim women's' physical activity participation

Susan Dun (Northwestern University in Qatar)

Abstract

Over the past 30 years, a number of studies have focused on the participation of Muslim women in physical activity and sports, primarily in response to the lower participation rates by Muslim females in international competitions (Sfeir 1985) and in sports generally in at least some countries (Benn, Pfister, & Jawad, 2012). Physical activity is of course known to be an important factor in combatting obesity, diabetes and other noncommunicable diseases. Muslim women may face constraints that make managing physical activity particularly challenging, for example public behavior may be regulated, especially any that could cause male attention. If Muslim women struggle to manage such constraints on their activities, then they may be particularly disadvantaged in participating in physical activity.

The majority of studies on Muslim women and physical activity focus only on the women's status as Muslims, assuming that constraints on their physical activity levels must stem from their religion. Thus, questions about how they manage aspects of their lives like juggling career and family, or motivation are almost never asked, as they are of Western women and girls in studies of physical activity. Additionally, almost all of the studies use qualitative methods, typically involving interviewing a small number of women, which provides rich insight into the experiences of a relatively small number of women but also makes it difficult to draw general conclusions. For health communication campaigns designed to increase the physical activity levels of Muslim women, such research may not provide the correct information that is necessary to design messages targeted at their actual major barriers to participation. It is of course well established that formative research on the target audience is a vital component of successful health communication campaigns. If one does not target the relevant barriers to healthy behavior in the audience, then the messages will not accomplish their goal of attitudinal and/or behavioral change.

To address these shortcomings, the present research first utilized quantitative survey methods, allowing general trends to be identified. And second, asked not only about barriers that may stem from the women's status as Muslims but also those that are commonly experienced by women (and men) such as finding the time to be active. At odds with the existing research, we found (n= 225) that the women's largest barriers to physical activity were in fact not primarily related to their religion but rather are time and motivation. They also indicated that access to facilities hindered their physical activity levels. They believe they should be physically active and that their families encourage their physical activity. At the same time, their religion is relevant to their experience of physical activity. They indicated that Islam encourages their physical activity and that they should behave modestly in public spaces. So, for example, some of them cover their hair when exercising in public and/or wear modest clothing.

Health communication campaigns designed to increase the activity levels of Muslim women are more likely to succeed if they target the most relevant barriers of time and motivation to exercise. However, the women's status as Muslims must also be taken into account. So, for example, a visual campaign that included images of scantily clad women successfully managing to find the time to exercise would not be persuasive as it would be at odds with Muslim women's need to be modest while exercising.

The findings shed important light on the complex barriers to physical activity that Muslim women face by not assuming that all of their constraints stem from their religion but rather recognizing that they have live complex, multifaceted lives, as do women of other religions. The research thus provides critical information necessary for successful health communication campaigns targeted at increasing the life saving physical activity levels of Muslim women.

Relationship of Body Image to Breast Self-examination Behaviors and Intentions among Female University Students

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Abstract

Purpose: The major target of this study was to determine whether body image satisfaction affected breast self-examination behavior or intention in Malaysia.

Methods: A cross-sectional survey was carried out among 842 female university students who were recruited from a number of public and private universities in Malaysia. Data was acquired from November to December, 2013, using a multistage cluster random sampling method. English version of the Multidimensional Body-Self Relations Questionnaire (MBSRQ-Appearance Scales) developed by Cash (2000) and Brown, Cash, and Mikulka (1990) was administered. Main research variables were the frequency of breast self-examination in the last year and future intention to perform breast self-examination in the next year, demographic factors, and the total scores on each of the (MBSRQ-Appearance Scales) subscales.

Results: The ANOVA result revealed that there was a significant difference in the age group of students, their level of education, and ethnic groups on the past performance of breast self-examination. The ANOVA analysis also showed that there was a significant difference in ethnic groups (i.e. Malay, Chinese, and Indian) on future intentions to perform breast self-examination. The Pearson correlation investigation exposed that the score on the items assessing satisfaction with students' appearance was positively associated with measures of past performance of and future intentions to perform breast self-examination. However, no significant relationships were found between appearance orientation, the body areas satisfaction scale, overweight preoccupation, and self-classified weight subscales scores and measures of breast self-examination behaviors or intentions.

Conclusion: Appearance Evaluation subscale was significantly and positively related to female students' BSE behavior and intention in Malaysia. This study found that the potential predictor factors of breast self-examination behavior and intention included age and income for Malaysian women, after adjusting for all other demographic variables in the model. Cognitive behavioral health and group-based interventions concerning body image satisfaction and breast self-screening behavior may have health consequences among youth and adult women. The findings request for more in-depth empirical analysis clarifying the sociocultural factors determining what represents body image satisfaction/disturbance among Asian women, particularly Muslim women. Further research should also be investigated to reduce the bias of the retrospective recall of health behaviors studies. Educational campaigns can be organized by the Faculties of Medicine in Malaysian universities joint ventured with the Universities Health Centers to raise awareness on the relationship between body image disturbances such as body shame and cancer screen behaviors among women. A cooperative effort with the Ministry of Health is also an applicable action for this attempt in order to increase women's health

maintenance behaviors and breast health knowledge among students in higher learning institutes in Malaysia.

Public Beliefs About E-Cigarettes and Associations with Exposure To E-Cigarette Related Communications

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Urbana-Champaign)

Abstract

E-cigarettes are increasingly observable through the public information environment for instance in product advertising, news media, and interpersonal communication. The impact of exposure to such information on public understanding and beliefs regarding e-cigarettes is relatively understudied. This study assessed beliefs about e-cigarettes and examined potential correlates of e-cigarette beliefs among a national sample of U.S. adults. Online survey data were collected in July 2014 from 527 U.S. adults from a nationally representative online panel (KnowledgePanel) who reported being aware of e-cigarettes. Participants were asked to rate 7 statements related to e-cigarettes. For example, one statement read "Breathing vapors from other people's e-cigarettes is harmful to my health". Responses ranged from strongly agree, agree, disagree, strongly disagree, or no opinion and were recoded into three categories (agree, disagree, or no opinion). Predictors were exposure to e-cigarette information in general and to contradictory e-cigarette information, demographic factors, and tobacco use. Multinomial logistic regression was used to predict agree or no opinion versus disagree (base outcome) for each belief. Relative risk ratios (RRRs) are reported. The analyses were weighted to match the general U.S. adult population. In this study sample (mean age 52 years, 50% female, 75% white), agreement across the 7 beliefs ranged from 33% (vaping can help people quit smoking) to 56% (e-cigarettes make smoking look more acceptable to youth). Disagreement ranged from 11% (if I vape everyday, I will become addicted) to 29% (if I vape it will be less harmful to me than if I smoke regular cigarettes). Responses of no opinion ranged from 24-38%. Higher exposure to e-cigarette information and contradictory e-cigarette information predicted lower odds of no opinion (vs. disagree) for 5 beliefs. Information exposure was not associated with agreeing (vs. disagree) with any belief. Other significant correlates were race/ethnicity, education, income, past e-cigarette use, health status, party affiliation, and ideology. These findings provide timely data on public beliefs about e-cigarettes. Content analyses of recent e-cigarette communications through various channels will be helpful to explain the pattern of findings from this survey. Additional survey and experimental research to assess the impact of e-cigarette communications on public knowledge, beliefs, risk perceptions, and tobacco use behaviors would be necessary to inform ongoing tobacco control policies.

Adolescent Perceptions about Nutrition: Identifying Memorable Messages

Audrey Smith Bachman (University of Kentucky)

Abstract

Research is necessary to uncover ways to improve adolescent nutrition and reduce obesity rates, particularly in the Appalachian region, which has high rates of adolescent obesity. The current study examined rural cultural norms about food, memorable messages adolescents received about nutrition, and the sources of identified memorable messages. Adolescents shared various memorable messages during comprehensive, semi-structured, small group interviews that incited participants to reveal their individual experiences. Preliminary direct content analysis revealed six prominent memorable message topics including (a) fruit and vegetable consumption (e.g., “eat your vegetables”), (b) timing of food/beverage consumption (e.g., “don’t eat after 7 p.m.”), (c) food portions (e.g., MyPlate), (d) foods/beverages that should or shouldn’t be consumed (e.g., junk food, sugary beverages), (e) food preferences (e.g., family garden produce), and (f) dangers of various foods/beverages (e.g., diet soda, salt, sugar). Adolescents identified family members, physical education teachers, sports coaches, and media (e.g., television, social media) as salient sources of memorable messages. Formative research of memorable messages and their sources have implications for designing tailored health communication campaigns that target nutrition issues currently affecting adolescents. Interventions focused on positive messages that reinforce proper diet and nutrition may be targeted to memorable, dyadic communication interactions discussed by adolescents such as family members and educators.

Supportive communication and health advice across social classes: Volunteer and client exchanges at the food pantry

Christina Jones (University of Wisconsin-Whitewater)

Abstract

It is widely understood that the experience of marginalization is one encompassed by material deprivation and limited structural access. Public health research has established the link between social class and health disparities, with one of the largest determinants of this relationship being the chronic stress of daily living experienced by those lacking access to the structural resources of health and healthcare. It is generally argued that people will fare better when faced with stressful life conditions if they have social support; conversely, lack of social support contributes to physical illness and psychopathology. Thus, the importance of social ties for buffering the impact of stress on health is paramount, particularly for marginalized populations.

However, supportive communication within and across social classes as a tool for health decision-making is largely understudied. Moreover, for marginalized groups, informal exchanges with others who have access to the resources of health can serve as an important discursive space where health information and advice are exchanged. Research might suggest that these informal spaces can be just as important as formal interactions with health professionals in aiding marginalized consumers to make health decisions, yet little research has evaluated the nature of this communication as it occurs across contexts and in real time.

One potential context to evaluate these interactions is that of the food pantry, where interactions between food pantry volunteers, who often come from places of privilege, and clients are frequent. At food pantries making use of the client-choice model, where clients are able to “shop” with a volunteer for items, much like a chaperoned grocery store visit, exchanges between volunteers and clients are common and expected. Additionally, the food pantry also permits the exchange of perceived social support amongst food pantry clients as they wait in line, select food, and load items in vehicles. Drawing from interviews with 25 food pantry clients and 14 food pantry volunteers of a client-choice pantry, this analysis investigates the ways in which the marginalized make use of informal spaces to receive tangible support, informational support, and emotional support from others. Concurrently, this analysis attends to the ways in which volunteers situate themselves in places of privilege, understand their roles as social supporters and health advice-givers, and create meaning for their interactions with the less fortunate.

As pantry clients elaborate upon the supportive communication they’ve received in the pantry context, many also discuss the ways in which the pantry can serve to open a communicative space where clients can uncover their own capacity to help one another with health issues. As such, using food pantries as an access point and situating the communication within the lived experience of food insecurity, this study also seeks to provide further support for the Culture-Centered Approach (Dutta, 2008) in enabling the voices of less fortunate health

consumers to be heard, to provide them with self-defined spaces where they can serve as their own health advocates and as advocates for others.

Using the Health Belief Model to Predict HPV Vaccination in Girls and Women: A Meta-Analysis of Perceived Barriers and Benefits*

Melinda M. Krakow, Debora Perez (University of Utah)

Abstract

The Health Belief Model (HBM) has been utilized in health communication research as a theory-based approach to explain the processes through which messages lead to healthy outcomes, such as the uptake of cancer prevention behaviors. An abundance of individual studies have investigated how two key pathways from the model - barriers and benefits – have impacted behavioral outcomes. Yet, more research is needed to summarize the effects of these components in a more comprehensive manner in order to inform communication-based cancer prevention campaigns and interventions guided by the HBM. The present manuscript examines the impact of these HBM variables across numerous studies in the context of the HPV vaccine as a route to increasing cervical cancer prevention for young women.

This manuscript presents a meta-analysis of 15 articles containing 30 effect sizes ($N = 4523$) summarizing the impact of perceived barriers and benefits on HPV vaccination behavioral outcomes. The human papillomavirus has been conclusively linked to the development of cervical and other cancers. Now, cervical cancer can be prevented with the HPV vaccine for girls and women aged 9 to 26. Because vaccination rates remain low for this population, a central concern for health communication researchers is the identification of variables that can aid in predicting when and why girls and women are likely to get vaccinated or not. To date, no published study has provided a comprehensive meta-analytic review of the Health Belief Model and HPV vaccination behaviors. The current study engages the Health Belief Model as a theoretical approach and synthesizes existing research on variables likely to predict the conditions in which girls and women are likely to engage in vaccination behaviors. The effect of two HBM constructs (perceived barriers and benefits) on HPV vaccination outcomes are evaluated via meta-analytic techniques assessing both fixed and random effects models. Additionally, potential moderators of the HBM-vaccination relationship, including demographic and psychosocial variables, are examined. Results of random effects model analysis found weak relationships for both variables on vaccination outcomes and support the utility of perceived barriers ($M = -.17$) and benefits ($M = .11$) for predicting HPV vaccination behavior. Thus, as perceived barriers decreased and perceived benefits increased, HPV vaccination outcomes (including intentions and behavior) increased across multiple study designs. However, findings also indicate significant heterogeneity across study effects, suggesting a need for greater consistency in the conceptualization and measurement of two key HBM constructs. These findings provide practical insight for researchers and health promoters seeking to incorporate the Health Belief Model as a structure for campaigns and interventions to increase cervical cancer prevention among young women.

Hispanic Women's Personal Social Networks for Health Issues

Lauren B. Frank (Portland State University), Sheila Murphy, Sandra Ball-Rokeach (University of Southern California)

Abstract

Background: Interpersonal contacts are important influencers in women's health decisions. Conversations about health can help to spread campaign messages, but may also contradict message content. Even after accounting for the impact of conversations with doctors and other medical professionals, discussions with friends and family can be predictive of women's health choices. To provide further insight into how these social influence processes may occur, this study examines the personal social networks of Hispanic women for talking about women's health issues.

Method: Data were collected through face-to-face surveys of Hispanic women (N = 1634) recruited at clinics and community sites within Los Angeles. To be eligible, participants had to be between 21 and 50 years old, and the survey was conducted in participants' choice of English or Spanish. Using an ego network name generator, participants were asked to nominate up to five women with whom they spoke about women's health issues. Participants were then asked to provide a series of name interpreters; specifically, for each alter nominated, participants reported their role relationship (e.g. husband, mother, etc.), how close to each other they lived (e.g. same house, same neighborhood, same country, etc.), and specific conversational topics (Pap tests and HPV vaccination). Additionally, participants reported how relationally close their alters were to each other (strangers, just friends, or especially close).

Results: Participants reported a mean of just 1.99 (SD = 1.33) social network contacts with whom they discuss women's health issues. Many of those contacts nominated were also friends with each other. Thus, accounting for the redundancy among those contacts, the average effective network size was only 1.32 (SD = 0.64) contacts. Of those alters nominated, 63% were family members, 86% were female, and 64% were neighbors. For many Hispanic women, the people who they talk to about women's health issues are quite similar to each other.

Conclusion: Given the importance of social network contacts in helping women to determine their health needs, public communication campaigns and medical professionals must take women's social networks into account. The consistency of those social networks suggests that identifying the closest network contact might help to understand women's interpersonal influences when providing health counseling.

Adaptation to Global Warming-Related Health Threats in the U.S.: Knowledge, Risk Perceptions and Support for Government Action

Connie Roser-Renouf, Edward Maibach (George Mason University), Anthony Leiserowitz, Geoff Feinberg, Seth Rosenthal (Yale University), Jennifer Kreslake (George Mason University)

Abstract

The third National Climate Assessment concluded that climate change threatens human health and well-being in many ways, including impacts from extreme weather events, wildfires, decreased air quality, threats to mental health, and illnesses transmitted by food, water, and disease carriers such as mosquitoes and ticks. Some of these health impacts are already underway in the United States, and certain populations are particularly vulnerable, including children, the elderly, the sick, the poor, and some communities of color.

A nationally representative survey conducted in the fall of 2014 found that Americans are largely unaware of global warming's health impacts and have given these impacts little thought. Only a third recognize that people in the U.S. are currently being harmed by climate change; and when asked in an open-ended questions to identify a health problem related to global warming, only a quarter were able to do so; a third could name a vulnerable group.

Studies of risk communication find that people take protective action when they believe they are vulnerable to a serious threat, and that they are capable of taking actions that will effectively reduce the threat. Extensions of this research to climate change have found that people support national action on the issue and are more likely to engage in political and consumer activism when they hold certain key beliefs: they recognize the reality, human causes and danger of climate change, and believe that it may be solved by human actions.

In this research, we assess the extent to which support for national action to protect people from global warming-related health threats may be explained by respondents' knowledge about the specific health impacts of climate change, and by their perceptions that they and their own families are at risk from these impacts. We examine the degree to these variables explain additional variance in support for national action, after controlling for the previously identified drivers of support for action (i.e., recognition of the reality, danger, human causation and solvability of climate change).

Regression analyses show that health impact knowledge and personal/familial risk perceptions do explain additional variance in multiple indicators of support for national action, i.e., in respondents' desire for more action by government, corporations and citizens to address global warming; more action by government specifically focused on protecting people from global warming's health impacts; and stronger support for funding local, state and federal government agencies to protect people from the impacts.

The results thus suggest that communication efforts to increase the public's understanding of the specific health impacts of climate change that Americans are now experiencing may significantly increase public support for action to both reduce and adapt to changes in the climate.

HIV-Negative Men in Discordant Relationships: Redefining Safe-Sex to Manage Intimacy Uncertainty

Scott A. Eldredge (Western Carolina University)

Abstract

When individuals are diagnosed with a chronic illness, their lives instantly change. Daily routines are interrupted and attendance to the symptoms and side effects of illness and medication become a daily chore. However, patients are not the only ones who feel the disruptive effects of illness, and partners of chronically ill patients must also contend with the daily effects of an illness they themselves do not have. In the case of HIV, both the infectious nature of the disease and stigma associated with the disease serve to be additional sources of stress in an already-stressful situation for the HIV patients and their romantic partners.

Because of the infectious and stigmatized nature of HIV, the present study explores issues of uncertainty within mixed status couples' relationships in an effort to understand attitudes related to safe-sex practices. To that end, nine gay male romantic partners with a serodiscordant status were recruited to participate in intensive, semi-structured interviews. Focusing on the experience of the HIV-negative partner, data collection efforts resulted in 193 pages of interview transcriptions. These data were then analyzed inductively using techniques associated with grounded theory. Findings indicate the study's participants experience HIV as a disruption to behaviors associated with the development and maintenance of intimacy within the relationship. In an effort to manage intimacy-related uncertainties associated with the presence of HIV, the participants engage in a variety of identity-reinforcing behaviors designed to deny HIV any influence over the relationship including a complete rejection of condom usage. As a result, these men redefine the meaning of what it means to engage in safe-sex and the role of preventive tactics designed to stem the spread of disease.

The Eye of the Beholder: Perceptions of Explicitness in Sexual Health Advertising in Pakistan – An Empirical Study

Zain Khawaja, Khudejah Ali, Shanze Khan (Lahore University of Management Sciences),
Mariliis Vahe (Florida State University)

Abstract

This study explores public perceptions of sexual explicitness in sexual health advertising in Pakistan. Using eye tracking technology to empirically examine consumption of sexual health advertisements aired over the last 5 years, the study looks to compare actual explicitness of the advertising content with the perceived explicitness by their viewers. We hypothesize that an inverse relationship exists between actual and perceived levels of explicitness for the Pakistani audiences; with lower explicitness advertisements being perceived as high explicitness by the viewers. Lower explicitness sexual health advertising in Pakistan is found to be vague and filled with circumlocution, we posit that this results in information gaps that are filled by the viewers' own imagination and psychological play, resulting in recall that is imbued with these elements of imagination. In addition to exploring the hypothesis question, the study also provides an evaluative overview of the last 5 years of sexual health advertising in Pakistan.

The study uses prior tested and published scales for measuring explicitness by Bogaert et al. (1993); Hetsroni (2007); Reichart et al. (1999) and others as a basis for developing a customized explicitness scale suited to the study and the target population. A pilot is to be run to test Cronbach's Alpha for the scale and to guide semantic categorization of the scale scores (low, medium and high explicitness).

Material consisting of low, medium, and high explicitness will then be showed to participants, and their gaze paths as well as the length and amount of their fixation points will be monitored by a proprietary eye tracking hardware and software solution. The participants are then asked to rank the advertisement they saw on the explicitness scale. Lastly, non-cued retrospective think aloud (RTA) technology will be used for participants to verbalize their thoughts and experiences about the imagery that they saw, providing insight about their cognitive processes.

Comparisons will therefore be made between subjects on the basis of the value of explicitness they assign to each advertisement, the actual path of their gaze and their verbalization of what they recall from the advertisements. We hope to tie results to psychosocial and environmental factors and use our findings to develop guidelines for future sexual health advertising and social marketing on sexual health in Pakistan. In effect, we hope to help mitigate the negative public reaction to socially taboo but critically important sexual health awareness campaigns in Pakistan.

Infographics & Health Communications: Exploring the use of Health Communication Theories in Breast Cancer Infographics

Candace P. Parrish (Virginia Commonwealth University)

Abstract

As the most common form of cancer in women, breast cancer has been abundantly researched and has suggestible methods of prevention that individuals can actively practice. Although there are many campaigns and initiatives regarding breast cancer, research shows that there is still a lack of prevention engagement among various populations and cultures. To add to existing health communication literature and provide innovative ways to enhance current communication methods, this analysis will explore the use of health communication theory, specifically the Health Belief Model (HBM), in infographic design as an effective means of communication in breast cancer prevention campaigns.

There are many positive directions stemming from the intersection of infographic design and health message design. There is an abundance of discussion surrounding research and effectiveness of message framing and tactics, known as message or information design, however, there is less research on connecting visual culture with message framing to produce various positive health-related behaviors. If studies show that health literacy and dissemination of health-related information are key areas of opportunity in health communication, then incorporation of more comprehensible visual components should also be considered. The human brain processes textual data in a “linear manner” and visual data more instantaneously. With this idea in mind, infographics should routinely be utilized in health campaign materials for improved comprehension.

A health communication theory such as HBM has contributed to the success of various studies and health campaigns by helping boost self-efficacy, healthy behaviors, and knowledge through strategic message design. For example, behind the process of slogan creation for a campaign that seeks to generate action through encouragement are clear objectives to increase self-efficacy based upon a target population’s readiness to take action. Exploration of the possibilities of infographics performing as strategic tools to aid in health messaging when designed using health-related theories and principles could be exponentially beneficial. If the most successful and deliverable health messages are those that utilize health communication theories, infographics created with the same process might experience the same success. As prior research in health has noted that the visual-text combination has proven an effective mode of communication, this study synthesizes and considers the impact of incorporating health communication theory during the process of designing infographics for health-related campaigns and initiatives. In addition, this study could potentially positively influence future strategies for health practitioners creating health communication strategies and campaigns.

Mental Illness and the Media: A Review of the Literature

Zexin Ma (University of Maryland)

Abstract

Mental illness is becoming a substantial problem in the society and media are the most common sources of information about mental illness, thus, it is important to review research on mental illness and media. This paper reviews 32 empirical studies on mental illness and media published in the past decade and identifies important research gaps. EBSCO and PsychINFO databases were used to identify relevant studies. Three primary questions are addressed: (1) How do media portray mental illness? (2) What are the effects of media depictions of mental illness on the general public? (3) How could media be used to reduce mental illness stigma? Consistent with previous reviews, this paper finds that media still play a significant role in contributing to mental illness stigma, which has strong consequences for not only the mentally ill but also the society at large. However, media could also be a useful tool to reduce stigma. Entertainment-education programs and web-based interactive media have strong potential in reducing mental illness stigma. This review reveals a lack of attention on examining how media portray specific types of mental illness in various media channels and genres. Future research should fill up this gap and focus more on investigating what strategies media could use to reduce stigma, particularly in the new media, which may have a strong potential in changing attitudes through interactive communication. This project provides a better understanding of media depictions of mental illness and its effects on the society, and it plays an important role to understand and analyze how media create, reinforce as well as reduce mental illness stigma.

WeiBo Network and Social Activism: A case study about Sina WeiBo Profile of China Alliance of PLWHA

Xianhong Chen, Ling Zhang, Kun Zhang, Huazhong (University of Science and Technology, Hongshan, Wuhan, Hubei, Peoples Republic of China)

Abstract

Using Social Network Analysis and Virtual Ethnography, the article takes Sina Weibo (local micro blog in China) profile of China Alliance of PLWHA as an example to discuss the characteristics of mobilizing structure and its potential under the framework of theory of mobilizing structure. This study found that the Network of CAP's Sina Weibo network turned out to be un-centralizing but in centrality, non-organization but well-organized. Several nodes influenced the information flow a lot in the network, but their power came from their fame in the real world and existing social relationships.

Influences of junk food advertising to children health and the realistic routine of supervision

Tingting Yu, Minghua Xu (University of Science and Technology, Hongshan, Wuhan, Hubei, Peoples Republic of China)

Abstract

A series of diseases associated with junk food, obesity as a representative, are plaguing increasingly in recent years, especially to children. Junk food advertising as one of the most effective methods for promotion should be regulated. This research starts with the characteristics and effects of communication of junk food advertising. Through analyzing negative influences and the perspectives of three stakeholders (parents, advertisers and regulators), the author seeks to prove the necessity of junk food advertising management. Combining with the related advertising management research in a global view, the writer deems that there should be three managing levels which are the statutory management of government, profession autonomy as well as personal management. As last, this study puts forward reasonable suggestions on junk food advertising regulation.

How Illustrations Improve Health Information Processing Among Individuals with Limited Health Literacy: An Eye-Tracking Experiment*

Nadine Bol, Corine S. Meppelink (University of Amsterdam)

Abstract

Background The Internet is becoming an increasingly important source of health information, as people are more and more expected to take responsibility for their own health decisions and behaviors. Unfortunately, not everyone is able to understand health-related information. Processing health information is especially difficult for people with limited health literacy. Limited health literacy is often associated with higher hospitalization rates, worse disease management, and less participation in preventive health services. To improve health information processing, people with limited health literacy could benefit from text-illustrated messages. However, no research has yet been done on how health literacy impacts information processing of online text and illustrated health information. The aim of this study is therefore to examine how health literacy impacts attention to and recall of this type of health information.

Method In an eye-tracking experiment, 61 participants ($M = 56.26$, $SD = 17.95$) were randomly exposed to a webpage with either text-only or text-illustrated information about a lung cancer treatment. An eye tracker recorded participants' attention to the webpage (i.e., total fixation time in seconds). An online questionnaire assessed recall of information and health literacy. Recall of information was measured by six open-ended questions about the webpage content, and answers given to these questions were scored using a codebook. Health literacy was measured using the Short Assessment of Health Literacy in Dutch.

Results We found that the relationship between attention and recall was moderated by health literacy. Attention to the entire webpage and text information increased recall, but only among people with adequate health literacy. On the other hand, attention to the illustrations on the webpage improved recall of information, but especially among people with limited health literacy. Thus, if illustrations are able to capture the attention of people with limited health literacy, illustrations will improve recall of information among this group.

Conclusion Using eye tracking, this study provided novel insights into how health literacy impacts attention to text and illustrated online health information, and how these attention patterns relate to recall of information. We found that people with adequate health literacy recall more information when spending more time reading text information, whereas people with limited health literacy recall more information when they attended to illustrations on a webpage. Our study emphasizes the importance of explanatory, text-relevant illustrations for people with limited health literacy. It is thus vital for health communicators to provide health information with appropriate illustrations that attract attention and increase recall to deliver effective health communication to a vulnerable group of health care consumers.

Challenges and Opportunities in Promoting Diabetes Self-Management Education (DSME): An Assessment of a Brochure

Jin-Ae Kang, Stephanie Jilcott Pitts (East Carolina University), Joan Mansfield (Pitt County Public Health Department), Olivia Rachel Whitt (East Carolina University)

Abstract

Diabetes is the 7th leading overall cause of death nationwide, and the 4th leading cause of death among African Americans in Pitt County North Carolina. Evidence shows that Diabetes Self-Management Education (DSME) improves patient outcomes, however, the DSME program at the Pitt County Health Department (PCHD) struggles with low rates of enrollment and high rates of patient attrition. Preliminary focus group data suggests that patients' perceived value of DSME is low. Such difference between patients' perceptions of the DSME benefits and the true value of the DSME calls for investigation of how DSME is promoted to people with diabetes and their families. Using concepts of social marketing and social cognitive theory, our study aims to survey individuals with diabetes and the community at large to gain insight into the effectiveness of the current DSME promotional materials, which is often the first exposure that a patient or patient's family has to the DSME program. The research questions that guided our study were: (RQ1) how effectively does the current DSME brochure promote the Pitt County Health Department's DSME program to persons with diabetes and their families? (RQ2) how can we improve the DSME brochure?

Methods. Following institutional review board (IRB) approval, participants were recruited in Pitt County, North Carolina. Five people were recruited from a diabetes support group meeting, and the rest of the participants (n=22) were recruited in a public library and a grocery store using intercept sampling. Individuals were eligible for the study if they or an immediate family or close friend had diabetes. The survey was structured with open-ended questions. After the brochure was shown, participants were asked what they remembered from the marketing material, what questions came to their mind, and what would stop them from calling to learn more about the DSME program. The verbatim responses were quantified with similar themes, confirmed by two coders. The percent agreement of inter-coder reliability was over 85.18% on all items.

Results. Our final sample included 10 males and 17 females and 48% of the participants were African American, 41% Caucasian and 4% Asian. Findings centered on themes related to understanding of DSME, need for diabetes-related information and information processing capacity. Three themes emerged from the analysis.

Theme 1: Participants tended to recall information about diabetes in general rather than specifics about the DSME program. Fifty-five percent of the participants remembered diabetes facts and how to control diabetes in the initial recall test, and 37% mentioned the DSME program process. Participants still mentioned diabetes facts and diabetes control methods at the 2nd recall test, whereas only 18% responded that the brochure was about DSME promotion. The

diabetes facts and management tips were found to be the participants' favorite information in the brochure (n=11; 40.7%).

Theme 2: Participants confused DSME with the diabetes support group meetings, thus, the current marketing material failed to convince participants that the benefits of the DSME classes outweighs the cost (both financial and time) of taking the classes. 37% of the participants talked about the support group information in the first recall test. The information that the support group is free was mixed up with that of DSME (which is not free). Such support group information created confusion and hindered the participants' understanding of the DSME program. A participant said, "Is DSME really free? But why is the insurance in bold?"

Theme 3: Participants were overwhelmed with the amount of information on the brochure, especially in the overview of the DSME process. Older participants also had a hard time seeing the font of the brochure.

Future Implications: Our findings suggest that the diabetes information contained in the brochure somehow distracted the participants from information about DSME. Diabetes facts are usually regarded as a major information component in marketing material; however, an improved brochure should emphasize DSME over general diabetes information. At the same time, it can guide readers to appropriate online sources for more information. Due to the considerable confusion between the support group and DSME, a newly designed brochure needs to make a clear distinction between the two services, and specify the unique benefit of DSME over the support group. Since participants were overwhelmed with the amount of information included in the brochure, a revised brochure should be less wordy, making use of bullet points instead of narrative. Participants also suggested using diagrams and real pictures instead of clipart and color instead of black and white print. These findings are currently being used to create new marketing materials to promote the DSME program at the PCHD. Future studies will need to test the ability of the new marketing material to increase referrals, increase the perception of the value of DSME, as well as increase patient enrollment and retention in the DSME program.

MSM Voices While on Vacation: A Qualitative Study Toward More Effective Safer Sex Messaging

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Abstract

Interviews with 46 MSM at three tourist locations popular with gay travelers were conducted to determine the best social marketing strategies to inform and persuade this particular group to engage in safer sex practices while on vacation. Participants discussed a variety of different channels that would resonate with this target population, such as posters, videos, and print materials that would be displayed at popular tourist destinations; participants especially called for materials that are more engaging and easily noticeable. In addition, providing a simple message that had a frank and straightforward tone was appealing to the MSM interviewed, with the majority of participants wanting to see messaging coming from a source that is attractive and relatable, yet professional in appearance. When asked for the best time of day to disseminate safer sex messaging, participants suggested during happy hour or early evening, before engaging in late night social activities. Lastly, participants discussed the importance of having a wide availability and accessibility of condoms at the doors of popular gay bars and clubs in order to visually remind MSM to engage in safer sex practices. These recommendations provided by the MSM interviewed provide valuable insight on how this population can be targeted with effective social marketing messages in order to increase MSM's self-efficacy toward safer sex practices and overall more healthy behaviors while traveling in the future.

Raising Awareness on the WV Child Abuse Hotline Number: Knowing the Number Now Can Save a Child Later

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Abstract

In 2011, there were 3.4 million child abuse referrals received by the United States Child Protective Services agencies (U.S. DHHR, 2012). Of these referrals, 676,569 resulted in substantiated claims of child abuse (U.S. DHHR, 2012). West Virginia, specifically, accounted for 4,000 substantiated claims, and although this is a small percent of the nation's child abuse statistic, this number is shockingly high as West Virginia is home to only .5% of the nation's child population (U.S. DHHR, 2012). Additionally, it is argued for every reported case of abuse, two more cases go unreported (Mercy Home for Boys and Girls, 2014). Therefore, the need to increase awareness of this life-threatening issue and to promote an easy communicative behavior to improve health became the focus of this pilot campaign.

An initial audience analysis of 128 undergraduate students was conducted to ascertain participants' knowledge and understanding of child abuse and the referral system. Undergraduate students were chosen as the demographic of interest because multiple organizations have been targeting awareness campaigns to the younger, currently childless demographic to find a way to stop this negative cycle of abuse (The Seven Campaign, 2012). Results of preliminary analyses indicated students comprehended the expansive definition of child abuse and 78.9% of participants indicated that they were willing to report child abuse if observed. However, participants were most likely to report observed child abuse to the police, their own family, friends, and the victim's family, which may not lead to the help needed. Thus, the main goal of this campaign was to increase awareness of the proper channel for reporting child abuse in West Virginia: the West Virginia Child Abuse Hotline.

Dyadic interviews were then conducted with undergraduate students to pilot test slogans, logos, and a promotional video created for this awareness campaign. After final development of the products, undergraduate student participants watched an informational promotional video and were given seven business-size cards with the campaign slogan and the WV Child Abuse Hotline number to share with others. A week later, 55 participants (100%) reported sharing the information with others via the promotional business card, indicated a high willingness to report child abuse (95.6%), and although most indicated they would still report to the police, reporting to the WV Child Abuse Hotline was the second most common way of reporting, a significant improvement from the pre-test data collection. The importance of this awareness campaign cannot be stressed enough. There were more than 1,500 child fatalities nationally in 2011, with West Virginia reporting the highest rate (U.S. DHHR, 2012). When reporting is stalled or complicated through improper channels, consequences are dire.

Let's Kinect: The effect of Avatar Kinect role playing to combat school bullying*

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Abstract

Bullying is a serious issue that can cause mental and physical health problems (Lien, Green, Welander-Vatn, & Bjertness, 2009). In particular, the experience of bullying during childhood was found to have a critical impact on mental health, including a high level of panic disorder, anxiety disorder, and depression (Copeland, Wolke, Angold, & Costello, 2013). According to the 2013 national survey of youth risk behavior surveillance (Kann et al., 2014), 19.6% of young adults aged 10-24 have been bullied on school property. Thus, it is important to develop school intervention programs to prevent further harassment.

This study examined whether avatar-based role playing leveraging Kinect technology in a controlled environment is adaptable and has the potential to serve as an intervention program to prevent bullying. The use of an avatar as a virtual self has been found to be very effective as a therapeutic and educational tool among young people. Fabri and Moore (2005) found that emotionally expressive avatars helped autistic children elicit the possible emotions in the context of simple scenarios, which required users to predict the likely emotion caused by certain events. Another potential tool for school technology we noticed was Kinect technology. Due to its interactivity affordance and motion sensing technology, which captures gestures including facial expressions and voice, it has received attention from many researchers and educators (Chang, Chen, & Huang, 2011; Kandroudi, & Bratitsis, 2012).

For this study, Avatar Kinect, an avatar-based online video chat application for Xbox, was set up in the auditorium located in a private college in New York City. A total of 232 middle school students (Boy = 102, Girl = 127, unidentified = 3; Grade 6 = 75, Grade 7 = 155, Grade 8 = 1) in the New York area participated in this study. Students were asked to create avatars of themselves and enter into a virtual talk show room. The counsellor played the role of show host, and each student played the role of the guests, either the victim or bully. Students were encouraged to express their feelings as a victim or bully during the virtual talk show. After the session, participants were then asked to fill out a survey which established a baseline for the participants' use of the technology and its effectiveness using open-ended questions.

Most participants stated that the avatar-based role playing using Xbox Kinect was fun, some participants commented about the collaboration, and expressed that working with other students provided a fun experience. For example, a seventh-grade girl responded that "I like that the avatar activity let you play a role and it let you know how people feel when they get bullied." In addition, most of the students reported that they learned how to respond to bullying in school. A seventh-grade girl, who played the role of victim, commented that "I learned not to be afraid and to stand up to the bully." Also, counsellors who participated in this study found this tool to be an effective intervention program for fighting bullying.

With the increasing importance of virtual tools to enhance and support the teaching and learning process, the findings of this study suggest the use of virtual scenarios and avatars for

students to practice and develop critical reasoning and communication skills in a virtual environment, including gaming under the supervision of trained educators.

“Do I Have an STD?”: Capturing Concerns About Sexually Transmitted Diseases in a Social Q&A Site Using Content Analysis and Text Mining

Sanghee Oh, Mia Liza A. Lustria, Min Sook Park, Karla Schmitt (Florida State University)

Abstract

Social web technologies matched with advances in web-enabled devices like smart phones and tablets make it increasingly easy for patients to share health information online and find ways to connect with others experiencing the same health concerns. The Pew Internet and American Life Project reports that 16% of Internet users in the U.S. have gone online to find others with similar health concerns, 26% read or viewed posts about others' experiences about medical issues, and 30% consulted online consumer reviews for drugs, medical treatments, doctors, or medical facilities (Fox & Duggan, 2013). Many health consumers also readily turn to the Web to have their health-related questions answered (Fox, 2011). Unlike traditional sources of health information the Web provides 24-7 access to “just-in-time” information from a worldwide participating audience with the added advantage of providing varying levels of anonymity to users (Goldman & McCutchen, 2012).

The vast social web of health information generated via networked web applications (or “Web 2.0”) has emerged not only as an important source of health information but also as a venue for knowledge production, disease detection and surveillance. As an example, information shared within online social support groups like PatientsLikeMe, has been critical in hastening research about rare diseases like Lou Gehrig's disease (Kazmer et al., 2014). Data from social media networks like Twitter has also been tapped to detect disease outbreaks and identify related public health concerns (Ginsberg et al., 2009; Santos & Matos, 2014; Signorini, Segre, & Polgreen, 2011; Yom-Tov, Borsa, Cox, & McKendry, 2014). In essence, health information shared via the social web captures what health consumers are concerned about in real time and in their own words, and is, therefore, of real value for public health practice.

This study seeks to examine public health concerns related to sexually transmitted diseases as expressed in a popular community-driven question and answer service – Yahoo! Answers, one of the most frequently used social Q&A services in the world. Social Q&A services are particularly appealing to users seeking information about potentially stigmatizing ailments and conditions. It provides a venue where users can candidly and anonymously discuss their deepest concerns and draw on the collective intelligence of more experienced others. As of September 2013, about 160,000 STD-related questions were either open for receiving answers or have been resolved in Yahoo! Answers.

The current study focuses on an analysis of the questions submitted to Yahoo! Answers in order to determine what are the most common concerns people have about sexually transmitted diseases and how they are expressing these concerns. We used a mixed methods approach combining content analysis and text mining to examine STD-related concerns as expressed in 70,000 questions submitted to Yahoo! Answers from 2009 to 2014. Answers were randomly collected, using Yahoo! Answers' Application Protocol Interface (API) and several

programming scripts developed for use in this study. Two research assistants analyzed the content of 1,118 randomly selected from the collection in order to determine over-arching themes that would further guide data mining. Results showed that STD questions typically centered around these topics: (1) concerns about personal risk, (2) questions about STDs in general (knowledge), (3) concerns about STDs and fertility, (4) questions about vaccination (e.g., HPV), (5) concerns about healthcare and doctor-patient interactions. IBM® SPSS® Modeler Premium (SPSS Modeler)³ was then used to extract terms and concepts from the STD-related questions and to generate frequency lists and concepts maps visualizing the relationship between the most common terms (concerns) identified within each theme area.

Findings from this study can help identify priorities for STD-related health promotion efforts and also has several implications for health information provision in clinical settings. The unsolicited and unfettered nature of question postings is particularly useful in identifying common concerns and gaps in knowledge related to sexually transmitted diseases. Methods used in this study also present an innovative bottom-up approach for identifying patients' needs that could be useful for developing more patient-centered approaches to address these needs.

Back stage communication: A study of ED provider email

Michael Pagano (Fairfield University)

Abstract

Emergency Departments (ED) require providers to be on duty 24/7/365. Therefore, it is impossible to have a true team/organizational meeting that discusses issues, concerns, policies, etc. with all members present. In this context, the role of email takes on added importance as the major channel for intrateam communication issues. To explore email communication between 44 providers (26 physicians [MD/DO] and 18 physician assistants [PA]) at 1 suburban hospital ED, a qualitative, participant observation study was conducted. Over a one-year period, 2013-2014, 362 email exchanges to and between the 44 providers were evaluated. The data were analyzed to determine the primary themes for these messages and four were clearly obvious: 1) team; 2) organization; 3) leadership; and 5) health/education. Interestingly, 98% of the emails were either from a physician or the organization while only 2% were initiated by the PAs. This reality, given that 41% of the team were PAs, was also surprising considering many of the emails were about changes to PA job descriptions/duties/responsibilities. In addition, the leader of this team of ED providers frequently used an autocratic style in many of the documents, "UA [urinalysis] for everything. And according to Hospitalists, coags [coagulation blood tests] too! (But let them order that if they want)" (personal correspondence 9/29/2014). However the strained ED interteam dynamics, between MD/DO/PA and nurses, etc. were obvious in numerous emails as in one MD's declarative response to the leader's email above, "I order [a] ua on everyone. get [sic] a note to the nurses and techs that it is important. not [sic] unusual t [sic] take 3-4 hours of kindly reminders to finally get a urine. what [sic] is that all about. [sic]" (personal correspondence, 9/30/2014). Overall, these written communications revealed an ED provider team who were besieged with patients, PR expectations, economic realities, and interteam conflict.

Unintended Consequences of ED PSAs

Irina A. Iles, Anita Atwell Seate, Leah Waks (University of Maryland)

Abstract

Eating disorders (ED) affect millions of people worldwide each year (National Eating Disorders Association, 2014; NEDA). One way public health practitioners can help raise awareness of health concerns, like ED, is through the use of public service announcements (PSAs). Research suggests that communication campaigns, including PSAs, typically do not consider the unintended effects of these messages, such as stigmatizing individuals associated with the behavior featured in the PSA and/or increasing the social distance between those who are affected by the health issue and those who are not (Rice & Atkin, 2009). Specifically, we argue that PSAs that frame ED in a stigmatizing way (i.e., feature negative aspects of ED based on current social misperceptions of these illnesses) likely influence people's attitudes and behavioral intentions toward both ED and toward the people with ED. This research represents an exploratory attempt at examining both the intended and unintended consequences of PSAs that do and do not employ stigmatizing content. At Time 1 we assessed participants' attitudes toward ED, attitudes toward people with ED, willingness to interact with people with ED, and experience with ED (used as a covariate). At Time 2 participants were randomly assigned to watch either a stigmatizing PSA or a non-stigmatizing PSA. Exposure to the stigmatizing PSA resulted in a larger change in negative attitudes toward ED and larger decrease in willingness to interact with people who have an ED compared to exposure to a non-stigmatizing PSA from Time 1 to Time 2. The interaction between time and condition was not significant for attitudes toward people with ED. Our findings suggest that in the context of ED, messages that rely on stigmatizing content may have unintended consequences that perpetuate erroneous perceptions surrounding ED; these in turn are likely to impact those who live with the diseases, as perceptions of stigma are one of the main obstacles for people with ED in reaching out for the treatment and social support that are crucial for the recovery process (NEDA, 2014).

Efficacy of a Tailored Intervention to Promote STD Screening Among At-Risk Young Adults

Juliann Cortese, Mia Liza A. Lustria, Karla Schmitt, Ying Mai Kung, Casey McLaughlin (Florida State University)

Abstract

Background: The incidence of sexually transmitted diseases on college campuses continues to be a significant public health concern. Estimates show that of the 20 million new cases of STDs reported each year, nearly half occur among 15-24 year olds (Centers for Disease Control and Prevention, 2013). The CDC (2013) estimates that the rates of reported chlamydia (58%) and gonorrhea (69%) cases are highest among 15-24 year olds. Limited uptake of routine STD testing particularly among sexually active youth is a major obstacle to the timely diagnosis, treatment and surveillance of STDs (Haderxhanaj, Gift, Loosier, Cramer, & Leichliter, 2014; Wildsmith, Schelar, Peterson, & Manlove, 2010). Many youth do not get tested due to low perceived risk, the asymptomatic nature of most STDs and the general stigma associated with seeking to get tested (Friedman et al., 2014). This calls for innovative and effective health communication strategies for promoting routine STD testing among at-risk youth. Tailoring is a communication strategy that uses various tactics such as personalization, individualized feedback, and content matching to enhance message relevance and, consequently, its persuasiveness (Dijkstra, 2008; Hawkins, Kreuter, Resnicow, Fishbein, & Dijkstra, 2008; Kreuter, Farrell, Olevitch, & Brennan, 2000). Key to the tailoring process is an assessment of personal characteristics and theoretically relevant factors linked to the targeted behavior (e.g., motivations, lifestyle factors, risk behaviors, attitudes, beliefs, and information needs, among others). Tailoring has been shown to increase engagement, learning outcomes, and positive attitudes toward messages (Dijkstra & De Vries, 1999; Kreuter & Wray, 2003).

Method: We used a web-based, between-subjects experimental design to examine the effectiveness of a web-based tailored intervention promoting STD testing among young adults. A total of 1300 undergraduate students ($M=20.47$, $SD=1.48$) from a large southeastern university were randomly assigned to view a tailored website or a non-tailored website focusing on STD education. After providing consent participants answered a preliminary questionnaire to assess demographic and tailoring variables. They were then presented with the website content, followed by an assessment of post-exposure variables and offered an opportunity to order a free STD at-home test kit. In the tailored condition, content was tailored based on gender, relationship status, sexual experience status (yes/no), and perceived risk of acquiring an STD. Measures of interest post-exposure were elaboration -- deep processing of information in which connections are made (Cortese & Lustria, 2012); attention -- focus on the activity at hand (Lin, Gregor, & Ewing, 2008); perceived personal relevance - degree to which material is determined to be relevant to the individual (Dijkstra & Ballast, 2012; Strecher et al., 2008); perceived risk -- degree to which the individual thinks s/he is at risk for an STD (Rothman & Schwarz, 1998); behavioral intentions (intention to get tested), and test kit ordering (ordered/did not order a test kit). We used t-test, crosstab, and logistic regression to analyze the data.

Results: T-test analyses indicated that those in the tailored condition scored significantly higher than those in the non-tailored condition on all variables listed above (statistics are not presented due to page length requirement). Similarly, the crosstab analysis results indicated that those in the tailored condition were 1.47 times more likely to order a test kit than those in the non-tailored condition ($\chi^2(1) = 7.62, p < .01$). The logistic regression yielded a statistically significant model ($\chi^2(6) = 237.99, p < .001$) in which two significant predictors of test kit ordering emerged, behavioral intention ($\beta = .180, p < .001$) and perceived risk ($\beta = .050, p < .001$). No other predictors were significant.

Discussion: The results of this study speak to the effectiveness of the tailoring approach for promoting STD testing among young adults. Those in the tailored condition elaborated on and paid more attention to the content and reported greater perceived personal relevance, perceived risk, and behavioral intention than those in the non-tailored condition. Also, those in the tailored condition were more likely to actually order an at-home test kit than those in the non-tailored condition. To examine these relationships further, we ran a logistic regression. Behavioral intention and perceived risk emerged as predictors of at-home test kit ordering. Although condition did not emerge as a predictor in this analysis, its underlying effects are quite clear. Tailoring helps the individual to engage in the content presented more completely, helping the individual to perceive potential risks and plan to take action, such as getting tested.

Investigating the Influences of Person-Centeredness and Credibility Comforting Communication through EMR Systems

Minhao Dai (University of Kentucky)

Abstract

Introduction: Under the Federal law requirement, healthcare providers were mandated to implement EMR systems. Since then, patients are increasingly turning to online platforms, including EMR, to communicate with their physicians. One aspect of the patient-provider communication involved comfort and emotional support. However, the nature of providing and receiving comforting communication through EMR still remains unclear.

Literature Review: The primary purpose of this study was to study the influences of various factors on the outcomes of comforting communication through EMR systems. In particular, this study examined the impacts of person centeredness and title status on patient satisfaction, patient adherence, and perceived message effectiveness. The literature review addresses the nature of emotional support and comforting communication in physician-patient communication, factors that influence comforting communication including person-centeredness and source credibility, and the nature of CMC and its relationship with comforting communication through EMR systems.

Hypothesis: H1: The effect of person-centeredness of a comforting message on (a) satisfaction; (b) adherence; (c) perceived message effectiveness will depend on its interaction with the source's title status.

Methods: The current study proposed a 3x2 factorial design study, with one independent variable being person centeredness of comforting messages (high, medium, or low), and physician's title status (MD or PA). The study was based on a hypothesized online interaction between a patient and a healthcare provider. The participant assumed the role of the patient in the conversation. The study was conducted through an online survey on Qualtrics. 96 participants participated in this study.

Results: Overall, H1 was supported by the data collected. Factorial analyses of variances (ANOVAs) showed that person centeredness and healthcare provider's title status had a significant interaction effect on all the outcomes of comforting messages including satisfaction, $F(2, 95) = 5.53, p < .01, \omega^2 = .16$; adherence $F(2, 95) = 13.85, p < .001, \omega^2 = .32$; and perceived message effectiveness $F(2, 94) = 8.02, p < .001, \omega^2 = .22$. Post hoc tests were conducted to further analyze the interaction effects.

Discussion and Conclusion: Theoretical and practical implications of the study were discussed. Two major limitations as well as the directions for future study were explained.

Parents' Media Consumption and Parent-Child Sexual Communication

Katrina L. Pariera (George Washington University), Angeline Sangalang (University of Southern California)

Abstract

Background: Families play a critical role in sexual socialization and past research has indicated that parent-child sexual communication is consistently associated with delayed intercourse, increased use of birth control, and STI prevention for adolescents (DiIorio, Pluhar, & Belcher, 2003). Parents who perceive their children as facing sexual risks are more inclined to talk to their children about sex (Campero, Walker, Atienzo, & Gutierrez, 2010; O'Donnell, Myint-U, Duran, & Stueve, 2010), but research has yet to try to identify where these risk perceptions might come from. Because of the high prevalence of sex on television (Fisher, Hill, Grube, & Gruber, 2004; Kunkel, Eyal, Finnerty, Biely, & Donnerstein, 2005) and parents' perceptions that these portrayals might influence their child's sexual behavior (Rideout, 2007), parents' media consumption may be associated with sexual health communication with their children. This study explored the relationships between parents' television consumption, perceptions of youth sexuality, and communication with their children about sex.

Method: A nationally representative, random sample of parents (N = 186) were surveyed about media consumption, perceptions of teen sexuality, and communication with children. To qualify for the study, participants had to be parents living with at least one child under 21 years old. Participants answered questions about how often they talk to their children about different sexual issues, their perception of teen sexual risk, their perception of sexual content on television, and their primetime television consumption.

Results: After controlling for ethnicity, parent and child gender, and age of the child, greater perceptions of sexual content on network television predicted perceptions that teens were more sexually active. Moreover, perceptions of teen sexual activity significantly predicted parent-child sexual communication. Additionally, greater perceptions of televised sexual content predicted parent-child sexual-communication with daughters, but not with sons.

Implications: These findings suggest that parents' media usage contributes to parent-child sexual communication, both directly and indirectly. Implications for developing interventions directed at increasing parent-child sexual communication in order to promote positive sexual health outcomes for young people are discussed.

Psychosocial facilitators and barriers towards civic engagement through mobile for dengue prevention in Sri Lanka, India and Singapore

Chitra Panchapakesana, May O. Lwin (Nanyang Technological University)

Abstract

Background and objectives: Vector borne diseases such as dengue continue to threaten lives in south-east Asian regions. As public health authorities work to find solutions that can efficiently manage dengue situation, it is notable that social media is used very little for public health even in countries with technological ability. Digital media innovations through social media offer opportunities for the general public to contribute to disease surveillance and enhance pandemic preparedness through crowdsourcing mechanisms. However, psychosocial factors that influence participation in such initiatives are understudied given the virgin state-of-science of technology-based civic engagement in public health. The purpose of this study is to identify psychosocial facilitators and barriers to the prospective adoption of a mobile-based social media system that enables the general public to report mosquito breeding sites.

Methods: We conducted fifteen focus group discussions (FGDs), with five focus groups of around 8-9 participants each among graduate students at the University of Colombo, Sri Lanka (N=42), University of Kerala, India (N=40) and Nanyang Technological University, Singapore (N=40). The comprehensive 45-60 minute FGDs focused on themes ranging from perceived severity of dengue, to political trust, and technological factors like cost and access. Analysis was conducted using grounded theory allowing new themes to emerge during the coding process.

Findings: Participants from all the countries reported medium-to-high severity of dengue and acknowledged the potential of civic engagement system to address the issue. Some inter-country differences surfaced regarding political trust, technological availability etc. Singapore believed that the app could help in reducing the impact of the disease whereas participants from Sri Lanka and Kerala, India were of the opinion that the application can only help in reducing the disease if the respective authorities took necessary actions. Participants in Singapore showed complete trust in their authorities; that if a mosquito breeding site were to be reported, the authorities will take the necessary steps towards solving a potential public health hazard whereas those from Kerala, India and Sri Lanka were more mistrustful of their government's promptness in responding and may also act as a motivating factor for the participants to help in developing trust among the general public to use the app. Even though all the participants expressed enthusiasm for adopting such a system in the future, participants from India and Sri Lanka reported that adoption would be shaped by technological barriers such as internet connectivity and data usage cost. Incentive-based models and awareness campaigns could potentially enhance adoption and lead to sustained use.

Conclusions & Future Research: The findings demonstrate that mobile-based civic engagement solutions for infectious disease prevention offer promise from epidemiological and health communication standpoints. It is also important to address issues of political will,

political trust, connectivity and cost to realize this promise and introduce incentive-based models to attract sustained participation. This qualitative study has offered details and ideas to guide future research. Study results indicate the need for a broadened conversation about civic engagement particularly to understand what are considered valuable contributions in the context of health. More research is needed to critically examine how different individuals and communities take part in civic engagement, and to understand the use of smart phones in promoting civic engagement.

Tailoring the mode of health instructions: A matter of preference?

Annemiek J. Linn, Monique Alblas, Julia C. M. van Weert, Nadine Bol (University of Amsterdam)

Abstract

Background: Health instructions can be presented in various modes, such as text only, text with supportive illustrations, or audio-visual. Although theories such as the multimedia theory of cognitive learning suggest that combining written text with illustrations or spoken text with visuals will expand cognitive capacity, research has not yet reached agreement on what mode is most effective. A possible explanation could be that individuals differ in their preference for receiving health instructions in a particular mode. Providing recipients with a mode in their preference might improve recall of information, their self-efficacy, and a higher intention to perform the advocated behaviour. Tailoring health instructions to an individual's mode preference might therefore be more effective than pre-determined message. Although it is unknown what determines one's preference, previous research suggests that mode preference can be influenced by the recipient's background characteristics, personal traits (i.e., need for cognition, extraversion, health literacy), and media preferences. By investigating these determinants, it might be possible to predict what type of person would choose what type of mode for receiving health instructions. The aims of the study are therefore to examine (1) the determinants of mode preference, and (2) whether tailoring to mode preference is more effective than non-tailoring in terms of recall of information, self-efficacy to perform the behaviour and intention to perform the advocated behaviour.

Methods: To test the effectiveness of mode tailoring health instructions, a tailored versus non-tailored factorial design was used. Breast self-examination instructions (BSE) were used, which were either (1) tailored to the mode preference of the participants by offering a choice between text, text with illustrations, or video, or (2) non-tailored by randomly providing a mode. Participants were randomly assigned to the tailored or the non-tailored condition, and, when assigned to the non-tailored condition, randomly assigned to one of three modes. Logistic regression analyses were used to investigate whether background characteristics, personal traits and media preferences were determinants of mode preference. ANOVAs were conducted to examine the effects of tailoring on recall, self-efficacy and intention.

Results: Two-hundred and five female participants completed the online questionnaire (N = 205). Of these participants, the mean age was 34.36 years old (SD = 14.09). A third of the participants were student (38.5%), and most participants were highly educated (56.1%). Participants in the tailored condition preferred the text with illustrations mode often (n = 59), followed by the video mode (n = 47). None of the participants chose the text mode. Results showed that the background characteristics, personal traits and media preferences were not related to mode preference. The intention to perform BSE was, however, higher if the instruction was tailored to mode preference than when not tailored to mode preferences. Furthermore, results did not show effects of tailoring on recall.

Conclusion: This study shows that background characteristics, personal traits, and media preferences were not predictive for mode preference. Furthermore, mode tailoring appeared to be effective in improving the intention to perform BSE. These results show that we should move beyond content tailoring and should take into account the mode of delivery to meet individual's needs and thus increase the effectiveness of tailored messages.

Best Practices for Designing Web and Mobile Technology-Based Psycho-Educational Interventions for Depression: A Systematic Review

Mia Liza A. Lustria, Danyang Zhao, Joshua Hendrickse (Florida State University)

Abstract

Background: Mental illness is one of the most debilitating diseases in the world, surpassing even cancer and heart disease (Andrade et al., 2014). In the United States, 1 in 5 adults, 18 years or older, suffers from mental illness – of this, 9.6 million have a serious mental disorder such as schizophrenia, major depression or bipolar disorder (Substance Abuse and Mental Health Services Administration, 2013). Despite the high prevalence, a majority of individuals with a diagnosable mental disorder (~60%) do not receive treatment due to low perceived need and other barriers to obtaining treatment such as cost and limited access to mental health services (Andrade et al., 2014; Kazdin & Blase, 2011). This dire backdrop underscores the need for innovative solutions and alternative modes of delivery to increase access to life-saving and proven therapeutic treatments.

In recent years, the delivery of mental health services via web and mobile technologies has gained popularity. Several systematic reviews and meta-analyses have indicated efficacy rates for technology-assisted psychotherapies that are comparable to the gold standard of face-to-face therapies (Boydell et al., 2014; Davies, Morriss, & Glazebrook, 2014; Richards & Richardson, 2012). Compared to clinic-based interventions, technology-based interventions can provide: wider and timely access to mental health education and services, a more private setting for sharing sensitive information (in some case anonymously), and wider access to social support.

Objectives: We conducted a systematic review of psycho-educational interventions for generalized depression delivered via web and mobile technologies to examine how specific information and communication technologies are being adopted to support intervention goals. The overall objective is to explore the use of effective health communication strategies within these types of mental health interventions and to determine best practices for designing web and mobile technology-based mental health campaigns.

Methods: We conducted a comprehensive search for studies containing MeSH terms and keywords related to depression and eHealth (web and mobile technologies) in several databases including PubMed, PsychINFO, CINAHL, Evidence-Based Medicine Reviews, the Cochrane Library of Systematic Reviews, EBSCO, Health Reference Center, and Essential Evidence Plus published from 2004 to 2014. The initial search yielded 1041 potentially eligible citations including a few systematic reviews and meta-analyses. Searches within references of the systematic reviews and meta-analyses yielded an additional 28 citations. We reviewed the abstracts and earmarked for further screening studies that met all of the following criteria: (1) randomized controlled trials or experiments with meaningful comparison groups, (2) English-language peer-reviewed articles reporting efficacy studies of ICT-based interventions for major depression (including persistent depressive disorders and perinatal, depression) targeting

patient or at-risk populations, (3) intervention delivered or accessed via Internet and mobile technologies where at least 50% of interactions are technology-mediated, and (4) measured as one of its main outcomes at least one of the following depression-related items: health behaviors, psychosocial functioning, coping, and other clinical depression measures. Two coders examined full text copies of the remaining 206 potentially eligible articles based on pre-defined inclusion and exclusion criteria. We excluded articles that did not adhere to the above-mentioned inclusion criteria; that were primarily usability studies, proposals, protocols or feasibility studies, or largely qualitative studies; that did not report any quantitative measures for health behavior or clinical outcomes; focused exclusively on anxiety disorders (i.e., phobias, OCD, and PTSD) and more severe mental health conditions (e.g., bipolar, schizophrenia, psychosis, etc.); focused primarily on clinician-training; focused mainly on computer-assisted screening or therapy for clinician use (e.g., computer-automated depression screening, computer-based cognitive behavioral therapy); and were mainly telephone-based, stand-alone computer-based educational programs (e.g., CD-ROM) (see Figure 1 on p. 2 for summary of selection process).

Preliminary results: A total of 80 peer-reviewed articles (reporting on 65 unique studies; including follow-up reports for original RCTs) met all eligibility criteria and are undergoing more detailed assessment to address the main study questions. A majority of these trials were conducted in European countries with non-American population samples. Diverse technologies (e.g., email, websites, social media, video-conferencing, text messaging, online chat, mobile apps) are being used to support psycho-educational interventions and to support different therapeutic goals (e.g., to support patient education, monitoring and tracking, skills building, therapy and treatment and to improve patient engagement). In most studies, communication technology (e.g., email, SMS and discussion forums) were often used to sustain contact with providers during treatment, which brings to the fore the question whether provider contact is an essential element for technology-based psycho-educational interventions to be effective. As with most technology-based health interventions, maintaining patient engagement throughout the intervention period continues to be one of the biggest challenges. Moreover, the application of proven health communication strategies, such as tailoring, has been minimal at best. Further analysis is underway to determine best practices and to identify strategies for optimizing the relative advantages of interactive web and mobile technologies for delivering mental health campaigns.

Internet forums, anti-vaccination campaigners, and parental shifting positions on childhood immunizations

Marta Fadda, Ahmed Allam, Peter J. Schulz (University of Lugano)

Abstract

People make increasing use of the Internet as a source of health-related information, including information on pediatric vaccinations. In this context, Web 2.0 applications play a special role on childhood vaccination decision-making, given their unique features which allow users to interact with each other and be active propagators of information.

The present study aims at analyzing online debates on pediatric immunizations through a content analytical approach. Focusing on thoroughly selected characteristics of users' utterances, our scope is to quantitatively report on parental exchanges and, in particular, to test the two-step flow of communication theory, which argues that media effects are indirectly established on most people only secondhand through the personal influence of opinion leaders. Given the recent negative events concerning the MMR vaccination, we speculated that parental concerns and positions over this vaccination might be affected not only through direct exposure to the news, but also, and foremost, through subsequent coverage of the news by anti-vaccination campaigners.

Using the keywords "forum" and "vaccination", we identified three popular Italian online forums addressing parenthood-related topics through a google search. All threads containing the word "vaccin*" in the title were retrieved and subsequently evaluated for (a) appropriateness (it had to be concerned with vaccinations) and (b) length (it had to include at least five posts). Eligible threads were randomized and assigned to five independent coders. The codebook included (a) formal categories such as date and time of publication, and (b) content categories such as post's three main contents, user's level of concern and need for information, up to three arguments and sources and one recommendation and position for up to three vaccinations. Intercoder reliability was assessed during coder training, in a pilot test, and during coding of the full sample, and an acceptable reliability criterion was obtained for all variables.

Preliminary analyses included a sample of 1221 posts stemming from 70 threads. 322 unique users were identified who posted on average 3.79 posts (SD=8.9), ranging from 1 to 137 posts. Aiming at exploring parental shifting positions on childhood vaccinations as a consequence of exposure to opinion leaders' posts, we detected 47 changes in authors' position toward 11 different types of vaccines, including MMR. A positive change was operationalized as a change from being ("Undecided" OR "Against") to "In favor" of the discussed vaccine type, while a negative change was represented by moving from ("Undecided" OR "In favor") to "Against" the type of vaccine discussed. In addition, a change from "In favor" to "Undecided" was considered as a negative change. Out of 47 detected changes in position 33 (70.2%) were negative changes, while 14 (29.8%) were positive. Subsequent analysis will explore more strategies towards identifying opinion leaders according to (a) number of posts, (b) consistency

of the position, level of concern, and need for information (c) number of links to external web pages, and (d) presence of recommendation. The goal is to investigate the role of the opinion leaders on steering and affecting the other users attitude and position toward vaccination in the forums. Moreover, the analysis will look at the effect of posts generated by opinion leaders on the overall direction/position of the discussions in the threads toward vaccines.

Further research needs to be carried out on social media's role in shaping parental vaccination attitudes and beliefs, while health institutions and vaccination advocates are urged to take into account online discussions on childhood vaccinations, direct parents to official and reliable information, and address parental concerns in a way that is suitable for the online environment.

Implications of Social Media Use on Health Information Technology Use: Data from HINTS 4 Cycle 3*

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Abstract

Background: Social media has become a major platform for health information seeking and user-generated information about health topics. Up-to-date information on social media use is an important first step towards informing health communication efforts using these media. In addition, it is important to examine how social media use may relate to health information technology (HIT) adoption (e.g. tracking health information, communicating with providers). This study identifies factors related to social media use (generally and for health) and ascertains the associations between health-related social media use and current reported health information technology use.

Methods: Data from the 2013 Health Information National Trends Study (HINTS 4 Cycle 3) (N = 3,164) were analyzed to assess prevalence and population-level data in Internet access, health-related social media use (participation in online support groups, social networking sites, blogs), and health information technology use (specifically, tracking personal health information electronically and communicating with providers through the Internet). In addition, we examined the associations between different types of health-related social media use and health information technology (hereafter HIT) use. Demographic and health correlates were explored through weighted logistic regression modeling.

Results: Among Internet users (estimated at 78.3% of the US population), 71.5% reported visiting a social networking site for general information, 31% watching a health-related YouTube Video, and 19% shared health information on a social networking site. Younger age, higher education, being a female, and a cancer survivor were predictors of higher participation in sharing health-related information on a social networking site. Being Hispanic, younger age, and higher education predicted watching a YouTube Video for health information. With respect to HIT use, only 28% of internet users reported tracking personal health information electronically and 30% reported communicating with providers through the internet in 2013. Moreover, regression models suggest that social media use in general and for health-related purposes were significant predictors of health information technology use variables. Social media users of all types were more likely to engage in HIT.

Conclusions: Continued population-based survey of social media and technology use is important in gauging individuals' willingness and readiness to engage in HIT. In addition, understanding user characteristics for social media activities may inform strategies in developing and implementing HIT interventions, especially when serving populations of lower SES and certain health conditions or needs. Finally, the growing prevalence of social media in the US presents potential opportunities to increase HIT use through social media platforms.

Does YikYak Promote Risky Health Behavior on College Campuses?

Kevin Wombacher, Jenna E. Reno (University of Kentucky)

Abstract

Social media usage among college students has helped researchers identify risky behaviors and better understand the normative forces at work in students' lives. There has been a long history of researching binge drinking, drug use and other risky behaviors among college students. According to the National Institute on Alcohol Abuse and Alcoholism [NIAAA], half of college students report engaging in binge drinking, which leads to more than 1,800 deaths each year as well as 97,000 cases of sexual assault and 599,000 injuries (NIAAA, 2013). Research has also shown that drug use among college students is on the rise, and that abuse of prescription medication is at alarming levels (CASAColumbia, 2007).

Students often share risqué content via social media related to engaging in risky health behaviors (e.g., binge drinking, disordered eating, etc.; Karl, Peluchette, & Schlaegel, 2010; Loss, Lindacher, & Curbach, 2013; Ridout, Campbell, & Ellis, 2012; Teufel et al., 2013). Sharing this type of information via social media can be seen as promoting or endorsing these behaviors, especially when content is "liked" and shared by a multitude of others. Loss, Lindacher, and Curbach (2013) suggest that communicating via social networking sites and other forms of social media about these unhealthy behaviors may have a larger affect than other forms of communicating (face-to-face) due to its built in promotional features. In this way, social media users contribute to the proliferation of social norms for these behaviors.

Extant research on risky health behaviors that are prominent among college students (i.e., binge drinking, drug use, unsafe sex) has demonstrated the role of perceptions of social norms (Gidycz, Orchowski, & Berkowitz, 2011; Litt & Stock, 2011; Perkins, Meilman, Leichliter, Cashin, & Presley, 1999). When students perceive that a behavior is socially normative, they are more likely to engage in that behavior (Perkins & Berkowitz, 1986). However, students often misperceive that these behaviors are more prominent than they really are (Rimal & Real, 2005). When these behaviors are discussed on social media, they may contribute to misperceptions of the normativeness of the behaviors.

YikYak has become one of the most popular social media apps since its launch in 2013 (O'Neil, 2014; Reimold, 2014). YikYak is a novel social media platform because it differs from mainstream social media platforms in several ways. The first of which is that it is anonymous—no identifying information is attached to any posts (O'Neil, 2014). This anonymity often leads users to share information that they otherwise would not publicly disclose (e.g., sexual habits, drug use, etc.). Second, YikYak is geographically based and in order to interact with content, you must be within a 1.5 mile geographic radius of where it was posted. This creates user communities that are geographically based, often around college campuses since college students are the primary users (Reimold, 2014). Third, YikYak incorporates a voting element. Each message that is posted can be voted up or down. Messages that get to a score of negative five are deleted (Questions?, 2014). This voting feature (which is also anonymous) allows users

to show their support for messages they like; thus, messages containing references to risky health behaviors may be endorsed by multiple users therefore increasing messages that the behavior is considered normative.

RQ: How do messages on YikYak contribute to social norms for alcohol, drugs, and sex on college campuses?

In order to address this research question, messages will be collected by taking screenshots of the most recent and most popular “yaks” among users located in and around a large, Southeastern university. Screenshots will be taken during peak use times over the course of two weeks during the spring semester. Messages will then transcribe into a spreadsheet for coding. Content categories consist of messages containing references to the following: sex, drugs, alcohol, and other. For messages with references to sex, drugs, and alcohol, valence of the message will also be assessed (i.e., positive, negative, neutral). Additionally, for each message, the number of upvotes (or downvotes) will be recorded. Analysis will focus on the prevalence of risky health behavior messages on YikYak and the role they may play in the proliferation of social norms for these behaviors.

Am I at risk for Ebola? A content analysis of Twitter communication on Ebola in Oct 2014

Cindy (Yixin) Chen (Sam Houston State University), Weiai Wayne Xu (University at Buffalo)

Abstract

Ebola is a deadly infectious disease that has sickened more than 16,000 people and killed nearly 7,000 worldwide as of November 2014 (WHO, 2014). The 2014 Ebola epidemic is the largest in history, affecting many countries in West Africa and also the United States, which has seen four Ebola cases on its soil for the first time (CDC, 2014a). The domestic Ebola cases have fueled widespread concerns in the U.S., despite CDC's claim that "the risk of an Ebola outbreak affecting multiple people in the U.S. is very low" (CDC, 2014b). Part of the concerns is channeled through public discussions on social media, which present a rare opportunity to examine Ebola-related public risk perception and public advocacy for behavioral/policy change.

We will conduct a content analysis of Twitter communication on Ebola. We aim to address the salience of risk and worry in public minds, along with advocated behavioral/policy change. The study is based on the Risk-as-Feelings hypothesis, which argues that affect produces a direct effect on behavioral measures (e.g., intention), and there is a reciprocal relation between cognition and affect (Loewenstein et al., 2001). We will identify three aspects of a risk communication process: risk perception, affect, and intention. Here, risk perception refers to cognitive assessment of the magnitude of the threat, affect points to feelings, and intention refers to intended behavioral/policy adaptation to risk. Thus, we seek to address:

H1: The volume of Twitter communication discussing both risk and worry of Ebola will be significantly more than that discussing (a) only risk of Ebola (b) only worry of Ebola.

RQ1: (a) What types of Ebola-related behavioral-change intention were discussed in Twitter communication? (b) What is the proportion of Twitter communication discussing each type of behavioral-change intention?

RQ2: (a) What types of Ebola-related policy-change intention were discussed in Twitter communication? (b) What is the proportion of Twitter communication discussing each type of policy-change intention?

Method: The study is based on #Ebola tweets generated shortly after the news of the third Ebola case on U.S. soil on Oct 15, 2014 (CDC, 2014a). We downloaded a total of 9,887 tweets on Oct 17, 2014. We will conduct a systematic sampling to include 10% of the downloaded tweets in our analyses (989). A coding scheme will be developed to identify major themes discussed in a tweet: (1) risk; (2) worry; (3) risk combined with worry; (4) behavioral-change intention; (5) policy-change intention (sub-categories will be developed during the coding process). Three researchers will each code the 989 tweets and compare the results until the inter-coder reliability is acceptable.

Results: It is expected that most tweets talking about risk of Ebola also discussed worry associated with Ebola. That is, risk perception of Ebola and worry toward Ebola are closely related, supporting the Risk-as-Feelings hypothesis.

Implications: Our study examines Risk-as-Feelings hypothesis in a new communication context: Ebola-related conversations on Twitter. Our study will inform public health professionals on using effective risk communication to address public sentiments on deadly epidemics. Moreover, our study will lay the ground for future research that aims to explore whether risk perception reflected in Twitter communication contains biased or inaccurate perception, and how worry spreads across Twitter communities.

Online health promotion strategies and appeals: A content analysis of the college student health center websites

Jehoon Jeon (Eastern Connecticut State University), Doori Song (Youngstown State University)

Abstract

Introduction: Due to a combination of biological, behavioral, social, and cultural reasons, college students often engage in a range of risky healthy behaviors and are at a high risk of acquiring diverse health problems (Patel et al., 2012). For example, college students experience unsafe sexual behavior (Holland & French, 2012), heavy episodic drinking (Wechsler et al., 2002), illicit drug use (Whitten, 2008), impaired driving (Chouet et al., 2005), and mental disorders (Hunt & Eisenberg, 2010). These physical and mental health problems have become increasingly prevalent over the past decade, posing a significant public health problem among college students (Martens et al., 2007). To deal with these college students' health problems, the college student health center provides a substantial and unique potential to improve the awareness of the risks, evaluate, and treat diverse medical conditions (Schaus et al., 2009). First, college student health centers facilitate walk-in base access to primary medical care on acute medical problems, such as minor infections. Second, college student health centers offer full-spectrum care, including the management of chronic disease. In addition, students receive guidance on practices that promote good health and disease prevention. Although the college student health center conveniently provides appropriate treatment and referrals on time, little is known about college student health centers' efforts to respond to the health issues among college students. Considering the college student health center as a feasible and accessible location that addresses diverse students related health problems, this study aims to analyze the websites of the student health centers at 4-year colleges and universities in the United States in terms of a multifaceted framework that arose from previous research. The study examines health promotion strategies and health information characteristics among student health center websites targeting U.S. college students.

Methods: The study was constructed to explore the contents of college students' health center websites. One hundred thirty two websites composed the data set. Two graduate level coders coded for the health information topics, provided clinical services, health promotion strategies, message appeal types, information venue, suggested effects, and characteristics of models. The coding scheme was adopted from previous content analysis studies. Followed by Doshi et al. (2003), this study adopted 20 health promotion strategies from four behavioral change theories (i.e., health belief model, social cognitive theory, theory of planned behavior, and transtheoretical model). Later, subjective norm, perceived social norm, selfmonitoring, social support and modeling were categorized as cultural-bound health promotion strategies (Baek & Yu, 2009). Followed by Beaudoin (2002) and Paek (2006), 8 appeals (i.e., comparison, sex, humor, threat/fear, curiosity, testimonial, demonstration, and caricature/animation) and information venue (i.e. whether information were dominated by real people, animation, or

inanimate objects) were included. All categories were mutually exclusive. Overall coder agreement was 93%, with all variables exceeding 85% agreement.

Results: The study explored college student health center websites via descriptive analysis. College student health centers provided diverse topics of health information, such as injury, pregnancy, mundane illness, substance abuse, tobacco, LGBT health, pharmacy, mental health, allergy, eye clinic, dental clinic, immunizations, international travel, laboratory safety, men's and women's health, physical therapy, nutrition, and insurance information. Insurance information (86%) was the most frequent topic. Information about clinical services for both acute (34%) and chronic (26%) diseases was also provided. Regarding health promotion strategies, general information (89%), increasing knowledge (77%), self-monitoring (61%), self-efficacy (60%), and social support (54%) were observed. Regarding health information appeals, threat/fear (87%), testimonial (34%), and comparison (24%) were observed.

Discussion: College student health centers promote and protect the health and wellness of students and the broader campus community in order to enable individuals to better achieve their academic and lifelong goals. Although student health centers claimed themselves to offer a variety of services to manage diverse illnesses, the most prevalent topic among college student health centers was insurance information, such as insurance policy, cost, waiver options. The findings of this study will provide important practical information for health communication practitioners among college student health.

"Protect their Future": Identifying the Active Ingredients for How a Brief Video Intervention Can Improve Parental Intention to Immunize Adolescents

Elisia Cohen, Audrey Bachman, Wallace Bates, Richard Crosby (University of Kentucky), Katharine J. Head (Indiana University-Purdue University Indianapolis), Donald W. Helme, M. Grace Jones, Adam J. Parrish, Jenna E. Reno, Sarah Vos, Kevin Wombacher (University of Kentucky)

Abstract

Rates of HPV and influenza vaccination remain low in poor, medically underserved Appalachian communities. This study will present the results of the first video efficacy study of the Rural Cancer Prevention Center's "Protect Their Future" intervention. The intervention was designed to improve adherence to age-appropriate adolescent vaccination outcomes in a medically underserved community. The intervention was delivered by video by iPads to parents of adolescents.

To date, 281 parents and adolescents have enrolled in the randomized controlled trial. A total of 560 parents are expected to enroll by April 2014, allowing for sufficient power to examine the effects of the intervention after controlling for clinic location. The effect of the intervention on intention to immunize adolescents for recommended vaccinations (i.e., influenza, HPV, and meningococcal) will be examined after controlling for sibling immunization history, attitude, perceived normative influence, beliefs about vaccination safety, beliefs about vaccination efficacy, among other constructs relevant to testing reasoned action approaches.

Preliminary data suggest a robust intervention. 99 parents in the intervention completed pre- and post-test surveys via custom-developed audio-assisted iPad interview software. Evaluation of the video's strong perceived message effectiveness was evaluated with high reliability ($\alpha = .93$). After watching the video, parents who had at least one adolescent child who had not been vaccinated with HPV, were 6.25 times more likely to intend to have their adolescent male child receive HPV vaccination, compared to parents who did not ($p < .001$). Similarly, parents who had at least one adolescent child who had not been vaccinated against HPV, were 1.38 times more likely to intend to have their adolescent female child receive HPV vaccination ($p < .001$). Parents' beliefs in the vaccine's efficacy also improved after viewing the video ($t = 1.88, p = .06$). Parents of adolescents were also significantly more likely to intend to have their adolescents immunized for influenza ($t = 2.516, p = .014$) after watching the video. The "Protect their Future" video intervention demonstrates an approach to improving adolescent immunization education that can be appropriately scaled and culturally-tailored to improve intention to complete all age appropriate vaccinations in other populations.

The Impact of Perceived Reality in Entertainment Programming on Safe-Sex Intentions

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Abstract

A quickly growing source of both entertainment and education in American media, reality television programming has the potential to influence minds across the nation. This type of television programming depicts cast members thrust into “realistic” settings and captures the behavior that unfolds. However, much speculation has occurred regarding how close to reality this programming really is. The importance of this perceived aspect of reality can have significant effects on the viewers who constantly are exposed to this material. This is especially important when considering the frequent themes of sexuality and sexual health presented in reality programming. This research attempts to determine the effect of reality-based television programming on safe-sex intentions when participants perceive a show to be either scripted or “real.” Participants will be exposed to a storyline from a past reality television program about an unprotected sexual encounter that resulted in a pregnancy scare. One group will be informed that the clip they see comes from reality programming, while the other group will be told it comes from a scripted program. The clips will be edited in order to maintain consistency with this cover story. A control group will be presented the clip with no cue regarding the authenticity of the material. It is expected that the group who sees the clip with the reality cue will perceive greater realism from the events than the control group and the group who receives the scripted cue. It is also expected that this reality cue will lead to greater (a) identification and (b) similarity with characters which will in turn lead to more (c) favorable attitudes toward safe sex and (d) greater intentions to engage in safe sex. This research will contribute to our theoretical understanding of how the element of perceived reality contributes to the effects of entertainment programming. It can also have wide practical implications regarding the importance of entertainment education about sexual issues.

Diabetes on Facebook: A case study of the social media engagement of the American Diabetes Association with its publics

Marcus Messner, Jeanine Guidry, Yuan Zhang, Daniel R. Longo, Jo Robins, Roy T. Sabo (Virginia Commonwealth University), Jerome Niyirora (SUNY Polytechnic Institute)

Abstract

Type 2 Diabetes (T2D) is a chronic disease that can cause devastating short- and long-term complications. One of the keys to successful T2D management is effective self-management. Because of the challenges associated with self-management of complex chronic diseases such as T2D, innovative and supportive strategies are needed to successfully facilitate self-management. Social media platforms and mobile technologies play an increasingly important role in medical information seeking and management. However, not much is known about how diabetes patients and their families discuss and interact on social media with respect to diabetes self-management, and how diabetes-focused organizations engage and respond to social media posts from patients and their family members.

This study, in a quantitative content analysis, analyzes a census of approximately 1,200 Facebook posts by the American Diabetes Association published between January and December 2014 on their own Facebook page, focusing specifically on the type of information included and the frequency of likes, shares, and comments by Facebook users on these posts. In addition, the comments by the public are also analyzed by focusing on the type of response, the type of additional information included, and the frequency of likes for these comments.

The study is currently ongoing and will be completed by February 2014. It will provide an analysis on how a diabetes-focused public health organization communicates with its stakeholders on Facebook, and how stakeholders respond to these messages.

Waterpipe Tweeting: How people talk about waterpipe smoking and its risks on Twitter

Jeanine Guidry (Virginia Commonwealth University), Linda Haddad (University of Florida), Yan Jin (University of Georgia), Yuan Zhang (Virginia Commonwealth University), Jerome Niyirora (SUNY Polytechnic Institute)

Abstract

Waterpipe tobacco is among the fastest growing trends in tobacco smoking, the growing use and acceptance of which is taking place at a time when cigarette smoking is regarded in an increasingly negative manner. Studies have shown that waterpipe uses produces nicotine absorption on a level similar to cigarette smoking, and is associated with significantly higher carbon monoxide and dramatically more smoke exposure (e.g., Eissenberg & Shihadeh, 2009). However, the prevailing perception among users is that the waterpipe filters the smoke by the time it is inhaled and therefore it is rendered less harmful than tobacco smoked in cigarettes (Smith-Simone et al., 2008).

Given the increasingly important role social media platforms and mobile technologies play in health communication (Moorhead et al., 2013), we conduct a content analysis on how waterpipe smoking is portrayed and represented on Twitter. A random sample of 1,000 tweets posted in November and December of 2014 including the hashtags #waterpipe and #hookah are analyzed, focusing specifically on the type of information included, and the frequency of retweets and favorites on these posts. The study is currently ongoing and will be completed by February 15, 2014.

The findings will provide insights for health communication researchers and practitioners about how waterpipe smoking is portrayed on Twitter, how it should be approached on Twitter from a public health perspective, and how practitioners can engage publics more effectively by playing an active role in leading the much-needed discussion on the risk of waterpipe smoking and recommended tobacco sensation measures.

Tweeting #Ebola: How publics address the health crisis in the light of risk perception and health behaviors

Jeanine Guidry, Shana Meganck, Marcus Messner (Virginia Commonwealth University), Jerome Niyirora (SUNY Polytechnic Institute)

Abstract

The recent Ebola outbreak is the most severe of its kind in history: as of November 24, 2014, a total of 15,351 cases had been reported and 5,459 deaths had been confirmed. At the same time, Twitter has become a discussion platform for the public's concerns and fears about the disease, with more than 70,000 tweets published using #Ebola and #EbolaOutbreak from October 19-November 21, 2014. Social media platforms and mobile technologies play an increasingly important role in health communication; however, not much is known about online social media discussions about Ebola and the current outbreak. Of particular interest are the public's perceptions of risk and of health behavior constructs like perceived susceptibility, perceived severity, and perceived benefits and barriers to Ebola-preventative actions.

This study analyzes the public engagement on Twitter on the ongoing Ebola crisis. In a quantitative content analysis, a random sample of 1,000 tweets posted in October and November of 2014 including the hashtags #Ebola and #EbolaOutbreak are analyzed, focusing specifically on the type of information included, and the frequency of retweets and favorites on these posts. Further analyses on the public's social media engagement are based on health behavior and risk perception theories.

The study is currently ongoing and will be completed by January 30, 2014. It will provide an analysis focused on how publics address the current Ebola outbreak on Twitter, providing insights in health behaviors and risk perceptions relating to both the current Ebola outbreak and future infectious disease crises.

Framing intimate partner violence on reality television: A qualitative analysis of *The Real Housewives of Atlanta*

Melinda R. Weathers, Alex Neal (Clemson University)

Abstract

Intimate partner violence (IPV) is a pervasive health problem with substantial public health consequences. As many as 1 in 4 women report being a victim of some type of IPV in their lifetime (CDC, 2010). Victims of IPV are at risk for a range of negative health consequences, including injury, depression, anxiety, suicide attempts, and even death (CDC, 2011). Given the dangerous implications of IPV on women's health, the way in which the media presents the problems and solutions related to this threat can have a significant impact on the public's understanding of and their behavior toward the issue. Building on existing IPV research already conducted on newspapers and magazines, we conduct what is, to our knowledge, the first assessment of media framing of IPV in a reality television show. Using qualitative thematic textual analysis, we aim to identify the dominant partner abuse-related frames portrayed in each of the 52 episodes from seasons five and six of *The Real Housewives of Atlanta*, which aired during the fall of 2012 and 2013, respectively. Specifically, we want to explore how and to what extent the violence, victim, and perpetrator are framed on American reality television. Findings reveal four themes: (1) normalized abuse, (2) abuse is masculine, (3) victim blaming, and (4) abuse is glamorized/romanticized. A discussion of the findings, implications, and directions for future research are presented.

When Pink Isn't Pretty: A Thematic Analysis of Breast Cancer Bloggers' Response to Breast Cancer Marketing and Awareness Campaigns

Kathleen Stansberry (Cleveland State University)

Abstract

Each October consumers are flooded with advertisements, product packaging, and cause marketing campaigns related to breast cancer awareness. The ubiquitous use of the color pink to signify breast cancer awareness has elicited a range of responses from members of the online breast cancer community. This project examines blog posts of 20 popular breast cancer bloggers, many of whom are survivors, in an effort to better understand how those most intimately affected by the disease respond to Pinktober. Early findings indicate that breast cancer bloggers are overwhelmingly uncomfortable, and in some cases even enraged, as a result of pink-saturated marketing campaigns. Key themes that emerged from this analysis include bloggers' concern over hypocrisy exhibited by companies using pink to market products with negative health effects, infantilization of breast cancer patients and survivors, use of pink in situations unrelated to the breast cancer community and misuse of funds raised through pink product sales. This research contributes to the field of health communication by examining the ways an online community can challenge and subvert disease narratives through the use of social media. In addition, this work contributes to the practice of health communication by exposing a growing discomfort among the breast cancer community with the use of the disease in marketing campaigns.

Relationship between health information seeking and interest in genome sequencing results among young breast cancer patients

Kimberly A. Kaphingst (University of Utah), Sarah Lyons, Melody S. Goodman, Jennifer Ivanovich (Washington University)

Abstract

Introduction: Advances in genome technologies have the potential to change health care by increasing the availability of individual genomic information. However, sequencing an individual's entire genetic code raises multiple communication challenges, including what of a vast amount of information to return and whether results return should be tailored by individual characteristics. While prior surveys have investigated what results respondents in the general public would like returned, little research has examined what factors influence interest in different types of results among patient populations likely to face decisions about return of results. We examined whether health information seeking was related to interest in receiving different types of genome sequencing results among young breast cancer patients.

Methods: We sent letters to 1792 women diagnosed with breast cancer at age 40 or younger inviting them to complete a survey online or on paper; 1075 (60%) completed the survey. The outcome was interest in receiving genome sequencing results for seven types of gene variants, which was assessed on seven-point Likert scales from "not at all" to "very" interested and dichotomized as very interested vs. other for analysis. We built seven multivariable logistic regression models to assess whether health information seeking in the past 30 days (not at all, not very, somewhat, very often) was related to strong interest in each result type, testing sociodemographic and clinical covariates for entry into the model. We hypothesized that high health information seeking would be associated with strong interest in receiving all types of results from genome sequencing. Statistical significance was assessed as $p < 0.05$.

Results: Most respondents were married (74%), had biological children (68%) and had at least a college degree (79%). The proportion that were very interested in each result type ranged from 77% for variants affecting risk of a preventable or treatable disease to 16% for variants with uncertain meaning. In multivariable models, women reporting having sought health information very often were significantly more likely to be very interested in sequencing results for six variant types that: affect risk of a preventable/treatable disease; affect treatment response; affect risk of an unpreventable/untreatable disease; have uncertain significance; affect relatives' health; or have no health meaning. For example, high health information seekers were twice as likely to be very interested in results that affect risk of a preventable or treatable disease (OR=1.9; 95% CI=1.3, 2.9) or in results with uncertain clinical meaning (OR=2.1; 95% CI=1.3, 3.3).

Discussion: These findings provide novel data on factors affecting interest in return of different types of genome sequencing results among young breast cancer patients. The data suggest that women who are interested in health information more generally may also seek out

genetic information affecting themselves and their families. Women who are not high health information seekers may need educational approaches to help them explore the salience of the information. Health information seeking may be an important characteristic to consider when planning strategies to return genome sequencing results to this patient population.

Effects of Decision Support Tools for Older Adults: A systematic review of the literature

Julia C.M. van Weert, Barbara C. van Munster (University of Amsterdam), René Spijker, Lotty Hooft (UMC Utrecht), Jesse Jansen (University of Sydney)

Abstract

Introduction: Medical decisions for older adults, especially those with comorbidities are often complicated. Shared decision-making (SDM) aims for clinicians and clients to share and exchange relevant information and to support clients to participate in decisions about their health. Aging is strongly associated with cognitive, physical, psychological, and social changes. These changes may have either a direct or indirect effect upon how older clients make decisions and engage in SDM. Until now, little is known on how older adults and clinicians make a tradeoff between the benefits and harms. Furthermore, older adults' preferences will vary widely depending on for example their frailty, level of education, cognitive and health status. The decision-making process therefore needs to be highly individualized. Incorporating client preferences in the decision-making process could also reduce clinicians' discomfort with treating (or not treating) older clients. Interventions to promote SDM have proliferated with the aim of improving how people make decisions about their health and increasing their knowledge and involvement. While these tools, from now on called Decision Support Tools (DSTs), have been successful in enhancing the quality of decision making, it is unclear whether current interventions generalize to the needs of older adults (i.e. adults aged 65+). Therefore we conducted a systematic review of randomized controlled trials (RCTs) evaluating the efficacy of DSTs for older adults facing treatment or screening decisions.

Methods: Comprehensive searches of the Pubmed, Embase, Psycinfo and CINAHL databases and the Cochrane Central Register of Controlled Trials (CENTRAL) were conducted. DSTs were defined as 'evidence-based tools designed to prepare clients to participate in making specific and deliberate choices among health options'. Studies were included if it (1) was a RCT, (2) described a DST for treatment or screening decisions, (3) had a sample with a mean age of 65 years or older or, if the study performed a sub-group analysis, where the subgroup had a mean age of 65 years or older, (4) was published in English, and (5) was published in a peer reviewed journal. The primary outcomes, based on the International Patient Decision Aid Standards (IPDAS) were (1) decision attributes and (2) decision making process attributes.

Preliminary Findings: The search strategy yielded 11,078 references. After subsequent title and abstract screening using the computerized program EPPI 10,801 were excluded and the full-text content of the remaining 277 references was screened. This resulted in the selection of 22 publications that fulfilled the inclusion criteria. There was variability in potential risk of bias across studies. The two criteria that were most often problematic were lack of blinding and the potential for selective outcome reporting. Preliminary results on the effectiveness of DSTs on decision attributes indicate that DSTs performed better than control resp. usual care interventions by increasing knowledge and accurate risk perception. With regard to decision

process attributes, DSTs resulted in lower decisional conflict related to feeling informed and clarity of values.

Discussion: This review shows promising results on the effectiveness of DSTs for older clients. DSTs increase older clients' risk perception, improve knowledge and decrease decisional conflict. It must however be noted that the body of literature on the effectiveness of DSTs for older clients is still in its infancy. Until now, only a few DSTs have been specifically developed for older adults and evaluated. Future research should expand on the design, application and evaluation of those interventions to include older adults. It is also recommended to further diminish the risk of bias in RCTs, particularly with regard to performance bias and reporting bias.

Does Social Media Help? A Meta-Analytical Review of Social-Media-Based Interventions on Health Behavior Change

Qinghua (Candy) Yang (University of Miami)

Abstract

The past decade witnessed the increase of using Internet and social media in public health. One-third of individuals access health-related social media, and approximately 25% of physicians use social media channels to create, consume, or share medical content (Fox, 2011; McGowan et al., 2012). Resulting from web-based and mobile technologies, social media can take a variety of forms, including Internet forums, message boards, social network sites (e.g., Facebook, Twitter, MySpace), texting via mobile devices, and blogs. Despite the variety, the roles of social media in public health are less about the technology per se, but more about the way individuals are empowered to interact with others online (Hughes, 2010).

The dramatic growth of Web 2.0 technologies and social media offers immense potential for the delivery of health behavior change interventions because of its: (a) broad reach that includes 1.1 billion users on Facebook each month (Techcrunch, 2013); (b) high level of engagement that one primary characteristic of social media is enabling users to actively engage and generate content (Thackeray et al., 2008); and (c) message delivery through existing contacts that were found to be more powerful than marketing strategies (De Bruyn & Lilien, 2008). Despite the beauty of social media, it remains unclear which form of social media could be effectively applied to achieve health behavior change and the working mechanism. Thus, two major questions need to be addressed: first, whether social-media-based interventions are effective overall; and second, whether the effects of interventions are moderated by factors, such as the media channel, health behavior type, and audience characteristics. To answer these questions, a meta-analytic review is conducted.

Comprehensive searches of the Communication & Mass Media Complete, PsycINFO, Web of Knowledge, PubMed and Medline databases were used to identify for potential eligible studies in English-language peer-reviewed journals and conference proceedings. Search queries for the current meta-analysis were formulated using combinations of the following terms: "intervention" (Title) AND "health" (Title/Abstract) AND "social media" OR "social network*" (Facebook OR LinkedIn OR Twitter OR Tencent OR Weibo OR MySpace) (Title/Abstract). All potential eligible articles were examined to determine the extent of relevance. Studies were screened in several stages using explicit inclusion and exclusion criteria: (1) Published in English-language, peer-reviewed journals or conference proceedings; (2) quantitative studies using randomized controlled trials (RCT) or surveys; and (3) effect sizes or sufficient statistical information available for calculation. These screening criteria yielded 15 articles included in systematic review (See Figure 1).

Cohen's *d* will be computed as the basic unit of analysis for the systematic review. The effect sizes will be corrected for dichotomization and attenuation in the psychometric version of the analysis as well as for the unreliability of measures (Hunter & Schmidt, 2004). The overall

effect size will be computed under the random effects models and the moderator analysis will be conducted under the mixed effects models (Raudenbush, 2009).

SnowedOut Atlanta: A theoretical analysis of stakeholders engagement in an online support group during a crisis situation

Meredith L. Morgoch, Melinda R. Weathers (Clemson University)

Abstract

In 2014, snowstorms hit the southern U.S. and paralyzed the Atlanta, Georgia metropolitan area. To help manage the crisis, community members accessed social media, more specifically a Facebook group titled “SnowedOut Atlanta” (SOA). SOA members used the page as an online support group (OSG) where members exchanged crisis information and emotional support. The social media texts produced by the residents of Atlanta provide a rich case of study for health-related, crisis communication and social media scholars. This case is an ideal template for public relations professionals and citizens to understand the importance of social media’s use as a valuable communication tool during a crisis event.

This research explores the role of an OSG accessed via social media during a winter-related crisis. OSG and social media provide a new venue for individuals to connect with each other in times of health-related or environmental-driven crises. Despite the rising popularity of OSG research, little has been known about how stakeholders make use of the sites. Furthermore, with social media being a popular medium for OSGs, Jin, Liu, and Austin (2004) made a call for research that displays evidence-based guidelines for integrating social media into crisis management and recovery practices.

This study will answer the call for research that will determine the uses of OSGs and provide evidence-based guidelines for integrating social media into crisis recovery practices by conducting a content analysis of the SOA Facebook page. The content analysis is modeled after previous OSG research and aims to seek the motivations of OSG via social media use through the lens of uses and gratifications theory. The analysis will discover the exact affective and cognitive needs of members who posted to the group’s page. The SOA case offers health and crisis communication scholars and practitioners a plethora of evidence-based data for application.

Messaging in a Public Health Crisis: Using Twitter to Identify Effective Message Strategies

Sarah C. Vos, Jeannette Sutton (University of Kentucky)

Abstract

During a public health crisis, officials need to disseminate information quickly and efficiently. Health communication scholars have identified social networking sites (SNS) as a potentially effective channel to distribute this information, as these relatively new channels have large potential in terms of their reach and their ability to distribute information in a cost-effective manner. However, little data-driven research has examined how to design effective public health messages on SNS.

In this study, we examine 7,480 tweets produced by 22 Twitter accounts associated with the Centers for Disease Control and Prevention during two key months of the Ebola crisis in the United States (Sept. 15 to Nov. 15, 2014). Using content analysis techniques, we identify the different components of Ebola-related messages (hashtags, links, all caps, etc.), message styles (declarative, imperative, exclamatory, interrogative), content (information, instruction, thanks, reassurance, etc.), and images.

The success of the different message components and strategies is evaluated using logistic regression with the number of retweets serving as the outcome variable. Retweets are considered a measure of message success as retweets indicate an endorsement of a message and increases the reach of an individual message, as those in the retweeters' networks are exposed to the message. Although other recent studies have examined text-related content and retweets, this is the first study to examine how and whether images contribute to message success.

Findings and discussion will focus on the elements and message strategies that are associated with stronger message success. The findings from this study have implications for messages delivered via channels besides SNS. Retweets provide a real-time measurement of the success of a message as it is released and then spread via a social network.

Effectiveness of online resource for learning of healthcare communication skills

Laura Cooley (American Academy for Health Behavior)

Abstract

Description: In 2004, the Institute of Medicine (IOM) published a need for consensus on the competencies for communication skills at the medical school and residency levels in the United States. Faculty from Drexel University College of Medicine (DUCOM) – an institution that pioneered the use of computers for medical education –with colleagues at the American Academy on Communication in Healthcare (AACH) developed an online resource for teaching and learning of healthcare communication skills. The resource provided facilitators with thought-provoking texts and vignette videos while providing students with videos modeling situations so they could learn communication skills by studying examples.

Aim: Research studies demonstrate effectiveness of the modules as learners enhance their interpersonal skills and attitudes

Action: Residents believed DocCom modules would improve outpatient and inpatient communication skills¹. The “breaking bad news” module improved application of 13 effective interpersonal skills². The “communication and substance use” module influenced medical students beliefs/attitudes toward patients³. Residents reported improved attitudes and communication skills toward patients with SUDs⁴.

Summary: Enhanced attitudes and skills may result in improved care for these patients. 70 institutions, including medical schools and residency programs, and over 30,000 learners have subscribed to the 42 modules of DocCom. The demonstrated learning outcomes highlight the effectiveness of DocCom for teaching and learning improved healthcare communication skills.

National survey of education brochures for hip and knee arthroplasty

Lena Rosemann, Leonid Kandel (Hadassah-Hebrew University Medical Center, Jerusalem, Israel)

Abstract

Introduction: Surgery is a major event that requires thorough patient education to provide information, reduce the anxiety and adjust expectations. An efficient patient education has to have a multimodal nature. The physician explanation is usually the first round of the patient's education. It's the most exact form with a great authority impact. But the overwhelmed patient can't memorize and process all the information received, so next iterations are necessary. Here Internet medical information and education brochures come into the picture.

However, printed brochures may have significant downsides. They often are not updated, some are sponsored by commercial companies and the language may be not suitable for different patients. In many cases the same brochure is used in different medical centers with very different medical practice. We conducted a national survey off all public hospitals in the country to assess the quality of education brochures for hip and knee replacement.

Materials and methods: There are 21 public hospitals performing knee and hip replacements countrywide. In each hospital, an arthroplasty surgeon or a chief nurse were approached and asked to send their current education brochures.

Each brochure was mapped according to a clear predetermined protocol. It was examined for the date of print, a commercial sponsorship, number of advertisements and presence of predetermined clinical data. A few crucial clinical data elements were chosen, by an experienced arthroplasty surgeon. Among explored clinical elements: preparation to surgery, the surgery itself, postoperative pain management, rehabilitation and restrictions, and awareness to complications. Then each brochure was given to a few patients before and after the surgery and their opinion was measured on Visual Analogue Scales.

Results: 16 hospitals agreed to participate in this survey (response rate of 76%). Only 12 hospitals provided the patients with an educational brochure for these procedures. 9 of these were using an industry-funded commercial brochure. Unsurprisingly, all these were emphasizing the use of a respective medication after the surgery.

There were no date of the issue and thus - no way to know if it was updated. The percentage of clinical elements found in brochures varied from 40 to 80 percent. The most significant lack of information was on the surgery complications and failure. The patient satisfaction of different brochures averaged on 70 out of 100. Graphic information of provided brochures is very unclear, diminishing the educational effect.

Discussion: This national-wide survey of education brochures for patients undergoing hip and knee arthroplasty have found a significant variety in the information provided and the way it is presented. Thus, a standard, updated education brochure that is edited by a consortium of high-level professionals is needed. This is where national professional associations should take the lead.

The variety of patients and needs should be considered as well. Some patients need much more emphasis on the anxiety reduction, while others will need more education for compliance. The great challenge of a good brochure (or brochures) is providing instructions on different levels and layers.

In conclusion, as education brochure is an important step in patient education and well being, it should be edited and updated by unbiased specialists – both in the specific medical field and in medical education.

Emotional and Rational Content in Anti-Smoking PSAs: A Content Analysis

Yerina Ranjit (University of Connecticut)

Abstract

Emotion and reason are an integral part of everyday communication. The human brain necessarily employs a combination of rational and emotional mechanisms in order to decipher and understand the world around us. Persuasive media that surround us, too, can appeal to our sensible and objective brain or to our emotional capacity, whether it is to influence something in the sphere of our everyday decisions, or to influence something greater, such as a change in some aspect of human behavior.

Studies focusing on persuasive mass media message suggest that consideration to emotion and rational content of a message are critical in influencing people at all—whether it be a small decision or a behavioral change. An appeal to the audience’s emotions, however, is generally viewed as a more effective way to achieve these goals. Research demonstrates, too, that marketing campaigns with a focus on social or health-related issues tend to display more emotional than rational content.

This content analysis evaluated 20 anti-smoking public service announcements (PSAs) from the years 2005 through 2011 in order to examine trends and effectiveness of message content. The results of this preliminary research demonstrated that while anti-smoking PSAs from this time period generally contained a combination of rational and emotional content, negative affective responses were evoked more frequently than positive and reptilian affect. Appeals to emotions such as fear, anger, and disgust increase consistently in anti-smoking ads throughout these years. There was considerable rational content in all of the PSAs examined; however, while no significant differences were found in increases from year to year, there was a significant increase between the year 2005 and 2010.

Gethpv.com: An Intervention Creatively Capturing Adolescents' Attention to Improve HPV Vaccination-Related Outcomes

Elisia L. Cohen (University of Kentucky), Katharine J. Head (Indiana University-Purdue University Indianapolis), Tom Collins, Richard A. Crosby, Robin C. Vanderpool (University of Kentucky)

Abstract

In 2015, the FDA will grant final approval for and the American Committee on Immunization Practice will recommend a vaccine meant to protect against nine types of humanpapilloma virus (HPV). The advancement of vaccination coverage to prevent 90% of invasive cervical cancer cases in addition to precancerous lesions, combined with genital warts and other HPV-related disease linked to HPV types 6, 11, 16, 18, 31, 33, 45, 52 and 58, offers a unique opportunity to redouble efforts to improve immunization outcomes in the U.S. Currently, HPV vaccination uptake rates remain below necessary levels to achieve desired herd immunity against this disease. Most HPV vaccine campaigns have targeted healthcare providers and parents, given that the decision-making for adolescent vaccination lies with the parent.

The recent gender neutral recommendations promoting adolescent immunization, and consideration of marketing move away from a “cervical cancer” vaccine to a vaccine that prevents “HPV-related disease” that affects both males and females, creates an opportunity to consider additional school-based social marketing messages that may be used to improve HPV and HPV vaccination education in adolescent children. Such a communication effort could not only increase their knowledge about HPV and how it’s spread, but also encourage these adolescents to ask their parents about getting HPV vaccinations.

In this paper, we detail the development of an innovative and entertaining video and website invention (Gethpv.com) which capitalizes on adolescents’ immense interest and use of social media by likening HPV to a social network. Building on this analogy, the video and website highlight how HPV is much like a social media networking site, but that this is one site that people don’t want to join. The development of this intervention was a partnership with a creative media firm, as well as script and graphic feedback from school officials and teachers, parents, and adolescents. Pretesting of the video will begin in January and we hope to have pre and post-test data on outcomes such as knowledge, acceptability of getting the HPV vaccine, intention to ask parents about the vaccine, and website visits by the time of the conference.

Cancer Affected Me Too: The Role of Computer-Mediated Social Support in Coping with a Parent's Cancer Diagnosis

Brenda L. MacArthur, Ian P. Hopkins, Thomas J. Roccotagliata, Camella J. Rising (George Mason University)

Abstract

Rationale: A cancer diagnosis is a stressful event for patients and their families. While a great deal of research has explored how patients utilize social support to cope with a cancer diagnosis, little research has examined how the same diagnosis influences their adult children's desire for social support. Individuals seek out social support from others when faced with stressful life events as such support helps to restore psychological equilibrium (Thoits, 1982). Additionally, maintaining a coherent identity during uncertain times is essential (Brashers, Neidig, & Goldsmith, 2004). Thus, it makes sense that individuals likely cope with the uncertainty that accompanies a parent's cancer diagnosis by seeking to confirm their identity through social support. Social identity support is a distinct type of social support that uniquely impacts interpersonal relationships (Weisz & Wood, 2000). With the increase in online support groups and forums, it is likely that social support may also be elicited through mediated channels. Yoo et al. (2014) found the family environment to be a positive predictor of computer-mediated social support (CMSS) among women with breast cancer. Hence, this study explores how individuals' perceptions of social identity support within their family structure influences their use of CMSS following a parent's cancer diagnosis.

Method: To measure family cohesion, the cohesion subscale of the Family Environment scale (Moos & Moos, 1986) is used. Perceptions of social identity support are measured using Weisz's (1996) Social Identity Questionnaire. Finally, to measure CMSS participants indicated the breadth of CMSS platforms and frequency of use, topics discussed during CMSS interactions, and identified family members discussed in CMSS interactions.

Results: Results show that the relationship between family cohesion and computer-mediated social support differs for children of cancer patients than the actual patients themselves. Specifically, individuals tend to utilize mediated platforms to elicit social support immediately following a cancer diagnosis, and regardless of which parent is diagnosed with cancer, mothers play a unique role for individuals who engage in CMSS.

Likes, Shares, and Tweets: The Effects of Social Media Metrics on Optimistic Bias

Carmen Stavrositu (University of Colorado, Colorado Springs)

Abstract

Vulnerability to health risk is an essential component of a wide array of theoretical models of health behavior change (Janz & Becker, 1984; Rogers, 1975). At the same time, it is well known that most individuals display a tendency towards underestimating their own health risks compared to those of other people. Most commonly, this tendency is labeled optimistic bias (Weinstein, 1980). While this tendency has been shown to lead to a host of negative health outcomes and to present an important barrier to behavioral change, in general, it is particularly problematic for highly preventable conditions, or lifestyle diseases, like skin cancer. The present paper seeks to determine the role that social media metrics (i.e., likes, facebook shares, and tweets) displayed alongside health news stories online play in shaping optimistic bias as it relates to skin cancer risk.

Research to date has identified several explanatory accounts for optimistic bias, including emotional factors, as well as cognitive factors that involve attributional and information-processing mechanisms (Chambers & Windschitl, 2004; Helweg-Larsen & Shepperd, 2001; Klar, Medding & Sarel, 1996). The prevailing explanation, however, emphasizes motivational factors, such as the need for self-enhancement—that is, the motivation to depict oneself in the best possible light in relation to others (Klein & Weinstein, 1997; Weinstein & Klein, 1995). Less scholarly attention has been devoted to exploring the factors that may encourage more realistic perceptions of risk and thus minimize optimistic bias. The limited available evidence points to two potential such factors—information about the precautionary actions of others (Weinstein, 1983) and individualized appeals (Kreuter & Strecher, 1995)—in efforts to minimize self-other discrepancies in perceived health risk.

In light of this evidence, the present paper tests the proposition that social media metrics displayed alongside news stories about health risk functions essentially as “information about the precautionary actions of others.” That is, if a health news stories about skin cancer risk, for example, displays large numbers of social media shares and likes, that may indicate to readers that others are taking the information presented seriously and acknowledge the risk. As such, high levels of social media metrics were expected to reduce optimistic bias, while low levels to enhance it.

In order to test this hypothesis, a web-based post-test only experiment was conducted. Participants (N = 110) first read a news story about skin cancer risk that displayed either a high or a low level of social media metrics, then reported their perceptions of skin cancer risk for the self and others, as well as their behavioral intentions pertaining to skin cancer prevention. Preliminary findings indicate that in the low social media metrics condition, perceptions of skin cancer risk were reported to be stronger for others than for the self, a clear indication of “optimistic bias.” This bias, however, was diminished to insignificant levels in the high social media metrics condition. Specifically, when the story was accompanied by high numbers of

likes, shares, and tweets, receivers reported very similar perceptions of skin cancer risk during their lifetime to that of others. Further, social media metrics had an ultimate indirect effect on behavioral intentions via optimistic bias, such that optimistic bias, in turn, negatively affected behavioral intentions related to skin cancer prevention. Theoretical and practical implications, as well as suggestions for future research, are discussed.

Measuring eHealth Literacy in the Era of Social Media

Mariliis Beger (Florida State University), Ahad Farooqui, Khawaja, Zain-ul-abdin (Lahore University of Management Sciences), Andreas Beger (Duke University)

Abstract

Access to new communication technologies and the Internet has brought new opportunities and challenges to health communication. In comparison with traditional tools, emerging technologies have unique advantages in health care, including reduced costs, increased convenience for users, reaching stigmatized or hard-to-reach populations, as well as the ability to overcome isolation of time, mobility, and geography (Griffiths, Lindenmeyer, Powell, Lowe, & Thorogood, 2006).

Majority of the eHealth studies have been conducted in developed countries and in low- and middle-income countries the field is still emerging (Lewis, Synowiec, Lagomarsino, & Schweitzer, 2012). In spite of that, a number of researchers (e.g. Blaya, Fraser, & Holt, 2010; Wingwood et al., 2011; Griffiths et al., 2006) have suggested that eHealth solutions could be especially beneficial in low resource settings and developing countries that face considerable challenges in providing affordable, accessible and high-quality health care. Due to its characteristics, eHealth solutions could overcome barriers to health care in certain cultural contexts where some health issues are perceived as taboo, or learning about sensitive health topics is considered to be a private matter (Barak & Fisher, 2001).

Developments in eHealth do not include only technological advancements, but capture also a new way of thinking and require new - eHealth literacy - skills from the patients (Eysenbach, 2001). eHealth literacy is defined as the individual's "ability to seek, find, understand, and appraise health information from electronic sources and apply the knowledge gained to addressing or solving a health problem" (Norman and Skinner, 2006a: e9). \

To our knowledge, the only available instrument for measuring eHealth literacy is the eHEALS scale, which was developed by Norman & Skinner (2006b). This study is the first one to test eHealth literacy scale eHEALS in a developing country. This study has three objectives. At first, the aim of this study was to translate the eHEALS into Urdu, the national language of Pakistan, and to evaluate the validity and internal consistency of the U-eHEALS in a sample of Pakistan college students. Secondly, the study aims to assess the suitability of a social media self-efficacy subscale, in order to add Health 2.0. skills to the measure. The third objective of the study is to report eHealth literacy levels in a sample of young urban Pakistanis and examine the association of eHealth literacy with several health-related outcomes.

The Urdu translation of eHEALS was tested in a sample of college students in Pakistan (n=103). Confirmatory factor analysis was used to compare the original eHEALS and the updated model with social media items. Cronbach alpha and correlation coefficients with several health related variables such as time spent online, health-related internet use, frequency of using health information, importance of internet as a health information source, social media

use for health, health knowledge, health status, and health responsibility were computed for internal consistency and scale validity.

The Factors Distinguishing Health Insurance Information Seekers From Non-Seekers Among College Students

Michael Mackert, Hyeseung Koh, Amanda Mabry, Sara Champlin, Anna Beal (University of Texas)

Abstract

Purpose: Previous research suggests that college students have inadequate levels of knowledge about health insurance. Their lack of knowledge and understanding about health insurance may prevent them from seeking health insurance information and using this information correctly. Although there are many studies explicating college students' health-related information seeking behaviors, little effort has been made to investigate their health insurance information seeking behaviors, specifically. As formative research, this study aimed to explore perceived barriers to use of health insurance and identify discriminant factors between health insurance information seekers and non-seekers among college students. Findings from this research can contribute to developing campaigns for insurance information seeking and use in an effort to improve students' health.

Methods: Participants were 447 college students recruited from a large Southwestern University. An online survey was used to measure perceived barriers to using health insurance, current knowledge about health insurance, perceived severity and susceptibility of failing to understand how to use health insurance, perceived benefits and ability of understanding how to use health insurance, feeling of worry about getting in trouble when failing to understand how to use health insurance, preferred sources for health insurance information, past experiences of seeking health insurance information, and other demographic information. Participants' ages ranged from 17-35, with a mean age of 20.1 years (SD = 2.14). Most participants were Caucasian (57.9%), followed by Hispanic or Hispanic American (18.3%), Asian or Asian American (13.2%), African-American (5.4%), and other (5.1%).

Results: Surprisingly, many students identified themselves as not health information seekers (N = 353). For the past experience of seeking health insurance information as a grouping variable, the results from a discriminant analysis indicated that health insurance information seekers (n=91, centroid= 0.445; feeling of worry-M= 2.47, SD = 0.99; perceived ability-M= 4.70, SD = 1.23) were more often worried about getting in trouble when failing to understand how to use health insurance and had greater perceived ability to use health insurance than non-seekers (n=353, centroid= -0.115; feeling of worry M= 2.17, SD = 0.95; perceived ability M = 4.35, SD = 1.18). Among the seekers, the Internet was the most prevalent primary information source, parents were the second prevalent information source, and physician/medical professionals were the third popular information source of health insurance information. Regarding perceived barriers to use of health insurance, seekers (n=91, centroid=0.488; cost-M= 3.62, SD = 1.18; lack of understanding- M= 2.71, SD = 1.11) were more likely to perceive cost and less likely to perceive lack of understanding as a barrier to use health insurance than non-seekers did (n=348, centroid= -0.128; cost-M= 3.08, SD = 1.26; lack of understanding-M= 2.96, SD = 1.15).

Conclusions: The purpose of this project was to explore how college students look for information about health insurance and their perceived barriers to use health insurance. These findings are initial steps toward crafting persuasive communication campaigns to help students better understand how health insurance works; fear appeals may be effective to make them more vigilant to seeking information about health insurance while the appropriate ways to seek and understand information should be delivered to increase their ability to use health insurance. The college years are a time in which students may be experiencing health decisions on their own for the first time. The better understanding of the insurance process may bring about efficient health-related decision-making and better health outcomes.

Effective Use of Social Media for the Big Pharmaceutical Firms

Sun-A Park (Robert Morris University)

Abstract

This study conducted a content analysis of top ten pharmaceutical companies' social media sites (i.e., Facebook, Tweeter, and Blog) in order to examine their use of social media. Recently, the FDA released the draft social media guidelines for pharmaceutical industry in July, 2014. The results of this study examined whether big pharmaceutical firms applied the FDA's guidelines to their social media sites. In addition, this study described what kinds of health topics and campaigns pharmaceutical companies have mentioned on their social media sites and what kinds of framing they have used in their health messages in terms of 1) gain-and loss-frames, 2) episodic and thematic frames, and 3) emotional and rational frames. In addition, this study looked at what kinds of media platforms (info graphics, videos, or graphics/photos) they have created and posted on their social media sites. Finally, this study also looked at specific target audiences they have focused on their social media sites and their approach to enhance health literacy. This study also discussed differences in the use of social media for a public health topic, such as the flu, between the government public health agency and multinational drug companies.

Turning availability bias to good account: Increasing the efficacy of high-quality information about vaccination by manipulating Google

Ramona Ludolph, Ahmed Allam, Peter J. Schulz (University of Lugano, Switzerland)

Abstract

Background: One of the main purposes to use the Internet is the seeking for health information. Many users start their search from a general search engine but are not aware of its sorting or selection criteria. Moreover, recent research reveals that online health information seekers are oblivious to the existence of false or misleading information on the Internet. They seem to be directly influenced by the search results and thus detrimentally affected by low-quality information. This susceptibility to false information is especially alarming in the context of vaccination as its opponents actively use the web to spread rumors about alleged negative consequences of immunization – despite the overwhelming scientific evidence about its benefits.

Objective: This study seeks to increase the salience of positive respectively negative information to make it more available and to cue information seekers' critical judgment skills by alerting them to the presence of false information on the web, thus enticing them to more elaborate information processing in the sense of dual processing theories. It is tested whether the addition of different boxes containing information about vaccination to the normal display of Google search results can produce differential effects on users' search behavior, attitudes and knowledge. Adding information boxes manipulates the availability of information. The study therefore tests whether availability bias can be used to augment the outcomes of Internet information searches in the controversial context of vaccination.

Methods: An online experiment using a manipulated search engine (Google) will be conducted in December 2014. Participants will be randomly allocated to one of the experimental groups or a control group. All participants will be asked to search for information on vaccination and receive as search results a ratio of 50% pro-vaccination-sites and 50% con-vaccination-sites. A full 3x2-factorial design will be employed with availability of summary information as the first factor and the warning of the presence of false information (yes/no) as the second. For the availability factor, boxes will present high-quality information on vaccination from an expert source (CDC), or low-quality information from a non-scientific source (Wikipedia) or there will be no information box at all. For the activation factor there will be another box containing an explicit warning that vaccination is a controversially discussed topic and that one will encounter false or misleading information about it, or there will be no box. A posttest-only design will be applied. Participants (n=240) will be recruited from an online surveying platform (SocialSci). Participants' cursor movements, opened web pages, and time spent on those will be tracked. In addition, the perception, content, and source of the box will be evaluated, and the occurrence of availability bias will be tested. Moreover, data about attitude and knowledge about vaccination, participants' information seeking behavior and assessment of information sources as well as their socio-demographics will be collected.

Discussion: The results of the experiment will be discussed in detail, focusing on the experiment's implications for future interventions in the context of health information seeking. Findings will reveal if and how search engine manipulations can contribute to a better online health information search leading to increased knowledge and more favorable attitudes toward vaccination.

Implications for further research: This experiment is the first one of a planned series. To test whether the findings are generalizable to a broader context, the topic of the search task will be varied to other controversial subjects such as cancer screening or the use of antibiotics. This line of research aims to better understand how health information seeking interventions that make information more salient can mitigate the detrimental effects of false information about controversial topics on the web.

Persuasive Messages to Increase Cancer Screening: A Content Analysis of the CDC's Screen for Life Campaign

Christine Skubisz, Carissa Burton, Kimberly DeMattia, Larissa Frei, Kayla McGowan (Emerson College)

Abstract

Background: Colorectal cancer is the second leading cause of cancer death in the United States. Screening can identify and remove abnormal growths in the colon or rectum. Screen for Life is the CDC's national colorectal cancer screening campaign. The campaign aims to inform men and women, aged 50 years and older, about the importance of having regular colorectal cancer screening tests. Previous research has examined message exposure and screening rates but, to date, no research has examined the persuasive appeals within campaign messages. This study aimed to identify the types of persuasive appeals that are presented in the Screen for Life campaign. Persuasive message design theories provide guidance regarding the most effective ways to change attitudes and behaviors. Persuasive message design features include: Emotional appeals (guilt, anger, fear, hope, disgust, humor, warmth), evidence type (quantitative, qualitative, visual), message sidedness, efficacy, norms, attitude functions, message frame, and characteristics of the source (age, race, sex, expertise, familiarity). This project was a systematic analysis of these persuasive message design features. An exploration of this campaign and recommendations for cancer screening message design are provided.

Method: A content analysis of all campaign materials from the current Screen for Life campaign (2014) was conducted. A total of 64 materials, representing six categories, were included: Print materials, print PSAs, video PSAs, audio PSAs, web banners, and website content. Four coders were trained to use a codebook developed to assess persuasive message design features. To establish inter-coder reliability all campaign materials were coded by all four coders. The average pairwise Cohen's kappa was 0.94. The average pairwise percent agreement was 98.33.

Results: In the campaign, 43.80% of messages included emotional appeals. Guilt (10.90%), humor (9.40%), warmth (32.80%), fear (68.80%), and hope (70.30%) were all present. When fear was present 26.60% of messages mentioned severity and 62.50% mentioned susceptibility. Quantitative evidence was present in 73.40% of messages. Within this category, 67.20% presented frequency data, 6.30% had percentage data, 3.10% had probability data, and 31.30% made verbal statements of probability. Qualitative evidence was present in 25.00% of messages. Most arguments were one sided (85.90%). The majority of the messages mentioned injunctive norms (95.30%) and fewer mentioned descriptive norms (20.30%). In terms of attitude functions, most messages presented a utilitarian function (93.80%). Far fewer presented a knowledge function (46.90%), an ego-defensive function (3.10%), a social identify function (29.70%), or a value expressive function (15.60%). Most message were gain frame (92.20%) with only 18.80% loss frame. In 53.10% of messages a spokesperson was present. Most message

sources were White (60.70%), 52.90% were female, 70.50% were a member of the target audience, and 91.10% were celebrities.

TWERK it out?: A Student Stress Prevention Campaign

Melissa F. Tindage, Sam Di Carlo (West Virginia University), Maria Brann (Indiana University-Purdue University Indianapolis)

Abstract

Stress levels in undergraduate students are higher, and more prevalent, while attending college than prior to the start of college (Kerig, 2013). Not being aware of how to manage stress (Brougham, Zail, Mendoza, & Miller, 2009; Lenz, 2010) can lead to the enactment of negative health behaviors (e.g., alcohol abuse, smoking, eating disorders) (Bland, Melton, Elle, & Bigham, 2012). To deter these negative responses, a targeted campus campaign prior to final exams (i.e., a stress-inducing week) was developed to increase awareness of heightened stress levels in undergraduate students and to provide students with a scheduling tool to help reduce stress that is often experienced from overscheduling, which has been shown to increase stress levels (Ross, Niebling, & Heckert, 1999; Stupinsky, Perry, Renaud, & Hladkyj, 2013). Creating and maintaining a schedule for assignments, exams, and other responsibilities can promote a healthy behavior to manage increased stress levels. Students were exposed to and educated on three different methods of scheduling to help prevent and/or reduce stress, which could decrease the damaging effects that increased stress levels may bring.

Findings from this student stress prevention campaign indicated that undergraduate students at a mid-Atlantic university believed that creating a schedule to plan their events for final exams week would help decrease their stress levels. Seventy three percent of health fair attendees were able to recall the campaign slogan, indicating awareness of this issue was heightened, and 95% firmly believed that creating a schedule would decrease their stress levels. After exposure to the campaign message to increase awareness, 86% of students cited the following scheduling methods to be used: paper to-do list (18%), planner/organizer (39%), and electronic method (29%). Therefore, students were given a planner/organizer that had calendar days and note-taking pages and a pen (both branded with the pre-tested campaign slogan) to meet their scheduling needs. Overall, the results support the goal of developing a campaign to increase awareness of college students' own stress levels during final exams week and the positive effects of prior planning to alleviate stress.

Attribution and Framing: Analysis of the First Lady's Remarks on Childhood Obesity and Media Reactions

Jennifer A. Milliman, Lindsey Wylie, Eve Brank (University of Nebraska-Lincoln)

Abstract

The United States is facing a childhood obesity public health crisis. A study of 15 industrialized countries showed that the United States had a higher childhood obesity rate than any other country (Hawkins & Linvill, 2010). First Lady Michelle Obama's public health promotion 'Let's Move' seeks to place children on a path to better health by giving parents and children access to health education and fostering healthier environments. Framing and attribution theory are mechanisms that may explain how social problems, such as childhood obesity, are framed in terms of responsibility.

The success of public health programs such as 'Let's Move', headed by First Lady Michelle Obama, may depend on how they are framed. The current studies examine the use of public health framing and attribution of responsibility in the First Lady's remarks and newspaper articles concerning the topic.

Study 1 is a content analysis conducted of Michelle Obama's remarks from March 2009 to March 2014 archived on the Whitehouse.gov website. The remarks consisted of public speeches, conference calls, informal addresses, and questions at functions. The coding frame was developed using a coding strategy used in a previous study reviewing the use of public health frames in national newspaper coverage of childhood obesity completed by Hawkins and Linvill (2010). We coded the remarks for the mention (1) or lack (0) of various causes and policy solutions to childhood obesity to establish attribution of responsibility and risk including: individual (e.g., diet) or environmental (e.g., lack of school recess). We coded causes and solutions as individual (e.g., parental guidance for increased activity) or environmental (e.g., changes to school lunches). We also coded for the mention (1) or lack (0) of link between reducing childhood obesity to the overall well-being of children.

Study 2 reviews national and local newspaper articles' framing and attribution of the same. A content analysis is currently underway of national and local newspapers' coverage of the Let's Move campaign, including the Associated Press coverage. Using a coding scheme complementary to the one used in Study One, we are examining the media's framing of the same topic. Basic descriptive analyses and comparative analyses will examine how the media portrays childhood obesity and the First Lady's intentions in the context of the Let's Move campaign

In study 1, for the entire sample, (n = 103), only 35% (n = 36) used all three of the dimensions of public health framing. Half of the remarks contained a reference to the risks and causes for obesity, of these, 30.8% (n = 16) mentioned an environmental cause or risk factor such as poverty. 83.5% (n = 86) of the remarks mentioned solutions to the obesity crisis and 62.8% (n = 54) of these mentioned an environmental solution such as policy changes within communities. A majority of the remarks (82.5 %,) linked reducing childhood obesity to the overall well-being

of children (e.g., children who are unhealthy do not reach their full potential in the future). Although study two is currently underway, we expect that the newspapers' reports will also not utilize all of the dimensions of public health framing. We also hypothesize that the reports will attribute the causes and solutions for the childhood obesity crisis to the individual.

Communicating Complex Information about Cancer Research: Designing an Intervention for Patients and Their Families

Janice L. Krieger, Jordan Neil, Yulia Strekalova (University of Florida)

Abstract

Introduction: Effectively communicating complex information is an ongoing challenge in many health domains, particularly when patients have high levels of illness uncertainty. An ongoing challenge in the realm of cancer communication is patient opposition to participation in randomized clinical trials (RCTs). RCTs are necessary step in developing medical treatments, however, patient enrollment remains low due to a number of barriers, many of which are related to poor communication between prospective study participants and study teams. Increasing the rate of RCT enrollment is particularly difficult among members of vulnerable groups, such as patients with low levels of health literacy. One of the most common communication challenges in this context is helping patients comprehend randomization to treatment condition. Previous research has shown that using appropriate cultural language and symbols, such a metaphors, can improve patient intentions to participate in RTCs, but to date, there is no evidence supporting the utility of discrete message strategies for improving comprehension. The purpose of the current study is to compare the utility of different message strategies for increasing comprehension of randomization. The results will help inform the adaptation of a module on randomization in the DECIDE intervention. The DECIDE intervention is a new print and video-based tool designed to help patients offered the opportunity to participate in a cancer RCT and their caregivers improve communication with research and medical staff. The randomization module of the tool seeks to increase comprehension of experimental design in cancer research and, in so doing, the ability of patients to provide informed consent to participate in a cancer RCT.

Method: A nationally representative sample of cancer patients was recruited using an online panel of U.S. residents. The sample included 533 patients who had received a cancer diagnosis within the past 24 months and did not participate in any type of clinical trial as part of their cancer treatment. Patients were randomly assigned to one of three experimental message conditions or the control condition. The three experimental message conditions compared included a low literacy definition condition in which randomization was explained using a low literacy explanation used by the National Cancer Institute, a metaphor message condition comparing randomization to the flip of a coin, and a baby metaphor condition comparing randomization to the possibility of a pregnancy resulting in a male or female baby.

Patient health literacy skill was measured using items adapted from the 2005 Health Information National Trends Survey (HINTS). Comprehension was measured by assessing patient understanding that physician preference, patient preference, and patient health status do not influence treatment allocation.

Results: A regression model predicting randomization comprehension was significant, $F(8, 530) = 13.48$, $p < .001$, $R^2 = .17$. Age was the only significant demographic predictor of

comprehension ($\beta = .30, p < .001$). Health literacy skill was not a significant predictor ($\beta = .01, ns$), but all three message strategy conditions were significantly, positively related to comprehension ($p < .001$). There were significant interactions between health literacy skill and the low literacy definition strategy ($\beta = .43, p < .05$) and the coin metaphor message strategy ($\beta = .41, p < .05$). Visual inspection of the interaction (see Figure 1) show that the low literacy message strategy was not as effective as the baby metaphor strategy for increasing randomization comprehension among patients with the lowest levels of health literacy skill. Implications Current public health research and practice suggests using low literacy or “plain language” definitions to communicate complex information to audiences with low health literacy skills. The results of this study demonstrate that metaphorical message strategies can be more effective for improving comprehension of randomization than low literacy approaches, while a low health literacy strategy was equally effective as a coin metaphor strategy among patients with high health literacy skills. These results indicate the importance of adapting the DECIDE intervention to deliver customized intervention materials, particularly as related to health literacy skill and comprehension of randomization.

Expectant Moms and Flu Shot Fears: A Content Analysis of YouTube Videos related to Pregnancy and the Influenza Vaccine

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Abstract

In 2004, the Centers for Disease Control and Prevention (CDC) began to recommend that pregnant women, at any stage of pregnancy, be routinely vaccinated against seasonal influenza. During pregnancy, a women's immune system is weaker, leading pregnant women to be more likely to get the flu and to suffer severe complications, such as pneumonia and premature labor. The flu vaccine protects pregnant women and their unborn babies from contracting the flu. Despite recommendations from the CDC as well as the American College of Obstetricians and Gynecologists, the rate of flu vaccination among pregnant women in the United States barely exceeded 50% during the 2013-2014 flu season.

During pregnancy, women often turn to online resources for information that ultimately impacts their decisions about health. Previous research has evaluated offline and online information concerning flu pandemics, such as the H1N1 flu outbreak. However, to date, few studies have analyzed online information related to the seasonal flu vaccine, and little research has been conducted specifically analyzing online information related to pregnancy and the flu vaccine. This study seeks to fill this research gap through a content analysis of videos posted on YouTube related to the flu vaccine and pregnancy. The content analysis will be guided by theory, specifically the Health Belief Model (HBM). The study will analyze YouTube videos for the presentation of information related to susceptibility (how likely a pregnant woman is to contract the flu), severity (complications from getting the flu while pregnant), benefits (effectiveness of the flu vaccine), and barriers (perceived side effects of the flu vaccine for the woman and the baby), as well as self-efficacy (how easy or difficult it is to get a flu vaccine). This study will also assess the message source (e.g., governmental agency, news report, general citizen) and tone (e.g., positive, negative, or neutral toward flu vaccination during pregnancy), and record the number of views, likes, and dislikes each video has received.

This is an ongoing project. So far, we have compiled a list of YouTube videos to be coded and we have developed a codebook. To obtain our sample of YouTube videos, four relevant search terms were entered into YouTube's search engine. The first 100 YouTube videos for each search term were recorded. From this list, 140 unique YouTube videos were retained for analysis. In January 2015, two independent coders will begin to analyze the YouTube videos based on the codebook.

This study will provide an analysis of current online information about influenza vaccination and pregnancy. For health practitioners seeking to raise flu vaccination rates among pregnant women, it is vital to be aware of the information, arguments, and falsities present on the Internet because pregnant women are relying upon online content to make critical health decisions.

Newspaper Coverage of Barriers and Facilitators for Breastfeeding: A Content Analysis of Stories from 2008 to 2013

Rose Hitt, Jennifer Anderson (South Dakota State University), Jie Zhuang (Michigan State University)

Abstract

Background: Breastfeeding (BF) has important implications for a baby's and mother's health. Healthy People 2020 contains multiple goals pertaining to increasing rates of BF initiation and duration (Office of Disease Prevention and Health Promotion, n.d.); while rates of BF initiation are relatively high, the rates of mothers continuing to BF at 6 and 12 months substantially tapers off (Centers for Disease Control & Prevention, 2013). Studies have reported self-efficacy or perceived behavioral control as important predictors of intention to initiate and continue breastfeeding (O'Campo, Faden, Fielen, & Cheng Wang 1992; Rempel, 2004; Saunders-Goldson & Edwards, 2004). Further, BF is influenced by the attitudes of important others in a woman's life such as the baby's father (Rempel & Rempel, 2004). Taken together, it is important to understand the messages that women and their important others receive from news stories because the manner in which breastfeeding is portrayed may shape their expectations about BF. While prior content analyses have classified types of media stories about breastfeeding, this study focuses on the types of messages in newspapers regarding factors that would make it more difficult or easier to BF that may shape control beliefs, according to the Theory of Planned Behavior (Ajzen, 1991).

RQ1: What barriers to BF are present in newspaper articles, editorials, and letters to the editor about breastfeeding?

RQ2: What factors that facilitate BF are present in newspaper articles, editorials, and letters to the editor about breastfeeding?

Method: The sample was drawn from 10 of the most read newspapers in the United States (e.g., The New York Times, The Wall Street Journal, USA Today), through a LexisNexis search using the keyword "breastfeeding" for 2008 - 2013, yielding N = 319 articles. Of the 319 news items, 55 were meeting announcements or "other" items such as recipes. The remaining 265 articles, editorials, and letters to the editor were retained for analysis. A coding scheme for barriers and facilitating factors was generated based on previous research concerning breastfeeding initiation and duration (O'Campo et al., 1992). Using this coding scheme, coders established reliability on a randomly selected 10% of the articles, with Krippendorff's alpha values ranging from 0.84-1.0.

Results: Regarding barriers, difficulty or embarrassment of BF in public was the most frequently occurring (36%), followed by lack of knowledge or training for how to BF (33%), and workplace difficulties (32%). Less frequently occurring were pain of BF (11%), lack of milk supply (17%), and lack of social support (19%). For factors making it easier to BF, the most commonly occurring were social support (32%), effective training (29%), and helpful workplace policies (21%). Less frequently occurring factors were availability of products facilitating BF

(12%) and programs aiming to reduce the financial burden of BF supplies (11%). There were significantly more instances of barriers than factors making it easier to breastfeed $\chi^2 (1, N=265) = 7.3, p < .01$.

Discussion: The results have important implications for health campaign and education message design in terms of understanding the types of messages women and those who may influence their breastfeeding decisions have received. Stories focused more heavily on barriers, which could possibly increase expectations that BF is too difficult, with relatively less discussion of factors making it easier. Health messages could address these barriers, focusing more heavily on information, for instance, about rights to BF in public, employers making accommodations for BF mothers, how to seek assistance and support from lactation consultants.

Examining electronic medical records system adoption and implications for emergency medicine practice

Barbara Cook Overton (Louisiana State University)

Abstract

During a 15-month-long qualitative study of a community-based hospital emergency department's electronic medical record (EMR) implementation, significant structural changes were observed impacting interpersonal and organizational communication as well as health care delivery.

Emergency rooms are high-stakes, fast-paced communicatively challenged environments, yet few studies focus exclusively on emergency rooms or communication patterns in them (Cameron et al., 2010; Fairbanks et al., 2007). Fairbanks et al. (2007) called for more research to enable better understanding of future communication modalities' inevitable impact on emergency medicine practice, especially the effect EMRs will have. EMRs are not extensively used in American hospitals but recent legislation mandates nationwide use by 2015, thereby making this study timely and relevant.

The Health Information Technology for Economic and Clinical Health Act (HITECH) was passed in 2009 as part of the American Recovery and Reinvestment Act. It was fueled in part by reports from the Institute of Medicine and the World Health Organization suggesting medical errors could be reduced by up to 80% with development and widespread use of health information technology (Pipersburgh, 2011; Farley et al., 2013). Despite preliminary research and promises of improved patient safety and operational efficiency, EMR adoption rates have remained low. Many studies have identified barriers to adoption, namely EMRs are expensive, difficult to use, time consuming, interfere with the physician-patient relationship, and disrupt workflow (Ajami & Bagheri-Tadi, 2013; Nambisan, Kreps, & Polit, 2013; Pipersburgh, 2011; Tomes, 2010). Few studies to date have examined the long-term process of adoption and implementation of an EMR from start to finish, making this study both unique and valuable.

Consistent with previous research, this study finds electronic medical records increase patient length-of-stay, lab and blood tests, and medication orders while decreasing provider autonomy, agency, and job satisfaction. Face-to-face interactions, particularly between physicians and nurses, declined following the EMR implementation. With respect to effective patient care, this has obvious repercussions; the Dallas Ebola crisis was ignited in large part because nurses and physicians accessed different portions of the patient's electronic medical record without discussing, face-to-face, the patient's symptoms and travel history. Other pertinent findings from this study relate to: role reversal/conflict and cognitive dissonance during EMR training, reactance amid forced adoption, burnout, staff turnovers and dissatisfaction (indicators of structural divergence), and unintended consequences.

This study contributes to the existing literature by filling gaps in qualitative emergency room analysis. EMR use and its unintended consequences is a timely and relevant topic with important clinical, interpersonal, and organizational implications. The novel use of adaptive

structuration theory to frame this analysis offers a deeper understanding of how EMRs change and are changed by emergency room systems and structures.

Factors predicting healthy adult intention to complete advance directives: Implications for health communication theory and practice*

Amy E. Chadwick, Leah C. Szalai (Ohio University)

Abstract

When people become seriously ill or injured and cannot express their medical wishes, decision making falls to family members who often are uncertain about the patients' wishes. Advance directives identify treatment preferences; however, despite their numerous benefits, few people have advance directives. To guide communication interventions, this study assessed factors that predict intention to complete an advance directive. A convenience sample of 219 U.S. adults recruited through Amazon's Mechanical Turk platform completed an online survey. Results indicate that the primary barriers to advance directive completion were uncertainty, perceived lack of importance, and trust in others to make decisions for them. Key benefits were making one's last days comfortable and helping others. Each step of a five-step hierarchical regression analysis with demographics, personal experience and knowledge, benefits and barriers, theory of planned behavior variables, and emotions led to a significant change in R² with the final model having an R² of .54. Attitude ($\beta = .39, p < .001$), feelings of hope ($\beta = .16, p = .009$), injunctive norms ($\beta = .16, p = .011$), descriptive norms ($\beta = .15, p = .019$), gender ($\beta = .12, p = .029$), and personal experience discussing advance care ($\beta = .12, p = .045$) significantly predicted intention to complete an advance directive in the next 30 days. Specific ways for communication interventions to decrease the identified barriers and capitalize on perceived benefits are discussed. Also, messages will likely be most effective if they focus on attitudes, norms, and emotions. Hope appeals may be a useful message strategy for creating behavioral intentions. On a theoretical note, emotions added significantly to the prediction of behavioral intention beyond theory of planned behavior and background variables, indicating that theories of behavior change should include emotions as a predictor of behavior.

Communicating about Autoimmune Thyroid Disease: Impacts on Marriage and Caregiving*

Denise K. Scannell (MITRE)

Abstract

Autoimmune diseases are one of the most common forms of illnesses in the United States, affecting 23.5 million people (Walsh, 2000). The burden of this disease is disproportionately on women, who sustain 78.8 percent of all cases of autoimmune diseases (NIH, 2002). There is no cure for autoimmune diseases – only a life-long road of treatment of symptoms. Autoimmune diseases are complex to diagnose and treat and on-going social support plays a critical role in patients' adherence to medications and ultimately their health outcomes. A marriage is a critical source of social support during illness (Segrin & Badger, 2011). Marriage is defined within social support research as "strong-tie" support and is often used as a measure of social support (2011). However, the interpretation of needed support and the perception of received support by married couples may be riddled with challenges due to identity transformation once diagnosed with an autoimmune disease as well as due to lack of communication competence within the relationship. Much research has been conducted to examine marriage and illness through the lens of perceived support. This research extends previous research to examine social support intention and interpretation within the context of marital relationships and communication strategies utilized to enable effective support specifically for autoimmune thyroid disease patients, namely Hashimoto's Disease and Grave's Disease. Within the framework of Kreps' Relational Health Communication Competence Model (RHCCM), this research examined the impact of marital social support, coping, identity transformation, and communication on health outcomes and the influences of marital communication interactions on patients' perceptions and requests for support as well as their ability to cope with their disease. The study employed both qualitative and quantitative analysis, including a survey of 619 women with autoimmune thyroid disease with questions examining quality of life, coping, communication competence, identity transformation and social support access and perception. Qualified survey participants (n=30) participated in open-ended interviews to further examine social support, illness identity, coping and communication within the context of marriage and their illness. The quantitative results from the survey indicated that low communication competent individuals were significantly less satisfied with their received social support and also had lower perceived quality of life. These results showed support for Kreps' Relational Health Communication Competence Model (RHCCM). Additionally, perceived social satisfaction scores were higher when support was available from the husband or partner. Qualitative results from the interviews showed that communication strategies most effective for a satisfying relationship during illness were increased open

communication about their illness, shared understanding of the disease and agreement on the impact of its symptoms, and inclusion of positive and encouraging tone in provided support. Additionally, communication strategies most effective for illness-related identity changes included validation of changes to identity, attentiveness to symptoms, and using communication to create opportunities for support. Study contributions and theoretical and practical implications were also discussed. Results obtained from both the surveys and interviews will be used to develop evidence-based best communication practices for couples to promote effective social support within marital relationships.

Conceptualizing Levity within the Context of Family Communication about Serious Illness*

Camella Rising (George Mason University)

Abstract

Humor is an emotion-focused coping strategy that may be used within families to relieve burdensome situations, such as serious illness. Despite a large body of humor-related research, a clear conceptual definition of humor is lacking. Furthermore, researchers have called for deeper exploration of moderators of humor and sense of humor to clarify individual differences (Bennett & Lengacher, 2006; Harzold & Sparks, 2006). By widening the frame of reference to let in other constructs beyond but inclusive of humor, operationalization of key emotion-focused coping strategies might be advanced.

Using the rigorous construct explication method proscribed by Chaffe (1991), the construct levity was explored. Levity is derived from the Latin *levo*, meaning “to lighten” and *levitas*, which means “light in weight.” Derivatives of *levo* include *alleviate* and *relief*. The lack of conceptual analyses of levity spurred questions as to whether levity is a trait, state, behavior, and/or message. To approach answers to these questions, a construct used in advertising called need for levity was considered (Cline, Kellaris, & Machleit, 2011). Need for levity is a trait that represents an individual’s tendency to seek out levity, which is lighthearted behavior comprised of humor and whimsy. Whimsy is defined as spontaneity, caprice, and free-spiritedness. Need for levity extends the sense of humor concept because it takes into account one’s need for whimsy.

As a result of the explication process, the following conceptual definition of levity is proposed: levity is a state of lightheartedness that results from generating and/or appreciating humorous and/or whimsical thoughts, behaviors, or words (levities) that are perceived as appropriate. In the context of a family member’s serious illness, levities might be generated and/or appreciated with the unconscious or conscious intention of alleviating cognitive or affective burden in self or other. How different family-member dyads use levities in this context is not currently known, therefore the following research question is posed: RQ1: How do family member dyads use levities in the context of a family member’s serious illness?

Since need for levity of each individual in a family-member dyad is a likely antecedent to use of levities, three types of dyadic relationships are presumed. Namely, 1) both individuals may have a high need for levity (high-need dyad), 2) both individuals may have a low need for levity (low-need dyad), or 3) one individual may have a high need for levity, while the other has a low need (mixed-need dyad). Given these proposed dyad types, the following is hypothesized: H1: In a high-need dyad, more levities will be used to alleviate the burden when compared to a mixed or low-need dyad. Because these individuals are concordant in their high need for levity, they are likely to experience levity as a result of the appropriate use of levities. H2: In a low-need dyad, fewer levities will be used to alleviate the burden when compared to a mixed- or high-need dyad. Because these individuals are concordant in their low need for levity, they are less likely to feel levity regardless of the production of levities. And, H3: In a

mixed-need dyad, the high-need individual will use more levities than the low-need individual to alleviate the burden. Because these individuals are discordant in their use of levities, it is anticipated that some dyads may experience disharmony unless one of the individuals adjusts his behavior to meet the needs of the other individual. The potential for conflict within the mixed-need dyad prompts the question: RQ2: How do individuals in mixed-need dyads adjust their use of levities to accommodate the needs of the other individual? Finally, RQ3: To what extent does family communication climate (Barbato, Graham, & Perse, 2003) influence use of levities by each dyad type in the setting of a family member's serious illness?

In addition to functioning as an emotion-focused coping strategy, use of positive humor within dyads has been shown to promote relational satisfaction (e.g., De Koning & Weiss, 2002). Currently, there is a dearth of research about how all family-member dyads (particularly siblings and adult child-parent) use humor to promote relational satisfaction and coping in the setting of a family member's serious illness. Using levity as a novel construct that extends humor to include whimsy might deepen understanding of the behaviors that help or hinder family-member dyads cope and maintain relationships. In the setting of a family member's serious illness, positive use of levities within family-member dyads is hypothesized to increase relational satisfaction, especially for family members with a high need for levity.

Patient Communication Training for High School Health and Wellness Classes*

Janet E. Panoch (IUPUI)

Abstract

Physicians are now trained in communication skills intended to improve clinical outcomes and patient satisfaction while reducing provider burnout and decreasing the likelihood of litigation. However, shared decision-making by nature necessitates the need for patient communication training as well.

Over the last 40 years, professionals have witnessed a paternalistic model of medical visits and decision-making evolve into one where partnership and shared decision-making are considered best practices. We have a widely used and tested model for patient training known as PACE that has been shown to positively impact patient participation in medical interviews and patient adherence to treatment. This model has been used as a basis for training modules in booklet form and web-based text. However, in the US the PACE model has never been formally used as an intervention in teenagers, has not been administered in a multimedia format, nor been used as a primary intervention, that is, an intervention that is applied before the onset of symptoms.

Previously, PACE-based interventions have been aimed exclusively toward adult. Because high school students are often just beginning to speak directly to physicians on their own behalf, this developmental period is an opportune time to teach the health communication skills that would make a difference over their lifespans. There has also been a call to move patient communication training from booklet and web-text form to video formats that include narrative presentations and testimonials and this approach is even more important for increasingly tech-savvy adolescents.

This project will utilize technology in the form of a multimedia platform that can be integrated into existing Health and Wellness classes for schools using tablets instead of textbooks. The award-winning Herron High School in Indianapolis, ranked in the top 5% of schools nationwide by Newsweek, U.S. News and the Washington Post, has agreed to test the module as the pilot school for this project. The interactive module will be designed to reach the student population as four learning units following the successful PACE adult patient training design by Ohio State health communication scholar, Dr. Don Cegala, effecting a translational approach to pedagogy at the high school level. This is the very first time that PACE will be applied to the adolescent audience as part of the curriculum.

One of the major strengths of this project is that it takes patient training into a brand new arena with cutting edge technology by integrating an interactive approach into an already required health education course. This unique team utilizes a multi-disciplinary approach between some of the foremost pediatric oncologists both at the national (Dr. Pete Anderson) and local (Indianapolis) level (Dr. Kenneth Lazarus) and the top scholars in health communication at the national (Dr. Don Cegala) and local level (IUPUI's Dr. Mark Di Corcia and Dr. Jennifer Bute). A further advantage of adapting the PACE to a high school population is that it would greatly facilitate longitudinal investigation of the lifespan benefits of early

patient communication training; it would also allow us to investigate important questions such as whether or not periodic re- training is necessary.

Patient communication training skills for high school wellness classes is funded by an IU Health Values Grant for Education through June 2016. The training video will be screened for the first time at the DCHC by creator and co-educator Janet E. Panoch, IUPUI, Medical Humanities and volunteer educator, Fatima McKenzie, IUPUI, OB/GYN research coordinator.

“The Truth About Trying” Intervention: Promoting the Heroic Quest to Overcome Infertility

Sharlene Richards, Susan Opt (James Madison University)

Abstract

Rationale: In 2012, Redbook magazine, in partnership with RESOLVE, a national infertility support group, launched the Truth About Trying (TAT) campaign as an intervention to encourage open talk about infertility. Part of the strategy involved posting videos by celebrities who share their infertility experiences to prompt discussion about infertility and its treatment. Research indicates that women experiencing infertility turn to Internet sources for information and support, justifying a need to determine the kinds of narratives to which they are being exposed in interventions such as the TAT campaign. Research on infertility discourses primarily has studied the shame, social stigma, and reproduction of normative ideas aspects of the narratives. In addition, previous analyses have focused on the “motherhood” archetype and backgrounded the female “heroic” archetype constructed in the narratives. This essay argues that achievement of the “motherhood” archetype requires some women to embark on a hero’s quest—a mythic pattern organizing the message of the TAT intervention—which may have consequences for their choices to pursue infertility treatments and their understandings of self.

Method: This study qualitatively content analyzed the discourse in the nine celebrity videos and the one introductory video posted on the Redbook TAT campaign website. The authors first reviewed the videos independently to identify discourse patterns. Next, in their joint analysis of the patterns revealed in their examinations, they found linkages between the patterns and the hero’s quest monomyth categories. Then they reanalyzed the videos through the lens of the monomyth for fit as well as silences in the discourse.

Results: The analysis revealed that the celebrities’ infertility narratives progress through the hero’s quest stages of “innocence and fall,” “journey,” and “redemption” through either the achievement of motherhood or a spiritual renaming that transcends motherhood. As ones who successfully have “returned” from the journey, the celebrities now act as role models and advisers for others who have just lost innocence or are on the quest. Furthermore, the prevalence of the hero’s quest monomyth, as reflected in the TAT intervention, may account for some women’s pursuit to achieve motherhood at all costs despite the psychological and physical challenges. At the same time, silenced in the TAT intervention is an unconsidered aspect of the quest—the outcome for women who never find redemption through conception or self-re-conception.

Implications: Although the TAT intervention may be encouraging women to talk more “truthfully” about infertility and its treatment, that truth is constricted by the parameters of the hero’s quest monomyth. Understanding this narrative pattern can lead to the creation of interventions that recognize the varied needs of women are “falling” or on their infertility “journey” and the needs of women who are likely to find redemption not through conception but through self re-conception. Finally, a recognition of this narrative pattern can direct attention away from the apparent culturally attributed “support” role of the women as

“mothers” archetype toward the “lead” role of women as “heroes” who survive the infertility quest, thereby emphasizing the heroic rather than stigmatizing nature of their journey.

Communication During First-Time Multidisciplinary Clinic Visits: Understanding Parental Decision Making and Information Management in Pediatric Chronic Illness

Anna M. Kerr, Nancy Grant Harrington, Allison M. Scott (University of Kentucky)

Abstract

Background: Individuals with chronic illnesses must manage long-term uncertainty and decision making as they cope with the ways the illness influences almost every aspect of their lives. In the context of pediatric illnesses, parents assume the complicated task of decision making during the diagnosis and treatment of their child's illness. It is common for children with complex chronic illnesses to see multiple specialists for treatment. The first visit to a specialist is often more elaborate than a routine primary care visit. While previous research has explored parents' decision making during a child's diagnosis and during end-of-life care, less is known about these experiences during the long-term management of a chronic illness through the care of multiple specialists. The aim of the current study was to explore decision making and information management during parents' first visits to a multidisciplinary clinic for the care of their child's complex chronic illness.

Method: Data were collected through survey measures and semi-structured interviews with 30 parents after their first visit to a vascular anomaly clinic at a large Midwestern children's hospital. The parent sample included 5 (16.7%) male and 25 (83.3%) female parents. On average, parents had been seeking care for their child's condition for 1.05 years (SD = 1.87 years; Range = 0 – 8.5 years) and saw an average of two health care providers (SD = 1.58; Range = 1 – 5 providers) during their visit. At this particular clinic, parents and their children saw specialists from disciplines ranging from oncology, radiology, dermatology, surgery, and otolaryngology.

Results: The results of the current study revealed many benefits of multidisciplinary care in the context of health decision making, including collaboration, access to information, brainstorming, and mutual agreement. Parents also revealed several factors contributing to decision satisfaction such as choosing the least invasive treatment option and confirming that their decision can change if necessary. Results also shed light on how information affects parents' decision making during their visit. While the information-richness of the context left parents with virtually no unanswered questions, they acknowledged several challenges associated with the amount of information they received. Parents often felt overwhelmed by the sheer amount of information, resulting in a desire to avoid certain topics of conversation. Occasionally, parents described having different information preferences than their significant other (e.g., one wanted to speak to as many doctors as possible while the other preferred only one opinion), affecting their communication and decision making. Lastly, the results of the study revealed the importance of social support from healthcare providers in parents' decision making. Parents often placed decision-making responsibility in the hands of the specialists, asking, "What would you do if this were your child?" This question, whether explicit or

implicit, illustrated parents' need to be validated as a "good parent" in their health-related decision making for their child.

Conclusion: The results of the current study reveal several benefits of decision making in a multidisciplinary care context, but the results also expose many challenges associated with a context so rich in information. The information-related dilemmas parents face can make them feel overwhelmed and make decision making more difficult. However, effective collaboration and mutual agreement between the specialists and the parents themselves is an important factor in parents' satisfaction with their decisions. Additionally, the results suggest that autonomy in decision making is not always beneficial. Parents often rely on specialists to guide decision making and reassure them that they are making a good decision for their child. These findings are important for healthcare providers in helping parents to feel satisfied that they acted as a "good parent" when faced with health-related decisions that often present no favorable alternatives.

Predicting intention to quit among current smokers: A study of risk perception, benefit perception, and worry using the 2013 HINTS

Cindy (Yixin) Chen (Sam Houston State University), Qinghua (Candy) Yang (University of Miami)

Abstract

Smoking is the number one leading cause of death in the United States (Mokdad et al., 2004). Health communication scholars are still striving to test different models outlining potential persuasive strategies on smoking cessation. Two schools of thoughts have guided research on health/risky behaviors. Theories from cognitive perspectives (e.g., theory of planned behavior) suggest that individuals' intention to perform a behavior is based on rational evaluations regarding risks/benefits associated with the behavior (Ajzen, 1991), with cognitive beliefs serving as proximal factors directly influencing behavioral measures (e.g., intention), while affective components (i.e., feelings) serving as distal or confounding variables. By contrast, risk-as-feelings hypothesis argues that affect produces a direct effect on behavioral measures and there is a reciprocal relation between cognition and affect (Loewenstein et al., 2001).

To shed light on which school of thought outperforms the other in explaining risky behaviors, the current study will test three competing models (models 1, 2, 3) regarding how risk perception, benefit perception, and worry influence current smokers' quitting intentions. Model 1 assumes that risk perception, benefit perception, and worry predict quitting intention independently. Model 2 suggests that the effect of worry on quitting intention is mediated by risk perception/benefit perception. Model 3 hypothesizes that the effect of risk perception/benefit perception on quitting intention is mediated by worry. We will rely upon the 2013 HINTS, a national survey about the American public's use of cancer-related information (visit <http://hints.cancer.gov/>), for our data analyses. Only current smokers are included for data analyses. Measures of key constructs are described below:

Risk perception was measured by three questions as follows: (1) "How likely are you to get cancer in your lifetime?" (2) "Select one answer that best represents your opinion about the statement: I feel like I could easily get cancer in my lifetime." (3) "Compared to other people your age, how likely are you to get cancer in your lifetime?" Benefit perception of quitting was measured by one question "How much do you think quitting cigarette smoking can help reduce the harmful effects of smoking?"

Benefit perception of protective behaviors was measured by a general question asking "How much do you think each of the following helps a current smoker reduce the harmful effects of smoking if the person continues to smoke?" followed by four items: "Exercising," "Eating fruits and vegetables," "Taking vitamins," and "Sleeping at least 8 hours per night." Worry was measured by one question asking "How worried are you about getting cancer?" Quitting intention was measured by two questions as follows: (1) At any time in the past year,

have you stopped smoking for one day or longer because you were trying to quit? (2) Are you seriously considering quitting smoking in the next six months?

Three structural equation modeling analyses will be conducted. Since these three proposed models are not nested, AIC and BIC indices will be used for model comparison. We speculate that model 3 would be the best fitting model, as it is in line with the risk-as-feelings hypothesis. Results of this study will inform health communication campaigns that desire to reduce smoking in the U.S. population.

“Take a Break”: A Social Marketing Approach to Reducing Stress among University Faculty Members

Hannah Ball (West Virginia University), Brian Labus (Chase College of Law), Maria Brann (Indiana University-Purdue University Indianapolis)

Abstract

Stress is a common health issue, yet only 37% of Americans report that they are doing an excellent or very good job of managing their stress (American Psychological Association, 2012). One group of individuals who report dealing with increased stress levels, due to unique job-related stressors, is university faculty members (Tytherleigh, Jacobs, Webb, Ricketts, & Cooper, 2007). Faculty members may experience a decline in their physical health as well as their mental health if their high stress levels are left untreated (Barkhuizen & Rothmann, 2008). Moreover, faculty members who sit for a prolonged period of time without taking a work break are at an increased risk for stress-related cancer (Valko, Rhodes, Moncol, Izakovic, & Mazur, 2006), obesity, and cardiovascular disease (Levine, 2012). In contrast, employees who take active work breaks experience reduced stress and greater work enjoyment (Taylor et al., 2013). Although emphasis needs to be placed on stress reduction among university faculty members to improve their physical and mental health, there are few existing stress-related health promotion campaigns tailored to faculty members. Hence, guided by principles of social marketing (Lee & Kotler, 2011), the purpose of the current study was to design, implement, and evaluate a campus-based health promotion campaign tailored to university faculty members that encourages engagement in a variety of stress-management techniques. Specifically, the pilot campaign targeted different ways to take a mental break from work and reduce time spent sitting.

Campaign messages were disseminated to faculty members during a two-week period using a variety of mediated (e.g., online employee newsletter, email blasts through department wellness coordinators, campus radio) and face-to-face (e.g., distribution of flyers at a university health fair and to various departments on campus) channels. Online surveys were completed by university faculty members before ($n = 94$) and after ($n = 46$) message dissemination to pre-test campaign messaging and evaluate overall campaign effects. Message pre-testing indicated preliminary support for the messaging by faculty members, especially in terms of message credibility and relevance. Summative results indicated non-significant differences between pre-test and post-test assessments of knowledge, self-efficacy, stress levels, and frequency of break-taking behavior. However, the general trends in the data suggested that post-test assessments of faculty members' intentions and actual behaviors were lower for working through lunch breaks and higher for engaging in the specific work breaks advocated by the campaign than pre-test assessments, suggesting that a larger sample size may reveal statistically significant results. Recommendations for implementing a health promotion campaign designed to reduce university faculty member stress and how to increase effectiveness in future iterations of the campaign will be discussed.

Condom Use and “Hooking Up”

Gregory A. Williams, Rachael A. Record (University of Kentucky)

Abstract

Background: Most scholarship on college student condom use has been contextualized in relationships of dating couples and/or casual relationships. For college students a pertinent—and yet understudied—relationship is a hookup. Hookups can be defined as sexual encounters that include intercourse, usually occurring on only one occasion between brief acquaintances. Condom use is especially important for individuals experiencing hookups with partners whose STI status is unknown. Condom planning with regard to preparatory behaviors (including buying, carrying, and discussing condoms) has been found to correlate significantly with condom use. The purpose of this study was to provide insight for health promotion through the exploration of undergraduate condom use behaviors when hooking up (RQ1) and to apply the theory of planned behavior (TPB) to examine perceived differences in getting, carrying, discussing, and using condoms for a hookup (RQ2).

Method: These research questions were explored using a survey methodology. The questionnaire contained measures of demographics, condom planning attitudes, social norms, perceived behavioral control, intentions, and past behavior. These measures were evaluated with regard to four condom planning characteristics (i.e. getting condoms, carrying condoms, discussing condoms, and using condoms) for the next sexual hookup. Participants ($n = 180$) were students enrolled in undergraduate communication courses at a Midwestern University. To be eligible, participants had to (1) have had at least one sexual hookup in the last six months, (2) report yes to the possibility of having another in the next six months, (3) and be over the age of 18. Most participants were Non-Hispanic white (79.1%). The mean age of participants was 20.69 years ($SD = 2.75$).

Results: RQ1: Just over half of the participants ($n = 114$, 58%) reported having used a condom during their most previous hookup. There were no gender differences ($\chi^2 = 3.36$, $p = .34$) or differences in relationship status ($\chi^2 = 1.29$, $p = .53$) for reported condom use among students. RQ2: Attitudes related to the four condom planning characteristics of a hookup were all significantly different between those reporting condom use in their most recent hookup ($p < .001$ for all characteristics). Perceived peer norms for getting condoms did not differ depending on condom use in previous hookup. However, carrying, discussing, and using a condom did significantly differ between those who reported using a condom in the most previous hookup ($p < .05$ for these three characteristics). Similarly, perceived partner norm of the four condom planning characteristics for a hookup were all significantly different between those reporting condom use in their most recent hookup ($p < .001$ for all characteristics). Finally, perceived behavioral control for getting and discussing condoms did not significantly vary by condom use in previous hookup; however, carrying and using a condom did vary with $p < .05$ for both characteristics.

Discussion: Participants in a monogamous relationship were just as likely to not use a condom in a hookup as single individuals. Implications of this finding suggest a very broad population of undergraduate students partaking in risky sexual behaviors, regardless of relationship commitment. The TPB provided important insight into how the four condom planning characteristics relate to actual condom use during a hookup. Attitudes related to all four specific characteristics were critical for actual condom use. Whereas Perceived peer norms was only significant for carrying, discussing, and using condoms—indicating that the more normally perceived these characteristics of condom use were, the more likely an individual is to use a condom. Finally, individuals who perceived themselves as incapable of getting and discussing condoms were less likely to use a condom in a hookup. Implications for these findings suggest important characteristics of condom use that need to be focused on in health promotion practices in order to increase condom use among undergraduate students.

Smoking Behaviors and Tobacco-free Policy Compliance

Rachael A. Record (University of Kentucky)

Abstract

Background: Comprehensive tobacco-free policies are the leading recommendation to protect the health of both smokers and nonsmokers. Tobacco-free policies are associated with a decrease in daily cigarette use, a decrease in secondhand smoke exposure, and an increase in cessation attempts. Exploration of tobacco-free policy compliance behaviors is a growing area of study. However, there are still many gaps in the literature with regard to our understanding of tobacco-free policy compliance behaviors, particularly on a college campus. Filling these gaps is critical for improving public health and for enhancing health promotion practice. The purpose of this study was to explore how smoking behaviors relate to tobacco-free policy compliance behaviors among undergraduate smokers by focusing on daily cigarette consumption (RQ1), cessation attempts (RQ2), and nicotine dependence (RQ3).

Method: Procedures and measures: A survey methodology was employed to explore these research questions. Survey items asked participants to report average daily cigarette consumption, number of cessation attempts in the last six months, and (after being presented with the University's tobacco-free policy) average number of weekly violations of the tobacco-free policy. In addition, to assess nicotine dependence participants completed the 6-item Fägerstrom Test for Nicotine Dependence. **Participants:** The Registrar's office provided a list of 15,000 randomly selected undergraduate e-mail addresses for invitation to complete the online survey. To be eligible, participants had to be classified as a smoker by reporting that they had smoked a cigarette in the past 30 days and had smoked 100 cigarettes in their lifetime. The survey was completed by 479 undergraduate students. This study was part of a larger investigation that included incentives to randomly selected participants who completed all phases of the study. Participants ranged in age from 18 to 63 ($M = 22.16$, $SD = 5.4$). Participant sex was fairly evenly distributed with 244 males (51%). Most participants were White ($n = 413$, 86%). Participants were more strongly represented by upper classmen (61%).

Results: Average daily cigarette consumption was significantly related to tobacco-free policy compliance behaviors (RQ1; $r = .304$, $p < .001$). Interestingly, number of cessation attempts in the last six months was also significantly related to compliance behaviors, but with more quit attempts associated with more policy violations (RQ2; $r = .578$, $p < .001$). Finally, nicotine dependence was also significantly related to compliance behaviors (RQ3; $r = .237$, $p < .001$).

Discussion: Findings from this study suggest important implications for understanding tobacco-free policy compliance behaviors among undergraduate smokers on a college campus. The more individuals smoked in a day and the more dependent they perceived themselves to be on nicotine, the more often they violated the tobacco-free policy. Interestingly, the more participants reported trying to quit smoking, the more often they reported having smoked on campus. This insight provides critical perspective for cessation interventions, for as

undergraduate smokers try to quit, they may seriously struggle to comply with a university's tobacco-free policy. Reasons for this could include the stress and pressure of classes increasing perceived need for nicotine. Health promotion focusing on undergraduate cessation should be cautious of this potential compliance struggle that may result from undergraduates trying to quit. Similarly, health promotion focusing on compliance should be aware that the smokers violating most often may be the ones struggling to quit smoking. Results from this study provide important insight into understanding tobacco-free policy compliance behaviors and for aiding health promotion practices in this area.

An Integrative Parental Mediation Model of Healthy vs. Unhealthy Food Consumption

May O. Lwin, Wonsun Shin, Andrew Yee, Reidinar Wardoyo (Nanyang Technological University)

Abstract

Background and objectives: With the rising rates of obesity being observed amongst children worldwide, attention has particularly been drawn towards the role and intervention of parents as the primary caregivers in feeding their children. Past studies have recognized the effects of parental mediation of advertising and parental feeding styles on children's food consumption. However, studies examining parental feeding styles only focused on children's actual consumption behaviour without taking into account the psychological mechanisms that affect them. In addition, these studies focused on one type of food intake, i.e., unhealthy food such as energy-dense food and junk food. It is critical to understand what motivates children to reduce unhealthy food intake while increasing the healthy food consumption at the same time to combat obesity. This study bridges these gaps by developing a parental mediation of food consumption model which integrates both the media and food restriction aspects of parental mediation of advertising and food consumption. We further propose that these multifaceted parental factors differentially influence children's attitudes, intention and behaviour towards the consumption of healthy and unhealthy food.

Methods: We conducted a survey with 843 children aged between 9 and 12 in Singapore to test our model. We assess the parental mediation effects on children's anticipated experience, attitudes, intention and behaviour towards the consumption of healthy and unhealthy food. Parental mediation of advertising and food consumption were further segregated into mediation theory drivers of active and restrictive mediation. The data were analysed using Structural Equation Modelling.

Findings: Two models predicting healthy and unhealthy eating that included parental mediation of advertising and food consumption, children's attitudes, and intention were tested and displayed good model fit (Healthy eating model; CFI = .97; NNFI = .96; RMSEA = .04; SRMR = .04; Unhealthy eating model; CFI = .96; NNFI = .95; RMSEA = .04; SRMR = .04). Attitude towards healthy foods predicted intention to eat healthy and unhealthy foods, which in turn predicted actual self-reported healthy and unhealthy eating behaviour. Active parental mediation of food advertising is negatively related to attitudes toward healthy foods, while restrictive parental mediation of food advertising is negatively related to attitude towards unhealthy foods. On the other hand, active parental mediation of food consumption is positively related to attitudes towards healthy foods, but not related to attitudes towards unhealthy foods. In addition, restrictive parental mediation of food was found to directly predict intentions to eat both healthily and unhealthily.

Conclusions: This research set out to develop and test an integrated model of parental mediation and its effects on child attitudes and behaviors. Our findings point to the fact that active parental mediation of food advertising may create an unwanted effect where the efforts of parents reduce positive attitudes towards healthy foods. On the other hand, restrictive

parental mediation of food advertising was found to be negatively related to attitudes towards unhealthy food, suggesting that the influence of unhealthy food advertising might be better managed by restricting children's exposure rather than actively explaining the harms of the advertised food product. With regards to healthy foods, active parental mediation of food consumption can lead to more positive attitudes towards healthy foods. Conversely, restrictive parental mediation of food consumption does not influence attitudes, but rather, has a direct effect in shifting intentions to eat both healthily and unhealthily. Implications and suggestions for policy, nutrition education and future research are discussed.

Influence of Perceived Knowledge on Contraception Information Seeking among Young Women*

Jazmyne Sutton (San Diego State University)

Abstract

Background: Previous research shows that there are many misconceptions about pregnancy and contraception use among young adult women (Biggs & Foster, 2013). Literature finds that women often underestimate their likelihood of getting pregnant, have incorrect beliefs about the side effects of contraception methods (Campo, Askelon, Spies, & Losch, 2010), and often lack information about effective use for contraception methods (Carter, Bergdall, Henry-Moss, Hatfield-Timajchy, & Hock-Long, 2012). Young women may not seek contraception information due to these misconceptions and inaccurate beliefs. They may perceive themselves as having sufficient and accurate information about preventing pregnancy and contraception. This discrepancy between perceived and actual knowledge may affect young women's contraception information seeking behaviors and actual contraception decisions.

Objective: This study investigated the relationship between young women's perceived and actual contraception and pregnancy knowledge as well as the impact of perceived knowledge on information seeking.

Method: Five hundred college-aged women were recruited for participation in an online survey. Participants were asked the extent to which they believed they had all the contraception information they needed to avoid becoming pregnant. In addition, a 28-item questionnaire developed by Kaye, Suellentrop, & Sloup (2009) measured contraception and pregnancy knowledge. Participants were also asked about their amount of information seeking from medical providers, online sources, and family and friends. Lastly, current contraception use and intention for future contraception use were assessed.

Results: Analyses revealed that there are significant differences between perceived contraception knowledge and actual contraception knowledge. In addition, perceived knowledge was associated with amount of information seeking and intentions for contraception use in the future.

Discussion: These findings indicate a difference between actual contraception knowledge and perceived knowledge. Level of perceived knowledge affects not only young women's amount of contraception information seeking but also their intentions for future use. These results indicate the necessity to investigate not only the sources that individuals use to seek for information, but also information sources individuals engage with more passively.

Framing End-of-Life Choices in terms of Goals of Care to Improve End-of-Life Decision Making*

Allison M. Scott, Sara Shaunfield (University of Kentucky), Nicholas Iannarino (University of Michigan at Dearborn)

Abstract

Background: In contexts where technology advances rapidly, such as end-of-life medical care, language often develops haphazardly and reflects early experiences, which eventually can lead to a discrepancy between the use of a treatment option and evidence of its efficacy. For example, the phrase “do not resuscitate” can have negative connotations for many people, leading some practitioners to call for using instead the phrase “allow natural death,” which avoids the false care/no care dichotomy entailed in the language of current orders to forego resuscitation. Although many practitioners are calling for a change in wording for end-of-life health decisions, little is known about how lay individuals define and make sense of the available options for end-of-life choices. The purpose of this study was to assess the variations in how patients and their family members interpret labels for certain end-of-life decisions in order to provide guidance for developing end-of-life medical terminology.

Method: We conducted face-to-face interviews with 68 individuals (34 adult sibling dyads), including 51 female and 17 male participants. The participants ranged in age from 32 to 74 years old and had a mean age of 53.99 years (SD = 8.34 years). The sample included White (n = 60, 88.24%), African American (n = 6, 8.82%), American Indian (n = 1, 1.47%), and Latino (n = 1, 1.47%) respondents. We asked participants to describe in their own words what various end-of-life decisions entailed, including “life support,” “resuscitation,” “DNR,” “CPR,” “mechanical ventilation,” “intubation,” “artificial nutrition and hydration,” “pain management.” We transcribed participant responses and analyzed their responses using inductive thematic analysis. We also compared sibling responses for the degree of concordance in their definitions of terminology.

Discussion: Clearly, there is still a need to further refine the language used to describe end-of-life medical treatments, but labeling end-of-life terminology in terms of goals of care (rather than the non-goals of care) can frame end-of-life talk in a way that is more consistent with a person’s end-of-life care goals and thereby shape the actual decisions that patients and their families make. Family members of patients can be reluctant to adopt orders to forego artificial nutrition or hydration because they wrongly interpret them to mean “no care.” However, employing the newly proposed “comfort feeding only” order reframes the end-of-life choice in terms of what is done for the patient rather than what is not done (Palecek et al., 2010).

The change in wording makes a difference, as Venneman et al. (2008) found when they examined endorsement rates for different medical orders and discovered that orders labeled “allow natural death” were significantly more likely to be endorsed by laypeople as well as individuals with medical training than orders labeled “do not resuscitate.” However, replacing “do not resuscitate” with “allow natural death” may not necessarily improve the precision of

end-of-life language given that the treatments implied by both terms are not equivalent (Chen & Youngner, 2008). A do not resuscitate order prohibits cardiopulmonary resuscitation but still allows other life-sustaining treatments to be implemented, whereas an allow natural death order implies that no life-sustaining treatments should be initiated.

Risks, Benefits, Barriers, and Peer Influence Factors Impacting College Students' Intent to Use E-Cigarettes*

Georgia NLJ Polacek, Audrey J. Burnett, Heather J. Carmack, M. Katherine Ott Walter (James Madison University)

Abstract

Rationale: The popularity of e-cigarettes has sparked more attention and debate than existing cigarette products on the market (Ayers et al., 2011). College students who use emerging tobacco products (such as hookah and water pipes) identify motivating factors, such as social exchange and the belief that emerging tobacco use is safer than traditional cigarette smoking (Griffiths et al., 2011; Trumbo & Harper, 2013). This belief is predicated on the faulty assumption that water and vapor are less risky means of smoking because these products do not contain nicotine. Recent research also suggests that college students are willing to try e-cigarettes and are more accepting of their use (Pokhrel et al., 2013). Guided by the Health Belief Model, the purpose of this study is to examine risks, benefits, barriers, and social influence factors which impact college students' intent to use e-cigarettes.

Method: A total of 261 college students completed an online survey. Participants' ages ranged from 18 to 22 and older. A large majority of participants were female ($n = 198$), identified as first-year students ($n = 192$), and did not currently use tobacco ($n = 196$). Approximately 40 percent of students reported trying e-cigarettes. Research hypotheses focused on identifying factors, as well as differences based on sex, age, class rank, and tobacco use, and were analyzed using multiple analysis of variance (ANOVA) tests.

Results: Non-smokers were significantly less likely to believe that the low cost of e-cigarettes ($F [3, 257] = 3.01, p < .05$), e-cigarettes are safer ($F [3, 257] = 9.09, p < .000$), socializing ($F [3, 257] = 6.17, p < .000$), fitting into groups ($F [3, 257] = 19.68, p < .000$), can use where traditional cigarettes are banned ($F [3, 257] = 4.20, p < .006$), and e-cigarette use can help control nicotine consumption ($F [3, 257] = 10.29, p < .000$) were significant benefits to using e-cigarettes. Female students were also significantly less likely to believe that socializing ($F [2, 258] = 6.88, p < .001$), fitting into groups ($F [2, 258] = 6.84, p < .001$), can use where traditional cigarettes are banned ($F [2, 258] = 6.88, p < .001$), and e-cigarette use can help control nicotine consumption ($F [2, 258] = 3.19, p < .04$) were significant benefits to using e-cigarettes, as well as the only group to not believe that use could help people avoid cancer ($F [2, 258] = 4.16, p < .01$). Health concerns were the major barriers to use, with female students significantly more likely to identify the negative health effects ($F [2, 258] = 4.11, p < .01$), connection to other health issues ($F [2, 258] = 3.33, p < .05$), fear of cancer ($F [2, 258] = 4.72, p < .01$), and vapor exposure ($F [2, 258] = 8.88, p < .000$) as main barriers. Non-smokers also significantly identified these health concerns, along with practical factors, such as hassle to find e-cigarettes ($F [3, 257] = 2.74, p < .05$) and forgetting to refill ($F [3, 257] = 3.34, p < .02$). These groups were also significantly more likely to perceive fear of getting sick from use and fear of family members getting sick as major risks.

Regarding social exchange, female students were significantly less willing to smoke an e-cigarette if offered by a friend ($F [2, 258] = 13.67, p < .000$), try even a few puffs of an e-cigarette ($F [2, 258] = 12.43, p < .000$), or smoke to determine if they liked e-cigarettes ($F [2, 258] = 7.37, p < .001$). First-year students were significantly less willing than other students to try even a few puffs of an e-cigarette ($F [4, 256] = 4.38, p < .002$), to try it if they like it ($F [4, 256] = 3.31, p < .011$), or smoke an e-cigarette if offered by a friend ($F [4, 256] = 5.34, p < .000$). Older students (22 years or older) were significantly less willing to smoke an e-cigarette if offered by a friend ($F [4, 256] = 3.90, p < .004$).

Implications: There are several implications that can be used for health promotion and campaign design. First, compared to other emerging tobacco products, college students do not seem to be influenced by social exchange or “socializing” as a gateway to using e-cigarettes. This is especially true for young college students, who might be the most influenced by others. Second, these findings suggest that health risks are the most salient for preventing e-cigarette use. This stands in contrast to e-cigarette marketing, which sells e-cigarettes as “safer,” and recent research that suggests college students believe this to be true. Health promotion campaigns should utilize messages that present the health dangers of e-cigarettes, particularly information about exposure to vapor and nicotine consumption. Finally, these findings will add to the ongoing national discussions regarding the need to regulate the promotion of e-cigarettes for young adults. Gender differences may have more of an impact than age on tobacco use in promoting smoking bans.

Physicians' Defining Privacy Boundaries: A Communication Privacy Management Analysis of Written Reflections in Family Medicine

Ashley P. Duggan, Lucas Allen (Boston College), Allen F. Shaughnessy (Tufts University School of Medicine)

Abstract

This project examines physicians' written reflections that offer insight into their interpretation of patients' privacy boundaries. Family medicine residents (33 residents) wrote a reflective entry three times a week for an academic year. An inter-disciplinary research team from communication, public health, and medicine examined the resulting 767 total written reflections to identify entries where physicians noticed moments of negotiating privacy boundaries. Two approaches to analysis included deductive analysis to identify privacy boundaries based on the lens of Communication Privacy Management theory (Petronio, 2002), as well as inductive analysis of physicians' making meaning of their experiences navigating disclosure and privacy boundaries in healthcare provision.

Physicians' reflections in this study offer a unique lens for understanding about communication, privacy, and patient-centered healthcare. Reflections often focus on scientific reasoning and research evidence about providing appropriate patient care, maintaining professional relationships, and self-care (Mann, Gordon, & MacLeod, 2009). Reflections can also make meaning of personal reactions and allow for exploration and appraisal of experiences. Reflection can clarify and create meaning that can potentially benefit balanced functioning, learning, and professional and personal development (Wear, Zarconi, Garden, & Jones, 2012). In this study, physicians' attention to navigating privacy boundaries in healthcare, and how they make meaning of explicit statements and context cues, offers a lens to understand physicians' learning to navigate patient encounters and offers understanding of connected actions in their own professional development.

Reflections provide a lens into the relational aspect of the provider/patient relationship beyond the biomedical explanation. Identified themes about navigating privacy include 1) moments of creating trust, 2) points of encouraging disclosure, 3) assumptions about disclosure, 4) assumptions about privacy, and 4) illustrations of patient vulnerability that cannot be directly stated. Three case studies provide poignant examples of the identified themes and the importance of understanding how both explicit disclosure and implicit statements function as points of navigating privacy for both physicians and patients. Implications for medical education about communication and privacy management are addressed.

Breaking Bad News: The effects of patient physician communication when being diagnosed with cancer

Rachel Helt (Hanover College)

Abstract

Purpose: The purpose of this study is to understand what aspects of communication patients want in order to feel satisfied with their physician, and the information they receive during their initial diagnosis consultation of cancer. Previous research has found that patients feel satisfied when physicians communicate with empathy during the diagnosis of cancer (Munoz Sastre, Clay Sorum, & Mullet, 2011), and patients feel confused and less satisfied when physicians use more medical terminology in the communication process (Vail, Sandhu, Fisher, Cooke, Dale, & Barnett, 2011). Therefore, a better understanding of the patient's perspective is needed to know how a physician can better articulate the diagnosis in a way that leaves the patient feeling satisfied.

Methods: In-depth interviews with a convenience sample of 12-18 patients will examine the patient's experience as they remember, the way their experience could have been improved and how the researcher is able to identify areas where the physician's communication could have been improved to increase satisfaction in patients.

Results and Conclusion: The results of this study, which will be completed by April 2015, should offer insight into the ways that cancer patients understand their diagnosis and the ways that doctors communicate effective information.

Sex Talk: Rape Myth Acceptance and Willingness to Communicate About Sex*

Nicole C. Hudak, Ethan D. Smith (James Madison University)

Abstract

Rationale: The CDC (2012) reports that 37.4% of women rape victims had been raped between the ages of 18-24, with 19% of undergraduate women reporting that they had experienced attempted or completed sexual assault since being in college. The prevalence of sexual assault on college campuses highlights the necessity for research about sexual assault. Many researchers have focused on rape myths, which include prejudicial, stereotyped or false beliefs about rape, rape victims, and rapists (Burt, 1980). Because beliefs, such as rape myths, are transferred and developed through interpersonal communication, it is essential to examine how interpersonal communication competencies relate to rape myth acceptance. One such competency is willingness to communicate (McCroskey & Richmond, 1987), which this study examined as a possible antecedent to rape myth acceptance.

Method: A sample (n=467) of undergraduate students from a mid-sized, Mid-Atlantic university completed a survey about their communication about sex and sexual assault and their beliefs about rape. Participants completed the Willingness to Communicate scale (McCroskey & Richmond, 1987) and Willingness to Communicate About Sex and Sexual Assault scales, adapted from the Willingness to Communicate About Organ Donation scale (Morgan & Miller, 2002). Additionally, respondents completed the Illinois Rape Myth Acceptance scale (McMahon & Farmer, 2011; Payne, Lonsway, & Fitzgerald, 1999). Pearson correlations and regressions were conducted.

Results: Acceptance of the rape myth “it wasn’t really rape” was significantly negatively correlated with willingness to communicate in groups, in public, and with friends. There was significant correlation and predictive ability of willingness to communicate about sex with friends for acceptance of the rape myths “she asked for it,” “he didn’t mean to,” and “it wasn’t really rape,” as well as with total rape myth acceptance. That is to say, communicating about sex with friends can predict the acceptance of rape myths. The rape myth “she lied” was only predicted by sex, which was also a significant predictor of the other rape myth scores. Hearing rape myths from friends was significantly positively correlated with and predicted total rape myth acceptance and the acceptance of each of the four specific rape myths. Hearing rape myths from family was significantly positively correlated with and predicted total rape myth acceptance and the acceptance of the rape myths “she asked for it” and “it wasn’t really rape.”

Implications: Our results showed students who were willing to communicate about sex with friends were less likely to believe rape myths. This demonstrates having small interpersonal conversations about sexual assault could help create more positive and factual attitudes and beliefs about sexual assault. However, the rape myth “she lied” was not predicted by a willingness to communicate. Participants in the study were divided on accepting or not accepting this rape myth, which could indicate that there needs to be more education and

attention on this topic. Also, men were more likely to accept rape myths, suggesting a need for more gendered focused education about sexual assault.

Enhancing patient-provider communication competence about sexual health in breast cancer survivorship: Addressing risk and health promotion associated with hormone replacement therapy

Mollie Rose Canzona, Carla L. Fisher, Emily Bylund Peterson (George Mason University)

Abstract

Rationale: Breast cancer patients represent the largest percentage of cancer survivors in the United States (Dizon, 2009). This is due, in part, to advances in treatment. Although treatment options are moving from a reliance on radical surgical interventions to less invasive approaches and the extended use of drugs designed to block estrogen (e.g., tamoxifen and aromatase inhibitors) (Berry et al. 2005), these treatments have critical quality of life implications for survivors. Chemotherapy, tamoxifen, and aromatase inhibitors may result in vasomotor symptoms (e.g. hot flashes), vaginal dryness, bleeding, and vulvovaginal atrophy (VVA), all of which can seriously impact survivors' sexual health (Casey et al., 2014). Hormone replacement therapy (HRT) has been used to treat these symptoms in postmenopausal women, but is generally discouraged with survivors due to increased rates of breast cancer recurrence (de Villiers, 2013; Holmberg et al. 2008). However, new HRT research has produced conflicting evidence regarding this risk leading some researchers to conclude that current findings do not support universally withholding all forms of HRT from treating breast cancer survivors (Meurer & Lena, 2002). While more studies are needed, particularly on the long-term safety of HRT (Casey et al. 2014; Chlebowski & Anderson, 2012), this new research further complicates patient-provider interaction about HRT treatment decisions for sexual health concerns during breast cancer survivorship. Given the sensitive nature of sexual health and the complex information that must be communicated with regard to HRT, enhancing provider-survivor talk about associated risk and health promotion is an important part of cancer survivorship. An additional challenge is survivors can have these conversations with different providers involved in their care. There is a clear need to explore how providers facilitate these conversations and survivors' perspectives of such interactions, to enhance survivorship care.

Method: Semi-structured interviews were conducted with two populations: (1) breast cancer survivors and (2) medical providers in a Mid-Atlantic community hospital. Breast cancer patients who completed their last primary cancer treatment (chemotherapy, radiation, or surgery) and had visited a physician for any reason since completing treatment were included. Providers who were in a position to treat breast cancer survivors were recruited from a variety of medical departments: oncology, women's health, internal medicine, and family medicine. Thematic analysis was conducted to better understand providers' and survivors' treatment decision-making conversations regarding the use of HRT for sexual health concerns. Analyses explored providers' approaches to facilitating this decision-making discussion as well as survivors' (i.e., patients') concerns regarding how this discussion was facilitated.

Results: Results suggest that survivors and providers can have different risk thresholds that influence their opinions about the use of HRT. Different risk thresholds also vary among

providers and can be informed by their knowledge level. Providers report several approaches to HRT decision-making conversations: 1) prescribing certain forms of HRT without extended deliberation; 2) prompting survivors to reflect upon their need for the medication before prescribing; 3) denying survivors' request for HRT without discussion; 4) explaining the risk but leaving the ultimate decision to the survivor; 5) consulting other medical professionals, or 6) providing referrals. Survivors expressed several challenging feelings associated with their perception of the interaction. They felt frustration when they perceived they were 1) being judged, 2) their concerns were minimized, or 3) they were talked down to. They also reported feeling demoralized by 1) continual referrals or 2) being denied HRT without discussion of alternative solutions. Results reveal the need to create medical education interventions designed to improve communication competence. Tools could help providers manage these conversations, heighten their awareness of non-systemic hormones and non-hormonal options for sexual health, and enhance their collaboration with providers across specialties. Related resources could assist survivors in identifying and accomplishing their decision-making goals for these often emotional and confusing medical interactions.

Family Communication and College Students' Help-Seeking Intentions for Depression

Jacob J. Matig (University of Kentucky)

Abstract

More than 20% of college students report having experienced some form of depression within the last 12 months (ACHA, 2014), yet few actively seek help from university-provided services (Gulliver, Griffiths, Christensen, & Brewer, 2012). This reflects a societal gap between mental health diagnosis and help-seeking (Rickwood & Thomas, 2012). Given this gap, mental health help-seeking has received considerable attention in scholarly research (Rickwood & Thomas, 2012). This line of research has included examinations of young adults' help-seeking for depression, finding, for example, that low perceived need is a primary determinant of whether or not they will seek help (Van Voorhees et al., 2006). However, these studies do not appear to have explicated how young adults develop these attitudes.

Since the family is considered to be the primary socialization agent through which children develop their attitudes, values, and beliefs (Vangelisti, 2004), a family communication-centric framework may aid in understanding this process. Baiocchi-Wagner and Talley (2013) propose such a model. They ground their model in Family Communication Patterns Theory (FCPT), which they assert acts as a "theoretical bridge" that links "family communication to members' health-related attitudes and behaviors" (Baiocchi-Wagner and Talley, 2013, p. 194). Using their model to examine how a family's communication pattern and its effects on communication influence young adults' attitudes and behaviors in a diet and physical activity context, Baiocchi-Wagner and Talley (2013) found that conversation orientation and conformity orientation were related to young adults' health attitudes and behaviors. It seems plausible that similar processes may be at work in young adults' decisions to (not) seek help for depression.

Baiocchi-Wagner and Talley's (2013) theoretical grounding in FCPT (see Koerner & Fitzpatrick, 2002) is salient to the current study, as a meaningful association has been found between family communication patterns and a "variety of cognitive activities and relational behaviors, as well as mental well-being" (Schrodt, Witt, & Messersmith, 2008, p. 248). This research has indicated, for instance, that there is a relationship between a family's conversation orientation and conformity orientation and young adults' depression (see Hamon & Schrodt, 2012). It does not appear that family communication patterns' influence on their help-seeking intentions for depression has been studied, however. This is a notable gap in the research because "familial influence transpires in the 'everyday' communication processes and patterns of family members by which family interactions serve to enhance, debilitate, or maintain an individual member's health" (Baiocchi-Wagner, 2014, p. 3).

Therefore, as proposed by Baiocchi-Wagner and Talley's (2013) model, I hypothesize that family communication pattern will influence college students' attitudes about and intentions to seek help for depression. Data to test this hypothesis will be collected beginning in February 2015. Participants will include approximately 400 students, recruited from the Department of Communication undergraduate research pool at a large university in the

southern United States. Data will be analyzed utilizing path analysis, with results ready to be presented in April. This study is expected to have practical implications for parents, students, mental health practitioners, and university employees.

Active Kids, Healthy Kids: Engaging Physicians in Promoting Physical Activity for Children and Youth

Elizabeth Moreau, Christine LaRocque (Canadian Paediatric Society)

Abstract

Background: Childhood obesity is a serious public health problem. In Canada, as many as 26% of 2- to 17-year-olds are overweight or obese. Physical inactivity is one important contributor to this problem. In 2012, the Canadian Paediatric Society (CPS) endorsed new national guidelines on physical activity and sedentary behavior for kids, and recommended that pediatricians and family physicians use them to counsel families to increase physical activity and reduce screen time. Formative research showed that few pediatricians were familiar with the new guidelines, and many felt counseling would be ineffective, citing parents' lack of motivation to make behavior changes. These findings supported the need for physician-targeted strategies to increase awareness and reduce perceived barriers for using the guidelines. Respondents also indicated a need for tools and resources. This research informed the development of Active Kids, Healthy Kids, a program aimed at: (1) increasing the number of physicians counseling families about physical activity and screen time, and (2) improving their ability to counsel effectively. Because pediatricians deliver many health promotion messages, our challenge was to design an evidence-informed program that would: (1) be easy to implement, and (2) convince them that physical activity counseling would be effective. Program elements included print and web-based materials, videos, and an email campaign. All materials were tested with target audiences and informed by an expert advisory group. Outreach and dissemination began in fall 2013 and is ongoing, including: mailings, print and e-newsletters, social media, and networking through allied organizations.

Evaluation methods and results: Early evaluation (January 2013) involved output-based measures (web visits, video views) and a random-sample survey focused on recall and use. Of the 268 pediatricians (response rate = 25%) surveyed:

- 86% were aware of Active Kids Healthy Kids, and 82% recalled receiving the materials
- 47% said they used the guide for physicians; 40% said they used the prescription pad
- 87% said the materials were very/ somewhat useful in counseling families about physical activity

A comprehensive follow-up survey was conducted October-November 2014. Data is currently being analyzed.

Conclusions: Physician advice is an important driver of behavior change. Program tools were designed to: (a) support physicians who already counsel on physical activity; and (b) convince those who are not counseling to incorporate this intervention. Preliminary results suggest that the program has been effective at increasing awareness of the physician's role in physical activity counseling.

Implications for research and/or practice: Using physicians as intermediaries to change behavior in another population—in this case, parents and children—presents challenges.

Physicians themselves must believe the message and be convinced that the potential for behaviour change and the associated benefits are worth an investment of time. Programs that rely on health professionals to communicate messages to a secondary audience must address the intermediaries' baseline knowledge and attitudes, and incorporate materials that influence two levels of behavior change.

“Letting Her Know She Still Had Power”: Out-of-Hospital Birth-Workers and Juxtapositional Rhetoric

Jaclyn D. Carroll (James Madison University)

Abstract

Rationale: A 2011 intervention report by the Cochrane Pregnancy and Childbirth Group on continuous support for women during childbirth found that women who receive continuous support are less likely to require medical interventions (including regional analgesia, anesthesia, cesarean birth, or vacuum extraction) and less likely to birth a baby with a low Apgar score. Additionally, it reported that women who receive continuous support are less likely to report dissatisfaction with their birth experience. Continuously supported mothers are also more likely to give birth spontaneously and more likely to have a shorter labor. Given these benefits, there is extraordinary value in exploring the practices of birth workers who are trained to provide continuous support. There is particular value in exploring their communicative practices and identifying strategies that might be relevant to practitioners of obstetrics and practitioners of “alternative” health communication. This qualitative study focuses specifically on the work of trained birth workers who are employed outside of hospital settings and who prioritize continuous support in their birth work.

Method: The researcher performed eight in-depth interviews (1.5-2.5 hours each) with certified and mid-certification birth workers based out of the Shenandoah Valley. The researcher prioritized birth workers (midwives, nurse midwives, and doulas) who were self-employed or birth-center employed (rather than those who work for a hospital). Participants were interviewed about their communicative practices prior to and during births, their work as patient advocates, their work as advocates for newborns, and their navigation of informed consent, risk communication, and medical translation. Principles of grounded theory guided the continuous adaptation of the interview protocol throughout and between interviews, and interview transcripts were coded thematically.

Results: This project uncovers three distinct forms of communication that the birth workers engaged in frequently: (1) education and translation, (2) support and affirmation, and (3) choice deferral (the strategic turning over of informed decision-making responsibilities to clients). The author explains the significance of each of these three strategies to the participants, and discusses how these practices alleviate and create tension for continuous support birth workers. The researcher articulates her finding that all three of these communication styles hinged on birth workers’ explicit juxtaposition against “the medical model” in their conversations with clients.

Implications: The researcher identifies the participants’ communication with and about their clients as characteristic of a counterpublic medical discourse, and highlights the importance of juxtapositional rhetoric to these birth workers in educating, supporting, and empowering their clients with informed choice. The project lends a communicative lens to scholarship surrounding the de-medicalization of childbirth. It highlights moments of tension

and contradiction that may prove valuable to practitioners of continuous support birth work and those medical professionals who work with them. Ultimately, as continuous support during birth has been shown to improve the health outcomes of pregnant women and women in childbirth, this project contributes to a growing body of scholarship that classifies different continuous support strategies and their varying significance to practitioners of health communication.

Risk, Efficacy, and Beyond: Understanding the Determinants of Health Information Seeking

Katherine L. Grasso, Robert A. Bell (University of California, Davis)

Abstract

The Risk Perception Attitude (RPA) framework suggests that perceived risk and efficacy are primary determinants of health information seeking (Rimal & Real, 2003). Within the RPA framework, individuals are categorized into one of four groups: responsive (high risk, high efficacy), avoidant (high risk, low efficacy), proactive (low risk, high efficacy), and indifferent (low risk, low efficacy). Rimal and Real (2003) hypothesized that responsive individuals are more likely to seek information than avoidant individuals due to the latter group's limited efficacy. They also predicted that proactive and indifferent individuals' likelihood of seeking information will not differ due to low perceived risk among the members of each group.

The current study provided a test of the propositions of the RPA framework, identified individuals who behaved inconsistently with predictions, and evaluated factors associated with their inconsistent behavior. Using the Health Information National Trends Survey (HINTS) data, 2,484 individuals were categorized into one of the four RPA groups based on their perceived risk and efficacy. The dependent measure was seeking cancer information or not. The primary independent variable, RPA group membership, was represented in a logistic regression analysis with three dummy codes. Thereafter, individuals who behaved counter to expectations were identified (i.e., sought information when not predicted to or did not seek information when expected to). Four potential reasons for nonconforming behavior were examined: trust in health sources, information-seeking challenges, information-seeking confidence, and loved ones being diagnosed with cancer.

As predicted, responsive individuals were more likely to seek information than avoidant individuals. However, proactive individuals were more likely to seek information than indifferent individuals. Behavior found to be inconsistent with RPA predictions was explained in part by individuals' trust in health sources, information-seeking challenges, and reports of a loved one being diagnosed with cancer. However, information-seeking confidence did not differ among conforming and nonconforming cases. The findings provide partial support for the RPA framework and identify a wider range of influences on health information seeking.

Determining the Effects of Personal Narratives About Health Officials on Trust, Likeability, and Attitudes About Pandemic Flu Vaccine

Frances Bevington (National Association of County and City Health Officials)

Abstract

Extensive research was conducted during and after the 2009 H1N1 pandemic on several factors that may have influenced decisions to vaccinate. Pandemics are not common occurrences, and the abundance of research conducted during the 2009 H1N1 pandemic provided ample evidence and a unique opportunity to improve communication strategies during future pandemics. The existing literature was reviewed to inform the design of an experiment to test the effectiveness of personal narratives as a possible communication tactic to increase the effectiveness of local health officials acting as spokespersons to the media during a future pandemic. The experiment was conducted online and the instrument consisted of two randomized conditions to test four hypotheses. Two video stimuli were produced from a news segment of an interview with a health official that occurred during the 2009 H1N1 pandemic. The stimulus that was shown to the experiment group contained a personal narrative told by the health official along with information about H1N1 vaccines. The stimulus that was shown to the control group was the same news segment with the personal narrative removed. The stimuli for both groups was followed by an identical survey designed to measure the four dependent variables of the hypotheses: participants' trust of the health official, participants' opinions of the likeability of the health official, participants' attitude about H1N1 vaccinations, and participants' behavioral intention to vaccinate. Data collection for this study is ongoing and is anticipated to be complete by December 31, 2014. Once the appropriate sample size has been achieved, t-testing will be conducted to determine if there is a statistically significant difference between the mean scores for each group. Cohen's *d* will be used to determine effect size. If personal narratives prove to be an effective tactic, public health communicators could use this study to provide evidence that it would be a worthwhile investment of time and resources to develop personal narrative messages and train local health officials to deliver those messages along with a recommendation to vaccinate during a future pandemic.

College Students' Attitudes, Subjective Norms, and Perceived Control about Seasonal Flu and Flu Vaccines: Factors for Promotion and Campaign Design

Heather J. Carmack, Ethan D. Smith, Nicole C. Hudak (James Madison University)

Abstract

Rationale: The CDC recommends that everyone receive a yearly seasonal flu vaccine, yet less than half of Americans do (CDC, 2011). College students represent an especially vulnerable population for seasonal flu. The limited amount of research on college students and the flu suggests that they are more likely to get the flu than others their age not in college, but are less likely to get the vaccine (Nichol et al., 2010; Ramsey & Marczinski, 2011; Van et al., 2010). College students are heavily influenced by others' communication, and interpersonal interactions can positively and negatively impact their attitudes about vaccine safety and efficacy (Cohen & Head, 2013). Guided by the Theory of Planned Behavior, the purpose of this study was to assess college students' attitudes, subjective norms, and perceived control regarding seasonal flu and flu vaccines.

Method: A total of 134 college students completed an online survey. Participants' age ranged from 18 to 37 years old. A large majority of participants were female (n = 110) and identified as Caucasian (n = 116). Most participants reported not having the flu in the last year (n = 99). A majority of participants did not receive the flu vaccine in the last year (n = 115). Whether participants had the flu the previous year did not have a significant impact on their decision to get a flu shot. Chi-squares, independent-samples t tests, and analysis of variance (ANOVA) tests were run to answer research hypotheses.

Results: Attitudes varied significantly based on sex, with female students believing they were at a higher risk of getting the flu and that the flu was a serious health risk than male students. Female students were also significantly more likely to believe time and fear of needles were major inhibitors to behavior control and efficacy.

Students who had been vaccinated cited protecting their health as their top reason for vaccination. They were also significantly more likely to believe the flu was serious, a major threat to their health, and that they were at a higher risk of getting the flu than those who were not vaccinated. Students who had not had the vaccine were significantly more likely to be concerned about vaccine side effects and not trusting the vaccine to prevent the flu. Students who received the vaccine were also significantly more likely to believe that close contact with infected and susceptible individuals and to maintain health were important reasons to get the vaccine. Students who did not get the vaccine believed lack of time, inconvenient locations, fear of becoming ill from the vaccine, and not at risk of getting the flu were significant reasons to not get the vaccine.

The primary source of influence for participants' vaccination decision was parents. Students typically responded positively to parents' requests by getting the vaccine. A smaller number of participants identified healthcare providers and friends as sources of influence;

students responded to healthcare providers by getting the vaccine or ignoring the request and responded to friends by ignoring the request or changing the subject.

Implications: Students who did not get a flu vaccination identified the lack of seriousness as a major reason, which is insightful given that they saw the flu as a major disruption to their school lives. Campus campaigns should develop messages connecting seriousness and missing class as a way to encourage vaccination. Second, the major reasons for not getting vaccinated spoke to broader fears about vaccinations and lack of vaccination literacy and communication competency about vaccinations. Finally, students are talking mostly with their parents about flu shots and are persuaded by appeals to their individual health. Campaign messages can focus on developing how to help parents competently communicate with their children about the need for the seasonal flu vaccine.

Lewin's Field Theory as a Framework for Parasocial Interaction

Josie Moore (University of Maryland College Park)

Abstract

The relationships that people form with their favorite characters on television and in movies are undeniable in the mass media age. Parasocial interaction creates a connection and illusion of a seemingly face-to-face interpersonal relationship. This essay is discussing how Lewin's Field Theory offers theoretical framework to explain why parasocial interaction is an effective method of persuasion. Lewin's Field Theory says that one's psychological behavior can only be influenced by someone or something in his or her life-space. The life-space includes all of the components of an individual's environment including planes of reality and irreality, positions, locomotion, forces, goals, conflict, equilibrium, and climate. Field Theory is a metatheory that Lewin created to explain psychological reasons for behaviors that incorporate all of the components of a situation such as goals, forces, and environment. Lewin says that the behavior or event is a function of a person (P) and the environment (E) (Lewin, 1952). Many scholars use the concept of parasocial relationships as a tool of persuasion. Lewin's Field Theory offers a theoretical framework for parasocial interaction as a method of persuasion. While the entertainment characters or media personae may be fictional, the relationship that is formed between a viewer and the personae is real. The fictional character may live in the plane of irreality but psychologically, the viewers builds an interpersonal relationship that can directly influence their personal forces or goals. There is a consistent lack of theory driving the reasons that parasocial relationships form and how parasocial interaction influences behavior change in a viewer. Lewin's Field Theory offers the explanation that as a piece of the viewers environment, even through a plane of irreality, the viewer can easily identify with the fictional characters and therefore the parasocial interaction has a real effect on the viewers environment and in turn, on the viewers behavior.

Establishing Reliability on a Newly Developed Patient-Centered Coding Scheme to Test an Evidence-Based Patient-Centered Model

Katelyn A. Grayson-Sneed, Robert C. Smith, Sandi W. Smith, Madalyn Mulroy, Brandon Wallin, Francesca Dwamena (Michigan State University)

Abstract

There is a movement in healthcare to train medical workers in patient-centered care due to many positive outcomes resulting from it. Smith's patient-centered interviewing method (Fortin, Dwamena, Frankel, & Smith, 2012) is a behaviorally-defined, evidence-based method that has proved to be easily learned and associated with positive outcomes such as increased patient satisfaction. However, a standardized way of rating the medical personnel using the method has never been created. Therefore, the current research reports on the development of a coding scheme to be used with Smith's method as well as establishes reliability on the coding scheme.

The developed coding scheme is comprised of 36 items derived from Smith's method which includes 5 steps and 21 sub-steps. Most items in the coding scheme relate directly to a sub-step in Smith's method; others are overall, gestalt ratings of the interview that get at the overarching essence of patient-centeredness. Each item is a dichotomous, yes-no variable indicating that the provider either exhibited the patient-centered skill or did not. A codebook with several examples of statements exemplifying each of the codes was developed to assist coders in their coding, and to reduce coder subjectivity in making judgments.

Videotapes of students at varying levels of patient-centered training were used to train two coders. Each coder spent 4-6 hours per week over the course of three months in training with two people proficient in Smith's method. Additionally, the coders were required to spend approximately 4 hours coding videos independently each week as part of their training, and would subsequently review their codes with the group to discuss discrepancies between coder's scores. Cohen's k will be reported for each variable based on inter-coder reliability of 20% of the videotapes (i.e. 28 tapes). The data set for the current research includes 136 videotapes of residents at varying levels of patient-centered training with standardized patients.

Ultimately, the results garnered via this coding scheme will be assessed against a previously collected data set for these standardized patient visits, including a patient satisfaction questionnaire filled out by standardized patients (SQ-1), measures of resident efficacy, measures of resident attitude, and measures of resident patient-centered and mental health knowledge, which were also part of their training. These results will help to provide evidence for the instrument's construct validity. The final patient-centered coding scheme based on Smith's patient-centered interview will provide institutions with an instrument that combines descriptive and evaluative elements of provider patient-centered behaviors, and will allow for a standardized way of evaluating those people adopting the method.

Examining the effects of Indiana adults' awareness and attitude toward state smoke-free policy and perception of second-hand smoking on smoking attitude

Nicole Johnson, Dr. YoungJu Shin (IUPUI), Katelin Ryan (Indiana State Department of Health)

Abstract

Introduction: Tobacco remains the number one cause of death in the United States (National Institute of Health, 2014). The U.S. Department of Health and Human Services (HHS, 2014) reported over 20 million premature deaths attributable to smoking and deleterious effects resulting from secondhand smoke (SHS) exposure. To reduce such harmful effects, HealthyPeople 2020 sets a target of a statewide ban on smoking in public places and worksites in all states and the District of Columbia by 2020 (HHS, Leading health indicators, 2014). Evidence has supported that the enactment of smoking policies significantly improves attitudes about bans, smoking and decrease overall SHS exposure (Moskowitz, Lin & Hudes, 2000; Rayens et. al., 2007; Tang et. al., 2003; Hehir et. al., 2012). In 2012, Indiana's first statewide smoke free air law went into effect preventing smoking in most workplaces, restaurants, public places and within 8 feet of any public entrance (Indiana State Department of Health [ISDH], 2014). To investigate the enactment of smoking policy in the State of Indiana and health outcomes, we examined effects of state smoke-free policy awareness and attitude, as well as perception of secondhand smoke on Indiana adults' smoking attitude in various contexts. Three research hypotheses were posited.

RH1) Awareness of state smoke-free policy would positively relate to smoking attitude at home, at work, and in public.

RH2) Attitudes toward state smoke-free policy would positively relate to smoking attitude at home, at work, and in public.

RH3) Perception of secondhand smoking would positively relate to smoking attitude at home, at work, and in public.

Methods: Indiana adults were randomly selected and participated in the telephone surveys (n = 2,027). The respondents ranged from 18 years to over 65 years and their levels of education varied. Seventy-eight percent of the respondents were aware of Indiana State's current smoke-free policy (n = 1,587) and 19% were current smokers (n = 376). As part of an ISDH funded project on Indiana Adult Tobacco Study, we measured awareness of state smoke-free policy using a dichotomous variable. Attitude toward state smoke-free policy, perceived risk of SHS exposure, and attitude toward smoking at home, at work, and in public were measured using categorical responses. An independent t-test was run to test first research hypothesis and regressions were run to test the other research hypotheses.

Results: Indiana adults' awareness of state smoke-free policy was significantly related to negative smoking attitude at home and in public (RH1 partially supported). Indiana adults' attitude toward state smoke-free policy was significantly related to negative smoking attitude at home, at work, and in public (RH2 fully supported). Indiana adults' perceived risk of SHS was

significantly related to negative smoking attitude at home, at work, and in public (RH3 fully supported).

Conclusions: Awareness and positive attitude toward Indiana's state smoke-free policy showed significant associations with anti-tobacco attitude. These findings suggest implications that educational campaigns should accompany policy changes in order to influence attitudes toward tobacco control (Hamilton, Biener, & Rodger, 2005). By targeting public attitudes and perceptions of SHS, local governments can reduce smoking rates and increase support for comprehensive smoke-free policy. Combining the efforts of public health campaigns to garner awareness and support for public policy can result in synergetic effects for anti-tobacco attitude.

Sit Less, Move More, Get Centered: An exploratory evaluation of the CenteredBeing functional health and well-being intervention

Suzanne Carmack (Booz Allen Hamilton), Callie Browson, Shaundra Holmes, Nakato Nsibirwa, and Laura-Allison Woods (George Mason University)

Abstract

CenteredBeing is a social marketing campaign dedicated to empowering individuals to counteract the adverse health and well-being risks of stress and sedentarism, by engaging in daily movement and mindful communication. Launched in 2009, the campaign teaches practitioners to perform a daily “CenteredBeing” framework which integrates (1) functional movements inspired by yoga therapy and Pilates and (2) mindful communication. As will be shown in this exploratory evaluation of the global and local delivery of the intervention, practitioners are attracted to the campaign’s delivery at a local community yoga studio, primarily for physical fitness improvement. However, practitioners’ self-reports indicate that decreases in pain and stress, and improvements in strength, flexibility, bone density, postural/kinesthetic awareness, and well-being are achieved. Since 2009, the campaign has reached over 30,000+ people; received favorable coverage in the Washington Post and 80+ media outlets; received over 17,900 views on YouTube; inspired 10,000+ visits in 22 months at the CenteredBeing studio; and been delivered to schools and organizations including the Pan American / World Health Organization.

Making Sense of Well-Being: A Mixed-Methods Study Applying Sense-Making Theory to Explore The Role of Communication Competence and Social Support in Physical, Emotional, Mental and Comprehensive Well-Being

Suzanne Carmack (Booz Allen Hamilton)

Abstract

In keeping with the World Health Organization's definition of health as a "state of complete physical, mental and social well-being and not merely the absence of disease or infirmity," (WHO, 1948) this study investigated well-being from a health communication perspective. Expanding upon previous interdisciplinary literature which has sought to define what well-being is, and what it is not, in often complex and competing ways, this investigation explores how individual members of the George Mason University culture (i.e. faculty, staff and students) make sense of well-being with regards to their health and their lived experience. Inspired by Kreps's (1988) Relational Health Communication Competence Model (RHCCM), Dervin's (2008) Sense-Making methodology and Weick's (2005) sensemaking theory, this mixed-methods study qualitatively explores well-being as a sensemaking process, and quantitatively explores the influence of communication competence and social support on physical, mental and emotional wellbeing outcomes. In the first and qualitative portion of the study, a small (n=38) self-selected, non-randomized sample population of faculty, staff and students of George Mason University were interviewed using open-ended questions inspired by Sense-Making methodology (Dervin, 2008) to uncover how these respondents make sense of their well-being. In the second and quantitative portion of the study, a larger and more diverse sample population (n=644) completed a multi-faceted self-report survey instrument measuring interpersonal communication competence, social support, and comprehensive, emotional, mental and physical well-being. RESULTS In both qualitative and quantitative data, communication competence, social support, and the communicative act of Sense-making (Dervin, 2008) were shown to positively correlate with the self-reported and subjective well-being of the participants in this study. Additionally, dimensions of social support and communication competence predicted all four dimensions of well-being examined (i.e. comprehensive, mental, emotional and physical well-being). CONCLUSION Based on the study's quantitative and qualitative findings, the discussion offers a new theoretical framework for well-being research, entitled centered well-being. This centered well-being model posits that well-being functions as a Sense-Making experience, influenced by intrapersonal, interpersonal, and intercultural communication. Ultimately, this study offers health communication and public health scholars and practitioners mixed-methods insights into the role that well-being plays in the three central avenues of health communication scholarship: health literacy, patient-provider communication and health promotion.

Using a psychoeducational intervention to promote genetic counseling uptake among breast cancer survivors: A test of the intervention materials

Courtney Lynam Scherr, Kelli Nam, Susan T. Vadaparampil (Moffitt Cancer Center)

Abstract

Introduction: Ten years post diagnosis, breast cancer survivors with a BRCA mutation are at substantially elevated risk to develop contralateral breast (50%) or ovarian cancer (7-13%) compared to patients without a BRCA mutation. Patients with a BRCA mutation have options to reduce their risk including: conducting additional screenings, taking medication, and/or undergoing further surgeries. Therefore, attending genetic counseling after completing treatment for breast cancer can provide important information regarding a woman's future risk to develop additional malignancies; however uptake among recently diagnosed high-risk patients remains low, especially after definitive surgical treatment. As such, a psychoeducational intervention, including a DVD, was developed based on the Health Belief Model to address barriers and promote the benefits of genetic counseling uptake among breast cancer survivors post-treatment. An important step in the development of an intervention is to ensure the acceptability and utility of the intervention among the target audience, therefore, this abstract reports the testing of the DVD intervention among breast cancer survivors using Learner Verification to ensure: attraction, comprehension, cultural acceptability, and persuasion.

Methods: Breast cancer patients were recruited in-person in the breast clinic, through fliers placed in the clinic, and through phone calls to Moffitt patients based on a chart review. Participants who agreed to participate (n = 18) were scheduled for an in-person interview conducted at the cancer center by two members of the research team using a semi-structured interview guide based on the aforementioned principles of Learner Verification. During the interview, participants completed a baseline questionnaire, watched the video, and completed the interview. Participants received a \$25 Target gift card in appreciation of their time. Interviews were transcribed and using a categorization matrix, a deductive approach was used to analyze the responses.

Results: Data analysis is currently underway, but based on a preliminary review of transcripts findings indicated high levels of attraction to the video due to the professional quality, but participants were unable to describe cancer genetic counseling in their own words and most were unable to distinguish between counseling from testing indicating a lack of comprehension. Related to cultural acceptability, the majority related to the stories of the survivors featured in the video and had emotional responses to their stories, but they did not view the strong emotional response as off-putting. In terms of persuasion, most said they would attend genetic counseling after watching the video.

Conclusion: Preliminary results from this study indicate breast cancer survivors were accepting of the DVD developed as part of a psychosocial intervention to promote genetic counseling uptake after completing treatment for breast cancer, and most were motivated to

attend genetic counseling after watching the video. However, motivation to attend genetic counseling seemed to be prompted by an emotional response to the video as most participants remained uncertain about the purpose, process, and benefits of genetic counseling. Although it is encouraging that participants were persuaded to seek out and attend genetic counseling, persuasion based on emotional response is often not maintained over time; therefore revisions should be made to the video to ensure comprehension and understanding of genetic counseling.

Informed consent to cancer clinical trials: Testing alternative risk formats

Courtney Lynam Scherr (Moffitt Cancer Center), Brooke Friley, Bart Collins (Purdue University)

Abstract

Introduction: Patient participation in cancer clinical trials is necessary to test potentially breakthrough drugs and procedures to more effectively treat illness and disease. Participation is solicited through an informed consent process including a document that contains: details about the procedure, the purpose, expected benefits, expected risks, available alternatives, and the right to withdraw. However, past research found informed consent, particularly risk information related to possible side effects and mortality, is not adequately understood by participants in clinical trials, and decisions to participate are often based on attitudes and perceived physician preferences. As risk perception is not only a result of cognitive processing, and can be influenced risk information presentation, we sought to identify whether modifying the format of risk information could impact decision-making more than prior attitudes or physician preference.

Methods: Participants (n=173) were recruited in a mall in the Midwest and received a \$10 Visa gift card for compensation. A two by three experimental design was implemented, consisting of doctor support for participation (neutral or favorable) and risk information presentation (standard NCI format, using bar graphs, or using an icon array). Participants were given a survey containing a hypothetical cancer diagnosis, one of two versions of doctor's support and one of three versions of risk information presentation. Participants completed items related to perceptions about participating in the clinical trial, perceived visual informativeness, and items from prior published research on the Risk Information Seeking and Processing model. Univariate ANOVAs were conducted to explore outcomes based on experimental conditions.

Results: There was a statistically significant main effect of the presentation of risk information on perceived visual informativeness, $F(2,167) = 3.978$, $p = 0.021$. There was a statistically significant main effect of doctor support on subjective norms, $F(2,167) = 5.212$, $p = 0.024$; and on information gathering sufficiency $F(2,167) = 3.956$, $p = 0.048$. There was a statistically significant interaction between doctor support and the presentation of risk information on sufficiency threshold, $F(2,176) = 3.648$, $p = .028$.

Conclusion: Intention to participate in clinical trials was not impacted by the level of doctor support or risk presentation, however the icon array was perceived to be the most informative of the versions presented. When doctor support was favorable, subjective norms mattered less, and participants felt capable of finding additional information about enrolling in the clinical trial. When doctor support was neutral and participants received the standard risk presentation format, they perceived a high need for information, however, when doctor support was favorable and participants received the standard consent form they perceived less need for information. Implications include the possibility our experimental manipulation was not strong enough, or that effects were so small we were underpowered to detect them. It also may be that

even significant improvements to informed consent may not meaningfully improve patient decision-making. If so, it is even more important for physicians to present information in a neutral manner to ensure patients are adequately informed about the risks involved in clinical trial participation.

The Power of Peers to Decrease the Risks of Drunk Sex

Lauren A. Cafferty, Natalie N. Cavazos, Dana R. Dinsmore, Elizabeth L. Miller, Megan D. Nelson, Madison T. Rich, Caroline E. Waldbuesser, Michael E. Burns, Marian L. Houser, Melinda M. Villagran (Texas State University)

Abstract

Objective: This study examined the impact of a peer education intervention seeking to decrease alcohol and sexual risk behaviors among college students. Using tenets of the theory of reasoned action (Ajzen, 1980), an intervention was designed to decrease the risks of drunken sex among college students, and increase their behavioral intentions to avoid health risks. The Smarty Peer Education intervention sought to promote behavioral intention to “be smart” before consuming alcohol by anticipating potential risks of binge drinking, and making a plan to avoid negative health consequences of drunk sex.

Methods: Four peer education teams designed and conducted a binge drinking educational intervention for 18-20 year-old students (N = 232) living in 12 separate dorms at a large southern university. The Smarty Peer Education intervention was adapted to include three different forms of mHealth technology intended to bolster behavioral intention and pre-planning messages. A fourth group, which served as a control, did not receive information about mHealth technology. Upon completion of the educational presentations, participants completed a survey assessing attitudes, normative beliefs, efficacy and behavioral intentions to “party smart.” All items were measured using a 7-point Likert scale. Variables were entered into logistic regression in five blocks: demographics, message presentation and argument strength, attitudes, and normative and behavioral beliefs. The outcome variables was behavioral intention.

Results: Data analysis sought to determine the effect of the mHealth technology intervention conditions and the peer group presentations on behavioral intention to engage in drunk sex. Results of a logistic regression provided mixed support for the study hypotheses. Specifically, there was no significant difference among the three mHealth treatment groups and the control based on the form of mHealth technology presented. However, the Smarty Peer Education presentations were effective as a tool for behavior change among members of the peer group ($R^2 = .44$, $R^2\text{change} = .24$, $F(8, 223) = 22.06$, $p = .000$). Univariate analysis revealed that subjective norms regarding alcohol ($\beta = .28$, $t = 4.37$, $p = .000$), and sex risks ($\beta = .35$, $t = -.545$, $p = .000$), were the most significant predictors of behavioral intention to be “smarty.”

Implications: This study supports the importance of using referent peers as a source of health behavior change messages. Although the Smarty Peer Education intervention included mHealth technology as a potential tool for pre-planning to avoid health risks, ultimately inclusion of referent peers as the source of health information was more predictive of potential behavior change. Findings highlight the strong influence of subjective alcohol and sex behavioral norms among members of the target group.

Testing a Reaction-Time Measure of Behavioral Willingness

Maria Leonora (Nori) Comello (University of North Carolina at Chapel Hill), Sherine El-Toukhy (National Institutes of Health)

Abstract

Traditional theories of behavioral change emphasize deliberative and thoughtful processes underlying health decision making (e.g., health belief model, theory of planned behavior). However, a growing body of research (e.g., prototype willingness model) highlights non-deliberative processes of decision making that are beyond our conscious control. Behavioral willingness (BW) is a key non-deliberative construct in health decision making. BW gauges people's non-deliberative and unintentional/unplanned choices to engage in risky behaviors (e.g., drunk driving) when the environment is conducive to such behaviors.

The conceptualization of BW as non-deliberative process implies a measurement approach that is likewise non-deliberative. However, scholars have used deliberative/self-report measures to capture BW. One issue with such measures is that participants can edit their responses prior to reporting and, thus, these measures do not fully capture a person's immediate willingness to engage in risky behaviors. The purpose of this study is twofold: (1) point out the incongruence between the conceptualization and traditional deliberative operationalizations of BW and (2) introduce a non-deliberative/reaction-time (RT) measure of BW. Our RT measure of BW is scenario-based that measures the time required to respond in milliseconds that one would be willing to perform risky behaviors in certain situations or not. Results of preliminary studies using this type of measure have been promising (Comello, 2013; Comello & Slater, 2011a, 2011b). RT measures better capture non-deliberative processes because people are unaware that reaction time is being recorded, unaware of interpretations associated with direction and magnitude of RT in combination with the responses, and cannot manipulate how fast they respond.

We conducted a study to assess the validity of a RT measure of BW. We examine the associations between the new RT measure and other variables that have been shown in the literature to be associated with BW. Participants (N = 150) were randomly assigned to complete either RT or self-report measures of BW. The target behaviors were marijuana and alcohol use. An example RT scenario for alcohol is: "Imagine that you have had more than 2 alcoholic drinks and that it is time for you to leave the bar and go back home. You drove to the bar. What would you do?" Participants would be presented with an action "I would drive home" and the option to respond yes or no (measured in milliseconds to respond). Participants in the deliberative measure condition would respond to the same scenario with a 1-7 scale of willingness to take the action (1 = not at all to 7 = very willing). All participants regardless of condition completed validated measures of attitudes toward marijuana and alcohol and other variables with demonstrated relationships to BW (e.g., prototype image, risk perceptions). Participants in the RT condition engaged in a practice run to familiarize them with RT tasks, as used in preliminary work (e.g., Comello & Slater, 2011).

This is a work-in-progress, and we expect to complete the analysis and write up by spring. The analysis plan rests on structural equation modeling to examine associations among the BW measures and other variables. We will construct two models (one based on the RT measure and another on self-report) and conduct model-fit comparisons. We expect the RT measure of BW to show superior fit over the self-report measure. We also expect the RT measure of BW to show concurrent and discriminant validity.

In summary, this work addresses an under-examined issue in health communication and decision-making. In addition to highlighting the conceptual importance of BW, the study has practical implications, with potential for RT measures to be used in pretesting or evaluating messages and campaigns targeting risky behaviors.

Uncertainty in Medical Decision Making

Aimee Roundtree (Texas State University)

Abstract

Background: Current models of medical decision making posit a rational decision making process from gathering facts to weighing options and settling on options (Guo 2008 and 2012, Stiegler and Ruskin 2012, Kilpatrick et al 2013). However, arational aspects such as social and personal domains play an important a role in decisions making (Barbour et al. 2013, Peek 2013, Charles et al 2006, Brach & Fraserirector 2000, Cooper et al. 2003, Johnson et al., 2005, Benner, Hughes & Sutphen 2008).

Objective: The study identifies domains that matter most when patients, caregivers and healthcare providers make medical decisions in uncertainty. I hypothesized that participants would rely most on decision aids based on systematic reviews and other products of evidence-based medicine to sort out other factors impacting their decision.

Methods: Qualitative data was gathered by questionnaire. 95 care providers (including physicians, psychologists, nurse practitioners, and physician assistants) and 95 patients and caregivers responded. Participants were recruited by SurveyMonkey Audience, SocialSci.org and solicitations to administrators of health-related listservs and medical professional organizations. Grounded theory methods uncovered key themes and develop a conceptual model of decision making in uncertainty.

Results: Evidence and decision aids played a part in helping patients, caregivers and providers make decisions. However, several personal and subjective factors equally impacted decision-making in uncertainty. For patients and caregivers, despite efforts in shared decision making to offset paternalism, when uncertain, patients preferred giving deference to physicians. Financial cost and insurance coverage limited their decisions when uncertain. Patients and caregivers often relied on non-logical factors—such as avoiding information, other’s treatment stories, their “gut” and trusting God—in uncertain moments. For providers, subjective influences such as their “gut” and their colleague’s experience and input helped them make decisions in uncertainty. Providers often mostly relied on informal and non-generalizable input such as clinical experience and case studies to make decisions in uncertainty. And, several admitted not using decision aids made to help them make uncertain decisions.

Conclusions: Evidence-based information about treatment options is not the sole—or sometimes even the primary—factor of importance in resolving uncertain healthcare decisions. Decision aids must not only account for the facts regarding the treatments, but also the realities of the lived experience of illness, such as the cultural and personal trade-offs and values that matter more than the facts when people make health decisions that impact their lives, and, in turn, their identities.

Implications for research and/or practice: Design strategies for creating decision aids must not only adopt best practices of plain language, chunking, organizing and displaying copious amounts of information. They must also include rhetorical interventions, such as

argumentation, topoi, and dramatism that work not only to inform audiences, but also persuade them to participate in evidence-based decision-making at their particular level of engagement.

Leveraging Public-use Data to Identify Messaging Strategies: A Youth Smoking Prevention Case Study

David Keating, Sarah Evans (Fors Marsh Group)

Abstract

Background: According to 2013 estimates from the Food and Drug Administration's Center for Tobacco Products (FDA CTP), approximately 15.8% of high school students—some 2.6 million people—currently use or smoke cigarettes. In addition, each day in the United States, approximately 3,300 people under the age of 18 smoke their first cigarette, with more than 700 becoming daily cigarette smokers. Given this prevalence of youth smoking in the United States, it is clear that effective smoking cessation messages remain an important avenue for health and applied communication researchers. Furthermore, such researchers often face time and budget constraints that may preclude primary data collection to inform strategic message development. Drawing on findings from the 2011 National Survey on Drug Use and Health (NSDUH), the present study sought to demonstrate the utility of leveraging public-use data to explore effective messaging strategies among youth aged 12 to 17.

Method: Leveraging proxy items for (1) intention to smoke and (2) various attitudinal and normative beliefs associated with cigarette use, a belief analysis was conducted to find potentially fruitful avenues for message designers. Belief analysis is a technique that is used by communication and public health researchers in order to identify beliefs that have the largest potential (positive) impact as well as beliefs that could have low or counterproductive effects (Hornik & Woolfe, 1999).

Results: Among the entire available sample, two promising beliefs were identified: Personal conduct in the form of cigarette use approval and friends' cigarette use approval. Among the participants who self-identified as occasional or frequent risk-takers, personal cigarette use approval appeared to be particularly important, as did the role of one's "best friend" in being offered a cigarette. Personal cigarette use approval also was particularly promising among participants who had talked to their parents at least once regarding the dangers of tobacco use.

Implications: In cases where it is impractical or cost-prohibitive to conduct primary research at the point of message development, publicly available data in conjunction with a belief analysis can be an effective and efficient tool in identifying message strategies. The findings will be discussed not only with an eye toward the practical implications for tobacco prevention outreach efforts but with attention paid to the method itself, which health communicators and researchers can apply across causes and topics of interest.

A Model of Protective Communication in Hospice Care

Nichole Egbert (Kent State University)

Abstract

Even at end-of-life, the predominant medical paradigm is the biomedical model whereby health is seen as the absence of disease. Although historically this reductionist biomedical model was effective in combating infectious diseases and pathogens, modern medicine has had to shift its focus to assisting patients who suffer with chronic conditions (Havelka, Lučanin, & Lučanin, 2009). The goal of the biomedical approach to any health issue remains the same—to extend life and delay death. Health professionals in modern hospitals are highly trained to cure illness and disease using tools of medicine and technology. However, except for the very few palliative care specialists, clinicians may succeed in extending the length of life to the detriment of quality of life. The predominant biomedical approach has failed in many ways to relieve patients' suffering with chronic illness—suffering that is experienced on physical, social, emotional, and spiritual levels (e.g., Kaut, 2002). The aim of this paper is to consider how communication in hospice settings has helped hospices achieve their palliative care goals (such as the incorporation of interdisciplinary teams and through the specialized training and skills of hospice nurses and hospice volunteers). On the flip side, communication in the hospice movement has yet to overcome several challenges, such as failing to deliver culturally-appropriate services to ethnic minorities such as African Americans and Asian Americans. Many physicians are slow to refer patients to hospice, thereby curtailing the benefits of palliative care to the patient. And, finally, the practice of collusion amongst families and professional caregivers is against the philosophy of hospice and may serve to increase patients' suffering. Following this discussion a protective model of communication in hospice care is proposed.

Mother-daughter sexual communication and adolescent girls' HPV related awareness and knowledge

Wan-Lin Chang (George Mason University)

Abstract

Background: Cancer has been the leading cause of death in Taiwan since 1982. For women, cervical cancer was ranked the 5th highest incidence rate and 6th highest death rate in 2012. The prevalence rate of HPV infection is projected to be 16% in Taiwanese women. The Taiwanese government expends a great deal of effort and energy in popularizing HPV vaccine in Taiwan. Current research studies have concluded that parents', especially mothers', attitude towards HPV vaccination is a key determinant of whether their daughters seek vaccination.

Aims: This study examined adolescent girls' awareness, knowledge, and attitudes of HPV vaccine information in Taiwan. In addition, this paper examined how the openness of mother-daughter communication in general, and the openness of mother-daughter communication about sex in particular, influence adolescent girls' knowledge about HPV vaccination.

Method: A cross-sectional, quantitative study was conducted in Taiwan from September 2011 to November 2012 in order to determine HPV and HPV vaccine awareness, knowledge, and attitudes of 13-to 18-year-old girls as well as the communication and relationships between the girls and their mothers when discussing topics related to HPV and safe sex. Six hundred questionnaires were distributed to both middle schools and high schools in southern Taiwan. Five hundred seventy-one completed surveys were returned (response rate=96.17%). Among 571 respondents, only 43 of them (7.5%) have received the HPV vaccine.

Results: The study did identify that the daughter's level of education is a significant factor in the level of awareness of HPV and the HPV vaccination, but there is no significant relationship between the level of the openness in mother-daughter communication and the daughter's knowledge of HPV vaccination. However, there is a marginal relationship between a mother's level of education and the daughter's knowledge of HPV vaccination.

Super-Diffused Motivation: Synthesizing Self-Determination Theory and Super-Diffusers to Motivate Cycling Compliance in an On-Campus Intervention

Kami Silk, Sarah Sheff, Daniel Totzkay, Angela Medina, Gregory Holzman, Tim Potter, Randy Holton, Jalyn Ingalls, Jeff Cox, Alice Hoffman, Kristen Lynch (Michigan State University)

Abstract

Problem Background: This study is conducted as part of the larger Healthy Campus Initiative at Michigan State University (MSU). MSU has observed an increase in the number of students, faculty, and staff members cycling on campus, particularly due to the ongoing implementation of long-range infrastructure planning that includes mandatory bike lanes on roadways. As an unintended consequence, the MSU Police Department has observed a higher number of serious accidents and injuries compared to previous years. There also seems to be a low understanding of bike ordinances that dictate allowable cycling behavior. To increase bike safety across the MSU campus, we have partnered with a wide range of partners to conceptualize, implement, and evaluate a risk reduction communication campaign. Self-Determination Theory (SDT) provides a theoretical framework for our investigation, while the use of superdiffusers will provide an interpersonal means for disseminating messages to the larger campus community. For the current presentation, we will report three types of data collected as part of our formative research process to identify the scope of the problem, relevant antecedents, and potential strategies to improve bike safety.

Theoretical Background: SDT models a continuum of motivation that ranges from extrinsic amotivation, a complete lack of motivation, to intrinsic motivation, where an individual does an action or activity purely for its inherent enjoyment; in other words, intrinsic motivation is a complete internalization of some activity or action. Between these two endpoints ranges a scale of extrinsic motivation, where an activity or action is done in order to glean some external outcome, ranging from the least “internalized” state of motivation to the most internalized, but not fully intrinsic motivation. An individual’s position along this continuum is contingent of their competence, autonomy, and relatedness. Relatedness is relatively understudied in the context of SDT and is defined as an individual’s need of connectivity and belongingness to another whom they feel or want to feel well-connected to, the source from which a goal is being disseminated requiring this same need. This dimension, especially when applied to a scale such as the present intervention, indicates a connection to the concept of superdiffusers.

A superdiffuser is defined as an individual who is highly connected across communication networks, has strong persuasion skills, and is highly knowledgeable (a “maven”) in a specific domain, such as health or campus life. Superdiffusers are sought out for guidance in contexts for which they are “mavens.” Pulling from theories of communication networks, it is implied that persons wish to be connected to a superdiffuser due to superdiffusers’ interpersonal power and useful knowledge. As such, the present work intends

to not only further the application and utility of superdiffusers, but also to functionally connect the concept to the construct of relatedness in SDT.

Method: Researchers already have collected observational data at three high-traffic intersections on campus. Data collection took place over two days, and researchers observed behaviors such as helmet use, bike lane utilization, and non-bicyclists commuting in the bike lane. In January, researchers will conduct twelve focus groups comprised of undergraduate students living both on and off campus. Using SDT as a guide, trained moderators will lead discussions capturing the students' competence, autonomy, and relatedness regarding bike use on campus. Focus group participants will also help to identify superdiffusers in their networks. Similarly, researchers will interview key stakeholders across different offices on campus, including Michigan State Police Department, Transportation Services, Student Health Services, and Residence Education and Housing Services. All of these data will ultimately inform the design of campaign initiatives.

Results: Quantitative and qualitative data will be presented. Quantitative observational data provide evidence of the high level of bike infractions on the MSU campus, and illustrate a need to further investigate and systematically address the problem of bike safety on the MSU campus. Focus group data will provide a theory-guided perspective that will inform campaign message design concepts, ascertain superdiffusers, and identify perceived barriers. Interview data will provide insight from key stakeholders within the university community to identify institutional and/or infrastructure barriers as well as novel strategies for addressing the problem.

Conclusion: Ultimately, we will present our data from phase one of this project, which includes three separate data sets. These data comprise all of our formative research. Based on our findings, we will also be able to present some preliminary message concepts and strategies that we will implement on the MSU campus in Fall 2015.

A Help or a Hindrance? Health Care Decision-Makers and their Role as Sources of Patient Information in Retrieving Inferior Vena Cava Filters

Jordan Neil, Anita Rajasekhar, Janice L. Krieger (University of Florida)

Abstract

Introduction: Patients often rely heavily on family and friends to make important decisions about their health. As such, the quality of communication between patients and their caregivers can have important health consequences. One such example is the placement and retrieval of an inferior vena cava filter (IVCF). An IVCF is a device placed to prevent blood clots in the lower extremity, called deep vein thrombosis, from causing a pulmonary embolism. Patients who have experienced significant physical trauma are at high risk of pulmonary embolisms and are the most common recipients of IVCF. Despite the paucity of reliable data on the efficacy and long-term safety of these filters, studies have shown the use of IVCFs has increased dramatically over the past decade with the advent of the retrievable filter. Even though doctors agree that 50 to 80 percent of all IVCFs should be retrieved within six months after placement, the average retrieval rates within the United States are only around 20 percent. Subsequently, this raises questions from a health communication standpoint as to whether the long-term health complications associated with non-retrieval are being communicated effectively to patients. Moreover, as many filters are commonly placed in trauma victims, who are often incapable of providing consent for the procedure, providers rely on the patient's caregiver as a formal health care decision-maker (HCDM). Currently, there are no health communication interventions designed to address this important issue. Therefore, the purpose of this study was to conduct formative research to better understand how successful HCDMs are at functioning as source of information about the benefits and risks associated with the filter, and to use this information to guide development of an educational toolkit that both informs HCDM and, subsequently, increase IVCF retrieval rates.

Method: Data were collected using in-depth qualitative interviews and focus groups at a tertiary care academic teaching hospital. Patients who had a retrievable IVCF placed between 2008-2012 at the institution were retrospectively identified from the hospital's administrative database and recruited using random sampling. If a patient was unable to make medical decisions about the filter during the hospitalization, the patient's HCDM was invited to participate in the interview along with the patient. The research team interviewed a total of 23 patients and 10 HCDMs. Interviews were transcribed verbatim and analyzed using grounded theory techniques.

Results: The presence of a HCDM was associated with an increase in IVCF retrieval rates. From the 23 interviews, 12 patients had the filter retrieved (50% had a HCDM, 50% were trauma) and 11 patients did not have the filter retrieved (36% had a HCDM; 45.4% were trauma). Recurring themes expressed by many of the HCDMs indicated they were overwhelmed by the amount and technicality of the information about the IVCF that the specialist presented to them at the time of consent. Furthermore, many HCDMs perceived the

placement of the filter to be far less important than the other patient procedures during the time of hospitalization, especially if it was a trauma victim. The combination of moderate/low communication competence and low levels of perceived risk among HCDMs, led to three patients not being informed by their HCDM they had a filter placed until first contacted by the research team requesting their participation in the study.

Implications: Responses within this study underlined the importance that HCDMs have in improving patient care, but also the importance of providing caregivers with the sufficient informational support needed to make effective health decisions for their loved ones. The long-term goal of this intervention is to improve patient, HCDM, and provider understanding of what the best model of care is to safely and effectively place and retrieve IVCFs. A communication intervention developed as a result of this formative research aims to increase understanding of the short-term efficacy period associated with an IVCF, as well as provide an information resource that details how to effectively communicate the importance of having the filter retrieved with both loved ones and providers.

Multiple Messages Makes a Difference: A Message Testing Experiment on HPV Vaccination Intention

Katharine J. Head (Indiana University-Purdue University Indianapolis), Elisia L. Cohen, Nancy Grant Harrington (University of Kentucky)

Abstract

Advances in the HPV vaccine could drastically reduce the incidence of cervical cancer. Yet, uptake rates remain low, especially among young adult women (CDC, 2013; Jain et al, 2009). Whether and how communication strategies may be used to improve uptake of the vaccine in this population is complex given the multiple and competing sources of influence (Briones, Nan, Madden, & Waks, 2012; Krawczyk et al., 2012; Krieger, Katz, Kam, & Roberto, 2011). The discourse around HPV vaccination leads to a communication environment in which there are “multiple messages that compete for acceptance” (Sellnow, Ulmer, Seeger, & Littlefield, 2009, p. 7). These multiple messages may converge (i.e., be similar) or diverge (i.e., be different) on both risk argument content (i.e., the logic behind the recommendation) and the recommendation (i.e., to vaccinate or not), and little is known about how women may process multiple messages. Current persuasive health message design research often focuses on evaluating a single message’s persuasive influence on health decisions, but it often neglects the influence of multiple persuasive attempts on health decision-making (Stiff & Mongeau, 2003). This study sought to identify how women process multiple messages and the persuasive effect of converging and diverging messages. Study Hypothesis: Participants who receive messages from doctors and mothers that converge on risk and recommendation will be most likely to follow the recommendation given by the doctor, followed by participants who receive messages with mixed characteristics (diverge on risk, converge on recommendation), followed by participants who receive messages that diverge on both risk and recommendation.

Methods: Participants were 309 unvaccinated women ages 18-25 years who read a prompt about a young woman named Sarah who was considering the HPV vaccine, and then were randomly assigned to one of nine experimental message conditions in which they read HPV vaccine messages Sarah had heard from her mother and her doctor. Message development was informed by formative interviews with 39 separate young women who recalled specific conversations with mothers and doctors about the HPV vaccine. There were 9 message conditions in the 3x3 design (see attached Table): conditions 1, 5, and 9 converged on risk argument and recommendation; conditions 3 and 7 diverged on risk argument but converged on recommendation; and conditions 2, 4, 6, and 8 diverged on risk argument and recommendation. After reading the messages, participants indicated on a 4-point scale (1=not very likely to 4=very likely) how likely they thought Sarah would be to follow the doctor’s recommendation and how likely they would follow the doctor’s recommendation themselves.

Results: Two 3 X 3 (mother argument type X doctor argument type) between-subjects univariate ANOVAs tested the effect of message condition on participants’ perceptions of Sarah’s likelihood to follow the doctor’s recommendation and the participants’ likelihood to

follow the doctor's recommendation. The overall model for Sarah's likelihood was significant, $F(8, 305) = 10.70, p < .001, \eta^2 = .22$, as was the two-way interaction term (mother argument type X doctor argument type), $F(4, 305) = 15.03, p < .001, \eta^2 = .17$. A follow-up one-way ANOVA, $F(2, 305) = 28.99, p < .001, \eta^2 = .16$, revealed that participants believed Sarah would be more likely to follow the doctor's recommendation in fully convergent message conditions (Conditions 1, 5, 9; $M = 3.21, SD = 0.79$), followed by mixed message conditions (Conditions 3, 7; $M = 3.03, SD = 0.78$), and finally divergent message conditions (Conditions 2, 4, 6, 8; $M = 2.52, SD = 0.64$).

The overall model for participant's likelihood was significant, $F(8, 307) = 2.07, p < .05, \eta^2 = .05$; however, the two-way interaction term (mother argument type X doctor argument type) was not. A follow-up one-way ANOVA, $F(2, 305) = 3.10, p < .05, \eta^2 = .02$, revealed that participants would be more likely to follow the doctor's recommendation in fully convergent message conditions ($M = 2.79, SD = 0.91$), followed by mixed message conditions ($M = 2.65, SD = 0.90$), and finally divergent message conditions ($M = 2.49, SD = 0.96$).

Conclusions: This study contributes theoretical insights into how converging and diverging messages influence young women's HPV vaccination intentions. This study revealed that converging messages were the most persuasive condition but also revealed that, when examining the content of the messages, convergent recommendations coupled with convergent risk arguments were most successful at influencing behavioral intent. From an applied research methods perspective and in working toward more ecologically valid health message design research, this study revealed that communication scholars need to move beyond single message research designs to consider multiple communication influences. These findings can be applied to explaining and designing optimal communication strategies to enhance demand for HPV vaccination, and the insights gained from this research can be extended to other health decisions and behaviors.

Teaching Patient-Centered Communication to Medical Students

Jill Tyler (University of South Dakota)

Abstract

Patient-centered communication skills have found their way into many medical school programs. This paper reports on the teaching and assessment of patient-centered communication as part of the Introduction to Clinical Medicine course offered in the first year of a regional medical school. After lecture and active learning portions, two assessments are offered several weeks apart in the first semester.

This paper first describes the instruction designed and delivered to students, and then gives a brief overview of the assessment activities and instruments, both conducted in a simulation center with standardized patients. Over the last few years, scores on the “encounter” portion of the assessment have fallen dramatically – both in terms of patient-centered and empathic communication and in terms of solicitation of relevant and necessary information. This fall was accompanied with a general feeling on the part of the students that this portion of the assessment was not important, “I can keep talking for 3-5 minutes,” or, referring to the evaluators, “You just have to be nice enough for them to make a subjective judgment. Just act nice enough to fool them.”

Young, intelligent, new medical students are used to seeing the world very objectively – and lots of students underestimate the importance of patient-centered communication (while overestimating their own skill). Further, this instruction occurs at the very beginning of the students’ socialization to the role of medical student, and there is already resistance to taking instruction from a social scientist, rather than a medical faculty member. Course directors and evaluating faculty, as practicing physicians themselves, are also inconsistent in their commitment to communication skills training – many are grateful for what they see as a necessary component of student training, and others frame communication skill as an “art” that students will pick up on their own.

The paper ends with some best practices for the design and implementation of communication skills training in medical schools, and acknowledges some of the challenges that health communication scholars may continue to face in working with medical students.

Give Away Your Heart: Creating Effective Organ Donation Campaigns

Josie Moore, Amber Westcott-Baker (University of Maryland College Park)

Abstract

This research seeks to guide the creation of more effective persuasive campaigns encouraging people to register as organ donors. A secondary data analysis was done for a dataset that contains input variables for health risk associated with organ donation including attitude, reactance, and issue involvement. The data set includes N=174 participants, their demographics, and responses regarding how much TV they watch per day, issue involvement, trait reactance, sensation seeking, religious affiliation, level of religiosity, organ donation attitudes, if they are registered organ donors, and conversations they have had about organ donation. The current analyses have clarified some misconceptions about the target audiences for organ donation. Gender analysis shows that men and women are not on the same starting point of issue involvement or attitudes regarding organ donation. Men need to be engaged in conversations to increase involvement with organ donation before they can be persuaded to register. Women on the other hand are already largely involved with the issue ($X^2(4, N=170)=10.23, p=0.03666$) and can therefore have registration campaigns directed at them immediately women will be more likely than men to have participated in conversations about organ donation. While providing easy ways to register will be effective for women, it could backfire for men and cause reactance making them not want to register. Men need to know why organ donation is so important before they are asked to register. While race itself is not a strong predictor of organ donation issue involvement, there was an interaction with race and gender, which also further supports the need for organ donation campaigns to be targeted by gender. The data does not show a difference between religiosity and support for organ donation.

“They Didn’t Know How to React at All”: Normative Forms of Social Support in Young Adult Cancer Survivors

Nicholas T. Iannarino (University of Michigan-Dearborn), Allison M. Scott, Sara R. Shaunfield (University of Kentucky)

Abstract

In 2006, the Adolescent and Young Adult Oncology Progress Review Group (AYAOPRG, 2006) argued that one way to potentially address the negligible improvement in young adult (i.e., 18-39; YA) cancer patient and survivor mortality rates was to learn more about their unique psychosocial needs. One of the most salient psychosocial challenges recently identified by YA cancer survivors is the perception that their social relationships with family, friends, romantic partners, and peers were somehow altered following their diagnosis (Kent et al., 2012). In light of some of the social struggles that YA cancer patients and survivors have previously reported facing due to the biographical disruption of cancer, we examined how YA cancer survivors’ normative perceptions of social support functioned to both hinder and assist them in coping with the cancer experience.

We elicited narratives from 31 YA cancer survivors and used thematic narrative analysis to determine how and why they interpreted social support attempts from romantic partners, family, friends, and peers. YA survivors described the normative forms of social support they received upon diagnosis, through treatment, and into survivorship, and several of these forms were unique to them as an age defined population. We first identified these normative forms as support that was commonly perceived by YA survivors to be helpful or appreciated. Helpful forms of support aligned with YA’s perceptions of their normality and capability. In other words, YA survivors consistently valued others’ attempts to help them feel like they were the same person as before their diagnosis (e.g., by engaging YAs in conversational topics that they had prior to the cancer experience, involving them in regular activities) and reduce the perceived abnormality of the physical (e.g., hair and weight loss) and functional (e.g., reproductive issues) alterations caused by treatment. However, YA survivors also reported that potential supporters within their social network generally did not know or attempt to learn how to support them during their cancer experience, precisely because cancer in YAs is not typical, and thus the supporters did not have a well-developed cognitive framework for responding to the illness. As a result, YAs reported the receipt of eight negative normative forms of support, including pity, bad stories, awkward remarks, unsolicited advice, excessive self-monitoring, physical and emotional withdrawal, getting in on the drama, and self-absorption. YAs also expressed the receipt of several forms of support that some survivors perceived to be positive and others considered to be negative. Supporters’ attempts to fulfill instrumental tasks and to spend relational time, acknowledge the survivor’s strength and wisdom, and use humor were evaluated as positive or negative depending on the frequency with which the support attempts were offered and the relationship the YA previously maintained with the intended supporter.

Due to the redefinition of social relationships precipitated by the biographical disruption of cancer, YAs and their intended supporters sometimes struggled to engage in supportive communication, which possibly served as a barrier to YAs' processes of biographical reconstruction (i.e., integrating the cancer experience into their lives in order to reclaim their pre-diagnosis "normalcy" or to achieve a "new normal") across the cancer trajectory (Corbin & Strauss, 1987). Through the identification of the normative forms of support that emerged in YA cancer survivors' narrative accounts of their cancer experience, our findings extend interpersonal communication theory into a previously unexplored, unique, age-defined context. By employing a normative, message-centered perspective to the study of social support, our findings provide insight into how and why enacted support messages (and not only what was communicated) were uniquely received by YA cancer survivors as successful or unsuccessful, helpful or unhelpful in coping with their illness (Goldsmith, 2004; Goldsmith et al., 2006).

These findings may also be used practically to inform the development and evaluation of future age-specific communication interventions, educational programs, and online informational resources that can assist YA survivors in maintaining altered relationships with members of their social networks, which can facilitate higher quality of life and, ultimately, improve health outcomes in this population (AYAOPRG, 2006; Donovan-Kicken et al., 2012; Miller & Hefner, 2012). Findings can also be used to provide social network members of all types with better information about how to become more sensitive to YAs' support preferences and to encourage YAs to feel empowered to voice their support preferences to others in an effective manner (Scott et al., 2011).

Comparing the effectiveness of “individual-loss” and “family-loss” messages in promoting mammography

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Abstract

Rationale: Mammography is one of the most effective screening tests to reduce breast cancer mortality (Mandelblatt et al., 2009). In 2010, however, up to 30% of American women aged 50 to 74 did not have the screening over the past two years (Centers for Disease Control and Prevention [CDC], 2013). Loss frames have been recommended for promoting behaviors that lead to detection of health risks such as getting a mammogram (Banks, 1995); however, within the category of loss frames, little is known about the effects of messages about different types of loss on intentions and emotions.

In 1991, Minnesota Department of Health launched Sage, a program that provides free breast and cervical cancer screening to under- and un-insured women in Minnesota. In 2002, materials were developed through a large-scale randomized controlled trial (Slater et al., 2005) to promote mammography utilization. The present study compared effectiveness of two loss-frame messages that were derived from direct mail intervention materials that have been used by Sage for about 10 years. These materials emulated Sage’s graphics, text, and loss-frame messages, but some specific elements were changed to enable comparison of individual-loss to family-loss themes. The study contributes to the literature by examining effects of these messages on women’s intention to get a mammogram, intention to talk about getting a mammogram, and negative emotions such as sadness.

Method: Two hundred females were recruited from Amazon’s Mechanical Turk and were randomly assigned to view either the individual-loss or family-loss message. The individual-loss message highlighted negative outcome imposed on the woman herself, e.g. loss of her life, whereas the family-loss message focused on the negative consequences on family members, e.g. loss of the mother and various impacts attached to that loss. Participants then completed a questionnaire assessing the aforementioned outcomes as well as potential moderators including number of children living in the family, age of the youngest child, and women’s marital status.

Results: After controlling for confounders, multiple regression revealed no significant difference in intention to get or talk about a mammogram between the two groups. However, the family-loss message induced significantly more sadness compared to the individual-loss message. Moderating effect analysis revealed that family-loss message is more effective for women not living with children than those living with children. A likely explanation is that the former group has more potential for intention increase whereas the latter group always has high intention regardless of the exposure. These results may guide future design of mammogram promotion materials.

Linking Individuals' Psychobiological Motivational Traits to Attitudinal and Cognitive Perceptions in the HIV/AIDS Prevention Model

Sungwon Chung, Hark Shin Kim (Texas Tech University), Johnny V. Sparks (Central Michigan University)

Abstract

In many health promotion models, guided by such theories of behavior explanations as reasoned action and planned behavior, attitudinal (e.g., attitudes towards positive behavior) and cognitive perceptions (e.g., controllability and self-efficacy to avoid unwanted behavior) has been considered important determinants of behavioral health outcomes and lifestyles. However, there have been little research exploring the role of individuals' psychobiological motivational traits in the behavioral models. Previous studies suggest that individuals' emotional states have a strong motivational power, also associated with affective, cognitive, and behavioral domains of communication. According to the motivational activation model, all individuals have two underlying, independent motivational system activation, appetitive system (ASA) and defensive system activation (DSA). Activation rate and levels of the systems may differ according to individuals. So, they may be one of four groups with motivational trait characteristics: low ASA/low DSA, low ASA/high DSA, high ASA/low DSA, and high ASA/high DSA, which are called inactives, risk avoiders, risk takers, and coactives, respectively. Based on the theoretical perspective, the current study aims to examine how the predictor scores of behavioral health outcomes can differ among the four types of motivational trait characteristics. The findings of the study can provide valuable information for practitioners to more effectively craft their health-related messages as well as to implement their campaigns with specific types of target audiences.

Data (N = 210) were collected from undergraduate students at a large southwestern university. In a computer lab, participants completed a computer survey including questions on two attitudinal perceptions (attitudes toward usefulness of condoms and sexual satisfaction), two cognitive perceptions (perceived control and self-efficacy), behavioral intention to use condoms, and actual behavior. Then, they completed the Motivation Activation Measure (MAM), a validated measurement of ASA and DSA traits. Individuals' ASA and DSA scores were then calculated using a standardized formula.

Multiple regression analysis confirmed the four factors (attitude towards usefulness ($\beta = .338$, $p < .001$) and sexual satisfaction ($\beta = .474$, $p < .001$), perceived control ($\beta = .111$, $p < .05$), and self-efficacy ($\beta = .105$, $p < .05$)) as significant predictors of intention to use condoms, accounting for 61.5% of the variance, ($R^2 = .615$, $F(4, 205) = 81.726$, $p < .001$). The intention significantly predicted actual behavior of using condoms, accounting for 51.1% of the variance, ($R^2 = .511$, $F(1, 208) = 217.122$, $p < .001$).

The four groups of trait characteristics were divided by median scores of ASA (2.4286) and DSA (4.5000). ANOVA analyses found significant differences among groups on attitude towards usefulness ($F(3, 206) = 3.493$, $p < .05$), sexual satisfaction ($F(3, 206) = 3.979$, $p < .01$),

perceived control ($F(3, 206) = 2.294, p < .05$), intention to use condoms ($F(3, 206) = 4.702, p < .01$), and actual behavior ($F(3, 206) = 5.595, p < .01$), but showing no significant difference on self-efficacy ($F(3, 206) = 1.895, p = .131$). Post-hoc analyses found consist patterns indicating that all scores were greatest for risk avoiders (low ASA and high DSA), followed by coactives or inactives, then lowest for risk takers (high ASA and low DSA).

In conclusion, the findings of this study imply that heath communication campaigns to promote behavioral health outcomes may be more effective with risk avoiders but least effective with risk takers. Further, this study may guide future research examining the effects of emotional interventions to stimulate audiences' DSA trait (e.g., with negative content) but to simultaneously inhibit their ASA trait (e.g., positive content). The findings will be presented at the conference with more detailed information.

Evaluation of a Campaign to Promote Healthy Sleep

Kate Magsamen-Conrad (Bowling Green State University)

Abstract

Sleep is an incredibly important activity, necessary for a number of important functions including healthy brain function and emotional well-being, physical health, daytime performance and safety (NHLBI, 2012). 50% of college students report that they experience sleepiness during the day and 70% report they get insufficient sleep; irregular sleep schedules are also a problem (Hershner & Chervin, 2014). Health campaigns are important communication tools with the potential to positively affect health behaviors. Hershner and Chervin (2014) have encouraged future researchers to prioritize investigations of effective and feasible interventions that disseminate both sleep knowledge and encouragement of healthy sleep habits to college students in a timely and cost effective manner. This paper describes the creation of a health campaign by and for college students to promote healthy sleep behaviors on a mid-sized, Midwestern college campus. Results from national and campus-centric surveys informed the campaign design, as did the health belief model (HBM; Rosenstock, 1974). Data was collected across four time points, including before campaign design, immediate post, delayed post, campaign re-launch, and extended post. Initial findings support HBM propositions, for example, that perceptions of susceptibility and severity are statistically significant predictors of sleep intentions. Additionally, results indicate intention and attitude are significant predictors of self-reported average hours of sleep per night (actual behavior). Our campaign will undergo a redesign during Spring 2015 (again by college students), and the DCHC presentation will include strategic communication campaign and interactive health intervention discussion as well as longitudinal results.

Evaluating the Link Between Sleep and Stress

Kate Magsamen-Conrad (Bowling Green State University)

Abstract

Although the Centers for Disease Control and Prevention (CDC, 2013) recommends that adults sleep seven to eight hours each night, it is estimated that college students sleep less than that (Cairney, Faulkner, Arbour-Nicitopoulos, & Kwan, 2013). Studies show that irregular sleep patterns have negative effects on students' grades, reduce their ability to focus in class, and negatively affect their ability to memorize class material (Melton, Langdon & McDaniel, 2013; Orzech, Salafsky & Hamilton, 2011). Sleep is integral to a number of important functions including emotional well-being (NHLB, 2012). If sleep leads to decreased academic performance and negatively affects emotional well-being, we hypothesize that lack of sleep increases personal stress levels of college students. This article investigates the relationship between sleep and stress among students attending a mid-sized, Midwestern college, in an effort to develop a theoretically-based health campaign created by and for college students. About 30 IRB-certified student researchers participated in the design and collection of a longitudinal study assessing sleep and stress at their university (N=340 participants). Roughly 50% of these college students will continue with the project in Spring 2015, working to utilize the data collected to design and implement a theory-grounded health campaign to positively affect college students' sleep and stress. Students are guided by the lead researcher who is implementing a community-based participatory research approach (CBPR; NIH, n.d.); graduate student team leaders will also help facilitate utilizing the CBPR model. Details about the results, campaign, and theories underpinning the campaign design and initial dissemination will be discussed at the conference.

Association between College Student Stress and Coping

Kate Magsamen-Conrad (Bowling Green State University)

Abstract

Much research discusses the association between college students' stress and their substance use. Some research indicates a positive association, for example, in a survey of 1,330 students, smokers self-reported significantly more perceived stress than never-smokers (Naquin & Gilbert, 1996). However, other research indicates no association, for example, no increase in alcohol use during the week before exams (Noel & Cohen, 1997). Buick (2000) found that law students use substances to deal with the stress of attending law school, and discusses the dearth of studies addressing the relationship between the two variables. Thus, the association between college students' experience of stress and perceptions of their substance use is unclear. This study used longitudinal surveys, focus groups, interviews, and photovoice to explore the association between college student stress and coping (including substance use). The lead researcher applied a community-based participatory research (NIH, n.d.) strategy to engage "typical" college students in the research design, data collection, and analysis. Data collected by and of college students attending a mid-sized, Midwestern college informs the design and dissemination of a strategic communication campaign advocating healthy behaviors that college students may adopt to deal with stress. More specifically, the theory and data-based campaign created under the guidance of the lead researcher addresses sources of college student stress revealed through photovoice and interviews (e.g., financial stress, parking, studies, grades, work), as well as coping strategies (e.g., polydrug use, including caffeine, tobacco, marijuana, alcohol and prescription drugs such as Adderall, as well as sleep, exercise, and pets). Focus groups also identified that many coping strategies were both a "help and a hindrance."

Final Stand Up 4 Your Body

Kate Magsamen-Conrad (Bowling Green State University)

Abstract

This article details the development of a health campaign focused on preventing unwanted sexual advances that was launched on a Midwest university campus in the spring of 2014. Theories of communication privacy management (CPM; Petronio, 1991), the theory of planned behavior (TPB; Ajzen, 1991), and the stages of behavior change model (Prochaska & DiClemente, 1983) informed the campaign designed by college students to educate others on campus that everyone has the power to prevent unwanted sexual advances with prevention as the ultimate goal. The campaign is currently being updated to support the national It's On Us campaign ("It's on us," n.d.). College students enrolled in a health communication course in Spring 2014 used data from national and campus-centric to create the campaign. Students in research methods continued collecting data in Fall 2014 with an eye toward campaign enhancement and sustainability. Specifically, data was collected across four time points, including before campaign design, immediate post, delayed post, campaign re-launch, and extended post. Initial results indicate increasing self-reports of unwanted sexual advances despite campaign intervention. Undergraduate students enrolled in the Spring 2015 health communication class will use data to modify campaign elements under the direction of the lead researcher, who is employing a community-based participatory design (NIH, n.d.). The campaign construction itself is unique because of the CBPR approach. Student participants have fully embraced the design, two continuing with the project as an independent study, and three continuing after university graduation. Further, at least 50% of the students involved through research methods (a required course) are currently enrolled in the Spring 2015 health communication class (an elective). The DCHC presentation will include further discussion of interactive health intervention findings as well as longitudinal results.

“You Know the Medicine, I Know my Kid”: Taking on the Parent Advocate Role While Managing a Child’s Chronic Health Condition

Katherine A. Rafferty (University of Wisconsin-Milwaukee), Shelbie L. Sullivan (University of Wisconsin-Milwaukee)

Abstract

An increasing number of children and their families are living with a chronic illness. Approximately 20% of North American children ages 0 to 17 years are diagnosed with a chronic health condition (Boyse, Boujaoude, & Laundy, 2012; Branstetter, et al., 2008), and 13.9% of children ages 0 to 17 years have special health care needs (Children and Adolescent Health Measurement Initiative, n.d.). Advances in family experiences can extend knowledge on patient-provider care by understanding how advocacy plays a role. Parents have a significant role in the caregiving and management of a child’s chronic condition. Parents and parental surrogates are often the primary caregivers of a sick child and serve as conversational proxies (i.e., speak on behalf of the child) for their children during healthcare interactions (Goldsmith, et al., 2011). Part of the caregiving experience involves being an advocate for their child and the chronic health condition.

In order to better understand what it means to be a parental advocate, as well as examine the different communication behaviors associated with being an advocate, we conducted a thematic analysis of 33 interview transcripts with parents of children diagnosed with chronic health conditions. The children of these parents were diagnosed with various chronic health conditions, including mental illness, eating disorders, rare genetic mutations, mitochondrial disease, and cancer. Several themes emerged across the transcripts: community advocacy and education, medical team communication liaison, active researcher, and sharer of their child’s story. Across these themes, parents discussed their role as an expert caregiver and active participant in the treatment and management of their child’s health condition. Collaboration with the health care team was important, as many parents’ expressed their desire to be partners in their child’s health care (Fisher, 2001).

Understanding parents’ role and involvement in their child’s health care is important. This knowledge may be used to further develop family based interventions that improve members’ adjustment and knowledge in coping with the chronic illness (Scholten, et al., 2011; Lobato & Kao, 2002). Presently, there is a dearth of research on family based interventions when a child is diagnosed with a chronic health condition. Most interventions for children and families focus on health issues such as obesity and diabetes (Chesla, 2010). More research is needed since family-based interventions and intervention adherence are shown to positively impact improved family functioning when a child is living with a chronic illness (Chesla, 2010; Graves, et al., 2010). In addition, the parents’ psychological adjustment is a significant indicator in the health status of the sick child (Page et al., 2012; Rabineau, Mabe, & Vega, 2008; Steele et al., 2009) and affects adherence to medical treatments (Maikranz, et al., 2007; McGrady, et al., 2009; Streisand, et al., 2001).