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Julia C.M. van Weert, Mia Liza A. Austria, Camella J. Rising, Minh Hao Nguyen, Annemiek J. Linn, and Nadine Bol
In the era of patient-centered medicine, healthcare providers relinquish paternalistic authority in medical decision-making, favoring a communication model that stresses empathy, partnership, collaboration, and solidarity with patients (Eptstein & Street, 2011). Strong affective patient-provider relationships have correlated with improved health outcomes, such as patient satisfaction, compliance, medication adherence, and quality of life (Thompson, Robinson, & Brashers, 2011; Ong & Allaire, 2005; Ciechanowski, Katon, Russo, & Walker, 2001). However, few studies have examined how patient-provider solidarity serves to improve communication and promote favorable outcomes during behavior-change interventions.

Our mixed-methods study affirmed relationships between trust, solidarity, and disclosure in healthcare provider-patient relationships during a 12-month individualized dietary intervention conducted in Appalachian food deserts. We found participant trust with a dietary coach was a significant predictor of solidarity. Consistent with findings from Wheeless (1976), we found solidarity with the dietary coach was a significant predictor of disclosure. However, interpersonal variables did not predict behavior change, measured as fruit and vegetable intake, during the intervention. Qualitatively, we found participants disclosed information about financial hardship, the burden of chronic illness, family dynamics, culturally embedded beliefs, and self-reliant dietary behaviors during motivational interviews with a dietary coach. Our results suggest that perceived solidarity with a healthcare provider may serve as a precursor to engagement and depth of disclosure from patients receiving an intervention condition. Additionally, our findings contribute to research investigating interpersonal pathways to positive behavioral or health outcomes, including disclosure, in disparate populations.
HIV in Rural America: Exploring the Roles of the HIV Care Continuum and Social Support for Optimizing Care Options for PLHA

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Social support for people living with HIV in rural America remains a considerably understudied aspect of HIV/AIDS prevention. People living with HIV/AIDS (PLHA) require extensive support in order to remain in care, and reduce their viral suppression, and other disease complications. Without support, the likelihood that PLHA will refrain from or drop out of treatment options is gravely heightened, which consequently poses a significant threat for efforts to eliminate HIV as a public health issue.

By unpacking the stages of the HIV Care Continuum through an analysis of its perceived efficacy, this study examines the principal role that social support plays in a person’s likelihood to adhere to care and consequently, attain viral suppression. The Continuum was introduced as a model for the stages of treatment for people living with HIV. It monitors the stages from diagnosis through to viral suppression. However, several factors can stall progression from one stage to the other such that the number of people who attain viral suppression is significantly lower than those initially diagnosed and linked to care. The study also briefly takes into primary consideration, the role that stigma and discrimination, poverty, and geographical location can play in the control, prevention and treatment of HIV/AIDS in rural America.

Closely linked to social support available is the perceived level of significance and the type of support that is available to the subjects. The study therefore goes further to explore the subjects’ perception of the support they receive, their satisfaction with it, and its role in determining whether or not they stay in care. This is imperative in that it sheds more light on the role that the subjects’ immediate environment plays in relation to the efficacy of the Care Continuum. It also offers insightful ways of support to increase enrollment and retention throughout the various stages of the treatment.

This research again takes an interdisciplinary approach by exploring the contribution of both communication and health communication strategies to effect behavioral change. It contributes to research on HIV/AIDS health equity, and infectious disease management. It also contributes to efforts to identify strategies to control the spread of HIV by proposing efficient ways to optimize social support through the stages of the Care Continuum and consequently, facilitate an increase in the number of people who attain viral suppression.
Physicians’ Perceptions of Adolescent Obesity: An Ecological Approach

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Despite extensive efforts to combat the obesity epidemic, 19.7% of Kentucky children 10-17 years of age are overweight or obese (Robert Wood Johnson Foundation, 2011). The factors influencing obesity are complex and multi-faceted, indicating a critical need to understand the determinants of obesity from a social ecological perspective, which acknowledges multiple levels of influence rather than simply focusing on individual-level factors (Sallis, Owen, & Fisher, 2008). For the present study, physicians (n = 9) who routinely referred overweight and obese adolescents to the Kentucky Pediatric High BMI Diagnostic Clinic were recruited for one-on-one interviews to explore their perceptions of their patients’ relationships with food and barriers to adopting a healthy lifestyle. Data from the interviews was analyzed using a framework analysis methodology, which is a qualitative method of successive, inductive inquiry (Ritchie & Spencer, 1994). Although physicians recognized barriers and influences within the patient-provider interaction, they also pointed to outside factors that hinder their patients’ ability to adopt a healthy lifestyle. Key findings include varied perceptions of (a) their role as providers (e.g., limited time with patients), (b) the parent’s role in their child’s health (e.g., negative role modeling), (c) the need for additional parent and patient nutrition education (e.g., peer-to-peer programs), (d) barriers to accessing resources for creating a healthier lifestyle (e.g., cost of healthy foods), (e) policy issues (e.g., insurance coverage), (f) the need for involvement with outside organizations (e.g., global approach for community planning), and (g) cultural factors that influence patients’ lifestyles (e.g., sedentary culture). The physicians communicated their personal frustrations with helping obese patients, yet seemed optimistic when offering suggestions for health promotion initiatives and community efforts to promote healthier lifestyles among obese adolescents and their parents. Findings from this study offer new insights into factors influencing childhood obesity and provide a clear focus for subsequent studies to contribute to the development of new interventions and policies designed to curb obesity among this population.
On the tenth anniversary of the Food and Drug Administration’s (FDA) approval of Gardasil, media coverage about human papilloma virus (HPV) vaccination is more salient and varied than ever, yet much of the public remains uninformed or misinformed about the vaccine, which may contribute to continuing disparities in HPV vaccination coverage (e.g., Head & Cohen, 2012; Marlow, Mills, Head, & Vanderpool, 2013). In this study, television news and entertainment programming from 26 television channels in the Southeastern U.S. were monitored over a 1-year period for HPV and HPV vaccine-related content. Content analytic procedures were used to analyze the differences in the qualities of media coverage for HPV and HPV vaccination from which we discovered three primary findings. First, there exists clear stigma associated with HPV, which is present in stories of the protagonist and the victim, the promiscuous female versus the sexually liberated male, and chastity-driven objections to HPV vaccination. These stories are most salient in popular television shows. Second, news media coverage included the presentation of scientific discovery and concerns about the safety and efficacy of the HPV vaccine. Finally, news programming featured varied, conflicting, and incomplete scientific information related to HPV vaccination. There are clear differences between news and popular culture channels in the communication of HPV-related messaging. These findings present unique opportunities for health communication researchers and public health professionals to inform interventions, campaigns, and advocacy for entertainment education regarding HPV and HPV vaccination.
Is it Genetics or Behavior? Perceived Causes of Disease among Patients Undergoing Genome Sequencing, Baseline Data

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Introduction: The increased use of genetic testing has raised concerns about the possibility for individuals to view health as predetermined by genetics rather than a result of individual behavior. Genetic determinism can complicate communication of prevention behaviors because individuals who believe their genes determine their health may be less likely to accept such messages and/or engage in protective behaviors (e.g., diet and exercise). The purpose of this study is to explore the relationship between beliefs about genetics as a cause of future disease and health protective behaviors among patients prior to obtaining genome sequencing.

Methods: Following IRB approval, baseline data were collected from participants upon enrollment in the Electronic Medical Records and Genomics project at Northwestern (N=836). Participants had to be a Northwestern patient 18 years or older, willing to complete a baseline questionnaire and provide a blood sample for genome sequencing, with the potential for additional follow-up. Measures included sociodemographics, health protective behaviors (assessed by frequency of daily health habits), and perceptions of the most likely cause of a future disease. Descriptive statistics and bivariate analyses were used to assess the relationship between beliefs about genetics as the most important cause of disease and health protective behaviors.

Results: Among the overall sample, 45.6% (n=381) of participants responded to questions about perceived causal attributions of future disease. Participants mean age was 53 years and the majority were white (n=313; 82.2%), non-Hispanic (n=346; 93.8%), female (n=247; 64.8%), hold a college or postgraduate degree (n=310; 81.6%), and reported a household income of at least $90,000 (n=225; 62.5%). On average, participants reported a moderately high frequency of engaging in health protective behaviors (M = 37.88, SD = 6.36), with scores ranging from 16 to 50. Of those, the majority (n=200; 84.7%) cited genetics as an important causal attribute of future disease. An independent samples t-test was conducted to compare health protective behaviors between participants who indicate genetics as a causal factor and those who do not. There was no statistically significant difference in health protective behavior scores t(225) = -0.05, p = 0.963, between participants who believe genetics is a causal factor of future disease (M = 37.67, SD = 6.43) and those who do not (M = 37.62, SD = 6.69).

Conclusion: Attributing genetics as the most important cause of future disease was not an indicator of engagement in health protective behaviors at baseline. While most participants believe future disease can be attributed to genetics, it did not impact their level of engagement in health protective behaviors. Thus, despite concerns about genetic risk, our results suggest other modifiable risk factors continue to be important aspects of persuasive prevention messages. While data presented here captures perceived causal attributions prior to genome sequencing, future data from this longitudinal study will be used to assess changes in beliefs and behaviors over time, and will help us develop health communication messages that effectively promote the adoption and continuation of health protective behaviors even among those with an identified genetic risk for disease.

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Health Communication Researchers have shown much recent interest in improving communication between Deaf patients and healthcare workers. Scholarship describes the characteristics of Deaf culture (as opposed to deafness, per se), documents problems regarding misunderstanding between patients and providers, illustrates frustrations and mistrust on the part of Deaf patients, and suggests ways for improving communication processes.

This study is a meta-analysis of research on Deaf patient and health practitioner communication published over the past twenty years. It first examines whether there was a clear “take-off” leading to a diffusion curve in published scholarship via a search of ten databases using a key word search (“deaf,” “health” and “communication” in the abstract). Over 400 articles were collected during this phase of the research.

Demonstrating that there was such a take-off point in 2004, this study then examines four further research questions: First, have the fields of study represented among publications demonstrated an increasingly wide dispersion (e.g., among fields such as communication, psychology, and education) or remained within a narrowly defined range of fields?

Second, is there a dispersion among geographical contexts addressed in the research? For example, is the research limited to just a few countries? And, within countries producing the most research (such as the U.S.), is there a diversity of regional settings examined?

Third, to what extent are differences within the Deaf community emphasized within the research? In other words, are typical markers of diversity regarding race, gender, socioeconomic class, and so forth represented, on one hand, as well as indicators of diversity specific to Deaf populations on the other? Examples of the latter include adults who grew up in speaking families vs. those who grew up with Deaf parents and people who are deaf from birth in contrast to those whose deafness is acquired later in life.

Fourth, to what extent are communication theories used to explore, explain, and predict communication with Deaf patients in healthcare settings? Which communication theories are used, and has there been an increase in the diversity of theories over time?

These four questions are addressed via content analysis using a systematic sample (n=40) of the articles collected in the first phase of the study. Initial analysis (in process) suggests that fields in which research has been published have disbursed widely since 1996, although the field of communication is under-represented. Geographic dispersion has been limited, with most research conducted in the U.S., albeit this is partly a reflection of the study’s restriction to English-language publications. Awareness of diversity within the Deaf community is highly limited, suggesting that the research has not yet reached a nuanced understanding of the population being examined. Finally, communication theories are rarely present within the scholarship, suggesting that a thorough understanding and appreciation of the complexity and richness of communication processes has not yet been embraced by scholars interested in improving communication among Deaf patients and healthcare practitioners.
Talking about Early Detection of Oral Cancer in Routine Examination: Challenges for Patient-Dentist Communication

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Oral cancer is a considerable public health problem with relatively low five-year survival rates. In 2012, more than 300,000 cases have been diagnosed worldwide (Ferlay et al., 2015). Research indicates an insufficient knowledge about this tumor and its risk factors (Patton et al., 2004). Early detection measures such as mucosal examination increase a patient’s chance of survival (Mignogna et al., 2001), but it must be assumed that it is not sufficiently practiced in routine examinations. One reason for not screening patients is that dentists are unsure about how to talk with them about oral cancer and early detection (Laronde et al., 2008). Fostering this dialogue may not only increase screening, but also contribute to raise awareness among patients (Awojobi, Newton, & Scott, 2015). Educational interventions are capable to improve dentists’ knowledge, attitudes and behaviors concerning early detection of oral cancer (Hertrampf et al., 2011); but to make these interventions more effective, a deeper understanding of the underlying cognitive mechanisms and barriers of patient-dentist communication is needed.

Therefore, we aimed to explore how dentists talk with patients about mucosal examination and oral cancer during check-ups and existing barriers for a patient-centered communication about early detection of oral cancer.

Qualitative semi-structured interviews with 24 dental practitioners were conducted in Germany in 2015. Interviews were audio-recorded, transcribed and analyzed using both inductive and deductive strategies of coding.

Results show that mucosal examination and oral cancer are rarely discussed during check-ups as long as no particular reason or indication like an oral lesion requires addressing the issue explicitly. Some dentists mention the examination as a prevention measure to emphasize their check-up quality. Three types of barriers that impede patient-doctor-communication about early detection of oral cancer revealed: Barriers related to the dentists’ self-conception: Dentists see only themselves as being in charge of early detection and do not bother to talk about the topic with the patient. Some just do not want to confuse or worry patients with too much information, especially regarding cancer. Dentists also mention patient-related barriers: Patients are supposed to be generally not interested in oral health information, and patients high at risk are perceived to avoid information about oral cancer. Finally, situation-related barriers appeared that refer to the dentists’ tough time schedule and the fact that most of the time patients spend in the dentists’ treatment rooms accounts for the examination of their oral cavity, which simply makes oral communication impossible.

Consistent with findings from the UK, patient-dentist-communication regarding oral cancer and early detection during check-ups needs to overcome significant barriers. Treating the issue as a normal part of routine examination should enhance dentist-patient-communication, reduce both the dentists’ and patients’ reservations to talk about it and finally improve early detection by raising awareness for early symptoms. Future interventions (e.g. communication trainings) for dentists should educate about patients’ informational needs and how to address the issue adequately. Further, oral health education addressing patients — e.g. via waiting room TV — should aim at reducing fears and encouraging patients to ask for mucosal examination and explanation.
The Effect of Acculturation on HPV Vaccination Behavior among Latina Women

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Background: Few studies have examined the relationship between acculturation and HPV vaccination. While existing research indicates that acculturation to the U.S. may influence HPV vaccination behavior, findings on this association have been mixed, and the factors that account for a relationship, or lack thereof, between acculturation and HPV vaccination remain unknown (1-5). Research has found that normative perceptions are a significant predictor of HPV vaccination intentions among Latinas (6, 7). Further, communication resources are central to learning about health and defining behavior norms (8). Social norms and communication resources may moderate the effect of acculturation on HPV vaccination behavior, which may explain the variability in existing findings. In the absence of interventions to reverse trends of below optimal HPV vaccination rates, ethnic disparities in HPV-related cancers may worsen (9). It is thus critical to explore how acculturation is operating in order to improve HPV vaccination uptake.

Objectives: The purpose of this study is to (1) examine how acculturation is associated with intent to vaccinate one’s daughter against HPV (vaccination intent) among Latinas; and (2) to identify whether social norms and/or communication resources moderate the effect of acculturation on vaccination intent.

Methods: 1,632 Latina participants, recruited from Los Angeles clinics and community sites, were surveyed in person. The survey was administered in English and Spanish based on participant preference. The survey assessed individual, interpersonal, and community level barriers to cervical cancer prevention practices, including compliance with HPV vaccination guidelines. Acculturation was measured using Marin and Gamba’s (1966) non-Hispanic subscale (10). Social norms were measured by asking women how many, out of 100 women like them, would vaccinate their daughter against HPV. Communication resources were assessed by asking participants how much, on a scale of 1-4, they were exposed to HPV information in the media, and, on a scale of 1-10, how much attention they paid to HPV information in the media. Vaccination intent was measured by asking how likely participants were to vaccinate their daughters against HPV, on a scale from 1-10.

Results: Acculturation and vaccination intent were not associated ($r = .011, p < .735$). Perceived HPV vaccination norm was positively associated with vaccination intent ($r = .184, p < .001$). Being exposed to information about HPV in the media ($r = .079, p < .015$) and paying attention to information about the HPV vaccine in the media ($r = .174, p < .001$) were both positively associated with vaccination intent. Acculturation and social norms interacted to affect vaccination intent, such that norms appeared to have the strongest effect among those lowly acculturated to the U.S. Media exposure did not interact with acculturation.

Discussion: The moderation effect of social norms and acculturation helps to explain the variability of existing results on the relationship between acculturation and vaccination intent. While acculturation is not independently associated with vaccination intent, the interaction between acculturation and norms affects vaccination intent. However, media exposure does not appear to interact with acculturation. Additional analyses will probe the extent to which communication resources, such as connections to local or ethnically-targeted media may relate to vaccination intent.
Let’s Move Together! Using Theory-Based Messages to Promote Family Support for Diabetes Patients’ Physical Activity

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Various studies have shown that social support in medication, nutrition and glycemic control can have a positive impact on diabetes management and health-related outcomes (Baek, Tanenbaum & Gonzalez, 2014; Mayberry & Osborn, 2012; Osborn & Egede, 2012). This should also apply for patients’ physical activity, which is strongly influenced by the social network (Ayotte, Margrett & Hicks-Patrick, 2010) and plays a crucial factor for diabetes outcomes (Warburton, Nicol & Bredin, 2006). Consequently, it could be beneficial also to encourage family members to increase the physical activity of patients with diabetes. However, most diabetes interventions are focused primarily on patients. Therefore, we examined which determinants encourage family members to support the patients’ physical activity and if theory-based messages addressing these determinants may have an impact on their supportive intention.

Risk perception, outcome expectancies and self-efficacy, have been identified as key determinants of health-related behavioral intentions for physical activity in various theories, including social cognitive theory (Bandura, 2004), theory of planned behavior (Ajzen, 1991) and health action process approach (Schwarzer, Lippke & Luszczynska, 2011). These have already been addressed successfully in interventions targeting patients. Consequently, we investigated whether these three determinants are also associated with supportive intentions of family members and can be influenced by information about risks, outcome expectancies and self-efficacy beliefs regarding physical activity in diabetes management.

An online experimental study with family members of patients with diabetes (N=309) was conducted. The intervention group saw a motivational leaflet that addressed risk awareness, outcome expectancies and self-efficacy beliefs, control group 1 was confronted with messages focusing on a person’s ability to cope with the burden of being the family member of a diabetes patient. Control group 2 did not receive any stimulus. Measures included the three suspected behavioral determinants, supportive intentions and demographic factors.

A multiple regression in the control group without a stimulus revealed outcome expectancies (\(\beta = .195, p = .019\)) and perceived self-efficacy (\(\beta = .596, p < .001\)) as significant determinants of supportive intentions, while risk perception appeared not be an important factor (\(\beta = -.059, p = .405\)). Overall, 49 percent of the variance in supportive intentions was explained (\(R^2_{adj} = .494\)).

Our intervention raised neither the supporters’ outcome expectancies nor their self-efficacy beliefs, the motivational leaflet did lead to a slightly higher risk awareness concerning diabetes and the lack of patients’ physical activity (\(F(2, 296) = 4.677, p = .010, \eta^2 = .031\)).

Our findings identified initial inferences regarding message design and effects on supportive intentions in enhancing physical activities of diabetes patients. Results are partly congruent with past research that has identified self-efficacy beliefs as a key factor for supportive intentions. Furthermore, risk communication has already shown to be effective in influencing a person’s risk awareness. Continued research is needed that clarifies the role of risk perceptions for supportive intentions and that guides effective message design in order to raise self-efficacy and outcome expectancies among patients’ families and friends who appear to be powerful predictors for supportive intentions.
“We’re All in the Same Boat”: Managing Uncertainty and Privacy Amidst the Risk of Inheriting Huntington’s Disease

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There are currently more than 6,800 known single-gene disorders affecting an estimated 25 to 30 million people in the United States (NHRGI, 2012, para. 2). Huntington’s Disease (HD) is a dominantly inherited, neurodegenerative disease that clinically affects an estimated 30,000 people in the United States, with an additional 200,000 people at a 50% risk of inheriting the disease from one parent (HDSA, 2016, para. 1). Symptoms of this incurable disease include irritability, impaired cognition, memory loss, mental disorders, involuntary, uncontrollable muscle movement, and eventual death (Oster, Shoulson, & Dorsey, 2011). Since decisions about genetic testing have been referred to as the “hard new family talk” (Marcus, 2015, para. 1), this study examined how individuals who self-identify as being at risk for HD seek to communicatively manage uncertainty (see Brashers, 2001; Mishel, 2014) and develop privacy rules (see Petronio, 2002; Petronio & Durham, 2008) regarding their genetic testing decision(s). In-depth, semi-structured interviews were conducted with 15 adults, ranging in age from 18 to 62 (M=41), whom had made testing decisions (60% tested, 40% not tested). Interviews revealed participants relied on three strategies to manage relational uncertainty: distinguishing between family insiders and outsiders, assessing family members as incipient threats, and discerning the locus of testing impact amidst familial pressure. Additionally, participants relied on three privacy rules to manage disclosure regarding these uncertainties: perceived (un)translatability of burden, expected familial patterns of disclosure, and creating (un)controllable exposure. Our findings underscore how individuals negotiate uncertainty and privacy management about genetic testing decisions against a backdrop of competing, and contradictory, individual and familial tensions. Findings also highlight the importance of augmenting uncertainty and privacy management strategies with communication coping resources designed to account for ongoing self-efficacy needs amidst family history, expectations, and challenges.
Communicating Miscarriage Diagnoses: Assessing Interns’ Patient-Centered Communication Practices

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One in every four pregnancies ends in miscarriage (i.e., pregnancy loss during the first 12 weeks of gestation; American Pregnancy Association, 2015). Research suggests that communication with a health care provider during a miscarriage affects a woman’s experience (Brann, 2015). Patient-centered communication has the potential to lessen the negative effects of a miscarriage. As Politi and Street noted (2011), providers engage in multiple communicative acts to achieve patient-centered communication in an interaction including
(a) making efforts to elicit, understand, and validate the patient’s perspective; (b) understanding the psychosocial context of the patient’s health; (c) involving the patient in care and decision making to the extent he or she needs or wants to be; (d) providing clear, understandable explanations; and (e) fostering a relationship characterized by trust and commitment. (p. 401)

To assess patient-centered communication during the diagnosis of a miscarriage, we used iterative analysis (Tracy, 2013) to qualitatively analyze 40 videotaped interactions between interns and standardized patients.

Results revealed that interns are engaging in some patient-centered communicative acts but not to the extent necessary to reap the benefits associated with patient-centered communication (e.g., empowerment, trust). At the most basic level, a patient needs to understand what is happening with her body and what options she has for managing the miscarriage she is experiencing, which may not be happening. For example, although all of the interns told the patient that she was having a miscarriage, some were not clear about what that meant. This was evident when the patient responded with questions such as, “So my baby could still be okay?” Additionally, nearly three-fourths of interns did not provide the patient with all of her management options, and only five interns attempted to assess the patient’s understanding. Thus, their explanations were incomplete and sometimes not understandable.

Nearly all of the interns assumed that the patient would be involved in deciding how to manage her miscarriage, even after providing incomplete information. They made it clear that the decision was the woman’s, and even when asked what the intern would do, the intern always reiterated that it was the patient’s choice. For example, an intern stated, “It is completely up to you. I wouldn’t want to sway you one way or another.” Although it is important to recognize the patient’s role in decision-making, the interns never elicited what patients wanted that role to be.

Finally, although interns attempted to be patient-centered by focusing on the patient’s role in decision-making (even with incomplete information), they only minimally elicited the patient’s perspective on the situation (asking about or responding to concerns, preferences, desire for others’ input, effects on daily living, etc.) and only eight provided validation for her perspective (e.g., “I think that is perfectly reasonable.”).

The push for patient-centered communication in health care interactions is widespread (Institute of Medicine, 2001), and therefore, it is imperative that interns recognize how they can more fully enact these behaviors. Utilizing the results from this study can assist in the development of effective communication skills training for interns.
Balloons, Bayer, and Blood Clots: [Mis]Communication of Risk in Birth Control Messages

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Direct to Consumer Advertising (DTCA) has flooded media channels since the Food and Drug Administration (FDA) granted pharmaceutical companies the ability to advertise medications to patients in the 1980's. This has altered the patients receive information about prescription drugs. Instead of medications being vetted and suggested by physicians, patients are requesting medications after interactions with pharmaceutical companies through advertisements. The transferrance of medications as need-based goods prescribed upon the evaluations and recommendations of experts, to preference-based goods that patients can research and request from their physicians is vital in understanding how patients perceive the risks and benefits associated with these medications. This thesis explores the role of DTCA in patient belief change and subsequent intention to take a medication with particular focus on messages of risk about birth control pills. The framework with which the study will analyze belief and intention change is Ick Ajzen's Theory of Planned Behavior. A factorial experiment will be performed to assess women's beliefs and intentions after being exposed to no message, an advertisement with a message of risk, the same advertisement without the message of risk, and a newspaper article with a message of risk. Results will be analyzed to determine which messages and background factors prompt risk salience. Future research may explore further the relationships between the types of messages of risk and their influence on patient beliefs and intentions.
Relationally Managing Weight Loss

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Previous research emphasizes the link between social support and weight loss. However, scholarship has failed to explore how family members enact support during an individual’s weight loss attempt and how participation in a weight loss program impacts family communication about dietary choices. This project examines how family members enact support for individuals in a weight loss program and how as a result of participating in a weight loss program family members renegotiate relational norms and rules regarding dietary behaviors. Thirteen individuals (n=13), eleven (11) females and two (2) males enrolled in a medically supervised weight management program journaled about their experiences over a twelve (12) week period. Analysis reveals the dual nature of social support, how families and relational partners renegotiate rules and norms regarding dietary behavior and how relational partners impact dietary choices. Theoretical and practical implications for interpersonal, family, and health communication are discussed as well as implications for weight management program practitioners.
According to National Center for Health Statistics (NCHS, 2014) figures, approximately 80% of African American women over the age of twenty are overweight or obese. African American women also report lower levels of physical activity (Ainsworth, Wilcox, Thompson, Richter, & Henderson, 2003) and cite various barriers to healthy eating and regular exercise (Joseph, Ainsworth, Keller, & Dodgson, 2015; Baruth, Sharpe, Parra-Medina, & Wilcox, 2014; Stolley et al., 2009; Whitt-Glover & Kumanyika, 2009). Unfortunately, limited research has focused on the role of social support and weight loss and/or maintenance in this population (Wolfe, 2004). Thus, the current project sought to examine the role interpersonal messages play in recipient motivations regarding exercise.

An online survey was administered to answer the hypotheses and research questions posed. Respondents were queried regarding the following: 1) receipt of a health related memorable message (Smith & Ellis, 2001; Knapp, Stohl, & Reardon, 1981); message content; and 3) perceived message intent. Participants also completed the Behavioural Regulation in Exercise Questionnaire (BREQ-2; Markland & Tobin, 2004) which measures motivation to exercise.

Most participants reported receiving a memorable health message from an interpersonal source. Many survey respondents perceived that the intent of the health message was either to serve as a reminder to embrace healthy habits or to highlight the importance of a consistent healthy regimen in facilitating weight loss and/or maintenance. Participants who received a positively or nonvalenced memorable message held more positive views regarding the importance of exercise. Research results could inform message development in health promotion efforts targeting African American women who may not be motivated to exercise.
Communication Accomodation in Maternity Care: Patient-Provider Communication in Labor and Delivery Decisions

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Background. Over 4.3 million mothers and newborns receive maternity care in the United States each year (Sakala & Corry, 2008). Childbirth is the leading reason for hospitalization yearly in the United States, with 23% of all individuals discharged from hospitals being either a mother or a newborn. The most common operating room procedure is cesarean section, and six of the fifteen most commonly performed hospital procedures are associated with childbirth (Sakala & Corry, 2008). Women may be led to believe that these medical interventions during labor and delivery are necessary without ever being properly educated, resulting in an intervention filled experience that places unnecessary risks on both mother and baby (Lothian, 2012).

While extensive research has proven the benefits of an intervention-free birth for low risk pregnancies, the rates for these interventions continues to rise. According to the Centers for Disease Control and Prevention (2014), cesarean sections in low risk pregnancies in the United States rose from 18.4% in 1997 to 32.7% in 2013. Federal regulations and guidelines state that every woman has the right to make maternity care decisions based on accurate up-to-date information (Goldberg, 2009).

Prior to giving birth, expecting mothers should be given the ability to make decisions regarding which interventions, if any, will be administered during the progression of labor. Mothers should be given this ability through a shared or informed decision-making process that occurs with their main health care provider. Despite the research that supports both shared decision-making and informed decision-making models, women undergoing maternity care are often uninformed, leaving them unable to make proper decisions. This misinformation leads to maternity patients agreeing with practitioners’ predetermined decisions and not being active decision-makers in their own care (Stevens & Miller, 2012). A possible reason for expecting mothers not taking an active role in their decision-making may be a direct result of providers under-accommodating expressed patients' needs relaying labor and delivery-related information.

Method. Semi-structured interviews were conducted with three mothers who gave birth to their first child within the past two years. Interviewees were recruited by a childbirth educator affiliated with a private university. Mothers had varied delivery experiences including delivering via cesarean, having labor induced, and giving birth vaginally with no intervention. Interview questions explored the lived experience of labor and delivery and how provider communication affected mothers' decisions to receive or not receive a medical intervention.

Results. A qualitative analysis using the constant comparison method revealed four themes related to labor and delivery decision-making: (1) patient familiarity with delivery options, (2) patient question asking, (3) perceptions of patient-centeredness in provider-patient interactions, and (4) feeling empowered versus feeling coerced.

Discussion. Patient-centered communication facilitated labor and delivery decision-making. Recurring characteristics of patient-provider interactions were identified such as appropriately accommodating or under-accommodating an expressed patient need. The results may inform medical education training for providers in maternity care, as well as patient education materials for expecting mothers.
Reducing unnecessary exposure to antibiotics is an important goal on the path to reducing incidences of dangerous antibiotic resistant infections (CDC, 2013). Recent estimates suggest that as many as 30% of all antibiotics prescribed in outpatient settings and 50% of all antibiotics for acute respiratory tract infections (ARTI) are unnecessary (Fleming-Dutra, 2016). Initial observation (IO) is a treatment approach that can reduce unnecessary use. IO involves instructions for patients to wait a given number of days, managing symptoms with over-the-counter medications, while monitoring the condition to see if it improves without antibiotics. Sometimes patients receive antibiotic prescriptions with instructions to use them if their symptoms do not improve. IO strategies are safe and can be an effective means for reducing unnecessary antibiotic use. However, physicians often forego IO and prescribe antibiotics because they expect resistance from patients who mistakenly believe that antibiotics are necessary or at least helpful, and are uncertain how to effectively address these misconceptions.

Guided by the Integrated Model ((Ajzen, 1988, 1991, Fishbein, 2000)) and Advice Response Theory (MacGeorge et al., 2016), the current study models patient response to IO, examining how patient beliefs about the effectiveness of antibiotics for treating ARTI, knowledge about antibiotic resistance (seriousness and susceptibility), and perceptions of responsibility for mitigating antibiotic resistance, predict perceived advice quality and negative emotional response, and in turn predict taking or foregoing an antibiotic after a physician advises IO.

Participants (N = 1,015) were recruited using through Qualtrics.com using quota sampling to acquire a racially, ethnically and regionally diverse sample. Participants were asked to recall their most recent experience receiving a recommendation for initial observation and for what illness. The illnesses were then coded by research personnel to identify conditions or symptoms consistent with ARTI. The remaining participants (N=433) were asked to reflect on this most recent experience while responding to questions about their response to these recommendations and their overall evaluation of the quality of the advice they received from their provider. In addition, participant’s knowledge about the utility of antibiotics for treating ARTI, the causes of antibiotic resistance, and the risks associated with antibiotic resistant infections was assessed with a series of True, False, or “I don’t know” questions. Five questions also assessed patient’s beliefs about responsibility for resolving or mitigating antibiotic resistance. Finally, participants were asked whether or not they eventually took an antibiotic for their condition.

The model showed reasonable fit, $\chi^2(\text{df} = 4, N=433) = 470.187$, SRMR = .049, RMSEA = .04, 90% CI [.03, .05]. As predicted, this model suggests that misconceptions about the benefits of antibiotics for ARTI, gaps in knowledge about antibiotic resistance, and not believing that the general public should be responsible for resolving or mitigating antibiotic resistance all led to a more negative response. In turn, the negative response to initial observation recommendations led to lower ratings of advice quality, and indirectly to more antibiotic use.
Patient-Provider Concordance, Communication Apprehension with Providers, and Willingness to Communicate Among Male College Students

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Rationale: As male college students enter young adulthood, they begin to solidify their health seeking behaviors, including whether they will continue to seek routine, general care. Researchers examining homophily posit that we are more comfortable seeking out and communicating with people who are similar to us in background and attitudes. This impacts our willingness to communicate and communication apprehension with others. Researchers have examined gender and provider preferences for female patients, but not male patients’ preferences. The purpose of this study is to explore how provider concordance influences male college students’ communication willingness and apprehension.

Method: A total of 302 male college students completed an online survey. A large majority of participants identified as Caucasian (n = 241). All participants had been to see a health care provider in the past six months and a majority of visits (n = 200) were for routine care. Male students primarily saw providers who were male (67 %) and Caucasian (91 %).

Results: A significant difference was observed between provider race and provider sex concordance (F [2, 299] = 33.54, p < .000); male students to see Caucasian male providers. Male students who preferred race concordance were significantly less likely to report communication apprehension (F [2, 299] = 9.34, p < .000), more willing to communicate with those providers (F [2, 299] = 5.15, p < .01), and more likely to see those providers as accommodating, polite, and respectful (F [2, 299] = 3.38, p < .05). Male students who preferred male providers were significantly less likely to report communication apprehension (F [2, 299] = 3.44, p < .05), more willing to communicate with those providers (F [2, 299] = 3.95, p < .05), and more likely to comply with those providers’ orders (F [2, 299] = 3.53, p < .05). A multivariate regression revealed that for communication apprehension, 12.4 % of the variance was significantly related to provider accommodation, perceived similarity to other providers, and race concordance (F [2, 299] = 8.34, p < .000). Perceived provider similarity and race concordance were significant predictors of willingness to communicate, accounting for 8.9% of the variance in that model (F [2, 299] = 5.77, p < .000).

Implications: Although many students said they did not have a preference for provider race or sex, the findings suggest that male students do prefer to see Caucasian male providers. Second, the analysis revealed that the biggest predictor of communication was provider similarity and race concordance. Male students are more comfortable talking to providers if they perceive them to be like other providers and are male providers. It is possible male students automatically default to thinking of providers as Caucasian males, further entrenching stereotypes, racism, and sexism in medicine. These findings call for a need for continued diversity in medical practice and how practitioners can encourage young males to visit providers on a regular basis, regardless of provider race or sex.
As fitness trackers become more popular and the options and ability to share your data with others becomes more common, many individuals are faced with the question of whether to share their data and how much data to share. Sharing may include competing with friends or family to encourage wearers to reach their step goals or downloading the data to share with physicians, employers, or health insurers as a war to tailor health and wellness initiatives or insurance plans. As with many technological advances, a primary concern for many individuals who use these trackers, or are asked to use them by another party, is the privacy of the data and what that data will be used for (Atienza et al., 2015; Lafky, & Horan, 2011). In particular, research shows that many individuals don’t always accurately portray their health behaviors, including physical activity and sleep, when talking to their doctors or others with whom they seek social desirability (Leary, Tchividjian, & Kraxberger, 1994; Lee & Wu, 2015; Vartanian, 2015). With this in mind, this study asked participants about their concerns with sharing information to various parties, including friends, family, and physicians, and examined those concerns to better understand the social implications of sharing fitness tracker data with others.

To understand the concerns of our participants and their reasons for not sharing data, we examined qualitative responses through the lens of impression management and self-presentation theory (Schlenker, 1975). This theory suggests that we intentionally control our self-image in social interactions to form a specific, pre-determined, perception of oneself (Schlenker, 1980). Two key elements are often examined as part of impression management – impression motivation and impression construction (Leary & Kowalski, 1990). Impression motivation refers to our reasons for a desired impression while impression construction suggests the kind of impression one wants to make and how they will go about developing it (Leary & Kowalski, 1990). Understanding impression management theory may also help us to understand the concerns our participants had with sharing their fitness tracker data with others.

Data for this study was collected in a survey of 212 individuals in the spring of 2016. The survey asked participants about their use of fitness trackers, what data they shared from their devices, and who they shared it with among other things. This study is interested in one particular component of the survey, an open-ended question that specifically asked participants what kind of data they would be concerned about sharing with any parties. An analysis of this data showed that a majority of participants were concerned about sharing private information like their weight. Many others indicated that they didn’t want others to see their step count for the day and think that they were “lazy”. While there were a number of responses that were more fully analyzed, these two items suggest a clear need for impression management on the part of the wearer. Further analysis of the data and practical applications for fitness tracker use are also discussed.
Metaphor in Patient's Narratives about their Experiences with Melanoma: A Qualitative Analysis of Melanoma Patient Blogs

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Background. Skin cancer is the most common cancer in the United States. Melanoma, the deadliest type of skin cancer, develops in the cells that produce melanin (Centers for Disease Control and Prevention, 2016). The risk of melanoma is increasing in people under 40, especially women (Mayo Clinic, 2016).

Narratives capture the complexities that cancer patients experience (Harter, Japp, & Beck, 2005). Use of metaphor in narratives provide an additional way to make sense of, give meaning to, and cope with illness (Skott, 2002). Metaphors help individuals structure abstract, emotional, or other experiences that are not clearly defined (Lakoff & Johnson, 1980). Previous research on cancer metaphors has found patients use multiple, sometimes contradictory metaphors to conceptualize their cancer experiences (Gibbs & Franks, 2002; Penson et al., 2005; Reisfield & Wilson, 2004). Thus, it is important to study the different varieties of metaphors that individuals use to describe their cancer experience.

The emergence of new communication channels such as blogs provide additional outlets to share personal narratives. Blogs are online journals that individuals maintain (Thurlow, Lengel, & Tomic, 2004). The ability to post multiple text entries, pictures, and videos enables bloggers to document their illness experience.

Method. Melanoma blogs were identified by searching an online search engine, Google, using search terms "melanoma and blogs," "melanoma patients and blogs" and "melanoma survivors and blogs." Each blog entry (text, picture, video) was treated as one unit. Criteria for inclusion of a blog entry in the study were: (1) they were written/posted by the patient, (2) the patient was a female and under 40 (based on disease trends), and (3) they referenced the patient's illness experience (e.g., issues related to diagnosis, treatment, and/or survivorship). This process yielded a total sample of 140 units (7 bloggers and 20 entries each).

Results. A qualitative analysis using the constant comparison revealed seven categories of metaphors: (1) fight against cancer, (2) competition with cancer (e.g., race), (3) cancer as a person (e.g., Mr. Cancer), (4) cancer as a location (e.g., Cancerland), (5) unpredictable nature of cancer (e.g., roller coaster), (6) positive evaluation of cancer (e.g., journey, blessing, gift), and (7) negative evaluation of cancer (e.g., dark cloud, winter, hell).

Discussion. Blogs provided an outlet to share personal narratives about the complex cancer experience. Recurring metaphors expressed by melanoma patients were identified. The results may inform development of narrative- and metaphor-based communication, particularly in maintaining realism, as well as identifying additional communication channels for educating the public.
Promoting Preteen HPV Vaccination through Primary Care Settings

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Background: Patient-centered communication (PCC) promotes mutuality, shared understanding, and shared-decision making. Our communication intervention, Protect Them, aims to eliminate the lag in preteen human papillomavirus (HPV) vaccination in the US by enabling 11-12 year old patients to understand its importance and participate in the decision to be vaccinated. We partner with primary care settings by fostering preteen-informed dialogue on HPV. Wave 1 of 3 in the study involved 12 primary care practices that used brochures, posters, a video game for preteens and an interactive online training for providers to promote discussion amongst parents, preteens and providers. The objective of this presentation is to describe our study’s clinical setting characteristics that could foster an environment conducive to maximizing preteen patients’ dialogue in decision-making about HPV vaccination.

Methods: From 176 North Carolina Immunization Registry primary care practices, 57 were contacted from a random ordered list to participate in the Protect Them study. Eligibility included having at least 100 patients, ages 11-12, who had not yet initiated vaccination against HPV. In 2016, practice champions for the 12 practices enrolled in Wave 1 were interviewed, for 30 minutes via telephone, regarding their decision to participate in and their implementation of the Protect Them study. Questions included compatibility of the program with clinical practice priorities and with parent/patient expectations of service, anticipated challenges, and perceived success of the intervention within their practice. Interviews were transcribed and analyzed based on selected constructs from the Consolidated Framework for Implementation Research (CFIR) that correlated with study goals. The CFIR constructs used in our study relevant to patient-centered communication included compatibility, adaptability, network & communication, leadership engagement, and learning climate.

Findings: For context, enrolled practices included nine pediatric, two family medicine, one multispecialty and a county health department; ten were privately owned and two were part of a larger health care system. The number of providers per practice ranged from 1 to 24. Our thematic analysis of interview transcripts yielded insight on characteristics of primary care practices that could support an environment conducive to centering communication on preteen patients. For example, practices that identified preventative medicine exams or HPV vaccination as a priority, previous experience in research studies, support among clinic staff, leadership commitment and a climate that fosters innovative approaches are cited in the interviews.

Conclusion: Protect Them study materials enhancing preteen centered patient communication about medical decisions affecting them are potentially acceptable to primary care practices as a strategy to increase HPV vaccination amongst this population. Waves 2 and 3 of the study will continue evaluating the effect of study materials with the goal of disseminating these communication tools nationwide.
Examining the Stigmatized Decision-Making Process of Cochlear Implantation

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With technological advances, there is an increase of cochlear implants in the U.S., which heightens the existing controversy about cochlear implants in the d/Deaf community. The ‘d’eafl community, which tends to be more pro-cochlear implant believes that the implant is advantageous, and the ‘D’eafl community, which tends to be more critical about the cochlear implant believes that cochlear implants represent a form of cultural ethnocide (Apicella, 1994; Brauer, 1993; Sparrow, 2010). Exploring this tension of conflicting perspectives is imperative to understanding the pressures that parents face when undergoing the decision-making process of getting cochlear implantation for their child(ren) or not, especially because these children cannot make the decision for themselves. Extant research has focused on the outcomes and effectiveness of cochlear implants (e.g., Thoughtenhoofd et al., 2005), as well as the clinical, ethical, and cultural ramifications of undergoing this risky and oftentimes stigmatized surgery (e.g., Kluwin & Stewart, 2000). However, there is less attention on how parents of d/Deaf children undergo this decision-making process as well as the social and communicative components leading up to this decision. This present study is dedicated to examining a) which information sources parents seek and value, b) what factors parents consider, c) what personal experiences they have with stigma that may or may not affect the perception of information, and d) to what extent parents’ communities and networks influence their decision-making. Combined, these will provide a lens through which we understand the factors that enter into the process, each of which comes with a set of unique pressures, norms, motivations, and perspectives.

To understand the dynamic experiences that parents undergo to make decisions regarding cochlear implants for their child(ren), we conducted in-depth semi-structured interviews with 33 parents. Interviews were digitally recorded, transcribed verbatim, and imported into Dedoose, a qualitative data analysis tool. We coded the interviews using a thematic analysis approach, a three-step process of open coding, axial coding, and selective coding, to identify key mechanisms. Results illuminated that a) parents seek out both medical and personal opinions/experiences equally, but other parents’ experiences are weighed heavily in their own decision, b) parents clearly consider physiological factors when making the decision, but other prevalent and influential factors include outcome expectations, group identity of child(ren) in the future, and injunctive norms of what community the parent and child(ren) live in, c) personal experiences with stigma in the d/Deaf community affect parents against cochlear implantation for their child(ren), and d) parents’ networks affect the decision for cochlear implant differently for ‘d’eafl and ‘D’eafl communities.

This study provides insights to mechanisms influencing decision-making, especially in the context of risky medical decisions with long-term implications. The emergent themes from the results validate theories of normative social behavior and stigma frameworks. With thorough information provision processes, delineation of addressing parent’s concerns, and encompassing all aspects of the decision (i.e. social, cultural, etc.), this study can help guide health teams to reduce the uncertainty and anxiety for parents in this decision-making process.
Effects of Drug-Prevention Messages on Behavioral Willingness to Engage in Risky Behaviors through Self-Concept Activation

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Introduction: Behavioral willingness is a key concept in a growing body of research that emphasizes the non-deliberative and non-intentional nature of engagement in risky behaviors when the environment is conducive. In this study, we examine the effects of drug prevention messages on behavioral willingness to use marijuana and alcohol. Further, we examine whether the effects of prevention messages on behavioral willingness are mediated or moderated through activation of nonuser self-concept.

Methods: We recruited 113 participants from a public university and randomly assigned them to four experimental conditions (i.e., autonomy-theme prevention advertisements, informational-theme advertisements, neutral consumer advertisements, and no exposure). Participants answered demographic and control questions (e.g., media use), completed a practice baseline reaction-time task, viewed advertisements according to experimental condition assignment, and finally completed behavioral willingness measures. Behavioral willingness measures are scenario based questions (e.g., Suppose you were with friends and one of them offered you a joint. What would you do? I would smoke until I was high) where participants responded “yes” or “no” as quickly as possible and their responses were recorded in milliseconds. Reaction time measures capture a person’s gut reaction to each scenario that might not be captured in self-report measures.

Preliminary Results: We found a main effect for exposure to drug prevention messages on behavioral willingness to drink hard liquor (F = 2.79, p = 0.04). Post hoc analyses show that participants exposed to autonomy-themed prevention advertisements had faster reaction times to the hard liquor scenario compared to informational-themed advertisements (p = 0.03) and consumer advertisements (p = 0.008).

Next steps in our analysis plan include examining the effects of exposure to prevention messages on behavioral willingness reaction time separately for “yes” vs. “no” responses. We will also examine the effects of exposure on nonuser self-concept activation (i.e., drunk, druggie, and pothead) and conduct mediation and moderation analyses using PROCESS macro with these three use/nonuse self-concepts to understand the mechanisms through which drug prevention messages affect behaviors.

Implications of this work include creating effective drug prevention messages especially for college-aged students to curb their engagement in risky behaviors.
Smoking is the leading cause of preventable death (Samet, 2013). The majority of current smokers want to quit (CDC, 2011), indicating a ready audience for cessation tools. Because of the high rate of smartphone ownership (Anderson, 2015), an approach that is attracting interest is the use of phone apps to deliver information and messages that are tailored to the individual. Although numerous apps have been tested (see review by Abroms et al., 2013), there has not yet been an app that is linked with automatically-collected, individual-behavioral data, similar to the data provided by fitness trackers. If successful, this type of system would present unsurpassed opportunities for message tailoring. Tailoring improves cessation interventions (Noar, 2011) and exemplifies a patient-centered approach, consistent with the conference theme.

We present work-in-progress to test a prototype of such a system. The Nicotrax Trackpack links an app with the first "smart" cigarette case developed as a cessation tool. When a user removes a cigarette, the case logs information (time and location) and sends it to the user's smartphone via Bluetooth technology. The app can then display progress toward goal and can send messages from a library. Because the case differentiates the tool from others, a key question for the development team is whether users are willing to carry a case, and the potential benefits/burdens entailed.

We recruited adult smartphone owners who were trying to quit to participate in a usability test of the Trackpack technology. In an initial session, participants received the case and linked it to the downloaded app on their phones. Participants were instructed to use the case/app for two weeks with the goal to reduce consumption by one-quarter, then reconvene for a focus group to discuss experiences. Nine people attended the initial session, and seven returned for the focus group. Of these seven, five were male. Age range was 19 to 60 (M=30.43). The 90-minute focus group was audio-recorded.

Initial findings indicate that participants liked the concept of the case but found the current form (hard plastic designed to fit the number of cigarettes in a standard pack) to be too large; participants suggested it should be redesigned to fit only half a pack. Because some participants experienced technical issues maintaining the link between case and phone, the case was of limited value to some. The app, which allowed manual tracking, was viewed as more useful and was also the only way to track cigarettes obtained from outside the case. Participants suggested customization options for the app, such as allowing for user-selected motivational resources. Overall, participants felt that the case was viable with improvements. When asked to suggest a price they would be willing to pay for improved technology, suggestions ranged from $15 to $60. Future research will test updated versions, with the ultimate goal of developing an evidence-based cessation tool to be formally assessed in trial. This initial exploration is the first step in that process and also introduces the "smart" case concept to the growing field of mHealth cessation.
Wargaming Welfare: Testing the Viability of a Preventive Health Information Service for Chilean Seniors

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Planning a complex health communication intervention can be challenging enough as to be called a “wicked problem” (Lefebvre, 2013), like fostering health prevention among seniors in Chile. Chileans aged more than 60 will be 20% of the population in 2025 due to a combination of longer life expectancies and falling birth rates, a growth unmatched by a health system focused on curing younger people (CASEN 2013, 2014; Godoy et al., 2015; MINSAL et al, 2011; SENAMA 2012, 2014). This is a highly heterogeneous group largely underserved by the health systems and ignored –if not stigmatized- by the media and decision makers (Godoy et al., 2015). Only recently it has begun to be properly studied and considered by policymakers- thus, a national policy for ageing was set up until 2025 which included the creation of a special governmental agency SENAMA (SENAMA, op. cit.).

Nevertheless, addressing this population to foster sustainable healthy behaviors is highly complex. Models such social determinants of health (Woolf. & Braveman, 2011; Institute of Medicine, 2003; Schiavo, 2014) suggest that welfare depends on many factors outside each individual’s sphere of control –such as legislation, urban infrastructure, access to proper food and medical services-, and so require a complex network of resources and institutional alliances to sustain the sought-after behavioral changes (Du Pre, 2014; Schiavo, op. cit.; Thomson et al., 2011). Aside from that, there are all the specificities of dealing with ageing populations and their comparatively difficult relationship with digital communication technologies that are increasingly pervasive (Agudo, 2012; Alonso, 2011; Bermejo, 2010; Bermejo, 2012).

This work deals with an exploratory attempt to apply competitive intelligence techniques to devise the likely future performance of a complex health communication intervention requiring sustainable institutional partnerships (Fondes 2013; Godoy et al., op. cit.; VRI/PUC, 2013). Wargaming in particular (Fleisher & Bensoussan 2007; Gilad, 2009; Oriesek & J. Schwarz, 2008) helped outline options for a hypothetical preventive health communication service for Chilean seniors to be deployed in a 3-5 year future scenario. An online prototype was previously tested with a purposive sample of seniors during a three-month period (Condeza et al., 2016). Aside from an in-depth study of the main health challenges faced by seniors, the exercise required structured role-playing exchanges around two alternative deployment strategies, a for-profit and a non-profit one. The main conclusions were that (a) the service ought to be paid by a third party; (b) the media could be partners to increase reach and impact; (c) the service should have a regional orientation; (d) companies could financially support the service by means of CSR, and (e) the procedure was replicable to visualize real-life scenarios for complex interventions in health communication.
Online Media as a Viable Platform for Communicating Health Information for the Teenage Girl in Trinidad and Tobago

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Previous research established that teenagers feel more comfortable researching health information online than asking a doctor (Stern and Willis, 2007). Research conducted by Gray, Klein, Noyce, Sesselberg, and Cantriw (2005) also found that the Internet was most teens primary source for researching health information, and girls were more likely than boys to search for health information online. Lenhart et al. (2005) found that 22% of online teens used the Internet to search topics such as depression, drug use, and sexual health; these topics are often considered difficult or uncomfortable to discuss with adults. Because health information is so readily available on the Internet, the communication of health issues for the teenage patient has shifted platforms.

Using Kenneth Burke’s notion of equipment for living as the theoretical framework, we explain how teenage girls in Trinidad and Tobago use online media as a means to understand and cope with health situations that occur in their lives, instead of communicating with a doctor or qualified adult. Via questionnaires and focus groups, and the application of the theoretical framework, we discovered that the representative anecdote of addressing uncertainty was the main reason teenage girls prefer to use online media for their health resource, rather than asking a medical professional or qualified adult. These results give way to further research of acknowledging the shifting platforms for communicating health information to teenage girls.
Does the Internet Help? A Meta-Analysis of the Effects of Internet Supplemented Health Campaigns on Behavior Change in the U.S.

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Public health campaigns are an effective way to promote behavior change among the general population (Atkin & Rice, 2013). In previous literature (e.g., Snyder, Hamilton, Mitchell, Kiwanuka-Tondo, Fleming-Milici, & Proctor, 2004), health communication campaigns, in general, have been found to have small but significant effects on health behavior. Since those studies, the landscape of health campaigns has changed significantly with the introduction of residential Internet. The extensive access to the Internet renders it an effective and valuable tool for disseminating health campaign messages (Lieberman, 2013). Thus, the purpose of this study is threefold. First, using a meta-analysis, we seek to estimate the average effect of health campaigns that use the Internet as a supplementary tool on behavior change. Second, using meta-regression analysis, we examine the effects of campaign components including formative research, target behavior, behavioral goal and addictiveness, and theoretical foundation, on campaign effect size. Third, we compare the average effect size of Internet supplemented health campaigns to mass media based health campaigns.

In March 2016, we conducted the search using seven databases including CMMC, CINAHL, PubMed, PsycInfo, ERIC, Medline, and Web of Science. The search process yielded 2,491 studies for eligibility. These studies needed to be (a) peer-reviewed journal articles that presented evaluation on (b) Internet supplemented health (c) campaigns on (d) behavior change in the (e) United States. Of the last qualified 23 studies met aforementioned five criteria, 3 studies did not report the necessary statistics to calculate the effect, so they were excluded from the meta-analysis. The final meta-analysis included 16 campaigns across 20 studies, with a total number of respondents of 111,923.

Overall, Internet supplemented campaigns had a significant but small average effect size ($d_+ = 0.23, 95\% CI = 0.17$ to $0.29, k = 20$) on target behavior. Results of the meta-regression analysis showed that presence of formative research had no significant effect on the campaign effect size, but these effect sizes were significantly different on the basis of target health behavior. Campaigns promoting adoption behaviors had a significantly larger effect size ($p < .05$) than those promoting cessation but not a significantly different ($p = .88$) effect size than those promoting prevention behavior. Campaigns targeting non-addictive behaviors had a significantly larger average effect size than those targeting addictive.

Moreover, the results showed that theory-grounded campaigns had significantly larger effect sizes ($p < .01$) than campaigns that were not theory grounded. Using results of Snyder et al.’s meta-analysis (2004) as the comparison, the current study found that Internet supplemented campaigns($d = 0.23, 95\% CI = 0.17$-$0.30, k = 20$) had significantly larger effect sizes ($p < .05$) than mass media only campaigns.

This research study offers empirical evidences of the effectiveness of Internet supplemented health communication campaigns. The results of the current meta-analysis highlight the importance of theoretical foundations in health communication campaigns. More importantly, the findings of this meta-analysis show that Internet supplemented campaigns were overall more effective than health communication campaigns that were only delivered via traditional media, such as TV, newspapers, or posters.
Disclosure, Trust, and Prenatal Care: The Trust-Attraction Hypothesis in Obstetric Nurse-Patient Communication

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In this study, we are examining disclosure processes in the history taking, education and counseling, and other interactions between pregnant women and nurses during prenatal visits. By recruiting nurses specializing in the field of obstetrics for participation in one-on-one, semi-structured interviews, the purpose of this study is to understand how these nurses use communication behaviors and strategies to gain patient trust and elicit patient self-disclosures.

As part of Joint Commission requirements, during these visits, providers ask patients to disclose information regarding sexual history, smoking cessation, substance abuse cessation, and diet and exercise behaviors (The Joint Commission, 2016; Vanderbilt University Medical Center, 2006). But there may be additional circumstances relevant to effective prenatal care that the patient is reluctant to discuss, including the pregnancy being unplanned, rape, addiction, or lack of a social support network. For example, 49% of pregnancies are unplanned (Centers for Disease Control and Prevention, 2015), which is a highly personal topic of disclosure (Matthews, Derlega, & Morrow, 2006). Nurses and other providers may face challenges in facilitating the patient’s self-disclosure of these types of sensitive information.

The American College of Obstetricians and Gynecologists advocates the use of patient-centered interviewing, caring communication, and shared decision-making as a means of improving patient-provider communication (American College of Obstetricians and Gynecologists, 2014). This includes the use of communication behaviors that foster trust between patient and provider, as well as elicit narratives or stories that describe symptoms and provide personal and emotional context (American College of Obstetricians and Gynecologists, 2014). Therefore, this study is framed with the Trust-Attraction Hypothesis, which holds that disclosure of intimate information indicates liking or trust. This can in turn prompt disclosure from the recipient, indicating liking and a willingness to trust the original discloser (Tardy, & Dindia, 2006). As such, the Trust-Attraction Hypothesis can help guide our understanding of the role nurses’ communication behaviors play in facilitating self-disclosure on the part of the patient.

The present study represents the first exploratory step in a larger research agenda that seeks to understand the nature of disclosure within the context of prenatal discussions between patients and health care providers. Applying the theoretical framework of Trust-Attraction Hypothesis within the context of prenatal assessments, the following research questions are explored:

RQ1: How do obstetric nurses encourage patient disclosure of intimate or sensitive information?
RQ2: What behaviors do obstetric nurses perform to communicate trust and liking of the patient?

The goal of this agenda is to contribute to both theory and practice by developing a theoretically based communication protocol that helps guide therapeutic conversations to encourage patient narratives and self-disclosure.
Senior Sorority Sisters: End-of-life Decision Making and Assisted Living

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End-of-life communication research to date largely explores the role of family members and physicians as facilitators of end-of-life conversations. However, recent trends in long-term care suggest that conversations about end-of-life decisions may be more likely to occur amongst older adults themselves. According to the Centers for Disease Control and Prevention, assisted living (AL) communities account for 45.1% of all long-term care providers in the United States (Centers for Disease Control and Prevention, 2014), and women make up 74% of all AL residents. The purpose of the present study is to develop normative theory (Goldsmith, 2004) regarding end-of-life communication among women in an AL community. Interviews are currently being conducted with 50 female AL residents, ages 55-88, residing in an all-female AL facility. In addition, each participant is also asked to participate in a 20-item survey assessing their perceived individual stress (Cohen, 1988) and perceived relational closeness with members inside the facility (Dibble, Levine, & Park, 2012). The following research questions guide this research. (RQ1): How have conversations with other women in the community facilitated/impeded action to formalize end-of-life preferences (e.g. creating/editing a will, setting up advanced directives)? (RQ2) In general, what topics related to end-of-life planning are women most likely to discuss or avoid? (RQ3) In what context are women most likely to talk about end-of-life decisions? (RQ4) In what ways do perceived stress and relational closeness impact conversations about end-of-life decision making. This research seeks to advance scholarly understanding of end-of-life communication outside of the family and physician context. Analyses will focus on identifying opportunities for quality end-of-life communication intervention within AL communities.
Evaluating the Relationship Between Quality of Patient-Centered Care and Perceived Patient Satisfaction at Wake Forest University

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This study aimed to assess the relationship between different dimensions of quality of patient-centered care (PCC) and patient’s perceived satisfaction at Wake Forest University’s student health service. Wake Forest University students (N = 58) completed an online survey that assessed dimensions related to qualities of PCC, including quality of provider communication, quality of access to care/timeliness, and quality of staff/care coordination and their relationship to patient’s perceived satisfaction, with sex, race, and age serving as moderating variables. Results showed there is a significant negative relationship between qualities of PCC, and patient’s perceived satisfaction where sex, race, and age are not significant moderating variables. The discussion highlights the gaps in the literature as it pertains to health communication in a university setting as well as suggests potential avenues for future study.
Treading Lightly: Indirect Speech and the Enactment of Patient-Centered Communication

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In this presentation, I outline how Nurse Practitioners (NPs) utilize indirect speech to convey medical advice and critique patient’s past behavior, focusing on how these linguistic choices contribute to the enactment of the patient-centered approach by allowing for the negotiation of treatment and an avoidance of “negative talk” (Roter & Hall, 1992: 82).

Indirect speech, or indirectness, broadly speaking, is speech in which the literal meaning of the utterance does not match the speaker’s intended meaning and/or the hearer’s interpretation. A request for salt, for example, that comes in the form of a question rather than an imperative (i.e. ‘can you pass the salt?’ or ‘where is the salt?’) illustrates how an utterance make have an intended meaning and interpretation that differs from the literal meaning. Indirect speech can be understood as existing along a continuum between more direct, conventionalized expressions (i.e. ‘can you pass the salt?’), where the intended meaning is fairly obvious, to less direct ‘off-record’ speech, in which the speaker’s intention may by obscured (i.e. ‘the soup is bland’ as request for salt). Indirectness is an important facet of everyday communication but has been understudied in health-care settings with only a few studies addressing this topic, namely Parry’s (2005) work on physiotherapy visits and Benkendorf and colleagues’ (2001) study on indirectness in genetic counseling sessions. This study focuses on the use of indirectness in primary care visits and how providers may rely on indirect speech as one strategy to enact the patient-centered approach.

Data for this presentation come from audio-recordings of primary care visits between NPs and patients at an outpatient clinic as well as post-visit interviews with patients on their impressions of the NP’s communicative style. A total of 20 visits with four NPs were collected. I argue that NPs use indirect speech to soften the force of their medical advice and negotiate treatment with patients. Drawing on concepts from politeness research, I illustrate how the use of mitigation and off-record indirectness allows NPs to communicate their advice based on knowledge, experience and evidence-based medicine while still leaving open the possibility of negotiation of treatment and avoidance of ‘face-threats’ to patients. By being less direct, the NPs in this study risk patients not getting their intended meaning; however, as Schneider argues, indirectness facilitates “the management of interpersonal relations” (2010: 255). Therefore, the choice to be less direct seems to stem from a desire to create positive provider-patient relationships and a prioritization of this over clarity of advice and/or patient education. Post-visit interviews with patients confirm this uptake on the part of the patients as they specifically comment on the NPs’ ‘subtlety’ and encouragement rather than being ‘pushy’ and authoritative.

Studying the use of indirectness is essential in understanding how particular aspects of the patient-centered approach are enacted through linguistic means. Furthermore, attention to the fine-grained linguistic choices utilized in medical visits can shed light on how providers create relationships with patients and can inform our overall understanding of medical interactions.
Acute coronary syndrome (ACS) is an umbrella term for events that cause blockage of the blood supply to the heart (i.e., heart attack, unstable angina). Researchers study separate ACS types but often overlook similarities that might lead to broader recovery approaches that might benefit larger patient populations more efficiently. Patients discharged from the hospital after ACS treatment face many changes in lifestyle and medical treatment – and changes in identity. Patients are often unprepared for the transition from inpatient to outpatient care because they rely on recommendations made during limited office visits with primary care physicians and cardiologists. Without supportive social networks, these recommendations may not be sufficiently reinforced during the prolonged intervals between those visits. Likewise, research on the therapeutic potential of narrative reframing suggests that the aforementioned social networks can serve as important characters in the process of adapting to life after illness. To assist patients with a complex disease such as ACS, health care systems are developing programs to support effective use of available resources in post-discharge care. As storytelling creatures – “homo narrans,” to borrow Walter Fisher’s label, we affect (and effect) our social worlds through the narrative framing of our experiences. In the years since Fisher developed the narrative paradigm, scholars have acknowledged the utility of narrative as a means of sensemaking in the wake of serious illness. Building from the narrative paradigm and extant work on illness narratives, the present study uses data gathered from part of the Transitions, Risks, and Actions in Coronary Events Center for Outcomes Research and Education (TRACE-CORE) project (an endeavor sponsored by the NIH’s National Heart, Lung, and Blood Institute). Researchers gathered qualitative data and analyzed the narrative elements contained therein. Researchers gathered data from focus group interviews with thirteen patients and caregivers. After obtaining informed consent from participants, the group facilitator strategically began interviews with questions about the discharge experience and subsequent transitions, memorable post-discharge actions, and reflections on the current research topic (the TRACE-CORE project). The group facilitator directed conversation toward suggestions for proposed interventions to assist in post-discharge transitions, including a nurse navigator program and a paraprofessional/lay health navigator program. Focus group interviews yielded accounts of the care transition experience of ACS patients. Interviews also provided insight into what patients and caregivers think about ideas for programs to facilitate the transition from hospital to home. In general, findings confirm prior work on the importance of supportive characters in the effort to create a therapeutic narrative account and the necessity of generating a sense of mastery over the illness as part of the healing and recovery processes. Participants expressed the need for a nurse and/or paraprofessional program designed to help patients adjust to the attendant changes of ACS by (a) increasing patient health literacy, (b) helping the patient set attainable goals, (c) providing tangible social support, and (d) providing emotional support to help patients make healthy choices (e.g., exercise, smoking cessation) and counter depression.
Malays make up 13.4% of the population in Singapore. The community is the only group that has a greater youth population than its Chinese and Indian counterparts, with the median age at 31.4, a stark contrast to other communities that are at 37.4, indicating a burgeoning youth population within the community. The community suffers from a lower than average socioeconomic status and are lagging in education, income, and labour force participation. The media has stigmatized Malays as suffering from poor health (24% of the population fall under the obese category), claiming that Malays in Singapore have the highest risk of cardiovascular disease. Yet, the group is least active in getting screened or seeking treatment. This study began by using the cultured-centered approach (CCA) to first understand meanings of heart health among the Malay community thorough ethnographic interviews with over 62 Malay households to elicit more meaningful insights on community needs pertaining to heart health. Following the same principles of the CCA, we worked with over 30 community members in focus groups and advisory board sessions to design a Malay-centered heart health intervention after feeding our ethnographic analysis into these sessions, to effectively design an intervention that met the needs of the community. ‘Healing Our Hearts’ was a campaign designed by community members for community members, which included a series of interventions. “Malay is food” was a powerful and important articulation by community members in the intervention design. Ethnic Malay food was seen as central to their ways of knowing and being. Thus, community members reiterated that the focus cannot be on displacing ethnic diets, but working through ethnic diets to solve the heart health crisis. We then engaged with dieticians and nutritionists in the community to re-produce Malay recipes that were heart healthy, without losing the essence of the cuisine. Stress, was another articulation by the community in the worsening heart health epidemic of the Malays. Again, the community's focus on solving issues of stress were through creating religiously centred financial management and stress coping sessions using local community leaders as instructors. To conclude, in a period of 3 months, the Malay community in a district in Singapore received a series of interventions targeted to the community that center culturally meaningful and structurally impactful interventions that can be useful if adopted at a national level to solve the heart health crisis. Through engagements with the culture-centered approach (CCA) in the constitution of meanings pertaining to health and illness within these community sites, the paper presented will discuss the future praxis of health intervention research in communication that centre community engagements. Theoretically, this project focuses on understanding how culture interlaces with structure and agency of communities to build effective interventions (Dutta, & Souza, 2008). The focus will be on unpacking how interventions can be effective when grounded-up methods are adopted that ethnographically engage with community groups and centre them as problem identifiers and as solution providers in intervention design.
Applying the Communication Theory of Identity to Family Caregivers of Cancer Patients

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As birth rates are dropping and the proportion of older adults needing care is increasing, the United States is approaching a “caregiving crisis” (Rosalynn Carter Institute, 2010); family caregivers may not be equipped to meet the growing needs of an aging population, many of whom wish to age at home for as long as possible. The goal of this study was to understand how caregivers of cancer patients establish and manage their identity as caregivers along with their existing identities. The communication theory of identity (CTI; Hecht, 2002) provided the theoretical perspective for analyzing the open-ended interviews with ten family caregivers. Their narratives both confirmed and expanded the lens of CTI, providing important insight that can be leveraged in supportive interventions for future caregivers. For example, whereas the findings here supported previous CTI research (e.g., Jung, 2011; Jung & Hecht, 2009; Kam & Hecht, 2009), the transcripts also revealed identity gaps that have not been previously discussed. We found occasions where two of the same identity frames were in conflict. The interpenetration of identity frames was frequently evident in the caregiver narratives, suggesting the need to help caregivers untangle these complex and interdependent experiences. In instances where we noted the presence of three concurrent identity frames, the enacted frame was "in the middle" of the other two suggesting that the communication, or enacting of identity, was driving the conflict. At a time when nearly 20% of Americans are experiencing the role of caring for a loved one, the development of theoretical models highlighting communication can aid in understanding the struggles that caregivers face, perhaps improving them through future interventions and supportive resources. Knowing which aspects of identity are most in conflict with caregivers’ self-concepts and relationships can facilitate programs dedicated to their empowerment and support, creating a better equipped and satisfied family caregiving “workforce.”
Arab American Privacy Rule Criteria for the Disclosure of Mental Illness

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As reported by the National Alliance on Mental Illness, approximately 43.8 million Americans suffer from mental illness a year, with 10 million individuals experiencing mental illness of such severity that quality of life is significantly inhibited (NAMI, 2016). Despite the prevalence and severity of mental illness in the United States, it takes an average of 8 to 10 years between the onset of a mental health issue and the point at which an individual may decide to pursue professional help for it (Wang et al., 2004). This is due, in part, to the social stigma associated with mental illness; it is often internalized, resulting in feelings of shame and a reluctance to disclose their mental health status to others (Corrigan, 2004). An unwillingness to disclose mental illness to anyone, let alone a mental health professional, results in a failure to receive the necessary treatment (Corrigan & Rao, 2012). Due to cultural considerations, stigma towards mental illness is particularly high in minority populations in the United States and minorities are even less likely to seek out mental health services than others, suffering from poorer mental health outcomes as a result (Wahowiak, 2015).

Of the minority populations in the United States, Arab Americans have encountered a unique and unfortunate set of circumstances when it comes to stigma and mental health. After 9/11, Arab Americans have had to contend with overt hate crimes and macroaggressions, both from the media and from fellow U.S. citizens (Ibish, 2003). Studies have shown that such discrimination can lead to psychological distress and, indeed, following the spike in discriminatory action towards this population, levels of reported mental illness rose (Landrine & Klonoff, 1996, Moradi & Hasan, 2004). Lived experiences of traumatic immigration, acculturation, and decreased social support have contributed to poor mental health outcomes for Arab Americans (Amer & Hovey, 2012).

The mental health disparity facing Arab Americans must be addressed. However, given the aforementioned stigma towards those with mental illness, both within American and Arab societies, it is highly unlikely that Arab Americans will readily disclose their mental health status. As such, it is crucial to understand the factors that contribute to situations in which Arab Americans do choose to disclose their mental illness, in the hopes of eventually increasing mental health seeking behaviors. With this in mind, Communication Privacy Management (CPM) is used as a framework to understand the criteria that shape the privacy rules that Arab Americans use to determine disclosure of their mental health status.
Introduction. Communication is an important means for sharing and collecting information about health within families and also to construct a family health history (FHH). One potential concern about health conversations is partial or complete avoidance of topics, which can result in gaps in knowledge about health information in the family. Uncertainty management theory (Brashers, 2001) was utilized as a framework for understanding topic avoidance within family communication about health. The purpose of this study was to explore avoidance of health topics in family communication, including topics avoided, factors related to avoidance, and similarities and differences in health topic avoidance across cultures.

Method. We conducted semi-structured, in-person interviews with 30 family dyads (i.e., siblings and parent-child) with ten dyads from each of three groups: Caucasian, Hispanic and Pacific Islander. Each family member was interviewed separately and then dyads were interviewed together. Interview topics included general health, health topics discussed or avoided, and communication about health within the family. Interviews averaged 90 minutes in length. Two coders independently coded interview transcripts using NVivo 11. The coders both coded 20% of the transcripts; percent agreement was over 90% for all codes.

Results. Most participants identified at least one health topic that was avoided, including mental health, sexual health, cancer, and addictions. Families mentioned that they were open about mental health but certain family members actively avoided mental health conversations or had incorrect interpretations of the illness. Sexual health was a common topic avoided between parents and children and only being appropriate for discussion with the parent of the same gender. Cancer was mentioned by participants as an example of a topic avoided but further explained that cancer was either not avoided or never thought about since it has never been diagnosed in the family rather than actively avoiding discussions of cancer. Addictions were seen to be topics that were only discussed with certain family members. Other participants responded that their families avoided everything related to health, that no health topic is avoided, or that they had never thought about avoided health topics. Factors related to avoidance of health topics were culture, gender, differences in relationship types, children’s age, communication barriers, and ignoring health discussions until it is “too late”. Compared to dyads from the other racial and ethnic groups, Pacific Islander dyads described avoiding discussions of “health,” which was conceptualized as diet and exercise rather than diseases or conditions.

Discussion. We identified several health topics that were commonly avoided in family communication. Differences in communication strategies and avoidance may assist different families manage uncertainty. These findings can help researchers identify health topics for which interventions may be needed to encourage family communication and some of the reasons underlying this avoidance. Pacific Islanders may need specific prompting to discuss diseases and conditions in the family to improve their knowledge about hereditary disease risk. When family members are avoiding communication about health topics, patients are unaware of health risks, which can create gaps in their health knowledge and affect patient-centered communication in health care.
Empowering Domestic Violence Victims through Twitter: A Textual Analysis of Social Media Dialogue

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The National Coalition Against Domestic Violence (NCADV) estimates that, on average, close to 20 people are physically abused by an intimate partner every minute (National Intimate Partner and Sexual Violence Survey, 2010). Domestic violence is widespread and impacts one in every three women and one in every four men, who have or will become domestic violence victims over their lifetime. This study examines the potential of social media as a tool to empower victims and raise awareness on domestic violence. To this end, we apply a computer-assisted textual analysis of randomly selected 200 tweets on domestic violence, specifically targeting tweets that are part of the NO MORE campaign, which was launched in 2013 to end domestic violence and sexual assault, led by a coalition of advocacy groups, the U.S. Department of Justice, as well as diverse corporations, organizations, prominent figures, universities and communities across the U.S. Tweets were coded and categorized under 8 categories: information/education; news; empowerment; activism, opinion, political & government-related, NO MORE campaign-focused, and a final category for tweets that did not fit the main categories. Our main findings illustrate that the majority of tweets were informative/educational (28%) and newsworthy (19%), offering helpful information to domestic violence victims. Further, the analysis revealed that 18% of all tweets were empowering, offering victims of violence encouragement and/or providing them with solutions and information on their rights. These findings suggest that the twitter may be a potentially effective tool to empower victims and raise awareness on widespread yet sensitive epidemics, such as domestic violence.
Reactions to Flavored E-Liquid Cues: An Electroencephalogram Study

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Introduction: Flavors are highlighted in advertisements of emerging tobacco products such as e-cigarettes, particularly e-liquids. However, little is known about audiences’ reactions to flavor cues in pro-tobacco messages. In a 3 (flavored, unflavored, neutral cues) x 2 (pre- vs. post-vaping) within-subjects design, e-cigarette users’ brain activity was measured in response to e-liquid flavor cues under withdrawal vs. satiated conditions. Electroencephalogram (EEG) records real-time variations in audiences’ brain waves in response to messages elements that might not be evident with self-report data.

Methods: Participants 18 years or older were recruited, who have used e-cigarettes daily for 3+ months and within 60 minutes of waking. Participants had to abstain from caffeine and tobacco for four hours prior to data collection.

Stimulus materials consisted of a total of 80 pictures: neutral cues (n = 30) and e-liquid cues (n = 50). Neutral cues came from the International Affect Picture System and consisted of buildings, household objects, and neutral human faces. E-liquid cues consisted of an e-cigarette liquid bottle next to an image denoting its flavor (i.e., coffee, mint, strawberry, tobacco, and unflavored/water, n = 10 each). Images were counterbalanced and were each displayed for 2000 milliseconds (ms). Participants were exposed to stimulus materials in a dimly lit, sound-attenuated room in a recliner.

Analyses: We looked at N2 (defined as a negative deflection ranging from 200-400 ms post-stimulus), P3 (defined as a positive deflection from 270-500 ms post-stimulus), and a late positive potential (LPP, defined as a positive deflection from 400-1000 ms post-stimulus) components. N2 and P3 represent early stimulus orienting and processing whereas LPP indexes sustained attention and engagement.

Results: Data came from 16 participants in the pre-vaping session (n = 5 females, Mage = 39.1, SD = 15.1) and 13 participants in the post vaping session (n = 5 females, Mage = 36.8, SD = 16.0). Using Wilcoxon tests, preliminary analyses show an enhanced processing of: (1) flavored e-liquid cues compared to neutral cues in the pre-vaping session (N2: p= 0.013; P3: p= 0.008; LPP: p= 0.003) and (2) flavored e-liquid cues compared to unflavored cues in the post-vaping session (N2: p= 0.013; P3: p= 0.011).

Discussion: Under withdrawal, e-liquid flavors garnered e-cigarette users’ attention and processing resources compared to neutral cues. Under satiation conditions, e-liquid flavors garnered greater processing resources compared to unflavored cues. These results suggest that, when deprived, e-cigarette users seek nicotine, thus allocating attentional and processing resources equally to flavored and non-flavored cues. Under satiation, they allocate resources to flavor cues, which suggests portrayals of flavors in advertisements attract e-cigarette users’ attention beyond their basic needs of satisfying their nicotine craving. Implications include message receptivity and effectiveness and vaping behavior.

As a work-in-progress, we will continue to recruit participants to increase the power to detect differences with a small effect size. We will also explore the differential effects of flavor types (e.g., strawberry) on message processing pre- and post-vaping. By spring, we will have completed the ongoing data collection, analysis, and write up of the manuscript.
This Can’t Be Right, Doc! Effects of Unfavorable Diagnosis on Medical Test Validity, Risk Perceptions, and Behavioral Intentions

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Introduction: Traditional decision-making models characterize humans as rational beings who objectively search and evaluate all available information to reach accurate decisions. However, evidence suggests human judgments are biased. People do not readily accept personal risk or information that is inconsistent with what they prefer such as an unfavorable medical diagnosis. These biases can negatively influence decision making (e.g., not attending to health messages and engaging in positive behavioral changes) that is further complicated because they are non-deliberative and beyond conscious control.

The purpose of this study is to examine the effects of receiving unfavorable medical diagnosis on perceptions of validity of medical tests, perceived risk, and behavioral intentions. Further, we examine if (and how) these effects differ when people are primed with words that mismatch people’s positive views of themselves, their exaggerated perceptions of control over their lives, and optimism about the future. The study is a 2 (prime: mismatch vs. neutral) x 3 (diagnosis: normal, moderate risk, high risk) between-subjects design. Understanding how people respond to medical diagnosis has implications for patient-provider communication.

Methods: We recruited 500 students from a public university and randomly assigned them to experimental conditions. Prior to the lab session, participants completed an online survey that included several personality characteristics (e.g., self-efficacy, self-esteem) and demographics.

Upon arrival to the lab, participants read an identical health article about pH imbalance. Then, they self-administered a saliva test to measure their pH levels and responded to dependent measures. After conducting the saliva test, each participant saw a message indicating their pH level was either normal, moderately acidic, or highly acidic, which constituted the risk level manipulation. Participants were instructed to complete two supposedly filler tasks in between the main study sections. The first was a practice trial to familiarize participants with the priming procedure and the second task was the priming manipulation. The practice trial included 20 words (e.g., monkey, desk) that were randomly presented one word at a time to participants who were asked to indicate as quickly as possible whether each word represented an animal or not by pressing a “yes” or “no” button. In the priming procedure, participants were asked to indicate as quickly as possible whether items being flashed on the computer screen appeared from the top, bottom, right, or left of a central fixation point. The flashed items were vulnerability words (e.g., fragile) in the mismatch condition and a letter string (i.e., xxxx) in the neutral condition.

Dependent measures included: (a) perceived susceptibility to and severity of health conditions associated with pH imbalance (e.g., headaches, indigestion); (b) perceptions of medical test validity (e.g., test accuracy); and (c) behavioral intentions and health information seeking.

We used Qualtrics for the online questionnaire, MediaLab to run the experiment, and DirectRT to collect reaction time responses that are sensitive to implicit biases. The analysis plan includes screening data for missing values and fit to assumptions underlying the statistical methods. We will use Principal Components to determine reliability of measures and ANOVAs for manipulation checks and hypothesis testing.
Family Participation in Intensive Care Unit Daily Rounds as Both a Facilitator and Disrupter of Effective Communication

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Approximately 5.7 million individuals are admitted to an intensive care unit (ICU) in the United States each year (Barrett et al., 2011), many of whom require heavy sedation and mechanical ventilation (Spragg et al., 2010; Twohig et al., 2015). In adult ICUs, this frequently creates situations where patients who would otherwise speak for themselves are too critically ill to do so (Azoulay et al., 2005; Prendergrast & Luce, 1997). In such cases surrogate decision makers (SDMs), typically spouses or children, are often asked to elaborate on and advocate for the patient’s preferences, needs, and values (Stelson et al., 2016). To encourage such interactions, many ICUs now invite family members to participate in daily rounds, thus allowing SDMs to listen and share information about the patient, ask questions, and assist clinicians in developing goals directly at the point of care (Institute of Medicine, 2001; Kohn et al., 2016). In principal SDM participation in rounds is not meant to replace but rather to supplement and enhance formal family meetings (Au et al., 2016; Brown et al., 2014; Davidson, 2013). Daily rounds are information- and decision-oriented (Giri et al., 2013); family meetings on the other hand take place as-needed, are typically only attended by one or two clinicians, and greater emphasis is placed on providing emotional support to family members and eliciting general values and preferences for ongoing care (Gay et al., 2009; Luce, 2010; Slatore et al., 2012; Twohig et al., 2015). When taken together, SDM participation on daily rounds facilitates more frequent and in-depth information exchanges than family meetings alone can offer, which reduces uncertainty and anxiety experienced by SDMs while simultaneously reducing requests for care that are incompatible with clinician recommendations (Au et al., 2016; Curtis & Vincent, 2010; Embriaco et al., 2007; Evans et al., 2009; Hwang et al., 2014; Jacobowoski et al., 2010; Schmidt & Azoulay, 2012; Uhlig et al., 2002).

Most clinicians understand and appreciate the utility of family participation during daily rounds; this is in part due to shifts toward more patient- and family-centered approaches to critical care (Barry & Edgman-Levitan, 2012; Curtis, 2008; Davidson et al., 2007; Gill et al., 2016; Kohn et al., 2007; Kon et al., 2016; Levy & Backer, 2013). However, family participation on rounds also creates a tension by which families are present and engaged at a time that is traditionally set aside for candid discussion of patient care plans between ICU team members, potentially disrupting important communication processes (Cypress, 2012; Davidson et al., 2014; Santiago et al., 2014). Theory and research is needed to better understand this tension (Brett et al., 2014; Mitchell et al., 2016). Our manuscript is novel in its use of the reasoned action approach (Fishbein & Ajzen, 2010) to review extant literature; doing so provides a theoretical framework that helps identify ways to optimize family participation on rounds. Further exploration of this domain will advance our understanding of the relationships between ICU team functioning, shared decision-making processes, and family satisfaction with care provided by ICU clinicians.
Sex Education and the 21st Century Revolution through Innovative Community Approach to Sexual Health and Communication Methods

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There are growing resources, and new social media platforms, that are viable tools to spread information on sexual health. However, this has not been entirely effective in assisting young adults to initiate, or maintain, sexual health. Resources are scattered, and this causes decline in accessibility. Part of the aim of this community research was to inform college age students from Riverside/San Bernardino County, about the tools available in their community, campus, and from organizations that advocate sexual health. In addition, the focus was to examine how to best improve communication skills for students. The object was to create equity between genders for responsibility in sexual health.

Previous literature on the topics, and lectures from UCLA leaders in psychology and public health, were reviewed to understand the problem. Data from the California Department of Public Health were analyzed to recognize the targeted community and its sexuality related health barriers. The two questions addressed by these sexuality seminars are: (1) Does sexual health education improve comfort levels for those who seek medical treatment in a clinical setting for sexual or reproductive issues, and (2) Does sexual health education improve one’s communication comfort with a sexual partner. The questions were addressed by conducting sexuality seminars at a Community College, and then analyzing if these seminars had an impact on the undergraduate students’ sexual health. The seminars were framed with Albert Bandura’s Social Cognitive Theory Model (SCT), which effects behavioral change. A total of four seminars completed a series written by the researcher in consultation with a faculty advisor at UCLA. The seminars began on September of 2015, and continued into November of 2016. A previous series had been conducted by the researcher with the same amount of sessions and similar topics. Support was received from the campus health clinic, and the psychology department. The recent series is entitled: “Sexual Health: Communication & Community.” All students at the College had the opportunity to volunteer to participate in the sexuality seminars, and received incentives for remaining active in the entire series. Anonymous surveys, for qualitative analysis were distributed to evaluate participants’ preexisting knowledge and level of comfort with sexual health.
A Qualitative Study on Chinese Senior People’s Health Literacy and Their Doctor-Patient Communication

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The increasing cases of patient-doctor conflicts have become a plague in China. However, few studies have approached this problem from the perspective of Chinese patients’ health literacy, a critical factor in patient-doctor interactions (e.g., Schulz & Nakamoto, 2013; Silver, 2015). This study fills in the gap by investigating how well Chinese seniors understand medical forms, make medical decisions, follow health instructions and evaluate treatment effects. Applying a combined theoretical framework of health literacy (Aldoory, 2016; Nutbeam, 2000), this study employs a qualitative multiple case study and inductive thematic analysis (Roulston, 2010). 15 Chinese seniors over 50 years old were recruited because this age group tends to have higher frequency to visit doctors. The researcher conducted a 60-minute semi-structured face-to-face interview with each participant. An interesting finding is that many senior participants found it easy to understand their printed medical test results because such forms incorporated up and down arrows to indicate patients’ biological indexes. This study also revealed that most participants thought doctors should make decisions for patients and thereby doctors should take full responsibility for potential risks. Additionally, almost all Chinese participants admitted that they usually did not have medication adherence except for major chronic diseases. Finally, when Chinese seniors evaluated their treatment effects, they habitually associated them with whether or not their doctors accepted bribery. This study argues that a health literacy campaign about reasonable expectations of medical risks and responsibilities should be initiated to improve patient-doctor communication in China.
Deviating from the Plan: Implications for Meaning Making and Uncertainty

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Cancer is both a one-time, critical event and a prolonged, often traumatic experience that is unclear and uncertain for both the patient and his or her primary caregiver. At each phase of the disease, personal and relational adjustments must be made. Adjustments required of caregivers, specifically partners, have been found to be more severe than those made by the patient or survivor. Though partners serve as essential support for cancer patients and survivors, some become highly stressed and develop affective disorders relating to moods, feelings, and attitudes. These issues often become chronic and more severe as the partner moves through the illness experience, impacting physical health as well. Further, research shows the mental health of a partner improves post diagnosis when he or she has received adequate support in coping. Unfortunately, however, many partners of cancer patients and survivors report feeling their needs are not recognized.

Though cancer patient and survivor uncertainty has been studied, less is known about the uncertainties faced by partners and how they relate to meaning making. The present study explores the ways in which partners make meaning of the illness experience in an effort to better understand how uncertainty changes over the course of the cancer trajectory. A total of ten partners, six male and four female, in cohabitating, heterosexual, romantic partnerships with cancer survivors were recruited to complete one-on-one, semi-structured interviews. Participants represented a variety of cancer experiences, including colon, bladder, prostate, breast, and non-Hodgkin’s lymphoma narratives. Interviews yielded a total of 102 pages of transcription. Constant comparative methods were used to analyze the data for emergent themes related to uncertainty and meaning making.

Results from this study indicate uncertainty levels rise when complications occur over the course of the illness experience. During these times, partners must engage in communication with family, friends, and healthcare professionals to make sense of these complications. It is during these interactions that meanings shift and uncertainty arises. For example, study participants often recounted the creation of an initial game plan or a clear and defined order of events to follow during the course of the illness. Their stories indicated when a deviation from the plan or a complication occurs, partners experience a change in communication which entails a shift in meaning and as a result, an increase in uncertainty. These findings suggest uncertainty, like meaning making, is ever evolving and fluctuates over the course of the cancer trajectory. More so, the study of how uncertainty is created and evolves through social interactions and meaning making poses implications for support resources offered to partners of cancer survivors to improve both the mental and physical well-being of these caregivers.
Emotion Labor, Patient-Centered Care & First Responders Disaster Response: Lessons Learned from the 2011 Joplin Tornado

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MacKenzi Tims, Pittsburg State University
Hannah Ishamel, Pittsburg State University
Alicia Mason, Pittsburg State University

The analysis examines the opportunities and obstacles experienced by first responders to providing patient-centered care within the first 48-hours following the EF-5 Joplin-Duquesne tornado that struck on May 22, 2011 in Joplin, Missouri. The one mile wide tornado struck with winds exceeding 200 mph at 5:34 pm and ravaged a six mile path through parts of Joplin and Duquesne Missouri killing 141 people, destroying more than 2,000 buildings, and displacing over 10,000 people in a matter of minutes.

In total, fourteen interviews were conducted with individuals purposefully sampled to represent a variety of sectors including: the Joplin Chief of Police, the Dusquene Chief of Police, Joplin’s Communication Director, City Manager, Public Works Director, School Superintendent, and Jasper County Coroner, as well as editors and reporters from local media, and a variety of firefighters and first responders. Creswell (2005) maintains that in qualitative research, “the intent is not to generalize to a population, but to develop an in-depth exploration of a central phenomenon,” which is best achieved by using purposeful sampling strategies (p. 203). These 14 semi-structured in-depth interviews with first responders were transcribed and serve as our units of analysis. In total 291 pages with 103,130 number of words comprise our data set.

In order to address the research questions advanced in the study we employ a grounded theory method in order to thematically code the data. Our analysis aims to understand the emotion labor of first responders, as well as the opportunities and obstacles to providing psychological, physical, and emotionally-sensitive patient-centered care in the immediate aftermath of the storm. First responders, like many others, lost family members and loved ones, as well as personal property (e.g., homes, automobiles) in the storm. In this analysis emotion labor is conceptualized as the public and observable behaviors and decision-making practices that individuals display when processing an emotional response towards a certain situation (e.g., disaster) which is not concordant with and individual’s actual emotional state (Hochschild, 1983). Along with the analysis of emotion labor, themes of disaster response related to patient-centered care include patient triage, family and community outreach, as well as health information management through post-disaster media engagement will be discussed.

Our aim is to more fully understand how these factors impact patient-centered care from first responders in disaster situations. All three factors pose ethical and moral challenges to first responders, our focus narrowly aims to understanding the impact on behavioral response and decision making ability. We offer an interpretation and analysis, as well as limitations and future directions for applied research and practice.
The Doctor Will Skype You Now: College Student Attitudes Towards the Integration of Telemedicine (HealthSpot Kiosk®)

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There has been a spike in the interest and use of integrating telecommunication in the medical field, otherwise known as telemedicine, over the past decade (van den Berg et. al, 2012; Weinstein et al., 2014). Mobile applications, remote-monitoring devices, and image-sharing software have been designed to provide patients convenient access to medical attention. One of these technologies, an enclosed medical booth called the HealthSpot® kiosk (HSK), was installed in the John Carroll University Student Health and Wellness Center in 2014. The HSK kiosk utilizes videoconferencing technology to simulate face-to-face communication between providers and patients. This new technology would seem to be a good fit for a small college campus, as college-aged students accept technology quickly and small campuses often have limited access to physicians; however, only 32 students used the HSK during its thirteen-month tenure. Although telemedicine studies have addressed college-aged (18-25 year old) students as a potential target audience for mental health services (King, 2015; Haas et al., 2008), no studies have addressed the efficacy of telehealth for primary care services (e.g. cold and flu symptoms, basic rashes) within this demographic. The current study utilizes the Theory of Planned Behavior (TPB) to identify barriers that prevented many students from trying the HSK.

Students at John Carroll University (n = 125) responded to a 25-item survey about their attitudes, subjective normative beliefs, perceived behavioral control, and intentions regarding using the HSK, as well as for face-to-face physician visits. Behavioral intention to use the HSK (M = 2.97, SD = 0.89) was significantly lower than intention to visit a doctor face-to-face (M= 4.22, SD = 0.84); t(105)= -11.913, p < 0.01). A multiple linear regression was calculated to predict behavioral intention to use HSK based on attitude, subjective normative beliefs, and behavioral intentions, and found to be significant (R2= 0.31, F(3,108) = 16.23, p < .001). Attitude significantly predicted intention scores for HSK use, b = .36, t(105) = 2.73, p < .01, and intention to see a doctor face-to-face, b = .46, t (105) = 6.53, p < .01. Both attitude (R2= 0.31, p < .001) and subjective normative beliefs (R2= 0.20, p < .001) also explained a significant proportion of variance in intention scores for HSK use and intention to visit a doctor face-to-face (R2= 0.41, p < .01; R2= 0.42, p < .01). Results support TPB and suggest that attitude and subjective normative beliefs could influence students’ intentions to integrate telemedicine technology into their healthcare regime. Findings from this study should inform future campaigns to promote the use of telemedicine technology on college campuses.
A Comparison of Narrative and Non-narrative Messages for Promoting Zika-Related Preventative Health Behaviors in At-Risk Male Populations

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Health communication scholars have expressed a growing interest in the use of narratives as a persuasive tool to promote behavioral change in at-risk populations through the use of examples, detailed depictions of individual cases, and revealing the thoughts and emotions of characters within storylines (Green, 2006; Kim, Bigman, Leader, Lerman, & Cappella, 2012; Kreuter et al., 2007). An ample body of health communication scholarship indicates narratives are an effective strategy to deliver persuasive risk prevention messages to at-risk populations for a variety of diseases including: colorectal cancer (Robillard & Larkey, 2009), HPV vaccination (Hopfer, 2012), and HIV (Berkley-Patton, Goggin, Liston, Bradley-Ewing, & Neville, 2009).

The 2016 Zika virus was a novel pathogen in the U.S. population with high levels of scientific uncertainty surrounding the transmission method(s), duration of contagion, and degree of risk posed by infected males. This experimental study uses a 2 message (narrative versus non-narrative/CDC educational) X 2 (identification versus none) design to determine the effectiveness of these persuasive appeals to elicit audience identification, empathy, disease-related knowledge and behavioral intentions to engage in preventative behaviors (e.g., testing, protection, and abstinence) in male populations throughout the Florida region. Identification was operationalized as perceived similarity. Participants were randomly assigned to conditions based on their self-reported ethnic identity. Messages were designed with similar features including: headline, story length, and message source Health Promotion Board. Only the visual pictures of characters, and characters’ names were altered to enhance perceived similarity.

More than 200 participants were randomized into an online study hosted through the PSU Communication Research Lab using Qualtrics software for data collection. Amazon’s M(Turk) and TurkPrime were utilized for participant recruitment in November 2016. This presentation will report the findings of this study and discuss the implications for dissemination and implementation efforts relevant to future persuasive risk communication appeals and health communication campaign design.
Joint Impact of Local Health Workers and Radio Programs for Improving Antenatal Care in Ethiopia

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Background: Ethiopia established a Health Extension Program to improve access to health care in rural and remote locations. By 2008, more than 30,000 health extension workers were working around the country (Federal Ministry of Health, 2016). Additionally, starting in 2012, the health extension workers (HEWs) trained female volunteers in a Health Development Army to encourage behavior change through communities. The volunteer program emphasizes women’s and reproductive health through peer-to-peer education with each local community organized into teams of “one-to-five networks” (1:5 network; Admasu, 2013). With a similar goal of behavior change to improve maternal and child health, two serial radio programs were launched in 2013: Biiftuu Jiireenya (Dawn of Life) and Jember (Maternal Light). Based on a theory of change that highlighted the importance of supportive social norms as antecedents to women’s knowledge, attitudes, and behaviors, each 30-minute episode included a variety of content such as documentaries and interviews with HEWs and new mothers. The purpose of this study was to examine how radio program exposure and interpersonal contact with an HEW or 1:5 network member were associated with mothers’ social norms and antenatal care outcomes.

Method: Participants were a representative sample of Ethiopian mothers with an infant between 0-9 months (N = 2,381). In a face-to-face survey, these women reported whether they had listened to either radio program, whether they had any contact during their pregnancy with either an HEW or a 1:5 network member, the barriers they perceived in accessing medical care, descriptive social norms, knowledge, attitudes toward early and regular antenatal care, actual antenatal care behaviors, and their self-efficacy for obtaining antenatal care in future pregnancies. Using path analysis with diagonally weighted least squares estimation of polychoric correlations, we tested our hypothesized model with program exposure, HEW or 1:5 contact, and barriers entered as exogenous variables.

Results: Barriers to medical care were negatively associated with both women’s actual antenatal care behaviors and their anticipated self-efficacy to obtain antenatal care in future. Contact with a health extension worker or 1:5 network member was positively associated with women’s antenatal care knowledge and behaviors; however, these interpersonal connections were negatively associated with supportive attitudes toward antenatal care. In contrast, radio program exposure was positively associated with knowledge, attitudes, behaviors, and self-efficacy. As expected given the theory of change, many of these associations were indirect paths through social norms.

Conclusion: These results highlight that mass media can complement interpersonal health education. Both were jointly associated with increases in knowledge and safer antenatal care practices. The radio programs incorporated stories about HEWs, and some 1:5 networks met in community listening groups to engage with the radio program. By directly referencing each other, these dual efforts have the potential for stronger effects. Future health interventions will benefit from similarly leveraging existing community networks to improve health outcomes.
Leveraging Perceptions of Tailored Content as a Way to Increase Message Involvement about Cancer Clinical Studies

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Background: Cancer clinical studies (CCTs) are essential to advancing cancer care (National Institute of Health, 2016) and communicating cancer treatment options to the public is a national priority (Clinical Trials, 2016). Yet, there are significant challenges to communicating this information and to recruiting and enrolling patients into cancer clinical studies. The most significant challenge is the decentralized nature of information surrounding cancer research studies. Details on specific studies (e.g., study goals, participant requirements, etc.) can be difficult to locate and interpret. Apprehension regarding CCTs, coupled with difficulty accessing information can contribute to low enrollment rates and reduced perceptions of self-efficacy in this context. One potential way to increase understanding and self-efficacy pertaining to clinical study involvement is by creating content that the user perceives to be tailored to their unique situation. The elaboration likelihood model (ELM) (Petty, & Cacioppo, 1986) posits that when an individual perceives content to be personally relevant, the person is more likely to become engaged and persuaded by the message. Using the ELM framework, we hypothesize that participants who perceive that the cancer message content is tailored to their experience will report greater communication efficacy in the context of cancer compared to those who do not perceive that the cancer message content is tailored to them.

Method: Participants (N = 200) who are diagnosed with cancer (e.g., breast, lung, or colorectal cancer) and family members of individuals who have been diagnosed with cancer will be recruited to participate in the study. Participants will be randomly assigned to either the perceived message tailoring condition (n = 100) or the static information condition (n = 100). Those assigned to the static information condition will be directed to a website and asked to review content modeling families communicating about CCTs. Participants assigned to the perceived message tailoring condition will be directed to the website and asked to review the same content as the static condition. Prior to reviewing the site content, participants in the perceived message tailoring condition will receive a pop-up message asking them about their cancer experience (i.e., personal diagnosis or loved one diagnosis). Based on their response, participants will receive a message telling them that the content they are about to review has been tailored to their cancer experience. After reviewing the website content, all participants will complete a post-test survey evaluating their perceived communication efficacy in the context of cancer.

Results and conclusions: We expect that participants who perceive the cancer message content is tailored to their experience will report greater communication efficacy compared to those who do not perceive the message content as being tailored to their experience. If our hypothesis is supported, our study will provide preliminary evidence in support of using minimal tailoring in interventions to increase communication efficacy in the cancer context, rendering the allocation of extensive resources to maximal tailoring interventions unnecessary.
Sexual assaults on college campuses have reawakened conversations about gender equity, campus climates, sexual consent, health and violence, and athlete entitlement. The case of the “Stanford Rapist” raised questions about privilege, tolerance of assaults and minimum and maximum sentences for offenders. The communication of the rapist, his father and the judge in the case sparked outrage nationwide. The particular sentence and release of the convicted rapist after three months furthered the debates on sentencing of perpetrators, especially college related assaults, charges of more lenient sentences for those more privileged, and the role of judges in these decisions. This study analyzes the crisis communication and health issues present in convicted rapist Brock A. Turner’s letter to Judge Aaron Persky regarding his trial on the sexual assault of a young college student. By conducting a rhetorical analysis on the letter using the works of William Benoit’s strategies of image repair and apology, this study finds that the strategic presence of particular apology strategies creates a discourse of guilt and blame that is spotlighting college culture as the cause and minimizes Turner’s individual fault and agency. Ultimately, this analysis argues that a selective combination of image repair methods leads to a particular reflection of blame that strays away from Turner, rape, and the effects on the victim and moves closer to a conversation regarding college culture, peer pressure, and alcohol consumption.
Evaluating a Campus-Wide Health Text-Messaging Program: The Impact of Message Dose and Time of Delivery on Message Effectiveness

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Introduction: Text messaging is used on many college campuses to send emergency notifications to students, yet few institutions use text messaging for health purposes. Although multiple studies have documented the benefits of text message health interventions, there is still a need for work evaluating best practices for message dissemination.

Objective: The goal of the current project is to evaluate how message dose and time of message delivery influence college students’ health attitudes and behaviors.

Methods: We conducted two experiments with participants from an existing campus-wide health text-messaging program. Subscribers receive messages with health tips, as well as information about health resources. Participants in both studies received messages throughout a four-month period and completed a post-test questionnaire assessing their current health practices, intentions to engage in recommended health behaviors, and attitudes toward the messages they received. In the first study, participants (N= 907) were randomly assigned to one of two groups-a high message dose group or a low message dose group. Those in the high dose group received a daily message and those in the weekly group received one message per week. In the second study, participants (N= 395) were randomly assigned to either the morning condition or the evening condition. Those in the morning condition received text messages (three per week) at 11:00am and those in the evening condition received the same text messages, but at 9:00pm.

Results: In study one, participants in the daily group reported smoking fewer cigarettes (t(868) = -2.18, p<.05), reported a greater awareness of their health (t(763) = 2.21, p<.05), and were more likely to share information from the messages they received (t(762) = 1.96, p<.05) than participants in the weekly group. Additionally, participants in the daily group indicated that they received too many text messages (t(763) = 4.85, p<.001), while those in the weekly group indicated that they did not receive enough text messages from the program (t(763) = -4.86, p<.001).

In study two, participants in the morning group reported avoiding drinking games more often (t(393) = -2.08, p<.05), were more familiar with university health resources (t(376) = -3.02, p<.01), found the messages to be more relevant (t(370) = -2.92, p<.01), indicated a greater liking for the messages (t(370) = -2.10, p<.05), had a greater awareness of ways to improve their health (t(370) = -2.37, p<.05), and were more likely to report that the messages they received increased their knowledge of how to stay healthy (t(370) = -2.00, p<.05).

Conclusions: The studies’ findings suggest that three to four messages per week may be ideal for this age group, and that college students find messages about their health sent to them in the morning to be more relevant, more likeable, and generate more awareness about how they can take care of themselves. Although participants in the daily group were more likely to report that they received too many messages, sending messages on a daily basis may still be more effective for creating awareness and encouraging recipients to share information about recommended health behaviors.
Introduction: Text-message interventions can prompt positive changes in health and wellness. Disseminating health information via texting is a fast, affordable way to reach large audiences. Although there are robust findings on message delivery and outcomes, little work has been done on message design.

Objective: The goal of this project is to evaluate how strategic language manipulation enhances text-message impact. A linguistic agency assignment framework was used to evaluate how message design influences behavioral intentions. Linguistic agency assignment refers to how language assigns the capacity for action to entities.

Methods: Participants were randomly selected from an existing, campus-wide health text-messaging program that sends messages about health resources and tips for healthy living. We conducted two two-condition experiments. In the first, participants were randomly assigned either to the non-human threat agency assignment condition (e.g., STIs infect students), or human threat agency assignment condition (e.g., Students acquire STIs). In the second, participants were randomly assigned either to the non-human treatment agency assignment condition (e.g., Condoms protect students from most STIs), or human treatment agency assignment condition (e.g., Students can protect themselves from most STIs by using condoms). Participants received three text messages per week over a four-week period. Topics included alcohol, safe sex, healthy eating, and prescription drugs. After four weeks, participants completed a questionnaire assessing perceptions of health threat severity, susceptibility, treatment effectiveness, and intentions to engage in recommended behaviors. Seventy-five participants completed the post-test.

Results: Participants in the non-human threat agency condition reported being more likely to eat healthy (t(39) = -2.20, p<.05), to get tested for STIs and believe protection during sex is beneficial (t(31) = -2.00, p=.058), and to perceive protective strategies while drinking (i.e., alternating between alcoholic drinks and water) as helpful for avoiding behaviors they would later regret (t(31) = -2.75, p<.01).

Participants in the human treatment agency condition were more likely to report that eating fruits/vegetables allowed them to be more focused (t(32) = 2.39, p<.05), perceived talking with a counselor about stress as an effective way to maintain good mental health (t(32) = 2.42, p<.05), and indicated that avoiding prescription drugs not prescribed to them was better for engaging in good study habits, (t(32) = 2.72, p<.01). Those in the human agency condition were also more likely to report that text messages increase their awareness of health threats (t(25.93) = 2.20, p<.05).

Conclusions: Participants who received text messages in which health behavior agency was assigned to non-humans (i.e., STIs, fruits/vegetables) were more likely to report complying with the recommended health behaviors. Assigning agency to people was also more compelling when talking about treatment effectiveness for health behaviors that require a long-term effort. This is the first study to apply an agency assignment framework to messages over time rather than a single intervention. Our findings suggest that college students are more likely to take action against health threats when they receive messages emphasizing a non-human threat’s agency and when they receive messages emphasizing a person’s ability to take action in the face of a threat.
Human Papillomavirus (HPV) is responsible for many types of cancer that affect both sexes (CDC, 2014; CDC, 2012). Today’s college students were in the prime recommended vaccination age range when vaccines to protect against HPV were approved by the FDA in 2006, but the vaccines were severely underutilized, leaving college students at risk of HPV infection (CDC, 2013; McRee et al., 2014). This illustrates a clear need for understanding how college students decide whether to get vaccinated, so that interventions can be designed that build on college students’ HPV vaccination decision making. For this purpose we sought to test which variables shape HPV vaccination intentions, and to probe deeper, examine the role of religiosity in this process.

Taking a multimethod Reasoned Action approach (Fishbein & Ajzen, 2010), we conducted two studies at a state university in a major U.S. metropolitan area. An open-ended belief elicitation study (N=32) was conducted to identify salient behavioral, normative, and control beliefs regarding HPV vaccination. These beliefs informed a subsequent quantitative survey (N=199) that asked about beliefs, attitude, social norm, perceived behavioral control, intention and religiosity. Religiosity was assessed using the Abbreviated Santa Clara Strength of Religious Belief Scale (Plante, Vallaeys, Sherman, & Wallston, 2002; M=2.07 on a 4-point scale, SD=.86, Median=2). Religiosity was dichotomized on the median, resulting in participants being categorized as “more religious” (N=96) or “less religious” (N=103).

Our analyses revealed substantial differences between more religious and less religious participants in how HPV vaccination intentions were shaped. Intention was better explained by attitude, social norm, and perceived behavioral control for religious participants (R2=.537, F[3,95]=35.57, p=.000) than for less religious participants (R2=.192, F[3,99]=7.84, p=.000). Overall, beliefs were more strongly correlated with intention among religious participants than less religious participants, possibly suggesting that religious participants had deeply reflected on HPV vaccination in the past. This difference was observed among most outcome beliefs, all normative beliefs, and a few control beliefs. Positive outcome beliefs included: prevents HPV (r=.325 vs .186), worry less about HPV (r=.364 vs .164), protect my current/future partner's health (r=.424 vs .237), feel safer (r=.370 vs .272), and please parents (r=.379 vs .129). Negative outcome beliefs included: worry about side effects (r=-.260 vs -.033) and feel judged (r=-.217 vs -.131). Normative beliefs included: close friends (r=.439 vs .301), parents (r=.504 vs .149), grandparents (r=.338 vs .116), siblings (r=.353 vs .207), and (future) partner(s) (r=.473 vs .290). Control beliefs included: parents would find out (r=.422 vs .053), go home during the summer (r=.289 vs .042), and the vaccine is not free (r=.222 vs .134). Interestingly, more and less religious participants did not differ in the level with which they held these beliefs; the effects of religiosity regard how strong beliefs are a source of intention.

Our data suggest that religiosity influences HPV vaccination decision making. It therefore is a potentially important factor to consider when designing HPV vaccination messages. For example, our results suggest targeting beliefs about pleasing parents and parental approval might prove more advantageous in messages targeting religious college students.
Introduction: Narrative Engagement Theory (NET) and the Theory of Active Involvement (TAI) are theories that posit behavior change through user engagement. Both NET and TAI suggest that a program’s ultimate impact on substance use depends on how involved and engaged participants are in a given program, with more engaged youth likely to report better outcomes. In practice, measurement of engagement is a challenge and has relied primarily on self-report measures. Fortunately, the emergence of e-learning delivery platforms offers another avenue for assessment of user engagement in real time via program analytics captured for each individual user. However, it is unclear to what extent these data are useful indicators of engagement and how they relate to self-report measures. The current study sought to address these questions via a pilot-study of REAL media, a web-based drug prevention intervention.

Methods: Participants were 31 4-H youth (55% Female, 45% White) ages 13-17 who participated in a pilot trial of REAL media in New Jersey during Fall 2015. The pilot session lasted two hours during which youth navigated the program and rated their engagement in each module, or level. Program analytic data included whether participants participated in optional content and responses to questions posed during the program.

Results: Average self-report ratings of engagement, including realism (M = 4.43, SD = .42), interest (M = 4.07, SD = .62), and identification (M = 3.85, SD = .60) subscales, were all far above the midpoint on a 5-point scale with higher score indicating more of a feature. Program analytic data indicated that users engaged in an average of 4.32 optional segments (out of 10 possible). Further, participants offered thoughtful responses to open-ended questions that demonstrated their understanding of challenging curriculum concepts. Optional depth user data were significantly correlated with the realism subscale of the self-report engagement data (p = .01), but not the interest and identification subscales.

Conclusions: Both program analytic data collected in real time as well as self-report data suggested high levels of engagement by participating youth. Youth who engaged in more optional segments reported stronger agreement that program content was believable, but there was no relationship with other self-report indicators. Theoretical implications for NET and TAI are discussed, including how program analytics may offer a unique and important indicator of engagement and should be included in future studies that include outcome data.
Until recently, Zika was relatively obscure disease with only 14 cases documented worldwide before 2007 (CDC, 2016a). Prior to 2015, Zika outbreaks had only occurred in parts of Africa, Southeast Asia, and the Pacific Islands; however, in May 2015 the Pan American Health Organization (PAHO) confirmed the first known case in Brazil (Lupton, 2016). Currently, outbreaks are occurring in many countries, and local mosquito-borne Zika cases have been reported in the U.S. in Florida and Texas (Centers for Disease Control and Prevention, 2016b). Additionally, this recent outbreak of the Zika virus has been associated with a dramatically increased incidence of microcephaly in newborns whose mothers were infected with Zika (Centers for Disease Control and Prevention, 2016a).

Social media is now one of the primary places where people seek out information about the Zika virus. However, little is known about the content of these messages and about their public engagement. In addition, visual social media platforms like Instagram are under-studied in social media research. These visual platforms are particularly significant because of the different manner visuals are processed as compared to text-based messages (Houts, Doak, Doak, & Loscalzo, 2006). Therefore, the goal of this study is to determine how the public is talking about and responding to conversations about a current infectious disease outbreak, Zika, on visual social media platform Instagram. This analysis will shed light on current trends in social media engagement surrounding this key health topic, and will provide health professionals and communications practitioners with important insights to improve the dissemination of information about infectious diseases and better engage with audiences on visual social media platforms.

This study, using a quantitative content analysis, analyzed a random sample of 1,000 Instagram posts, published between September-November 2016 and which included the hashtags #Zika and #ZikaVirus, focusing specifically on the type of information included, and the frequency of likes and comments on these posts. Further analyses on the public’s social media engagement will focus on health behavior and risk perception theories (Covello, Peters, Wojtecki, & Hyde, 2001).

The study is currently ongoing and will be completed by February 1, 2017. The findings will provide insight for health communication researchers and practitioners about how the Zika virus is portrayed on Instagram, how the Zika outbreak should be approached on visual platforms like Instagram from a public health perspective, and how public health communities can engage publics more effectively during an outbreak of this kind.
At the height of the 2016 U.S. presidential campaign, tens of thousands of women started sharing their experiences of sexual assault on Twitter and Instagram in response to a video showing presidential candidate Donald Trump boasting about groping women. Using the hashtag #NotOkay, the outpouring of personal stories brought attention to the pervasiveness of rape culture in America and its impact on women and girls nationwide. Social media platforms and mobile technologies are playing an increasingly important role in both increasing public awareness about sexual abuse as well as giving a voice to abuse victims who have not shared their stories previously, with the 2014 #WhyIleft/#WhyIstayed Twitter conversations as a prominent example. However, not much is known about how these stories are shared on visual platforms such as Instagram, and how these conversations may differ as they unfold on platforms like Twitter and Instagram.

In the current study, a quantitative content analysis was conducted on a random sample of 1,000 Instagram posts and 1,000 tweets using the hashtag #NotOkay. The analysis focused specifically on the type of information included, the frequency of engagement by users on both types of posts, and a comparison between the two platforms. Recognizing that sexual abuse is a problem embedded within a larger sociocultural context, we conceptualized the analysis using the Social Ecological Model as the theoretical framework.

This study is ongoing and will be completed by February 1, 2017. The results will provide insight into the diverse personal accounts of sexual abuse, as well as the role of social media in facilitating such discussions. Implications for activism and bystander intervention will also be discussed.
The term “intimate partner violence” (IPV) refers to a broad range of abusive behaviors, including “physical and sexual violence, threats of physical or sexual violence, and psychological or emotional abuse by a current or former spouse, boyfriend/girlfriend, or cohabitating partner” (Breiding, Black, & Ryan, 2008). Recent data indicate that approximately one in three women and one in four men have physical abuse by an intimate partner in their lifetime, and nearly half have experienced psychological abuse.

Despite increasing awareness of the problem, the prevalence of IPV has remained relatively unchanged for at least two decades, presenting a significant challenge for practitioners and scientists working in the field of violence prevention. One explanation for the continuing epidemic of IPV is the lack of social responsibility attributed to the issue and the pervasiveness of victim-blaming attitudes in media and society (Gracia & Herrero, 2007). In fact, studies suggest that media representations are one of the most powerful influences on public perceptions about crime and victimization (Haider-Markel & Joslyn, 2001), particularly regarding attributions of responsibility for the causes of and solutions to violence.

While previous studies have established the profound impact of traditional media coverage of IPV on public opinion and perceptions of the issue, there is a dearth of evidence on the portrayal of IPV on various social media channels, such as Facebook, Twitter, Instagram, and Pinterest. According to the latest estimates from the Pew Research Center, more than 60% of the entire adult population in the U.S. uses at least one of these social media platforms, and that number continues to grow (Duggan, Ellison, Lampe, Lenhart, & Madden, 2015). Therefore, social media may represent a particularly rich source of data for understanding public perceptions of IPV from a novel viewpoint. Based on the characteristics of Pinterest and its users, this platform may represent a unique and salient avenue for IPV-related information.

This study analyzed IPV-related posts on social media platform Pinterest using a quantitative content analysis of 750 randomly selected pins that used either keyword “IPV/Intimate Partner Violence” or “Domestic Violence”.

The results show that victim blaming was present in 11.7% (n=88) of the sample, 8% (n=60) mentioned rape, 10.5% (n=75) mentioned bystander intervention (either the presence of or encouragement to), and 13.5% (n=102) mentioned homicide. In addition, study results suggest that mentioning physical abuse may have an effect on Pinterest engagement. Specifically, the results suggest that when Pinterest users mention or show physical abuse in pins, engagement with their pins decreases. In addition, these results suggest that when Pinterest users mention or show psychological abuse in pins, engagement with their pins increases.

Finally, the results suggest that mentioning individual level factors for preventing or stopping IPV also may have an effect on Pinterest engagement: when Pinterest users mention individual level factors in their pins, engagement with their pins increases, while the mention of societal/policy level factors is associated with decreased Pinterest engagement.
Going Beyond Trainings to Improve Health Care Provider Behavior

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A client’s interaction with a health care provider strongly influences whether the client will adopt and maintain healthy behaviors or use products correctly. Provider behavior can also impact the client’s – and the client’s family and friends’ – willingness to come to a health center in the future. A provider’s attitudes, values, and beliefs influence what populations are served, the quality of communication and overall service clients receive, and what products are available to clients. Thus, efforts to positively change provider behavior can have a long-term impact on overall health outcomes. There are several factors that influence provider behavior and performance.

First, providers must possess a clear understanding of what is expected of them in their roles and what quality care looks like. Second, providers require the material and structural resources necessary to successful performance. Third, providers must have the skills, knowledge and confidence to effectively carry out their jobs. Fourth, they need to possess the desire to do their jobs well, and that desire is largely influenced by norms, values, attitudes, and beliefs. In recent years, performance improvement efforts have largely addressed the first three domains – providing clear expectations and definitions of quality, influencing structural factors, and enhancing skills and knowledge. Far fewer efforts have been devoted to influencing provider norms, attitudes, beliefs, and values – an area where Social and Behavior Change Communication (SBCC) can have a significant impact.

To address this final category, SBCC efforts need to approach providers as an audience for behavior change efforts. Providers should not be regarded as a problem to be fixed, but rather as an audience group whose performance is influenced by multiple factors. Communication interventions should seek to understand providers, properly segment them, and design activities and materials based on those insights.

To help communication professionals design interventions to change provider behavior, the Health Communication Capacity Collaborative (HC3) project created, pretested (in Bangladesh and Nigeria), and finalized Provider Behavior Change Communication (PBCC) Implementation Kits (I-Kit) for two provider audiences: Community Health Workers (CHWs) and Facility-Based Providers (FBPs). The I-Kits contain: 1) an assessment tool that helps users identify, understand and prioritize provider-related barriers to quality service provision; 2) an Intervention Design Tool that provides step-by-step guidance on designing an SBCC intervention to address the identified barriers; and 3) a collection of Resources that showcase effective provider behavior change interventions.

While currently in the pilot phase, the I-Kits are based on extensive formative research, which identified key factors that influence internal motivation for CHWs and FBPs. The I-Kits are designed to help program managers address providers’ deep-seated internal motivations so that the quality of service provision improves, which ultimately helps improve health outcomes. There has been immensely positive feedback on the I-Kits so far, with several programs using the tools to design their own provider behavior change communication interventions.
Introduction: It has been shown that African Americans have higher rates of diseases compared with Whites (Dreeben, 2001). Further, there are racial disparities when it comes to how and where minorities receive information about health, behaviors, and sheer facts regarding treatment options (Kelly et al., 2016). This is critical in assessing how race may play a part in the perception of breast cancer diagnosis and treatment. Socio-economic status may be at work; to be sure, African American women “are less likely to be diagnosed with breast cancer than are White women but are more likely to be adversely affected” (Bourjolly et al., 2003, p. 43). Having breast cancer, African American female patients must find ways to cope with the disease, employing varying coping strategies embracing issues such as information seeking and negotiation (Davis et al., 2013); and spirituality (Best et al., 2015; Holt et al., 2009). But before coping can take place, it is essential that information about the disease—prevalence, symptoms, and causes—be communicated to these women. Indeed, “how and whether a person obtains health information can influence that person’s health behavior, health care access, health outcomes, and quality of life” (Kelley et al., 2016, p. 575). This provides a context for the present study reporting on the efforts of health educators to promote better understanding of breast health and the need for early detection/screening of medically underserved minority populations in Northeast Ohio. The objective was develop and implement a series of educational and culturally appropriate workshops in an educational “building” format to help create awareness of breast cancer risks among African American women—the MY B.R.E.A.S.T. workshop series.

Methods: The MY B.R.E.A.S.T. acronym stands for BREAST, RISK, EDUCATION, ACCESS, SUPPORT, and TRAINING. Based on the Precede-Proceed Theory of Reasoned Action (TRA), an eight-phase process ranging from social assessment to program evaluation was implemented. Relying on resources from the Susan G. Komen 2011 Community Profile Report; Susan G. Komen Educational Tools and Resources (“Breast Cancer 101,” ”Breast Self Awareness”); demographic data from a selected Northeast Ohio community; and information from the Affordable Care Act, two survey instruments—a pre-test and a post-test—were administered to minority female participants at health education workshops in conjunction with breast cancer education and awareness objectives. There were 45 respondents.

Preliminary Findings: SWOT findings revealed the efficacy of adult learning themes and technology; the discomfort of women to discuss the possibility of getting breast cancer; the continued increase of breast cancer awareness; and strategies to enhance attendance at information-gathering venues in minority communities.

Discussion: The MY B.R.E.A.S.T. workshops and survey results suggest that the target audience of minority females was reached as there was increased knowledge of breast health awareness. However, there may be racial, cultural, and socioeconomic barriers when it comes to the messages African American women receive about breast cancer and ultimately treatment options.
Electronic word of mouth (EOM) is a growing phenomenon as witnessed by the popularity of consumer reviews on sites like Yelp, TripAdvisor, and Angie’s List. EOM is not restricted to reviews of products as commenters provide feedback on services as well. In fact, it is becoming common for patients to write reviews after receiving medical services. EOM should not be ignored by medical professionals as people frequently make decisions based on these ratings and reviews. The role communication plays in the interaction between a patient and a medical professional has been proven to be an indicator of health care quality. It impacts patient self-management and influences health outcomes. These anecdotal EOM reviews may provide insight into medical communication that standardized evaluation instruments do not capture. The purpose of this study then was to analyze EOM reviews of medical professionals to determine: 1) how frequently patients were commenting on communication behaviors of the medical professionals and, 2) what types of communication behaviors were most frequently noted. To conduct this study, 200 patient reviews of medical professionals from four metropolitan areas were collected from the Yelp website. Because reviewers often provided a number of different comments in their review, each review was then broken down into individual idea units. This led to an initial data set of 797 idea units. As this study was focused on communication behaviors noted by the reviewers, the 797 idea units were then narrowed down to only comments made about communication behaviors. This led to a final data set of 519 comments that referenced medical professionals’ communication behaviors. These data were then sorted into categories based on overarching themes. The researcher found that 29% of the comments were related to the medical professional coming across as uncaring, 21% of the comments were related to the medical professional demonstrating empathy, 18% of the comments were related to the medical professional demonstrating professional behavior, 15% of the comments were related to the medical professional being responsive to the patient, 8% of the comments noted the medical professional had good bedside manner, and 8% of the comments noted that the medical professional was clear in their communication. Given that effective communication between a patient and a medical professional can lead to positive health outcomes, awareness of the communication behaviors patient reviewers are tuning into during a medical encounter can offer insight into the patient experience. EOM reviews are one more form of patient feedback that can be used to help facilitate the improvement of medical practice.
Better Together: Communication Skills Training for Couples with Vulvodynia  

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Interpersonal communication addressing how chronic pain is managed within romantic dyads has been vastly understudied in the discipline of communication. Many studies in other fields have underscored the need for communication skills training, establishing a strong connection between skillful communication and improvements in both patient perceptions of pain and partner responses to pain. Vulvodynia, one of these conditions, is a pain condition characterized by chronic, unexplained pain around the opening of the vagina that inhibits sexual functioning. Vulvodynia is highly prevalent, with 200,000 cases in the United States alone each year. On average, a woman will see three physicians before she is properly diagnosed with vulvodynia, and 40% of women are still not diagnosed after three visits. Stigma, a lack of education, and a plethora of misleading information online contribute enormously to the national cost of treating vulvodynia, an estimated $31 to $72 billion dollars annually. Studies have suggested that educational seminars for women with vulvodynia and its subtypes work to reduce emotional distress and better prepare women for the challenges of living with chronic pain.

However, studies to date have not adequately addressed the involvement of the partner in managing chronic pain, particularly in a sexual context. There is a need for education and communication skills training for these women and their romantic partners. This study presents an educational program that is designed to increase efficacy in couples in four ways. First, the program provides communication skills training to improve interpersonal communication and conversational skills between romantic partners. Second, this program works to manage expectations about vulvodynia by dispelling myths about vulvodynia and teaching digital literacy skills to help couples find reliable information about vulvodynia online. Third, this program seeks to increase perceptions of interpersonal support by creating a supportive network of women and other couples living with vulvodynia. Fourth, this program seeks to improve self-efficacy by emphasizing the resources available to couples and partners.

These program components are supported by social learning theory and social cognitive theory, which both assert (in part) that people learn best through observation and modeling. By requiring couples to practice the skills underscored in the program, they feel more confident, have higher levels of self-efficacy, and will ultimately be more likely to use those same skills after the program ends.

In conclusion, by providing couples with the education and support necessary to succeed, this project sheds new light on the neglected issue of vulvodynia and the devastating effects that it has on women and their romantic partners. Applying these theories in a new context will allow for a further exploration of the issues faced by couples navigating this difficult landscape.
From Healthcare Providers’ Point of View: Can Health Trackers Help Patients?

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Background/Introduction: According to Pew, 60% of American adults track their weight, diet or physical activity, and a third of the population track health indicators like blood pressure, blood glucose, headaches or sleep patterns. With the advent of wearable technology, the amount of data a healthcare provider can encounter is immense, which impacts patient-provider communication.

Objective: The purpose of this study was to better understand healthcare providers’ positive and negative experiences regarding health applications and wearable health technologies in order to better facilitate provider-patient communication for better health outcomes. This paper assessed the open-ended survey questions about the providers’ experiences with the technology.

Method: We conducted a mail survey to a random sample of Michigan physicians and advance practice registered nurses (APRN, commonly known as nurse practitioners). We sent out the survey to 300 physicians and 300 APRNs. The mailing consisted of a welcome letter, the survey, a self-addressed stamped return envelope and a $5 gift card to a national coffee chain. After two weeks, we sent a reminder postcard. The survey data was returned between June 31 and September 29, 2016.

The open-ended data were analyzed by developing broad code categories based on perception themes and served as a preliminary sorting tool. The researchers then used thematic analysis and created a list of common perceptions. Once the coding scheme was developed, two coders performed a pretest by coding 10% of randomly selected transcripts in order to measure reliability and obtain consensus.

Results: For our overall sample, 86 physicians responded (response rate of 29%) and 100 APRNs responded (response rate of 33%), for a total n=186. The majority of the sample was female (69.4%), and between 35-54 years old (51.4%). Additionally, there was about an equal split between providers who have used these types of devices (47.1%) and those who have not (52.9%). However, a majority of the providers (63.4%) have recommended these types of devices to their patients.

In terms of the open-ended survey data, we wanted to better understand the providers’ positive and negative experiences around the use of these technologies. We had 113 positive experience and 91 negative experience responses. This study found four overall themes of positive experiences including: 1) health outcomes; 2) recognition; 3) clinical data review; and 4) patient enjoyment. We also found five overall themes of negative experiences, including 1) ineffective; 2) too complex; 3) cost; 4) wrong goals; and 5) discontinued use.

Conclusion: These open-ended responses provide us with insight into providers’ perceptions of these types of devices. While there are overall positive experiences in terms of better health outcomes and discussion during clinical visits, there are also some negative experiences. Since the provider-patient interaction is only approximately 15 minutes, these tools can give insight into the patients’ life away from the physician’s office. They can help providers understand the patient’s life styles and goals. However, it is important to note that there are some limitations to these types of tools including cost and the complexity of the technology.
Relationship of Information Orientation and Cancer History on Consent Preference and Control over Genetic Information in a Biobank

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Objective: One of the most important goals of the Precision Medicine Initiative is the assembly of a large cohort of individuals who are willing to share their biospecimens and genetic information through biobanking. To achieve this goal, data are needed regarding how the informed consent process affects participation in a biobank among diverse populations. Models of informed consent vary in the amount and frequency of information participants receive. Prior research has suggested factors that may affect responses to different models of informed consent. Studies have found that information orientation significantly relates to individuals’ information seeking, and personal and familial cancer history affects patients’ participation in a biobank. Participants’ need for control over their genetic information may be associated with their responses to different consent models. Therefore, in this study, we investigated how participants’ information orientation and personal/family cancer history affected their need for control over genetic information as well as preference for a model of consent for a biobank.

Method: We recruited 358 women aged 40 and older stratified by race (56% Black and 44% White) from a primary care clinic in a large urban hospital. Participants reviewed three informed consent documents based on different models of consent: notice (informs that samples will be used in future research); broad (asks permission once for multiple future studies); and study-specific (asks permission before each future study), and were asked to select the model they most prefer. For data analyses, hierarchical multiple regression and logistic regression methods were employed. In these models, independent variables were health information orientation (i.e., health information efficacy, health information need, dependency on doctors) and family/personal cancer history. Dependent variables were need for control over genetic information and preference for the study-specific model. To investigate three-way interaction effects of race and personal cancer history, MODPROBE was used.

Results: Individuals with a personal cancer history needed less control than those without it (p <.05). Among information orientation variables, health information efficacy was the only significant and negative predictor of need for control (p <.05). Black participants reported needing more control over their genetic information than White participants (p <.01). Participants with a personal cancer history were more likely to prefer the study-specific model of consent (p < .05). Overall, participants’ need for control significantly and positively affected their preference for this model (p < .05). However, the three-way interaction analysis revealed that need for control was significantly and positively associated with preference for the study-specific consent model only among Black participants with personal cancer history (three-way interaction effect: p < .05).

Conclusion: Preference for the study-specific consent model was significantly predicted by need for control over genetic information as well as personal cancer history. Race was a significant moderator affecting need for control and preference for the study-specific consent model. These findings suggest that implementing different processes for informed consent across racial groups and by personal cancer history might be essential to support participants’ informed decision making in future biobank studies.
Objectives: About 1 in 8 women in the U.S. develop breast cancer during their lifetime. Although mammograms can help find breast cancer early, prior studies have identified barriers to screening, including both socioeconomic factors and psychosocial factors. People’s understanding of their family history may influence perceived susceptibility to diseases and actions taken to prevent them. According to Cameron and Leventhal’s (2003) self-regulation theory, causal beliefs related to cancer may affect women’s cancer risk perceptions as well as adherence to mammography recommendations. However, data regarding the associations between these factors and mammography among medically underserved populations are limited. Accordingly, this study examines how family history-related factors and causal beliefs affect underserved women’s cancer risk perceptions and adherence to mammography.

Methods: 1,010 patients at a primary care safety net clinic at a large urban hospital completed a survey in 2015. Of the 1,010 patients, 467 women over 45 years of age were included in this analysis, because the American Cancer Society currently recommends yearly mammograms by age 45. The majority of participants were Black (68%). Most participants had a household income of less than $19,999 per year, and 48% earned less than $9,999. We built multivariable linear and logistic regression models to examine the dependent variables of cancer risk perception and mammography screening adherence (i.e., less than 2 years since last mammogram). The following independent variables were tested for entry into the models: personal or family cancer history, family history-related factors (i.e., knowledge, communication with family/doctor, beliefs in importance), causal beliefs about cancer development (i.e., behavior, gene, stress, chance causal beliefs), and health literacy.

Results: Among the four causal belief variables, chance causal belief was the only significant and negative predictor of cancer risk perception (p = .01). No family history-related factors were significantly related to breast cancer risk perception. In the model, Black women had lower risk perceptions for breast cancer than women from other racial and ethnic groups (p < .001). For predictors of adherence to mammography, women with a personal or family cancer history were more likely to adhere to mammography than those who did not have these cancer history (personal: p = .03; family: p < .001). Additionally, women with stronger beliefs about the importance of family history were more likely to be adherent to mammography (p = .02). Causal beliefs about breast cancer were not significantly associated with adherence to mammography.

Conclusion: Women’s cancer risk perception was significantly and positively affected by their race and income, although not their family history of cancer. Having beliefs about cancer being due to chance was a negative predictor of cancer risk perception. Personal and family cancer history, as well as beliefs about the importance of family history, significantly and positively predicted mammography screening adherence. These findings suggest that implementing different strategies across racial groups and by cancer history may be necessary to promote regular mammography screening.
Potential Role of Mobile Phone in Promoting Antenatal Care amongst Pregnant Women in Bangladesh: A Qualitative Assessment

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Background: Antenatal care (ANC) provides an opportunity for pregnant women to make informed choices that would contribute to good pregnancy outcome. ANC is, therefore, regarded as a key strategy for reducing maternal mortality. However, many women in low-income countries including Bangladesh do not achieve recommended number of ANC visits. Qualitative studies exploring inadequate use of ANC have been undertaken in many countries, but the findings are not easily transferable. Moreover, there is limited understanding about how socio-cultural factors can influence ANC seeking behavior in Bangladesh. Drawing on qualitative data, this study explores the socio-cultural factors that influence ANC attendance and the need for a mobile-based communication design in Bangladeshi context.

Method: Focus groups (FGD) and in-depth interviews (IDI) with purposively selected respondents were carried out in two different hospitals in semi-urban area Dhaka. Data were obtained using a semi-structured guide through one-to-one interviews of 5 doctors and 5 nurses and three focus groups separately comprising 20 pregnant women, 10 husbands and 10 relatives. Collected data were analyzed using thematic analysis.

Results: The findings of the study demonstrated that women’s use of ANC was influenced by both cognitive and socio-cultural beliefs. The pregnant women’s use of maternal health care was influenced by perceived social norm that impeded their autonomy in decision making. It was found that pregnant women’s social networks not only provided them with ANC-related information, but also promoted their ANC behavior by providing emotional support. Participants in FGD and IDI opined in favour of providing information to motivate expectant women to uptake ANC. Discussants in FGD and IDI also identified the need for communication to address the low uptake of ANC. On channel of communication, mobile-based SMS messages was reported as the preferred mean for communicating health messages about complications of pregnancy and usefulness of ANC. The health care providers highly valued the features of mobile-based SMS and agreed that it had great potential to support ANC seekers distantly when unforeseen problems might arise. Young participants and those who were not escorted by their husbands stated that mobile phone could be an alternate way to get ANC-related information from health care providers, which is complemented by husbands’ preference for mobile-based ANC communication.

Conclusion: The current study describes a dissonance between existing communication design in a socio-cultural context that may restrict access and discourage return visits. The study demonstrates that health centre-based, non-risk focused ANC programs may be at odds with the resources, socio-cultural beliefs, and experiences of pregnant women who underuse antenatal services. The increasing availability of mobile phones among women in Bangladesh coupled with less need for technical literacy and texting option in local language has created a potential for mobile-based communication design in Bangladeshi context. At the practical level, this research is likely to contribute to a deeper understanding of socio-cultural factors from service seekers’ perspective and provide guidance to develop a new mobile-based communication design that may promote ANC. The policy makers may use the results to promote women empowerment for maternal health related decision making.
“It’s Going to Hurt My Insides”: College Women’s Understanding of Birth Control Methods

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Rationale: Almost half of all pregnancies in the United States was unintended in 2006. Yet in ages 18-24 year old, they saw unintended pregnancy rates two to three times that of the national average (Finer & Zolna, 2011). The age group that has the highest rates of unexpected pregnancies represent the average age of women attending colleges and universities. Therefore, college women could be having instances of unintended pregnancies at larger rates than previously believed. Most of the previous research has specifically on condom usage (Fitz & Zucker, 2015; Starosta, Cranston, & Earleywine, 2016). Other contraceptive research has looked at access to contraceptives (Grindlay & Grossman, 2015). Yet, there is little information on what college women know about the methods. The purpose of this study is to assess college women’s understanding of birth control methods.

Method: A total of 42 women from a Mid-Atlantic university participated in this study. Their ages ranged from 18-21. Ten focus groups were conducted with 2-6 women in each group. The length of the focus groups ranged from 26-51 minutes. Audio recordings were fully transcribed resulting in 168 single-spaced pages of transcripts. Analysis occurred at several stages. The analysis began with the constant comparative process (Charmaz, 2014). From this process, larger themes were established. Descriptive and theoretical coding was then used to narrow on specific themes for this research (Saldana, 2016).

Results: Their understanding and knowledge of birth control was broken into three major themes: types of methods, most effective methods, and myths/misconceptions. Women in the study stated that they knew about oral contraceptives, but many of them claimed that was the only method they knew. Although there were some exceptions, most of the women also did not about long acting reversible contraceptives (LARC). If the LARC methods were discussed, it was mostly referring to Nexplanon. Occasionally, there was a participant who recognized the IUD after having seen it at a doctor’s office. Yet, even if they had seen the IUD, they would typically misname the IUD or reference the shape. When asked about what is the most effective method, the participants typically had the same answer. First, they would answer that abstinence was the most effective method. After taking that answer out of the equation, they would then get around to the idea of the pill being the most effective, which is the incorrect response. A typical rationale for why they believed the pill to be the most effective because it was the most common and/or that the pill was taken daily. Throughout the focus groups, conversations would lead towards different myths the participants had heard about birth control and sex, as well as general misconceptions they had about particular methods. Participants did not understand how the IUD functioned and expressed fears about what the product could do to their body. A common misconception was that hormonal birth control, in general, could cause infertility. Participants would be concerned that if you took birth control at a young age, it would prevent future (wanted) pregnancies.
Visual Narratives of Depression on Social Media

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Humans are inherent storytellers. Our tendency to narrate helps in shaping our self-identity and meaning making of the world we live in. The tendency to talk about health and illness is known as ‘illness narratives’.

Most research on illness narratives is based on human conversations generated from research methods using diaries, interviews, focus groups, case studies, and surveys that focus on words (Frank, 1995). However, speech and text are not the only ways in which people interact with their surrounding world. An alternative is to produce photos and images about illness, generally known as ‘visual illness narratives’.

In the present age of new media and communications, people have found more ways to express their illness. Among these is the use of images on social media sites like Tumblr, Facebook, and Instagram. Such visuals provide us insights about lived experiences of peoples’ illness experience, which is either not shared with a doctor or is hard to describe verbally in a counseling session.

Depression is a common and serious illness, which if left untreated can lead to serious health hazards. Despite increased use of images on the web, little research has been done on visual illness narratives of depression. The current paper specifically asks three questions: What is the illness narrative elicited through images? What is a participant’s attitude? And what are the emotions evoked from using images in the interview?

Fourteen patients with moderately severe depression according to PHQ-9 scale (Mean age = 27), mostly female (N = 12) were recruited from a counseling center at a Midwest university (White = 9, Asian = 3, Hispanic = 2). Participants were presented 72 depression related images from Tumblr in a semi-structured interview. Using Q-sort methodology, participants sorted the images into three piles: describes me the most, describes me the least and neutral. Next, participants talked about each image in relation to their personal experience of living with depression.

The narratives evoked from using images provided rich insights about participants’ emotions, suicidal ideation, social stigma, social support, struggle for recovery and intention to seek help. The study found that participants expressed their attitude towards using images in interview as largely helpful, clear, effective, and good use of time. In terms of emotions, participants expressed being more relaxed, purposeful, calm and motivated. In terms of negative emotions, participants did feel tearful, sad and nostalgic.

The study offers following concrete implications to improving patient-centered communication for mental illness. First, visuals offer a new mechanism for patients to effectively communicate their experiences to help counselors and therapists better understand the patient perspective, leading to improved patient care. Second, using visuals to prompt illness narratives may help the non-narrators to speak-out i.e., those who keep their story of suffering to themselves. Third, images serve as a bridge to access latent thoughts and feelings that many patients may find hard to verbalize due to social stigma. Finally, visual narratives may help in improving communication with patients, offering opportunities for improved patient care in home, neighborhood and clinical settings.
Easing Depression through Nostalgia

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Background: Loss of health and ability can increase longing for the past when things were better (Brown & Humphreys, 2002; Milligan, 2003). Especially in times of distress, people have a tendency to remember the good old days. This emotional tendency of mental time travel and revisiting the cherished memories is called Nostalgia. This study questions whether experimentally inducing nostalgic emotions reduces feelings of depression and how it can motivate them to seek mental health counseling.

Method: Participants (N=189, female=55%, single=77%) were randomly assigned to two conditions: Nostalgia evoking PSA (n=95) and control video (n=94) PSAs of equal duration. The videos focused on providing information about depression and ended with a prompt to seek help at the university-operated counseling center. Participants then completed the nostalgia manipulation check followed by a thought listing exercise about the feelings evoked while watching the PSA. Dependent variables included positive and negative emotions, help-seeking attitudes and behavioral intentions, among others.

Participants completed a pretest of depression using PHQ-9 screening that resulted in five categories as per their level of depression: Not depressed (n=77), mild (n=60), moderate (n=38), moderately severe (n=20) and severe depressed (n=14). Among all participants, 33% had attended a counseling session in the past. No differences were found between the experimental and control condition on all study measures.

Results: As intended, the nostalgic PSA was rated significantly higher in evoking nostalgia (M = 31.80, SD = 9.54) than control PSA (M = 19.37, SD = 9.23), t(187) = -9.09, p < .001.

Participants exposed to the nostalgic PSA (M = 46.55, SD = 15.76) expressed significantly higher positive emotions than those exposed to the control PSA (M = 39.28, SD = 12.78, t(187) = -3.48, p < .005). However, the difference was not significant in terms of negative emotions.

A significant difference was found in terms of attitude towards counseling center wherein participants exposed to nostalgic PSA expressed more positive attitude (M = 32.25, SD = 7.37), compared with the control group (M = 28.50, SD = 7.24, t(187) = -3.62, p < .001). However, no significant difference was found in terms of attitude towards help seeking wherein both groups indicated equally high and positive attitude towards help seeking.

Significant difference was found in terms of feelings of haplessness between nostalgic group (M = 33.09, SD = 12.06) compared with control group ((M = 33.24, SD = 9.65, t(187) = .094, p < .05). Similarly slightly significant difference was found in terms of helplessness between nostalgic group (M = 32.43, SD = 12.47) compared with control group (M = 33.69, SD = 10.13, t(187) = .761, p = .06).

No significant difference was found in terms of perceptions about ‘meaning in life’ and ‘social provisions’ between the nostalgic and control group.

Conclusion: The study offers implications for designing nostalgia-themed messages for health communication campaigns to improve health-seeking behavior among people living with depression. The study aligns with DCHC’s theme of patient-centered communication by proposing nostalgia related narratives and discussions during counseling and therapy sessions.
Increasing Medication Adherence for Patients with Chronic Illness: Opportunities for Health Communication Scholars

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Chronic illnesses among the most common, costly, and preventable of all health problems in the United States (Center for Disease Control and Prevention, 2016). The World Health Organization (2014) estimates that, by 2020, the number of Americans affected by at least one chronic condition requiring medication therapy will grow to 157 million. Effective medications are a cornerstone of prevention and disease treatment, yet only about half of patients take their medications as prescribed, resulting in a common and costly public health challenge for the U.S. health care system (National Institutes of Health, 2016). The aim of this paper is to provide a critical overview of the body of literature on drug adherence with the goal of outlining opportunities for health communication scholars.

Numerous studies have explored potential predictors or correlates of adherence to medication across a variety of conditions. Demographic characteristics (e.g., age, race, gender), presence of comorbidities, health literacy, medication beliefs (e.g., medication necessity, side effects, regimen complexity), medication knowledge, perceptions of consequences associated with drug nonadherence (e.g., illness aggravation), social support, and doctor-patient communication have all been found to affect a patient’s adherence to medication.

Researchers have tried to develop and evaluate complex interventions that may improve drug adherence. Some of these interventions focus on improving doctor-patient and pharmacist-patient communication. Other programs have tried to enhance patients’ understanding of their medication regimen through educational materials and their motivation to take their drugs through motivational interviewing. Another stream of research has tested the potential of text messages or mHealth in reducing drug nonadherence.

However, even though communication is an important component of all these interventions, there remains a gap in understanding how effective communication can enhance medication adherence and research and recommendations on how to design communications that motivate drug adherence are sparse. As with much of health care, drug adherence is primarily about human behavior. In other words, medication adherence is not much different from smoking cessation, exercise, or eating healthfully. Therefore, patients who are resistant to medication adherence cannot be forced or simply educated to take their medication; they must be persuaded and motivated to do so. For this group of patients, persuasive messages that convince them of the importance of medication while alleviating fears and minimizing negative reactions are likely to be much more impactful than education and reminders. However, existing literature is almost silent on how persuasion-based behavioral change can be achieved for non-adherent patients. Only three studies on this matter were identified for this review (Kreps et al., 2011; Zhao et al., 2012; Krebs et al., 2015).

We conclude that research in this area is critically needed. This research ought to focus on communication strategies that positively change factors such as self-efficacy, response efficacy, and risk perceptions, given that these factors are most likely to lead to behavior change among low motivated patients. We discuss several message design strategies that can help achieve these goals.
Communicating Risk Information about Drugs: The Effect of Quantitative Information Type on Risk Perceptions and Understanding

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Communicating quantitative information related to health risks to the public is challenging. The US Food and Drug Administration (FDA) faces this challenge each time it communicates about a new safety risk with a drug that has been approved and is on the market. The primary communication FDA uses to provide this information to patients, healthcare professionals and the public are the Drug Safety Communications (DSCs).

The goal of this study was to experimentally assess how different types of quantitative information that might be included in a DSC affects respondents’ perceptions of severity of a drug safety issue, general and personal susceptibility to that issue; and information understanding and recall. As part of a larger project, this study was undertaken to obtain generalizable data that could be used to enhance the DSCs. The experimental design was informed by findings from 24 focus groups conducted in four U.S. cities. The stimuli consisted of a paragraph about a new safety issue for either one of two different drugs for diabetes or constipation. We recruited 2930 individuals, 1477 with diabetes and 1453 with constipation, and participants in each group were randomly assigned to one of six conditions.

Respondents read a paragraph that reported information about the adverse events. All five experimental conditions included quantitative information (number of adverse events reported to FDA). Three included a source (FDA’s Adverse Event Reporting System). Two included frequency information: quantitative (fewer than one in a million) and qualitative (very rarely). One included an explanatory statement indicating there were likely additional cases about which FDA was not aware. The control included source but no explanatory statement, and no quantitative or frequency information.

Across medical conditions, findings showed the presence of quantitative frequency information, compared to the control condition, resulted in lower perceptions of risk severity (diabetes: $M_{\text{quant}}=3.97$, CI 95%= [3.78; 4.12]; $M_{\text{control}}=4.49$, CI 95%= [4.31; 4.66]; constipation: $M_{\text{quant}}=4.71$, CI 95%= [4.54; 4.86]; $M_{\text{control}}=5.21$, CI 95%= [5.08; 5.34]). Similar results were obtained with risk susceptibility for the self and for the typical person. Qualitative frequency information also resulted in decreased risk severity perceptions compared to when no frequency information was included (diabetes: $M_{\text{qual}}=4.21$, CI 95%= [4.03; 4.38]; $M_{\text{control}}=4.49$, CI 95%= [4.31; 4.66]; constipation: $M_{\text{qual}}=4.87$, CI 95%= [4.70, 5.02]; $M_{\text{control}}=5.21$, CI 95%= [5.08; 5.34]). No consistent patterns were found for the effect of the explanatory statement on risk perceptions. In the constipation group only, respondents who viewed a communication with quantitative adverse event information only, compared to all other groups, were more likely to have accurate understanding/recall ($\beta=0.14$, p=.025). In both medical conditions, respondents who saw quantitative information and additional qualitative frequency information had the poorest recall (diabetes: $\beta=-0.73$, p<.001; constipation: $\beta=-0.15$, p<.001).

These findings suggest adding either qualitative or quantitative information about the frequency of drug adverse events can lower risk perceptions about a safety issue, which can help reduce potential unintended effects of these types of communications. However, the inclusion of qualitative frequency information has the additional effect of reducing information understanding. In some, but not all, cases, quantitative information alone can increase understanding/recall. More research is needed.
Women’s Understanding of Their Pap and HPV Test Results: Implications for Patient-Provider Communication

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Since 2012, the cervical cancer screening guidelines put forth by the USPSTF endorses co-testing (Pap testing plus HPV testing) every 5 years for women 30 to 65 years old. Adoption of co-testing and the expansion of testing intervals has been slow and inconsistent, but as more clinics implement these practices, many women will learn that they are infected with HPV and will need to be able to understand how both tests work together. Previous research reveals women have relatively poor knowledge about these tests. With these changed guidelines that incorporate co-testing, the need to understand health care providers’ (HCP) and patients’ communication about these test results, and the subsequent clinical management of abnormal and positive tests, has become crucial. This study seeks to extend previous research by assessing women’s understanding of their personal Pap and HPV test results from a clinical encounter with a HCP.

Thirty women (mean age= 27.8 years; 90% African-American) with low SES status were recruited for two clinical visits; a Pap test and cervical HPV test was performed at the first visit and a HCP shared the test results at the second. 22 of the 30 participants (73%) had at least one High risk-HPV detected and 5 (17%) had an abnormal Pap test result; 24 women reported a history of abnormal Pap tests. After sharing the test results, a semi-structured interview focused on participants’ recall of the test result discussion with the HCP as well as their general understandings of the tests. The first two authors used a grounded theory approach to analyze the interview transcripts and met several times with the multi-disciplinary research team to discuss emerging themes and findings.

Findings revealed participants were familiar with the Pap test and proactive about receiving one, despite poor knowledge about the test’s purpose. These findings reveal past Pap test education with patients may be lacking. On the other hand, participants expressed confusion and anxiety about the HPV test. Given that HPV tests are still relatively uncommon in clinical practice, it may be these women had no cognitive frame for interpreting these results. Communication with the HCP who delivered the results helped to ease some of these worries. Finally, patients expressed a range of ability in reconciling how the two tests were connected and why both are needed. It was especially difficult for women who had discordant test results (e.g., a positive HPV test, but a normal Pap test) to comprehend what this meant for their personal health and whether they should be worried. HCP communication helped to clear up some confusion.

This qualitative data suggests important gaps in women’s understandings of Pap test and HPV test results, especially when used together in a clinical visit. There is a need to address this lack of understanding as the use of co-testing in clinical practice increases. Developing communication strategies for clinicians who use these tests with their patients can increase patient health literacy, alleviate unnecessary worry, and possibly lead to better health outcomes.
Negotiating Assent: Physical Therapy Graduate Student Communication with Patients during Clinical Training

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In studying physical therapist (PT)/patient interaction, a limited focus exists on the contexts in which PTs begin to cement their communicative styles—graduate school. Traditionally, learning the “soft skills” of communication “on the job” was the expectation of health professionals but Ammentorp & Kofoed (2011) and Parry (2008) argue this method is unlikely to succeed. They find professionals feel more comfortable in biomedical competencies and are less likely to realize a need for continued focus on communication competence. As they are unaware of their lack of competence, they also resist interventions to improve. Thus, Parry argues that a strong, consistent focus on communication must be a component of PT graduate education. These skills include: “bedside manner” (Jette et al., 2007; Kurtz et al., 2003), goal setting (Levack et al., 2011; Schoeb, 2009), emotional talk (Roberts et al., 2013), assisting the patient in constructive criticism of enacting of the prescribed exercises (Talvitie & Pyöriä, 2006), and working with patients positioned as equal partners in the health care relationship (Forbat et al., 2009). The current study concerns PT graduate students during their first clinical experiences and asks how students respond to patient statements of concern and how the students mutually negotiate meaning with patients.

This study videotaped student/patient interactions in the orthopedic and stroke recovery clinical integrated in a PT graduate program at a school in the Midwest of the United States. Patients and students provided informed consent prior to videotaping. The clinical encounters were videotaped on 6 separate days and an average of 15 patient/student encounters were videotaped on each day resulting in more than 50 hours of taped encounters. The videotaped encounters were transcribed orthographically.

This paper concerns mutual negotiation of meaning. One of the most ubiquitous utterances in this study may also be a site of misunderstandings between graduate student and patient. In the initial stages of analysis, all students use the term “OK” with either an inflected, questioning tone or a flat, directed tone multiple times in each session. However, it was apparent that a mutual understanding of the terminology usage did not exist between patient and student clinician. Misunderstandings were seen in three areas: explaining procedures, prompting action, and asking questions. For example, a student explains the procedure/exercise and ends with “OK?” The patient answers “OK.” They look at each other for a moment and there is an awkward silence. In this interaction, the student use of “OK” was meant to both end the direction-giving phase and prompt the patient to either ask questions about the explanation or perform the explained procedure. However, the patient perception of student’s use of “OK” was that the directions were done. The patient mirrors the “OK” to tell the student “I acknowledge that you are letting me know that this was the end of your explanation.” Results are discussed in context of: Beach (1995), Raymond (2010), Roberts (2013), and Schoeb (2009).
Communicating Support of Nursing Mothers in the Workplace: Results from a Survey of New Mothers

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Under the Patient Protection and Affordable Care Act, employers must provide women with time and space in order to nurse or pump during the workday. In effect, this law requires employers to provide a space other than a bathroom for nursing mothers to use, and to not penalize them for taking time during the day to pump. This law was enacted in order to protect mothers, and to promote breastfeeding because of the known health impacts for infants and their development, such as reducing the child’s risk of asthma, childhood obesity, diabetes, and reducing the mothers chance of getting certain types of breast cancer and ovarian cancer (Ip et al., 2007). While the implementation of this policy protects a woman’s choice to breastfeed, it does not eliminate all barriers that women face.

Employers have to communicate information to working mothers through messages about the specific space that is provided, and the time they can have to pump during work. Organizations vary considerably in how they meet this standard and vary even more considerably in how they implicitly and explicitly communicate their level of support for this policy to their employees. The communication process between employers and employees is important to understand so that there is opportunity to improve the effectiveness of this policy.

The current research surveyed new mothers (N=297) who were currently nursing or had done so within the last three years, and had returned back to work. Participants were recruited with community listservs, parent listservs, and nursing mothers support groups. The online survey took approximately ten minutes to complete and participants were compensated with a $10 gift card for their time. The survey assessed breastfeeding and pumping behavior, implicit and explicit messages from employers and colleagues, and perceptions of organizational support for the policy. Results revealed varying levels of support from organizations as indicated by communication in the workplace as well as a clear relationship between the behavior of pumping breast milk at work and the comfort and privacy of the space allotted for nursing mothers. Participants also recalled memorable messages that illustrate how communication about nursing is enacted in the workplace. In this poster/presentation, we discuss findings from our survey of new mothers and provide recommendations for best practices within organizations. These findings and recommendations have implications for the well-being and comfort of mothers nursing or pumping in the workplace, as well as the extent to which this breastfeeding policy is appropriately communicated throughout various organizational settings. These implications relate to the overall movement toward the normalization of breastfeeding.
Critics of campus rape and rape culture argue that the concept has become “normalized” throughout the United States. A key question surrounds the role of media: Do they generally facilitate or challenge rape and rape culture? Exploring this issue is important because at least one in five women and one in sixteen men are sexually assaulted while attending college (Krebs, Lindquist, Warner, Fisher, & Martin 2007).

A community structure analysis (Pollock, 2007, 2013a, 2013b, 2015) compared community characteristics and newspaper coverage of rape and rape culture on college campuses in a nationwide cross-section sample of 21 leading metropolitan newspapers, sampling all 250+ word articles over more than three years between 03/13/06 and 06/02/16, yielding a total of 288 articles. Coded for both “prominence” (measuring editorial decisions about “placement”, “headline size”, “article length”, and presence/absence of “photos/graphics) and “direction” (“government responsibility,” “societal responsibility,” or “balanced/neutral”), the article codes were combined into a single “Media Vector” score for each newspaper, spanning +.7639 to -.0330, or a range of .7969. A majority of 17 of 21 Media Vectors (81%) emphasized government responsibility for rape and rape culture on campuses.

Pearson Correlations yielded six significant results, the three strongest supporting coverage emphasizing government responsibility for addressing campus rape. The buffer (privilege correlating with favorable coverage of human rights issues); vulnerability (vulnerable population size correlating with coverage favoring its perspectives); stakeholder (stakeholder group size correlating with favorable coverage of stakeholder concerns) hypotheses were all confirmed. Buffer/privilege (physicians per 100,000: r = .630, p = .001); vulnerability (hate crime: r = .516, p = .010); and stakeholder (women’s employment: r=.467, p=.013) were all significantly correlated with more media emphasis on government responsibility for rape/rape culture on college campuses. Regression analysis revealed that physicians per 100,000 accounted for 40.5% of the variance, women’s employment 10.4%, and hate crime 7.2%, totaling 67.3% of the variance associated with government responsibility for rape and rape culture on college campuses.

Empirically, coverage of rape and rape culture on college campuses appears to resonate in media not simply as a “women’s” cultural issue, but more profoundly, as a civic “public health” and “hate crime” issue, broadening the rape concept from a narrower focus only on the concerns of women on college campuses. Methodologically, combining measures of both “prominence” and “direction” affords highly sensitive media scores or “Media Vectors” that illuminate the capacity of media to reflect community level indicators of “health access”, “vulnerability” and “women’s empowerment”. Theoretically, by emphasizing the influence of local demographics, the community structure approach complements predictions of national-level agenda-setting theory, which focus on the power of prominent newspapers to set agendas at the local level. The comparative importance of community structure characteristics was recently recognized in an empirical study by one of the founders of agenda-setting perspectives (Funk & McCombs, 2015). Community and local concerns make a difference.
Approximately 110 million people are infected with STIs in the U.S. with almost 20 million new cases emerging every year. Past research indicates that peer norms regarding sex play an instrumental role in determining college students’ sexual behavior but norms based campaigns have had mixed success. One of the reasons cited for this is the presence of other intervening variables that may influence the relationship. Applying social norms theory (Berkowitz, 2005; Rimal & Real, 2003, 2005) as a framework, we examine the influence of peer norms on behavioral intentions (BI) to engage in safe sex and the moderating role of perceived threat and efficacy regarding safe-sex. A total of 172 undergraduates (67% female) between the ages of 18 and 34 (M = 20.83, SD = 1.88) participated in the study and were asked to provide perceptions of peer norms and BI regarding safe sex, past sexual experience, and perceived threat and efficacy towards STIs among other things.

We used multiple regression and PROCESS macro (Hayes, 2013), model 1 for data analysis. Gender (dummy coded; females=1), age, past sexual behavior are added as control variables. Peer norms, B = 0.23, t(166) = 2.56, p < .05 and perceived efficacy, B = 0.30, t(165) = 3.83, p < .001 were a significant predictor of BI. The effect of perceived efficacy as a moderator was significant, b = .13, t(164) = 2.38, p < .05. The effect of peer norms on BI depends upon perceptions of efficacy such that there is no difference between low and high peer norms at low values of perceived efficacy. However, when efficacy perception is high, those who believe their peer norms towards safe sex to be high are significantly more likely to engage in responsible sex than those who don’t perceive their peer’s norms towards safe sex to be high.

Perceived threat had no significant effect on safe-sex intentions. Perhaps high levels of threat perceptions lead people to get defensive, adopt avoidance strategy and engage in maladaptive changes in which case it would be prudent for campaign designers to focus on positive, motivational components such as efficacy. Our findings have implications for message design research given that social norms approach is one of the more popular message design strategies among health campaigners (Berkowitz, 2005).
Understanding the Barriers to Mental Health Services Utilization in Racial and Ethnic Minority Communities in a U.S. County

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Demand for effective health care has indicated a greater awareness and need of ensuring appropriate mental health services for minorities (Abe-Kim et al., 2007). Compared with the general population, members of minority groups in the U.S. have much lower rates of mental health service utilization and help-seeking behaviors (non-Hispanic Whites: 16.2%; African Americans: 8.8%; Hispanic: 7.9%; Asian Americans: 5.3%; DHHS, 2001; Le meyer et al., 2009; SAMHSA, 2012). There are a number of studies looking at barriers to mental health utilization in minority populations, but local contexts and increasing diversity necessitate more research tailored to county populations in the U.S. This study originated out of extensive discussions with a community partner providing mental health services in a Midwestern county. The county with 185,826 population reported that 21.9% were racial/ethnic minorities.

The purpose of the study is to identify the barriers to mental health services utilization among minorities living in the county and suggest recommendations. The study employed the Health Belief Model as a theoretical framework and followed a culture centered participatory research methodology with the minority communities. The sample consisted of racial and ethnic minorities and mental health service providers in the county chosen through convenient sampling. Data collection took place through structured surveys (n=102) and in-depth interviews (n=10). SPSS 22.0 was used to analyze the survey responses and NVivo 11.0 along with grounded theory for the in-depth interviews.

The main barriers that minorities experienced were ineffective communication due to language barriers and cultural differences, low perceived need of mental health service, lack of understanding of mental health services, social stigma attached to mental illness, distrust of the mental health services or providers, and unwillingness of talking about mental health problems with a stranger. The study also gave six key recommendations for overcoming these barriers to mental health service utilization: 1) Developing mental health services that are tailored to minorities’ needs; 2) Training on cultural understanding and competency to mental health service providers; 3) Recruiting Multi-lingual professionals; 4) Linking mental health service delivery to other social services like education and child welfare; 5) Linking mental health service delivery with informal resources such as churches and community cultural groups; 6) Creating and encouraging social network events through community support groups.

The barriers emerged from the findings are closely tied to the local context. Some of the barriers may be “universal” problems that can influence the general population (e.g., low perceived need). However, several barriers are unique to minority groups. For example, stigma, linguistic isolation, and lack of culturally sensitive communication with providers are experienced often by racial and ethnic minorities. In addition, the study highlights the importance of engaging into and linking with the local communities, rather than “waiting for” the minorities to come utilize services. The study adds valuable knowledge that can inform the local mental health service organizations about barriers faced by the minority communities. The findings can be used to design and implement tailored health programs among minorities to address barriers and increase utilization in the county.
Health Information-Seeking Behaviors among Patients with Type II Diabetes: Testing Predictors of HISB Online and with Doctors

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Introduction: The chronic nature of Type 2 Diabetes presents a unique burden to patients for managing their health on a daily basis. Since there is no cure for diabetes, self-management is a critical element of care that is often seen as a lifestyle condition and must be supported by information access and ongoing education (Longo et al., 2010). There are obvious benefits of health information-seeking behaviors (HISB), especially about nutrition, exercise and blood glucose tracking among people diagnosed with Type 2 Diabetes. Searching for health information has been consistently reported as one of the most prevalent online activities among adults in the U.S. (Weaver et al., 2010), and health professionals are considered to be the most widely used source of information among diabetics (Longo et al., 2010).

Myriad factors influence a patient’s decision to engage in HISB with a provider or online including trust for the source of health information as well as perception of health and health locus of control. The primary aim of the current research is to understand the factors that influence health information-seeking behaviors (HISB) with healthcare professionals and online.

RQ 1: Among participants with Type II Diabetes, what attitudes and perceptions about health are predictors of health-information seeking behaviors with a healthcare professional?

RQ 2: Among participants with Type II Diabetes, what attitudes and perceptions about health are predictors of health-information seeking behaviors online?

Method: Annenberg National Health Communication Survey data from 2005 through 2012 was analyzed to discover possible antecedents to health information-seeking behaviors (HISB) with healthcare providers and online. Two separate models of predictors of HISB with healthcare providers and online, including health locus of control, perception of health and trust for information from a provider or the internet, were tested using multinomial logistic regression. Gender, race, age, education and marital status were included as control variables.

Results: Health perceptions (p<.001), and an external health locus of control focused on powerful others (p=.002) significantly predicted the frequency of HISB with a provider. Participants who rated their health as excellent/very good were 86 times more likely to engage in HISB with a provider one to two times a year than those rating their health as poor/very poor, controlling for age, gender, education, marital status and race. Those who perceived their health as good were about 46 times more likely to seek health information from a provider once or twice.

Trust (p<.001), marital status (p=.03) and age (p=.005) were significant predictors of HISB on the internet. Participants who trust online health information a lot were nearly 50 times more likely to engage in HISB on the internet a lot in a month than those who trust online health information a little or not at all, controlling for age, gender, education, marital status and race. Eighteen to 44 year-olds were found to be five times more likely to seek health information online a lot than participants 60 or older.

Research implications and future directions will also be discussed.
Nutritional Decision-Making at the Food Pantry: Information-Seeking Communication between Clients and Volunteers

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Recent national assessments estimate that 14.0 percent (17.4 million) of American households have experienced food insecurity at least some time during the year, and 9.4 percent (3.7 million) of those households include children (Coleman-Jensen, Rabbitt, Gregory, & Singh, 2015a). The consumption of nutritious food to maintain a healthy and active life can be difficult to achieve when a household has limited income and access to food (Andrews & Nord, 2009). Food banks and food pantries have become an important option for households with very low food security, providing them access to sufficient, safe, and (when available) nutritious food. Volunteers support is essential to the functioning of food pantries. Volunteers are often members of the community who have knowledge of local food preferences, attitudes, and needs (Remley et al., 2013). They may also possess knowledge of other resources in the community that may support a user’s food needs (Thomas, 2015). As a food pantry user engages in information-seeking during their shopping, they may make use of a variety of tactics to make sense of and reduce the uncertainties they experience relative to the experience. For instance, those with very low food security may only seek support and relief of their nutritional needs rather than engaging in communication with volunteers that fulfills their emotional support needs, as nutritional needs may be paramount in ensuring that the basic necessities of living are met. This analysis sought out to provide a preliminary investigation into the information-seeking communication that occurs when food pantry users interact with pantry volunteers. Specifically, what food and nutrition information-seeking communication takes place, and what barriers do users perceive in their information-seeking communication with volunteers? Thirty-four semi-structured interviews were conducted with pantry users from March of 2015 to May of 2015 at the St. Vincent De Paul Food Pantry in Madison, WI. Interview transcripts were analyzed using constant comparative techniques, where open, axial, and selective codes were designated to signify emergent themes. The respondents as part of this pantry community indicated that food pantry users do engage in shared information seeking behaviors at food pantries. However, these behaviors differed based upon their experience, personal motivation to seek information, and the relationships they held with volunteers and other users. Interestingly, it was found that experience with food pantry use had an impact on the style of information seeking a user engaged in. Though a user may not know that there are resources available, without a self-perceived need, users did not always engage in active health information seeking with volunteers. A variety of barriers connected to the pantry environment, concerns regarding privacy, and perceived stigmatization were also discussed by respondents. Our results indicate that a necessary step in the evolution of the study of health communication and food insecurity is to understand the information-seeking patterns and sense-making that is created as users and volunteers interact, in an effort to potentially leverage the content of these conversations to provide users with important information that addresses their nutrition needs.
Engaging a Professional Online Medical Community through a Gamified Community Management Tool

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Background: The American Cleft Palate-Craniofacial Association (ACPA) is a non-profit medical society of 2500+ professionals who treat and/or perform research on birth defects of the head and face. The organization recently launched an online community to enable its members to discuss issues, share resources, and keep up with news. As part of her master’s project, the first author conducted a study to inform efforts to increase engagement of members with the online community. In particular, because the online-community management system features gamification elements (e.g., awarding badges for activities or levels of engagement), the study aimed to discover how these gamification tools could be used most effectively based on members’ motivations and needs. Because many other health-related societies have created online communities, this study has potential to yield insights that will be useful to other organizations.

Research questions: 1) To what extent are members engaged with the organization’s online community? 2) How do members perceive the organization in terms of satisfaction and key relationship dimensions? 3) Is there a relationship between engagement with the online community and satisfaction? 4) Among members who are the most actively engaged in the online community (i.e., “superusers”), what are their needs and desires? What are their perceptions of gamification features and of the online community in general?

Method: An online survey was emailed to members. The response rate was 25% (n=597). Females were 49.5% of the sample. Average age was 52. More than half had a professional degree (MD or equivalent). Questions were adapted from research on gamification (Bunchball, 2010) and organization-public relationship management (Grunig et al., 2002) and assessed levels of engagement, satisfaction with the organization, and motivations for engaging with online community.

Key findings: 41% (n=247) of respondents reported participating in the online community. Among this group, the most common activities were reading posts and blogs rather than creating content. Satisfaction was high among respondents overall (M=1.9 on a 1-7 scale, with 1=extremely satisfied). However, satisfaction was higher among those who reported participating in the online community (M=1.67, SD=.86) than those who did not (M=2.06, SD=1.03, p<0.01). Among those who participate, 18% qualified as “superusers” in that they contribute to existing content or create content at least once a month. Among this group, there was low awareness of gamification features. Top motivations for participating are the satisfaction of helping another member who posts a question and being asked by a member to contribute; they are less motivated by competition and rewards.

Discussion: Findings suggest that cultivating online engagement is important, given the association with overall satisfaction. There is opportunity to move participants from passive consumption of content to active creation/contribution. There is also opportunity to increase awareness of gamification features, but primarily for recognizing altruistic actions of helping other members rather than for emphasizing competition. Results were used to create a marketing plan to increase engagement, which will be shared if accepted. The study and the plan have potential to be useful to managers of online communities in other member-driven health organizations.
Cancer Fatalism and Health/Tobacco Information Seeking Among Cigarette, Alternative, and Multiple Tobacco Product Users

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Despite the increasing use of alternative and multiple tobacco users, there is a dearth of research examining how alternative and multiple tobacco users perceive cancer, which is one of the most prevalent risks of smoking. This paper examined cigarette, alternative (i.e., smokeless, cigar), and multiple tobacco product users’ cancer fatalism and health/tobacco information seeking in comparison to nonsmokers using a nationally representative sample from the 2015 Health Information National Trends Surveys (HINTS) – FDA. In comparison to nonsmokers, cigarette users reported higher cancer fatalism; smokeless tobacco users were more likely to agree with four fatalism statements out of six; cigar users did not show a substantial difference; multiple tobacco users showed lower cancer fatalism. Also, all tobacco user groups were less likely to have looked for health/medical information than nonsmokers. Background characteristics (i.e., SES, acculturation, healthcare access) related with cancer fatalism were identified for each tobacco user group. Although the degree was varied for each statement and in each tobacco user group, seeking information about general health and medical topics, health effects of tobacco, and smoking cessation was negatively associated with cancer fatalism.
Cancer/Health Communication and Breast, Cervical, and Prostate Cancer Screening among Asian Americans

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This research examined cancer/health communication (cancer/health information seeking, patient-provider communication (PPC) satisfaction, cancer screening communication) and breast, cervical, and prostate cancer screening among Asian Americans and five Asian ethnic groups (Chinese, Filipino, Japanese, Korean, Vietnamese) in comparison to Whites using a nationally representative sample from the 2011-2014 Health Information National Trends Surveys (HINTS). Asian Americans and most Asian ethnic groups reported significantly lower rates of cancer/health information seeking, PPC satisfaction, and breast/cervical/prostate cancer screening than Whites. Multivariate logistic regression analyses indicated that satisfactory PPC will have a significant effect in reducing the screening gaps between Asian Americans and Whites. Also, it identified predictors (i.e., race/ethnicity, SES, acculturation, healthcare access, family cancer history) of cancer/health information seeking, PPC satisfaction, cancer screening communication, and cancer screening. We suggest that Asian Americans need clear, sympathetic, and reliable communication with more time and opportunities to discuss their health with healthcare providers, and predict that this enhanced PPC communication will connect to engagement in cancer screening.
The 2008 Physical Activity Guidelines for Americans (PAGA) recommends adults to engage in at least 150 minutes per week of moderate-intensity physical activity, 75 minutes of vigorous physical activity, or a combination of the two (U.S. Department of Health and Human Services, 2008). However, adherence to these guidelines has been less than satisfactory. In their study, Tucker, Welk, and Beyler (2011) found that while approximately 60 percent of adults met PAGA recommendations when they self-reported their physical activity, only about nine percent met these guidelines when their physical activity was measured with accelerometers. This suggests that efforts to promote physical activity are not yielding the intended results.

Given the need to improve the efficacy of communication promoting physical activity, this study proposes to examine the utility of the social media phenomenon known as fitspiration. Fitspiration is defined in this study as social media content depicting individuals engaged in exercise with the intention of motivating users to engage in fit and healthy lifestyles, which is an adaptation from the definition coined by Abena (2013). Research on this type of content is limited and has only been approached from a health psychology perspective, examining its effects on women’s body image (Tiggemann & Zaccardo, 2015; 2016).

Seeking to explore the phenomenon from a health communication perspective, this study examines the perceptions of undergraduate students at a Midwestern university. Using the Theory of Planned Behavior as a framework, we developed a self-report questionnaire to understand how members of the population regard fitspiration in relation to their perceived behavioral control, attitudes toward physical activity, beliefs of subjective norms, and intentions to engage in physical activity. The findings of this study would contribute to a body of evidence that would either support or undermine the utility of fitspiration in promoting physical activity.
The Effects of Mass Media and Interpersonal Channels on Consumer Response to Over-the-Counter (OTC) Drug Advertising

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This study investigates the process by which consumers rely on mass media and interpersonal (professional and non-professional) channels for obtaining information about over-the-counter (OTC) drugs. The theoretical model of this study includes three components, antecedents, socialization processes, and outcomes. Antecedents include two audience factors, demographic characteristics (age, gender, race, education, and income), and health-related characteristics (health status, OTC drug use, health consciousness, and involvement with OTC drug). The second component, socialization processes, emphasizes the importance of interpersonal channels and mass media. The outcome component measures both attitudinal and behavioral outcomes. A total of 819 U.S. adults participated in a self-report online survey, and 539 responses were complete. The results indicate that consumers’ reliance on mass media is one of the most significant predictors of attitudinal and behavioral outcomes. The reliance on interpersonal channels is also significant predictor of consumers’ response to OTC advertising, and other audience factors remain important in association with consumers’ response to OTC advertising.
Excessive alcohol use, especially on celebrations (e.g., St. Patrick’s Day, Halloween), is highly prevalent among college-aged populations (Glindemann et al. 2007; Lefkowitz et al., 2012; Neighbors et al., 2011; NIAAA, 2016). As with regular drinking and excessive (or heavy episodic) drinking, social norms are thought to heavily impact celebration drinking due to the socialized nature of the celebrations themselves. Social norms have been shown to influence people’s behavior (Cialdini et al., 1990; Neighbors et al., 2006; 2007). College students are no exception: Their intentions to drink and actual consumption of alcohol are influenced by normative beliefs of what their close friends and peers do and approve of doing. However, these beliefs tend to be misperceptions; college students overestimate their friends’ and peers’ alcohol consumption, and in turn, they consume higher amounts of alcohol to live up to their perceived social norms (Borsari & Carey, 2000; 2003; Yanovitzky et al., 2006), especially in certain social settings such as in bars or at fraternity/sorority parties (Alva, 1998; Neighbors, Oster-Aaland, Bergstrom, & Lewis, 2006).

This study used a panel survey of 408 large Midwestern university students. First, participants filled out an online pretest (age, sex, Greek life membership, class standing, race, AUDIT). Second, they completed three SMS surveys where they indicated the number of drinks they consumed, the number of close friends and the number of acquaintances they were with at 2, 6, and 10 pm on St. Patrick’s Day (STPD; Thursday, March 17, 2016). Finally, a two-week follow-up survey asked participants to retrospectively recall the number of drinks they consumed on STPD.

Participants reported a lower number of drinks consumed on STPD in the follow-up survey (M = 3.51, SD = 4.57) than the number reported in the SMS surveys (summed score for the three time intervals) (M = 4.58, SD = 6.07), t(263) = 3.56, p < .001. Next, the relationship between the number and social tie strength of people around and self-reported drinking during the three time intervals (see Table 1) were tested. Identical regression models showed that at 2 pm, the only demographic positive predictors of celebration drinking were class standing and AUDIT scores, while the number of acquaintances around at the time was a positive predictor of celebration drinking. At 6 pm, lower GPA, non-Greek life members, and higher AUDIT scores were associated with greater number of drinks consumed in the previous four hours, while the number of close friends and acquaintances were not significant predictors. At 10 pm, Greek life membership, AUDIT, and the number of close friends were positive predictors of celebration drinking, while class standing and the number of acquaintances were negative predictors.

Our findings have two major implications. First, the influence of demographic factors varies by time of day and context of drinking. Second, the salience of one’s social network of friends matters as to the types of behaviors they adopt and how intensively they engage in them.
Preferences for Delivery of Genomic Results among Women Diagnosed with Breast Cancer at a Young Age

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Introduction. Recent technological advances are leading to greater availability of individual genomic information in health care. Sequencing an individual’s entire genome raises multiple communication challenges, including how to return secondary findings not related to the indication for sequencing. Research has examined patients’ preferences for what genomic results to return. However, patients’ preferences for when and how results are returned are also critical to developing patient-centered practices. We investigated preferences for timing and source of delivery of genome sequencing results among young breast cancer patients to inform practices for returning results to this population.

Methods. Of 1792 women diagnosed with breast cancer at age 40 or younger, 1075 (60%) completed a survey. We examined their preferred source of delivery (e.g., genetic counselor, clinical geneticist, oncologist, primary care provider, other) for seven types of genome sequencing results, variants: affecting risk of preventable disease, unpreventable disease, or treatment response; uncertain meaning; affecting relatives’ health; and ancestry/physical traits. We assessed preference for timing of delivery for each result type on a five-point Likert-type scale from before to 5+ years after breast cancer diagnosis. We built multivariable logistic regression models to examine whether wanting each result type returned at/before the time of diagnosis was associated with clinical (BRCA1/2 mutation status, prior genetic testing, family history of breast cancer) or psychosocial (genome sequencing knowledge, cancer recurrence worry, genetic risks worry, future orientation, health information orientation) factors. Statistical significance was assessed as p<0.05.

Results. For six of the sequencing result types, the majority (64% - 81%) wanted a genetics specialist (genetic counselor or clinical geneticist) to return the result. For variants affecting medication response, 49% wanted the result returned by a genetics specialist and 37% by an oncologist. The proportion of respondents who wanted specific results returned at or before diagnosis ranged from 96% for variants that affect treatment response to 31% for variants related to ancestry or physical traits. In multivariable models, no tested variables were significantly related to timing preference for all result types. Participants with greater knowledge about sequencing limitations were significantly less likely to want results about variants that affect health of children or other relatives, affect risk of unpreventable disease, ancestry/physical traits, and uncertain meaning returned at or before diagnosis (odds ratios 0.89 – 0.94; p-values < 0.05).

Discussion. Most respondents wanted their sequencing results returned by an expert in genetics. With the limited number of genetics specialists, supplemental or alternative delivery approaches that can meet patients’ information needs should be developed. Respondents’ preferred timing of delivery varied greatly across result types, with greatest preference for receiving clinically actionable information at diagnosis. We also found that the more women understood about the limitations of sequencing, the less they wanted secondary findings early in the diagnostic process. A decision aid may be useful in educating patients about sequencing and helping them to make informed decisions about return of different results. These findings can inform the development of patient-centered approaches to return of genome sequencing results.
Student communication satisfaction (SCS) is associated with outcomes such as affective learning. Affective learning encompasses more than students’ liking the teacher and course; it requires a commitment to active learning and a belief that the content is of value. Affective learning also involves using the system of values one has learned to guide behavior. Thus, in medical education, affective learning is important for students training to provide compassionate and patient-centered care.

Exploring SCS in medical education is important for communication scholars who strive to improve patient-centered care. Thus, the objective of the current study is to explore medical students’ SCS at a large medical school with three campuses. The mission of this medical school is to train primary care physicians and who serve in rural and underserved populations; a response to the overwhelming shortage of rural primary care doctors. Therefore, our primary objectives were to a.) compare SCS based on year in school and campus enrollment, and b.) explore associations between SCS and students’ likelihood of pursuing primary care residencies, practicing in rural and/or underserved areas, and recommending the medical school to others (e.g., indicators of affective learning).

Data were collected as part of a large cross-sectional survey of students at a large Midwestern Osteopathic medical school. Eligible participants were emailed a link to the online survey. In total, 382 students participated. Participants were mostly female (56%) and in their first two years of medical school (68%). Seventy-one percent of participants attended the school’s main campus, with the remaining students attending one of the two regional campuses. Approximately, 34% of the participants intended to pursue a primary care residency.

Overall, participants reported moderately high SCS (M=5.26, SD=0.93). Surprisingly, main campus students (M=5.13, SD=0.96) had lower SCS scores than regional campus students (M = 5.61, SD = 0.76; M = 5.22, SD = 0.77). First-year (M=5.39, SD=0.91) and second-year (M=5.31, SD=0.92) pre-clinical students reported higher levels of SCS than students in their third (M=5.02, SD=0.97) and fourth (M=5.07, SD=0.87) year who are currently completing clinical rotations. Additionally, students who plan to pursue primary care residencies reported the highest levels of SCS (M=5.42, SD=0.85). Participants’ SCS scores were positively correlated with the likelihood to pursue primary care residencies (r=0.147, p=.001), practice in rural areas (r=0.112, p < .05), and work with underserved populations (r =0.132, p=.01). Finally, students who were highly likely to recommend the school to others reported higher levels of SCS (M=5.54, SD=0.88) than students who were less likely (M=5.11, SD=0.81) or not likely at all (M=4.73, SD=0.94) to provide a referral.

These results suggest student communication satisfaction is associated with many outcomes central to the mission of an osteopathic medical school. They also suggest SCS varies across campuses and years in school—each of which entails different educational experiences. In this paper, we discuss these implications for communication scholars and health educators. Ultimately, both scholars and educators would benefit from identifying the communication behaviors that increase student communication satisfaction across the curriculum to train compassionate physicians who will provide patient-centered primary care.
Media Use, Fear, and Health Behaviors in a Zika Pandemic Crisis

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Over the past decades, a number of pandemic diseases, such as the H1N1 flu, Ebola, and most recently, the Zika virus, have become serious public health threats. This worldwide spread of infectious diseases has caused a significant amount of media attention that aroused fears among the public (Ho, Brossard, & Scheufele, 2007). In time of a pandemic crisis, media serve as a key source of conveying important information about its potential risks and prevention (Zhang, Kong, & Chang, 2015). Exposure to media coverage particularly can influence on public perceptions of such issues, because people are inclined to rely on the media to learn about risks when they do not have a direct experience with diseases (Morton & Duck, 2001).

Thus far, the prior literature on health risks has largely focused on the relationship with the traditional mass media (Chang, 2012; Cho, Lee, & Lee, 2013; Slater, Hayes, & Ford, 2007). A few studies have explored whether exposure to new media would influence public reactions to pandemic risks (e.g., Yoo, Choi, & Park, 2016). Accordingly, this study aims to take a step forward by investigating the relationship between exposure to new forms of media (e.g., internet and social media) and health-related behaviors. Drawing on the case of the Zika outbreak, the current study has a twofold purpose. First, it examines whether and to what extent the traditional and new media exposure would predict the public’s behavioral intentions, involving intentions to seek information about the Zika virus and adopt its preventive measures. Second, it delineates affective mechanisms underlying risk responses to the Zika pandemic, and more specifically, attempts to identify how fear intervenes in this process.

An online survey was conducted in the summer of 2016. A total of 1053 respondents were recruited via the Amazon Mechanical Turk system and completed the survey. Traditional media exposure was measured by the frequency of viewing the Zika information from newspaper, television, magazine, and radio. New media exposure was measured by the frequency of viewing the Zika information from news websites, social networking sites, blogs, and medical websites. Fear was assessed by asking the extent to which they feel afraid, scared, worried, and anxious about the Zika outbreak. Intentions to seek information was measured by the 5-item scale asking how likely they would seek information about the Zika virus, its symptoms and prevention. Intentions to take preventive actions was measured by the 7-item scale asking the likelihood of engaging in the Zika preventive behaviors.

Results from the hierarchical regression analysis showed that both traditional and new media exposure significantly predicted information seeking intentions. However, new media exposure was only a significant predictor of preventive behavioral intentions. It was also found that perceived fear was the mediator of this process. These findings indicated that there were differential mechanisms by which traditional and new media exposure could be associated with affective responses and behavioral outcomes, particularly showing that frequent exposure to new media predicted greater perceptions of fear and intentions to engage in preventive actions.
Comparing Newspaper Coverage of Post Traumatic Stress in Cases of Rape: A Nationwide Community Structure Analysis

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A community structure analysis compared community characteristics and nationwide coverage of rape PTS in newspapers in thirty-five major U.S. cities, sampling all 250+ word articles from November 5, 2011 to February 19, 2016. The resulting 315 articles were coded for editorial “prominence” (placement, headline size, article length, presence of graphics) and “direction” (“government responsibility,” “societal responsibility,” or “balanced/neutral” coverage), then the scores were combined into each newspaper’s composite “Media Vector”, ranging from .7656 to -.0592 (range = .8248). Thirty of the 35 newspapers (85.7 percent) showed coverage emphasizing government responsibility for rape PTS.

Pearson Correlations yielded three significant results, the strongest correlation of which supported coverage emphasizing government responsibility for victims of rape PTS. The "stakeholder" hypothesis (variation in media viewpoints depends on issue stakeholder size) was robustly confirmed by three of the indicators (For detailed explanations and confirmation of theses hypotheses, see Pollock, 2007, 2013a, 2013b, 2015). Percent voting Democratic ($r = .477, p = .002$), and children ages 11-15 ($r = .305, p = .037$) were positively correlated with more media emphasis on government responsibility for rape PTS. By contrast, percent voting Republican ($r = -0.476, p = 0.002$) was linked to coverage emphasizing less government responsibility for rape PTS. In a previous study, political partisanship was not linked to another kind of trauma, PTSD (Pollock, Gratale, Anas, et. al., 2014, 2015).

Regression analysis revealed higher percent voting Democratic accounting for 25.4% of the variance, combined with percent of families with children ages 11-15 (7.5% of the variance) to yield 32.9% of variance associated with coverage emphasizing “government” responsibility for rape PTS. Percent voting Republican, linked to coverage emphasizing “less” government responsibility, added only 9.6% of the variance. Political partisanship associated with government responsibility or progressive positions is consistent with previous community structure research, linking higher percent voting Democratic in a recent presidential election with favorable coverage of same-sex marriage (Vales, et. al., 2014, 2015), pediatric immunization (Trotochaud, et. al., 2015); transgender rights (Buonauro, et. al., 2016); as well as protection of wilderness areas from oil drilling (Pollock, 2007, p. 192). By contrast, higher percent voting Republican was associated with less favorable coverage of the same issues.

Regionally, the South had the most media coverage emphasizing government responsibility for rape PTS. Empirically, coverage of rape PTS was strikingly found to be a “political partisanship” and “vulnerability” issue rather than a “buffer” (”privilege” or “healthcare access”) issue, nor were measures of ethnic identity (African American or Hispanic), or belief system (Evangelicals or devotional readers) significant. Methodologically, combining measures of both “prominence” and “direction” creates highly sensitive media scores or “Media Vectors” measuring the capacity of media to reflect community level “political partisanship” and “position in life-cycle” characteristics. From a theoretical perspective, the community structure approach, emphasizing the influence of local demographics, complements predictions of national-level agenda-setting theory, emphasizing the power of prominent newspapers to set agendas at local levels. An empirical examination by a founder of agenda-setting theory (Funk & McCombs, 2015) found both national and local concerns matter.
The Differential Roles of Facilitators and Peers in Promoting mHealth Engagement for Weight Loss

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Obesity continues to be a major public health issue in the United States. A recent statistic reports that almost 70% of all adults are either obese or overweight, which implies that they are likely to face greater risks of hypertension, diabetes, and other preventable chronic diseases. Despite the well-known adverse health outcomes of obesity, many individuals however fail to initiate and sustain weight loss effort. Indeed, weight loss and maintenance can be an incredibly challenging task that requires one’s self-efficacy and persistence as well as others’ social support and guidance. To tackle this problem, both researchers and practitioners have strived to develop efficacious weight loss intervention mechanisms. One of the recent efforts includes mHealth-based programs, which harness the technological affordances of mobile platforms.

This study investigates the effects of smartphone-based mHealth interventions on sustainable behavior change and weight loss outcomes, drawing on in-app user activity data and online survey data (N = 295). Contrary to other self-tracking mobile devices, smartphones provide communicative features such as mobile groups, in-app chats, text messaging, and phone calls. This study focuses specifically on the interactions within the mobile group in Noom Coach, a smartphone application for weight loss, to look into how different types of group interactions and social support are associated with physical health outcomes. First, this study examines the roles of group facilitators and group members in promoting mHealth application usage behaviors such as health information acquisition and in-group interactions. Second, this study analyzes how social support and normative influence within a group affect its members’ continued mHealth engagement. Lastly, this study ascertains how different mHealth engagement behaviors are associated with weight loss success.

The results of structural equation modeling confirmed a good fit for the data (2/df = 2.42, SRMR = .05, CFI = .95, RMSEA = .07) and revealed three key findings. First, social support from group facilitators was positively linked to group members’ health information acquisition behavior whereas social support from peers was positively related to in-group interactions such as posting status updates and responding to other group members’ posts. Next, social support from peers was positively associated with normative influence among group members, which subsequently increased members’ responses to others’ posts. Finally, health information acquisition and posting behaviors were positively associated with weight loss outcomes; however, merely responding to others’ posts did not lead to weight loss success. The findings suggest that facilitators and peers play differential roles in promoting mHealth application engagement. Namely, facilitators’ support assisted weight loss by motivating individuals to acquire more health-related knowledge, implying that trained facilitators can promote task-related activities. On the other hand, support from peers enhanced relationship-oriented activities such as exchanging emotional support and encouragement with group members. Thus, it is crucial to foster both types of activities by providing informational and emotional support in order to effectively assist weight loss effort. In sum, when incorporating communicative features into mHealth design, different influences of facilitator- and peer-driven support must be considered to increase the efficacy of interventions.
Physician-patient communication is a crucial component for patient-centered care (Epstein & Street, 2011). Effective doctor-patient communication during clinical encounters influences patient understanding of care, compliance with and adherence to medical advice, patient satisfaction and trust with doctors, emotional health, and lowering medical error (Kreps, Arora, & Nelson, 2003). Poor doctor-patient communication may have litigious and detrimental health outcomes (Jerant, Azari, Nesbitt, & Meyers, 2004). Physician-patient communication is comprised of both verbal and nonverbal dimensions (Harrigan & Rosenthal, 1986). It is, therefore, important to examine verbal as well as nonverbal aspects of communication with regards to better understand their interactions (Finset, 2007). Since the doctor-patient communication is a complex process where verbal and nonverbal interactions happen simultaneously, this study attempts to untangle both mechanisms by systematically evaluating and comparing depressed and non-depressed elderly patients and their encounters with physicians. To this end, this study employs a cross-sectional analysis of doctor-patient interactions during 43 videotaped primary care geriatric sessions. 22 of the 43 videos were of non-depressed individuals while the other 21 videos were of depressed individuals. These sessions originated from a subset of 489 videos from the National Institute of Aging recorded for the purpose of studying doctor-patient interactions. The results showed that for nonverbal communication, elderly patients in non-depressed visits had longer total amount of gaze at doctor than the group of depressed patients. Also, doctors gazed at chart longer in depressed visits compared to non-depressed visits. As for verbal communication, treatment time category was found to be significantly different between a depressed elderly population (M=420.30 seconds) and a non-depressed elderly population (M=468.58 seconds). Although non-significant, the average duration in seconds of patient talking, doctor talking, symptom discussion, and silence time were largely different between the two populations. The study findings provide practical implications for HIT (health information technology) design and facilitate more targeted patient-centered care among this special population.
A Narrative Effect on Psychosocial Processing in Therapeutic Contexts: A Digital Storytelling with Bone Marrow Transplant Patients

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Purpose: Patients undergoing hematopoietic stem cell transplantation (HCT) are at particular risk for reduced psychosocial well-being. The process is extremely rigorous, requiring relocation to a transplant center, and is associated with multiple acute and late medical and psychosocial sequelae such as anxiety, depression, and social isolation. Storytelling interventions have been used in research for variety of goals, including understanding patients’ experiences of illness and potentially even therapeutic intervention in cancer care. The purpose of this pilot study is to use the digital storytelling (DST) workshop to discover more about the lived experiences before, during, and after HCT, to explore the potential of DST as a therapeutic experience benefit, and finally to use the opportunity of obtaining rich productions of personal experience as material for future interventions.

Methods: Adult, English speaking HCT survivors who had completed transplant within the past 2 years were recruited at the Mayo Clinic, Arizona. The DST workshop was conducted over 3 consecutive 8-hour days. Participants disclosed personal stories about HCT, shared them with the workshop group for discussion and refinement, and using voice and images produced the stories as short digital videos (3-5 minutes each). At the end of the workshop, participants watched the stories together and were asked to discuss their experiences in the workshop.

Results: Of the 9 HCT patients who planned to attend, 4 consented and participated in the DST workshop (2 males and 2 females). The mean age was 51.5 years. The group members were supportive of one another and displayed empathy when the storyteller was emotional. All participants responded that they would like to attend a similar workshop again and would recommend this workshop to others. Participants reported that telling and sharing their story with other HCT patients was itself therapeutic. Based on a constructive grounded theory approach, we have evaluated content of stories with four researchers to identify key themes of digital stories. The emotional content themes were depression, caregiver burden; pain, uncertainty, loss of control, despair, and guilt of being sick. The coping themes were spirituality, family support, positive attitude, emotional acceptance, cognitive coping, and controlling anxiety and depression.

Conclusion: The HCT experience includes a wide range of emotion and coping themes that may be tapped for building supportive interventions. The process of enabling participants to spend time together in the process of finding and telling their story about HCT gave them an opportunity to support self through the expression and enabled them to develop supportive relationships though social interactions. The DST workshop shows promise for therapeutic impact of articulating and sharing one’s story on HCT patients.

Implications: We suggest that a narrative approach is one of the methods for capturing the emotional content that may serve to address the deeper layers of psycho-emotional well-being. Watching the emotional content that is raised in digital stories may help with other patients to cope with deeper layers of psycho-emotional challenges. Future studies need to examine the impact of digital stories as a therapeutic intervention for other patient populations.
Supportive Care Needs and Resource Assessment of Cancer Patients

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Purpose: Psychosocial and emotional distress is a significant problem in one-third to one half of all cancer patients, yet only about 10% receive any psychosocial therapy. Understanding the needs of cancer patients is necessary to provide the best possible support and ensure associated outcomes. The purpose of this exploratory/ descriptive study is to investigate the unmet supportive care needs, and levels of social support and distress, in adult patients who are receiving or who have recently completed treatment for cancer.

Methods: Patients currently receiving treatment for cancer, or who had completed treatment within 6 months were recruited from ambulatory care clinics at the Mayo Clinic Arizona. Questionnaires included the Supportive Care Needs Survey (SCNS), the PROMIS Global Health Scale and Social Support measures, a Supportive Care Needs Preferences Assessment, and a brief, Personality inventory. A subset of participants was invited to participate in an in-depth interview. This paper focuses on the findings from the quantitative arm of the study.

Results: The sample included 101 cancer patients (M age=63.01). 78.2% are female, 78.2% White, and 26% have completed graduate degree. The most common cancer types were breast (54.5%), colorectal (9.9%) and lymphoma (9.9%). Hierarchical multiple regression analyses showed that patients with high level of distress were less likely to have physical needs (b =-4.56, t = -5.13, p < .001) and patients with high level of social isolation had more psychological needs (b =2.40, t = 1.93, p < .05). The independent t-test showed that other cancer site patients had higher physical needs compared to breast cancer patients.

Conclusion: Screening for distress and social isolation is likely to identify individuals who are at risk for unmet needs and who may benefit from a more comprehensive assessment to target interventions or refer to psychosocial services. The present study suggests that screening for levels of social isolation and distress are important indicators that may predict levels of needs for physical and psychological needs.

Research Implications: Preliminary findings support the importance of developing tailored psychosocial interventions. The study will inform future intervention design and development. The results in this study showed that more research with a larger sample of non-breast cancer is needed to provide more evidence to identify important factors for the intervention development focusing on psychological health.

Clinical Implications: The study is part of a unique collaboration among Arizona State University and the Mayo Clinic. There is a need to integrate supportive care services within the cancer centers and to inform HCPs and system leaders of the extent of the needs, and the kinds of services that are most needed by the patients. Although clinicians acknowledge the importance of supportive care in patients’ outcomes and satisfaction, there is limited evidence regarding the optimal model for care delivery and interventions. The current study is a critical step in providing high quality cancer care to decrease unmet needs for cancer patients.
Managing Diabetes: Person-Centered Communication in a Communication Competence Model of Diabetes Management

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In the US, diabetes remains a significant cause or correlate of a number of health conditions, such as kidney failure, heart disease, nerve damage, lower limb amputations, and death. Clinical trials have produced evidence that such risks can be minimized, delayed or prevented by striving for normalized glucose levels. These efforts involve managing lifestyle choices and disease specific tasks to stabilize the body’s glucose level.

Thus, interpersonal interactions are likely to be a site for meaningful sense-making about the disease.

In this study we advance a constructivist view of person-centered communication and communication competencies in managing diabetes. This view includes the following premises 1. Through conversations, meanings about diabetes are created, managed, coordinated and transformed. Our particular focus is on adults’ reasoning about their future with diabetes. 2. Since self-disclosure can increase mutual knowledge, the individual disposition toward self-disclosure was examined.

3. Communication practices that validate and align perspectives can facilitate reasoning about diabetes’ uncertainties: person-centeredness and mutual learning. Person-centeredness would facilitate coping by creating an environment conducive to reasoning with one another about futures. Mutual learning is the extent to which participants work to align their meanings with one another to achieve common understandings.

Self-disclosure about diabetes is the willingness to talk about diabetes vs fear of such disclosures. Participants were 175 adults recruited offline and online through diabetes websites, internet newsgroups, e-mail lists. An online questionnaire with open-ended and closed-ended questions about living with diabetes was completed, including a recalled interaction task. Participants selected a meaningful conversation with one other person and recounted the conversation. Instrumentation included person-centeredness, mutual learning, fear of disclosure, conflict management, support practices, relationship support. These communication elements were examined in relation to three diabetes outcomes: diabetes distress, diabetes empowerment, and life satisfaction in adapting to diabetes.

Predicted relationships between the constructs were obtained between the communication elements and diabetes outcomes. For instance, person-centeredness and mutual learning were positive related to diabetes empowerment and life satisfaction. These findings are then used to elaborate linked models: the core communication competencies for the person managing diabetes, and the competencies that facilitate the use of person-centered communication.
Using the Extended Parallel Processing Model (EPPM) as a theoretical framework, the present 3-phase longitudinal study examines the impact of media exposure to Zika information on public perception of the threat severity, personal susceptibility, and behavioral intentions toward the threat of Zika virus between May and November of 2016. Zika is a disease that is spread by mosquitoes and through sexual contact. It was first discovered in Uganda in 1947, when it was reported to cause only flu-like symptoms, which dissipated in 5-7 days. However, in 2015 multiple cases were diagnosed in Brazil and other South American countries. By Spring 2015, CDC named it an emergency health threat and encouraged travelers to be vigilant and protect themselves from mosquitoes. For reference, May began the height of mosquito season, an increasing number of cases being reported, as well as research connecting Zika to microcephaly, and the news that Zika could be transmitted sexually. By November, the media reported more cases in the US, and that Zika can trigger paralysis (Guillain-Barré Syndrome). However, mosquito populations were diminishing. All of these events as well as media-content could impact attitudes and perception. A total of 794 participants participated in an online survey throughout three phases, roughly one month apart. Participants were recruited through the PSU Communication Research Lab using Amazon Mechanical Turk and TurkPrime. Measured EPPM concepts include: perceived severity, susceptibility, self-efficacy, response-efficacy, third-person effects, combined with behavioral intentions. Our study uses perceived knowledge sufficiency and personal concern as moderating variables. Participants also selected the sources from which they received information about Zika, and tested their knowledge of the symptoms of the disease. Results indicate that there was no significant difference between phase 1 and 2 in severity and susceptibility; however, perceived severity was consistently high in both groups. We reported a significant difference in knowledge sufficiency between phases 1 and 2, with knowledge sufficiency higher in phase 2. Furthermore, there was no significant difference between sex and severity, both males and females skewed similarly higher on the scale, which is interesting considering the severe effect on pregnant women. Implications for health communication risk communication theorists and pragmatic patient-centered care are provided. The importance of measuring information sufficiency as a moderating variable and premise for basing future studies in emphasized. Methodological limitations, and future research directions are provided.
Barriers to Effective Nutrition Care with Dietitians as Experienced by HIV Patients

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Acceptance to people living with HIV (PLHIV) in Indonesia is low in the community and so is among health providers [1, 2]. A study found high level of stigmatized attitudes among health professionals, including dietitians. The stigma found in this study was classified as value-driven stigma, in which HIV is regarded as a ‘disease of bad person’ and immoral. Unlike doctor and nurses, interaction between HIV patients and dietitians are limited on nutrition education and counseling session [3]. This low exposure to HIV may affect their awareness of their prejudice and attitudes to the patients, which in turn act as barriers to effective nutrition care for the patients. Grounded in theoretical framework of phenomenology, the aim of this study was to explore the experience of both dietitians and patients during nutrition care process, which includes nutrition assessment, diagnosis, intervention, monitoring and evaluation as well as counseling. This study also aimed to explore patients’ satisfaction with the nutrition care.

There were fifteen participants involved in the study, comprised of five dietitians and ten patients. The participants were recruited from five HIV referral hospitals in Indonesia over a period of six months. Data were collected using multiple methods such as semi structured in depth interview, questionnaires, observation, and reflective research journal. Inductive analysis was performed and the result was presented using thematic description and descriptive statistics approach. The result showed prejudice and stigmatized attitudes towards HIV patients existed among dietitians manifested in the fear to communicate with the patients, avoidance, and substandard treatment. As a result, patients’ satisfaction with the nutrition services was relatively low. If these problems remain unresolved, efforts to control HIV will be undermined.
Informing Lymphoma Patients about the Side-Effects of Treatment: The Impact of Tailoring Information to Individual Needs

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Non-Hodgkin lymphoma is one of the most prevalent forms of blood cancer in the United States. In 2016, 72,580 people are expected to be diagnosed with this type of cancer, while another 20,150 people will die from it. The average American’s lifetime risk of developing malignant lymphoma is approximately one in fifty (American Cancer Society, 2016). When diagnosed, patients typically face several courses of chemotherapy treatment, often combined with immunotherapy. Because the side-effects of this treatment – including severe fatigue, nausea, and infections – can cause significant physical and emotional distress, preparing patients by providing adequate treatment information is pivotal to good cancer care. It has been suggested that hematologists’ effective and empathic information-provision can reduce patients’ distress through enhancing satisfaction, recall, and physician trust (e.g., Van Osch et al, 2014; Hillen et al., 2014). In particular, information tailoring has recently been found to be a key component of effective patient-provider communication (e.g., Albada et al, 2012). Tailoring implies giving information that matches patients’ individual needs and preferences, e.g., in terms of content, delivery, or amount.

This paper reports on the design and preliminary results of an experimental study using scripted video-vignettes (Hillen et al., 2013; van Vliet et al, 2013) to determine the effects of tailoring the content and amount of information as well as of physician empathy in communicating about the treatment of malignant lymphoma. In this experiment, 420 Dutch participants, mostly (former) cancer patients and their close family members, are randomly assigned to one of eight online conditions. Across these conditions, information tailoring as well the use of empathy is varied in a 2 x 2 x 2 design: information preference (high vs. low) x information provision (high x low) x empathy (high vs. low). Acting as analogue patients, in each condition, participants are asked to view a role-played, video-taped consultation between a hematologist and a lymphoma patient, in which treatment is discussed. The video-vignettes consist of a standardized script, which is developed based on observations and transcripts of real-life consultations, and subsequently improved in a stepwise procedure, together with a panel of hematologists, patients, and health communication researchers. Upon having viewed the video, participants complete a questionnaire including existing measures of information preferences, recall, satisfaction, and trust. A pilot study (n = 50) confirms survey validity and usability. Data collection runs until the beginning of December 2016.

The findings of this study are expected to provide important information about the theoretical pathways explaining the relationships between physician communication, and information-giving about treatment and potential side-effects in particular, and consultation outcomes. Moreover, this contribution seeks to elaborately demonstrate and explain the use of video-vignettes as a viable, theory-driven experimental method for health communication researchers. As the outcomes of this study will be used in the development of an innovative training for (junior) hematologists, this contribution additionally aims to provide practically applicable, empirical evidence concerning patient-centered communication within the context of hemato-oncology.
Ajzen’s Theory of Reasoned Action (TRA) and Theory of Planned Behavior (TPB): Explaining Fasting during Ramadan in Pregnant Women

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This study proposes that in collectivistic cultures where cultural and religious practices often juxtapose, healthcare campaigns may have to use untraditional methods in health campaigns to correct risky behaviors. This study explores the deleterious effects of "accelerated starvation,” which takes place when a fetus experiences extended periods of restricted nutrition (Metzger, Ravnikas, Vileisis, & Norbert, 1982). In many countries with majority Muslim population, women often fast during the month of Ramadan for up to 30 days, placing fetuses under a risk of preterm labor, low child birth-weight, and overall diminished cognitive and physical development during pre-school years (Almond & Mzumder, 2011; Ewijk, 2011) and other health conditions that may manifest later in life. Moreover, researchers also predict economic and social costs to the society when fetal health is jeopardized. The authors contend that in non-Western cultures, cultural values (collectivistic) and self-construals (interdependence), construct widely different social norms than the Western culture’s individualistic values and independent self-construals (Uleman, Lee, & Roman, 1995). Therefore, Ajzen’s theory of reasoned action (TRA) and theory of planned behavior (TPB) may be modified for collectivistic cultures to predict the behavioral change and maintenance of behavior, where both are influenced by descriptive norms (perception of what other are doing). The authors use the Elaboration Likelihood Model (ELM) to explain that in a case such as the maternal fasting in Ramadan (MFR), individuals may have high motivation to conform to descriptive norms and thus, may use superficial processing mode to change long term behaviors. The authors recommend that researchers and healthcare providers in collectivistic diaspora communities can prevent MFR and other risky behaviors when they can identify practices that are culturally encouraged and may be harmful to these individuals.
Gyan Jyoti: Revolutionizing Use of Mobile Phones for Empowering Frontline Health Workers (FLWs)

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Background: India, despite a high unmet need, reports low usage of modern contraceptives. Extensive formative studies conducted by Johns Hopkins Center for Communication Programs (CCP) in Uttar Pradesh and Bihar, India revealed that social taboos, incorrect family planning (FP) information coupled with myths, fears and concerns regarding side effects adversely affect acceptance rates. Negative experiences related to contraceptive methods go viral in a village while positive experiences are far less likely to be shared publicly. Under the DFID funded Project Ujjwal, CCP piloted the use of Gyan Jyoti (Light of Knowledge), an innovative open-source, android-based mobile application to generate demand for FP.

Intervention: Gyan Jyoti, a powerful SBCC tool designed to empower FLWs with access to scientifically developed SBCC films produced for effecting behavior change in the community and promote self-learning for FLWs. The application contains 30 persuasive films on FP - doctor counseling, testimonials, short EE films and TV ads, designed to address barriers to uptake of FP. The user interface follows a menu-driven, icon-based approach for ease of navigation in low-literacy settings. It is also a monitoring tool which provides detailed analytics via a dynamic dashboard on how FLW use the app in the community.

Gyan Jyoti was piloted in Samastipur, Bihar during October 2014 – May 2015 with 14 participating ASHAs (FLW). Their feedback was first taken during a usability workshop and the revised app was provided for their use in the community. A post only study was conducted during May-June 2015 to gauge the efficacy of the pilot intervention, where Samastipur was the intervention district and Darbhanga the control.

Results: The study showed that in Samastipur 22.2%(n=337) of respondents were using modern contraception whereas in Darbhanga only 13.4%(n=357) of respondents used modern FP. 74% of users in Samastipur were counseled using Gyan Jyoti. About 60% of respondents reported currently using spacing method, which is significant given the disproportionate skew towards Female Sterilization in India (37.5%-NFHS 3). Use of modern FP in Samastipur increased from 7.3% in October’14 to 18.5% in June’15. Results from qualitative studies indicate Gyan Jyoti lent credibility to FP counseling sessions aiding FLW to have an exponential impact on FP outcomes.

Conclusion: Gyan Jyoti app builds a case for combining inter-personal communication with persuasive AV content to increase uptake of FP, enhance FLW’s credibility empowering them to address client queries more efficiently. It sparked community’s interest in counseling sessions. Built for sustainability, Gyan Jyoti was developed as part of an evolving global system endorsed by mPowering Initiative for mobile content distribution that supports creation, curation, localization, packaging and distribution of health related content for use by FLW. Besides India, this process has been piloted in Ethiopia, Nigeria and Pakistan; all using the same open source Learning Management System and Android based app (OppiaMobile), and adopting a systematic approach towards design and content adoption that can now be engineered for institutionalization by government to re-purpose multimedia materials for training and community education.
Medical errors and near misses are, unfortunately, a common event in healthcare settings, while “speaking up” about them is unfortunately uncommon. Speaking up refers to making privately held information known to someone with positional power so appropriate actions can be taken (Sayre et al., 2012). Speaking up in the healthcare setting is an important characteristic of patient safety, with motivation, perceived support, and perceived efficacy as critical factors that influence the behavior (Okuyama, Wagner, & Bijnen, 2014). This research aims to improve safe patient care and to help reduce hospital readmission by investigating how to best encourage medical professionals at a regional hospital to speak up when adverse events occur. The ultimate goal of this research is to inform the creation of a unique intervention that supports a system where medical professionals will patient care first by creating a culture where reporting any concern regarding medical errors and/or near misses in the medical work place is the norm rather than the expectation.

The local hospital currently has an electronic system in place for its employees to report errors, near misses, and any other behaviors that endanger patients and other staff members; however, this system is reactive rather than proactive. By understanding the motivation of the medical staff, organizational culture can be changed to ensure that any member of the medical team feels empowered to report mistakes. A series of individual interviews will be facilitated with two hospital stakeholder groups: medical residents and ICU nurses. Analysis of the interviews will inform an organizational survey to further assess the organizational culture as well as barriers and facilitators for speaking up. These efforts will aid in the development of an intervention to change the existing organizational culture and also to help inform the hospital administration on establishing an optimal way for reporting errors and omissions, which will improve patient safety and overall medical care for all patients.

This project is innovative for several reasons. First, the topic of speaking up in the context of patient safety culture is understudied, yet has the potential to make a national impact on the care of patients at the hospital. Second, this type of rigorous and formative research is not typically done in the healthcare setting, and can elucidate issues that are unknown and/or underdeveloped. Third, the methodology being employed in this study can be used to create an evidence-based intervention that can be scaled-up and used by other units and different hospital systems. Fourth, while there is little research into the reporting of medical errors, a theory-based communication program for this issue can set a precedent for culture change within a hospital (Wakefield, McLaws, Whitby, & Patton, 2010). Finally, the motivation of getting healthcare professionals to speak up will be beneficial across health systems.

This presentation will provide background information regarding speaking up about medical errors, report initial findings from this study, provide recommendations for best practices to encourage speaking up among medical staff, and define next steps for the implementation of an intervention.
Explaining Health Information Sharing among College Students: A Developmental Perspective

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Background: Roughly from age 18 to 25, emerging adults experience a transitional development stage between adolescence and adulthood (Arnett, 2000) and exhibit five developmental characteristics: identity exploration, instability, self-focus, feeling in-between, and possibilities (Arnett, 2004). While the majority of emerging adults seek health information (Percheski & Hargittai, 2011), few studies take into consideration developmental attributes among this group when researching health information behaviors or examine emerging adults as health information sources. The purpose of this study is to (1) provide insights into college students’ health information behaviors; (2) explore the relationship between emerging adulthood features and health information process and sharing behaviors.

Methods: To address those goals, an online survey study was conducted in Spring 2014. The sample consisted of 424 undergraduate students recruited from a student participant pool at a large public university. Most of the participants were single (94.3%), female (66.8%), and 19-20 years of age (57.9%), but did not have a full-time job (92.7%), or live with parents (87.3%). The Inventory of the Dimensions of Emerging Adulthood (IDEA) was used to assess the features of emerging adulthood (Reifman, Colwell, & Arnett, 2007).

Results: The results showed that 312 respondents indicated they had shared information about general health issues with other people. Among those respondents, 258 specified topics of the shared information. The top three topics college students shared with others were nutrition (27.9%), fitness (15.1%), and influenza (8.9%). Other popular topics included drugs, sleep, and sex/reproduction health.

Multiple regression analysis was conducted to identify the predictors of health information processing motivation and ability. In predicting health information processing ability, controlling for gender, emerging adulthood characteristics explained a significant portion of the variability (Radj2=.079, p<.001) with possibilities and identity explorations as positive predictors (βpossibilities =.172, P<.05; βid=.199, p<.05). In predicting health information processing motivation, emerging adulthood characteristics explained a significant portion of the variability (Radj2=.071, p<.001) with others-focus as the only significant predictors (βothers =.168, P<.01).

Through binary logistic regression, the relationship between health information sharing and emerging adulthood features was investigated. The logistic regression model exhibited significant model fit (Δχ2(2)=45.051, p<.001). The results showed that “feeling in-between” was the only significant predictor of the odds ratio of health information sharing (β=.622, exp(β)=1.863, p<.05). Holding other factors constant, when there was one unit increase in “feeling in-between,” the odds of sharing health information increased by 86.3%.

Conclusion: The features of emerging adulthood did not seem to predict health information sharing behavior very well but were able to contribute to its determinants: motivations and ability of health information processing. Future research can use larger samples and explore the relationship between emerging adulthood features and other predictors of health information behaviors.
Who Controls My Health? Health Locus of Control and Students' Medical Help Seeking

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University students are often new to managing their health, potentially resulting in uncertainty about health decision making when ill at college. This is particularly true for international students who must navigate a possibly unfamiliar health system and have been reported as underutilizing health services (Fallon & Barbara, 2005; Russell et al., 2008). It is important for medical providers to understand what facilitates and inhibits health service use by university students to better target this population. Health locus of control (HLC) could influence students’ health service use. HLC has explained some health behaviors and emergency room use in past studies (Mautner et al., 2015). Endorsing an external HLC, which includes either believing one’s health is determined by chance or by powerful others like physicians or family, has been associated with experiencing higher levels of physical and psychological symptoms, possibly due to a lack of initiative in managing one’s health (Roddenberry, 2000; Vandervoot et al., 1997). Yet, how HLC impacts college students’ decision making about medical help seeking has not been explored. Utilizing a sample of 354 US domestic students and 195 Chinese international students, this study examined the effects of HLC (Multidimensional Health Locus of Control Scale; Wallston, Wallston, & DeVellis, 1978) on medical help seeking, feelings about the illness, and communication with close others about the illness. It was hypothesized that, for both groups, both an internal and a powerful others HLC would facilitate help seeking and communication with close others, and a chance HLC would inhibit help seeking and communication with close others. After taking the MHLC measure, participants responded to a prompt asking them to remember a specific instance in which they were ill at college but were not certain if they should seek medical help. Data were analyzed using linear and logistic regression. Results indicated that HLC has different effects for US domestic and Chinese international students. HLC was only associated with medical help seeking behaviors for US students such that a chance HLC predicted avoidance of medical help or treatment, a powerful others HLC predicted medical help seeking, and an internal HLC predicted self-treatment and avoidance of medical help. Additionally, for US students, a chance HLC was associated with less and a powerful others HLC was associated with more conversations with close others about the illness. For Chinese international students, however, an internal HLC was associated with more conversations with close others about the illness. Emotional responses to the illness also varied by nationality and HLC. For chance HLC, US students reported higher depression and Chinese students reported higher frustration. Powerful others HLC was associated with US students reporting higher depression, anxiety, and hope. Internal HLC was associated with Chinese international students reporting higher anxiety. This study highlights ways in which HLC could be a barrier to medical help seeking, particularly for US students. Promoting trust in medical providers could facilitate US students’ medical help seeking.
Trust as Driving Force to Consult Health Professionals or Alternative Sources

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Trust is a fundamental component of the patient-physician relationship – particularly in situations characterized by uncertainty – and a prerequisite of a patient’s willingness to seek help from health professionals. But perceived trust is not only a precondition of participating in medical care – trust can also result from a patient-centered care (Fiscella et al., 2004).

Pregnancy is an example for a stage of life that particularly requires the need to trust in guidance by health professionals. The perceived uncontrollability of health-related implications of pregnancy can lead to feeling of uncertainty and evoke the need to reduce these feelings. One important strategy is seeking informational support from trustworthy others (Dervin, et al., 1999; Brushers, 2001). Due to their expertise, health professionals are often the most important advice-givers. However, patients often complain that the health professional’s support does not sufficiently meet their needs (Hu & Sundar, 2010). Thus, a lack of trust in health professionals can be a driving force to proactively turn to alternative sources (e.g. Hsieh & Brennan, 2005; Larsson, 2009; Song et al., 2012). In this context, online-communities are of increasing relevance and use (Wright & Rains, 2014).

Therefore, we aimed to explore which sources are the most trusted ones for pregnant women. We further asked for the influence of women’s trust in health professionals and on their willingness to ask for support. Additional, we investigated the relationship between trust in health professionals and online-communities.

We conducted an online survey among users of the most frequently used German pregnancy-related online-community (N = 1.017). The questionnaire measured the pregnant women’s trust in 15 different sources (including gynecologists, midwives and family doctors) and their willingness to ask for advice from health professionals as well as members of the online-community.

The pregnant women’s most trusted sources were their gynecologists (M = 4.46; SD = .74), their spouses (M = 4.42; SD = .88), their midwives (M = 4.40; SD = .78), and their mothers (M = 4.12; SD = 1.10). A stepwise regression analysis revealed that trust in midwives and gynecologists exerted a significant effect on the willingness to ask health professionals for advice (R2corr=0.062***). Especially, trust in midwives (B = .257*** ) and gynecologists (B = .161*** ) increased the likelihood of demanding information and support from experts. In contrast, trust in health professionals had a vanishingly low impact on turning to the online-community (R2corr=0.008*), whereas trust in the online-community considerably increased the probability to turn to the community for informational support and advice (R2corr=0.151***).

Taken together, our findings indicate that expectant women’s trust reveals as a relevant determinant of seeking informational support. But the interdependences between trust and informational behaviors cannot be interpreted as general disposition but as source-specific attributions and corresponding communication behaviors. Thus, it can be assumed that successful patient-centered care can only be established based on trust between patients and providers. However, we do not find support for compensating relationships between health professionals and online-communities; instead the results suppose a positive association of the supportive sources.
Because Google Said So! Patients’ and Providers’ Communication Strategies in Discussing Online Information

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Background and Theory. Research exploring patients’ online information seeking behavior (OIB) has grown tremendously. These studies report that many patients visit their provider with prior knowledge (Russ et al., 2011). Patients’ OIB changes the dynamic within the consultation and thereby the communication (Caiata-Zufferey & Schulz, 2012). The current study aims to explore how patients and providers communicate about patients’ OIB. This exploration makes a unique contribution to the literature from multiple angles. First, previous studies focus either on how patients start the discussion or on the way providers respond to this (Bylund et al., 2007; Bylunt et al., 2010; Caiata-Zufferey & Schulz, 2012). No known research explored if and how providers initiate the discussion about patients’ OIB and how patients respond. Second, studies in this field solely relied on retrospectively, self-reported data (e.g., Bylund, et al., 2007; Bylund, et al., 2010; Caiata-Zufferey et al., 2010). By analyzing videotapes of actual consultations, a more accurate insight into how patients and providers talk about patients’ OIB can be given.

Methods. This study focusses on the discussion of patients’ OIB at the start of treatment. In total, 165 consultations between patients and providers were videotaped and fully transcribed. If (any combination of) the words Internet, Google(d) or any other Internet-related words were mentioned by either the patient or the provider, the consultation was included in the qualitative analysis. Literature was used throughout the analyzing process (e.g., Bylund et al., 2007; Caiata-Zufferey et al., 2010). For all transcripts at least the following aspects were coded: 1) initiator of the discussion; 2) communication strategy used to initiate the discussion; 3) response to the introduction.

Results. Results show that patients and providers evenly initiate the discussion of patients’ OIB. The valence of initiation was often quite neutral. Patients also often expressed concerns about the reliability of the information during the discussion. Providers often used a warning when initiating a discussion about OIB. When patients responded to the providers’ initiation, this was often quite neutral or they tried to validate their efforts. When providers responded to patients’ initiation, they used patients’ OIB as a springboard to guide their consultation or to validate patients’ search efforts. Overall, providers did not discuss patients’ OIB in-depth; providing evaluation tools, or referring the patient to high quality websites, was hardly found in our data.

Discussion. This study contributed to the literature by advancing our understanding of how patients and providers talk about the Internet. In contrast to previous studies, providers are often initiating the discussion. Moreover, the tone-of-voice of these discussions is regularly quite neutral and it seems that talking about the Internet is getting integrated in consultations. Given that patient exposure to inaccurate online information is likely, it is vital that providers talk more in-depth about patients’ OIB. Results of this study could guide communication interventions developed for providers to assist them in talking about patients’ OIB.
Medication-Assisted Treatment (MAT) has been designed to combine pharmacotherapies, behavioral therapies, counseling, and other services (i.e. primary medical care) to reduce the high rates of substance use disorders and the associated costs of medical treatments (Redden, Tracy, & Shafer, 2013; SAMHSA, 2016). MAT is considered an evidence-based “treatment for substance use disorders that includes a pharmacologic intervention as part of a comprehensive substance abuse treatment plan” (Roberto, Shafer, & Marmo, 2014, p. 1). To promote MAT as part of a substance-abuse treatment plan for patients, it is necessary to understand the factors that contribute to health providers’ endorsement of this treatment.

Previous research has shown a positive association between organizational support and health professionals’ commitment of substance-abuse treatment adoption (Knudsen, Ducharme, & Roman, 2007; Thomas et al., 2003). Expanding on this research, the purpose of this study was to explore whether organizational support is associated with treatment provider’s own behaviors to discuss MAT with their patients by means of Theory of Planned Behavior (TPB). TPB postulates that attitude, subjective norm, and perceived behavioral control influence an individual’s behavioral intention, which serves as a predictor for actual behavior (Fishbein & Ajzen, 1975).

In this paper, a TPB confirmatory factor analytic model and a TPB path analytic model were tested for consistency between two groups, providers with organizational support and providers without organizational support, using measurement and structural invariance tests with a robust maximum likelihood estimator (MLR) in Mplus 7.4 (Muthén & Muthén, 2015). A model criteria consisting of a chi-square test, CFI, RMSEA and SRMR were used to assess the adequacy of the model fit at each test (Hu & Bentler, 1999).

An electronic link to a survey containing the measures was sent through email to 510 substance-abuse treatment providers who subscribed to an e-newsletter distributed by the Addiction Technology Transfer Center(s). The measurement and structural invariance tests included 202 treatment providers (129 females and 73 males), with a reported an average age of 48 (range = 26 to 76; M = 47.77, SD = 11.12), and 14 years of substance abuse treatment experience (M = 13.86, SD = 9.40).

The tests of measurement invariance yielded acceptable model fit and suggested that the predictive nature of TPB latent variables was captured by the utilized TPB measure the same way for both groups of providers. Thus, the probability of having a particular score on one TPB latent variable did not differ as a function of group status. Further, the tests of structural invariance suggest that the TPB path analytic model was consistent between participants with and without organizational support. Thus, this study did not find any statistical evidence suggesting that organizational support acts as a moderator in treatment provider’s endorsement of MAT.

Limitations within this study included a smaller than preferred sample size, as smaller sample sizes can statistically influence the role of moderators in structural equation models. It is recommended that future research studies utilize larger sample sizes, and explore the role of organizational characteristics on substance-abuse treatment providers’ communication with their patients.
What Does “It’s On Us” Mean to You? College Students’ Perceptions of a National Sexual Assault Awareness Campaign

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Given that one in five women and one in 16 men are sexually assaulted during college (White House Task Force, 2014), the It’s On Us campaign aims to stop sexual assault. The campaign’s purpose is to encourage students to sign a pledge committing to recognize and identify sexual assault situations, intervene when consent is not given, and create an environment in which sexual assault is unacceptable and survivors are supported (It’s On Us, 2016). Since its launch, the campaign has gained nationwide attention, yet little empirical evaluation. Considering the reach of the campaign, it is critical for scholars to examine college students’ perceptions of It’s On Us.

Method: Focus groups were conducted to explore college students’ (N = 47) perceptions of the It’s On Us campaign at a large Midwestern university. Focus groups were bifurcated by biological sex resulting in four male focus groups (n = 24) and three female focus groups (n = 23). Transcripts were analyzed inductively, allowing the principles of social marketing (i.e., barriers, benefits, motivators, and competition) to guide our interpretation, while remaining open to additional categories.

Results: Similar categories were uncovered across both the male and female focus groups; therefore, the results are reported for the entire sample. Preliminary rounds of coding suggest the following categories exist:

Perceptions of It’s On Us. While participants thought the campaign has good intentions, they felt the campaign lost steam and lacked clarity concerning the actions for students to employ.

Perceptions of the Pledge. Participants cited general awareness, accountability, and involvement in a movement as benefits to signing. Despite these benefits, they noted that lack of practicality and personal susceptibility were barriers to signing the pledge. Based on comments, a sense of community, personal relevance, and convenience may overcome these barriers and motivate individuals to sign the pledge. The only cited competition was the time it takes to sign the pledge.

Perceptions of Bystander Intervention. Participants perceived that the benefits of intervening include protecting others (either stranger or friend), feeling good about oneself, and helping reduce sexual assault. The most prevalent barriers were concerns about personal safety and lack of self efficacy. Many participants felt incapable of intervening due to lack of skills/training, insufficient context of the situation, or uncertainty identifying sexual assault. Participants felt that being in the presence of others, obligation to be part of the solution, deeper degrees of friendship, and clear-cut incidents of sexual assault would prompt intervention. Finally, the bystander effect, victim blaming, and reluctance to challenge social norms were cited as competition to intervening.

Discussion: Although participants generally perceive the benefits of signing the pledge and intervening, our results suggest there are avenues to improve It’s On Us. Many participants felt the campaign did not provide enough information for them to feel efficacious. Responses suggest there are existing barriers to identifying sexual assault and the need for concrete steps to intervene, which could increase signatures as well intervention among college students.
FluMob: Enabling Surveillance of Acute Respiratory Infections in Healthcare Workers via Mobile Phones

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Background and Literature: Singapore is a hotspot for emerging infectious diseases and, as a major travel and health hub for Southeast Asia, is at constant risk of pandemic outbreaks. With an increasing penetration of smart phone usage in this region, Singapore’s pandemic preparedness framework can be strengthened by applying a mobile-based approach to health surveillance and control, and improving upon existing ideas by addressing gaps, such as a lack of health communication. These technologies can be integrated to design an innovative dynamic system where health authorities obtain real-time epidemiological and surveillance data from healthcare workers (HCW) within Singapore who report disease incidence using smartphones. FluMob is a digitally integrated syndromic surveillance system which allows users to report influenza incidence using smartphones. The system integrates a fully responsive web-based interface and a mobile interface, made available to HCW using various types of mobile devices and web browsers. Real-time data generated from FluMob will complement current healthcare and laboratory-based systems.

Aims: The team aimed to assess the potential to use a digitally integrated syndromic and laboratory testing mobile surveillance system for use to monitor influenza vaccine effectiveness in a hospital setting with year-round circulation of influenza.

Methodology and Findings: The team recruited 700 participants who own either an Android or iOS mobile phone. Hospital staff members who volunteered to take part were invited to register and create a user account, and then download a mobile phone App. Once a user account was created, they were asked to report their respiratory syndrome status, both positive or negative once a week via either the web-browser or mobile phone application. Every week, the first 10 participants’ positive with influenza-like illness were invited to provide nasopharyngeal and blood samples. The researchers found that user uptake was high, due to health communication strategies which were employed to encourage HCWs to utilize the application. Attrition rates remained low as well, and constant communication of the health risks posed to patients due to cross-transmission patterns was cited as a reason for the maintenance of FluMob’s usage.

Implications & Discussion: We are currently in week 15 of the study. Upon completion of the study period in March 2017, data regarding mobile app use will be analysis in detail, including an analysis of the weekly reports and cases identified. The registration questions will serve as a baseline for researchers to understand the lifestyle patterns and technology consumption among local healthcare workers. Descriptive analyses will also yield valuable data, and could potentially assist in the development of policies for disease monitoring and preventive measures. The data collected at registration can also be used at a later stage to identify any potential relationship between demographics, lifestyle behaviours, medical history, vulnerability to influenza, and app utilization. Further analyses of the data derived from the study could allow researchers to develop effect health communication strategies for future research studies.
Background and Objectives: Parent-child communication plays an important role in shaping children’s health behaviours, including food consumption (Chen, Weiss, Heyman, & Lustig, 2010). Prior studies have examined the direct association between parental communication practices and child food consumption (e.g., factors such as positive affect, negative affect, and abstract cognitive qualities, mediate this association. Scanlon, Birch, Francis, & Sherry, 2004). However, not much is known regarding how fine-grained individual cognitive factors can influence one’s intention to consume certain types of food (Aikman, Crites, & Fabrigar, 2006). Positive affect refers to positive emotional associations regarding a specific food, negative affect refers to negative feelings towards a specific food, while abstract cognitive qualities refer to positive rational thoughts about a specific food (such as how healthful, natural, or nutritious a food item is). Since previous studies have explored direct associations between parental communication and general attitude towards food and its outcomes without considering the mediating role of cognitive factors (Lwin, Shin, Yee, & Wardoyo, Forthcoming), this study set out to explore the effect of parental communication on intention to consume two categories of foods – snacks, as well as fruits and vegetables – through the cognitive factors food-specific positive affect, negative affect, and abstract cognitive qualities.

Method: Based on a survey of 309 children aged 10 to 16 in Singapore, this study examined the influence of active parental guidance of food consumption, which reflects the discursive features of active parental mediation (APGf), on children’s snack consumption versus fruit and vegetables consumption. This study also investigated how various cognitive factors mediate the relationship between parent-child communication and children’s food intake.

Key Findings: Three cognitive factors were analysed: Positive Affect (PA), Negative Affect (NA), and Abstract Cognitive Qualities (ACQ). Structural equation modelling revealed that the pathway from APGf to intention via PA is the most consistent for both snacks and fruits and vegetables consumption. The higher the PA toward the food, the more likely the child intends to consume it. APGf predicts NA for both categories of foods, but NA only predicts intention for fruits & vegetables. ACQ is an insignificant mediator between APGf and both categories of food consumption.

Conclusions: Our findings indicate that parental communication about food tend to invoke negative and guilty emotions about unhealthy foods such as snacks. However, these negative emotions do not predict snacking intention and consumption. Despite this, increased active discussion on food consumption appears to be effective in promoting favorable cognitions towards, and consumption of, fruits and vegetables. Implications for healthcare providers, caregivers, and educators will be discussed.
Public Responses toward Cigarette Claims: Results from the HINTS-FDA Survey

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Background – Smoking remains the leading cause of preventable death in the U.S. and worldwide. Every year, cigarette smoking causes more than 480,000 deaths in the United States. Advertising cigarettes as “low nicotine” has become a popular marketing strategy. Although it’s not clear if lowering nicotine level can reduce the incidence of smoking-related diseases, previous research has found that claiming cigarettes as natural and organic could weaken adolescents’ risk perceptions about smoking (e.g., Kelly & Manning, 2014). Considering the potentially significant psychological impact of cigarette claims, the current research examines U.S. public’s responses toward cigarette claims. In particular, we investigate the role of sociodemographic factors, smoking status, presence of tobacco users in the household, and media use in predicting public’s responses toward cigarette claims.

Approach – Data were obtained from HINTS-FDA. A series of ordinary least squares (OLS) regressions were conducted using the Survey package (version 3.31-2) installed in R version 3.3.1. Final sample and replicate weights were incorporated in the analyses to control for complex sampling design and to calculate accurate standard error of estimates. Missing data were excluded from the analyses. The final sample size was 2,566. Responses toward cigarette claims were operationalized in different ways including perceived harmfulness and addictiveness of cigarettes advertised as “low nicotine”, and behavioral intentions to use a tobacco product if it was claimed as less addictive and harmful.

Key Findings – Among sociodemographic variables, race, age, and household income emerged as important predictors of responses toward cigarette claims. Specifically, compared to Whites, Asians perceived cigarettes advertised as “low nicotine” as more harmful and addictive and reported greater likelihood of using the tobacco products if they were claimed as less addictive and harmful. In addition, compared to older people, younger people perceived less harmfulness of cigarettes advertised as “low nicotine.” People who reported having more annual household income had a lower perceived harmfulness and addictiveness of cigarettes advertised as “low nicotine” than those with less annual household income. Significant results were also found with regard to smoking status and presence of tobacco users in the household. Compared to current smokers, former and never smokers reported less likelihood of using the tobacco products if they were claimed as less addictive and harmful. Moreover, former smokers (vs. current smokers) perceived more harmfulness of cigarettes advertised as “low nicotine.” Additionally, those who have smokers in the household (vs. those who don’t have smokers in the household) reported greater likelihood of using the tobacco products if they were claimed as less addictive and harmful. Media use, in general, did not predict responses toward cigarette claims.
Health education materials are distributed to the public daily, and it is assumed that they will be able to read and understand it. Health communication researchers advocate for improving the public’s health literacy. An array of research examines how providers can improve health literacy through communication with patients, but less research examines how we assess the suitability of printed materials that are so frequently distributed. The present study fills this gap in health literacy literature by examining two common tools for assessing health-related educational materials. The Suitability Assessment of Materials (SAM) created by researchers at the John Hopkins School of Medicine allows healthcare providers to assess the suitability of printed materials they provide to their patients. Materials are rated as Superior, Adequate, or Not Suitable. The Clear Communication Index (CCI) developed by the Centers for Disease Control and Prevention assess all communication materials, regardless of the channel/modality. With this tool, materials are identified as Suitable or Not Suitable. Because the SAM was created in the provider-patient context and the CCI encompasses a more comprehensive public health approach to assessing health educational materials, the purpose of the present study was to (1) compare their performance, and (2) extend/validate the use of these tools in other health-related contexts. This study specifically examined their performance in assessing health safety materials for construction workers.

A total of 115 health-safety materials were scored on the SAM and CCI. The sample represented 16 companies, and more than half of the sample represented 4 companies: CWPR (n = 25), J.J. Keller (n = 23), OSHA (n = 21), and NIOSH (n = 6). After achieving inter-coder reliability, two researchers scored the materials on the SAM and CCI. Overall, the CCI yielded lower ratings than the SAM. The CCI rated 6% of the sample as suitable, versus 62% superior and 36% adequate on the SAM. It is possible that the CDC set stricter guidelines for what they considered suitable or the differences may be a function of the SAM offering an additional “adequate” score. Second, the materials created by nonprofit organizations earned the highest scores on both instruments, while commercially produced materials earned the lowest. Finally, while the SAM and CCI are beneficial tools for assessing construction health safety materials, certain CCI criteria should be adapted from CDC’s original context for use in other contexts.

This study validates the SAM and CCI for use in health-related contexts other than patient education. Additionally, the results offer important implications for how health-safety training materials are assessed for general readability/suitability. The quality of these assessments has direct implications for construction workers’ health and safety. Information should be presented at a level that the target population can read and understand. If these materials aren’t assessed, or the tools used to assess them are flawed, consumers may be at increased risk for injuries on the job. From a broader perspective, this study holds important implications for where construction companies should obtain health safety information. Materials created by nonprofits and state/local governments are most suitable.
Knowledge of Antibiotic Resistance in a U.S. Sample: Implications for Message Design to Improve Antibiotic Stewardship

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Increasing incidence of antibiotic-resistant infections worldwide has led to growing emphasis on antibiotic stewardship, including reduction in the widespread use of unnecessary antibiotics for outpatient illness (estimated at 30% of prescriptions; Fleming-Dutra et al., 2016). Central to reducing antibiotic consumption is communicating the threat posed by antibiotic resistance (AR), including its cause(s) and effective means of reducing or eliminating it. Prior research indicates that the general public has relatively poor understanding of AR, but this research has largely been conducted outside the U.S., assessed a limited domain of knowledge, or examined small samples (McCullough, et al., 2016).

This project was designed to provide a broad assessment of U.S. public understanding of AR and to assess the utility of strategic message design for correcting misconceptions to motivate change in antibiotic stewardship behaviors. Hornik and Woolf (1999) posit specific criteria for making judgments about the utility of designing messages to target a given misconception. The first criteria is sufficient “room for improvement,” meaning whether there are enough people in the target population who hold the misconception to justify designing messages to correct the belief. The second criterion requires that the misconception and the outcome of interest be related.

Participants (N = 1,014) were recruited using through Qualtrics.com using quota sampling to acquire a racially, ethnically and regionally diverse sample (approximately 1/3 each White, African-American, and Asian-American; 1/3 Hispanic ethnicity; 1/4 from each US census region). Participants responded to three open-ended questions: 1) What is AR? 2) Why does AR happen? 3) What can be done about AR? Responses were coded (by teams of research assistants who achieved reliabilities > .70 for all categories) for the presence/absence of statements correctly indicating that: 1) AR results from change in bacterial organisms, that 2) overuse of antibiotics contributes to AR, 3) that people consuming fewer antibiotics, or 4) health care providers prescribing fewer antibiotics, are effective responses to AR or incorrectly indicating that antibiotic resistance could be overcome by 5) prescribing more or different antibiotics, or by the development of new drugs. Participants were also asked yes/no questions about past problematic antibiotic-related behaviors: 1) asking for them, 2) persuading providers who were disinclined to prescribe them, 3) seeking alternate providers to obtain antibiotics, and 4) taking or 5) sharing leftover antibiotics.

Responses from substantial percentages of participants did not include one or more items of correct information (ranging from 53% for overuse to 89% for fewer prescriptions), and smaller percentages provided incorrect information (17% use more, 44% new drugs). The sum of correct statements was negatively correlated with all five problematic antibiotic-related behavior (rs = -.09 to .20, ps < .001); the sum of incorrect statements was marginally positively correlated with two behaviors (ps < .10). Applying Hornik and Woolf’s criteria, these findings suggest that there is significant room for improvement in what the US public knows about AR, and that health communication scholars and practitioners can contribute to improved antibiotic stewardship by creating, evaluating, and employing messages designed to improve knowledge about AR.
Technology Adoption, Privacy, and Health: Testing an Exploratory Lifespan Communication Model of Mobile Device Adoption

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The pervasiveness of technology in U.S. and global culture is reflected in statistics suggesting that Internet connectivity is a reality for nearly half of the world’s population (“Internet Users,” n.d.) and that approximately 50% of the world’s population had a mobile subscription in 2014 with a steady increase predicted over the next several years (GSMA, 2015). In the U.S., technology can be seen infiltrating everyday events from grocery shopping to visiting the doctor as people become accustomed to swiping credit cards through machines and accessing private information such as medical records via the Internet. In short, people of all ages from all places across the world are taking part in mediated conversations using various types of technological innovations. Technological innovations include a range of devices and concepts, many of which may have implications for health. Efficacious use of mobile devices has immense potential to positively affect individuals and family health. Mobile technologies are tools capable of delivering health education, addressing issues related to chronic health issues, and ultimately enabling health self-management and independence (Chung & Nahm, 2015; Magsamen-Conrad, Dowd, Abuljadail, Alsulaiman, & Shareefi, 2015). Thus, understanding adoption and use of mobile technologies for health purposes is important to advancing global health communication and furthering health information consumption and contribution to benefit people around the world. Although existing theories of technology use and adoption have advanced our understanding of mobile communication, they do not fully address privacy concerns, adoption across the lifespan, and voluntary adoption in community settings. Drawing on evidence collected during more than four years of field research, we introduce and test preliminary a model to address those issues, especially as they pertain to mobile technology use for health purposes. The model was developed from four years of community-based participatory field research observing older adults learn technology skills from younger instructors, with several focus groups specifically probing health and technology. This four year study of multigenerational technology adoption revealed that important components from communication studies about information management and privacy (e.g., CPM, Petronio, 2002), technostress and anxiety (e.g., Tarafdar et al., 2007) and personal versus work orientations were missing in the unified theory. We argued that these components need to be accounted for and propose a model of handheld device acceptance and adoption that syntheses various theories within lifespan and lifecourse discourse, merging conversations common within studies of communication (e.g., lifespan, Nussbaum, 2007) and sociology (e.g., discourse, Chesley & Johnson, 2014). The proposed model articulates the multifaceted process of mobile technology adoption acceptance across the lifespan, especially as it pertains to the acceptance of personal technology for health management. We used a mixed methods approach to test the model including two waves of survey data (n=313; n=256) and semi-structured interviews (n=40). Results offer initial support for the model and opportunity for discussion.
Informed U: The Development and Testing of an Interpersonally Delivered Curriculum that Actively Involves College Students

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Sexual violence and misconduct among college students is a critically important subject. Upon entering college and living away from home for the first time, students experience new levels of autonomy and risk, including increased access to alcohol and recreational drugs. The Bureau of Justice Statistics states that 47% of reported cases involving rape and sexual assaults involved alcohol, and the National Intimate Partner and Sexual Violence Survey (2011) indicated that the prevalence of victims’ first experiences with rape, stalking, and intimate partner violence is particularly high among college-aged women and men. The National Sexual Violence Resource center reports that one in five women and one in sixteen men are sexually assaulted while in college (Krebs et al., 2007). Furthermore, the Association of University Women found that 62% of female college students indicated that they were the targets of sexual harassment at school. And while numerous other studies corroborate the severity of the problem, preventive measures initiated by authorities across university towns over the past decade (Jozkowski & Peterson, 2013) have reported limited success. Clearly sexual violence and misconduct on campus warrants further study and innovative intervention.

The purpose of this study is to test an education intervention curriculum grounded in the Theory of Active Involvement (Greene, 2013). The format of the intervention is a 2 hour small-group (8 to 10 students) discussion-based learning session, led by a peer facilitator. During the session, students discuss key topics, share their experiences and beliefs, challenge each other’s opinions, collaborate to propose strategies, participate in group activities, and create pro-social action plans. This concept was adopted from a diabetes management education program, which has shown significant resulting improvements in biometric outcomes, knowledge, and engagement in the learning process (Conversation Map Programs: A Quantitative and Qualitative Analysis of Usage and Outcomes).

The content of the curriculum was developed by a multidisciplinary team including a health and interpersonal communication Ph.D.; a health education Ph.D. and title IX deputy coordinator; a private education company, Informed-U; and university students. The topics addressed by the curriculum comply with and exceed the requirements mandated by the Campus SaVE Act. The learning tools associated with the session include a facilitator guide, card activities, and a 3’x5’ “map” (an illustrated campus scene depicting images and messages that correspond to the content of the session).

We will test the curriculum and intervention format in January 2017 with approximately 20 students, including both traditional college students and peer health educators. After participating in the intervention students will complete a short survey and a focus group style discussion. Co-authors will facilitate pilot sessions and make necessary adjustments to the curriculum. In early April 2017 we will conduct another pilot test with approximately 100 college students (divided into small groups). Undergraduate research team members and the Peer Educators who participated in the January pilot will serve as facilitators. We will present on the curriculum and intervention and share preliminary findings, especially those related to TAI concepts of arousal and involvement, knowledge, perceived discrepancy, norms, and intentions.
Towards a Sustainability-Enhanced Approach to Patient Centered Health Care Delivery

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Our ability to adapt to the forthcoming population growth of the aging community, while proactively addressing future demands on our natural resources vital to supporting and sustaining human health and welfare and responding to changing climate systems will be a challenge for the global health care industry. This manuscript argues that omni-channel communication mechanisms supported through a sustainability-enhanced approach to patient centered care is optimal for effective long-term health care delivery.

As a pragmatic term, “sustainability” provides a paradigm for thinking about the future in which economic, environmental and social equality are intertwined and balanced in the pursuit of improved quality of life (UN, 2011). We use this conceptual definition as a lens into the role of sustainability-enhanced, patient-centered health care delivery and health communication practices. Today hospital organizations face a paradoxical challenge between treating illness and disease in order to restore and promote health, while avoiding the utilization of resources that degrade the environment, and result in by-products that lead to additional disease and illness. In the health care industry sustainability is increasingly seen as “a logical extension of a hospital’s mission to care for people and is consistent with the patient-centered philosophy,” (Guenther & Atwood, 2006, pg 46). Considerations towards building materials, water consumption, energy use, waste management and food systems provide applied health communicators with new opportunities to share important sustainability-related messages across multiple channels to both internal stakeholders (i.e., employees, volunteers) and external stakeholders (i.e., regional partners, donors, networks, suppliers, tour groups, local communities) while also enhancing patient and provider experiences. Sustainability-enhanced patient-centered care, if implemented properly, can create an authentic narrative between healthcare organizations and the patients they serve.

The goals of this paper are (1) to provide an overview of sustainability-enhanced approaches to patient-centered health care (2) to examine health communication in the sustainability context through multiple forms, channels and messages, and (3) to provide professional resources for increasing collaborative capacity building between patients, health care providers and the communities they serve. In doing so we provide an in-depth look into the role of sustainability-related decision-making and health communication practices involving (a) facility design and operations, (b) the marketing and promotion of health services, (c) engagement and community outreach, and (d) health care policies that contribute to the long term co-benefits of sustainable health care systems promoting patient-centered care.
Sticking to a Prescribed Diet without Getting Stuck: Enhancing Adherence to Treatment among Patients With Metabolic Disorders

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Background: Inborn errors of metabolism are rare genetic disorders that force individuals to follow lifelong restrictive diets, monitor nutritional supplementation, and undergo routine blood monitoring. Failure to adhere to medical recommendations can result in serious detrimental health outcomes, ranging from headaches to severe cognitive impairment. As they age and gain more independence, however, individuals with metabolic disorders face a myriad of barriers to adherence, including temptation to consume restricted foods, financial challenges of obtaining special food and formula, and lack of social support.

The literature on adherence to medical recommendations for individuals with metabolic disorders is grounded in concrete, direct themes, such as diet, blood monitoring, and supplementation. While researchers have explored some of the indirect factors that promote adherence, like social support, little is known about the link between self-identity and adherence to prescribed diets. Furthermore, little research has been done regarding the indirect ways in which parents can foster improved adherence. Thus, this intervention serves as a preliminary investigation of the role that parents can play in increasing their child’s adherence to medical recommendations.

Method: Using the Health Belief Model (Hochbaum, Kegels, and Rosenstock, 1952) and social support theory as guiding frameworks, 11 in-depth interviews were conducted with patients and their parents.

Participants were recruited from the Metabolism Program at Boston Children’s Hospital. Patients with dietary restrictions and/or medical recommendations, such as supplemental formula or pharmaceutical treatment for their metabolic disorder, age six and older as well as their parents were selected for participation. Interview notes and audio recordings were analyzed by research question and Health Belief Model constructs (perceived severity, susceptibility, barriers, benefits, cue to action, and self-efficacy) and social support theory constructs (instrumental, emotional, esteem, and informational support).

Results: Overall, parents perceived metabolic disorders to be severe and acknowledged that their children would likely be curious to try restricted foods. The themes of emotional support and positive parental outlook surfaced in several interviews. Several participants expressed that to promote adherence to medical recommendations, parents must not allow the condition to define their child’s identity. Parent participants reinforced the importance of normalizing the condition and diet, cultivating a neutral or positive attitude toward the condition, and detaching emotion from food by emphasizing that their child’s diet should not shape his or her entire identity. One patient participant echoed this notion by urging parents to familiarize themselves as much as possible with their child’s condition and equip their child with a strong understanding of the condition; the patient reflected that with knowledge came a sense of normalcy that improved his view of the condition and adherence to treatment.

Conclusion: Data from the interviews were used to create an educational guide that provides parents with novel strategies for enhancing their child’s adherence to medical recommendations. The educational guide is a featured resource available on the New England Consortium of Metabolic Programs website, a platform for health care professionals, patients, and families that provides access to information about metabolic disorders, treatment guidelines, and support groups.
Problematic Health Disclosure of Diabetes Self-Care During the Medical Encounter within the African American Community

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Background: The prevalence of diabetes among African Americans has quadrupled over the past 30 years. Equally troubling is the incredible disparity that African Americans suffer with regards to complications of diabetes from not participating in self-care behaviors compared to their non-Hispanic white counterparts. Despite empirical support for improved health outcomes when one participates in self-care behaviors, there are still reports of only 12% of those diagnosed regularly performing all behaviors, with marked disparities among ethnic minority populations. Doctor-patient communication can facilitate improved diabetes self-care behaviors (DSC; e.g., exercise, taking regular blood sugar levels) and potentially reduce the disparities that exist for African Americans. Persons that actively participate in healthcare discussions and decisions with their physicians have greater diabetes self-efficacy, participate more in diabetes self-management, and are more likely to adhere to plans of care. Unfortunately, if one is not able to maintain the complex schedule of DSC, the lack of adherence is generally not disclosed or partially disclosed to physicians resulting in a problematic health disclosure. Particularly, the patient might lie (e.g., saying s/he exercises 3 times a week when she does not), fudge or prevaricate (e.g., saying s/he “exercises regularly” when s/he only exercises once a month), outright ignore requests for information, or simply elect not to bring up a topic if the doctor does not first bring it up. Thus, the disclosure is considered problematic.

Purpose: The purpose of this study was to examine the relationship between diabetes self-care behaviors and problematic health disclosures for the African American diabetic patient.

Methods: A quasi experiment was conducted utilizing a community sample of 126 African American men and women recruited from two community health clinics in the southeastern U.S. Participants were selected to complete a survey evaluating the way African American patients talk with their doctor about diabetes. The instrument used in the study contained 35 items with closed-ended responses, which was previously pilot-tested with 20 community patients to establish content validity. Variables measured include diabetes self-behaviors, stigma, preparation, relevance, symptoms, relational quality, physician reaction and problematic health disclosure. Descriptive statistics were used to analyze the data. IRB approval was obtained from the University of Georgia.

Results: Diabetes self care behaviors, relevance of health information and concern for what a physician might say after hearing one did not follow medical recommendation were significant predictors of problematic health disclosure.

Implications for Health Communication Research: The results of this study define a new theoretical construct, problematic health disclosure (PHDM), for further empirical evaluation. The use of and findings from the application of the PHDM in the current study suggest a program of future health communication research aimed at the development of theory specific to the ongoing nature of chronic disease management, moving away from the traditional relational contexts (e.g. spouse) and type of disclosure (e.g. “I have an STI). Even more, results suggest physicians emphasize a patient centered approach to diabetes care; being responsive to specific patient needs regarding one’s management of diabetes.
Characteristics of the Doctor’s Note: Establishing a Baseline towards Understanding the Implications of OpenNotes in Oncology

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Background: Electronic medical records and secure patient portals are making physicians’ notes more accessible. Physicians’ notes summarize recent visits, outline diagnoses, and provide therapeutic strategies. Contributing to the accessibility of physician notes is “OpenNotes,” a national initiative that calls for greater transparency of medical records. Thus far, studies examining the efficacy of OpenNotes have demonstrated that access to notes can make patients more active in their care, increase medication adherence, and improve communication with the provider. However, the majority of studies have focused on the primary care environment, and it is unknown how OpenNotes can impact other medical specialties like oncology. Some oncologists have expressed reservations about the availability of their notes due to legal issues and patient misunderstanding, while others have voiced concerns that terms like “anxious”, “depressed” and “obese” may offend patients and negatively affect the patient-provider relationship.

Objective: As more patients are gaining access to their notes, it is important to understand the implications of transparency in oncology. Therefore, the goal of this study was to establish a baseline understanding of the manner and style in which oncologists write patient notes and whether writing practices are congruent with patient-centered communication techniques.

Methods: A random sample of outpatient oncology notes were extracted using a search code from thirteen consented oncologists affiliated with a Mid-Atlantic comprehensive cancer center. Using Epstein and Street’s (2007) framework for patient-centered communication, notes inclusive of categories such as “Assessment”, “Plans”, “Interval History” and “Impression” were entered into the software program, Linguistic Inquiry and Word Count (LIWC). Four summary variables derived from the LIWC program were examined: analytical thinking, clout, authenticity, and emotional tone. The resulting values are standardized scores ranging from 0 to 100, in which higher scores represent increased formal and hierarchical thinking (analytic), display of relative confidence or leadership (clout), and disclosure of information in an honest and straightforward manner (authenticity). Emotional tone is formulated such that increasing scores indicate more positive tone. Additional variables of interest were derived as percentage of total words within the examined notes, as well as word count and mean number of words per sentence. Means and standard deviations were calculated using JMP® version 11.

Results: 161 notes from January-May 2014 were analyzed, with a mean of 128.4 words per note and 14.9 words per sentence (standard deviation [std dev] = 103.6 and 6.1, respectively). 27.8% of words were greater than 6 letters. Notes conveyed high analytic thinking (mean = 79.9, std dev = 20.6), moderate clout (mean = 63.7, std dev = 17.9) and low authenticity (mean = 26.4, std dev = 30.0). Notes expressed a largely negative tone (mean = 33.9, std dev = 25.2).

Conclusions: Results from this study indicate high literacy level requirements may be needed for patients to interpret oncologists’ notes and benefit from increased transparency of medical notes. Additionally, negative tone and low authenticity may interfere with patient-provider communication and trust. Oncologists may consider the writing style of their notes as a method to enhance patient-centered communication techniques.
Exposure to alcohol marketing and advertising messages by underage youth is a public health concern, as it motivates them to engage in early onset of drinking that can later translate into health, psychological, and behavioral problems. Alcohol marketers and advertisers seem to be in violation of their own self-regulatory mechanisms by directly targeting underage youth (Barry et al., 2015) as well as including cues that enhance alcohol’s relevance, acceptance, and appeal among minors. One such violation relates to the inclusion of younger looking models. Models enhance the persuasiveness of ads by portraying congruence in age and lifestyle, which has been associated with increased ad and brand favorability (Chang, 2008; Forehand & Deshpande, 2001; Maldonado, Tansuhaj, & Mueling, 2003). Using social cognitive theory (Bandura, 1986) and the social norms approach (Lapinski et al. 2013), we hypothesize that inclusion of younger models will motivate underage youth to express intentions to consume alcohol as a form of modeling a behavior and deeming it acceptable and prevalent among generational peers.

The current study used a 2 (models’ age: younger vs. older) x 2 (advertised beverage type: beer vs. soda) x 3 (ad repetition) within-subject design. Participants between the ages of 18 and 20 (N = 111) viewed beer or soda advertisements pooled from YouTube.com that varied in the perceived age of models. Upon exposure to each ad, participants indicated their attitudes toward the ad (Aad), viral behavioral intentions (VBI), and intentions to consume alcohol (ICA). Psychophysiological measures of cognitive resource allocation (heart rate), arousal (electrodermal activity [EDA]) and emotional valence (facial electromyography [EMG]) were recorded while participants viewed the ads.

Participants expressed more favorable Aad (F[1, 110] = 63.68, p < .001, η2p = .37) and VBI (F[1, 110] = 34.36, p < .001, η2p = .24) upon exposure to soda than beer ads, while they expressed greater ICA upon exposure to beer than soda ads (F[1, 110] = 142.02, p < .001, η2p = .56). A significant two-interaction between beverage type and models’ age was found for Aad (F[1, 110] = 10.48, p < .001, η2p = .09), VBI (F[1, 110] = 14.27, p < .001, η2p = .12), and ICA (F[1, 110] = 56.91, p < .001, η2p = .34). For all DVs, participants did not differ significantly in rating soda ads as a function of models’ age. However, when it came to rating beer ads, participants expressed more favorable Aad and greater VBI for ads with older- than younger-looking models, yet they expressed greater ICA upon exposure to beer ads with younger- than older-looking models. Additionally, we unraveled significant trends related to the three-way interaction between beverage type, models’ age, and time with regard to heart rate, EDA (or skin conductance level), and corrugator supercilius muscle activation (indicative of unpleasant emotional responses).

Our findings point to important health and policy implications. Our findings call for stricter regulations of advertising alcohol via social media through the development of a comprehensive, evidence-based regulatory mechanism.
Examining the Role of Youth Empowerment in Preventing Adolescents’ Obesity in Low-Income Communities

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One-third of children and adolescents in the United States are considered overweight or obese, which makes childhood obesity a serious health concern. Children ages 6 - 11 years are account for 19% of childhood obesity whereas 17% of adolescents, ages 12-19 years are considered obese (Ogden et al, 2012). Low-income communities and ethnic groups are disproportionately impacted where Hispanics and African Americans account for 25% and 19% of childhood obesity respectively (Crespo et al, 2012). The high prevalence of adolescent obesity implies that a large number of adolescents face serious physical and psychological obesity-related consequences (Merikangas, et al, 2012). Empowerment is a protective factor in adolescents’ health and greater well-being (Morton, 2013) and empowering them to make informed health decisions while providing supportive environments for healthier communities is crucial in obesity prevention. Health communication researchers and practitioners call for empowerment programs that promote knowledge, self-efficacy and engagement in youth-driven decision-making processes that aim at strengthening positive attitudes, skills and healthy behaviors (Morton, 2013).

Objective: The project applied the community-based participatory research (CBPR) approach and examines the effect of empowerment on factors that contribute to adolescence obesity prevention.

Methods: Baseline data reported here were gathered from adolescents (N=410) in low-income communities across the three US states - Kansas, Ohio, and South Dakota. The sample was predominantly Hispanic, Black and Native American with an age range of 11-15 years. About 57 percent were female, 43 percent were male, and were evenly distributed across grade levels 6th, 7th, and 8th. Scale reliability of each variable was determined by the internal consistency with an acceptance of Cronbach alpha (α) of .70.

Results: Results show adolescent empowerment play a role in their attitudes towards physical activity where those with negative attitude were less likely to engage in obesity prevention activities (β= -.286, t = -6.007, p<.001). There was a significant difference in adolescents’ attitudes in the three states [F(2,404) = 10.151, p<.001] but no differences based on gender and age (p>.05). Youth empowerment is also correlated with their confidence to be physically active (r=.351, p<.001), an t-test showed significant gender differences in level of confidence but no differences were observed based on age, ethnicity or state. Furthermore, youth empowerment was correlated with efficacy for healthy eating (r=.212, p<.001) with differences in their efficacy based on grade level [F(2,395) = 10.02, p<.001] but gender and ethnicity did not play a role. Finally age and ethnicity and were significant factors in adolescents’ perceptions of community support in obesity prevention (p>.05) and empowerment was associated with their motivation for health (χ²=14.939, df=1, p=.000).

Conclusion: Health communication seeks to empower those at risk to make informed decisions. In obesity prevention interventions empowerment is a key predictor with significant contributions in self-efficacy and attitudes towards physical activity and healthier eating and their perceptions for community support. The study suggests that in addition to information dissemination, health communication programs should put more emphasis in activities that empower adolescents through engagement while demonstrating the wider community support.
Self-Affirmation and Defensive Processing of Graphic Cigarette Warning Labels among African American Smokers

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Background – African Americans suffer disproportionately from preventable diseases caused by smoking. Although on average African American men consume less cigarettes than white men, they are more likely than white men to develop lung cancer, of which smoking is a primary risk factor. Promoting smoking cessation through health risk messages among the African American community is therefore of great urgency. Graphic warning labels on cigarette packages have shown promise in curbing cigarette consumption. However, it is well documented that individuals’ responses to health risk messages are often biased and defensive, particularly among high-risk individuals for whom the messages are most relevant. Very little is known about practical ways of reducing such defensiveness. Jointly supported by NCI and FDA, this research examines the potential impact of self-affirmation, a cognitive process of reflecting on one’s positive attributes or cherished values, on reducing defensive processing of graphic warning labels among African American smokers.

Approach – We recently undertook a community-based pilot study with African American smokers to test the effects of self-affirmation on their responses to graphic warning labels. We recruited African American adult smokers from the national capital border area in Prince George’s County, Maryland through a variety of means including outreach by community leaders, word-of-mouth, and flyers. Data collection took place at community centers, libraries, and community events. The survey was administered on iPads. Participants first responded to a few preliminary questions about socio-demographic background and pre-existing attitudes toward smoking. Through random assignment, participants engaged in a self-affirmation (vs. no self-affirmation) exercise and then viewed two FDA-approved graphic warning labels. Affective, cognitive, and conative reactions to the labels were measured subsequently. Key dependent variables included experienced anger while viewing the warning labels, message derogation, perceived message manipulation, self-efficacy in quitting smoking, and intention to quit. A total of 90 smokers participated in the pilot study and each of them was rewarded with a $25 gift card.

Key Findings – We examined the main effects of self-affirmation as well as its interaction with pre-existing attitudes toward smoking. We found no evidence of a main effect of self-affirmation on defensive processing as indicated by experienced anger, message derogation, and perceived message manipulation. However, there was a significant interaction between self-affirmation and pre-existing attitudes toward smoking that appeared to affect both message derogation (p = .05) and perceived message manipulation (p < .10). Specifically, for smokers holding negative initial attitudes toward smoking, self-affirmation had no impact on defensive processing. For smokers holding positive initial attitudes toward smoking, self-affirmation reduced message derogation (p < .05) and perceived message manipulation (p < .05). Greater perceived message manipulation then predicted lower self-efficacy in quitting smoking (p < .05) and lower quitting intention (p < .05).
Forget the Hangover: Research to Better Understand College Non-Drinkers

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Background: Extant research related to college drinking behaviors is largely focused on binge drinkers, not individuals enacting healthy non-drinking behaviors. Existing literature indicates non-drinkers are less likely to be members of fraternities or sororities (Scott-Sheldon et al., 2016) and more likely to be religious (Kitsantas et al., 2008), but there are still many unanswered questions. Concerning personality traits, non-drinkers exhibit less extraversion, less sensation-seeking and more neuroticism than drinkers (Lac & Donalson, 2016). Non-drinkers also report health concerns, religious beliefs, and desire to keep self-control as their main motives to abstain (Epler et al., 2009; Huang et al., 2011; Rinker et al., 2013; Romo, 2012). The current research expands upon existing literature to explore perceptions of non-drinkers, norms associated with alcohol abstinence, and factors associated with maintenance of healthy non-drinking behaviors.

Objectives: Alcohol abuse prevention should include college non-drinkers because many students enter college as non-drinkers, but transition to become drinkers during college. Gaining a better understanding of how this transition occurs and identifying mechanisms influencing this change could help health communication campaigners develop messages to encourage maintenance of healthy behaviors. The current project, a collaboration between social science researchers and student health promotion practitioners, is guided by two main objectives: 1) investigating what can be done to prevent non-drinkers from becoming drinkers, and 2) exploring how drinkers perceive non-drinkers to combat potential misperceptions or stigmas concerning alcohol abstinence.

Methods: In study one (complete), an online survey examined alcohol abstinence norms perceived by college drinkers and non-drinkers, and the types of norms influencing attitudes toward non-drinkers. In study two (in progress), focus groups will help researchers gain a better understanding of non-drinkers, their motivations, reasons not to drink, perceptions of college drinking norms, and preferred messaging strategies.

Preliminary and Anticipated Results: Preliminary findings from study one suggest personal descriptive norms and university injunctive norms exert an influence on attitudes toward non-drinkers. Additionally, non-drinking males are more stigmatized than their female counterparts. Finally, non-drinkers are not perceived as anti-social or judgmental toward their drinking peers. These are positive findings indicating positive perceptions of non-drinkers on college campuses. Study two data collection and analysis will be prepared well in advance of DCHC.

Conclusion: Overall, findings will guide targeted campaign messages for diverse college student audiences, including maintenance of healthy alcohol abstinence behaviors among non-drinkers, and curation of positive attitudes toward non-drinkers among college students who imbibe.
Tailoring the Mode of Delivery: Younger and Older Adults’ Satisfaction with Online Health Information

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While older adults increasingly seek online health information, many health websites are not user friendly for seniors, resulting in dissatisfaction with the information found online. Older adults often cope with age-related sensory and cognitive limitations (e.g., impaired vision or hearing, and reduced processing speed) that might negatively influence their online experience. An advantage of the Internet is that it provides the opportunity to deliver health information through different modalities (e.g., text, illustrations, and/or video), which can be tailored to preferences and abilities of different target groups such as older adults. A previous study has already shown that so-called ‘mode tailoring’ leads to better information processing and consequently higher recall of information in older adults. However, whether tailoring the mode of delivery also leads to higher satisfaction with online health information, is still unclear. This study aims to test the effects of mode tailoring on evaluative outcomes important for health websites, namely satisfaction with the (a) attractiveness of the website, (b) comprehension of the website’s information, and (c) emotional support from the website among both older and younger adults.

A 5 (condition: mode-tailored vs. non-tailored text-only, text with illustrations, text with video, combination) × 2 (age group: younger [25 – 45] vs. older adults [≥ 65]) between-subjects experiment was conducted. In total, 563 participants were randomly exposed to one of the five website versions containing information on colorectal cancer. Mode tailoring was operationalized through an interactive tool where participants could self-tailor how the information would be presented to them (via text, illustrations, and/or video). ANOVAs showed that participants were more satisfied with the (a) attractiveness, F(4, 553) = 5.70, p < .001, ηp² = .04, and (b) comprehensibility, F(4, 553) = 3.22, p = .013, ηp² = .03, of the mode-tailored website, but not with the (c) emotional support of the website, as compared to the non-tailored websites. Specifically, mode tailoring outperformed the text-only, text with video, and combination website regarding satisfaction with the attractiveness. For satisfaction with the comprehensibility, mode tailoring outperformed the combination website. There was no interaction effect between condition and age group, indicating that the effect of mode tailoring on website satisfaction was not different for younger and older adults.

While previous computer-tailoring studies have mainly focused on tailoring website content, this study is one of the first to operationalize mode tailoring as a novel strategy of tailored information provision, and to investigate the effects thereof on satisfaction with health websites. Mode-tailored online health information is found to be appreciated more in terms of attractiveness and comprehensibility, as compared to non-tailored information. To deepen our understanding of mode tailoring effects, we encourage researchers to further explore this strategy and its underlying mechanisms, such as perceived active control, cognitive engagement, and the fit between individual preference or learning style and information modality. The results of the current study are promising, and call for additional research on mode tailoring as an innovative additional tailoring strategy that can be used in health interventions.
Threat and Efficacy Messages in Television News Following Local Transmission of the Zika Virus in the United States

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On August 1st, 2016, the Centers for Disease Control issued a travel advisory for people who live in or traveled to the Wynwood neighborhood in Miami, FL, after identifying the first locally acquired cases of the Zika virus within the continental United States. Prior to this date, Zika was depicted as a threat primarily for those who traveled to Zika-infected areas in Central and South America. During a domestic public health crisis such as Zika, it is of utmost importance to have the public recognize the risk, believe in the efficacy of the recommended response, and ultimately engage in the recommend behavior (Turner, Boudewyns, Kirby-Straker, & Telfer, 2013). Such goals lend themselves to the concepts of severity, susceptibility, self-efficacy and response efficacy outlined in the Extended Parallel Process Model (EPPM; Witte, 1992). Specifically, news media can provide audiences with these important pieces of information, which can subsequently affect audience awareness and behaviors surrounding the risk (Brodie, Hamel, Altman, Blendon, Benson, 2003; Neuwirth, Dunnwoody & Griffin, 2000). Despite the proliferation of news accessed via the Internet, many individuals still rely on television news to learn risk information (Olmstead, Jurkowitz, Mitchell & Edna, 2013). As a result, news media play an important role in communicating information about the threat of the Zika virus and how audiences can protect themselves.

Using content analytic procedures, this study uses the EPPM to assess the extent to which the news media presents EPPM message elements, and provides a comprehensive depiction of how threat and efficacy messages are presented to audiences after the first locally transmitted cases of Zika were identified in the United States. The EPPM proposes that in order for a message to alter behavior in a constructive way, a message must present the severity and susceptibility (i.e., threat) of contracting Zika while also presenting response and self-efficacy (i.e., efficacy) information.

The transcripts of evening news broadcasts from ABC, CBS, NBC and PBS, airing between the hours of 5 to 7 pm, and 11 to 11:30 pm EST (i.e., during highest viewership times; Pew Research Center, 2016) that mention the word “Zika,” and aired on or after August 1st, 2016 were analyzed. After establishing intercoder reliability, messages were coded based on the EPPM variables of severity, susceptibility, and efficacy. In addition, collective efficacy was also included to account for responses beyond individual behaviors. In general, it was found that news stories focus more on threat information (e.g., information about virus transmission and population susceptibility) as opposed to efficacy information. Research suggests that a lack of efficacy information may lead to maladaptive behaviors (i.e., fear control), since audiences may have little information as to how they can reduce the Zika threat. In contrast, effective risk communication ought to contain information that promotes efficacy, subsequently leading to self-protective behaviors and collective preventive actions. Since this investigation illustrates the imbalance of threat to efficacy information within the news, risk communicators might focus on supplementing missing Zika efficacy messages to the American public.
Peril or protection: Discussions about #CampusCarry on Twitter and Instagram

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Background: Not long ago, the idea of encouraging college students to bring guns to school would have been unthinkable. Yet, from 2004 to 2015, at least nine states passed laws allowing gun possession on the campuses of public campuses and universities. Support for so-called “Campus Carry” laws has been fueled in large part by fears over high-profile campus shootings like the October 2015 massacre at Umpqua Community College. However, federal crime statistics reveal that college campuses are already among the safest public spaces in the country. Moreover, research across a variety of settings indicates that the introduction of guns is associated with an increase in violence. The current study seeks to better understand the root of this risk perception gap by examining social media-based discussions surrounding Campus Carry laws, with a specific emphasis on how skewed representations of risk may influence support for such laws.

Method: We employ a quantitative content analysis to examine engagement/activity metrics and theory-based risk perception themes in a sample of 1,000 tweets and 1,000 Instagram posts using the hashtag #CampusCarry.

Results: The discussion about Campus Carry on Instagram and Twitter is characterized by an overrepresentation of the risks of violence on college campuses and an underestimation of the risks associated with firearms on campus, along with other skewed presentations of risk. Risk factors such as alcohol, drug use, dating violence, mental illness, and sexual assault are rarely considered in these discussions, despite their prevalence on college campuses.

Conclusions: Support for allowing guns on campus may be driven by inaccurate risk perceptions. As such, countering skewed representations of risk on social media with accurate messaging could have important implications for public perceptions and policy.
Are You Ready? Gauging Medical Students’ Ability to Communicate With End-Of-Life Patients

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Communication is a core function of the patient-physician relationship. The traditional communication style for physicians has always been one-way. The physician dictated and the patient listened. Recently, research has shown that the physician-centered communication style is ineffective and leads to higher patient dissatisfaction. Studies today are encouraging physicians to practice a more patient-centered communication style. Patient-centered communication is when a physician’s approach to the medical encounter ensures “inclusion of patients’ perspectives and preferences in care, as well as provision of the information patients need if they want to participate in medical decision making” (Roter & Hall, 2004, p. 498). The physicians and patients become partners. Good patient-provider communications supports patient-centered care. Patients are no longer silent but expect the medical encounter to be a two-way dialogue. Research studies have shown that patient-centered care improves the overall quality of care and creates a more positive relationship between the physician and patient. Patients feel included. The one-sided relationship has ended; yet, physicians are slowly incorporating patient-centered care. The transitions are primarily due to lack of training and inability to apply regularly in daily practice.

Moreover, the problem with a slow transition to change effects the management of care for end of life (EOL) patients. Physicians who have been challenged with providing basic patient-centered care are even more so challenged with these patients. The relationship previously developed will dictate the approach and outcome of discussing difficult issues as patients move from curative care to palliative care. The physician needs to communicate with greater awareness and sensitive with respect to the patients’ culture and individual preferences. Many physicians feel unprepared to engage at this level. They find it challenging in many ways but in particular in conveying next steps, dealing with patient emotions and their own sense of failure or abandonment.

To address physicians slow behavior change, this research study explored a course designed specifically to introduce patient-center EOL care prior to graduation. The hypothesis is that given an opportunity to acquire knowledge and practice there is a greater chance for behavior change. The outcomes would be physicians in practice with increased confidence and communication skills that are methodical in daily clinical practice. This presentation will explore the effects of course practicum simulation experience between 4th year medical students and EOL standardized patients. The course theoretical framework is based on the social cognitive theory and its key concepts of attention, retention, reproduction, motivation, performance, and self-efficacy. The methodology used is quantitative research with the aim at assessing the likelihood that the students will be ready to engage with EOL patients post-graduation. The study design included didactic, large group discussion, and debriefing. EOL patients completed an eight item checklist on key EOL principles post simulation. The results of the study will be presented adding to existing body of knowledge on patient-centered EOL.
The goal of the movement from hierarchical health care to shared decision-making is improved clinical outcomes through effective communication and partnership. Physicians and medical students are now trained in interpersonal skills to build relationships with patients and increase treatment adherence, eliciting the values to patients in informed shared decision making. However, successful communication cannot rest solely on the shoulders of the provider; patients need to be educated equally to become active participants in their health care. Health and Wellness classes are part of the required high school curriculum for nearly all states in the United States, presenting an ideal time to educate the incoming adult population. Using a translational approach with the evidence-based patient training model ‘PACE’, a visual media module was created with funding from an IU Health Values Grant for Education to create ‘PACE-talk’. In partnership with the award-winning Herron High School in Indianapolis, interdisciplinary experts in medical education, pediatrics, and health communication collaborated to pilot test the module using a pretest-posttest from the Medical Communication Competency Scale. All pre-post measure comparisons are significant at p < .001, favoring the post-intervention scores on MCCS total and all sub-tests. Six open questions regarding content and appearance were part of the evaluation and preliminary qualitative analysis suggest the need for more interactive components and less passive video time. Or, according to one student, "It needs more cowbell!" A second grant for PACE-talk 2.0 has been submitted for 2017-2019 to develop an interactive game design with Yale University's Center for Health and Learning Games. In collaboration with Preview Labs in Belgium, a game prototype will be developed, designed, and tested for role-playing with simulated doctors where choices are made to be active or passive patients with varying outcomes. Indianapolis area public schools with a student population base of over 6000 have agreed to be the pilot schools for the second iteration of PACE-talk. The overarching goal is to persuade policy makers to require patient education for all high school health and wellness classes first in the Indiana State Standards and then include all states.
What is mHealth?: Concept Explication and a Taxonomy

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In recent years, the potential of mHealth to improve population health and augment the health care delivery system has been widely recognized. The high expectation for mHealth was also in part fueled by its ability to reach underserved populations. Health technology entrepreneurs already delivered numerous applications to the marketplace while government agencies and NGOs have been making consorted efforts to identify and tackle obstacles to realize the potential (e.g., Nilsen et al., 2012). In the research community, mHealth has attracted some attention as well. Researchers studied adoption rate of mobile technology in general (Bounsanga, Voss, Crum, & Hung, 2016) and the use of health apps in particular (Nielsen, 2014). Perceptions of and attitudes toward mHealth have been examined among the general population (e.g., Atlenza et al., 2015) as well as highly disadvantaged groups such as homeless youth and adults (e.g., Asgary, Sckell, Alcabes, Naderi, Adongo, & Ogedegbe, 2015; Jennings, Lee, Shore, Strohminger, Allison, Conserve, & Cheskin, 2016). There are also a few reports detailing the results of some pioneering mHealth programs (e.g., Katz, Mesfin, & Barr, 2012; Lee & Cho, 2016; Ybarra, Prescott, & Holtrop, 2014).

Indeed, these developments in the practice and research are exciting and promising. At the same time, the current state of mHealth research is deemed to be lacking in conceptual clarity. The technology involved can be as simple as SMS or as complicated as wearables connected to EMR. The target users can be as broad as anyone anywhere the world with a smart phone or as narrow as patients within a healthcare network with a specific chronic condition. The purpose can also range from fitness and diet to HIV treatment adherence. This lack of conceptual explication could discourage the public from engaging in mHealth and interfere with health professionals’ appreciation of how it can enhance the quality of care they provide.

To contribute to the growing field of mHealth while realizing its unique potential to bridge the gap between people who are rich in health resources and those who are not, the current essay untangles the notion of mHealth. By conducting a comprehensive review of current literature on the subject and popular applications currently available to the general population, we will also create a taxonomy of mHealth functions and applications. A few existing reviews of mHealth initiatives offer some building blocks for our endeavor (e.g., Catalani, C., Philbrick, W., Fraser, H., Mechael, P., & Israelksi, 2013; Mookherji, Mehl, Kaonga, & Mechael, 2015). We plan to expand the literature and materials reviewed here by including popular press articles, trade/professional publications, technical reports, and health app information available on product websites and other sources, in addition to academic research.

mHealth is uniquely qualified to address the three primary mandates for U.S. health care system—quality, efficiency, and equity. For balanced growth of mHealth and development of optimal apps, the time is ripe to conduct a comprehensive assessment of the state of affairs.
A community structure analysis compared city characteristics and nationwide newspaper coverage of gun safety in newspapers in 28 major U.S. cities, sampling all 250+ word articles from 12/14/12 to 11/07/16. The resulting 388 articles were coded for editorial “prominence” (placement, headline size, article length, presence of graphics) and “direction” (“government responsibility,” “societal responsibility,” or “balanced/neutral: coverage”), then scores were combined into each newspaper’s composite “Media Vector” (range= +.3250 to -.3778, or .7028). Fifteen of the 28 newspapers (54%) manifested media coverage emphasizing government responsibility for gun safety.

The “buffer” hypothesis (privileged groups linked to sympathetic coverage of groups making rights claims) was partially confirmed (For detailed explanations and confirmation of these hypotheses, see Pollock, 2007, 2013a, 2013b, 2015.). Cities with greater numbers of physicians per 100,000 (r=0.453, p=.008) or hospital beds per 100,000 (r=0.378, p=.024), or greater percent women in the workforce (r=0.331, p=.043) were all linked to greater media emphasis on government responsibility for gun safety. However, greater percent of municipal spending on health care (r=-0.319, p=0.049) and professional occupational status (r=-0.369, p=0.026) were linked to less media emphasis on government responsibility for gun safety.

The “stakeholder – belief system” hypothesis (religious beliefs connected to coverage of policy positions) was partially disconfirmed. Higher percentages of Mainline Protestants (r=-0.442, p=0.009) were linked to less media emphasis on government responsibility for gun safety, contrary to previous research associating Mainline Protestants with progressive positions. “Stakeholder-generation” hypotheses also found greater percentages of young (18-24 year olds: r=-0.345, p=0.036) and somewhat old (65 year olds: r=-0.339, p=0.039) linked to less media emphasis on government responsibility. “Stakeholder-position in lifecycle” hypotheses found families with children of all ages under 18 linked to less media emphasis on government responsibility, consistent with previous research (Pollock, 2007, pp. 172-183). Surprisingly, the vulnerability hypothesis was disconfirmed as the greater percent of unemployed, crime rate, single parent households or uninsured in a city were all linked to less media emphasis on government responsibility for gun safety.

Regression analysis yielded greater number of hospital beds per 100,000 accounting for 24% of the variance, coverage emphasizing gun safety, while Mainline Protestants (7.8%) and ages 65+ (9%) combined for 16.8% of variance and less coverage emphasizing gun safety. Strikingly, Southern newspapers had the most media emphasis on government responsibility for gun safety, unanticipated due to conservative regional traditions.

Empirically, media coverage of gun safety represented a “health access” and “belief system” issue more than a vulnerability (“crime” or “poverty level”) issue. Methodologically, by combining measures of both “prominence” and “direction,” highly sensitive Media Vectors highlighted the capacity of media to reflect community measures of “health access” and “belief systems.” From a theoretical perspective, by emphasizing the influence of local demographics, the community structure approach complements agenda-setting theory at the national level, as also found empirically by a founder of agenda-setting (Funk & McCombs, 2015), illuminating ways both nationally prominent newspapers and local, community characteristics affect coverage of critical issues such as gun safety at local levels.
Mothers’ Behaviors and Preferences when Choosing Physicians for their Families: Assisting “Chief Medical Officers”

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With the implementation of the Affordable Care Act (ACA), approximately 20 million more adults and families have health insurance today than six years ago (Uberoi et al., 2016). The combination of newly-insured individuals with those whose insurance plans, and consequently primary care providers, are changing, has yielded unprecedented levels of patients seeking new care providers. These new patients are demanding better tools to manage their care more efficiently, and healthcare companies are being advised to segment their patient populations to address their specific needs and perspectives (PWC, 2015). One of these important segments that healthcare providers cannot ignore as they begin to better cater to various groups are mothers.

Despite the increasing involvement of fathers and other caretakers in child-rearing activities, women are still seen as the primary health decision-makers in families, and thus have been coined “Chief Medical Officers” (Luce et al., 2015). They take the principal role in choosing health care plans, scheduling visits with providers, and ensuring their family members receive the care they need. Approximately 85% of women report being the sole decision maker in selecting their children’s doctors (Ranji & Salganicoff, 2011), and 94% of working mothers make healthcare decisions for other family members (Luce et al., 2015). The US Department of Labor therefore advocates that mothers “need adequate knowledge and tools to satisfy their multiple roles as decision makers and consumers of health care” (US Department of Labor, 2013). Yet, despite the important role mothers play in the care selection process for their families, prior research has failed to effectively single them out as an essential target audience.

This study sought to determine how these “Chief Medical Officers” of their families find physicians. It also aimed to uncover mothers’ information preferences with the goal of helping healthcare systems improve the content they offer women and their families.

An online survey and experimental study of 320 mothers from across the United States was conducted. Mothers responded as to how they found their last family medicine physician, and the level of importance placed on various types of provider information. Additionally, they were randomly exposed to biographical manipulations of two physicians that varied in both type of media (text and video), and information offered about the providers (professional and personal information). They then answered through an open-ended response why they selected the provider they would choose to visit.

Mothers rated the provider’s communication style, the provider’s board certification, and the provider’s philosophy of care as the top three characteristics that are most important when selecting a provider. Interpersonal referrals were the most commonly cited source of information, yet information provided by healthcare systems online was ranked second. Mothers indicated that being able to glean personality characteristics and feelings of relatability from a provider’s online biography were important in selecting a provider.

At a minimum, healthcare systems should provide information that helps to showcase how a provider communicates in consultations – possibly through the inclusion of videos – and provide physicians’ philosophies of care, along with their credentials.
Obesity is a growing epidemic in the United States. In the past four decades, the prevalence of obesity has more than doubled, with current reports estimating that more than two-thirds of American adults are overweight or obese. With a significant portion of the population needing to lose weight, many individuals are turning to the Internet to solicit and provide social support with similar individuals. Although prior literature has found that web-based social support is an effective mechanism in helping individuals manage weight, additional research is needed to evaluate specific solicitation strategies, as well as social support provision behaviors in these groups. Therefore, the presented research seeks to better understand how individuals solicit social support, as well as how individuals provide social support in an online weight management forum.

We conducted an inductive analysis of social support solicitation and provision in an online weight management group. A free weight loss community, SparkPeople Weight Loss Community, was selected based on popularity and ease of access. Member generated posts were manually downloaded from the SparkPeople website. Study data included 650 posts from members over a two-year period. Authors analyzed posts to determine thematic topics. Four coders independently examined all posts, inductively coding for salient post topics. Independent lists of topics were discussed and compared to produce a final list of categorical names and definitions capturing the topics of the members’ posts. To establish the final coding scheme, coders together assigned each of the first 30 posts that best described the content of the messages. Next, coders paired in groups of two and coded an additional 325 posts. Coding discrepancies were discussed, and rules refined, until 100% agreement was reached. The specificity of the coding system produced high raw agreement (95.2%).

Preliminary findings regarding solicitation of support suggest that the majority of user-generated posts (62.2%) include some form of support seeking within the content of the message. Of total posts, 349 (53.7%) included passive solicitation for support, whereas only 54 (8.3%) posts included active solicitation for support. Users most sought support for their accomplishments and past failures. Of the total sample, nearly half (42.9%) of posts included reference to future accomplishments, and nearly a third (28.2%) referenced past accomplishments in the online forum. Additionally, many users (20.3%) included discussion of past failures with weight management in their postings. Regarding social support provided, preliminary findings indicate that 502 (77.2%) posts included some form of social support provision within the content of the message. Findings suggest that companionship was the most common social support provision strategy among online users, with nearly half of all posts (46.9%) including companionship mentions. Interestingly, affectionate communication was common among supporters, as it was included in 17.1% of all messages. Additionally, teaching was also prevalent among online supports, with teaching references occurring in 16.5% of all forum posts.

Further analyses are being conducted to answer all research questions. The expectation is to have all analyses completed by the beginning of the new year and final manuscript written by the end of January.
The ability to decide if, when, and how many children to have is a right that not all women are privileged to enjoy. According to the World Health Organization, an estimated 225 million women worldwide seek to delay or stop childbearing but lack access to contraception and other crucial family planning services (World Health Organization, 2015, para. 1). Moreover, a woman’s right to choose an abortion is subject to legal restrictions of countries of residence. A woman's ability to delay pregnancy means she can pursue additional education, participate more in public life, and enter the workforce without significant barriers (World Health Organization, 2015, para. 4).

A community structure analysis compared national characteristics and newspaper coverage of women’s reproductive rights in a cross-section of nationally prominent newspapers from 15 different countries, examining all relevant articles of 150+ words selected from 01/01/11 to 12/31/15. The resulting 157 articles were coded for “prominence” (placement, headline size, article length, and the presence of graphics) and “direction” (“government responsibility,” “societal responsibility,” or “balanced/neutral” coverage of women’s reproductive rights), then combined into composite “Media Vector” scores for each newspaper, ranging from +.4285 to -.2282, total range .6567. Ten of 15 papers (67%) emphasized government responsibility for women’s reproductive rights.

Pearson correlations confirmed an umbrella “Stakeholder” hypothesis (Stakeholder coverage mirrors the relative size of key stakeholders) for indicators of “press freedom” and “energy production/consumption and infrastructure” (For detailed hypothesis explanations, see Pollock, 2007, 2013a, 2013b, 2015.). It was hypothesized that the greater the presence of “modern” stakeholders, the more coverage would emphasize government responsibility for women’s reproductive rights. Regarding “press freedom,” the higher the freedom of the press score (r = 0.470, p = 0.039), the greater the media emphasis on government responsibility.

For “energy production/consumption and infrastructure,” seven indicators were significant. Older energy resources of coal production (r=-0.648, p= 0.021), coal consumption (r=-.626, p=0.048), oil consumption (r=-0.513, p=0.030), and oil production (r=-.514, p=0.044) were all connected to less media emphasis on government responsibility, more societal responsibility for women’s reproductive rights. By contrast, more “modern” forms of energy consumption and production, including electricity consumption (p = 0.633, r = 0.006), electricity production (p= 0.578, r =0.012), and natural gas consumption (p= 0.541, r=0.043) were associated with coverage emphasizing government responsibility for women’s reproductive rights, findings consistent with previous research on coverage of climate change, Muslim immigration, and rape/rape culture (respectively, Pollock, Reda, et. al., 2010; Longo, et. al., 2015; Luchkiw, et. al., 2016). A regression analysis revealed that “Freedom of the Press” accounted for 79.4% of the variance, oil consumption 20.6%, totaling 100% of the variance.

Empirically, this study robustly confirmed traditional forms of energy associated with coverage emphasizing societal responsibility, while more modern forms of lower pollutant energy (and press freedom) were linked to coverage emphasizing government responsibility for women’s reproductive rights. Methodologically, combining measures of “prominence” and “direction” generated highly sensitive “Media Vector” scores illuminating the capacity of media to reflect country level measures of energy production, consumption, and press freedom.
Nationwide U.S. Coverage of Solitary Confinement: A Community Structure Approach

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A community structure analysis compared community characteristics and nationwide coverage of solitary confinement in newspapers in 27 major U.S. cities, sampling all articles with 250+ words from 01/01/01 to 03/0/16. The resulting 231 articles were coded for “prominence” and “direction” (“favorable”, “unfavorable” or “balanced/neutral” coverage), then combined into each newspaper’s composite “Media Vector” (range = .0544 to -.8313, or .8857). Twenty-three of 27 newspapers (86 percent) manifested unfavorable coverage of solitary confinement.

Two hypothesis clusters were confirmed: the “buffer” hypothesis (Media in relatively privileged communities are more responsive to moral claims by less privileged groups.); and the “vulnerability” hypothesis (Media “mirror” the interest of marginal/disadvantaged groups.) were at least partially confirmed (For detailed explanations and confirmation of theses hypotheses, see Pollock, 2007, 2013a, 2013b, 2015). More physicians/100,000 (r = -.480, p = .006), hospital beds/100,000 (r = -.332, p = .045) and higher percentages of Protestants (r = -.410, p = .017) were all linked with unfavorable coverage of solitary confinement. By contrast, higher crime rate (r = .409, p = .017) was linked with “favorable” coverage of solitary confinement, contrary to previous research and predictions for solitary confinement coverage.

Regression analysis yielded more physicians/100,000 accounting for 29.8% of the variance and Mainline Protestant 18.3%, totaling 48.1% of the variance. Finding physicians/100,000 and Mainline Protestants associated with coverage supporting rights claims is consistent with previous community structure research linking physician density with media support for stem cell research (Pollock, 2007, p. 97), physician-assisted suicide (Pollock & Yulis, 2004) and pediatric immunization (Trotochaud, et. al., 2015); as well as Mainline Protestants with media support for the “Occupy Wall Street” movement (Pollock, 2013a, pp. 1-30), detainee rights at Guantanamo (Zinck, et. al., 2014, 2015), and government responsibility for animal rights (Machado, et. al., 2016). The Midwest had by far the most unfavorable coverage, consistent with Midwestern newspaper strong support for prisoner rights at Guantanamo (Zinck, et. al., 2014, 2015), the “Occupy” movement (Pollock, 2013, pp. 1-30), and immigration reform (Pollock, Gratale, Teta, et. al., 2014, 2015) in previous studies.

Empirically, coverage of solitary confinement appeared to resonate as a “health access” and “belief system” issue more than a “vulnerability” (crime” or “poverty level”) issue. It was also striking that measures of ethnic identity (African American or Hispanic) were also not linked significantly with variations in coverage of solitary incarceration. Overall, measures of “privilege” mattered more than measures of “vulnerability”, contrary to previous research confirming associations between poverty level and opposition to capital punishment (Pollock, 2007, pp. 138-146). Reasons for that change from an earlier time period deserve further study.

Methodologically, combining measures of both “prominence” and “direction” affords highly sensitive media scores or “Media Vectors” that illuminate the capacity of media to reflect community level “health access” and “belief systems”. Theoretically, the community structure approach, emphasizing the influence of local demographics, supplements the predictions of national-level agenda-setting theory, which focus on the power of prominent newspapers to set agendas at the local level. Community and local concerns make a difference.
Norm Accessibility and Drinking: Considering the Role of Discussion on Intentions to Drink

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Excessive drinking continues to be a public health concern for universities (NIAAA, 2015), but research suggests better understanding norm accessibility, how quickly norms related to a behavior come to mind, may help to improve interventions to curb excessive drinking (Rhodes, Ewoldsen, Shen, Monahan, & Eno, 2014). Empirical work has found discussion of alcohol associated with intentions to drink (Real & Rimal, 2007), suggesting a broader process by which normative beliefs about alcohol are established; however, few studies consider how discussion may be interacting with perceived norms and influencing drinking behavior. Further, studies considering this interaction have tended to focus on distal norms – what others or those less close do, rather than proximal norms – what are the norms of those close to us. Campo and colleagues (2003) found that alcohol consumption was related not to misperceptions of drinking behavior, but misperceptions of friends’ drinking. The present research considers the relationship between proximal (e.g., friends) and distal (e.g., family) norms and discussion of alcohol and explores whether discussion acts as a mediator between norm accessibility and behavioral intentions.

First-year college students were recruited from university housing. Once consent had been obtained, participants were asked to complete attitude and norm accessibility tasks using standard procedures (Rhodes & Ewoldsen, 2009). After completing the accessibility tasks, participants responded to questionnaire items to assess the number of conversations about alcohol with parents and friends in the past two weeks, future drinking intention, and demographic information. The final sample (N = 221; Mage = 17.98, SDage = .77) was 80.5% White and 52.9% male. Participants reported consuming 28.19 drinks (SD = 36.25) drinks in the previous 30 days.

Participants reported speaking to friends about alcohol approximately 3-4 times (median = 4 times) and 1-2 (median = 2 times) times with family members in the prior two weeks. Mediation analyses were conducted using Model 4 of the PROCESS macro for SPSS (Hayes, 2013), which allows for the consideration of multiple mediators (e.g., discussion with family and peers). Proximal norms were significantly related to discussing alcohol with friends (b = .46, p = .01) and intentions to drink (b = .88, p < .001), but not discussions with family (b = .25, p = .05). The indirect effect of proximal norms on behavior via discussion was only significant for discussion with friends (b = .28, 95% CI [.06, .57]). Distal norms were not significantly related to discussing alcohol with friends (b = .28, p = .25), family (b = .14, p = .47) or intentions to drink (b = .22, p = .48). In turn, the indirect effect of distal norms on behavior via discussion was not significant for discussion with friends or family.

We found that peer communication is significantly related to positive (pro-drinking), norms about alcohol consumption and intentions to drink, but these same relationships were not significant for family communication. Better understanding how norms may be influencing conversation and behavior can help illuminate possible ways to alter risky drinking. Suggestions for constructing interventions are
Do Gain-Framed Exercise Messages Elicit Less Psychological Reactance? A Test of the Intertwined Model

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Loss and gain framing is the most predominantly studied type of message framing in health communication, yet research findings remain inconclusive: Numerous studies have turned up support for a persuasive advantage of gain appeals, while just as many have indicated that loss frames are superior. Meta-analyses of the loss/gain frame research have made clear the need for studies that identify moderators and mediators to explain why variations in framing effects occur [1,2]. This study answers the call for secondary framing research by examining loss/gain framing in conjunction with a promising yet understudied variable: psychological reactance. Adults 27 and older (N = 283) were recruited from all 50 states in the U.S. to participate in an online panel study. Participants were randomly assigned to either a gain-framed or a loss-framed message condition advocating daily exercise. Surveys captured participants’ dispositional reactance, state reactance in response to the stimulus, and intentions to exercise. We predicted that loss frames would be more likely associated with reactance, based on findings from a small number of recent studies in this area [3,4]. In partial support for our hypothesis, the loss frame indirectly influenced reactance by increasing perceived threat to freedom in individuals with average or higher trait reactance. Increased threat to freedom, in turn, reduced intentions to exercise. Findings suggest that variation in framing effects across the literature may be partly explained by individual personality differences. These findings 1) indicate the value of examining trait reactance as a moderator in loss/gain framing research, and 2) point practitioners toward more precise ways of applying loss/gain message framing to reach desired outcomes.
Adapting an Evidence-Based Media Literacy Curriculum to Prevent Youth Substance Use for Dissemination

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Background: There is a critical need for substance use prevention efforts among high school-aged youth. Brief, theory-driven approaches that can be easily implemented with fidelity, require minimal resources, and are suitable for dissemination among community groups are of particular importance. The objectives of this research were to (1) adapt an evidence-based, in-person media literacy-based substance use prevention curriculum for youth ages 13-15 to a self-paced, interactive, e-learning format for implementation and dissemination in the 4-H organization and (2) test the feasibility of this approach.

Methods: 4-H members (N = 19) and leaders (N = 8) participated in focus groups to generate strategies for transferring content to an online format and maximizing appeal for the 4-H audience. The resulting e-learning prototype was then pilot tested among members (N = 38) and leaders (N = 5), who provided quantitative and qualitative feedback. After revisions, members (N = 19) and leaders (N = 3) completed a final independent usability test.

Results: Focus group results guided the choice of ads for illustrating program concepts, quantity and style of voiceovers, pacing of material, program terminology, and style of interactive features. In pilot and usability testing, users reported high levels of narrative engagement, involvement, and usability on quantitative measures with means close to or above 4 on a 5-point scale. This was supported by qualitative responses in which users described REAL media as relatable, interesting, engaging, as well as by program user data indicating thoughtful responses to question prompts. Forty-five percent of users engaged in five or more optional depth segments (of 10 possible). Constructive feedback focused on technical elements with several content suggestions (i.e., elaborating on difficult concepts).

Implications: We successfully developed and demonstrated the feasibility of a theory-driven substance abuse prevention program designed in collaboration with the target audience and with buy-in from 4-H leadership. 4-H administration supports continued research to test the efficacy of REAL media within their organization and, upon evidence of its success, will disseminate REAL media nationally. Involving community partners at each step of program research and development is critical to the success of designing programs that can be implemented with fidelity and widely disseminated.
A Systematic Review of Weight-Related Communication Trainings for Physicians: What Do We Know and How Do We Inform?

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Background: In the U.S., obesity is one of the leading causes of preventable death. Over a third of the adult population meets criteria for obesity, with associated medical costs topping $147 million annually (1). Existing behavioral weight loss programs produce clinically meaningful weight losses, which are associated with cardiometabolic improvements (2). However, these programs are intensive, costly, and hampered by limited reach. Given the high number of adults seeking routine health care services, physicians have a unique opportunity to address weight loss within the context of these routine clinical encounters. However, it is often reported that physicians lack training to address these concerns (3). To overcome this barrier, training programs have been implemented in medical settings to prepare attendings, residents, and students to have conversations with patients using patient-centered approaches (4,5). However, it is unclear the degree of consistency among existing training programs and factors associated with better outcomes, and to the best of our knowledge, no systematic review has been conducted in this area.

Objective: The objective of this study is to systematically review the existing literature in this area to determine differences in content, outcomes, and implementation of existing studies that test weight-related communication training programs for physicians.

Data Sources and Extraction: A systematic literature review of online databases including PubMed, PsycINFO, Clinical Key, and Proquest will be conducted with the assistance of an experienced librarian.

Keyword search terms will include: communication, health communication, training, physician training, patient-centered, weight, weight loss, and obesity. JMR will screen all databases by title and abstract.

Study Selection: Studies will be selected based on the following inclusion criteria: recipient of training is either physicians, residents, or medical students; training encompassing weight-related communication; and outcomes tied to physician uptake of skills, knowledge, confidence, and self-efficacy, or patient motivation to lose weight. JMR and MS will independently review relevant studies using pre-established protocol detailing inclusion criteria. Disagreements will be resolved by consensus meetings with all authors (JMR, MS, and JGL).

Results: This systematic review will provide a descriptive summary of studies including: population, methodology, and outcome characteristics, including factors associated with better outcomes across trainings.

Conclusions: This review will be the first to examine programs aimed to teach physicians to communicate with patients about weight. The results will inform us about the content of these programs, as well as the factors associated with better outcomes, thus guiding future development of programs.
#ShoutYourAbortion: Not-So-Quietly Addressing Stigma with Video Narratives

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In late 2015, the Shout Your Abortion movement, through open discussion of personal experiences, began as an approach to destigmatize the intentional termination of pregnancies. Women were encouraged to share their stories using #ShoutYourAbortion on Twitter among other social media platforms. The movement has since expanded to include participatory video narratives. The present textual analysis considers a sample of 24 user-generated video narratives published on the Shout Your Abortion YouTube channel for common themes.

Seven themes were identified: deciding factors, barriers to access, post-procedure feelings, social position, political concerns, stigma, and the movement’s role. Some women discussed the reason(s), or deciding factors, that led to their abortions; such factors included bad relationships and doubts about motherhood. Women outlined the various barriers to access they confronted such as emotional manipulation and lack of information. Post-procedure feelings experienced included guilt, gratefulness, and empowerment. Some women noted that they were aware of how their social position (such as geographic location or financial situation) impacted their experience in positive or negative ways. Others expressed concerns about how contentious political discourse surrounding the issue jeopardizes current and future abortion access. Some acknowledged that they had told no one or very few people about their abortion experience because of fear of stigma. This sometimes fueled discussion of the movement’s role in addressing stigma surrounding a common medical procedure. Finally, women believed that telling their stories might address common myths or fuel positive political action.

Taking a critical/cultural approach, the reproductive justice framework is applied to the themes present within the stories to understand the ways in which reproductive rights were supported or compromised. Additionally, narrative theory is applied to the data to understand and explain how women used storytelling to make sense of their reproductive healthcare experiences.
Information (Not Only) For The Patient: Uses and Gratifications of Surrogate Health Information Seeking

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Up to two thirds of those who seek health information online are engaging in health information seeking on behalf of others and certain demographic variables (e.g.; middle age and living together) are associated with surrogate seeking (Cutrona et al., 2015; Sadasivam et al., 2013). However, it remains open why people seek information on behalf of others. Applying the uses and gratification (U&G) approach (Blumler & Katz, 1974), an established approach to explain motivations of various forms of media use, to surrogate seeking might reduce this gap and provide us with further insights into theoretical modeling of the phenomenon.

One explanation as to why people seek online health information about others’ health is that they have higher levels of ehealth literacy and act as gatekeepers by providing access to information, explaining medical terms and evaluating health information (Kinnane & Milne, 2010). Another explanation refers to social support as a motivation for surrogate seeking (Fox, 2011). According to this, surrogate seeking health could be seen as the provision of advice and empathy that primarily depends on the relationship between the information provider and the patient (Holt-Lunstead & Uchino, 2015). Another gratification sought might be the reduction of the seeker’s own worries, so the information would not necessarily be shared with the patient (Abrahamson, Fisher, Turner, Durrance, & Turner, 2008).

In order to investigate which needs are being satisfied with surrogate seeking we conducted an online-based questionnaire with participants of the social scientific panel (Leiner, 2016) who reported seeking health information online within the past 12 months for private reasons. The mean age of the final sample (N = 535) was 39.2 years (SD = 15.1) and the majority were female (65.6%). Measures included uses and gratifications for surrogate seeking, as well as demographic, health-related, media-related, and social factors. Measures for gratifications were derived from U&G research about health information seeking and social support theory.

Within the past year, 68.0% (n = 364) of the health information seekers had searched for someone else. To identify the factors most relevant to this behavior, we conducted a logistic regression analysis. Middle age, medical education, eHealth literacy, and health status of the seeker were most relevant to differentiate between self-seekers and surrogate seekers, while other demographic or media-related variables were not significant.

Principal components analysis was used to assess the underlying structure of the measures used for the gratifications of the surrogate seekers. Our findings suggest that health surrogate seeking is primarily driven by the motivation to provide social support for family members and friends, but also by the reduction of the seekers’ own uncertainties; while online exchange with other companions was less relevant. Further analysis will provide insight in the correlation of specific media sources (online and offline), health-related content and patient as well as family member characteristics (e.g.; age, gender, health status).

Our findings offer a foundation for professionals in the health care sector to enhance their understanding of family decision-making and develop interventions that make better use of the social network of the patient (e.g.; family-centered care).
Depression is a widespread mental disorder that not only affects the patient but also his or her social network heavily. Apart from psychotherapy and medical treatment, family members (partner, relatives, friends, etc.) can fulfill different and ambivalent functions in the onset and therapy of the disease (Santini, Koyanagi, Tyrovolas, Mason, & Haro, 2015). On one side, conflicting relationships can cause or maintain the disease and family members have to cope with the changed personality of the patient and his or her reduced social interactions (Teo, Choi, & Valenstein, 2013). This is a burden that can also lead to symptoms of depression among family members. On the other side, they can also be an important resource of social support in the daily life of the patient. To provide needed types of support adequately and strengthen them to deal with patients, integration and education of family members is highly relevant for diagnosis and therapy of depression. Although previous studies indicate that patients and family members wish for higher family involvement in medical (i.e.; pharmaceutical) and psychological treatment, integrating family members has been neglected so far (Marshall & Harper-Jaques, 2008).

Research about family involvement in cancer treatment as well as other diseases reveals that triadic communication and decision-making between physician, patient and companion can be beneficial for all three of them (Krieger, 2016; Laidsaar-Powell et al., 2013). However, little is currently known about how health professionals view and integrate family members in the treatment of patients with depression, a disorder that is highly connected with the social network.

To explore the attitudes and practices of regarding family involvement in consultations and depression treatment, semi-structured interviews with ten physicians and psychotherapists, who practiced in depression treatment in primary care settings or psychiatric hospitals, were conducted. The semi-structured interviews explored (1) the extent of family involvement; (2) patient, family, therapeutic factors influencing this extent (3) the reasons and barriers for family involvement; and (4) health professionals’ attitude to increase family involvement in depression treatment. For the analysis we conducted a qualitative content analysis of the transcripted interviews.

Overall, participants held mostly positive attitudes towards family involvement, but their treatment practices have a clear focus on the patient. Mostly, they involved family members in medical decision making only in particular cases (e.g.; bipolar disorder) or treatment situations (e.g.; suicidal emergencies). Only a few health professionals in hospitals involved family members in their standard treatment; other professionals cited legal, structural or financial barriers that prevented further involvement of family members. Their main reasons for triadic communication were medical history taking and psychoeducation (esp. for family members who provide dysfunctional support). Information material for family members is mostly lacking. According to the interviewed experts there is no need to increase family involvement.

The high degree of patient-centered communication seems very positive, but given the important role of family in the depression treatment and the needs of patients and companions, more strategies for family-centered communication might be needed (Clayman & Morris, 2013). We will discuss several options for triadic psychoeducation or decision-making.
Social Media and Hospital Space: A Content Analysis of Diversity and Representativeness of Marginalized Populations

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Background: Hospitals are important community assets and have the potential to be significant contributors to the dissemination of critical health information. Social media provides an opportunity for hospitals to network with a wide variety of community members, potential patients, and corporate organizations.

Objective: This exploratory study examined how hospitals in the District of Columbia utilize social media to communicate and interact with its audience.

Design: A content analysis was conducted using Kent and Taylor’s dialogic theory as a framework. Also, the Blau Index was employed to quantitatively determine concordance in diversity and racial representation of content on hospitals’ social media sites with the racial/ethnic makeup of their neighboring community. Data was collected for a consecutive 30 day-window and consisted of posts, tweets, images and videos for Facebook and Twitter.

Findings: Preliminary analysis indicated extensive variation of social media use and organizational resources among hospitals in the District of Columbia. Contents on social networking sites also varied in their level of diversity and representativeness of their neighboring community.

Practical Implications: Effective social media use by hospitals has the potential to help hospitals increase their cultural competency, which researchers show leads to high-quality healthcare services. Understanding diversity and representativeness on social media is a fundamental step in decreasing health disparities for communities of color.
Perceptions of Parental Nutrition Communication Strategies Predict Diet Quality of Adolescents with Early Menarche (FLASHE Study)

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Background. Early age at first menstruation (Early menarche; ≤12 years old) is associated with increased risk of breast cancer. Since obesity also increases risk, helping adolescents with early menarche attain or maintain a healthy weight is important for risk reduction. Diet quality is one factor that influences weight status. In alignment with the Satter Eating Competence Model, adolescents are more likely to achieve energy balance and a healthy weight when parents ensure they have skills and resources to navigate food selection. Whether diet quality improves as a result may depend on adolescents’ perceptions of parental nutrition communication strategies. The aim of this study is to examine which strategies predict diet quality in a population at risk of breast cancer. Therefore, the following is posed: Which parental nutrition communication strategies predict diet quality in adolescents with early menarche? Method. Data were analyzed from the teen demographic and diet survey portions of the 2014 National Cancer Institute Family Life, Activity, Sun, Health, and Eating (FLASHE) study. Included in the current study’s analyses were 12 to 17 year old females with menarche at ≤12 years old. Weight status was classified as BMI-for-age ≥85th%ile for overweight/obesity and 5th%ile to 84.99th%ile for healthy weight. A diet quality index was computed from 26 food frequency items (higher scores indicating more frequent intake of nutritious foods). Parental nutrition communication strategies comprised 14 items that asked adolescents the extent to which they agree with statements about what their parents “say and do” related to fruits/vegetables and junk foods/sugary drinks. Multiple regression with raked weighting was conducted. Results. On average, the selected respondents (n = 448) were 14 years old (SD = 1.57), 52.3% identifying as white, 17.4% Hispanic, 15.5% black, and 14.8% other race/ethnicity. Approximately 30% were overweight/obese. Black respondents had significantly lower diet quality (b = -.14, t = -3.17, p = .002). After accounting for age, weight status, and race/ethnicity, strategies that significantly and positively predicted diet quality were parents buying adolescents fruits/vegetables (b = .19, t = 3.66, p < .001); not buying them a lot of junk food/sugary drinks (b = .15, t = 2.71, p = .007); and deciding how much junk food/sugary drinks they can have (b = .13, t = 1.99, p = .048). Strategies that significantly and negatively predicted diet quality were allowing junk food/sugary drinks to make them feel better if they had a bad day (b = -.25, t = -5.80, p < .001) and making sure they don’t eat/drink too much junk food/sugary drinks (b = -.16, t = -2.62, p = .009). Conclusions. Results suggest diet quality of adolescents with early menarche may improve when strategies include parents purchasing fruits/vegetables; limiting purchase of junk foods/sugary drinks; not allowing junk foods/sugary drinks to emotionally cope; and setting limits without over-regulating intake of junk foods/sugary drinks. Findings can be used to develop or refine guidance for families, with the goal of helping adolescent girls attain or maintain a healthy body weight. Black families may particularly benefit from such guidance.
Discussing Online Health Information During the Medical Consultation: Studying the Effects on Patient Outcomes

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Background: Patients are increasingly expected to be involved in their treatment, which fits nicely with the trend of individuals taking a more active role in all aspects of their life (Giddens, 1992). Therefore, patients actively seek online for health information, often before their consultation. In turn, patients visit their provider with prior knowledge, which influences their behavior (Rice, 2006; Russ et al., 2011). As patients’ Online Information seeking Behavior (hereafter: OIB) is becoming more and more intertwined with the consultation, there is an increased need to study these in the context of each other (Diaz et al., 2005). This research studies the effect of the discussion of patients’ OIB in the context of a consultation on patient outcomes (i.e., patient satisfaction, recall of information and medication adherence). Based on theory on preparatory tools and patient-provider communication, we hypothesized that: Discussing patients’ OIB has a positive effect on satisfaction (H1) and recall (H2), as compared to not discussing it. Satisfaction leads to improved level of recall (H3a) and this effect is stronger when patients’ OIB is discussed i.e., the discussion moderates the relation between satisfaction and recall (H3b). Last, we expected that the effect of the discussion of patients’ OIB on adherence is mediated by patients’ recall (H4).

Method: Patients (N=165) diagnosed with Inflammatory Bowel Disease were included. Prior to their consultation, patients completed a questionnaire containing questions about demographics (i.e., age, gender, education), medical information (i.e., diagnosis and time since diagnosis) and Internet use. Consultations between patients and nurses were video-taped and transcribed. After three weeks, a telephone survey was conducted in which validated measurements of satisfaction, recall and adherence was assessed.

If the patient self-reported that they searched online before the consultation, we considered this ‘searched’ and if (any combination of) words such as Internet or Google were mentioned by either the patient or the provider during consultation, we considered this ‘discussed’. Data of the consultation and the survey were matched, resulting in four groups: 1) not searched / not discussed, 2) not searched / discussed, 3) searched / not discussed, 4) searched/ discussed. Hypothesis were tested using SEM (AMOS 23; Kline, 2011).

Results: Results show that there was a significant effect from the discussion of OIB on satisfaction (H1; β=−.69, p<.001). There was no significant effect between the discussion of OIB and recall (H2; β=.12, p=.310) and no significant effect of satisfaction on recall (H3a; β=−.13, p =.270). Results (marginally) show that only when patients discuss their OIB, this resulted in higher satisfaction and consequently, higher levels of recall, compared to not discussing it (H3b; β= .32, p=.054). Last, no effect was found between discussion of OIB, recall and adherence (H4; β=.12, p=.310 resp. β=.01, p=.922).

Discussion: Results show the importance of taking patients’ OIB into consideration during consultation in improving important communication outcomes such as satisfaction and recall. This study serves as a starting point for further developing a framework which incorporates the effect of discussing patients’ OIB in the context of the consultation on patient outcomes.
A New Framework for Worker Well-Being: Moving Beyond Worker Wellness Programs

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On average, Americans spend almost half of their waking lives working (Saad, 2014). However, only half of working Americans report being satisfied with their job (Cheng, Kan, Levanon, & Ray, 2015). Considering the central role of work in our lives, low satisfaction and engagement can signal trouble not only for a single organization but broader U.S. culture as well. Disengaged workers are estimated to cause $450 to $550 billion dollar losses per year to the U.S. economy (Sorenson & Garman, 2013). Therefore, a robust understanding of worker well-being serves an important step in developing programs aimed at enhancing the quality of working life and creating a culture of safety and health at work.

Organizations pursued worker health initiatives for decades, with the intent of increasing employee productivity, reducing absenteeism, reducing medical costs, and boosting organizational performance. However, worker wellness programs, one of the most common organizational initiatives to promote well-being, tend to address only the physical and mental health components of employee well-being. Well-being is also typically measured via individual concepts like happiness, flourishing, and the employee’s ability to live well. Despite research to date, the concept of well-being is still ambiguous and incomplete. Responding to this call, we describe a conceptual framework for worker well-being, suggest self-report and objective measures, and discuss how a framework for well-being rooted in literature can inform organizational actions.

Examining the well-being literature spanning psychology, economics, philosophy, political science, biology, sociology, and public health we provide an overview of a new framework for conceptualizing worker well-being. Secondly, we select measurement items that map to our proposed framework and discuss how the framework can be used to measure worker well-being. Finally, we discuss the implications for health scholars interested in measuring and impacting employee well-being. Recommendations and guidance for organizations are also discussed. This framework will promote a greater understanding of worker well-being and link theoretical concepts into practical models for measurement.
Communicating Social Support

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Social support is a broad area of study with a wealth of research, especially with the rise of anonymous online communities (Misoch, 2015, Ruppel, 2015, Keipi et al., 2015). Individuals will typically both seek and disclose support to those they feel closest to (Oommen, 2014). However, this is not always the case. Sometimes individuals disclose more breadth and depth of information to strangers—especially with the perception of anonymity (Misoch, 2015). The internet creates a space where people can be almost entirely anonymous. While many studies examine causes for anonymous support (Ruppel, 2015, Misoch, 2015, Keipi et al., 2015), there is limited information comparing anonymous online support-seekers to those who seek support in a face-to-face environment. This study aims to compare those two groups as well as introduce the differences presented in individuals who seek support anonymously in settings where they can either be seen or heard (i.e. hotlines, chat roulettes, and therapy). Relationships between personality factors such as anxiety, self-esteem, and narcissism are explored to determine likeliness to seek support in various environments (e.g. anonymous online, anonymous face-to-face, and known individual).

Participants were randomly sampled university students at a medium-sized university in the Southeast primarily through the Honors College, tutoring, and liberal studies classes. Data was collected from a total of 79 subjects. The sample was overwhelmingly white (87.3%) and female (77.2%), and most subjects were between the ages of 18 and 21 years old (88.3%).

Findings indicated higher social and topic avoidance related to higher likelihood of seeking support anonymously. It seems that individuals with a preference for anonymous communication worry that telling someone they know would damage the relationship. These individuals may wish to seek support anonymously so that there is no relational threat. This supports Helm et al.’s findings that one of the driving factors for anonymous communication is that it lacks the threat to relational security present in non-anonymous support-seeking (2013). Additionally, individuals who generally spend more time online may use the internet to seek help more than individuals spending less time online. Based on the response to this question: this person lacks the knowledge relevant to my problem (F2, 75 = 4.09, p = .021, η² = .09); this group may not necessarily avoid social situations, however they are far more likely to trust the credibility of someone anonymously than an individual they are close with. The data seems to point in the direction that individuals who prefer anonymous communication are heavily worried that support-seeking may be devastating to their relationships and avoid social situations because of it. Perhaps this group has had negative experiences in the past where disclosing something has led to a negative reaction. Further research should focus on how topic and social avoidance may cause preference for online support and what may cause the avoidance.
A Mental Models Approach Develop an Intervention for Variant of Uncertain Significance Results from Genetic Tests: Expert Opinions

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Introduction: Panel testing (i.e., simultaneous testing of multiple cancer predisposing genes) to determine hereditary breast and ovarian cancer (HBOC) risk is rapidly being integrated into clinical practice. Despite advantages of this testing approach, one inherent challenge is the increased number of variant of uncertain significance (VUS) results. A VUS indicates a change in a gene was identified; yet, the associated cancer risk is not clear. Patients who receive VUS are less likely to understand the significance of their result and also may experience negative psychosocial outcomes. Providers report VUS as more difficult to communicate than positive or negative results. This study aims to develop an intervention to help providers communicate VUS results from HBOC panel testing to patients. The Mental Models Approach (MMA) facilitates the development of a scientifically sound intervention that builds on accurate and corrects inaccurate beliefs. The first phase of the MMA requires interviews to generate an expert model that illustrates individual concepts about VUS and their relationship to decision-making. In this abstract, we report preliminary results from expert interviews.

Methods: Experts in HBOC and genetics were recruited from the researchers’ interpersonal networks and respondent-driven sampling (N = 20). Participants completed an online survey about experience with VUS and clinical and demographic information. Following survey completion, experts participated in an individual online interview to capture causal factors, uncertainties, decisions, and outcomes related to VUS results. All interviews were recorded and transcribed. Descriptive statistics were calculated on clinical and demographic information, and thematic analysis was conducted on the transcripts.

Results: The average participant age was 43.9 (SD=11.0), the majority was female (n = 19; 95.0%), white (n = 19; 95.0%) non-Hispanic (n = 20; 100%), trained genetic counselors (n = 13; 65.0%), specialized in cancer genetics (n = 10; 50.0%), ordered HBOC panel testing for an average of 200 patients per year (SD = 126.2), and had been working with patients at risk for HBOC for 12.25 years (SD = 7.3). Participants unanimously indicated patients’ decisions about risk reduction and prevention for HBOC should not be based on the VUS result due to the substantial uncertainty associated with the result. Instead, decisions should be based on personal and family cancer history and risk modeling. Participants reported patients’ psychosocial factors, such as emotion, played a role in patients’ decision-making following a VUS result. Although some participants believed psychosocial factors should not be considered, others indicated such factors contribute to the patient’s overall well-being, and cannot be ignored.

Conclusion: Initial findings from the expert interviews demonstrate patient selection of risk reduction and prevention behaviors should be driven by clinical factors, but patients' decisions are often influenced by emotions and risk perceptions. These findings are consistent with risk messaging theories, such as the Extended Parallel Process Model, that indicate risk perceptions and affect drive prevention behaviors. Results from this study will inform interviews with patients to assess the accuracy of patient knowledge. Ultimately, results from expert and patient interviews will identify knowledge gaps and beliefs to be addressed in a psychoeducational intervention.
The Gambler: How Ovarian Cancer Patients Use Metaphors in Online Forums to Describe Clinical Trial Experience

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Precision medicine through tailored drug therapies is a national initiative and priority in the United States for improving cancer treatments. This is particularly urgent for patients with cancers that have low 5-year survival rates, like ovarian. However, only 5% of individuals with cancer participate in clinical trials, the necessary precursor to drug approval. Extensive research focuses on identifying barriers to accrual and retention in trials to improve this percentage. However, few studies seek to examine the experience of individuals who are currently participating in experimental therapies. The overarching goal of this paper is to develop a deeper understanding of the patient experience that can lead to best-practices in clinical trial communication that center on the patient. It is possible that by making clinical trials more patient-centered, enrollment in them will increase.

One avenue for analyzing the patient perspective is by searching online forums. Multiple cancer forums exist that document, sometimes longitudinally, an individual's experience with cancer. This study uses the lens of metaphor to examine patient forum posts regarding their experience in ovarian cancer clinical trials. Metaphoric themes that emerge from the forums include the clinical trial as a gamble; the clinical trial as an exclusive club; and the clinical trial as a difficult puzzle. Research points toward education gaps and negative attitudes as a primary barrier to cancer clinical trial enrollment. What emerges from these forums is the perspective that the clinical trial is a difficult and exclusive gamble a patient must decipher and somehow “get into” to "buy time."

This research provides a patient-centered perspective on clinical trial experience, a perspective not well-documented in the current literature. With the tide of clinical research moving toward tailored drugs, understanding and attending to patient communication needs in clinical trials becomes pressing. This preliminary investigation sets the stage for a research arc that will ideally culminate with the development of best-practices in health communication for patients in experimental cancer clinical trials.
Immediate and Long-Term Effects of A Risk-Based Online Mammography Decision Intervention on Predictors of Mammography Behavior

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Background: Breast cancer screening guidelines suggest that women in their 40s should make a decision about whether to begin mammography before age 50 based on individual risk. The present research investigated the immediate and long-term effects of a brief personalized risk-based mammogram decision intervention on Reasoned Action Model (Fishbein & Ajzen, 2010) predictors of mammography behavior. The goal of the intervention was to improve the match between objective risk and mammography intention (i.e., higher-risk women would be more likely to screen at age 40, and lower-risk women would be more comfortable waiting until age 50).

Methods: A randomized experiment testing multiple forms of a brief, risk-based mammography decision intervention was embedded in an online survey. Participants in the original survey included 2,918 women between the ages of 35 and 49 with no history of breast cancer or genetic mutation in BRCA1 or BRCA2. Participants were stratified into two levels of 10-year breast cancer risk (lower-risk: < 1.5% and higher-risk: ≥ 1.5%) and randomly assigned to condition. Conditions included a “no information” condition, a “minimal information” condition, and six risk-based intervention conditions that varied according to a 2 (amount of information: brief vs. extended) x 3 (format: expository vs. untailored exemplar vs. tailored exemplar) design. Three months later, a follow-up survey was sent to participants who completed the original survey; 1,648 women (56%) completed the follow-up. Predictors of mammography behavior, including mammography intention, attitude toward mammograms (3-item semantic differential, α = .88), perceived behavioral control (PBC), injunctive and descriptive normative beliefs related to starting mammograms at age 40 as well as normative beliefs related to starting mammograms at age 50, were measured immediately post-intervention and at follow-up. Injunctive norms are perceptions of what “people important to” the participant think she should do. Individual treatment conditions were compared to the “no information” control using logistic regression (for intention) or ordinary least squares regression (for attitude, PBC, and norms).

Results: For lower-risk women, some intervention conditions (vs. no information control) had immediate positive effects on intention to wait until age 50 to begin mammography and negative effects on attitude toward mammography, injunctive normative beliefs related to starting mammograms at age 40, and descriptive norms related to starting mammograms at age 40. Post-intervention changes in intention were not maintained at the three-month follow-up, but effects on attitudes and norms were still present. For higher-risk women, the intervention conditions (vs. no information control) produced no significant differences in mammography intention, attitudes, PBC, injunctive norms, or descriptive norms immediately following the intervention, and no substantial differences emerged at the three-month follow-up.

Conclusions: The intervention produced changes in predictors of mammography behavior among women with lower breast cancer risk. Changes in mammography intention were not maintained over time, but there were persistent changes in attitudes and norms. Because attitudes and norms are consistent predictors of intention, this brief intervention has the potential to have a long-term impact on mammography decision-making.
The transition from childhood to adulthood is plagued with uncertainty both for children and their parents. Communication of health issues between adolescent children and their parents becomes problematic as children make the transition towards adulthood. Health-related messages can pose specific challenges for adolescents with high body-mass index (BMI) and their parents. In the present study we use communication accommodation theory as a framework for understanding how parents and adolescents adopt accommodative and non-accommodative stances when speaking about the children’s weight. As part of a larger project, we conducted 28 interviews with parents of obese or overweight children as well as 28 interviews with their children aged 12 to 17. All interviews were conducted at a high BMI clinic where the children were being treated. The analysis of the messages suggest that parents as well as children fluctuate between accommodating and underaccommodating stances. As children become older and more independent, parents shift from being in the position of power. The gradual change of responsibility from the parents to the children is reflected in the conflicting messages about managing the health of the family. How parents and children negotiate this gradual shift in responsibility has a direct effect on the adoption of healthier lifestyle choices. In cases where these conversations are mutually non-accommodative, the parent-child relationship can suffer along with health outcomes. Gaining a deeper understanding of these conversations can help scholars and practitioners better understand how to talk with parents and their obese children. This research also lays the groundwork for developing messaging and interventions to improve these conversations which in turn could lead to lower BMI’s for the children and increased relational satisfaction.
According to the 2015 National Crime Victimization Survey, over 430,000 individuals were sexually assaulted last year in the United States. Only 32% of survivors reported the sexual victimization to law enforcement (Truman & Morgan, 2016). Given the deficit in the number of survivors who chose to report or delayed reporting the crime, people often question the legitimacy of sexual assault allegations. Prior to the 2016 Presidential election, women came forward with sexual assault allegations against then presidential candidate Donald Trump. This was largely in response to the release of an audio recording in which Donald Trump discussed touching and kissing women without their consent. Following the claims, Liz Plank, a Vox correspondent initiated a conversation with her Twitter followers and encouraged them to use the hashtag #WhyWomenDontReport. This hashtag sparked an outcry of women on social media sharing stories of survivorship.

Researchers will conduct a content analysis of tweets with the hashtag #WhyWomenDontReport. Using Twitter API, a random sample of tweets over a 14-day period will be collected. The first use of the hashtag began on October 13, 2016, thus, the obtainment of tweets will begin on said date. Retweets and news stories will not be included in the final sample. Initially, the sample will be coded to describe the general content of tweets using the designated hashtag. The second round of coding will examine the replies to initial tweets concerning the type of social support offered, such as informational, emotional, tangible, and appraisal support (Goldsmith & Albrecht, 2011). The overarching goal of the project is to assess Twitter as a possible point of intervention for healthcare providers, as well as relevant healthcare organizations, to provide support for survivors of sexual assault. Ultimately, the authors recognize the potential utility of Twitter as an interactive health communication channel that can be mobilized to enhance patient-centered communication for survivors.
“Nurses Eat Their Young,” (NETY) a colloquial phrase amongst nurses, represents the experiences of bullying that shape nurses’ work life. Using NETY as a launching point, this study investigates the ways in which nurses communicatively create in- and out-groups in the workplace and, by extension, create an environment where bullying thrives. The experiences of 18 nurses were gathered through interviews to investigate these processes further. These results are consistent with the Communication Accommodation Theory which suggests counter-accommodation is a way others strongly communicate differences and can result in groups experiencing conflict and tension among one another. Overall, nurses counter-accommodate to create separation amongst themselves in a variety of ways: name-calling, passive-aggressive gestures, and lack of guidance and support. Within the nursing field, lack of social identity and respect, and increase of power dominance, hostile or negative behaviors, and bullying and incivility are examples of counter-accommodation in the workplace. As a result, this type of communication is the reason how and why it is acceptable for nurses to eat their young.
While the field of human medicine has a well-developed body of empirical and theoretical knowledge about health communication, we lack base line research on veterinarian’s interaction with clients and animals (Bauer & Roberts, 2015). For this study, we assessed veterinary students’ application of patient-centered constructs in the clinic setting by observing and recording 3rd year students in consultation with clients and their pets. Specifically, we recorded 12 hours of clinic visits, comprising nine visits to a community clinic within a veterinary teaching hospital. Reasons for visit included new patients, routine check-ups, and acute visits for illness or injuries. We observed how 3rd year students gathered data about the animal, eliciting a full agenda, using open-ended questions, reflective statements, elicitation of client’s perspectives, and demonstration of empathy. While recording these visits and seeing how the veterinary students interacted with clients and animals, we also took into account the phased organization of the visit and where most improvements could be made. Results indicate that veterinary students were relatively skilled in client-centered interaction, but that a disproportionate amount of time was spent with the client and pet waiting for the student to consult with their supervising veterinarian. Programmatic improvements for veterinary communication education should include: (1) development of short form instructional videos for use during waiting time (on topics of disease, wellness, medicines, and new products); and (2) creation of role play scenarios for practicing and integrating patient centered medicine into all phases of the veterinary consultation.
Moyo ndi Mpamba: Using Multi-Level Family-Centered Integrated Health Communication to Promote Social and Behavior Change Malawi

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Background: Moyo ndi Mpamba, Usamalireni! (“Life Is Precious, Take Care of It!”), an umbrella health promotion brand created by the Malawi Ministry of Health and the Johns Hopkins Center for Communication Programs (CCP) and funded by the United States Agency for International Development, was used to unify a multi-level family centered integrated social and behavior change communication (SBCC) campaign. The campaign slogan was designed to be positive, hopeful, and reflect the aspirations and dreams of Malawians.

Program: The campaign utilized a variety of platforms at multiple levels to deliver health and wellness messages to families. The integration of health messages across six core health topics – HIV and AIDS; maternal and child health; water, sanitation, and hygiene; family planning; nutrition; and malaria – into multiple communication vehicles meant that families received all of the core health messages they needed at one time rather than in a piecemeal fashion through siloed SBCC efforts. CCP developed and disseminated SBCC messages and materials through a radio drama, a reality radio program, an integrated family health booklet, an integrated community health worker flipchart, marriage counseling for newlyweds, music (including an album, music video, and concerts), community theater, print and mass media (posters, leaflets, billboards, radio spots), and community mobilization.

Results: The SBCC strategy and implementation strategy for the campaign ensured that these many platforms worked together and built on each other to create a successful and well-accepted campaign and health promotion brand. By the numbers, the campaign had wide reach and high acceptance. SSDI-Communication disseminated nearly 676,000 copies of the family health booklet, 12,000 copies of its community health worker flipchart, 44,000 posters, 600,000 leaflets, and aired radio spots 8,000 times. The 150+ episodes of its various radio-based initiatives reached nearly 60% of men and over 30% of women surveyed in the project's endline survey, with listeners sending in more than 25,000 SMS in response to what they heard. Numerous anecdotal reports from audience members of campaign materials and platforms indicate the project's impact on behaviors across all six health areas. "Moyo ndi Mpamba" has become widely recognized, with 89% of men and 78% of women reporting that they've heard of the campaign.

Conclusions: Integrated SBCC ensures that families have access to all essential information on priority health topics through platforms that reflect their lived experience, which does not silo health concerns. Additionally, an overall health promotion brand that focuses on the hopes, dreams, and aspirations of everyday families provides a strong and attractive platform for promoting health messages across multiple health areas. Once a successful brand is launched, established, and well-recognized, it can be used to promote health topics across a wide range of issues and needs, with new topics being incorporated as needed.
Managing Competing Lines of Action in the Doctor’s Office

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As technology continues to progress and infiltrate medical practice, it will become ever more important to understand the best ways for doctors to integrate their use of technology into the medical interview. Otherwise they may compromise their judgment, their attention to patients, and ultimately, patient satisfaction. If patients believe doctors are paying more attention to the computer than to them, patients may question the doctors’ motivation, commitment, and caring, leading to negative outcomes for all concerned.

The participants in the medical interview have changed irrevocably with the introduction of the computer, and prior research falters in trying to adequately explain the dynamics. There are now more partners with more agendas in the exam room: the patient trying to get care, the doctor working in an increasingly compressed schedule, and the computer with all of its software applications. This machine demands attention from the doctor, providing an almost overwhelming amount of information and requiring completion of its multiple internal checklists. This competition for attention and primacy of goals increases the existent asymmetry in the exam room.

The doctor is performing as the main character on multiple “front stages” (Geser, 2002), participating closely in what Goffman (1963, 1967) refers to as ‘cross talk’: a conversation where “one member of a With momentarily sustains exclusive talk with someone who is not in the With” (p. 25). This resemblance to ‘cross talk’ is supported by the fact that there is no ‘direct’ or potential communication between the computer and the patient unless the doctor invites the patient to gaze at the computer. Given the disconnect between the computer and the patient, the responsibility to manage this three-way interaction falls on the doctor (computer user) who now has to manage the expectations from both the patient and the computer by either gazing back and forth to communicate attention, or by using other communication resources to engage the patient (bystander).

This leads to a division in labor between the physician’s embodied resources. It also negative implications for turn-taking and doctor-patient participation frameworks. Despite the fact that the physician controls the interaction, the exchange of turns and movement of one participant from hearer to speaker is not always smooth. The patient’s contributions tend to overlap and are often off topic from the physician’s conversation on the computer, because the patient simply does not have access to the computer’s ‘talk’ (i.e. screen). It is also typically unclear when the physician is actually done conversing with the computer and available for “collaborative action” (Sacks et al. 1974; Schegloff and Sacks, 1973; Goodwin, 1981) with the patient.

By videotaping patient-physician interactions, allowing both audio transcription and a view of body positions and gaze, I will describe how the physicians manage this three-way interaction by invoking various communication practices that are very instrumental in aiding them in the management of information flow, text input, turn-taking and patient engagement in the medical interview.
Communication and Coping Behavior Outcomes and Alzheimer’s Disease Caregiver Stress

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More than 5 million people in the U.S. are living with Alzheimer’s disease (AA, 2016). As a lack of care facilities emerges and the costs grow beyond individual resources, family members are taking more ownership in the caregiving process. However, many are not trained or prepared for the impending challenges. Caregiver stress theory (Tsai, 2003) posits that caregiver physical, emotional, and socio-psychological wellbeing is impacted by chronic caregiving. Identifying and strengthening resources and finding ways to bridge healthcare provider knowledge is imperative for lay caregivers to address the challenges of Alzheimer’s disease care (Roth, et al., 2005). Examining Alzheimer’s disease caregivers (N = 160) from the Caregiving in the U.S. 2015 data set from the National Alliance for Caregiving and AARP (2015) unveiled variables for a multivariate quantitative examination of caregiver stress. Statistical analyses were conducted to compare the relationships between length of time providing care and caregiver stress; coping strategies used by caregivers and emotional stress, caregiver stress, and burden; and provider communication and emotional stress.

Caregiver stress is measured in this study as the level of physical strain and emotional stress. Interpersonal support and intrapersonal problem and emotion-focused coping strategies selected to further examine included whether or not: a) a healthcare professional had asked what the caregiver needs to take care of his/herself; b) the caregiver ever used respite services; c) the caregiver acknowledged a need for more help or information to manage challenging patient behaviors, such as wandering; d) the caregiver acknowledged a need for help with his/her own emotional and physical stress; e) caregivers had plans in place for their own future care.

Although the findings were not statistically significant, there was a small positive correlation between length of time providing care and caregiver stress. Healthcare professionals asking what caregivers need for self care resulted in significantly more emotional stress. Caregivers who reported acknowledging a need for help to manage challenging patient behaviors resulted in significantly greater levels of burden. Those who reported acknowledging a need for help to manage their own emotional and physical stress resulted in significantly greater caregiver stress.

Regardless of whether the caregivers reported using a respite service, the reported level of burden was not significantly influenced. Additionally, purposeful planning by caregivers who reported having plans in place for their own future care, did not significantly influence level of emotional stress. Other variables examined in this study include the perceived preparedness prior to starting care.

Findings from this study of caregiver data can help inform future studies of Alzheimer’s disease lay caregiver stress. Future research can include measures such as Cohen’s Perceived Stress Scale (1988). Practical implications of this examination of communication practices can help inform healthcare professionals and Alzheimer’s disease organizations in understanding ways to better meet the needs of patients and their family member lay caregivers.
Usability studies notes meeting the communication needs of individuals requires an understanding of the contexts in which materials are used (Norman, 2002; Garrett, 2010). Certain scholars have thus advocated applying ideas from usability to the design of materials for patients in different healthcare contexts (see Meloncon, 2016 and St.Amant, 2015). Yet, addressing this objective is no simple task. Rather, it requires an understanding of the complex and often rapidly shifting contexts in which patients use such materials (Meloncon, 2015; St.Amant, 2015). The challenge involves identifying and tracking the variables that can affect how and when such materials are used in different settings. Individuals designing materials for patients can thus benefit from approaches that identify variables affecting uses of such materials in these settings. A modified version of script theory can help to address such situations.

Proposed by Silvan Tomkins in the 1950s, script theory views communication contexts as sequences of standard processes – or scripts – humans use to move through different contexts in their daily lives (Tomkins, 1978 & 1987). These scripts contain variables that influence how individuals expect to access and use materials in different settings. Later modifications of script theory, moreover, have identified additional variables individuals can track to better understand how the context in which one uses informational or instructional material affects the uses of information (Shank & Abelson, 1977). More recently, this modified approach to script theory has been used to examine the contexts in which patients use health and medical information (St.Amant, 2016). These approaches thus note how one can apply script theory to produce patient-centered health communication that reflects the contexts in which patients use such materials.

This proposed presentation would examine how script theory can guide the design of more patient-centered health communication. In so doing, the presenter would

-- Overview script theory and how it helps individuals understand contexts where materials are used
-- Explain how script theory can guide the design of materials to enhance use by different audiences
-- Note how script theory can help researchers understand the contexts in which patients access and use health communication materials
-- Discuss how the results of a script theory analysis of contexts can facilitate the design of materials for patients
-- Use sample scenarios to illustrate how a script-base approach can foster patient-centered design in different contexts

Through this approach, attendees with gain a familiarity with script theory and learn how to use it to understand the contexts in which patients use information and then designing materials to meet those expectations.
Piloting a Curriculum Intervention to Measure and Improve Children's Health Literacy

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Attempting to measure and improve children's health literacy is rarely undertaken or even addressed. This failure to address children's health literacy is alarming given the evidence linking low health literacy to negative health outcomes like reduced ability to manage one's health and underutilization of primary healthcare. Health literacy is complementary to patient centered communication and both must be addressed to improve patient outcomes. There are, to our knowledge, no studies that take a community-based participatory approach to creating and implementing children's health literacy curricula. This study is novel not only in addressing children's health literacy but also by involving teachers to create and deliver a health literacy curriculum in schools. This study details the pilot year of a health literacy intervention that included developing a curriculum for second graders' health literacy and creating developmentally appropriate health literacy measures. Results of pre and post questionnaire comparisons reveal a significant increase in second graders' (n = 301) health literacy (t (300) = -9.48, p < .00). It is our hope that this innovative study will spark future interventions that attempt to measure and improve children's health literacy in the underutilized health context of educational institutions.
Examining the Effect of Information about Midwife and Doula Services on Women's Attitudes and Beliefs

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Use and acceptance of holistic health care in the United States is increasing. Falling under this rubric, women’s use of midwives in the U.S. more than doubled from 3.5% in 1989 to 9% in 2013. Outcomes for mother and child with midwife-assisted births are on par with those of physician-assisted births. Likewise, doulas are shown to be beneficial to women and newborns. Empirical studies of 21 randomized controlled trials with 15,000 women who used continuous doula support showed shorter labor, fewer physical complications, and greater breastfeeding rates than women who did not use a doula during birth. Yet, to many women, the services midwives and doulas provide along with their risks and benefits are largely unknown.

This study used a survey-based experiment to investigate the impact of exposure to messages about midwife and doula services on women’s attitudes and beliefs about the importance of women having knowledge about them, and women’s intentions to search for and discuss services with others. The theory of planned behavior was the theoretical backdrop for the study.

One hundred sixty-three female participants living in the United States between the ages of 18 and 50 years old (M = 31.02) were recruited to participate using Mechanical Turk. The experiment took place online using Qualtrics survey software. Participants were randomly assigned to either read messages about services provided by midwives and doulas (treatment group) or simply answer survey questions (control group). Stimuli for the experiment were taken from ChildbirthConnection and DONA (Doulas of North America) websites, both of which provide comprehensive, empirically-based information about midwives and doulas, respectively.

A MANOVA was performed with attitudes, subjective norms, and perceived behavioral control to search for midwife information as the dependent variables and treatment group as the independent variable. There was a significant difference in attitudes toward information about midwives between groups, F(1, 156) = 4.64, p < .03. Women who read information about midwives (M = 73.22, SD = 21.56) had more favorable attitudes regarding the importance of information about midwives than the control group (M = 68.25, SD = 20.52). Another MANOVA was performed with attitudes, subjective norms, and perceived behavioral control to search for doula information as the dependent variable and treatment group as the independent variable. Perceived behavior control to search for doula information was statistically significant, F(1, 160) = 6.04, p < .02. Women who read messages about doula information (M = 26.11, SD = 19.75) reported higher perceived behavioral control than women who did not (M = 20.23, SD = 16.25). A multiple linear regression was performed with intentions as the criterion and attitudes, subjective norms, and perceived behavioral control as the predictor variables. For intentions about midwife information, the overall model was statistically significant, F(3, 156) = 43.14, p < .001. For intentions about doula information, the overall model was also statistically significant, F(3, 160) = 68.81, p < .001. Findings are discussed with implications for provider-patient communication.
Trust in Doctors and Other Health Information Sources: Evidence from the Health Information National Trends Survey (2005-2013)

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Background: Consumers seek out health information using both online and offline sources, including from health professionals, friends and family, and the Internet. While individuals can obtain health information from an array of sources, whether individuals trust certain information sources has implications for health communication efforts. Previous research has found that whether people trust a source of information affects whether or not they will attend to information from that source.

Methods: This study uses nationally representative data from the Health Information National Trends Survey (HINTS) to: 1) track trends in levels of trust toward different health information sources over time; and 2) investigate sociodemographic predictors of trust in different health information sources. HINTS is a nationally representative, cross-sectional survey of civilian, non-institutionalized adults aged 18 or older in the United States. HINTS asks respondents to indicate how much, in general, they trust information about health and medical topics from a variety of sources including doctors or other healthcare professionals, TV, Radio, the Internet, and government health agencies. Respondents are asked to indicate whether they would trust information from each source “a lot”, “some”, “a little” or “not at all”. To generate national estimates, weighted percentages and standard errors were computed using data from four iterations of HINTS, collected between 2005-2013 (n=20,404). Multivariable logistic regression models were employed to investigate the relationship between sociodemographic variables and level of trust for each of the health information sources under study using the most recent data available (2013, HINTS4, Cycle3, n=3,185).

Results: From 2005-2013, doctors remained the source that Americans consistently trust the most. Between 66-70% of the American public agree that they trust doctors “a lot.” There was moderate trust in television and radio in 2005, with about 50% and 45% of Americans responding that they trust each of these sources “some,” respectively. Trust in television and radio has declined over time: percentages of respondents who report trusting these sources “some” decreased to about 35% and 30% in subsequent years. Trust in the internet at all levels (a lot, some, a little) has remained relatively low and stable. In our analysis of predictors of trust, we found that those with who do not speak English at all had lower odds of having high trust in doctors compared to those who speak English “very well” (OR 0.12, 95% CI 0.01-0.95, p<.05). Females had lower odds of trusting the Internet than males (0.59, 0.43-0.81, p<.001), and those with less educational attainment and lower household income had lower odds of trusting this source than those with greater levels of education and income.

Discussion: While the number of sources of health information continues to grow, physicians remain an important channel for the dissemination of health information. However, those who had poor English proficiency were less likely to trust a doctor, suggesting the need to promote and encourage multi-lingual navigators and resources to improve care for those who don’t speak English. These results can be used to inform improved patient-provider relationships as well as the design of strategic health communication campaigns.
Assessing the Effectiveness of a Student-Centered Health Campaign: A Two Year Analysis of the Stall Stories Campaign

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Freshman college students are likely to experience unhealthy behaviors that impact them in a range of ways (Northwestern University, 2014). For instance, college students are at a higher risk of low nutrition (Franko et al., 2008), low physical activity (Franko et al., 2008), overuse of alcohol (Butler, & Correia, 2009), sleep deficiency (Teixeira et al., 2012), and heightened risk of stress, anxiety and depression (Mahmoud, Staten, Hall, & Lennie, 2012). During the college experience, an undergraduate student’s life often times includes stress, exhaustion and change (Pedrelli, Nyer, Yeung, Zulauf, & Wilens, 2015). The use of theoretically-informed and evidence-based efforts to disseminate information to students about available campus health services is necessary so students can access resources when they need to. The present research project reports two-year outcome data on a campus-wide health campaign, Stall Stories, which utilized bathroom stalls in community bathrooms as the sole channel for message dissemination.

Stall Stories was created in partnership with Student Health Services and Resident Education and Housing Services on the Michigan State University campus to reach students with relevant health information. The use of bathroom stalls was selected as a dissemination strategy due to the high audience exposure to messages by the student population in a secluded area during a concentrated part of the day.

Initially, the Stall Stories campaign utilized the social norms approach (Perkins & Wechsler, 1996); in its second year, Stall Stories continued to use social norm (SN) information while also incorporating constructs from self-determination theory (SDT; Ng, Ntoumanis, Thogersen-Ntoumani, Deci, Ryan, Duda & Williams, 2012). The campaign featured monthly Stall Stories issues designed by a graphic artist to include: 1) a professional design with a headline and taglines, 2) a squirrel character as message source, 3) theoretically informed health information (SN and SDT constructs), 4) a balanced amount of information, and 5) specific campus resources relevant to the health topic. Each unique issue focused on a different health topic, which altogether addressed a wide-range of health issues pertinent to undergraduate students, including: safety, stress and stress management, sleep and technology, drinking behavior, cleanliness, exercise/nutrition, relationships, and sexual health. Summative evaluation data from year one (N=600) and year two (N=598) were collected through in-person survey intercepts in on-campus dining facilities at the end of the Spring semesters of the two academic years of the campaign.

This Stall Stories presentation will map the theoretical underpinnings for the campaign, and include sample Stall Stories issues to illustrate the operationalization of SN and SDT. This presentation also will include outcome evaluation data from both first- and second-year summative evaluation data collections. Our two-year data indicate that bathroom stalls are an effective location for reaching student populations with health messages. Additionally, the vast majority of students were able to recall the campaign without being prompted, perceived the campaign as positive, and had a good understanding of the resources available on campus. Outcome data also show that students found the campaign helpful and desired future iterations of the campaign.
Content Analysis of Breast Cancer Websites for Information on Environmental Risks

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Among U.S. women, breast cancer is the second most diagnosed cancer and the leading cause of cancer-related death (American Cancer Society, 2016). Research suggests exposure to certain chemicals may increase cancer risk (President’s Cancer Panel, 2010), and avoiding them can reduce the likelihood of developing cancer. As part of the Breast Cancer and the Environment Research Program (info.bcerp.org), the goal of this project is to understand how information on exposures to certain environmental risk factors linked to breast cancer development is presented online. By exploring information patients might acquire online and bring with them into clinical encounters, this study will provide understanding of the knowledge patients might have at their disposal before interaction with healthcare practitioners, an important aspect of patient-centered communication. Of specific interest are endocrine-disrupting chemicals (see NIEHS, 2010) found in commercial products, such as: Bisphenol A (BPA), used to manufacture food packaging and drink containers (Tittlemier et al., 2007); perfluorooctanoic acid (PFOA), present in stain-resistant and nonstick coatings found on rugs, furniture, clothing, and cookware (Rudel, Attfield, Schifano, & Green-Body, 2007; see Silk et al., 2014); and, Benzophenone-3 (Oxybenzone), found in sunscreens and cosmetics for its ability to protect against sun exposure (Agin, Ruble, Hermansky, & McCarthy, 2008).

Past content analyses have examined the frequency at which environmental factors are presented in cancer news and websites (Atkin, Smith, McFeters, & Ferguson, 2008; Clark-Hitt, Dean, Smith, Nazione, Atkin, & Whitten, 2010; Jensen, Moriarty, Hurley, & Stryker, 2010), but findings indicate that few websites relating to breast cancer and the environment focused on exposure to certain chemicals (Clark-Hitt et al., 2010). Previous studies did not study which nor how chemical exposures were presented. As such, this study builds upon them to understand how environmental risks like exposure to PFOA, BPA, and Oxybenzone are presented online.

To do so, a content analysis of existing webpages will be conducted. Pages will be collected via searches for both “breast cancer” and for “breast cancer”, “endocrine disruptor”, and “environmental risks” across the three most popular Internet search engines (i.e., Google, Bing, and Yahoo), selecting the first 30 websites from each search. Pages within one click of each landing page will be included in analyses (see Clark-Hitt et al., 2010; Weare & Ying Lin, 2000) and all will be screened to remove duplicates, blogs, conversation threads, news articles, research reports, and paid advertisement pages. Each page will be coded for: type of environmental contaminant, source (i.e., governmental, non-profit, citizen-generated); themes such as breast cancer prevention, detection, treatment, survivorship, and social support; and, literacy level of both the page and the subsection of the page discussing a chemical exposure.

This content analysis will provide valuable insight into information available to women and their families that may influence their prevention behaviors or their behavior in a clinical setting. In knowing what information is available to their patients, healthcare providers can be more patient-centered by effectively tailoring information and care to patients’ potential level of understanding of the risk factors associated with breast cancer development.
Community Based Participatory Research (CBPR) to Develop a Health Literacy Dialogic Aid for a Medically Underserved Community

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Nearly half of all Americans lack the skills to understand and navigate the health care system. Prince George’s County Health Department established three patient-centered medical homes. These medical homes address the health literacy needs of residents in the low-income medically underserved area of Capitol Heights, MD, through a Health Enterprise Zone (HEZ) grant, which also developed a health literacy campaign to improve the overall health outcomes of the residents living in zip code area 20743.

As part of this grant, a health literacy campaign was also created and including a three-pronged approach: (1) to form a community-based steering committee, (2) conduct a health assessment; (3) finalize campaign. As part of its health literacy campaign, we have created a Steering Committee (SC) of residents, church leaders, health department representatives, and other stakeholders to help inform our work in the community. Among the campaign strategies was a CBPR project that resulted in a dialogic aid to address health literacy among the residents. This presentation will describe the CBPR approach used, the development and design of the dialogic aid and messages, and preliminary feedback on effectiveness.

The theoretical background for the HEZ and this campaign is based in Community Based Participatory Research. CBPR is a partnership approach that involves community members and researchers working together in the research process in which all partners contribute expertise and share decision-making. This approach allows community needs driven research implementation while addressing racial/ethnic disparities and overall social determinants of health.

The research methodology started with formative research with residents to identify factors needed to improve health literacy in the community. The residents suggested the creation of a dialogic aid that looks like a booklet, to help initiate communication with their health care providers. The process of creating, implementing, and evaluating the health literacy booklets took place through monthly formal meetings with the committee. Draft versions of the booklet were made and assessed, and after consensus, 10,000 booklets were printed for distribution in 20743 zip code area in Spring 2016. Distribution occurred in health clinics, churches, by community health workers, and by SC members.

The proposed presentation will focus on the community based participatory research, the approach to produce the dialogic aid that is improving patient-provider communication, and the lessons learned from conducting CBPR. The findings will encourage the development of specialized health education materials for mental/behavioral health, maternal & child health, and chronic disease management for residents of 20743. The impact of this research will empower the residents of 20743 to communicate about their health to their doctors, and will increase health literacy to improve health outcomes in the community. The creation of this health literacy booklet bolsters the importance of community based participatory research in increasing health literacy among community residents.
Analyzing Safe Bicycling Practices on University Campuses

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Bicycling is a very common form of transportation on university campuses (Pucher, Buehler, & Seinen, 2011) and the transportation patterns in these areas are complex due to the simultaneous influx of car drivers, moped riders, bicyclists, and pedestrians in one contained area (Grembek et al., 2014). This multifaceted transportation environment can create potentially dangerous situations for bicyclists (Grembek et al., 2014). Given the unique nature of university campus traffic, much of the research on university campus bicycle safety emphasizes improving traffic infrastructure to increase bicyclist safety (Balsas, 2002; Dobbs, 2009; Kerr, Rodriguez, Evenson, & Aytur, 2013) while research regarding individual bicycling practices on university campuses is scarce. Formative research is necessary to better understand the state of bicycling behaviors on university campuses so that appropriate interventions can be developed. To this end, a data collection protocol was developed for observational research of bicycling behaviors, and data were collected during the fall semesters of two consecutive school years (2015 and 2016) at Michigan State University (MSU).

A total of 12 observers were stationed at three different locations on campus at various times and recorded frequencies of particular behaviors, including bicyclists’ 1) utilizing designated bike lanes, 2) riding on sidewalks, 3) riding through crosswalks at intersections, 4) riding distractedly (e.g., texting, drinking coffee, etc.), and 5) wearing bicycle helmets. Results revealed that the majority (87.7%) of bicyclists rode on the sidewalks, while only an average of 12.3% used designated bike lanes. These findings are problematic given the vast amount of research that confirms using bike lanes reduces risk of bicycle accidents and fatalities (Cohen, 2013; Marshall & Garrick, 2011; Parker et al., 2013; Reynolds, Harris, Teschke, Cripton, & Winters, 2009; Rijo, 2015; Walljasper, 2015), as well as the fact that riding on sidewalks is prohibited per MSU’s campus ordinance. Additionally, an average of 26% of students were found to be distracted while bicycling, which is highly unsafe in complex transportation environments. Results also indicate many bicyclists were engaged in more than one unsafe behavior, and use of bike helmets was almost nonexistent.

This study is a novel effort in that very few universities are conducting field observations of bicycling behaviors to identify bicycle safety challenges, nor is there a consistent standard for recording these behaviors or the accidents associated with them. The current data provide a baseline of bicycling behaviors that demonstrate potential target behaviors for interventions aimed at increasing engagement in safe bicycling practices on MSU’s campus. This study serves as an impetus for other universities to perform similar observational studies in which a foundation can be established to propose future research. This presentation will provide background on bicycle safety, methods used in this study, results, and intervention strategies currently being implemented on the MSU campus. This presentation has the potential to assist other researchers as an attempt to identify and correct unsafe bicycling practices in their own communities.
Defining and Understanding Patient-Provider Communication in News Stories from the Black Press: A Content Analysis

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Patient-provider communication is one of the vital components to the United States health care system. Some scholars described patient-provider communication as a verbal contractual portion of health care that allows the patient to describe symptoms or problems related to their health status. In some instances, patient-provider communication emphasizes lived experience as a form of information (data) that transforms into a collaborative partnership. One of the many avenues where patient-provider communication phenomena manifest is through news stories. This paper will explore how media representation of patient-provider communication in news stories can influence and shape public discourse among African Americans through second-level agenda setting theory through the lens of the Black Press. Furthermore, this paper will employ a qualitative content analysis to accurately describe how the Black Press impacts the reader's perception and cognitive process of patient-provider communication within the realm of Black culture.
Do Web Searches Support Help-Seeking for Depression among Latino Teens?

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Among U.S. adolescents, Latino teens have among the highest levels of depression (Joiner et al., 2001) while having the lowest access to treatment (Fleming et al., 2011). Because these teens are also avid users of the Internet (Lenhart, 2015), they may turn to the web to seek help. However, self-help resources aimed at Latino youth may be difficult to find. A further concern is that although the U.S. media generally follow guidelines for reporting on suicides in ways that avoid negative health impact (per 2015 AP Stylebook), similar conventions do not exist in Latin America; thus, bilingual teens seeking help may encounter these stories in their searches.

Given these concerns, we wanted to examine what Latino youth are likely to find if they were to search online for self-help information about depression. The aim was to reveal web spaces that have potential to influence mental health literacy, which has been defined as an ability to recognize psychological disorders; knowledge about risk factors, self-help interventions, and help available; and attitudes that support appropriate help-seeking (Jorm et al., 2000).

We conducted quantitative content analysis and textual analysis of search-engine results. We performed searches during a five-month period spanning the holiday season, a time with high incidence of depression (Kerr, et al., 2013) and thus a likely time for teens to search for depression resources. We used the three most popular search engines (Google, Yahoo, and Bing) and the three most popular browsers for desktop at the time (Google Chrome, Internet Explorer, and Firefox). Given that Latino teens speak either English, Spanish, or both, we included both English- and Spanish-language key terms for sadness, depression, suicide, teen, and their variants. A graduate assistant and a bilingual, undergraduate Latina student performed 176 searches, yielding 332 results.

Among our findings: 93 (28%) of the web spaces are news stories, most with breaking news in Spanish about youth suicides. Forty-seven (14%) of the web spaces were categorized as having a self-help focus because they offered information about adolescent depression and/or suicide. Yet textual analysis showed that the content of most of these sites addresses not the teen but the adult user (e.g., Spanish-language pages of MedlinePlus). Only four sites in the sample specifically target youth, including two that are Spanish-language versions of KidsHealth. These were the only sites that appear to target U.S.-residing Latino teens; only one is depression-specific. Further analysis of this page showed that content did not mention cultural factors that are associated with depression among U.S.-residing Latino youth, such as acculturation stress (Hovey & King, 1996).

These findings suggest that Latino teens seeking help for depression online may not find much that addresses their concerns, and may instead find coverage of suicides in Latin American news that could have harmful effects. While troubling, the findings point at opportunities to develop more appropriate online resources that will enhance mental-health literacy among Latino teens, as well as to ensure that these resources can be easily found on the web.
Research continues to prioritize efforts that delineate and clarify which communication behaviors are associated with improved patient psychosocial outcomes (i.e., Robinson et al., 2013). For example, recent research supports that increased patient participation as question asking and assertive statements are associated with post-visit anxious preoccupation, treatment plan satisfaction, and intention to adhere to treatment recommendations (Venetis et al., 2013; 2015). Provider communication is largely consequential to post-visit patient outcomes; research demonstrates that improved provider affective behavior is associated with increased patient satisfaction (Venetis et al., 2009). This exploratory study examined the impact of provider communication on the immediate post-visit outcomes of patient anxious preoccupation, treatment satisfaction, and intention to adhere to treatment recommendations. Participants included 51 newly-diagnosed breast cancer patients receiving care from one breast surgeon at a National Cancer Institute (NCI) designated cancer center in the northeastern United States. Participants completed pre-visit and post-visit questionnaires. Medical interactions were recorded; in all visits the surgeon presented surgical treatment options. Recordings were transcribed, and transcripts were analyzed via the Biber Tagger, a validated linguistic analytic tool that demonstrates how specific types of words are patterned and work to accomplish a communicative goal (Biber, 1988; Biber, 2006). A factor analysis of the linguistic data was conducted to identify constellations of language used by providers, patients, and companions within treatment decision-making interactions to perform communicative functions. ANOVAs were then used to identify differences in the use of these factors across speaker groups. Factor analyses supported five dimensions of provider speech; all five dimensions were significantly different across the three speaker groups (p < .0001). One dimension, Provider Information Provision, is of unique interest in understanding how providers communicate with patients. Provider information provision encompassed how providers discuss the logistics and details of treatment, implications of treatment, and offered explanations relating to potential outcomes. For example, providers commonly used phrases like “If it turns out that” with words like “breast cancer” and “lymph node” in longer sequences like “If it turns out that you do have breast cancer in the lymph nodes…” to introduce treatment details. Increased provider information provision was associated with decreased patient post-visit anxious preoccupation ($\beta = -.22, t = -2.82, p = .007$), increased treatment plan satisfaction ($\beta = .36, t = 2.54, p = .012$), and increased intention to adhere to treatment recommendations ($\beta = .34, t = 2.45, p = .018$). Findings suggest that specific provider behavior and types of information provided have unique and important patient effects.
On October 4, 2016, Ben Stiller announced that a prostate cancer test had saved his life by catching an early stage, yet previously undetected prostate cancer. Research on celebrity cancer announcements indicates that these moments have the potential to act as naturally occurring interventions (Noar, Willoughby, Myrick, & Brown, 2004) by focusing public attention on cancer (Kingdon, 2003). These focusing events (Birkland, 1998) related to cancer have the potential to engage individuals in cancer prevention and healthy behaviors that ultimately reduce disease burden (Brown & Potosky, 1990).

Although research has demonstrated the potential of these moments, little is known about how individuals respond. Social networking sites (SNS) allow researchers to examine reactions to focusing events by analyzing messages. Prior research has examined other types of cancer focusing events on SNS, including cancer awareness months (Borgmann et al., 2016; Thackeray, Burton, Girard-Carrier, Rollins, & Draper, 2013) and changes to screening guidelines (Lyles et al, 2016). However, little is known about the content of SNS messages individuals send related to these events and how the content of messages may change as a result of a focusing event. Such knowledge is needed in order to better understand public engagement with cancer and cancer focusing events. In addition, examining the message content during a cancer focusing event may help identify how focusing events can be used to further goals related to cancer prevention and control. In this study, we begin to fill this knowledge gap by examining publicly available Twitter messages about cancer one week before and one week after Ben Stiller’s prostate cancer announcement.

Between September 27 and October 11, we collected public Twitter messages that included keywords related to prostate cancer. After removing messages unrelated to medical discussions of cancer (e.g., messages related to astrology), we conduct a time series analysis to identify whether Ben Stiller’s cancer announcement resulted in an increase in the volume of prostate cancer-related messages. We then draw a stratified, random sample of messages for coding. After establishing intercoder reliability, we code the messages based on their place in the cancer continuum (e.g., prevention, support, treatment), prevention behaviors discussed, and other categories identified in previous research on public discussion of cancer on SNS (e.g., awareness, celebrity mentions, fundraising, etc.). In addition, we code messages by sender-type, including public health agencies, nonprofit cancer centers, for-profit cancer centers, media, cancer science organizations, and the general public. We then compare the content of cancer-related messages before, during, and after Stiller’s prostate cancer announcement. Additionally, we analyze how content and timing varies by sender type.

The results provide one of the first descriptions of cancer content on SNS before, during, and after an event that draws attention to cancer. Understanding what people talk about in response to cancer focusing events will inform future interventions that seek to reduce the cancer burden.
Smith's Patient-Centered Interview: Examining the Role of Timing of a Perceived Self-Efficacy Questionnaire

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Smith’s Patient-Centered Interview (PCI) (Fortin, Dwamena, Frankel, & Smith, 2012) is a methodology used by healthcare providers to obtain patient health information. Compared to traditional, doctor-centered interview and treatment methods formed from biomedical models of healthcare, Smith’s PCI was created from a biopsychosocial medical model foundation (Engel, 1977). It accounts for patients’ emotional and social stories, and physical symptom data (obtained using doctor-centered skills) (Fortin et al., 2012). By considering all emotional reactions concerning symptoms and illness and using patient-centered skills to encourage the patient to be a part of their own treatment process, PCI training enables healthcare providers to use open-ended communication skills, eliciting information that would be missed from a doctor-centered interview only. Because providers who use only a doctor-centered approach miss this personal and emotional information, these healthcare practitioners only consider the physical symptom data when considering patient diagnoses and treatment options (Feinstein, 1987). Research illustrates that providers who use patient-centered skills have higher patient satisfaction ratings and their patients show improved physical and psychological health, and other individualized health outcomes (Smith et al., 1998). Additionally, previous research has shown PCI training increased levels of provider self-efficacy, knowledge of the PCI, and demonstration of PCI skills but has, however, failed to find a significant relationship between levels of provider self-efficacy and subsequent levels of demonstrated PCI skills (rated objectively by content analysis coders) (Grayson-Sneed, 2015). The aim of the current study is to explore the relationship between the timing of a perceived self-efficacy questionnaire and its influence on levels of demonstrated PCI skills. Literature in self-efficacy has presented varying methodologies for measurement, with no established best time order for administering self-efficacy questionnaires (Bandura, 1977; Bandura, Adams, Hardy, & Howells, 1980; Bandura, 1986; Bandura, 1997; Bandura, 2006; Telch, Bandura, Vinciguerra, Agras, & Stout, 1982). Some studies have measured self-efficacy before the demonstration of relevant skills, while some studies have measured self-efficacy directly or some time after the rehearsal of relevant skills. The current study hypothesized that the timing of self-efficacy questionnaires influences reported levels of self-efficacy from healthcare practitioners and the relationship between self-efficacy and demonstrated PCI skills. The results of this study could be of importance to future research involving the concept and measurement of self-efficacy, as the timing of self-efficacy questionnaires could influence important outcome measures, in this case, the demonstrated PCI skills by healthcare practitioners. The results of the current study are also relevant to research on training programs, as self-efficacy is an important training concept. If the timing of the self-efficacy questionnaire plays a role in the outcome measurement, the timing of self-efficacy questionnaires should be considered when developing training programs. Research questions and competing hypotheses will be presented regarding the influence of the effect of questionnaire timing and resulting levels of provider self-efficacy and demonstrated PCI skills. By splitting the participant sample into two groups (Group 1 – completed self-efficacy questionnaire first, Group 2 – completed demonstrated PCI first), the effect of the timing of self-efficacy questionnaires will be analyzed.
With the rapid expansion of the health technology field, personal health information can be accessed and communicated with increasing ease via health apps and devices. Among the most popular of these technologies are fitness trackers, which allow individuals to track and share information such as physical activity, heart rate, sleeping patterns, and food intake. The availability of such information fosters unique opportunities to inform and improve health practices and promote active lifestyles (Klein, 2015). However, the availability of fitness tracker information and security vulnerability of such devices leads to challenges regarding the privacy of personal health information (Wei & Piramuthu, 2014; Hilts, Knockel, & Parsons, 2016). This study examined individual’s willingness to share information from fitness trackers. Specifically, we examined who individuals are willing to share information with and what types of information they share.

To help explain information sharing behaviors, the theory of Communication Privacy Management (CPM) was used as a framework (Petronio, 2002; Petronio, 2013). This theory suggests that individuals place thick boundaries around information they consider to be private, such as health information, while placing thin boundaries around information they are more likely to disclose. These boundaries may be flexible and vary depending on the type of information and the source the information is being disclosed to (Petronio & Durham, 2008). Because of this, CPM considers relational and dialectical components as important elements that influence our disclosure of information. These elements, along with core theoretical principles of privacy ownership, privacy control, and privacy turbulence, can be used to explain why individuals share fitness tracker information and how much they share.

Data were collected in spring 2016 through a convenience sample of 212 participants. Of those, only 15.7% indicated that they read the privacy agreement and understood how their data could be used and shared. When asked to consider who they voluntarily shared their fitness tracker information with, 102 individuals indicated that they shared with friends, 97 with family, 43 with their physician, 14 with their employer, and 14 with their insurance. Other individuals choose not to share data with anyone. Despite the fact that many did share their information, 45.5% of the participants, indicated that they did have reservations about sharing their data with others. Additional questions asked participants to consider what type of information they would be willing to share with their physician, insurance company, employer, marketers, and the government. A series of ANOVAs were run to examine the differences in types of information and individual characteristics between those who shared or did not share.

When we examine these results through CPM, we see that the receiver of the information plays an important factor in what we share and how much we share. Whole most participants are willing to share information with their physician; few are willing to share it with a marketer or the government. This suggests that relational factors likely play a role management of health information. These relationships and the components of CMP, along with practical applications for the research, are also examined.
Many healthcare providers hold negative attitudes toward illicit drug users, who are often seen as manipulative and unmotivated (van Boekel, Brouwers, van Weeghel, & Garretsen, 2014). Further, stigmatizing attitudes on part of healthcare providers may negatively impact healthcare delivery for such patients in several ways, such as treatment avoidance, lower patient self-efficacy, poor patient-provider communication, and misattribution of physical illness symptoms to substance use problems. Evidence suggests that medical school contributes to stigmatizing attitudes among providers. Several studies have shown that medical students’ attitudes towards individuals with SUD worsen during the course of residency (Lindberg, Vergara, Wild-Wesley, & Gruman, 2006; Saitz et al., 2002; Fisher, Mason, Keeley, & Fisher, 1975). Even first year medical residents reported significantly lower regard for patients with dependence on narcotic pain medication and alcoholism than for patients with common medical ailments, in this case, heartburn and pneumonia (Meltzer et al., 2013).

Medical humanities courses during the first year of medical school, with their emphasis on ethics and humanism, may offer a counter-balancing effect to this trend toward increased stigmatization of SUD patients during the course of medical school. The first year medical humanities course is an important space to examine how beliefs and attitudes regarding SUD and patients with SUD are formed in the early stages of medical education. We propose that medical humanities class serves as socialization among peers regarding patient perceptions and how to handle difficult patient interactions, such as patients with substance use problems.

In order to assess how stigma may play a part in this socialization process, we propose a thematic analysis of written transcripts from five different medical humanities small group discussion sessions that dealt with the topic of addiction occurring during 2015-2016. Each group consisted of 6-8 students and a practicing physician facilitator. The transcripts will be coded according to attribution theory (Weiner, 1993; 1995), which is often applied to understand the social cognition of stigma by identifying the social cognitions that mediate discriminative stimuli (e.g., SUD patient) and consequent behavior (e.g., poor patient-provider communication) (Corrigan, 2000). Specifically, attribution theory’s three causal dimensions of controllability, locus, and stability will be used to code transcripts for indications of levels of attribution of responsibility to substance use behavior in statements made by medical students during small group discussion. Results will speak to student beliefs regarding attribution of patient substance use behaviors. Implications for medical education and development of stigmatizing attitudes during medical school will be discussed.
Incivility is defined as a pervasive form of negative interpersonal communication within an organization that consists of rude, insensitive, or disrespectful behavior. Previous work in health care organizations links incivility to negative individual psychological and physical problems, higher employee turnover rates and reduced organizational effectiveness. Emergency Medical Services (EMS) professionals regularly face high stress, high risk environments while providing lifesaving care in the out-of-hospital setting, where incivility could be detrimental to provider and patient well-being. Scant literature exists concerning incivility in this population. The purpose of this study was to examine the prevalence of incivility among EMS professionals and factors associated with experiencing workplace incivility. The secondary objective was to assess the relationship between EMS agencies’ organizational culture and the prevalence of incivility.

An electronic questionnaire was deployed to a random sample of nationally certified EMS professionals in the National Registry of Emergency Medical Technicians’ database. A modified Workplace Incivility Scale (WIS) and an EMS adapted version of the Competing Values Framework were used. Inclusion criteria consisted of non-military EMS professionals currently practicing at the emergency medical technician (EMT) level or higher. Descriptive statistics, correlation coefficients, and multivariable logistic regression modeling were used.

Responses from 3,741 EMS providers were received (response rate=10.3%) with 2,815 meeting inclusion criteria. In the past 12 months, 71% of EMS providers experienced incivility once a month or more from a supervisor, coworker, or both. The multivariable logistic regression model revealed females had greater odds of experiencing incivility compared to males (OR 1.40, 95%CI 1.13-1.73). Advanced life support providers had 76% greater odds of experiencing incivility compared to basic life support providers (OR 1.76, 95%CI 1.40-2.21). More experienced providers had increased odds of reporting incivility compared to those with less than 3 years of EMS experience (e.g.,11 or more years: OR 1.59, 95%CI 1.15-2.20). Providers with higher weekly EMS call volume (20 or more calls) had increased odds of incivility compared to less than 5 calls per week (OR 1.75, 95%CI 1.36-2.26). Finally, individuals who provide medical transport (transport between healthcare facilities) had 2.5 times the odds of experiencing incivility compared to those who provide 911 services (OR 2.54, 95%CI 1.63-3.95).

The most prevalent EMS agency organizational culture type was ‘clan’ (32%), followed by ‘hierarchy’ (12%), ‘market’ (12%) and ‘adhocracy’ (4%). Multiple culture types with no dominant culture were reported by 28% of respondents. Of those reporting their dominant culture as ‘market’, 91% experienced incivility, compared to 65% classified as having a ‘clan’ culture. There were moderate negative correlations between incivility and organizational culture types. ‘Clan’ showed the strongest negative correlation (r = -0.3979, p<0.001), while ‘market’ showed the weakest correlation (r = -0.2773, p<0.001).

This study demonstrated a high prevalence of incivility among EMS professionals with a correlation to the EMS agency organizational culture type. Since these individuals represent a critical population in the healthcare continuum future work must focus on the effects of incivility on the well-being of the workforce and the patients served.
Using the Theory of Planned Behavior (TPB) to Derive Evidence for Effective Health Messages to Increase MMR Uptake among Parents

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Objective: This study aims to assess determinants of parents’ intention to vaccinate their preschool children against measles, mumps and rubella (MMR) in order to identify potential devices for interventions to increase uptake.

Method: As part of formative research, qualitative interviews (n= 22) and a cross-sectional survey (n= 563) were conducted. In the quantitative study components of the Theory of Planned Behavior (TPB) were assessed: Intention to vaccinate, attitude towards the vaccine, subjective norm, perceived behavioral control (PBC), behavioral beliefs, normative beliefs and control beliefs. Furthermore, we modified the TPB and additionally measured the dimension of social norm and background factors, such as sociodemographic aspects, personality traits (Big Five), lifestyle, risk perception, knowledge, past behavior, and trust in the health care system. Parents were recruited in 74 kindergarten throughout Baden-Württemberg, a federal state in the south-west of Germany with relatively low MMR coverage.

Results: Findings indicate attitude towards the MMR vaccine is the main driver for parents to vaccinate their child. Additionally, PBC, subjective and social norm have a weaker, but still significant influence on intentions. Regarding the social norm, some evidence of free-riding and reactance was found. Moreover, the predictive value of behavioral, normative and control beliefs on the attitude, subjective norm, and PBC was assessed as well. After controlling for potential background factors in a hierarchical regression analysis, attitude was still the strongest predictor of parental decision-making, followed by trust in the healthcare system, past behavior and PBC. Finally, by performing cluster analysis three types of parents were identified and profiled.

Conclusions: The results in the present study have amply demonstrated that the TPB components are able to uncover the psychological mechanism of vaccination behavior. Determinants explaining and predicting parental intention to vaccinate were identified and practical implications based on the findings are presented in this publication. Health professionals addressing parents’ vaccination behavior can benefit from the practical implications of the present study by implementing the gathered data in evidence-based health interventions.
A Closer Look at African Americans’ Medical Mistrust Related to Organ Donation

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Medical mistrust has been cited as one of the most salient barriers to organ donation (Morgan, Stephenson, Harrison, Afifi, & Long, 2008). Current literature on organ donation has primarily examined medical mistrust as fears about physicians taking organs before death and has focused on mainstream and national news as well as entertainment programs. Although medical mistrust has often been examined as a unidimensional concept, an earlier analysis by the authors that examined barriers and benefits to organ donation suggested medical mistrust may, in fact, be comprised of distinct beliefs. With an eye toward future interventions, this current study more closely examines the beliefs underlying African Americans’ medical mistrust by zeroing in on the types of beliefs highlighted and the role the communication environment plays in those beliefs.

African Americans in Chicago, Illinois (N = 62) participated in one of five focus groups conducted by two African American moderators as part of a larger study. For the current study, excerpts coded as medical mistrust were closely analyzed. Analysis was conducted inductively; two of the authors reviewed excerpts for emergent categories. Once codes were determined, excerpts were double-coded. Any discrepancies were resolved through consensus.

Our analysis revealed that there were several distinct types of medical mistrust beliefs, including beliefs that extend beyond physician mistrust to encompass both historical and current racial relations. Societal discrimination, mistrust of general institutions, mistrust of medical institutions, and mistrust of the organ donation process emerged as types of medical mistrust beliefs related to organ donation. These medical mistrust beliefs represent a continuum of more general medical mistrust to organ-donation specific medical mistrust. In addition, participants reported multiple communication channels when citing sources of these beliefs as including direct experience, interpersonal experiences, and mediated information. Importantly, participants cited specific news stories, including those from local media sources, as evidence that they should be distrustful of the medical system and organ donation.

The fact that the news, in addition to entertainment, was cited as a source of medical mistrust beliefs in this study suggests that scholars should return to examining the kinds of messages presented in news stories and study their effects on medical mistrust beliefs. Previous work by Feeley et al. (2007) and Quick et al. (2009) examined the content of non-local stories. However, local news stories and other non-mainstream sources with negative content may have particular resonance for minority communities. Based on our findings, future investigations should consider messages in local news about organ donation as well as more general race-related events that could fuel medical mistrust. Our results suggest that African Americans may have broader sources of medical mistrust that must be overcome (e.g., societal discrimination) before they are willing to become organ donors. Health communicators that seek to intervene to promote organ donation in minority communities should therefore be sensitive to local media and take steps to elucidate specific medical mistrust beliefs in formative research.
An Examination of College Students’ Family Discussions of Organ Donation

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Over 120,000 candidates are currently on the national waiting list for a lifesaving or life-extending organ transplant (UNOS, 2016). Despite near unanimous (95%) public support for organ donation (Gallup, 2013), only half of American adults are registered as organ donors in their respective state registries (Donate Life America, 2016). This large discrepancy between favorable attitudes towards donation and formal documentation of one’s consent leads to the unnecessary death of thousands of lives per year (UNOS, 2016). In attempt to address this problem, health communication scholars have focused on various strategies to increase the rates of organ recovery, including communication campaigns promoting registration (Feeley & Moon, 2009), as well as strategies for receiving next-of-kin consent (Anker & Feeley, 2011a, 2011b). However, in pursuit of these former approaches, the role of family discussions has largely been understudied relative to its importance in the consent process (Morgan, 2004; Pitts et al., 2009).

Considering the need to equip practitioners with practical information for promoting family discussions of organ donation preferences, the current investigation examines unstructured conversations occurring in the home environment. This extends previous research which has predominantly relied on cross-sectional surveys (Thompson et al., 2003), retrospective accounts of family discussions (Vincent, 2006), or laboratory-based topic-card initiated discussions (Afifi et al., 2006). Twenty-six undergraduate students were recruited to engage in unstructured, audio-recorded conversations about their organ donation preferences with family member(s) of their choice. In total, 64 participants engaged in 29 conversations. Participants were mostly female (69%), Caucasian (52%), and non-registered donors (53%).

Data were analyzed using the constant comparative method (Corbin & Strauss, 2008). Results revealed that participants viewed the family as an important model for organ donation decision-making. Conversations often began by establishing individual family members’ donor status, and then broadened to include discussion of the donor status of absent family members, and familial beliefs towards organ donation more generally. Discussions that occurred in non-Caucasian families brought up the role identity plays in their beliefs; more specifically, participants discussed whether their culture or religion condoned or prohibited organ donation. Interestingly, conversations regarding organ donation also prompted end-of-life discussions more broadly. Participants appeared to take this unstructured prompt as an opportunity to discuss family members’ end-of-life preferences, the need for living wills, and burial preferences. This suggests the potential utility in coupling family discussions of organ donation within broader efforts targeting end-of-life decision-making.

Our results also speak to broader concerns about the role of family discussions in spreading misinformation regarding organ donation (Morgan et al., 2008). Common misconceptions (e.g., disqualification due to illness, how organs are procured) arose multiple times throughout the conversations. In some cases, a conversational participant would explicitly assuage these concerns when they arose; though in other cases this misinformation went unchallenged. Continued work would benefit from identifying strategies (i.e., conversational, educational) to effectively correct these misconceptions.

In sum, our findings reinforce the value of understanding the natural processes and patterns of talk among family members, and highlight the capacity and complications of this approach for organ donation promotion.
The recent Zika epidemic originated in the Zika Forest of Uganda in 1947 (CDC, “History of Zika”); the virus is primarily transmitted by Aedes mosquitoes. The World Health Organization (WHO) issued a Public Health Emergency of International Concern on February 1, 2016 (WHO, “The history of Zika virus”). American-based health expert organizations and media outlets stayed relatively quiet, generally focusing their discussion around the international concerns until the first Zika diagnosis within U.S. borders. On February 2, 2016, the United States Centers for Disease Control and Prevention (CDC) declared the first case of Zika contracted in the mainland U.S. In the following months, the American media began to cover the Zika virus, the spread of the virus in the United States, and ways the public can prevent the spread of Zika with great fervor. A key source of information on the virus for media coverage was and remains the CDC. The present study examines the framing of official public communications documents released by the CDC related to the Zika virus.

Cairns, Andrade, and Macdonald (2013) argue that in health communications, good risk communication practice is essential and argue that future health communications research must include risk communication processes and evaluate the frameworks that combine communications and biomedical disease control and prevention. Specific to public health epidemics, such as the H1N1 virus (Liu & Han, 2012), previous studies have examined the general, disaster, and health frames employed in the related media coverage. Extending this work to consider the role of patient-centered messages in public communications, the present study examined the framing of official communication from the CDC, including press releases, fact sheets, and infographics.

For the purposes of this study, official documents released in 2016 from the CDC were collected through the organization’s archives and included the analysis (data collection and coding continuing through the end of 2016, current n= 201). Key frames, including general, disaster, health, and risk communication frames, used in each paragraph of the official documents were captured in the coding process. Results will highlight the CDC’s preferences for specific frames and consider the implications of such framing practices.
Pink ribbons are ubiquitous, appearing on literally thousands of products ranging from Campbell soup cans to cosmetics to cleaning products. This phenomenon started thirty years ago when the Susan G. Komen Foundation began its breast cancer awareness campaign with the pink ribbon and designed one of the most successful cause marketing efforts ever. Proponents say the message has translated into positive effects (destigmatization and more mammography screenings), while critics argue it has heightened fears and created unrealistic expectations.

For more than a decade, there has been a growing backlash to the “pinkwashing” of America, as highlighted in A Darker Ribbon (Leopold 1999), Pink Ribbons, Inc. (King 2006), and Pink Ribbon Blues (Sulik 2011). Additionally, the “Think Before You Pink” website launched in 2002 and the Pink Ribbons, Inc. documentary that premiered in 2011 further suggest the symbolic meaning of the pink ribbon may be in a state of flux. In the midst of this growing backlash, in 2012 the Komen Foundation undermined its brand by deciding to defund Planned Parenthood before quickly reversing itself after an immediate public outcry. Moreover, the federal government’s panel of experts stands by their controversial position that women should get mammograms once every two years and the age should change from 40 and up to 50 and up, which contradicts the pink ribbon mantra of early detection. Though extant research has examined the symbolic meaning of the pink ribbon rhetorically, there remains little work exploring public perception. Given its ubiquity and connection to the second most common cancer in women, its meaning to the public is highly worthy of exploration.

The purpose of this project was to better understand women’s perceptions of the pink ribbon through blog text via data analytics techniques. Unlike surveys, this methodology allows for the capture of a broad representation of women’s opinions that uniquely uses their own words. A better understanding of the meanings surrounding the ribbon may lead to better breast cancer health messaging as well as an increasingly nuanced delineation of the breast cancer patient illness experience.

Writing was sampled from various top women’s breast cancer blogs and text was collected using standard data scraping techniques. The blog list yielded 1396 blog posts from 33 unique sources, providing a good representative sample. Text analytics software was used to apply two separate, but similar, techniques: generating clusters based on word frequencies and creating concept maps by taking a single word or phrase and examining the words that are most often associated with it. Nine clusters of meaning surrounding blogs that mention the ribbon were revealed. Initial results suggest the ribbon is tied to views of support in illness and daily experiences, yet, unexpectedly, is only very loosely tied to its core message of awareness and early detection. Findings will be presented and contextualized to assess the meanings of the words and sentiments associated with the pink ribbon.
Impact of Nationwide Patient-Centered Communication Training for Oncology Nurses

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Although expert communication skills are essential for oncology nurses working across the cancer continuum, few nurses receive formal instruction on communication as part of their training. With funding from the National Cancer Institute, an evidence-based communication training known by the acronym COMFORT was presented in three courses, reaching 267 nurses from 32 states and Washington, D.C. The train-the-trainer nurse communication course is the first to address communication across the cancer continuum. The curriculum was created for a two-day training course for implementing evidence-based communication skills into practice. The curriculum, emphasizing team communication, teaches nurses how to provide life-altering news, assess patient/family health literacy needs, practice mindful communication, acknowledge family caregivers, and address communication openings and goals. During the training, nurses develop three communication goals to implement at their home institution. Follow-up at 6 and 12 months includes an update on goal status and implementation. The purpose of this presentation is to describe improvements made by course participants 12 months after the training. From our first course, there was a 97% response rate at the 12 month follow-up. Below are two examples of goals (G), process implemented to meet goal (P), and measured outcome (O) as reported by participants:

1. G-Increase RN navigators’ comfort discussing palliative care and having realistic conversations with pancreatic cancer patients/families early in treatment plan.
   P-Develop educational component using training materials in distress screening and survivorship implementation plans
   O-RN navigators increased comfortable level discussing palliative care; able to have realistic survivorship plan conversations

2. G-Improve patient satisfaction scores related to nursing communication
   P-Integrate teaching materials into Unit Collaboration Council meetings
   O-Overall patient satisfaction scores: “During this hospital stay, how often did nurses listen carefully to you?” increased from 81% to 84%

Additionally, course participants were asked to examine the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey scores before and after COMFORT training. HCAHPS is a 27-item survey administered to adult inpatients after discharge. The survey has six composite scores, including communication with nurses (3-items on the survey). Here are examples reported from participants:

Saint Francis Health System Cancer Center Inpatient Oncology in Tulsa, Oklahoma - On Overall Communication, the hospital’s score of 90 increased to 94.2; the Nurse Respect score of 95 increased to 95.45; the Nurse Listen score of 90 increased to 95.45; and the Nurse Explain score of 85 increased to 86.36

Presence Saint Joseph Medical Center in Joilet, Illinois - “Communication with Nurses” score was 76.67%. After educating the staff on the COMFORT curriculum, our current HCAHPS ‘Communication with Nurses’ score is at 90.67%. The threshold is 82.19%.

Training is needed to prepare oncology nurses with the skills to provide patient-centered communication across the cancer continuum. These skills include training others in communication and implementing process improvement. Course participants in our first course (n=78) trained an additional 2,010 healthcare providers at their own institution. The COMFORT train-the-trainer model for communication training is an effective and economical approach to meet the need for patient-centered communication.
No Laughing Matter? Comparing Humor and Fear Appeals in Message Pretesting for FDA’s The Real Cost Campaign

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Background: In tobacco education campaigns, fear based messaging is a common approach, while the utility of humor appeals is not a settled question. FDA’s The Real Cost campaign employs both message strategies in its effort to educate America’s youth on the harms of cigarette smoking. This study seeks to compare the potential effectiveness of these two types of appeals. The specific role of message-targeted emotions in youth receptivity and message effects is also investigated.

Method: A total of 1881 adolescents aged 13-17 recruited at various locations across the country participated in a series of online copy testing studies for the campaign. Participants were randomly assigned to either view a single, randomly selected message or to a no message control condition. Among the tested messages, two were specifically designed to be humorous and three were specifically designed to be fear-arousing. Those in the message condition completed measures on emotional response to the message and perceived ad effectiveness (PE). All participants then completed a set of outcome measures on smoking risk perceptions and attitudes toward smoking.

Analysis: ANOVAs were conducted with the working sample (N = 1315) to assess the effect of humor vs. fear appeals on risk perceptions and smoking attitudes as compared to control. Regression analyses assessed the relative contribution of message-targeted emotions (amusement vs. fear) to PE, risk perceptions, and smoking attitudes.

Results: Participants exposed to humor or fear appeal messages had significantly increased risk perceptions compared to control (ps < 0.001). Fear messages also produced significantly more negative smoking attitudes compared to control (p = 0.002). A similar difference was observed between the humor messages and control on smoking attitudes but it was not significant (p = 0.24). Participants exposed to humor appeal messages reported significantly higher levels of amusement (p < 0.001) and lower levels of fear (p < 0.001) compared to those exposed to fear appeal messages. For those exposed to humor appeal messages, amusement significantly and positively predicted PE (p < 0.001), risk perceptions (p < 0.001), and negative smoking attitudes (p = 0.014) whereas fear only significantly predicted PE (p < 0.001) and its coefficient was smaller in size than that of amusement (β = 0.21 vs. 0.50). For those exposed to fear appeal messages, the opposite pattern was observed: fear significantly and positively predicted PE (p < 0.001), risk perceptions (p < 0.001), and negative smoking attitudes (p < 0.001) whereas amusement only significantly predicted PE (p = 0.023) and its coefficient was smaller in size than that of fear (β = 0.09 vs. 0.39).

Conclusions: Both humor and fear appeals in TRC appear to have potential to move youth risk perceptions in a favorable direction. Fear appeals may also increase negative smoking attitudes, whereas the effect of humor appeals in this domain is indistinct. Message-targeted emotions play an important role in youth receptivity to these messages and post-exposure risk perceptions and attitudes. In the interest of diversifying message strategy, employment of both types of appeals in the campaign appears justifiable.
Health Beliefs about Depression and Psychological Counseling: Examining the Role of Asian Cultural Values

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Background: Culture is increasingly being considered as an important factor in health communication, especially in addressing ethnic-based health disparities. Cultural backgrounds influence the ways people interpret and respond to health problems and interventions, which implies the need for health communication researchers to identify and examine key cultural variables in order to design and deliver efficient health messages to diverse populations[1]. In addressing disparities in mental health, Asian Americans and other Asian immigrant groups exhibit a higher number of depressive symptoms, yet they are less likely to use psychological counseling than Caucasians and other minority groups[2],[3]. Given the well-documented low utilization rates of mental health services among this population, it is necessary to understand their perceptions of depression and counseling-seeking behavior from a culture perspective.

Objective: Guided by the Health Belief Model, the current study aims to examine the extent to which the adherence to Asian cultural values influences perceived severity of and susceptibility to depression, as well as perceived benefits of and barriers to of using psychological counseling.

Method: Data for the study were gathered through an online survey from a large Midwestern university. The sample (N=150) included 48% Asian females (N=72) and 52% Asian males with the age range from 18 to 33. Participants’ health beliefs were measured by the Health Belief about Mental Illness Instrument[4]. The adherence to Asian cultural values (collectivism, conformity of norms, humility, and emotional self-control) was measured by the Asian American Values Scale-Multidimensional[5]. Data were analyzed by hierarchical multiple regression using the Statistical Package for the Social Sciences (SPSS).

Results: After controlling demographics, results show that adherence to Asian cultural values has a significant effect on perceived severity (R²=.137, p<.01) of depression, perceived barriers to (R²=.164, p<.01) and benefits from (R²=.152, p<.01) using psychological counseling. Specifically, conformity to norms is the significant predictor for perceived severity (β=.313, t=3.459, p<.001) and benefits (β=.272, t=3.062, p<.01), while collectivism (β=.262, t=3.062, p<.01) and emotional self-control (β=.242, t=2.361, p<.05) are significant predictors for perceived barriers. However, adherence to Asian cultural values doesn’t contribute significantly to participants’ perceived susceptibility to depression.

Conclusion: Consistent with the crucial role of culture in racial health disparities, the current study further suggests that the adherence to cultural values has a unique and significant impact on ethnic minorities’ beliefs regarding mental health problems and relevant interventions. Specifically, conforming to well-accepted social norms increase Asians’ perception that depression is severe and that psychological counseling has benefits. However, embracing the collective values that put group welfare before individual welfare, and attaching importance to one’s emotional self-restraint, increase perceptions of barriers to using mental health services. Understanding the influence of particular cultural values is important to health communication practitioners in designing and disseminating targeted messages that encouraging Asians to seek professional help for depression. Such understanding is also helpful for providing culturally specific mental health services for racial minority populations.
Can Self-Affirmation Reduce Defensive Responses to Health Messages? The Role of Self-esteem

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Self-affirmation research suggests that allowing people to affirm important values can reduce defensive processing of health messages. The logic is based on the well-documented human drive to preserve a sense of self-integrity (Steele, 1988). Messages designed to encourage behavior change can threaten self-integrity and activate the motivation to restore it. People can restore self-integrity by reducing perceived threat through defensively process the message, but alternatively they can restore it by reflecting on important values to reassure that their self-worth is sustained by sources other than the threatened self-aspect.

Whilst a mounting body of evidence attests to the benefits of self-affirmation, it is noteworthy that the reported effects are not always consistent (Cohen & Sherman, 2014). A potential moderator that bears close conceptual relevance with self-affirmation and has important associations with health behavior outcomes is self-esteem. From self-affirmation theory’s perspective, self-esteem is an indicator of people’s chronic self-affirmational resources because it reflects the amount of favorable self-knowledge one has (Steele et al., 1993). Therefore, when self-affirmation made self-knowledge accessible, people with high self-esteem (HSE) will find it easy to recruit favorable self-knowledge to secure self-integrity and will be resilient when facing self-threats. In contrast, self-affirmed people with low self-esteem (LSE) will be aware of the scarcity of favorable self-knowledge and this discomforting experience will be amplified as they subsequently confront a self-threat and lead to stronger defensiveness. This proposition has yet to be tested in the health communication context despite its critical implications for health intervention design -- it explains when self-affirmation-based health interventions may have positive effects for some, but weak or even adverse effects among others.

To begin filling this gap in the literature, I analyzed data on flossing from 294 adults who participated in a 2(Threat-level in message: high-low) by 4(Self-affirmation: scale self-affirmation [a wide range of values were affirmed], essay self-affirmation 1 [affirmed value was less self-important than the self-aspect threatened], essay self-affirmation 2 [affirmed values was more self-important than the self-aspect threatened], non-affirmation control) between-subjects experiment. I varied the format and affirmed values’ relative importance to examine whether these factors confound the proposed self-esteem effects.

Analyses partially supported the proposition. For people with LSE (but not HSE), affirming a wide range of values or a value less important than the self-aspect threatened in a subsequent high-threat health message increased perceived threat (Scale affirmation: $R^2\Delta=.11$, $b=1.007$, $t(60)=2.84$, $p=.006$ versus $t=-1.04$; Essay affirmation 1: $R^2\Delta=.1$, $b=.815$, $t(61)=2.419$, $p=.018$ versus $t=-1.48$) and perceived manipulation (Scale affirmation: $R^2\Delta=.07$, $b=2.069$, $t(60)=3.3$, $p=.002$ versus $t=.21$; Essay affirmation 1: $R^2\Delta=.07$, $b=1.233$, $t(61)=2.142$, $p=.036$ versus $t=1$). These moderating effects did not occur for participants in the essay affirmation 2 condition or when participants received a low-threat message.

The findings suggest that people’s self-esteem levels can determine the effectiveness of self-affirmation-based health interventions. Self-affirmation may cause adverse effects for people with LSE if the affirmed self-aspect is not optimal. It is therefore critical to continue explore the interplay between self-esteem and self-affirmation as it will inform when self-affirmation can reduce defensiveness towards personally-relevant health messages.
Measuring the Preference toward Patient-Centered Communication with Chinese-Revised Practitioner-Patient Orientation Scale

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Objective: Further adapting Practitioner-Patient Orientation Scale (PPOS) to Chinese context, and exploring the preference toward patient-centered communication among physicians and patients from clinic settings in Shanghai, China, as well as detecting the potential influential factors, to provide feasible suggestions regarding physicians’ communication practice in China.

Methods: Physicians and patients were recruited in 8 clinic settings from eight medical institutes in Shanghai, China. This study was conducted in two phases. The original PPOS was translated and adjusted to Chinese (Mandarin) by experts counseling and cognitive interview, afterwards its psychometric properties were systematically assessed based on the data collected in the first phase (pilot study), after which the Chinese-revised PPOS (CR-PPOS) was established. In the following formal study (second phase), participants were requested to complete a questionnaire containing both CR-PPOS and some other general questions or scales. Single factor analysis as well as multiple linear regression model was performed to probe potential factors that might influence the preference toward patient-centered communication among physicians and patients.

Results: Comparing with the original 18-item PPOS, the 11-item CR-PPOS obtained far better psychometric properties, which were reflected by the indicators of reliability, validity as well as discriminative power. Generally physicians and patients from Shanghai clinic settings showed consistent preference toward patient-centered communication. Physicians seemed to be more patient-centered orientated than patients from the aspect of a whole-person caring. However, they might fail to adequately satisfy patients’ preference for further involving in clinical decision making. Relieving burn-out level contributed to motivating physicians to be more patient-centered in clinical communication. Physicians were suggested to practice more patient-centered communication facing younger, better educated patients and those without working experience as medical staff. The preference for fully informed and shared decision making of the married patients and those with low confidence in physician-patient communication should be weighed.

Conclusions: The CR-PPOS is a better instrument for use in Chinese context than the simply translated scale. The congruence and divergence in the extent to which the patient-centered communication was preferred among Chinese physicians and patients should be noticed. Various potential factors exerted influence on physicians’ and patients’ preference toward patient-centeredness in clinical communication differently. Thus physicians were recommended to adjust their clinical communication strategy to meet with patients’ distinct preferences toward patient-centeredness.
For 15 years, the Health Information National Trends Survey (HINTS) has been tracking knowledge, attitudes, and behaviors to monitor the ways Americans access and use health-related information in a rapidly-evolving communication environment. The biennial survey has data from eight collection cycles available for public use and download, including a recent cycle developed with the Food & Drug Administration (FDA). Major topic areas covered in the survey include internet use, patient-provider communication, risk assessment, cancer communication, tobacco use, nutrition and physical activity, and medical products information. Additionally, many questions are repeated through multiple cycles, allowing researchers the ability to measure trends over time.

This interactive panel will first introduce graduate students and interested researchers to HINTS as an interdisciplinary, nationally-representative data resource for secondary data analysis. Panel presenters who have worked closely with the development and dissemination of HINTS will provide an overview and rationale for HINTS as a public-use dataset, review optimal strategies for analyzing HINTS data, and describe resources available online (hints.cancer.gov) and in person for researchers.

Following, three presentations utilizing the latest cycles of HINTS will serve as case studies to exhibit how HINTS can be used to answer a variety of health communication research questions. The first presentation uses the FDA cycle of HINTS to explore how levels of trust in various information sources may play a mediating role in the relationship between sociodemographic variables and tobacco behavior. It will also look at the relationship between trust in information sources about e-cigarettes and e-cigarette health beliefs. The second presentation examines the prevalence of exposure to social media messages about tobacco health effects, and characteristics of subgroups more likely to be exposed. Additionally, the study investigates whether social media exposure is associated with e-cigarette perceptions and behaviors across the general population as well as the subpopulation of young adults aged 18-29. Finally, the third presentation utilizes multiple iterations of HINTS to illuminate trends on the initial source of information people access when seeking health information. Combined, these presentations provide a sampling of the many different content areas and methodological techniques that can be explored using the HINTS database.

At the end of the panel, ample time will be allotted for an interactive discussion about how to best incorporate HINTS to attendees’ research agendas. Depending on the interests of attendees, this portion of the panel may address topics such as finding specific HINTS questions to match research questions, combining multiple cycles for trend analysis, and finding peer-reviewed journals that commonly publish HINTS studies. Additionally, survey methodological questions could be addressed, including imputing missing data, how to deal with low response rates, and weighting sample data.
The Interplay between Online and Offline Patient-Centered Health Communication

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The 2017 DCHC conference theme, “Patient-Centered Health Communication”, is applicable to both online and offline health communication contexts. Tailored information, or information adapted to the specific preferences of an individual, is intended to reach and affect patients with a greater likelihood than standardized information. Opportunities for tailoring information are particularly abundant via the Internet. This type of tailoring, called computer-tailoring, involves adjusting intervention materials to the specific characteristics of an individual through a computerized process. Literature reviews have shown that (computer-)tailored information has larger effects on behavior change than non-tailored information, although effect sizes are small.

Tailoring has also become popular in the patient-provider communication literature. Health information tailored to the characteristics and specific needs of a patient has been shown to promote patient health outcomes, under the condition that the provider attends to the individual preferences and wishes of that patient. Because computer-tailored health information (i.e., online via the Internet) combined with tailored offline health information (i.e., via patient-provider communication) is anticipated to have the most powerful effect on patient health outcomes, this panel aims to unravel the active ingredients of effective, tailored online and offline health communication. We will summarize these active ingredients, and discuss how their combination may produce synergistic effects that exceed the separate effects of online and offline communication. Specifically, the panel will focus on antecedents and consequences of online and offline health communication that aim to improve a core function of communication in health care, namely information exchange. Various research findings will be discussed with this context in mind.

The panel will start with an introduction about the ways patient-centeredness may be improved through the interplay of online and offline health communication. Next, four papers that give different views on the online-offline interplay will be presented. The first paper looks into tailoring the mode of information, a novel computer-tailoring strategy. A possible explanation for the limited effects of online computer-tailoring may be that research has focused on tailoring the content of the information, yet differences in personal preferences concerning how health-related information is presented have been largely ignored. The second paper discusses how patient-provider communication can be optimally tailored to patients’ information needs. Using cluster analysis, different determinants of information needs were identified, resulting in three patient profiles. Following a pre-consultation assessment, recommendations for providers on how to tailor information to these patients’ information needs were developed. The third paper looks into possibilities of online applications that inform providers prior to consultations about patients’ symptoms based on a computerized assessment in the waiting room. The fourth paper reports on cancer patients’ perceived emotional and informational support from online and offline media and interpersonal sources. Since both emotional and informational support are perceived across a variety of interpersonal and media sources, recommendations will be given to ensure sources match patients’ social support needs.

Together, the presenters on this panel will provide a more comprehensive understanding of how to optimize patient-centered communication by considering the active ingredients of both offline and online tailored health communication.